| OHIO DEPARTMENT OF PUBLIC SAFETY SAFETY - SERVICE - PROTECTION | TRAFFIC C | RASH RE | PORT *DENOTES I | MANDATORY FIEL | D FOR SUPPLEM | IENT REPORT | L | OCAL REPORT NU | JMBER* | |
|---|---------------------------------------|--------------------------|---|---|---|-----------------------------|------------------------------------|---|---|--|
| PHOTOS TAKEN | ⋈ 0H-2 | 0H-3 LOC | AL INFORMATION | | | | | CP2104011 | 738 | |
| SECONDARY CR | ASH OH-1P | OTHER REI | PORTING AGENCY NAME* | | | NCIC* | HIT/SKIP | NUMBER OF UNITS | | |
| | PRIVATE PR | ROPERTY Ma | son PD | *************************************** | <u> </u> | 08304 | 1 - SOLVED L 2 - UNSOLVED | 2 | 98 - ANIMAL 1 99 - UNKNOWN | |
| COUNTY* LOCALITY* LOCATION: CITY, VILLAGE, TOWNSHIP* | | | | | | | CRASH DATE/1 | IME* | CRASH SEVERITY 1 - FATAL | |
| O3 L 1 3-TOWNSHIP Mason | | | | | | Т | 04282021 1 | | | |
| ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH LOCATION ROAD NAME 2 - SOUTH 3 - EAST | | | | ROAD TYPE | | | LATITUDE DECIMAL DEGREES SU 3 - MI | | | |
| B L L L | 4 | -west Ma | son Montgomery | | | RD_ | 39.34462 | | SUSPECTED | |
| 2 | | - SOUTH - EAST | ERENCE ROAD NAME (ROA | ID, MILEPOST, HOU | ISE #) | ROADTYPE | LONGITUDE DE | CIMAL DEGREES | 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE | |
| GELEGE SOLVE | 1 4 | -WEST Tyle | ersville | and the second second | | RD | -84.31046 | | ONLY | |
| REFERENCE POIN 1 - INTERSECT | FROM REFERENCE | TH IR - INT | ROUTE TYPE ERSTATE ROUTE(TP) A | | ROAD TYPE W - HIGHWAY | RD - ROAD | E | INTERSECTION R I RSECTION OR ON A | | |
| 2 - MILE POST 1 3 - HOUSE # | | TH US-FED | | Statement at the more | 有数据的 经通货 经现代证据 | SQ - SQUARE | | | 4 | |
| DISTANCE | 4-WES | | 1 E KUU 1 E | BL -BOULEVARD M CR -CIRCLE 0 | 计二种表示 数据 电电流存储器 草 | ST - STREET TE - TERRACE | WITHIN INTE | RCHANGE AREA | NUMBER OF APPROACHES | |
| FROM REFERENCE | UNIT OF MEASURI | E . | IDEDED TOWNSHIP | 化邻氯化氯 医甲状腺病 化二氯 | THE RESERVE OF THE RESERVE OF THE | TL - TRAIL WA - WAY | | ROADWAY | <i>'</i> | |
| 10 | 2 - FEET 2 3 - YARE | | | | L - PLACE | WA - WAT | ROADWAY DIV | IDED | | |
| LOCA | TION OF FIRST HARM | FUL EVENT | MA | ANNER OF CRASH (| COLLISION/IMP/ | ACT | DIRECTION OF TRAVE | L | MEDIAN TYPE | |
| 1 - ON ROA 2 - ON SHO | | ROSSOVER DRIVEWAY/ALL | l 5. | OT COLLISION 4- ETWEEN 5- | REAR-TO-REAR BACKING | | 1 - NORTH | | 'IDED FLUSH MEDIAN 4 FEET) | |
| 1 3-IN MED | IAN 11-F | RAILWAY GRAD | E CROSSING $\begin{vmatrix} 5 \\ \end{vmatrix}$ | WO MOTOR EHICLES IN 6- | ANGLE | | 2 - SOUTH 3 - EAST | 2 - DIV | IDED FLUSH MEDIAN | |
| 4 - ON ROA 5 - ON GOR | E 1 | HARED USE PA RAILS | | | SIDESWIPE, SAN SIDESWIPE, OPP | | 4-WEST | | 4 FEET) 'IDED, DEPRESSED MEDIAN | |
| 6-OUTSID 7-ON RAN | L 110 110 1171 | OLL BOOTH | 3 - HE | EAD-ON 9- | OTHER / UNKNO | WN | | | 'IDED, RAISED MEDIAN NY TYPE) | |
| 8 - 0FF RA | 20.0 | THER / UNKNO | WN | | | | | 9 - OTI | HER/UNKNOWN | |
| WORK ZONE R | ELATED | | RK ZONE TYPE | ı | OF CRASH IN W | | CONTOUR | CONDITION | S SURFACE | |
| WORKERS PRE | ESENT | | E CLOSURE E SHIFT/CROSSOVER | | EFORE THE 1ST VARNING SIGN | WORK ZONE | 1 | _ 1 | _2_ | |
| 3-WORK ON SHOULDER 2-ADVANCE WARNING AREA | | | | | 1 - STRAIGHT LEVEL | | 1 - CONCRETE | | | |
| 4 - INTERMITTENT OR MOVING WORK 4 - ACTIVITY AREA | | | | | 2 - STRAIGHT GRADE 3 - CURVE LEVEL | 2 - WET 3 - SNOW | 2 - BLACKTOP, BITUMINOUS, | | | |
| ACTIVE SCHOOL | DL ZONE | 5 - OTH | ΞR | 5 - T | ERMINATION AF | REA | 4 - CURVE GRADE | 4 - ICE | ASPHALT 3 - BRICK/BLOCK | |
| LIG 1 - DAYLIGI | HT CONDITION | | WEAT | | | | 9 - OTHER/UNKNOWN | 5 - SAND, MUD, DI OIL, GRAVEL | RT, 4 - SLAG, GRAVEL, | |
| 1 2 - DAWN/D | USK | | 1-CLEAR 2 2-CLOUDY | 6 - SNOW 7 - SEVERE CI | ROSSWINDS | | | 6 - WATER (STANI | STONE DING, 5 - DIRT | |
| 3 - DARK - | LIGHTED ROADWAY ROADWAY NOT LIGHTI | ED L | 3 - FOG, SMOG, SMO 4 - RAIN | | SAND, SOIL, DIR [.] RAIN OR FREEZ | | | MOVING) 7 - SLUSH | 9 - OTHER/UNKNOWN | |
| 5 - DARK - | UNKNOWN ROADWAY | | 5 - SLEET, HAIL | 99 - OTHER / L | | | | 9 - OTHER/UNKNO | wn | |
| | UNKNOWN | | | | | | | | | |
| NARRATIVE | | | | | | | | | Indicate the north direction with | |
| Unit #1 wa | s stopped fa | acing no | rth on Mason | ļ | | | | | an "N" on the compass diagram. | |
| Montgome | ry Rd in the | intersec | tion of Tylersv | ille Rd | (N | | | | | |
| in the left to | urn lane. Ui | nit #2 ste | opped facing n | orth | | | | MASC | N MONTGCWERY RD | |
| behind unit | #1 and with | n the rial | nt rear wheel in | n the | | | | | | |
| behind unit #1 and with the right rear wheel in the through lane. The light turned red and unit #1 back | | | | | | TYLERSVILLE RD | | | | |
| | • | i iumeu | red and unit # | I Dack | 4 | | | | | |
| up and stru | ick unit #2. | | | | | | | | 275 | |
| | | | | . [| | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | i I I I | | Not To Scale | |
| | 'ED DATE/TIME | | ATCH DATE/TIME | | VAL DATE/TIME | · | SCENE CLEARED | DATE/TIME | REPORT TAKEN BY POLICE AGENCY | |
| | 21 1157 | | 282021 1158 | J 042 | 82021 1200 | | 04282021 | 1231 | MOTORIST | |
| TOTAL TIME ROADWAY CLOSED | OTHER Investigation time | TOTAL Minutes | OFFICER'S NAME* | erald, Eric | | HECKED BY OFFI | | | SUPPLEMENT | |
| | | • | | BADGE NUMBER* | | CHECKED E | OFFICER'S BADGE I | NUMBER* | (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) | |
| . 0 | 0 30 63 1C37 1E43 | | 1643 | | | | | | | |

