



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER \* **2014-31192** CRASH SEVERITY **3** HIT/SKIP  1 - SOLVED  
 2 - UNSOLVED

PHOTOS TAKEN  OH-2  OH-1P  OH-3  OTHER  PDD UNDER STATE REPORTABLE DOLLAR AMOUNT  PRIVATE PROPERTY  REPORTING AGENCY NCIC \* **08304** REPORTING AGENCY NAME \* **MASON POLICE** NUMBER OF UNITS **01** UNIT IN ERROR  98 - ANIMAL  99 - UNKNOWN

COUNTY \* **83** CITY \*  CITY, VILLAGE, TOWNSHIP \* **CITY OF MASON** CRASH DATE \* **09232014** TIME OF CRASH **2145** DAY OF WEEK **TUE**

DEGREES / MINUTES / SECONDS LATITUDE **39°22'02.51"** LONGITUDE **-84°17'47.14"** DECIMAL DEGREES LATITUDE \_\_\_\_\_ LONGITUDE \_\_\_\_\_

ROADWAY DIVISION  DIVIDED  UNDIVIDED DIVIDED LAKE DIRECTION OF TRAVEL  N - NORTHBOUND  E - EASTBOUND  S - SOUTHBOUND  W - WESTBOUND NUMBER OF THRU LANES **02** ROAD TYPES OR MILEPOST #  
 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 - LAKE PT - PIKE SQ - SQUARE TL - TRAIL

LOCATION ROUTE TYPE 1 **05** LOCATION ROUTE NUMBER **42** LOC PREFIX  N,S  E,W LOCATION ROAD NAME \_\_\_\_\_ LOCATION ROAD TYPE 2 \_\_\_\_\_ ROUTE TYPES #  
 TR - INTERSTATE ROUTE (GNC, TURNPIKE) CR - NUMBERED COUNTY ROUTE  
 US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE  
 SR - STATE ROUTE

DISTANCE FROM REFERENCE  MILES  FEET  YARDS OFF FROM REF  N,S  E,W REFERENCE ROUTE TYPE 1 **05** REFERENCE ROUTE NUMBER **42** REF PREFIX  N,S  E,W REFERENCE NAME (ROAD, MILEPOST, HOUSE #) **4505** REFERENCE ROAD TYPE 7 \_\_\_\_\_

REFERENCE POINT USED **3** 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  INTERSECTION RELATED LOCATION OF FIRST HARMFUL EVENT **2** 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEBIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN

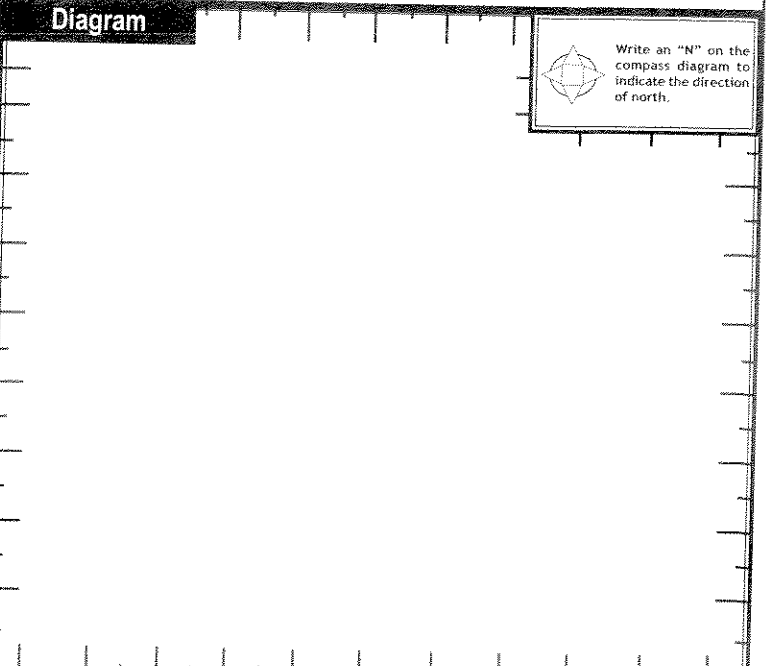
ROAD CONTOUR  1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN ROAD CONDITIONS PRIMARY  SECONDARY  01 - DRY 02 - WET 03 - SNOW 04 - ICE 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS\* 09 - RUT, HOLE, BUMPS, UNEVEN PAVEMENT\* 10 - OTHER 99 - UNKNOWN \* SECONDARY CONDITION ONLY

MANNER OF CRASH COLLISION/IMPACT  1 - NET COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIP, SAME DIRECTION 8 - SIDESWIP, OPPOSITE DIRECTION 9 - UNKNOWN WEATHER  1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/UNKNOWN

