



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
32745	1 - FATAL 2 - INJURY 3 - PDO	1 - SOLVED 2 - UNSOLVED

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 * 08304	REPORTING AGENCY NAME * MASON POLICE	NUMBER OF UNITS 02	UNIT IN ERROR 02	98 - ANIMAL 99 - UNKNOWN
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COUNTY * 83	CITY * MASON	CITY, VILLAGE, TOWNSHIP *	CRASH DATE * 09/24/2016	TIME OF CRASH 1525	DAY OF WEEK SAT
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DEGREES / MINUTES / SECONDS LATITUDE 39° 20' 13.58"	LONGITUDE 84° 20' 57.22"	DECIMAL DEGREES LATITUDE 39.337107	LONGITUDE 84.349227
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ROADWAY DIVISION <input checked="" type="checkbox"/> DIVIDED <input type="checkbox"/> UNDIVIDED	DIVIDED LANE DIRECTION OF TRAVEL N - NORTHBOUND S - SOUTHBOUND	NUMBER OF THRU LANES 02	ROAD TYPES OR MILEPOST 2 AL - ALLEY AV - AVENUE BL - BOULEVARD	CR - CIRCLE CT - COURT DR - DRIVE	HE - HEIGHTS HW - HIGHWAY LA - LANE	MP - MILEPOST PK - PARKWAY PI - PIKE	PL - PLACE RD - ROAD SQ - SQUARE	ST - STREET TE - TERRACE TL - TRAIL	WA - WAY
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LOCATION ROUTE TYPE 1	LOCATION ROUTE NUMBER	LOC PREFIX N,S,E,W	LOCATION ROAD NAME BUTLER WARREN	LOCATION ROAD TYPE 2	ROUTE TYPES 1 IR - INTERSTATE ROUTE (INC. TURNPIKE) US - US ROUTE SR - STATE ROUTE	CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE
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DISTANCE FROM REFERENCE MILES FEET YARDS AT	DIR FROM REF N,S,E,W	REFERENCE ROUTE TYPE 1	REFERENCE ROUTE NUMBER	REF PREFIX N,S,E,W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) WESTERN ROW	REFERENCE ROAD TYPE 2
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REFERENCE POINT USED 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER 1	CRASH LOCATION 02	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 <input checked="" type="checkbox"/>	LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN
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ROAD CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN 1	ROAD CONDITIONS PRIMARY SECONDARY 01	01 - DRY 02 - WET 03 - SNOW 04 - ICE	05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS*	09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT* 10 - OTHER 99 - UNKNOWN
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MANNER OF CRASH COLLISION/IMPACT 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 6	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 1
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ROAD SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER 2	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 9 - UNKNOWN 1	SCHOOL BUS RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED
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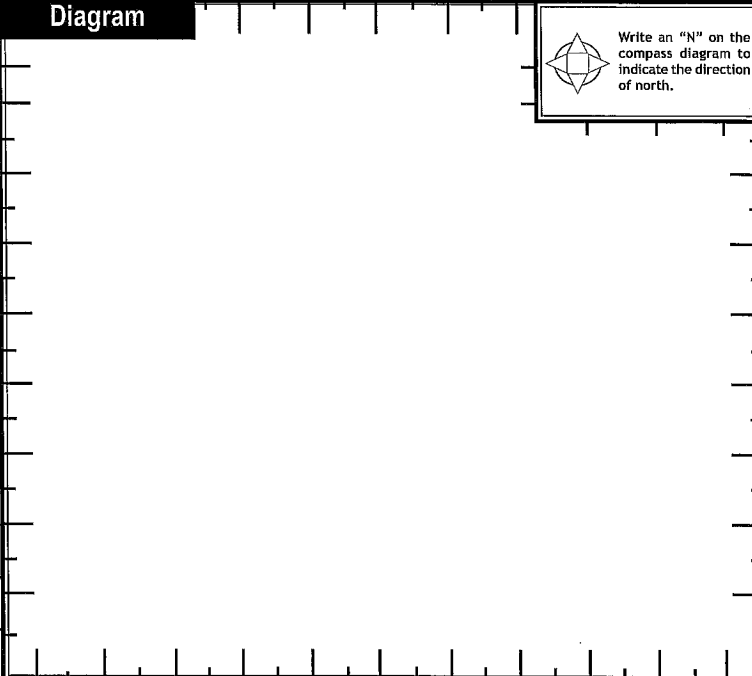
WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	TYPE OF WORK ZONE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR 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
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NARRATIVE

UNIT #1 WAS EASTBOUND ON WESTERN ROW RD.