VEHICLE

| OF PUE | PLIC SAFETY UNIT | | | | | | | | | | REPORT NUMBER 2104011738 |
|--------------------|---|---|----------|--|--------------------------|---|-----------|---|----------------------|---------------------------------------|---|
| UNIT# | OWNER NAME: LAST, FIRS | T, MIDDLE (SAME AS DE | (IVER) | | 1W0 | IER PHONE: | INCLUDE A | AREA CODE (SAME AS DRIVER) | | | DAMAGE |
| 04 | Swat Group Inc | , <u> </u> | | | | | Min. | | | | VAGE SCALE |
| | DRESS: STREET, CITY, STATE | | | | | - 12:0 M 12:000 M 1 | 909 | 241/2 | _ | ONE | 3 - FUNCTIONAL DAMAGE |
| | Ith St Milwaukee, VI IAL CARRIER: NAME, ADDR | | | | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE | | | 2-1 | IINOR DAMA | AGE 4 - DISABLING DAMAGE UNKNOWN |
| oommen. | THE OFFICE WATER, NO. | 200,011,014,1,21 | | | | UMWERGIAL GARR | IER I II | | | | AGED AREA(S) |
| | LICENSE PLATE# | l | | IDENTIFICATION # | | VEHICLE | /EAR | VEHICLE MAKE | | | E ALL THAT APPLY |
| WI | TC2363 | <u> </u> | | Y80MKA29335 | | 2021 | | FORD | 12 | . 1 | 12 |
| INSURAN VERIFIE | CE INSURANCE COMP | ANY Ch | IN | SURANCE POLICY # | 1 | COLO | | VEHICLE MODEL Transit | 10 12 | \rightarrow | 12 |
| | TYPE OF USE | | | 11CAB1035801 US DOT # | | VHI VED BY: COMP. | | <u> </u> | 10 | 1 2 | |
| COMME | RCIAL GOVERNMENT | IN EMERGENCY RESPONSE | <u></u> | | ـــا ر | | | | 9 9 | 3 3 | 9 9 3 |
| INTERL | оск | #OCCUPANTS | VEH | ICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. | | HAZAR MATERIAL RELEASED | | MATERIAL ASS # PLACARD ID # | 8 7 | 5 7 | |
| DEVICE | ED HIT/SKIP UNI | r | | 2 - 10,001 - 26K LBS. | ∣∺ | RELEASED PLACARD | | | 6 | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | |
| | 1 - PASSENGER CAR | 7 - MOTORCYCLE 2-WHEE | LED | 3 - >26K LBS. 12-GOLF CART | 18 - LIMO (| LIVERY VEHICLE) | 23 | -PEDESTRIAN/SKATER | 6 | 3 11 | 12 7 6 5 |
| . h . | 2 - PASSENGER VAN (MINIVAN) | | LED | 13-SNOWMOBILE | 19-BUS (1 | 6+ PASSENGERS) | | -WHEELCHAIR (ANY TYPE) | | 10 | 11 2 |
| UNIT TYPE | 3 - SPORT UTILITY VEHICLE | 9 - AUTOCYCLE 10 - MOPED OR MOTORIZE | | | 20 - OTHER | | | - OTHER NON-MOTORIST | | <u> </u> | 10 2 |
| | 5 - CARGO VAN | BICYCLE | U | | | ' EQUIPMENT L WITH RIDER OR | | -BICYCLE -TRAIN | | "\ | 3 3 3 |
| | 6 - VAN (9-15 SEATS) | 11 - ALL TERRAIN VEHICL (ATV / UTV) | E | 17 - MOTORHOME | ANIMA | L-DRAWN VEHICL | _ | - UNKNOWN OR HIT/SKIP | | 8 | 7 3 4 |
| 0 | # OF TRAILING UNITS | WII 7 5 1 1 7 | | | | | | | 12 | 7 | 5 12 |
| | WAS VEHICLE OPERATING IN AU | TONOMOUS | - | 0 - NO AUTOMATION | 3 - CONDIT | TONAL AUTOMATI | ON 9 | - UNKNOWN | 11 12 | | 6 11 12 |
| | MODE WHEN CRASH OCCURRED | | ı | 1 - DRIVER ASSISTANCE | 4 - HIGH A | UTOMATION | | | 10 11 | 1 2 | 10 11 1 |
| | 1-YES 2-NO 9-OTHER/UNK | NOWN AUTONON MODE LE | 1003 | 2 - PARTIAL AUTOMATION | 5 - FULL A | UTOMATION | | | 9 9 | 3 3 | 9 9 9 3 |
| | 1 - NONE | 6 - BUS - CHARTER/TOUR | | 11-FIRE | 16-FARM | | 21 | -MAIL CARRIER | - 8 | 4 -/ | \ <u></u> |
| | | 7 - BUS - INTERCITY | | | 17 - MOWIN | | 99 | -OTHER/UNKNOWN | 8 7 6 | 5 4 | 8 7 8 5 |
| | 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT | 9 - BUS - SHUTTLE | | | 18-SNOW 19-TOWIN | | | | 7 6 | ~(5) | 7 6 |
| | 5 - BUS -TRANSIT/COMMUTER | | | 15-CONSTRUCTION EQUIPMENT | | | L | | | | 40. 40 |
| 4 | 1 - NO CARGO BODY TYPE | | THER | 5 - INTERMODAL CONTAINER | 8 - POLE | | 12 | -CONCRETE MIXER | 12 | | 12 12 12 |
| CARGO | / NOT APPLICABLE 2 - BUS | MOTOR VEHICLE 4 - LOGGING | | / ALDSALLSHELDS AGED DOV | 9 - CARGO | | | -AUTO TRANSPORTER | ค ั้ <i>ค</i> | r | |
| BODY Type | 2-503 | 4 - Loudina | | 7 CDAIN/OUTDO/CDAVCI | 10 - FLAT B | SED | | I -GARBAGE/REFUSE P-OTHER/UNKNOWN | | 3 9 | 3 9 7 3 9 🗱 3 |
| | 1 TUDE COULTS | A DDAVEG | | | | MANUEL E | | | | - | ♣ ' ' |
| | 1 - TURN SIGNALS 2 - HEAD LAMPS | 4 - BRAKES 5 - Steering | | | 9 - MOTOR 10 - DISABI | I ROUBLE Led from Prior | 95 | -OTHER/UNKNOWN | 6 | | ● |
| | 3 - TAIL LAMPS | 6 - TIRE BLOWOUT | | DEFECTIVE | ACCID | | | | | | 6 6 6 |
