



Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
120113-130474	3 1 - Fatal 2 - Injury 3 - PDO	<input type="checkbox"/> 1 - Solved <input type="checkbox"/> 2 - Unsolved

Local Information		Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
<input checked="" type="checkbox"/> Photos Taken <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> Other	<input type="checkbox"/> PDO Under State Reportable Dollar Amount	<input type="checkbox"/> Private Property	08304 MASON POLICE	01	<input type="checkbox"/> 98 - Animal <input type="checkbox"/> 99 - Unknown

County *	City *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
83	<input checked="" type="checkbox"/> City * <input type="checkbox"/> Village * <input type="checkbox"/> Township *	MASON	10282013	1630	MON

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
39° 21' 09.50"	-84° 18' 26.77"	39.352640	-84.307435

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost *
<input checked="" type="checkbox"/> Divided <input type="checkbox"/> Undivided	<input type="checkbox"/> N - Northbound E - Eastbound <input type="checkbox"/> S - Southbound W - Westbound	02	AL - Alley CR - Circle HE - Heights MP - Milepost PL - Place ST - Street WA - Way AV - Avenue CT - Court HW - Highway PK - Parkway RD - Road TE - Terrace BL - Boulevard DR - Drive LA - Lane PI - Pike SQ - Square TL - Trail

Location Route Number	Location Road Name	Location Road Type	Route Types *
	LAKESIDE	DR	IR - Interstate Route (inc. turnpike) CR - Numbered County Route US - US Route TR - Numbered Township Route SR - State Route

Distance From Reference	Dir From Ref	Reference Route Number	Reference Name (Road, Milepost, House #)	Reference Road Type
300	S		FOXFIELD	DR

Reference Point Used	Crash Location	Location of First Harmful Event
<input type="checkbox"/> 1 - Intersection <input type="checkbox"/> 2 - Mile Post <input type="checkbox"/> 3 - House Number	<input type="checkbox"/> 01 - Not an intersection <input type="checkbox"/> 02 - Fourway Intersection <input type="checkbox"/> 03 - T-Intersection <input type="checkbox"/> 04 - Y-Intersection <input type="checkbox"/> 05 - Traffic Circle/Roundabout <input type="checkbox"/> 06 - Five-point, or more <input type="checkbox"/> 07 - On Ramp <input type="checkbox"/> 08 - Off Ramp <input type="checkbox"/> 09 - Crossover <input type="checkbox"/> 10 - Driveway/Ailey Access <input type="checkbox"/> 11 - Railway Grade Crossing <input type="checkbox"/> 12 - Shared-Use Paths or Trails <input type="checkbox"/> 99 - Unknown	<input type="checkbox"/> Intersection Related <input checked="" type="checkbox"/> 1 - On Roadway <input type="checkbox"/> 2 - On Shoulder <input type="checkbox"/> 3 - In Median <input type="checkbox"/> 4 - On Roadside <input type="checkbox"/> 5 - On Gore <input type="checkbox"/> 6 - Outside Trafficway <input type="checkbox"/> 9 - Unknown

Road Contour	Road Conditions	Weather
<input type="checkbox"/> 1 - Straight Level <input type="checkbox"/> 2 - Straight Grade <input type="checkbox"/> 3 - Curve Level <input type="checkbox"/> 4 - Curve Grade <input type="checkbox"/> 9 - Unknown	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	<input type="checkbox"/> 01 - Dry <input type="checkbox"/> 02 - Wet <input type="checkbox"/> 03 - Snow <input type="checkbox"/> 04 - Ice <input type="checkbox"/> 05 - Sand, Mud, Dirt, Oil, Gravel <input type="checkbox"/> 06 - Water (Standing, Moving) <input type="checkbox"/> 07 - Slush <input type="checkbox"/> 08 - Debris* <input type="checkbox"/> 09 - Rut, Holes, Bumps, Uneven Pavement* <input type="checkbox"/> 10 - Other <input type="checkbox"/> 99 - Unknown