UNIT #2 WAS NORTHBOUND ON BUTLER WARREN RD.

UNIT #2 RAN A STOP SIGN AND STRUCK #1.



REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)	DATE CRASH REPORTED 09/24/2016	TIME CRASH REPORTED 1507	DISPATCH TIME 1508	ARRIVAL TIME 1514	TIME CLEARED 1611	OTHER INVESTIGATION TIME 39	TOTAL MINUTES 87
OFFICER'S NAME * BRYANT	OFFICER'S BADGE NUMBER 55	CHECKED BY 50	PAGE		OF			



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

UNIT NUMBER <b>01</b>	NAME: LAST, FIRST, MIDDLE <b>MILLS, RANNIE T</b>	DATE OF BIRTH <b>05/21/1954</b>	AGE <b>62</b>	GENDER <b>M</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>5400 HOLLY BROOK LN MILFORD OHIO 45150</b>	CONTACT PHONE- INCLUDE AREA CODE <b>513 707 8707</b>
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INJURIES <b>1</b>	INJURED TAKEN BY <b>1</b>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>3</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
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OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>RJ473541</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>
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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 <b>1</b>
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UNIT NUMBER <b>02</b>	NAME: LAST, FIRST, MIDDLE <b>MALLA, SUNIL</b>	DATE OF BIRTH <b>01/03/1988</b>	AGE <b>28</b>	GENDER <b>M</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>8894 HARPER POINT APT A CINCINNATI OH 45249</b>	CONTACT PHONE- INCLUDE AREA CODE <b>202 531 7660</b>
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INJURIES <b>1</b>	INJURED TAKEN BY <b>1</b>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>4</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
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OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>UJ428410</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>
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OFFENSE CHARGED ( <input checked="" type="checkbox"/> LOCAL CODE ) <b>313.01</b>	OFFENSE DESCRIPTION <b>STOP SIGN</b>	CITATION NUMBER <b>81500</b>	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <b>1</b>
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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 NON-MOTORIST 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, 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) 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 (OHIO 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 <b>02</b>	NAME: LAST, FIRST, MIDDLE <b>RAYA PUDI, HARIKA</b>	DATE OF BIRTH <b>03/18/1990</b>	AGE <b>26</b>	GENDER <b>F</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>8894 HARPER POINT APT A CINCINNATI OH 45249</b>	CONTACT PHONE- INCLUDE AREA CODE <b>202 531 7660</b>
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INJURIES <b>1</b>	INJURED TAKEN BY <b>1</b>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>1</b>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <b>1</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
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UNIT NUMBER <b>1</b>	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <b>1</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
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INJURIES <b>1</b>	INJURED TAKEN BY <b>1</b>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>1</b>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <b>1</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
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# UNIT

LOCAL REPORT NUMBER

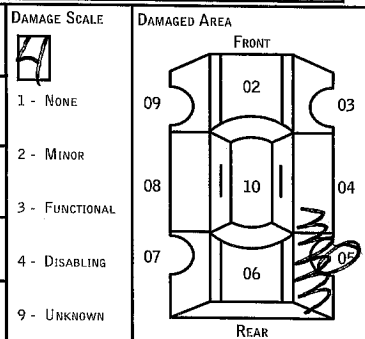
UNIT NUMBER: **011** OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER ) **MILLS, DENISE A.** OWNER PHONE NUMBER - INC. AREA CODE (  SAME AS DRIVER )

OWNER ADDRESS: CITY, STATE, ZIP (  SAME AS DRIVER )

