

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION REPORTING AGENCY NAME* Mason PD NCIC* 08304		HIT/SKIP 1 - SOLVED 2 - UNSOLVED		NUMBER OF UNITS 1		UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN	
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COUNTY* 83	LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1	LOCATION: CITY, VILLAGE, TOWNSHIP* Mason	CRASH DATE / TIME* 08272021 1423	CRASH SEVERITY 3 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY
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ROUTE TYPE US	ROUTE NUMBER 42	PREFIX 4	LOCATION ROAD NAME Main	ROAD TYPE ST	LATITUDE DECIMAL DEGREES 39.360391
ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Mason Montgomery	ROAD TYPE RD	LONGITUDE DECIMAL DEGREES -84.310224

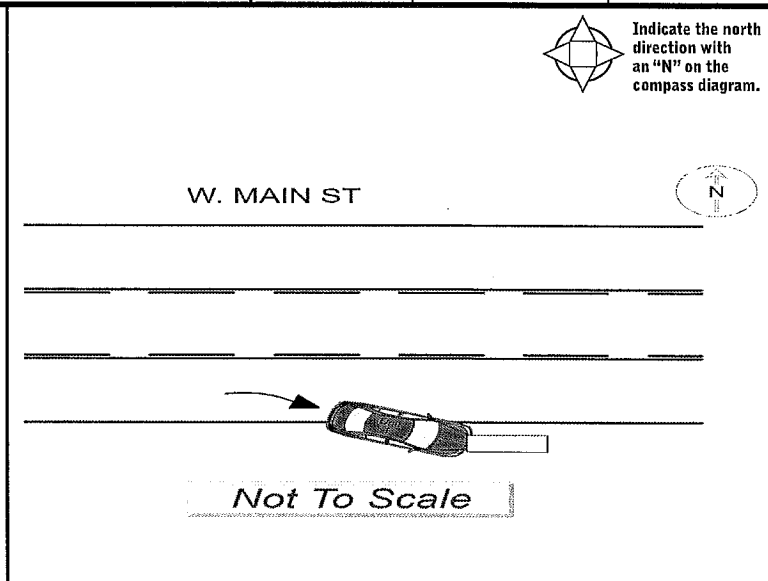
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1	DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 4	ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES	ROADWAY <input type="checkbox"/> ROADWAY DIVIDED
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LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 4	9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN	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 - OTHER / UNKNOWN 1	DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN
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WORK ZONE RELATED WORKERS PRESENT LAW ENFORCEMENT PRESENT ACTIVE SCHOOL ZONE	WORK ZONE TYPE 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 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	CONTOUR 1	CONDITIONS 1	SURFACE 2
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LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 1	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 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN 1
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NARRATIVE  
Unit #1 was eastbound on W. Main St when the driver had a seizure. Unit #1 ran off the right side of the road and struck a curb and planter.



CRASH REPORTED DATE / TIME 08272021 1424	DISPATCH DATE / TIME 08272021 1424	ARRIVAL DATE / TIME 08272021 1426	SCENE CLEARED DATE / TIME 08272021 1446	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED 15	OTHER INVESTIGATION TIME 30	TOTAL MINUTES 52	OFFICER'S NAME* Bryant, Kevin OFFICER'S BADGE NUMBER* 1C55	CHECKED BY OFFICER'S NAME* WALKER CHECKED BY OFFICER'S BADGE NUMBER* 37 1043
				<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OCS)

# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
CP2108032413

<b>UNIT #</b> 01	<b>NAME: LAST, FIRST, MIDDLE</b> STRITTMATTER, RICHARD, LUTHER		<b>DATE OF BIRTH</b> 05/14/1947		<b>AGE</b> 74	<b>GENDER</b> M				
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 6712 PONDFIELD LANE Mason, OH 45040			<b>CONTACT PHONE - INCLUDE AREA CODE</b> [REDACTED]							
<b>INJURIES TAKEN BY</b> 3	<b>EMS AGENCY (NAME)</b> Mason City	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> West Chester Medical		<b>SAFETY EQUIPMENT USED</b> 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 1	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1	
<b>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>	<b>OFFENSE CHARGED</b>	<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>			<b>CITATION NUMBER</b>			
<b>OL CLASS</b> 4	<b>ENDORSEMENT</b> SELECT UP TO 2	<b>RESTRICTION</b> SELECT UP TO 3	<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 4	<b>ALCOHOL TEST</b> STATUS: 1, TYPE: 1, VALUE: .		<b>DRUG TEST(S)</b> STATUS: 1, TYPE: 1, RESULT: SELECT UP TO 4	