| | 1 - INTERSECTION - MARKED | 3 - INTERSECTION - OTHE | R | 6 - BICYCLE LANE | 9 - MEDIAI | N/CROSSING ISLA/ | VD 12 | -FIRST RESPONDER | ∐ - NO I | AMAGE [0 | J ☐-UNDERCARRIAGE [14] |
| HON MOTORICT | CROSSWALK | 4 - MIDBLOCK - MARKED | | | | WAY ACCESS | | AT INCIDENT SCENE | □-Т0Р | [13] | - ALL AREAS [15] |
| LOCATION | 2 - INTERSECTION - UNMARKED CROSSWALK | CROSSWALK 5 -TRAVEL LANE - OTHER L | OCATI ON | 8 - SIDEWALK | 11 - SHARE TRAILS | D USE PATHS OR | 99 | -OTHER/UNKNOWN | | TI-UNIT N | NOT AT SCENE [16] |
| AT IMPACT | 1 - NON-CONTACT | 1 - STRAIGHT AHEAD | | 7 - MAKING U-TURN | | TATING A CURVE | 10 | ADDROAGUINE | | | TOTAL OPERA E 10 1 |
| | 2 - NON-COLLISION | 2 - BACKING | | | | ING OR CROSSING | | 3-APPROACHING Or Leaving Vehicle | | | POINT OF CONTACT |
| | | 3 - CHANGING LANES | | 9 - LEAVING TRAFFIC LANE | | FIED LOCATION | | -STANDING | | IO DAMAGE | 14 - UNDERCARRIAGE UNIT 15 - VEHICLE NOT AT SCENE |
| ACTION | 4 - STRUCK PRE-CRASH 5 - BOTH STRIKING ACTIONS | 4 - OVERTAKING/PASSING | | 10 - PARKED 11 - SLOWING OR STOPPED | | NG, RUNNING, IG, PLAYING | | - OTHER NON-MOTORIST - STANDING OUTSIDE | | DIAGRAM | |
| | & STRUCK | 6 - MAKING LEFT TURN | | INTRAFFIC | 16 - WORKI | | | DISABLED VEHICLE | 13 - | ТОР | |
| | 9-OTHER/UNKNOWN | | | 12 - DRIVERLESS | 17-PUSHI | NG VEHICLE | 99 | - OTHER / UNKNOWN | | 1 | RAFFIC |
| | 1 - NONE 2 - FAILURE TO YIELD | 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE | | DADICED DOCITION | | OBSTRUCTION | | - LYING IN ROADWAY | TRAFFICWAY F | Low | TRAFFIC CONTROL |
| | 3 - RAN RED LIGHT | 9-IMPROPER LANE CHAN | | 14 - STOPPED OR PARKED | EQUIP! | TING DEFECTIVE Ment | | -NOT DISCERNIBLE -OPENING DOOR INTO | 1 - ONE 2 - TW(| | 1 - ROUNDABOUT 4 - STOP SIGN |
| | 4 - RAN STOP SIGN | 10 - IMPROPER PASSING | | ILLEGALLY 15 - SWERVING TO AVOID | 19 - LOAD S SPILLI | HIFTING/FALLING | il . | ROADWAY | 2 2 2 - 1 W | -wai | 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL |
| CIRCUMSTANCES | 5 - UNSAFE SPEED 6 - IMPROPER TURN | 11 - DROVE OFF ROAD 12 - IMPROPER BACKING | | | | PER CROSSING | 99 | -OTHER IMPROPER ACTION | # of THROUGH L | MES | RAIL GRADE CROSSING |
| SEQUENCE | | 12-IMPROPER DAGRING | | | | | | | ON ROAD | 11123 | 1 - NOT INVOLVED |
| 0000000 | | | | EVENTS | | | | | _ 4 | | 1 2 - INVOLVED-ACTIVE CROSSING |
| 11 20 1 | | 6 - EQUIPMENT FAILURE | | ARRAGITE RIPEATION OF | 16-RAILW. 17-ANIMA | AY VEHICLE | 22 | -WORK ZONE MAINTENANCE EQUIPMENT | | | 3 - INVOLVED-PASSIVE CROSSING |
| | | 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT | | TRAVEL | 18-ANIMA | | 23 | -STRUCK BY FALLING, | ı | INIT / NON-I | MOTORIST DIRECTION |
| | | 9 - RAN OFF ROAD LEFT | | 12 OTUED NOW COLLIGION | | L - OTHER | | SHIFTING CARGO OR Anything set in motion | | | 1 - NORTH 5 - NORTHEAST |
| | 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 10-CROSS MEDIAN | | 14 - PEDESTRIAN | TRANS | | 24 | BY A MOTOR VEHICLE -OTHER MOVABLE OBJECT | FROM <u>1</u> | 」 то ∟_2 | 2 - SOUTH 6 - NORTHWEST 2 3 - EAST 7 - SOUTHEAST |
| 3 | | · entr | | 15-PEDALCYCLE WITH FIXED OBJECT | | D MOTOR VEHICLE | - | | | | 4 - WEST 8 - SOUTHWEST |
| al ! | | 31 - GUARDRAIL END | 31U (V | | - STR 43-CURB | UUN | 50 | -WORK ZONE MAINTENANCE | | | 9 - OTHER / UNKNOWN |
| 4 | A/ DDIDAG AUGDUGAD | 32 - PORTABLE BARRIER | | | 44 - DITCH | WARELY | E1 | EQUIPMENT -WALL | UNIT SP | EED | DETECTED SPEED |
| EI 1 | STRUCTURE | 33 - MEDIAN CABLE BARR 34 - MEDIAN GUARDRAIL | ICK | SUPPORT | 45 - EMBAN 46 - FENCE | | | -BUILDING | , 1 | | 1 - STATED / ESTIMATED SPEED |
| | 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET | BARRIER 35 - MEDIAN CONCRETE | | 40 - UTILITY POLE | 47 - MAILB | | | -TUNNEL -OTHER FIXED OBJECT | | | 2 - CALCULATED / EDR |
| 6 | 29 - BRIDGE RAIL | BARRIER | | OR SUPPORT | 48 - TREE 49 - FIRE H | YDRANT | | -OTHER / UNKNOWN | POSTED S | PEED | 3 - UNDETERMINED |
| | 30 - GUARDRAIL FACE | 36 - MEDIAN OTHER BARR | IER | 42 - CULVERT | | | | | | | 1 |