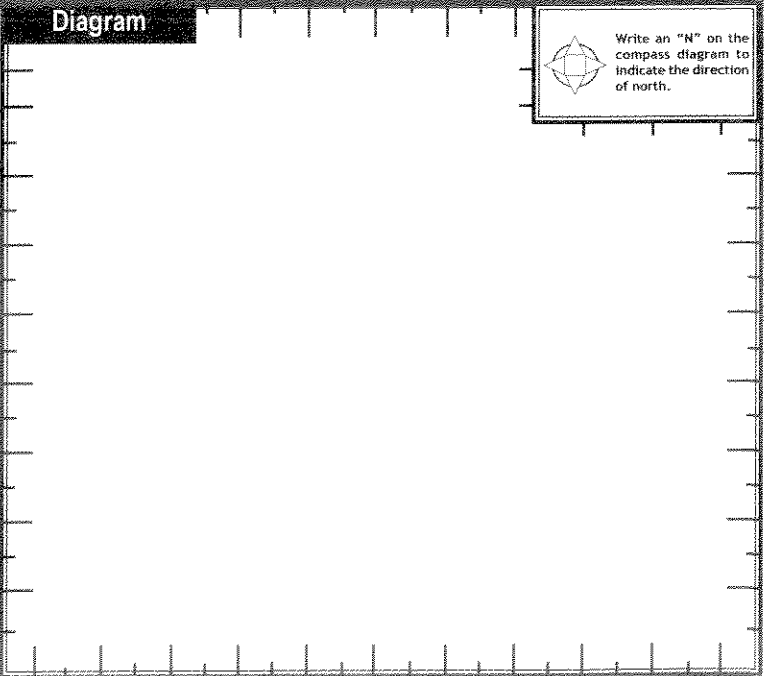
Manner of Crash Collision/Impact	Weather
<input type="checkbox"/> 1 - Not Collision Between Two Motor Vehicles In Transport <input type="checkbox"/> 2 - Rear-End <input type="checkbox"/> 3 - Head-On <input type="checkbox"/> 4 - Rear-to-Rear <input type="checkbox"/> 5 - Backing <input type="checkbox"/> 6 - Angle <input type="checkbox"/> 7 - Sideswipe, Same Direction <input type="checkbox"/> 8 - Sideswipe, Opposite Direction <input type="checkbox"/> 9 - Unknown	<input type="checkbox"/> 1 - Clear <input type="checkbox"/> 2 - Cloudy <input type="checkbox"/> 3 - Fog, Smog, Smoke <input type="checkbox"/> 4 - Rain <input type="checkbox"/> 5 - Sleet, Hail <input type="checkbox"/> 6 - Snow <input type="checkbox"/> 7 - Severe Crosswinds <input type="checkbox"/> 8 - Blowing Sand, Soil, Dirt, Snow <input type="checkbox"/> 9 - Other/Unknown

Road Surface	Light Conditions	School Bus Related
<input checked="" type="checkbox"/> 1 - Concrete <input type="checkbox"/> 2 - Blacktop, Bituminous, Asphalt <input type="checkbox"/> 3 - Brick/Block <input type="checkbox"/> 4 - Slag, Gravel, Stone <input type="checkbox"/> 5 - Dirt <input type="checkbox"/> 6 - Other	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	<input type="checkbox"/> School Zone Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved

Work Zone Related	Type of Work Zone	Location of Crash in Work Zone
<input type="checkbox"/> Workers Present <input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)	<input type="checkbox"/> 1 - Lane Closure <input type="checkbox"/> 2 - Lane Shift/Crossover <input type="checkbox"/> 3 - Work on Shoulder or Median <input type="checkbox"/> 4 - Intermittent or Moving Work <input type="checkbox"/> 5 - Other	<input type="checkbox"/> 1 - Before the First Work Zone Warning Sign <input type="checkbox"/> 2 - Advance Warning Area <input type="checkbox"/> 3 - Transition Area <input type="checkbox"/> 4 - Activity Area <input type="checkbox"/> 5 - Termination Area