<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>		<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>				
<b>ADDRESS: STREET, CITY, STATE, ZIP</b>			<b>CONTACT PHONE - INCLUDE AREA CODE</b>							
<b>INJURIES TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>		<b>SAFETY EQUIPMENT USED</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>	
<b>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>	<b>OFFENSE CHARGED</b>	<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>			<b>CITATION NUMBER</b>			
<b>OL CLASS</b>	<b>ENDORSEMENT</b> SELECT UP TO 2	<b>RESTRICTION</b> SELECT UP TO 3	<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b>	<b>ALCOHOL TEST</b> STATUS: , TYPE: , VALUE: .		<b>DRUG TEST(S)</b> STATUS: , TYPE: , RESULT: SELECT UP TO 4	

<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>		<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>				
<b>ADDRESS: STREET, CITY, STATE, ZIP</b>			<b>CONTACT PHONE - INCLUDE AREA CODE</b>							
<b>INJURIES TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>		<b>SAFETY EQUIPMENT USED</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>	
<b>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>	<b>OFFENSE CHARGED</b>	<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>			<b>CITATION NUMBER</b>			
<b>OL CLASS</b>	<b>ENDORSEMENT</b> SELECT UP TO 2	<b>RESTRICTION</b> SELECT UP TO 3	<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b>	<b>ALCOHOL TEST</b> STATUS: , TYPE: , VALUE: .		<b>DRUG TEST(S)</b> STATUS: , TYPE: , RESULT: SELECT UP TO 4	

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, 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 99 - OTHER / UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M/C MOPED ONLY 6 - NO VALID OL	1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN
<b>INJURED TAKEN BY</b>	<b>EJECTION</b>		<b>OL ENDORSEMENT</b>		<b>ALCOHOL TEST TYPE</b>	
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN	1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE		H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT		1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	
<b>SAFETY EQUIPMENT</b>	<b>TRAPPED</b>		<b>CONDITION</b>		<b>DRUG TEST TYPE</b>	
1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS		1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN		1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	
<b>DRUG TEST RESULT(S)</b>						
1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS						

**OWNER**

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (☑ SAME AS DRIVER)  
**STRITTMATTER, RICHARD, LUTHER**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☑ SAME AS DRIVER)  
**6712 PONDFIELD LANE Mason, OH 45040**

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

OWNER PHONE: INCLUDE AREA CODE (☑ SAME AS DRIVER)

**DAMAGE**

**DAMAGE SCALE**

1 - NONE      3 - FUNCTIONAL DAMAGE  
2 - MINOR DAMAGE      4 - DISABLING DAMAGE  
9 - UNKNOWN

2

**VEHICLE**

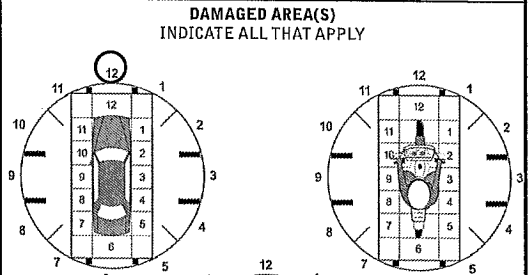
LP STATE OH LICENSE PLATE # GOJ7821 VEHICLE IDENTIFICATION # JHLRD1866YS011405 VEHICLE YEAR 2000 VEHICLE MAKE HOND

INSURANCE VERIFIED      INSURANCE COMPANY Progressive      INSURANCE POLICY # 907052020      COLOR GRN      VEHICLE MODEL CRV

COMMERCIAL       GOVERNMENT       IN EMERGENCY RESPONSE      US DOT #      TOWED BY: COMPANY NAME

INTERLOCK DEVICE EQUIPPED       HIT/SKIP UNIT      #OCCUPANTS 01      VEHICLE WEIGHT GVWR/GCWR  
1 - ≤10K LBS.  
2 - 10,001 - 26K LBS.  
3 - >26K LBS.

