



Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
	3 1 - Fatal 2 - Injury 3 - PDO	1 - Solved 2 - Unsolved

Local Information	
Photos Taken <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> Other	PDO Under State Reportable Dollar Amount
Private Property	Reporting Agency NCIC * 01613014
	Reporting Agency Name * MASON POLICE

County * 031	City * <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township	City, Village, Township * MASON	Crash Date * 01/17/2014	Time of Crash 0930	Day of Week FRI
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Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
0 / / "	0 / / "	39.344032	-784.296677

Roadway Division <input checked="" type="checkbox"/> Divided <input type="checkbox"/> Undivided	Divided Lane Direction of Travel E N - Northbound E - Eastbound S - Southbound W - Westbound	Number of Thru Lanes 24	Road Types or Milepost 2 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
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Location Route Type 1	Location Route Number	Loc Prefix N, S, E, W	Location Road Name TULERSVILLE	Location Road Type 2 20	Route Types 1 IR - Interstate Route (inc. turnpike) CR - Numbered County Route US - US Route TR - Numbered Township Route SR - State Route
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Distance From Reference 210 Miles Feet/Yards	Dir From Ref N, S, E, W E	Reference Route Type 1	Reference Route Number	Ref Prefix N, S, E, W	Reference Name (Road, Milepost, House #) FAIRWAY	Reference Road Type 2 PR
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Reference Point Used 1 - Intersection 2 - Mile Post 3 - House Number	Crash Location 01 01 - Not an intersection 02 - Four-way Intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle/Roundabout	06 - Five-point, or more 07 - On Ramp 08 - Off Ramp 09 - Crossover 10 - Driveway/Alley Access	11 - Railway Grade Crossing 12 - Shared-Use Paths or Trails 99 - Unknown	<input type="checkbox"/> Intersection Related	Location of First Harmful Event 4 1 - On Roadway 5 - On Gore 2 - On Shoulder 6 - Outside Trafficway 3 - In Median 9 - Unknown 4 - On Roadside
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Road Contour 4 1 - Straight Level 4 - Curve Grade 2 - Straight Grade 9 - Unknown 3 - Curve Level	Road Conditions Primary 03 Secondary 09 01 - Dry 05 - Sand, Mud, Dirt, Oil, Gravel 02 - Wet 06 - Water (Standing, Moving) 03 - Snow 07 - Slush 04 - Ice 08 - Debris* 09 - Rut, Holes, Bumps, Uneven Pavement* 10 - Other 99 - Unknown	* Secondary Condition Only
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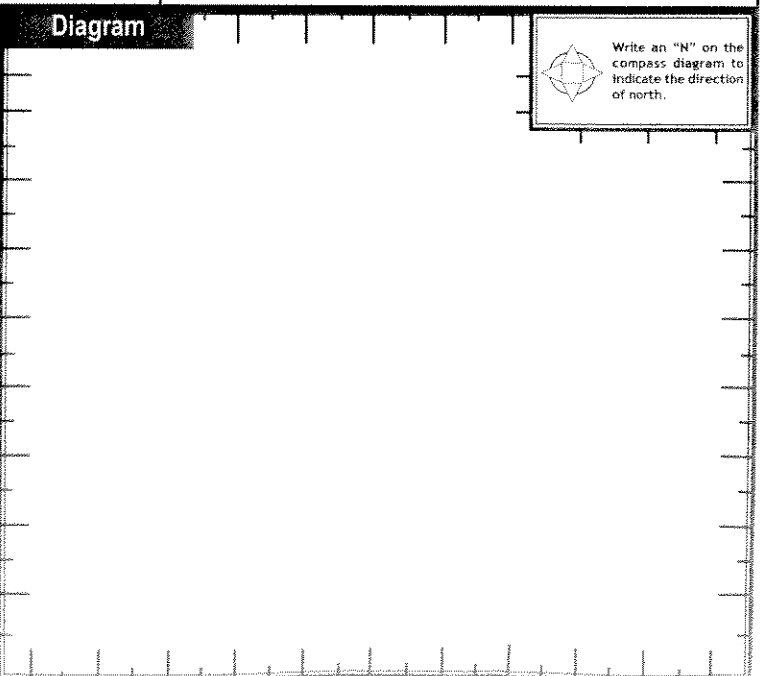
Manner of Crash Collision/Impact 1 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown	Weather 6 1 - Clear 4 - Rain 7 - Severe Crosswinds 2 - Cloudy 5 - Sleet, Hail 8 - Blowing Sand, Soil, Dirt, Snow 3 - Fog, Smog, Smoke 6 - Snow 9 - Other/Unknown
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Road Surface 2 1 - Concrete 4 - Slag, Gravel, Stone 2 - Blacktop, Bituminous, Asphalt 5 - Dirt 3 - Brick/Block 6 - Other	Light Conditions 1 Primary Secondary 1 - Daylight 5 - Dark - Roadway Not Lighted 9 - Unknown 2 - Dawn 6 - Dark - Unknown Roadway Lighting 3 - Dusk 7 - Glare* 4 - Dark - Lighted Roadway 8 - Other	<input type="checkbox"/> School Bus Related <input type="checkbox"/> School Zone Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved
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<input type="checkbox"/> Work Zone Related	<input type="checkbox"/> Workers Present <input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)	Type of Work Zone 1 - Lane Closure 4 - Intermittent or Moving Work 2 - Lane Shift/Crossover 5 - Other 3 - Work on Shoulder or Median	Location of Crash in Work Zone 1 - Before the First Work Zone Warning Sign 4 - Activity Area 2 - Advance Warning Area 5 - Termination Area 3 - Transition Area
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Narrative