___ FIRST HARMFUL EVENT ______ MOST HARMFUL EVENT

35

| OHIO D OF Pul | DEPARTMENT BLIC SAFETY CHYSICE - PROTECTION | | | | | | | UMBER 738 | |
|---|--|---|---|----------------------------|----------------------------------|--|-------------------------------|----------------------|---|
| 00 | OWNER NAME: LAST, FIRS DANGELO, M, SUS | | | OWN | ER PHONE: NCLU | DE AREA CODE (X) SAME AS DRIVER) | | DAMAGE DAMAGE SCA | |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP (X) SAME AS DRIVER) | | | | | | 1 - NONE | | FUNCTIONAL DAMAGE | |
| | RSCHEL AVE CINC | | | T Co | MATERIAL CARRIER I | PHONE: INCLUDE AREA CODE | | MAGE 4- 9-UNKNOWN | DISABLING DAMAGE |
| OOMMERO | TAL VARREER. NAME, ADDR | E33, 611 1, 3 M E, 21F | | | MMERCIAL GARRIER | FITO NE: INCLUDE AREA CODE | | MAGED ARE | **** |
| LP STATE | LICENSE PLATE # GIM1176 | | EIDENTIFICATION # EADY1F0513419 | | VEHICLE YEA | R VEHICLE MAKE MAZD | | ATE ALL THA | |
| <u> </u> | | | NSURANCE POLICY # | | COLOR | VEHICLE MODEL | 11 12 | | 11 12 |
| INSURAN VERIFIE | 011101 | innati | A030050779 | | GRY | CX5 | 10 11 1 2 | | 10 12 1 |
| COMME | TYPE OF USE RCIAL GOVERNMENT | IN EMERGENCY RESPONSE | US DOT # | TOW | ED BY: COMPANY | NAME | 10 2 | 3 | 10 2 2 |
| | | | HICLE WEIGHT GVWR/GCWR | | | JS MATERIAL | 8 4 | | * BO 4 |
| INTERL DEVICE | : HIT/SKIP UNI | г | 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. | ᅵ닏 | RELEASED | LASS # PLACARD ID # | 8 7 6 5 | | 8 7 5 5 |
| | | | 3 - >26K LBS. | <u> </u> | PLACARD L | | 7 6 5 | 12 | 1 7 6 |
| | 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) | 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED | 12 - GOLF CART 13 - Snowmobile | | IVERY VEHICLE) + Passengers) | 23 - PEDESTRIAN / SKATER 24 - Wheelchair (any type) | 10 / | 12 | \ |
| 3 | 3 - SPORT HITH ITY VEHICLE | 9 - AUTOCYCLE | 14 - SINGLE UNIT TRUCK | 20 -OTHERV | | 25 - OTHER NON-MOTORIST | <i>(</i> | 10 2 | 1 _ |
| UNIT TYPE | | 10 - MOPED OR MOTORIZED Bicycle | 15 - SEMI-TRACTOR | 21 - HEAVY I | • | 26 - BICYCLE | 9 (| 9 3 | 3 |
| | 5 - CARGO VAN 6 - VAN (9-15 SEATS) | 11 - ALL TERRAIN VEHICLE | 16 - FARM EQUIPMENT 17 - MOTORHOME | | . WITH RIDER OR Drawn vehicle | 27 - TRAIN 99 - Unknown or Hit/Skip | 7. | 7 5 | 1. 7. |
| • | # of TRAILING UNITS | (ATV/UTV) | XI - IIIO I O III III I | | | 77 - GINGHOWN ON THE TOTAL | 12 | , 6 | |
| | | TONOMOUR | A NO AUTOMATION | 0 00ND171 | OU. 1 117011171011 | A UNICUALINA | 11 12 | 6 | 5 12 1 |
| | WAS VEHICLE OPERATING IN AU MODE WHEN CRASH OCCURRED | | 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE | 4 - HIGH AU | ONAL AUTOMATION TOMATION | 9 - UNKNUWN | 10 11 1 2 | | 10 |
| 2 | 1-YES 2-NO 9-OTHER/UNK | NOWN AUTONOMOUS | 2 - PARTIAL AUTOMATION | 5 - FULL AU | | • | 10 2 | | <u> 10 2 </u> |
| | 1 NAME | MODE LEVEL | 11 5105 | T/ FADM | | OI MAIL GADDIED | 9 3 4 | 3 | 9 9 3 |
| . 1 . | 1 - NONE 2 - TAXI | 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY | 11-FIRE 12-MILITARY | 16 - FARM 17 - MOWING | G | 21 - MAIL CARRIER 99 - OTHER / UNKNOWN | 8 7 5 | | 8 7 5 7 |
| | 3 - ELECTRONIC RIDE SHARING | | 13-POLICE | 18-SNOW R | - | ., | 7 6 | | 7 6 |
| FUNCTION | 4 - SCHOOL TRANSPORT | 9 - BUS - OTHER | 14-PUBLIC UTILITY | 19-TOWING | | | 6 | | 6 |
| | 5 - BUS TRANSIT/COMMUTER | | 15 - CONSTRUCTION EQUIPMENT | | SERVICE PATROL | | | 12 | 12 12 |
| , 1 , | 1 - NO CARGO BODY TYPE / NOT APPLICABLE | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE | 5 - INTERMODAL CONTAINER Chassis | 8 - POLE | ****** | 12 - CONCRETE MIXER | 12 | 1 | |
| CARGO | 2 - BUS | 4 - LOGGING | 6 - CARGO VAN/ENCLOSED BOX | 9 - CARGOT 10-FLAT BE | | 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE | a AA o | | |
| BODY Type | | | 7 - GRAIN/CHIPS/GRAVEL | 11-DUMP | | 99 -OTHER / UNKNOWN | | B 3 | 9 3 9 🛞 3 |
| | 1 - TURN SIGNALS | 4 - BRAKE\$ | 7 - WORN OR SLICK TIRES | 9 - MOTORT | TROUBLE | 99 - OTHER / UNKNOWN | | T | ⊙ |
| | 2 - HEAD LAMPS | 5 - STEERING | 8 - TRAILER EQUIPMENT | | ED FROM PRIOR | | Ü | 6 | 6 6 |
| DEFECTS | 3 - TAIL LAMPS | 6 - TIRE BLOWOUT | DEFECTIVE | ACCIDE | NT | | ☐-NO DAMAGE | | JNDERCARRIAGE [14] |