MATERIAL RELEASED      CLASS #      PLACARD ID #  
 PLACARD

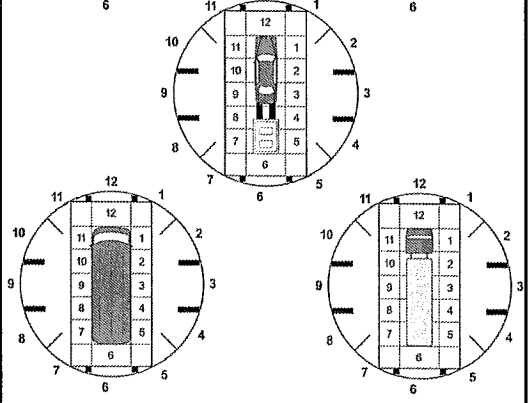


**UNIT TYPE**

3

1 - PASSENGER CAR      7 - MOTORCYCLE 2-WHEELED      12 - GOLF CART      18 - LIMO (LIVERY VEHICLE)      23 - PEDESTRIAN / SKATER  
2 - PASSENGER VAN (MINIVAN)      8 - MOTORCYCLE 3-WHEELED      13 - SNOWMOBILE      19 - BUS (16+ PASSENGERS)      24 - WHEELCHAIR (ANY TYPE)  
3 - SPORT UTILITY VEHICLE      9 - AUTOCYCLE      14 - SINGLE UNIT TRUCK      20 - OTHER VEHICLE      25 - OTHER NON-MOTORIST  
4 - PICK UP      10 - MOPED OR MOTORIZED BICYCLE      15 - SEMI-TRACTOR      21 - HEAVY EQUIPMENT      26 - BICYCLE  
5 - CARGO VAN      11 - ALL TERRAIN VEHICLE (ATV / UTV)      16 - FARM EQUIPMENT      22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE      27 - TRAIN  
6 - VAN (9-15 SEATS)      17 - MOTORHOME      99 - UNKNOWN OR HIT/SKIP

# OF TRAILING UNITS 0



**WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?**

2 1-YES 2-NO 9-OTHER/UNKNOWN      AUTONOMOUS MODE LEVEL 0

0 - NO AUTOMATION      3 - CONDITIONAL AUTOMATION      9 - UNKNOWN  
1 - DRIVER ASSISTANCE      4 - HIGH AUTOMATION  
2 - PARTIAL AUTOMATION      5 - FULL AUTOMATION

**SPECIAL FUNCTION**

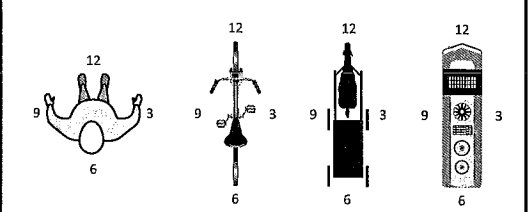
1

1 - NONE      6 - BUS - CHARTER/TOUR      11 - FIRE      16 - FARM      21 - MAIL CARRIER  
2 - TAXI      7 - BUS - INTERCITY      12 - MILITARY      17 - MOWING      99 - OTHER / UNKNOWN  
3 - ELECTRONIC RIDE SHARING      8 - BUS - SHUTTLE      13 - POLICE      18 - SNOW REMOVAL  
4 - SCHOOL TRANSPORT      9 - BUS - OTHER      14 - PUBLIC UTILITY      19 - TOWING  
5 - BUS - TRANSIT/COMMUTER      10 - AMBULANCE      15 - CONSTRUCTION EQUIPMENT      20 - SAFETY SERVICE PATROL

**CARGO BODY TYPE**

1

1 - NO CARGO BODY TYPE / NOT APPLICABLE      3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE      5 - INTERMODAL CONTAINER CHASSIS      8 - POLE      12 - CONCRETE MIXER  
2 - BUS      4 - LOGGING      6 - CARGO VAN/ENCLOSED BOX      9 - CARGO TANK      13 - AUTO TRANSPORTER  
7 - GRAIN/CHIPS/GRAVEL      10 - FLAT BED      14 - GARBAGE/REFUSE      11 - DUMP      99 - OTHER / UNKNOWN



**VEHICLE DEFECTS**

1

1 - TURN SIGNALS      4 - BRAKES      7 - WORN OR SLICK TIRES      9 - MOTOR TROUBLE      99 - OTHER / UNKNOWN  
2 - HEAD LAMPS      5 - STEERING      8 - TRAILER EQUIPMENT DEFECTIVE      10 - DISABLED FROM PRIOR ACCIDENT