UNIT #1 WAS TRAVELING EAST ON TULERSVILLE ROAD JUST EAST OF FAIRWAY DRIVE, WHEN UNIT #1 WENT OFFLEFT SIDE OF ROADWAY, STRIKING AND DESTROYING A LIGHT POST. UNIT #1 RECEIVED MINOR DAMAGE. LIGHT POLE IS OWNED BY CITY OF MASON 513 229-8500



Report Taken By <input type="checkbox"/> Police Agent <input type="checkbox"/> Motorist	<input type="checkbox"/> Supplement (Correction or Addition to an Existing Report Sent to OSP)					
Date Crash Reported 01/17/2014	Time Crash Reported 0930	Dispatch Time 1030	Arrival Time 0940	Time Cleared 1000	Other Investigation Time 130	Total Minutes 169
Officer's Name PTL EDWARDS	Officer's Badge Number 1047	Checked By Sgt John K. Callahan	Page	of		



MOTORIST / Non-MOTORIST / OCCUPANT

Level: Report Form

UNIT NUMBER 04	NAME: LAST, FIRST, MIDDLE KONG, MIN	DATE OF BIRTH 11/05/1966	AGE 48	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 6347 FIELDSTONE DRIVE MASON, OHIO 45040	CONTACT PHONE - INCLUDE AREA CODE 352 540 0857
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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OL STATE OH	OPERATOR LICENSE NUMBER TT664336	OL CLASS 4	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION <input type="checkbox"/>	ALCOHOL/DRUG SUSPECTED <input type="checkbox"/>	ALCOHOL TEST STATUS <input type="checkbox"/>	ALCOHOL TEST TYPE <input type="checkbox"/>	ALCOHOL TEST VALUE	DRUG TEST STATUS <input type="checkbox"/>	DRUG TEST TYPE <input type="checkbox"/>
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OFFENSE CHARGED (<input checked="" type="checkbox"/> LOCAL CODE) 331.34	OFFENSE DESCRIPTION FAILURE TO CONTROL	CITATION NUMBER 75418	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <input type="checkbox"/>
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
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OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY
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INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED 99 - UNKNOWN SAFETY EQUIPMENT	NON-MOTORIST 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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SEATING POSITION 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 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 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 BUS, PICK-UP WITH CAP)	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
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EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OH IS "D") 5 - MC/MOPED ONLY	CONDITION 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	ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED
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ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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MOTORIST/Non-Motorist