Narrative

UNIT #1 WAS NORTH BOUND ON LAKESIDE DR AFTER TURNING FROM A PRIVATE DRIVE UNIT #1 WENT OFF THE RIGHT SIDE OF THE ROAD AND STRUCK A FIRE HYDRANT



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to ODP)	Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
Police Agency	<input type="checkbox"/>	10282013	1636	1637	1657	1714	30	67
Officer's Name *	Officer's Badge Number	Checked By	Page of					
BRYANT	55	55						



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

2101131-1310474

MOTORIST/Non-Motorist

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE KARRI, SRISIVAA V.	DATE OF BIRTH 02201996	AGE 17	GENDER F F - FEMALE M - MALE						
ADDRESS, CITY, STATE, ZIP 3444 AVALON TRL LEBANON OHIO 45036			CONTACT PHONE- INCLUDE AREA CODE 513 459 9829							
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE OH	OPERATOR LICENSE NUMBER WE258362	OL CLASS 4	<input type="checkbox"/> No VALID OL <input type="checkbox"/> M/C END.	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE 1	DRUG TEST STATUS 1	DRUG TEST TYPE 1
OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION			CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED		DRIVER DISTRACTED BY 1		

MOTORIST/Non-Motorist

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE						
ADDRESS, CITY, STATE, ZIP			CONTACT PHONE- INCLUDE AREA CODE							
INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	<input type="checkbox"/> No VALID OL <input type="checkbox"/> M/C END.	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION			CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED		DRIVER DISTRACTED BY		

INJURIES	INJURED TAKEN BY	SAFETY EQUIPMENT USED	99 - UNKNOWN SAFETY EQUIPMENT	NON-MOTORIST
1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED	05 - CHILD RESTRAINT SYSTEM- FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, EYE) 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER

SEATING POSITION	07 - THIRD - LEFT SIDE (Motorcycle Side Car)	12 - PASSENGER IN UNENCLOSED CARGO AREA	AIR BAG USAGE
01 - FRONT - LEFT SIDE (Motorcycle Driver) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (Motorcycle Passenger) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE	08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (Non-Trailing Unit Such as a Bin, Pile-up with Cap)	13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (Non-Trailing Unit) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN

EJECTION	TRAPPED	OPERATOR LICENSE CLASS	CONDITION	ALCOHOL/DRUG SUSPECTED
1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO "D") 5 - MC/MOPED ONLY	1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED

ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	DRUG TEST STATUS	DRUG TEST TYPE	DRIVER DISTRACTED BY
1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, PAGER, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION

OCCUPANT

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE SRIVIVAS, SHANTI	DATE OF BIRTH 02081967	AGE 46	GENDER F F - FEMALE M - MALE					
ADDRESS, CITY, STATE, ZIP 3444 AVALON TRL LEBANON OHIO 45036			CONTACT PHONE- INCLUDE AREA CODE 513 459 9829						
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 03	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE					
ADDRESS, CITY, STATE, ZIP			CONTACT PHONE- INCLUDE AREA CODE						
INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED

OCCUPANT

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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Unit

Local Report Number
12/01/13-13014714

Unit Number 01	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver)	Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver)	Damage Scale 2	Damaged Area
Owner Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver)			1 - None	09
LP State OH	License Plate Number FTW 6403	Vehicle Identification Number J1MRDA1311A1141712112101217	2 - Minor	08
Vehicle Year 2004	Vehicle Make INFINITI	Vehicle Model I35	3 - Functional	10
Insurance Company STATE FARM	Policy Number 7805709 A0235	Towed By TAN	4 - Disabled	07
Carrier Name, Address, City, State, Zip			5 - Unusable	06
Carrier Phone - include area code			05	