- NO DAMAGE [ 0 ]       - UNDERCARRIAGE [ 14 ]  
 - TOP [ 13 ]       - ALL AREAS [ 15 ]  
 - UNIT NOT AT SCENE [ 16 ]

**NON-MOTORIST LOCATION AT IMPACT**

1

1 - INTERSECTION - MARKED CROSSWALK      3 - INTERSECTION - OTHER      6 - BICYCLE LANE      9 - MEDIAN/CROSSING ISLAND      12 - FIRST RESPONDER AT INCIDENT SCENE  
2 - INTERSECTION - UNMARKED CROSSWALK      4 - MIDBLOCK - MARKED CROSSWALK      7 - SHOULDER / ROADSIDE      10 - DRIVEWAY ACCESS      99 - OTHER / UNKNOWN  
5 - TRAVEL LANE - OTHER LOCATION

**INITIAL POINT OF CONTACT**

12

0 - NO DAMAGE      14 - UNDERCARRIAGE  
1-12 - REFER TO UNIT DIAGRAM      15 - VEHICLE NOT AT SCENE  
13 - TOP      99 - UNKNOWN

**ACTION**

3

1 - NON-CONTACT      1 - STRAIGHT AHEAD      7 - MAKING U-TURN      13 - NEGOTIATING A CURVE OR LEAVING VEHICLE      18 - APPROACHING OR LEAVING VEHICLE  
2 - NON-COLLISION      2 - BACKING      8 - ENTERING TRAFFIC LANE      14 - ENTERING OR CROSSING SPECIFIED LOCATION      19 - STANDING  
3 - STRIKING      3 - CHANGING LANES      9 - LEAVING TRAFFIC LANE      15 - WALKING, RUNNING, JOGGING, PLAYING      20 - OTHER NON-MOTORIST  
4 - STRUCK      PRE-CRASH ACTIONS      10 - PARKED      16 - WORKING      21 - STANDING OUTSIDE DISABLED VEHICLE  
5 - BOTH STRIKING & STRUCK      5 - MAKING RIGHT TURN      11 - SLOWING OR STOPPED IN TRAFFIC      17 - PUSHING VEHICLE      99 - OTHER / UNKNOWN  
9 - OTHER / UNKNOWN      6 - MAKING LEFT TURN      12 - DRIVERLESS

**TRAFFIC**

**TRAFFICWAY FLOW**

2

1 - ONE-WAY  
2 - TWO-WAY

**TRAFFIC CONTROL**

6

1 - ROUNDABOUT      4 - STOP SIGN  
2 - SIGNAL      5 - YIELD SIGN  
3 - FLASHER      6 - NO CONTROL

**CONTRIBUTING CIRCUMSTANCES**

11

1 - NONE      7 - LEFT OF CENTER      13 - IMPROPER START FROM A PARKED POSITION      17 - VISION OBSTRUCTION      21 - LYING IN ROADWAY  
2 - FAILURE TO YIELD      8 - FOLLOWING TOO CLOSE / ACDA      14 - STOPPED OR PARKED ILLEGALLY      18 - OPERATING DEFECTIVE EQUIPMENT      22 - NOT DISCERNIBLE  
3 - RAN RED LIGHT      9 - IMPROPER LANE CHANGE      15 - SWERVING TO AVOID      19 - LOAD SHIFTING/FALLING/ SPILLING      23 - OPENING DOOR INTO ROADWAY  
4 - RAN STOP SIGN      10 - IMPROPER PASSING      16 - WRONG WAY      20 - IMPROPER CROSSING      99 - OTHER IMPROPER ACTION  
5 - UNSAFE SPEED      11 - DROVE OFF ROAD  
6 - IMPROPER TURN      12 - IMPROPER BACKING