MOTORIST/Non-Motorist

OCCUPANT

OCCUPANT



Unit

Local Report Number

Unit Number: **011** Owner Name: Last, First, Middle: Same As Driver
 Owner Phone Number - inc. area code: Same As Driver
 Damage Scale: **2** Damaged Area:

Owner Address: City, State, Zip: Same As Driver

LP State: **OH** License Plate Number: **ESM 2196** Vehicle Identification Number: **2G1WH524K139434542** # Occupants: **011**

Vehicle Year: **2003** Vehicle Make: **CHEVY** Vehicle Model: **IMPALA** Vehicle Color: **WHITE**

Proof of Insurance Shown: Insurance Company: **STATE FARM** Policy Number: **4552136 F30 35A** Insured By: _____

Carrier Name, Address, City, State, Zip: _____ Carrier Phone - include area code: _____

US DOT: _____ Vehicle Weight GVWR/GCWR: **1**
 HM Placard ID No.: _____
 HM Class Number: _____
 Hazardous Material Released:

Cargo Body Type: **01**
 01 - Box Truck, Box Trailer or Trailer
 02 - Box Van (Delivery Van)
 03 - Flat Deck
 04 - Flat Deck with Trailer
 05 - Flat Deck with Trailer
 06 - Tank (Liquid)
 07 - Tank (Gas)
 08 - Tank (Hazardous Gas)
 09 - Tank (Hazardous Gas)
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 99 - Tank (Hazardous Gas)

Trafficway Description: **4**
 1 - Two Way, Not Divided
 2 - Two Way, Not Divided, Continuous Left Turn Lane
 3 - Two Way, Divided, Unimproved Shoulder
 4 - Two Way, Divided, Paved Shoulder
 5 - One Way Trafficway

Hit / Skip Unit:

Non-Motorist Location Prior to Impact: **01**
 01 - Intersection - Marked Crosswalk
 02 - Intersection - No Crosswalk
 03 - Intersection - Other
 04 - Midblock - Marked Crosswalk
 05 - Travel Lane - Other Location
 06 - Bicycle Lane
 07 - Shoulder/Shoulder
 08 - Sidewalk
 09 - Median/Crossing Island
 10 - Driveway Access
 11 - Shared-Use Path or Trail
 12 - Non-Trafficway Area
 99 - Other/Unknown

Type of Use: **1**
 1 - Personal
 2 - Commercial
 3 - Government

Unit Type: **03**
 99 - Unknown or Hit / Skip

Passenger Vehicles (less than 9 passengers):
 01 - Sub-Compact
 02 - Compact
 03 - Mid Size
 04 - Full Size
 05 - Minivan
 06 - Sport Utility Vehicle
 07 - Pickup
 08 - Van
 09 - Motorcycle
 10 - Motorized Bicycle
 11 - Snowmobile/ATV
 12 - Other Passenger Vehicle

Medi/Heavy Trucks or Combo Units > 10k lbs:
 13 - Single Unit Truck or Van 2axle, 6 tires
 14 - Single Unit Truck; 3+ axles
 15 - Single Unit Truck / Trailer
 16 - Tractor/Trailer (Boatall)
 17 - Tractor/Semi-Trailer
 18 - Tractor/Trailer
 19 - Tractor/Trailer
 20 - Other Medi/Heavy Vehicle

Bus/Van/Limo (9 or More Including Driver):
 21 - Bus/Van (9-15 Seats, Inc Driver)
 22 - Bus (16+ Seats, Inc Driver)

Non-Motorist:
 23 - Animal with Rider
 24 - Animal with Rider, Wagon, Sled, etc.
 25 - Bicycle/Pedestrian
 26 - Pedestrian/Skater
 27 - Other Non-Motorist

Special Function: **01**
 01 - None
 02 - Taxi
 03 - Rental Truck (Over 10k lbs)
 04 - Bus - School (Public or Private)
 05 - Bus - Transit
 06 - Bus - Charter
 07 - Bus - Shuttle
 08 - Bus - Other
 09 - Ambulance
 10 - Fire
 11 - Highway/Maintenance
 12 - Military
 13 - Police
 14 - Public Utility
 15 - Other Government
 16 - Construction Equip.
 17 - Farm Vehicle
 18 - Farm Equipment
 19 - Motorist
 20 - Military
 21 - Train
 22 - Other (Explain in Narrative)