ROAD SURFACE  1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAB, GRAVEL, STONE 5 - DIRT 6 - OTHER LIGHT CONDITIONS PRIMARY  SECONDARY  1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY 5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE\* 8 - OTHER \* SECONDARY CONDITION ONLY SCHOOL BUS RELATED  SCHOOL ZONE RELATED  YES, SCHOOL BUS DIRECTLY INVOLVED  YES, SCHOOL BUS INDIRECTLY INVOLVED

WORK ZONE RELATED  WORKERS PRESENT  LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)  LAW ENFORCEMENT PRESENT (VEHICLE ONLY) TYPE OF WORK ZONE  1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERRUPTED OR MOVING WORK 5 - OTHER LOCATION OF CRASH IN WORK ZONE  1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA

NARRATIVE  
**UNIT #1 WAS HEADING NORTH EAST ON U.S. 42 IN THE 4500 BLOCK WHEN THE OPERATOR FAILED TO MAINTAIN LANES AND STRUCK THE GUARD RAIL SYSTEM.**



REPORT TAKEN BY  POLICE AGENCY  MINGRETT  SUPPLEMENT (Continuation or Addition to an Existing Report Sent to DOPS) DATE CRASH REPORTED **09232014** TIME CRASH REPORTED **2145** DISPATCH TIME **2145** ARRIVAL TIME **2148** TIME CLEARANCE **2225** OTHER INVESTIGATION TIME **10** TOTAL MINUTES **47** OFFICER'S NAME \* **HERRLINGER** OFFICER'S BADGE NUMBER **42** CHECKED BY **50** PAGE **1** OF **3**



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER  
**2014-31192**

UNIT NUMBER <b>01</b>	NAME: LAST, FIRST, MIDDLE <b>AZARYAN, EDUARDO</b>	DATE OF BIRTH <b>01/24/1989</b>	AGE <b>25</b>	GENDER <b>M</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>4101 SPYGLASS Hill Mason, O. 45040</b>	CONTACT PHONE- INCLUDE AREA CODE <b>(513) 498-1591</b>
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT <input type="checkbox"/>	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>		
OL STATE	OPERATOR LICENSE NUMBER <b>26MB104458</b>	OL CLASS <b>4</b>	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION <b>1</b>	ALCOHOL/DRUG SUSPECTED <b>1</b>	ALCOHOL TEST STATUS <b>1</b>	ALCOHOL TEST TYPE <b>1</b>	ALCOHOL TEST VALUE	DRUG TEST STATUS <b>1</b>	DRUG TEST TYPE <b>1</b>

OFFENSE CHARGED ( <input checked="" type="checkbox"/> LOCAL CODE ) <b>337.34</b>	OFFENSE DESCRIPTION <b>FAILURE TO CONTROL</b>	CITATION NUMBER <b>77128</b>	HANDS-FREE <input type="checkbox"/>	DRIVER DISTRACTED BY <b>1</b>
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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 <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <input type="checkbox"/>	DOT COMPLIANT <input type="checkbox"/>	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>		
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	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"/>

OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE )	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/>	DRIVER DISTRACTED BY <input type="checkbox"/>
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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 99 - UNKNOWN SAFETY EQUIPMENT	05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM-REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	NON-MOTORIST 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOW, KNEE, 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, PICKUP WITH CAP)	12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	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 (NON-M "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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# Unit

Local Report Number  
**2014-31192**

Unit Number: **01** Owner Name: Last, First, Middle (  Same As Driver )  
**PONOMAREVA, MARINA** Owner Phone Number - inc. area code (  Same As Driver )

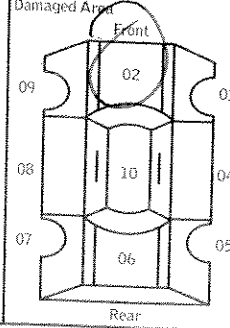
Owner Address: City, State, Zip (  Same As Driver )

LP State: **OH** License Plate Number: **AZARYAN** Vehicle Identification Number: **1FTSW30L0XED59932** # Occupants: **01**

Vehicle Year: **1999** Vehicle Make: **FORD** Vehicle Model: **F-350** Vehicle Color: **GREY**

Proof of Insurance Shown Insurance Company: **PROGRESSIVE** Policy Number: **901620808** Towed By: **BARNE'S**

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



US DOT Vehicle Weight GVWR/GCWR: **1** (1 - Less Than or Equal to 10k Lbs., 2 - 10,001 to 26,000 Lbs., 3 - More Than 26,000 Lbs.)