**# OF THROUGH LANES ON ROAD**

2

**RAIL GRADE CROSSING**

1

1 - NOT INVOLVED  
2 - INVOLVED-ACTIVE CROSSING  
3 - INVOLVED-PASSIVE CROSSING

**SEQUENCE OF EVENTS**

8

1 - OVERTURN/ROLLOVER      6 - EQUIPMENT FAILURE      11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL      16 - RAILWAY VEHICLE      22 - WORK ZONE MAINTENANCE EQUIPMENT  
2 - FIRE/EXPLOSION      7 - SEPARATION OF UNITS      12 - DOWNHILL RUNAWAY      17 - ANIMAL - FARM      23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
3 - IMMERSION      8 - RAN OFF ROAD RIGHT      13 - OTHER NON-COLLISION      18 - ANIMAL - DEER      24 - OTHER MOVABLE OBJECT  
4 - JACKKNIFE      9 - RAN OFF ROAD LEFT      14 - PEDESTRIAN      19 - ANIMAL - OTHER      20 - MOTOR VEHICLE IN TRANSPORT  
5 - CARGO / EQUIPMENT LOSS OR SHIFT      10 - CROSS MEDIAN      15 - PEDALCYCLE      21 - PARKED MOTOR VEHICLE

**UNIT / NON-MOTORIST DIRECTION**

FROM 6 TO 3

1 - NORTH      5 - NORTHEAST  
2 - SOUTH      6 - NORTHWEST  
3 - EAST      7 - SOUTHEAST  
4 - WEST      8 - SOUTHWEST  
9 - OTHER / UNKNOWN

**COLLISION WITH FIXED OBJECT - STRUCK**

2

25 - IMPACT ATTENUATOR / CRASH CUSHION      31 - GUARDRAIL END      37 - TRAFFIC SIGN POST      43 - CURB      50 - WORK ZONE MAINTENANCE EQUIPMENT  
26 - BRIDGE OVERHEAD STRUCTURE      32 - PORTABLE BARRIER      38 - OVERHEAD SIGN POST      44 - DITCH      51 - WALL  
27 - BRIDGE PIER OR ABUTMENT      33 - MEDIAN CABLE BARRIER      39 - LIGHT / LUMINARIES SUPPORT      45 - EMBANKMENT      52 - BUILDING  
28 - BRIDGE PARAPET      34 - MEDIAN GUARDRAIL BARRIER      40 - UTILITY POLE      46 - FENCE      53 - TUNNEL  
29 - BRIDGE RAIL      35 - MEDIAN CONCRETE BARRIER      41 - OTHER POST, POLE OR SUPPORT      47 - MAILBOX      54 - OTHER FIXED OBJECT  
30 - GUARDRAIL FACE      36 - MEDIAN OTHER BARRIER      42 - CULVERT      48 - TREE      99 - OTHER / UNKNOWN  
49 - FIRE HYDRANT