Most Damaged Area: **02**
 01 - None
 02 - Center Front
 03 - Right Front
 04 - Right Side
 05 - Right Rear
 06 - Rear Center
 07 - Left Rear
 08 - Left Side
 09 - Left Front
 10 - Top and Windows
 11 - Undercarriage
 12 - Load/Trailer
 13 - Total/All Areas
 14 - Other

Action: **3**
 1 - Non-Contact
 2 - Non-Collision
 3 - Striking
 4 - Struck
 5 - Striking/Struck
 9 - Unknown

Has HM Placard:

Pre-Crash Actions: **01**
 Motorist:
 01 - Straight Ahead
 02 - Backing
 03 - Changing Lanes
 04 - Overtaking/Passing
 05 - Making Right Turn
 06 - Making Left Turn
 07 - Making U-Turn
 08 - Entering Traffic Lane
 09 - Leaving Traffic Lane
 10 - Parked
 11 - Slowing or Stopped in Traffic
 12 - Driverless
 13 - Negotiating a Curve
 14 - Other Motorist Action

Non-Motorist:
 15 - Entering or Crossing Specified Location
 16 - Walking, Running, Jogging, Playing, Cycling
 17 - Working
 18 - Pushing Vehicle
 19 - Approaching or Leaving Vehicle
 20 - Standing
 21 - Other Non-Motorist Action

Contributing Circumstances:
 Primary: **17**
 01 - None
 02 - Failure to Yield
 03 - Ran Red Light
 04 - Ran Stop Sign
 05 - Exceeded Speed Limit
 06 - Unsafe Speed
 07 - Improper Turn
 08 - Left of Center
 09 - Followed Too Closely/ACDA
 10 - Improper Lane Change/Passing/Off Road
 11 - Improper Backing
 12 - Improper Start From Parked Position
 13 - Stopped or Parked Illegally
 14 - Operating Vehicle in Negligent Manner
 15 - Swerving to Avoid (Due to External Conditions)
 16 - Wrong Side/Wrong Way
 17 - Failure to Control
 18 - Vision Obstruction
 19 - Operating Defective Equipment
 20 - Load Shifting/Falling/Spilling
 21 - Other Improper Action

Non-Motorist:
 22 - None
 23 - Improper Crossing
 24 - Darting
 25 - Lying and/or Illegally in Roadway
 26 - Failure to Yield Right of Way
 27 - Not Visible (Dark Clothing)
 28 - Inattentive
 29 - Failure to Obey Traffic Signs/Signals/Officer
 30 - Wrong Side of the Road
 31 - Other Non-Motorist Action

Vehicle Defects:
 01 - Turn Signals
 02 - Head Lamps
 03 - Tail Lamps
 04 - Brakes
 05 - Steering
 06 - Tire Blowout
 07 - Worn or Slick tires
 08 - Trailer Equipment Defective
 09 - Motor Inoperative
 10 - Dislodged From Prior Accident
 11 - Other Defects

Sequence of Events:
 1 **09** 2 **39** 3 **01** 4 **01** 5 **01** 6 **01**
 First Harmful Event: **2** Most Harmful Event: **2**
 99 - Unknown

Non-Collision Events:
 01 - Overtake/Rollover
 02 - Fire/Explosion
 03 - Immersion
 04 - Jackknife
 05 - Cargo/Equipment Load or Shift
 06 - Equipment Failure (Blow Tie, Brake Failure, etc)
 07 - Separation of Units
 08 - Ran Off Road Right
 09 - Ran Off Road Left
 10 - Cross Median
 11 - Cross Center Line
 12 - Opposite Direction of Travel
 13 - Downhill Runaway
 14 - Other Non-Collision