| | | 3 - INTERSECTION - OTHER | 6 - BICYCLE LANE | 9 - MEDIAN | CROSSING ISLAND | 12-FIRST RESPONDER | EI-110 DAMAGE | .01 | MDERCARRIAGE [14] |
| NON-MOTORIST | CROSSWALK 2 - INTERSECTION – UNMARKED | 4 - MIDBLOCK - MARKED CROSSWALK | 7 - SHOULDER / ROADSIDE | 10-DRIVEW | | AT INCIDENT SCENE 99-OTHER/UNKNOWN | □-TOP [131 | □ - A | ALL AREAS [15] |
| LOCATION AT IMPACT | CROSSWALK | 5 -TRAVEL LANE - OTHER LOCATION | 8 - SIDEWALK | TRAILS | USE PATHS OR | 77-VIIIER/ UNKNOWN | 'אט - □ | T NOT AT SC | ENE [16] |
| | I - NON-CONTACT | 1 - STRAIGHT AHEAD | 7 - MAKING U-TURN | 13 - NEGOTI | ATING A CURVE | 18-APPROACHING | | | |
| | 11 | 2 - BACKING | 8 - ENTERING TRAFFIC LANE | | NG OR CROSSING | OR LEAVING VEHICLE | INITI 0 - NO DAMA | AL POINT OF C | ONTACT - Undercarriage |
| | | 3 - CHANGING LANES | 9 - LEAVING TRAFFIC LANE | | IED LOCATION IG, RUNNING, | 19 - STANDING 20 - OTHER NON-MOTORIST | | _ | - VEHICLE NOT AT SCENE |
| ACTION | 5 - BOTH STRIKING ACTIONS | 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN | 10 - PARKED 11 - SLOWING OR STOPPED | | G, PLAYING | 21 -STANDING OUTSIDE | DIAGR | A B A | - UNKNOWN |
| | & STRUCK | 6 - MAKING LEFT TURN | INTRAFFIC | 16-WORKIN | | DISABLED VEHICLE | 13 -TOP | | |
| | 9 - OTHER / UNKNOWN | | 12-DRIVERLESS | 17 - PUSHIN | GVEHIULE | 99-OTHER/UNKNOWN | | TRAFFIC | |
| | | 7 - LEFT OF CENTER | DADVED DOCITION | | OBSTRUCTION | 21 - LYING IN ROADWAY | TRAFFICWAY FLOW | | AFFIC CONTROL |
| | | 8-FOLLOWING TOO CLOSE / ACD 9-IMPROPER LANE CHANGE | 14-STOPPED OR PARKED | EQUIPM | ING DEFECTIVE IENT | 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO | 1 - ONE-WAY | | ROUNDABOUT 4 - STOP SIGN |
| | 4 - RAN STOP SIGN | 10 - IMPROPER PASSING | ILLEGALLY 15 - SWERVING TO AVOID | | HIFTING/FALLING/ | ROADWAY | 2 2 - TWO-WAY | 1 4 1 | SIGNAL 5 - YIELD SIGN FLASHER 6 - NO CONTROL |
| CONTRIBUTING CIRCUMSTANCES | | 11 - DROVE OFF ROAD | 16 - WRONG WAY | SPILLIN 20 - IMPROP | ER CROSSING | 99-OTHER IMPROPER ACTION | 4 | | |
| | 6 - IMPROPERTURN | 12 - IMPROPER BACKING | | 20 11111101 | | | # of THROUGH LANES ON ROAD | | - GRADE CROSSING NOT INVOLVED |
| SEQUENCE | OF EVENTS | | EVENTS | | | | 141 | | INVOLVED-ACTIVE CROSSING |
| 1 20 | 1 - OVERTURN/ROLLOVER | 6 - EQUIPMENT FAILURE | 11 - CROSS CENTERLINE - | 16 - RAILWA | YVEHICLE | 22 - WORK ZONE MAINTENANCE | | | INVOLVED-PASSIVE CROSSING |
| | | 7 - SEPARATION OF UNITS | OPPOSITE DIRECTION OF Travel | 17 - ANIMAL 18 - ANIMAL | | EQUIPMENT 23 - STRUCK BY FALLING, | UNIT / NO | N-MOTORIST | DIRECTION |
| | 3 - IMMERSION 4 - JACKKNIFE | 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT | 12 - DOWNHILL RUNAWAY | 19 - ANIMAL | | SHIFTING CARGO OR | | | NORTH 5 - NORTHEAST |
| | 5 - CARGO / EQUIPMENT | 10 - CROSS MEDIAN | 13-OTHER NON-COLLISION 14-PEDESTRIAN | 20 - MOTORY | | ANYTHING SET IN MOTION By a motor vehicle | 2 | | SOUTH 6 - NORTHWEST |
| 3 | LOSS OR SHIFT | | 15 - PEDALCYCLE | TRANSP 21 - PARKED | MOTOR VEHICLE | 24-OTHER MOVABLE OBJECT | FROM <u>2</u> 1 TO L | | EAST 7 - SOUTHEAST WEST 8 - SOUTHWEST |
| | OF HIDAOP (WERNING | | N WITH FIXED OBJECT | | ICK | | | 7. | 9 - OTHER / UNKNOWN |
| 4 | 25 - IMPACT ATTENUATOR / CRASH CUSHION | 31 - GUARDRAIL END 32 - PORTABLE BARRIER | 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST | 43 - CURB 44 - DITCH | | 50 - WORK ZONE MAINTENANCE EQUIPMENT | JIMIT COPPO | | |
| | 26 - BRIDGE OVERHEAD | 33 - MEDIAN CABLE BARRIER | 39-LIGHT/LUMINARIES | 45 - EMBANI | KMENT | 51 - WALL | UNIT SPEED | | DETECTED SPEED |
| 5 | STRUCTURE 27 -BRIDGE PIER OR ABUTMENT | 34 - MEDIAN GUARDRAIL BARRIER | SUPPORT 40 - UTILITY POLE | 46 - FENCE | v | 52-BUILDING 53-Tunnel | 0 | | 1 - STATED / ESTIMATED SPEE |
| | 28 - BRIDGE PARAPET | 35 - MEDIAN CONCRETE | 41 - OTHER POST, POLE | 47 - MAILBO 48 - TREE | X | 54 - OTHER FIXED OBJECT | | _ | 2 - CALCULATED / EDR |
| 6 | 29 - BRIDGE RAIL 30 - GUARDRAIL FACE | BARRIER 36 - MEDIAN OTHER BARRIER | OR SUPPORT 42 - CULVERT | 49 - FIRE HY | 'DRANT | 99-OTHER/UNKNOWN | POSTED SPEED | | 3 - UNDETERMINED |
| | MALINENAUF FUAT | meening of their DARRICK | | | | į | İ | 1 | |