LP STATE: **OH** LICENSE PLATE NUMBER: **GCH 2638** VEHICLE IDENTIFICATION NUMBER: **2FMGK5C83DB024521** # OCCUPANTS: **01**

VEHICLE YEAR: **2013** VEHICLE MAKE: **FORD** VEHICLE MODEL: **FLEX** VEHICLE COLOR: **WHITE**

PROOF OF INSURANCE SHOWN:  INSURANCE COMPANY: **STATE FARM** POLICY NUMBER: **8374915B1835** TOWED BY: **CASE**



CARRIER NAME, ADDRESS, CITY, STATE, ZIP

CARRIER PHONE- INCLUDE AREA CODE

US DOT: **1** VEHICLE WEIGHT GVWR/GCWR: **1**

HM PLACARD ID No. **1** CARGO BODY TYPE: **01**

HM CLASS NUMBER: **1** HAZARDOUS MATERIAL RELEASED:

TRAFFICWAY DESCRIPTION: **1**

HIT / SKIP UNIT

NON-MOTORIST LOCATION PRIOR TO IMPACT: **01**

TYPE OF USE: **1**

UNIT TYPE: **04**

IN EMERGENCY RESPONSE

HAS HM PLACARD

SPECIAL FUNCTION: **01**

MOST DAMAGED AREA: **05**

IMPACT AREA: **05**

ACTION: **4**

PRE-CRASH ACTIONS: **01**

MOTORIST: **01**

NON-MOTORIST: **01**

CONTRIBUTING CIRCUMSTANCES: **01**

VEHICLE DEFECTS: **01**

SEQUENCE OF EVENTS: **1** **20** **2** **3** **4** **5** **6**

Non-Collision Events: **01** - OVERTURN/ROLLOVER

Collision With Fixed Object: **25** - IMPACT ATTENUATOR/CRASH CUSHION

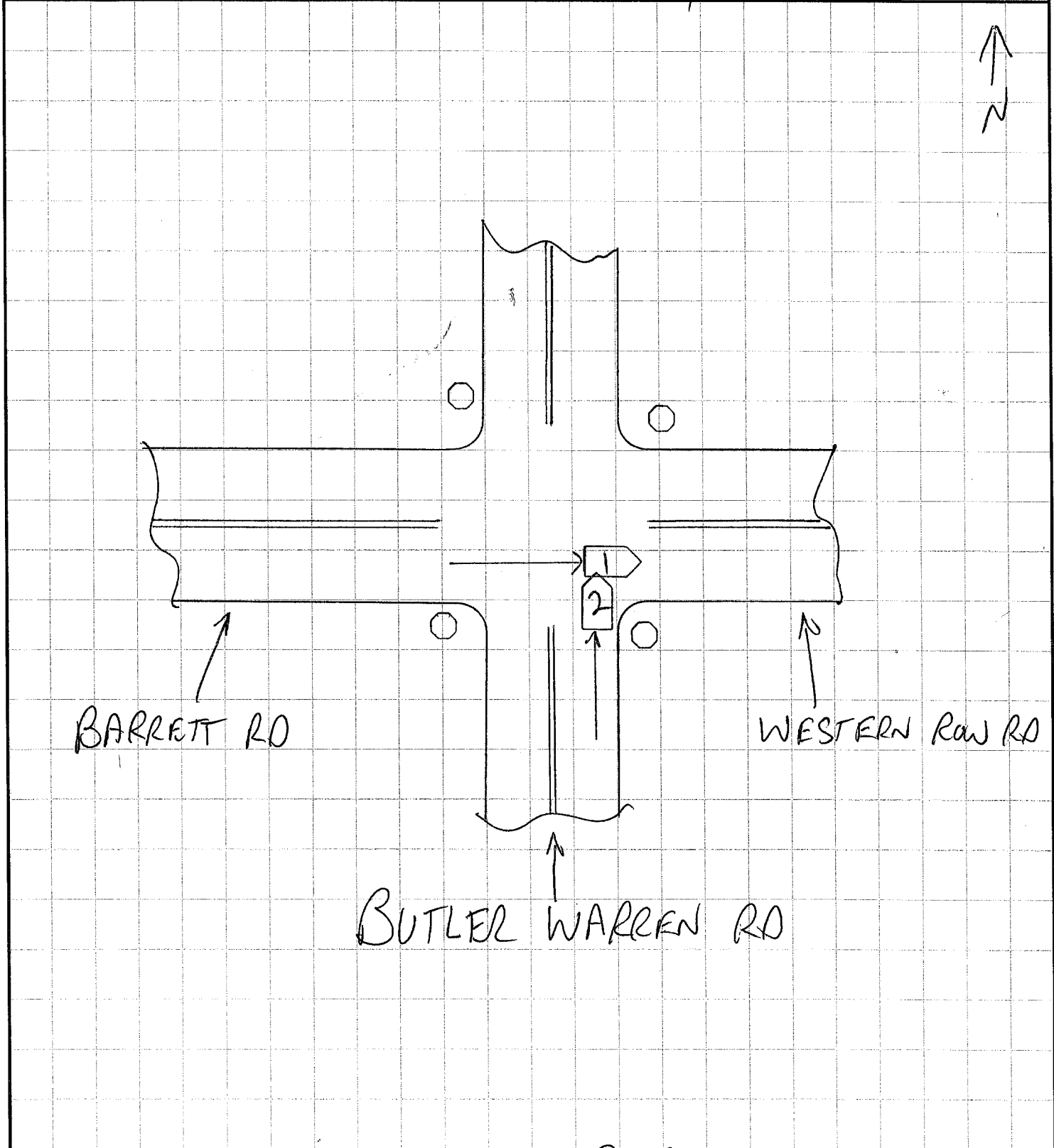
UNIT SPEED: **10** POSTED SPEED: **35** TRAFFIC CONTROL: **12**