**FIRST HARMFUL EVENT** 2      **MOST HARMFUL EVENT** 3

**UNIT SPEED**

15

**POSTED SPEED**

25

**DETECTED SPEED**

1

1 - STATED / ESTIMATED SPEED  
2 - CALCULATED / EDR  
3 - UNDETERMINED

# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
CP2108032413

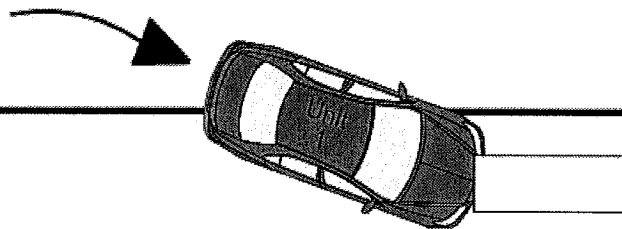
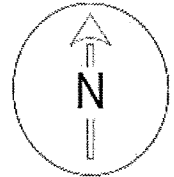
<b>OCCUPANT</b>	<b>UNIT #</b> [ ]	<b>NAME: LAST, FIRST, MIDDLE</b> [ ]	<b>DATE OF BIRTH</b> [ ]		<b>AGE</b> [ ]	<b>GENDER</b> [ ]			
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> [ ]			<b>CONTACT PHONE - INCLUDE AREA CODE</b> [ ]					
<b>INJURIES</b> [ ]	<b>INJURED TAKEN BY</b> [ ]	<b>EM S AGENCY (NAME)</b> [ ]	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> [ ]	<b>SAFETY EQUIPMENT USED</b> [ ]	<input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b>	<b>SEATING POSITION</b> [ ]	<b>AIR BAG USAGE</b> [ ]	<b>EJECTION</b> [ ]	<b>TRAPPED</b> [ ]
<b>OCCUPANT</b>	<b>UNIT #</b> [ ]	<b>NAME: LAST, FIRST, MIDDLE</b> [ ]	<b>DATE OF BIRTH</b> [ ]		<b>AGE</b> [ ]	<b>GENDER</b> [ ]			
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> [ ]			<b>CONTACT PHONE - INCLUDE AREA CODE</b> [ ]					
<b>INJURIES</b> [ ]	<b>INJURED TAKEN BY</b> [ ]	<b>EM S AGENCY (NAME)</b> [ ]	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> [ ]	<b>SAFETY EQUIPMENT USED</b> [ ]	<input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b>	<b>SEATING POSITION</b> [ ]	<b>AIR BAG USAGE</b> [ ]	<b>EJECTION</b> [ ]	<b>TRAPPED</b> [ ]
<b>OCCUPANT</b>	<b>UNIT #</b> [ ]	<b>NAME: LAST, FIRST, MIDDLE</b> [ ]	<b>DATE OF BIRTH</b> [ ]		<b>AGE</b> [ ]	<b>GENDER</b> [ ]			
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> [ ]			<b>CONTACT PHONE - INCLUDE AREA CODE</b> [ ]					
<b>INJURIES</b> [ ]	<b>INJURED TAKEN BY</b> [ ]	<b>EM S AGENCY (NAME)</b> [ ]	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> [ ]	<b>SAFETY EQUIPMENT USED</b> [ ]	<input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b>	<b>SEATING POSITION</b> [ ]	<b>AIR BAG USAGE</b> [ ]	<b>EJECTION</b> [ ]	<b>TRAPPED</b> [ ]
<b>OCCUPANT</b>	<b>UNIT #</b> [ ]	<b>NAME: LAST, FIRST, MIDDLE</b> [ ]	<b>DATE OF BIRTH</b> [ ]		<b>AGE</b> [ ]	<b>GENDER</b> [ ]			
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> [ ]			<b>CONTACT PHONE - INCLUDE AREA CODE</b> [ ]					
<b>INJURIES</b> [ ]	<b>INJURED TAKEN BY</b> [ ]	<b>EM S AGENCY (NAME)</b> [ ]	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> [ ]	<b>SAFETY EQUIPMENT USED</b> [ ]	<input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b>	<b>SEATING POSITION</b> [ ]	<b>AIR BAG USAGE</b> [ ]	<b>EJECTION</b> [ ]	<b>TRAPPED</b> [ ]

INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE
4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE
5 - NO APPARENT INJURY	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	5 - SECOND - MIDDLE	5 - NOT APPLICABLE
	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	
	8 - HELMET USED	8 - THIRD - MIDDLE	
	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE	
	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	
	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	
	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	
		13 - TRAILING UNIT	
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	
		15 - NON-MOTORIST	
		99 - OTHER / UNKNOWN	

<b>WITNESS</b>	<b>NAME: LAST, FIRST, MIDDLE</b> BALL-LAWSON, SHANNON, YVETTE	<b>DATE OF BIRTH</b> 03/08/1976	<b>AGE</b> 45	<b>GENDER</b> F
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 261 ASPEN RIDGE DR, Lebanon, OH 45036	<b>CONTACT PHONE - INCLUDE AREA CODE</b> [REDACTED]		
<b>WITNESS</b>	<b>NAME: LAST, FIRST, MIDDLE</b> SANNEMAN, MICHELLE, ANN	<b>DATE OF BIRTH</b> 03/11/1968	<b>AGE</b> 53	<b>GENDER</b> F
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 651 S MASON MONTGOMERY RD, Mason, OH 45040	<b>CONTACT PHONE - INCLUDE AREA CODE</b> [REDACTED]		
<b>WITNESS</b>	<b>NAME: LAST, FIRST, MIDDLE</b> [ ]	<b>DATE OF BIRTH</b> [ ]	<b>AGE</b> [ ]	<b>GENDER</b> [ ]
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> [ ]	<b>CONTACT PHONE - INCLUDE AREA CODE</b> [ ]		

LOCAL REPORT NUMBER CP2108032413	REPORTING AGENCY Mason PD	DATE OF CRASH M 08   D 27   Y 2021
IN COUNTY OF Warren	CRASH LOCATION Main Street @ Mason Montgomery Road	

W. MAIN ST



*Not To Scale*

OFFICER'S SIGNATURE <b>X</b> Bryant, Kevin	BADGE NUMBER 1C55
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