____35___

| OHIO DEF | PARTMENT IC SAFETY | OTORIST / No | и-М | отог | RTS | Т | | | | LOCAL REI | PORT NUM | BER | |
|----------------------------------|--------------------------|--|--|--------------------------|---------|----------------------------------|----------------|---------------------------------------|---|---|--------------|--|--|
| | | | | | | | | | L | CP210 | 04011738 | 3 | |
| UNIT # | NAME: LAST, F | IRST, MIDDLE | | | | | | | | DATE OF BIRTH | | AGE | GENDER |
| 01 | Recker Jr, | | | | | | | | | 05/13/1996 | | 24 | _ M |
| | STREET, CITY, STA | ATE, ZIP | | | | | | | I | IONE - INCLUDE AREA | ODE | | |
| (-) | tletts Ct Inde | ependence, KY 41051 | | | | | | | | | | | |
| INJURIES 5 | INJURED E | EMS AGENCY (NAME) | | INJURED TA | AKEN TO | : MEDICAL FACILITY | (NAME, CITY) | SAFETYE QUIPMENT USED | DOT-COMP | SEATING POSITIO | N AIR BAG U | SAGE EJECTION | TRAPPED |
| 5 | ВУ | | | | | | | 4 | MC HELM | | 1 1 | 1 1 | 1, 1 , |
| OL STATE | OPERATOR L | CENSE NUMBER | | OFFENSI | E CHAF | RGED | LOCAL | OFFENSE DESC | RIPTION | | CITATIO | ON NUMBER | -1 |
| KY , | ALC: | e e e e e e e e e e e e e e e e e e e | | | 331 | .13a1 | CODE | Starting and | Backing Ve | hicles | 09276 | 1 | |
| OL CLASS | ENDORSEMENT | RESTRICTION SELECT | | | | OHOL / DRUG SUSPI | | CONDITION | ALCO | HOLTEST | | RUG TEST(S | |
| | SELECT UPTO 2 | | BY | TRACTED | AI | LCOHOL MAF | RIJUANA | | STATUS TYP | E VALUE | STATUS | TYPE RESUL | T SELECT UP TO 4 |
| 4 | | | | _1 | 0 | THER DRUG | | 1 | 1 1 | | _ 1 | 1 | |
| UNIT # | NAME: LAST, F | TRST, MIDDLE | | | | | NAME OF STREET | | | DATE OF BIRTH | | AGE | GENDER |
| 02 | DANGELO | , M, SUSAN | | | | | | | | 08/29/1963 | | 57 | , _F , |
| ADDRESS: | STREET, CITY, STA | | | ** | | | | | CONTACT PH | ONE - INCLUDE AREA O | ODE |][| الــــــــــــــــــــــــــــــــــــ |
| 3652 HE | RSCHEL A | VE Cincinnati, OH 4520 | 18 | | | | | CONTR | Maria di Nordan | | | | |
| INJURIES | | EMS AGENCY (NAME) | | INJURED TA | AKEN TO | : MEDICAL FACILITY | (NAME, CITY) | SAFETYEQUIPMENT | Etc. of the state | SEATING POSITIO | N ATD DAC II | SAGE EJECTION | TRADDED |
| NON 5 | TAKEN BY | | | | | . III DIONE I NOILI I | urame, orri | USED | DOT-COMP | LIANT | AIR BAG U | | |
| OL STATE | OPERATOR L | CENSE NUMBER | | OFFENS | E CHAE | PCED | LOCAL | | | | 1 017171 | _1_ | |
| Ë | O. ERATOR E. | A TOWNSER | | OFFENS! | - onal | NULU | CODE | OFFENSE DESC | WIL LIAM | | CITATIO | ON NUMBER | |
| OH | a contract to the second | | | <u> </u> | | | Ш | | | | | | |
| OL CLASS | SELECT UP TO 2 | RESTRICTION SELECT | DIS | TRACTED | | DHOL / DRUG SUSPI LCOHOL MAI | | CONDITION | STATUS TYP | HOLTEST E VALUE | | TYPE RESUL | T SELECT UP TO 4 |
| . 4 . | | l | BY | 1 . | | THER DRUG | RIJUANA | . 1 . | 1 1 1 | | 1 | | |
| UNIT # | NAME: LAST, F | TOST MIDDLE | | | | THER DRUG | | | | | _1_ | | |
| ONII # | NAME: LASI, F | IKSI, MIDDLE | | | | | | | | DATE OF BIRTH | | AGE | GENDER |
| | | | | | - | | | | L | | | | |
| ADDRESS: | STREET, CITY, STA | ATE, ZIP | | | | | | | CONTACT PH | IONE - INCLUDE AREA | CODE | | |
| 010 | | | | | | | | | | | | | |
| INJURIES | INJURED E | EMS AGENCY (NAME) | | INJURED TA | AKEN TO | : MEDICAL FACILITY | (NAME, CITY) | | DOT-COMP | SEATING POSITIO | N AIR BAG U | SAGE EJECTION | TRAPPED |
| ON L | BY | | | | | | | USED | MC HELM | | 1 | J, | J |
| OL STATE | OPERATOR L | CENSE NUMBER | | OFFENS | E CHAF | RGED | LOCAL | OFFENSE DESC | RIPTION | | CITATIO | ON NUMBER | 11 |
| EOR . | | | | | | | CODE | | | | | | |
| OL CLASS | ENDORSEMENT | RESTRICTION SELECT | | | ALC | OHOL / DRUG SUSPI | ECTED | CONDITION | | HOLTEST | | ORUG TEST(S | 5) |
| | SELECT UP TO 2 | | BY | FRACTED | AI | LCOHOL MAF | RIJUANA | | STATUS TYP | E VALUE | STATUS | TYPE RESUL | T SELECT UPTO 4 |
| | | | | | 01 | THER DRUG | | | | ا ا | | | 11 11 1 |
| INJU | RIES | SEATING POSITION | A | IR BAG | | OL CLASS | 5 | OLRESTRIC | TION(S) | DRIVER DISTRAC | TION | TEST ST | ATUS |
| 1 - FATAL | | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | 1 - NOT DEP | | | 1-CLASS A | | 1 - ALCOHOL INTER | 7 | 1 - NOT DISTRACTED | 1 | - NONE GIVEN | |
| 2 - SUSPECTED 3 - SUSPECTED | SERIOUS INJURY | 2 - FRONT - MIDDLE | 2 - DEPLOYE 3 - DEPLOYE | | | 2 - CLASS B | | 2 - COL INTRASTAT | | 2 - MANUALLY OPERATIN ELECTRONIC COMMUN | ITCATION | -TEST REFUSED | |
| 4 - POSSIBLE IN | | 3 - FRONT - RIGHT SIDE | | D BOTH FRON | T/SIDE | 3 - CLASS C 4 - REGULAR CLASS | | 3 - COR RECTIVE LE 4 - FAR MWAIVER | N2F2 | DEVICE (TEXTING, TY | | - TEST GIVEN, CO SAMPLE / UNUS | |
| 5 - NO APPAREN | IT INJURY | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 5 - NOT APP | | | (0HIO = D) | | 5 - EXCEPT CLASS | A BUS | DIALING) 3 - TALKING ON HANDS-F | RFF 4 | - TEST GIVEN, RE | SULTS KNOWN |
| TNIIIDED | TAKEN BY | 5 - SECOND - MIDDLE | 9 - DEPLOY | MENT UNKNOW | VN | 5 - M/C MOPED ONLY | | 6 - EXCEPT CLASS | A | COMMUNICATION DEV | ICE 5 | - TEST GIVEN, RE UNKNOWN | SULTS |
| 1 - NOT TRANSP | | 6 - SECOND - RIGHT SIDE | | | | 6 - NO VALID OL | | &CLASS B BUS 7 - EXCEPT TRACTO | | 4 - TALKING ON HAND-HE COMMUNICATION DEV | ICF | | |
| /TREATED AT | | 7 - THIRD - LEFT SIDE | | ECTION | T | OL ENDORSE | MENT | 8 - INTERMEDIATE | | 5 - OTHER ACTIVITY WITH | I AN | ALCOHOL TE | ST TYPE |
| 2 - EMS | | (MOTORCYCLE SIDE CAR) 8 - THIRD – MIDDLE | 1 - NOT EJE | | | H - HAZMAT | | RESTRICTIONS | | ELECTRONIC DEVICE | | - NONE - BLOOD | |
| 3-POLICE 9-OTHER/UNK | NOWN | 9 - THIRD - RIGHT SIDE | 2 - PARTIAL 3 - TOTALLY | | | M - MOTORCYCLE P - PASSENGER | | 9 - LEARNER'S PER RESTRICTIONS | | 6 - PASSENGER 7 - OTHER DISTRACTION | | - URINE | |
| , JIIILK/ UNK | | 10 - SLEEPER SECTION | 4 - NOT APP | | | N - TANKER | | 10 - LIMITED TO DAY | | INSIDE THE VEHICLE | | - BREATH | |
| | QUIPMENT | OF TRUCK CAB 11 - PASSENGER IN OTHER | | | | Q - MOTOR SCOOTER | | 11 - LIMITED TO EMI | | B - OTHER DISTRACTION (THE VEHICLE | OUTSIDE 5 | - OTHER | |
| 1 - NONE USED 2 - SHOULDER B | FIT ONLY HEED | ENCLOSED CARGO AREA | AND DESCRIPTION OF THE PARTY OF | RAPPED | | R - THREE-WHEEL MO | TORCYCLE | 12 - LIMITED - OTHE | | 9 - OTHER / UNKNOWN | | DRUG TEST | TYPE |
| 3 - LAP BELT ON | | (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 1 - NOT TRAF 2 - EXTRICA | | | S - SCHOOL BUS | TO 411 PC - | 13 - MECHANICAL DI (SPECIAL BRAK | EVICES | | 1 | - NONE | |
| | LAP BELT USED | 12 - PASSENGER IN UNENCLOSED | MECHAN | ICAL MEANS | | T - DOUBLE & TRIPLE | IKAILERS | CONTROLS, OR O | 000 | CONDITION - APPARENTLY NORMAL | | - BL00D | |
| 5 - CHILD REST | | CARGO AREA 13 - TRAILING UNIT | 3 - FREED B' | Y Hanical Me <i>i</i> | ANS | A MARKIT HAZIMAT | | 14 - MILITARYVEHIO | | : - APPARENTLY NORMAL ! - PHYSICAL IMPAIRMEN | - | - URINE - OTHER | |
| FORWARD FA | RAINT SYSTEM – | 14 - RIDING ON VEHICLE EXTERIOR | | | | | | 15 - MOT ORVEHICLE | O MUTHOUT | - EMOTIONAL (E.G., DEPR | ESSED, | | |
| REAR FACING | G | (NON-TRAILING UNIT) | | | | | | AR BRAKES 16 - OUTSIDE MIRRO | R . | ANGRY, DISTURBED) | | RUG TEST R | |
| 7 - BOOSTER SE | | 15 - NON-MOTORIST | | | | | | 17 - PROSTHETIC ALL | | - ILLNESS - FELL ASLEEP, FAINTED | | AMPHETAMINES BARBITURATES | 5 |
| 8 - HELMET USI 9 - PROTECTIVE | | 99 - OTHER / UNKNOWN | | | | | | 18 - OTH ER | | FATIGUED, ETC. | | - BENZODIAZEPIN | IES |
| (ELBOW, KNE | | | | | | | | | 6 | UNDER THE INFLUENCE OF MEDICATIONS / DRU | E , | - CANNABINOIDS | |
| 10 - REFLECTIVE | | | | | | | | | | / ALCOHOL | 5 | - COCAINE | |
| 11 - LIGHTING - F | | | | | | | | | 9 | - OTHER / UNKNOWN | | - OPIATES / OPIOI | DS |
| 99 - OTHER / UNK | | | | | | | | | | | | - OTHER - NEGATIVE RESU | IITS |
| | | | | | | | | | | | | WEARITY VESU | |