US DOT	Vehicle Weight GVWR/GCWR 1 - Less Than or Equal to 10,000 lbs. 2 - 10,001 to 26,000 lbs. 3 - More Than 26,000 lbs.	Vehicle Type 01	Trafficway Description 1
HM Placard ID No.	Hazardous Material Released	Passenger Vehicle (less than 9 passengers)	1 - Two Way, Not Divided
HM Class Number		01 - Subcompact	2 - Two Way, Not Divided, Centered Left Turn Lane
		02 - Compact	3 - Two Way, Divided, Unimproved/Basic or Lane - Shift Manual
		03 - Mid Size	4 - Two Way, Divided, Positive Median Barrier
		04 - Full Size	5 - One-Way Half-Highway
		05 - Minivan	
		06 - Sport Utility Vehicle	<input type="checkbox"/> Hit / Slip Unit
		07 - Pickup	
		08 - Van	
		09 - Motorcycle	
		10 - Motorized Bicycle	
		11 - Snowmobile/ATV	
		12 - Other Passenger Vehicle	

Non-Motorist Location Prior to Impact 01	Type of Use 1	Unit Type 02	Med/Heavy Trucks or Combo Units > 10k lbs	Bus/Van/Lim (7 or More Including Driver)
01 - Intersection - Marked Crosswalk	1 - Personal	01 - Subcompact	13 - Single Unit Truck or Van 2-axle, 6 tires	21 - Bus/Van 9-15 Seats, no Driver
02 - Intersection - No Crosswalk	2 - Commercial	02 - Compact	14 - Single Unit Truck, 3+ axles	22 - Bus (9+ Seats, no Driver)
03 - Intersection - Other	3 - Government	03 - Mid Size	15 - Single Unit Truck / Trailer	Non-Motorist
04 - Midblock - Marked Crosswalk		04 - Full Size	16 - Truck/Tractor (8000lb)	23 - Animal with Rider
05 - Travel Lane - Other Location		05 - Minivan	17 - Tractor/Semi-trailer	24 - Animal with Buggy, Wagon, Sarey
06 - Bicycle Lane	<input type="checkbox"/> In Emergency Response	06 - Sport Utility Vehicle	18 - Tractor/Double	25 - Bicycle/Pedacyclist
07 - Shoulder/Roadside		07 - Pickup	19 - Tractor/Triples	26 - Pedestrian/Skater
08 - Sidewalk		08 - Van	20 - Other Med/Heavy Vehicle	27 - Other Non-Motorist
09 - Median/Crossing Island		09 - Motorcycle		
10 - Driveway Access		10 - Motorized Bicycle		
11 - Shared-Use Path or Trail		11 - Snowmobile/ATV	<input type="checkbox"/> Has HM Placard	
12 - Non-Trafficway Area		12 - Other Passenger Vehicle		
99 - Other / Unknown				

Special Function 01	Most Damaged Area 02	Impact Area 02	Action 3
01 - None	01 - Front	01 - Front	1 - Non Contact
02 - Taxi	02 - Center Front	02 - Center Front	2 - Non-Contact
03 - Rental Truck (no hook lift)	03 - Right Side	03 - Right Side	3 - Striking
04 - Bus - School (Public or Private)	04 - Right Rear	04 - Right Rear	4 - Struck
05 - Bus - Transit	05 - Rear Center	05 - Rear Center	5 - Striking/Struck
06 - Bus - Charter	06 - Left Rear	06 - Left Rear	9 - Unknown
07 - Bus - Shuttle	07 - Other	07 - Other	
08 - Bus - Other			

Pre-Crash Actions 01	Motorist	Non-Motorist
01 - Straight Ahead	01 - Straight Ahead	01 - Straight Ahead
02 - Backing	02 - Making U-Turn	02 - Entering or Crossing Specified Location
03 - Changing Lanes	03 - Entering Traffic Lane	03 - Walking, Running, Jogging, Playing, Cycling
04 - Overtaking/Passing	04 - Leaving Traffic Lane	04 - Working
05 - Making Right Turn	05 - Parked	05 - Pushing Vehicle
06 - Making Left Turn	06 - Slowing or Stopped in Traffic	06 - Approaching or Leaving Vehicle
	07 - Driverless	07 - Standing