UNIT DIRECTION: FROM **4** TO **3**





LOCAL REPORT NUMBER	REPORTING AGENCY <b>MASON POLICE</b>	DATE OF CRASH <b>M 09   D 24   Y 16</b>
IN COUNTY OF <b>WARREN</b>	CRASH LOCATION <b>BUTLER WARREN RD / WESTERN RD</b>	



<b>NOT TO SCALE</b>	OFFICER'S SIGNATURE <b>X PD KSB [Signature]</b>	BADGE NUMBER <b>35</b>
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LOCAL REPORT NUMBER	REPORTING AGENCY <b>MASON POLICE</b>	DATE OF CRASH M <b>09</b>   D <b>24</b>   Y <b>17</b>
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, SUNIL NALLA HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

P.O. K. S. BRYANT AT CRASH SCENE  
OFFICER'S NAME LOCATION

*Coming Driving straight with in speed limit of 35,  
 kicked the brake pedal 100 ft before to slow down  
 at the Junction couldn't control the car even after  
 kicking the brake pedal harder as the road is  
 pretty slope and slant.*

HARTKA RAYAPUDI MAR-18-1990

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? 35

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

ADDRESS OF WITNESS	PHONE <u>202-531-7660</u>
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SIGNATURE OF WITNESS X	OFFICER'S SIGNATURE X <u>P.O. K.S. BRYANT</u>
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LOCAL REPORT NUMBER	REPORTING AGENCY <b>MASON POLICE</b>	DATE OF CRASH <b>M 09   D 24   Y 16</b>
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, RONNIE MILLS HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

P.O. K. S. BRYANT AT CRASH SCENE  
OFFICER'S NAME LOCATION

4 WAY stop  
Heading EAST

I stopped  
Proceeded thru inter section

Looked to right  
Other driver hit me  
rear passenger quarter panel

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

Q. WERE YOU WEARING YOUR SEAT BELT? **YES**

Q. WHAT DIRECTION WERE YOU GOING? **EAST**

Q. WHAT WAS YOUR SPEED? **East 10**

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

ADDRESS OF WITNESS

PHONE

**707-8707**

SIGNATURE OF WITNESS

X

OFFICER'S SIGNATURE

X

*[Signature of P.O. K. S. Bryant]*