| Q | CHIO DEPARTMENT OCCUPANT / WITNESS ADDENDUM | | | | | | LOCAL REPORT NUMBER CP2104011738 | | | | | |
|-----------|---|------------------------|-----------------------------|--------------------------|---------------------------------|---|---|---|----------------------|---------------|----------|--|
| | UNIT # NAME: LAST, FIRST, MIDDLE | | | | | | | DAT | E OF BIRTH | | AGE | GENDER |
| HOLLEGINE | ADDRESS: | STREET, CITY, | STATE, ZIP | | | | .,,41- | CONTACT PHONE | - INCLUDE AREA COI | DE | | |
| 0 | INJURIES | INJURED TAKEN BY | EM S AGEN CY (NAME) | | INJURED TAKEN TO: MEDICAL FACIL | ITY (NAME, CITY) | SAFETY EQUIPMENT USED | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| | UNIT# | NAME: LAS | T, FIRST, MIDDLE | | | | | DAT | E OF BIRTH | | AGE | GENDER |
| TNVGDO | ADDRESS: | STREET, CITY, | STATE, ZIP | | | | , , , , , , , , , , , , , , , , , , , | CONTACT PHONE | → INCLUDE AREA COI | DE | | |
| 3- | INJURIES | INJURED TAKEN BY | EM S AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACIL | ITY (NAME, CITY) | SAFETY EQUIPMENT USED | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| | UNIT# | NAME: LAS | T, FIRST, MIDDLE | | | | | DAT | E OF BIRTH | | AGE | GENDER |
| CUPANT | ADDRESS | : STREET, CITY, | STATE, ZIP | | | | *************************************** | CONTACT PHONE | - INCLUDE AREA CO | DE | | <u> </u> |
| ê- | INJURIES | INJURED TAKEN BY | EM S AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACIL | ITY (NAME, CITY) | SAFETY EQUIPMENT USED | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| Ī | UNIT# | NAME: LAS | T, FIRST, MIDDLE | | | | I | DAT | E OF BIRTH | | AGE | GENDER |
| OCCUPANT | ADDRESS | : STREET, CITY, | STATE, ZIP | | | | | CONTACT PHONE | - INCLUDE AREA CO | DE | | <u> </u> |
| ä | INJURIES | INJURED TAKEN BY | EM S AGEN CY (NAME) | | INJURED TAKEN TO: Medical Facil | ITY (NAME, CITY) | SAFETY EQUIPMENT USED | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| | | 5 1 | JRIES | The growth of the second | EQUIPMENT USED | | SEATING POS | ITION | | AIR BAG U | SAGE | |
| ı | 1 - FATA | 100 | DIALIC IN HIDV | 1 - NONE US VEHICLE | ED - OCCUPANT | 5 1.5 | T – LEFT SIDE ORCYCLE DRIV | ER) | 1 - NOT DE | | | |
| | | | RIOUS INJURY INOR INJURY | 2 - SHOULDE | R BELT ONLY USED | 2 - FRON | T - MIDDLE | | 2 - DEPLO | | | |
| | | SIBLE INJU | 어느 강동 이 원고 있다. | 3 - LAP BELT | ONLY USED | 4.0 | T – RIGHT SIDE ND – LEFT SIDE | 9 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | 4 - DEPLO | | | |
| ı | | PPARENT | | 4 - SHOULDE | R & LAP BELT USED | | ORCYCLE PASS | | FRONT | | | |
| ı. | e di se | INNIBED | TAVEN DV | | STRAINT SYSTEM - | 1.1 | ND - MIDDLE | 5 - NOT APPLICABL | | | | |
| ľ | 1 - NOT | TRANSPOR | TAKEN BY | FORWARI | STRAINT SYSTEM – | | ND – RIGHT SII D – LEFT SIDE |)E | 9 - DEPLO | MENT UNK | NOWN | |
| | | EATED AT S | | REAR FA | | | ORCYCLE SIDE | CAR) | | EJECTI |) N | i de l'arche de de |
| | 2 - EMS | | | 7 - B00STER | SEAT | | D - MIDDLE | | 1 - NOT EJ | ECTED | | MAJEK. |
| | 3 - P0L1 | ICE | | 8 - HELMET | USED | | D – RIGHT SIDE PER SECTION (| | LLY EJECTE | LY EJECTED | | |
| | 9 - OTH | ER/UNKNO | OWN | | IVE PADS USED KNEES, ETC.) | 着 もちょく してい | ENGER IN OTH | | 3 - TOTALL | LY EJECTED | | |
| ı | | | | | IVE CLOTHING | * | O AREA (NON-TI PICK-UP WITH CAI | | 4 - NOT AP | PLICABLE | | |
| | | | | | G – PEDESTRIAN | | ENGER IN UNE | NCLOSED | | TRAPPE | D | |
| I | | | | / BICYCLI | E ONLY | 直翻 经金额 医多形 | O AREA LING UNIT | | 1 - NOTTR | | | |
| ı | | | | 99 - OTHER / I | JNKNOWN | | IG ON VEHICLE | EXTERIOR | 2 - EXTRIC | ATED BY M | ECHANIC | CAL |
| | | | | | | 15 - NON-I | TRAILING UNIT) MOTORIST R/UNKNOWN | | Professional Control | BY NON-ME | CHANIC | ΔL |
| ď | NAME: LAS | ST, FIRST, MIDD | LE | | | , Jine | | DAT | E OF BIRTH | | AGE | GENDER |
| SS | Desir, Ja | ames | | | | | | 11 | /19/1985 | | 35 | , M |
| | | : STREET, CITY, | | | Section 1 | | | CONTACT PHONE | - INCLUDE AREA COI | DE College | | <u> </u> |
| | 8579 An | rowwood [| Dr, 105, Deerfield Twp | , OH 45040 | | | | L | district the second | | À | |
| ESS | NAME: LAS | ST, FIRST, MIDD | LE | | | | | DAT | E OF BIRTH | | AGE | GENDER |
| SEIVIIM | ADDRESS: | : STREET, CITY, | STATE, ZIP | | | | | CONTACT PHONE | - INCLUDE AREA CO | DE | | |
| ESS | NAME: LAS | ST, FIRST, MIDD | LE | | | *************************************** | | DAT | E OF BIRTH | | AGE | GENDER |
| WITNESS | ADDRESS: | : STREET, CITY, | STATE, ZIP | | | | | CONTACT PHONE | - INCLUDE AREA COI | DE | | |