Contributing Circumstances	Vehicle Defects
Primary 17	01 - Turn Signals
Motorist	02 - Head Lamps
01 - None	03 - Tail Lamps
02 - Failure to Yield	04 - Brakes
03 - Ran Red Light	05 - Steering
04 - Ran Stop Sign	06 - Tire Blowout
05 - Exceeded Speed Limit	07 - Worn or Slack Tires
06 - Unsafe Speed	08 - Trailer Equipment Defective
07 - Improper Turn	09 - Motor Trouble
08 - Left of Center	10 - Disabled From Prior Accident
09 - Followed Too Closely/ACDA	11 - Other Defects
10 - Improper Lane Change	
11 - Passing/Off Road	
12 - Improper Backing	
13 - Improper Start From Parked Position	
14 - Stopped or Parked Illegally	
15 - Operating Vehicle in Negligent Manner	
16 - Swerving to Avoid (Due to External Conditions)	
17 - Wrong Side/Wrong Way	
18 - Failure to Control	
19 - Vision Obstruction	
20 - Operating Defective Equipment	
21 - Other Improper Action	

Sequence of Events	Non-Collision Events	Collision With Fixed Object
1 08 2 49 3 01 4 01 5 01 6 01	01 - Overturn/Rollover	01 - Impact Attenuator/Crash Cushion
First Harmful Event 2	02 - Fire/Explosion	02 - Bridge Overhead Structure
Most Harmful Event 2	03 - Immersion	03 - Bridge Pier or Abutment
	04 - Jackknife	04 - Bridge Parapet
	05 - Cargo/Equipment Loss or Shift	05 - Bridge Rail
		06 - Guardrail Face
		07 - Guardrail End
		08 - Portable Barrier
		09 - Median Cable Barrier
		10 - Median Guardrail Barrier
		11 - Median Concrete Barrier
		12 - Median Other Barrier
		13 - Traffic Sign Post
		14 - Overhead Sign Post
		15 - Light/Luminaries Support
		16 - Utility Pole
		17 - Other Post, Pole or Support
		18 - Culvert
		19 - Curb
		20 - Ditch
		21 - Embankment
		22 - Fence
		23 - Mailbox
		24 - Tree
		25 - Fire Hydrant
		26 - Work Zone Maintenance Equipment
		27 - Wall, Building, Tunnel
		28 - Other Fixed Object

Collision with Person, Vehicle or Object Not Fixed	Collision With Fixed Object
14 - Pedestrian	25 - Impact Attenuator/Crash Cushion
15 - Pedacyclist	26 - Bridge Overhead Structure
16 - Railway Vehicle (Train, Engine)	27 - Bridge Pier or Abutment
17 - Animal - Farm	28 - Bridge Parapet
18 - Animal - Deer	29 - Bridge Rail
19 - Animal - Other	30 - Guardrail Face
20 - Motor Vehicle in Transport	31 - Guardrail End
	32 - Portable Barrier
	33 - Median Cable Barrier
	34 - Median Guardrail Barrier
	35 - Median Concrete Barrier
	36 - Median Other Barrier
	37 - Traffic Sign Post
	38 - Overhead Sign Post
	39 - Light/Luminaries Support
	40 - Utility Pole
	41 - Other Post, Pole or Support
	42 - Culvert
	43 - Curb
	44 - Ditch
	45 - Embankment
	46 - Fence
	47 - Mailbox
	48 - Tree
	49 - Fire Hydrant
	50 - Work Zone Maintenance Equipment
	51 - Wall, Building, Tunnel
	52 - Other Fixed Object