HM Placard ID No. **01** Cargo Body Type: **01** (01 - No Cargo Body Type/Not Applicable, 02 - Bus/Van (9-15 Seats, Inc Driver), 03 - Bus (16+ Seats, Inc Driver), 04 - Vehicle Towing Another Vehicle, 05 - Logging, 06 - Intermodal Container Chassis, 07 - Cargo Van/Enclosed Box, 08 - Grain, Chips, Gravel, 09 - Pole, 10 - Cargo Tank, 11 - Flat Bed, 12 - Dump, 13 - Concrete Mixer, 14 - Auto Transporter, 15 - Garbage/Refuse, 99 - Other/Unknown)

Trafficway Description: **1** (1 - Two-Way, Not Divided, 2 - Two-Way, Not Divided, Continuous Left Turn Lane, 3 - Two-Way, Divided, Unprotected/Parmed or Grass (4 Ft.) Median, 4 - Two-Way, Divided, Positive Median Barrier, 5 - One-Way Trafficway)

HM Class Number **1** Hazardous Material Released   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/Roadside, 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)  In Emergency Response

Unit Type: **07** (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, 13 - Single Unit Truck or Van 2axle, 6 tires, 14 - Single Unit Truck; 3 - axles, 15 - Single Unit Truck / Trailer, 16 - Truck/Tractor (Bobtail), 17 - Tractor/Semi-Trailer, 18 - Tractor/Double, 19 - Tractor/Triples, 20 - Other Med/Heavy Vehicle, 21 - Bus/Van/Limo (9 or More including Driver), 22 - Bus (16+ Seats, Inc Driver), Non-Motorist: 23 - Animal with Rider, 24 - Animal with Buggy, Wagon, Surrey, 25 - Bicycle/Pedacyclist, 26 - Pedestrian/Skater, 27 - Other Non-Motorist)

Has HM Placard

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 - Motorhome, 20 - Golf Cart, 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/Rail Area, 14 - Other, 99 - Unknown)

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

Pre-Crash Actions: **01** (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, 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 **12** (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/ACOA, 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** (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 Trouble, 10 - Disabled From Prior Accident, 11 - Other Defects)

Sequence of Events: 1 **08** 2 **31** 3 **01** 4 **01** 5 **01** 6 **01**

First Harmful Event: **2** Most Harmful Event: **2**

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

Collision with Person, Vehicle or Object Not Fixed: 14 - Pedestrian, 15 - Pedacyclist, 16 - Railway Vehicle (Train, Engine), 17 - Animal - Farm, 18 - Animal - Deer, 19 - Animal - Other, 20 - Motor Vehicle in Transport, 21 - Parked Motor Vehicle, 22 - Work Zone Maintenance Equipment, 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle, 24 - Other Movable Object, Collision With Fixed Object: 25 - Impact Attenuator/Crash Cushion, 26 - Bridge Overhead Structure, 27 - Bridge Pier or Abutment, 28 - Bridge Parapet, 29 - Bridge Rail, 30 - Guardrail Face, 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 - Manhole, 48 - Tree, 49 - Fire Hydrant, 50 - Work Zone Maintenance Equipment, 51 - Wall, Building, Tunnel, 52 - Other Fixed Object

Unit Speed: **30** Posted Speed: **50** Traffic Control: **12** (01 - No Controls, 02 - Stop Sign, 03 - Yield Sign, 04 - Traffic Signal, 05 - Traffic Flashers, 06 - School Zone, 07 - Railroad Crossbucks, 08 - Railroad Flashers, 09 - Railroad Gates, 10 - Construction Barricade, 11 - Person (Flagger, Officer), 12 - Pavement Markings, 13 - Crosswalk Lines, 14 - Walk/Don't Walk, 15 - Other, 16 - Not Reported)

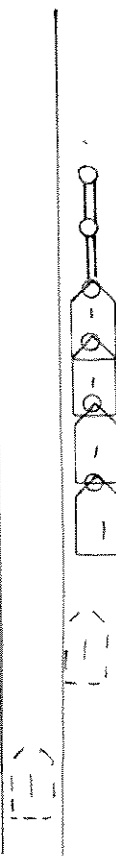
Unit Direction: From **2** To **5** (1 - North, 2 - South, 3 - East, 4 - West, 5 - Northeast, 6 - Northwest, 7 - Southeast, 8 - Southwest, 9 - Unknown)



LOCAL REPORT NUMBER 14-31192	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 9 10 23 Y 14
IN COUNTY OF Warren	CRASH LOCATION 4500 U.S. 42	



4500 U.S. 42



NOT TO SCALE

OFFICER'S SIGNATURE X	BADGE NUMBER 42
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