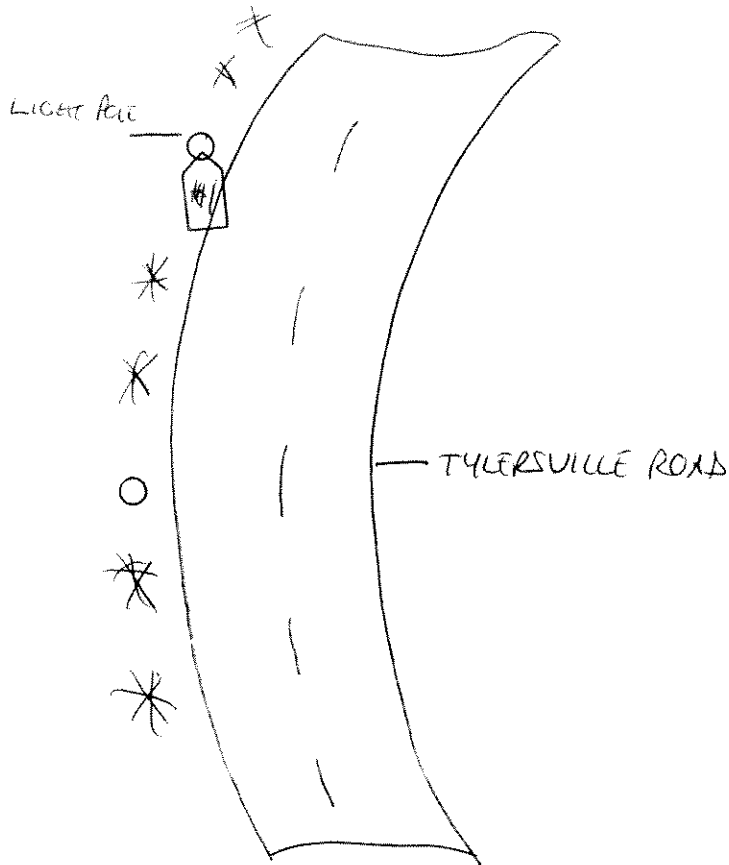
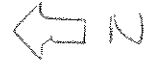
Collision With Fixed Object:
 15 - Impact Attraction Guard Channel
 16 - Bridge Overpass Structure
 17 - Bridge Overpass Abutment
 18 - Bridge Pier
 19 - Street Light
 20 - Guardrail Post
 21 - Light Pole
 22 - Utility Pole
 23 - Median Cable Barrier
 24 - Median Guardrail Barrier
 25 - Median Concrete Barrier
 26 - Median Other Barrier
 27 - Traffic Sign Post
 28 - Overhead Sign Post
 29 - Light Pole
 30 - Utility Pole
 31 - Other Fixed Object

Collision With Person, Vehicle or Object, Not Fixed:
 32 - Pedestrian
 33 - Work Zone Worker
 34 - Struck by Lateral Off-Road Vehicle or Anybody Not in Primary Mode of Vehicle
 35 - Other (Explain in Narrative)
 36 - Impact Attraction Guard Channel
 37 - Bridge Overpass Structure
 38 - Bridge Overpass Abutment
 39 - Bridge Pier
 40 - Street Light
 41 - Guardrail Post
 42 - Light Pole
 43 - Utility Pole
 44 - Median Cable Barrier
 45 - Median Guardrail Barrier
 46 - Median Concrete Barrier
 47 - Median Other Barrier
 48 - Traffic Sign Post
 49 - Overhead Sign Post
 50 - Light Pole
 51 - Utility Pole
 52 - Other Fixed Object

Unit Spec: **115** Placard Spec: **35** Traffic Control: **12**
 Unit Direction: From **9** To **3**
 Unit Type: Street Suburban
 Page 1 of 1

LOCAL REPORT NUMBER	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 1 0 17 Y 14
IN COUNTY OF WARREN	CRASH LOCATION TYLERSVILLE ROAD E. OF FAIRWAY	

NOT TO SCALE



LIGHT POLE OWNED BY:
CITY OF MASON
6000 MASON-MONTGOMERY RD.
MASON, OHIO 45040
513 229-8500

OFFICER'S SIGNATURE X P.H. Edwards	BADGE NUMBER 1047
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