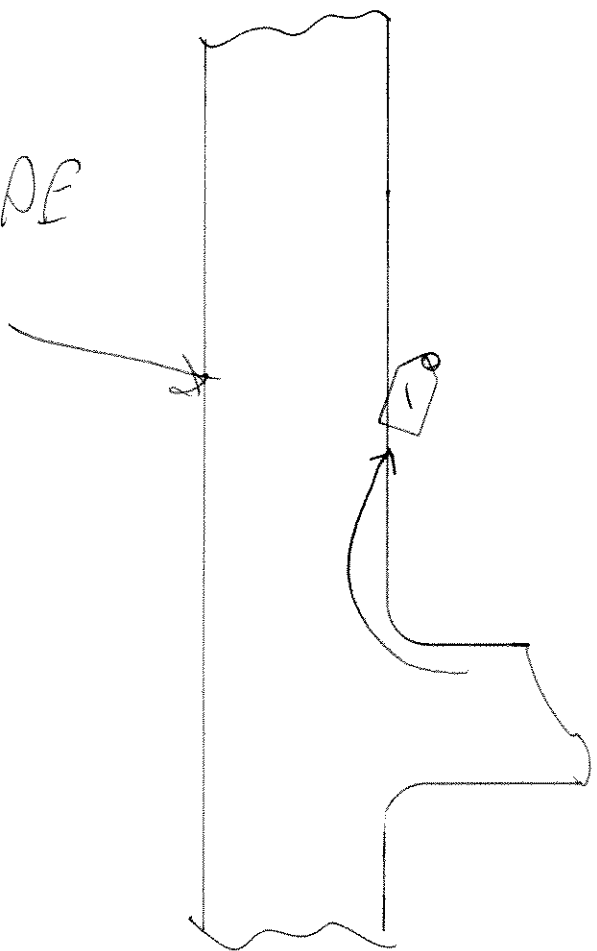
Unit Speed 24	Posted Speed 25	Traffic Control 01	Unit Direction From 2 To 1
01 - No Control	01 - North	01 - No Control	5 - Northeast
02 - Stop Sign	02 - South	02 - Stop Sign	6 - Northwest
03 - Yield Sign	03 - East	03 - Yield Sign	7 - Southeast
04 - Traffic Signal	04 - West	04 - Traffic Signal	8 - Southwest
05 - Traffic Light	05 - Unknown	05 - Traffic Light	
06 - Lane Control		06 - Lane Control	
		07 - Railroad Crossbucks	
		08 - Railroad Crossing	
		09 - Railroad Trestle	
		10 - Construction Barricade	
		11 - Person (Flagger, Officer)	
		12 - Flare/Warning Markings	
		13 - Crosswalk Lines	
		14 - Walk/Don't Walk	
		15 - Other	
		16 - Not Reported	



LOCAL REPORT NUMBER 13-30474	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 10 12 28 13
IN COUNTY OF WARREN	CRASH LOCATION LAKE SIDE DR	



LAKE SIDE
DR



NOT TO SCALE

OFFICER'S SIGNATURE X <i>[Signature]</i>	BADGE NUMBER 33
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LOCAL REPORT NUMBER 13-30474	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 10 D 28 Y 13
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, SRESIVAA KARRI HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

P.O. Kevin Bryant AT _____
OFFICER'S NAME LOCATION

Took a sharp right turn, rode the ~~curb~~ curb, and hit a fire hydrant, knocking it ~~com~~ completely off; couldn't get off the curb because of fear of hitting oncoming cars.

Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED? No

Q. WERE YOU WEARING YOUR SEAT BELT? Yes

Q. WHAT DIRECTION WERE YOU GOING? Straight

Q. WHAT WAS YOUR SPEED? 24 mph

Q. WERE YOU USING A CELL PHONE AT THE TIME OF THE CRASH? No

ADDRESS OF WITNESS 3444 Avalon Trail, Lebanon, OH 45036	PHONE (513)981-1276
SIGNATURE OF WITNESS X <u>Srisivaa Karri</u>	OFFICER'S SIGNATURE X <u>P.O. KSB</u>

813489 9829