OHIO TRAFFIC CRASH REPORT DIAGRAM / NARRATIVE CONTINUATION

| LOCAL REPORT NUMBER | REPORTING AGENCY | DATE OF CRASH |
|---------------------|--|---------------------|
| CP2104011738 | Mason PD | M 04 D 28 Y 2021 |
| IN COUNTY OF | CRASH LOCATION | W 0 D 20 1 2021 |
| Warren | Mason Montgomery Road @ Tylersville Road | |
| Clast N more | | MASON MONTGOMERY RD |
| | | TYLERSVILLE RD |
| | OFFICER'S SIGNA | Not To Scale |
| | OFFICER'S SIGNA X Fitzgerald, Eric | ATURE BADGE NUMBER |



TRAFFIC CRASH WITNESS STATEMENT

| LOCAL REPORT NUMBER | REPORTING AGENCY | DATE OF CHACU |
|---------------------|---------------------------------|---------------|
| - 21 642 11738 | City of Mason Police Department | DATE OF CRASH |

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

| I, SUSAN DAngelo HEREBY MAKE THIS VOLUNTARY STATEMENT TO |
|---|
| P.O. T. Dontey Potresals AT Mason Montgomery at Tylensville Polymon Donation Description |
| were you: PRIVING / PASSENGER / WITNESS Were you or a passenger injured? YES /NO |
| Your vehicle? Year: 2015 Make: Mazda Model: CX5 License plate: 4176 Color: Grey |
| What direction were you traveling? North What lane were you in? turn lane |
| What street were you on? Mason Mandgomery Where were you going? business |
| Did your airbag deploy? YES (NO) Were you wearing a seatbelt? (YES) NO |
| Approximate speed? Shopped Speed limit on roadway? NA Were you on your cell phone? YES (NO) |
| Was there a traffic signal involved? YES /(NO) If yes: Stop Sign - Yield Sign - Traffic Light - Other |
| If a traffic light was involved, what color was your light? RED - YELLOW - GREEN - UNKNOWN |
| Name of Insurance Company: The Cincinnett Dns. Co. Policy Number: A03-0050779 |
| Please write a story as to what happened: List passengers on the back of the form. |
| |
| Tylersville Rd & van in front of me backed up into |
| me and mount |
| |
| |
| |
| |
| |
| |
| |
| |
| ADDRESS OF WITNESS |
| 3652 Herschel aue Cincinnati OH 45208 SIGNATURE OF WITNESS X Susan D'Angelo X |
| X Susan D'Angelo X |



TRAFFIC CRASH WITNESS STATEMENT

| LOCAL REPORT NUMBER RE | REPORTING AGENCY | 1 |
|------------------------|------------------|---------------|
| 21 04 11072 | | DATE OF CRASH |
| (11)8 | MASON POLICE | M 67 D 28 V 4 |

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

| THE STATE EXCEPT FOR PATAL CRASHES |
|--|
| 1, Stephen Reker HEREBY MAKE THIS VOLUNTARY STATEMENT TO |
| FITZGERALD AT Tylersville / Mason montagenery |
| |
| D: WHAT MAPPENES? |
| A: I pulled up to alittle past theturning have to turn left. |
| I me light Started Changing So I went to back up I looked |
| In my driver willor and Rear view Camera and didn't con |
| anyone so I backed up and hit à vehicle behind me I got |
| but to make sure they were okay and noticed she was only |
| half way in the turning lane. I asked her to pull over in |
| the bank parking bt |
| |
| |
| |
| |
| D. And |
| DI APE YOU OF ANYONE IN YOUR VENICLE INTURES? A! DO |
| a: WERE YOU WEAPING YOUR SEATOROT? A: YES |
| D! HON FAST WEEK YOU TEAVELLING? A! I mph |
| DI DID YOU MANE ANT DRIVER ASSISTANCE FRATURES ON? A: REN VIEW Chinera |
| D' WMAT DIPERTION WASE TON TRAVELLING? A: North |
| DI WHAT LANG WERE YOU IN? A: LEFT FUTN LANC |
| ADDRESS OF WITNESS |
| SIGNATURE OF WITNESS CT INDEPENDENCE, KV 41051 |
| X OFFICER'S SIGNATURE X |



TRAFFIC CRASH WITNESS STATEMENT

| LOCAL REPORT NUMBER | REPORTING AGENCY | DATE OF CRASH |
|---------------------|------------------|----------------|
| 21 64 11738 | MASON POLICE | M 64 D 28 1 21 |

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

| HEREBY MAKE THIS VOLUNTARY STATEMENT TO |
|---|
| FITZGERALD AT Sun |
| LOCATION |
| D' WHAT MAPPENED? I, DAMES DESIG HAVE WITHERED THE |
| A: HOCIDENT THAT OCCUR ON APRIL 29, 2021 DONGHLY ACOUNT |
| 11:52 A.m. |
| 17 HCC105HT HOD OCCURSO ON FOT THE INTERESTINA |
| ON MASON MONT GOMESO THOO DISCOUNTY LER YILLS. THE DOWER |
| OF 1175 DWAT ENVIRONMENTAL VAN WAS WAITING TO TURN |
| LEFT AT 1HE INTERSECTION, HE CONLON'T DROCEED ANYMORE |
| SINCE 1HE LIGHT HOO TURN THEO. THE COLUER OF THE |
| MAZOR CK-5 WAS DRIVING A DIT SPARATIC WHERE SHE |
| NBS INDESIUS ON WETHER TO hESP DRIVING STRAKKT OF |
| (SO, ON THE 1887) WANNE CAME TO 1887 AND NEOT SWITCHING LOWER |
| SHE HEN POUX ARKUNDOSLY Sollino THE DAVID OF THE VON. |
| THE DOWER OF THE VON HAD WOTHER OTHER COR WAS |
| DI APE YOU OF ANYONE IN YOUR VENICLE NITHERD? A! TURNING PRIGHT ON MASON HONTGOMS |
| a: WERE YOU WEATHING YOUR SEATORIT? A: AND DOCCOSO TO DOCK UP A FOW |
| D: HOW FAST DEAK YOU TRAVELLING? A! POST WHOSE HE DON'T THE DRIVE |
| 0: DID YOU MANE AND SPINES ASSISTANCE FEATURES ON? A: Hom SINCE SHE WAS |
| B' WHAT DIRECTION WARE YOU TRAVELLING? A: 5TOP ALWARDELY ON HIS DI. NO |
| a: WHAT LANE WERE YOU W? A: STOP! Spot. |
| A: WESTE YOU WIND A PHONE OF SISTRACTED BY ANYMING? A! |
| 8579 HAROW WOOD DR APT 105 MADON OHIO 4545 |
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