OHIO DEPARTMENT TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT							LOCAL REPORT NUMBER*			
PHOTOS TAKEN  OH-2  OH-3  LOCAL INFORMATION						CP2102005312				
SECONDARY CR.	OH-1P	OTHER REP	PORTING AGENCY NAME*		NCIC*	HIT/SKIP	UNIT IN ERROR			
<u></u>	PRIVATE PR	ROPERTY Ma	son PD	<u> </u>	08304	1 - SOLVED L 2 - UNSOLVED	2	98 - ANIMAL 1 99 - UNKNOWN		
COUNTY* LOCALI	1-CITY	ATION: CITY, VIL	LAGE, TOWNSHIP*			CRASH DATE/T	CRASH SEVERITY 1 - FATAL			
	2-VILLAGE 3-TOWNSHIP Mas					02222021 0	2 - SERIOUS INJURY			
ROUTE TYPE ROUT	E NUMBER PREFIX 1 · 2 ·	ATION ROAD NAME		ROADTYPE	LATITUDE DEG	SUSPECTED				
3 - EAST   Tylersville				∟ RD _	39.34560	3 - MINOR INJURY SUSPECTED				
ROUTE TYPE ROUT		-SOUTH	ERENCE ROAD NAME (ROAD,	MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DE	CIMAL DEGREES	4 - INJURY POSSIBLE		
		- EAST - WEST Cha	apel		LA_	-84.3141	1	5 - PROPERTY DAMAGE ONLY		
REFERENCE POIN 1 - INTERSECT	FROM REFERENCE	TD TATE	ROUTE TYPE ERSTATE ROUTE(TP) AL	ROAD TYPE - ALLEY HW - HIGHWAY			INTERSECTION RE	ELATED		
2 - MILE POST	2-8007	TH USIFED		- AVENUE LA - LANE	RD - ROAD SQ - SQUARE	WITHIN INTE	RSECTION OR ON A	PPROACH		
1 3- HOUSE #	3 - EAST 4 - WES		I E RUUI E	- BOULEVARD MP - MILEPOST	ST - STREET	WITHIN INTE	RCHANGE AREA	NUMBER OF APPROACHES		
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURI	E International	ABERED COUNTY ROUTE   CT	- CIRCLE OV - OVAL - COURT PK - PARKWAY	TE - TERRACE TL - TRAIL	HONOR WAR	ROADWAY	Com Carlon (p. 144) and		
050	1 - MILE 2 - FEET	Γ I ROU	TE DESCRIPTION OF THE PROPERTY	- DRIVE PI - PIKE	WA - WAY	ROADWAY DIV	IDED			
250	2_3-YARD		Agricultural and any and an arrangement of the second of t	- HEIGHTS PL - PLACE			<del></del>			
1-ON ROA	TION OF FIRST HARM DWAY 9 - C	ROSSOVER		NER OF CRASH COLLISION/IMI Collision 4-rear-to-reai		DIRECTION OF TRAVEL MEDIAN TYPE				
2-0N SHO		RIVEWAY/ALL	COROCCINIC   7   TWO	WEEN 5-BACKING		1-NORTH 1 4 12-SOUTH	1 4 1 (<	IDED FLUSH MEDIAN 4 FEET )		
4 - ON ROA	DSIDE 12-S	RAILWAY GRADI SHARED USE PA	VEH:	ICLES IN 6 - ANGLE NSPORT 7 - SIDESWIPE, SA	ME DIRECTION	3 - EAST 4 - WEST		IDED FLUSH MEDIAN 4 FEET )		
5 - ON GOR	L	TRAILS BIKE LANE	2 - REAI 3 - HEAI			4-WES1	1	IDED, DEPRESSED MEDIAN IDED, RAISED MEDIAN		
7-0N RAN	IP 14-T	TOLL BOOTH		D-ON 7-OTHER/ONKN	OWN		(A)	IYTYPE)		
8-OFF RA	MP 99-0	THER / UNKNO	WN		N		9-011	HER/UNKNOWN		
WORK ZONE R	ELATED		ORK ZONE TYPE	LOCATION OF CRASH IN V		CONTOUR	CONDITION	S SURFACE		
1 - LANE CLOSURE  WORKERS PRESENT 2 - LANE SHIFT/CROSSOVER				WARNING SIGN		1	_2_	_2_		
LAW ENFORCE	MENT PRESENT L		K ON SHOULDER IEDIAN	2 - ADVANCE WARM 3 - TRANSITION AR		1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE	1-DRY	1 - CONCRETE		
ACTIVE SCHOOL	N ZONE		ERMITTENT OR MOVING WORK			3 - CURVE LEVEL	2-WET 3-SNOW	2 - BLACKTOP, BITUMINOUS,		
- ACTIVE SCHOOL	L ZUNL	5 - OTH	EK	5 - TERMINATION A	AREA	4 - CURVE GRADE	4 - ICE	ASPHALT 3 - BRICK/BLOCK		
	HT CONDITION		WEATH	ER 6-SNOW		9 - OTHER/UNKNOWN	5 - SAND, MUD, DI OIL, GRAVEL	RT, 4 - SLAG, GRAVEL,		
_				7 - SEVERE CROSSWINDS			6 - WATER (STAN	STONE DING, 5 - DIRT		
3 - DARK - LIGHTED ROADWAY 3 - FOG, SMOG, SMOKE 4 - DARK - ROADWAY NOT LIGHTED 4 - RAIN			3 - FOG, SMOG, SMOKE	8 - BLOWING SAND, SOIL, DI 9 - FREEZING RAIN OR FREE			MOVING) 7 - SLUSH	9 - OTHER/UNKNOWN		
5 - DARK – UNKNOWN ROADWAY LIGHTING 5 - SLEET, HAIL 9 - OTHER / UNKNOWN			99 - OTHER / UNKNOWN	LING GRIZZEE		9 - OTHER/UNKNO	wn			
	UNKNOWN		4.00.00		****					
Unit #2 was westbound on Tylersville Rd in the left										
		•						an "N" on the compass diagram.		
lane. Unit	#1 was wes	tbound	on Tylersville Ro	in the						
right lane, changed lanes to the left, and struck unit							:			
#2.										
								·		
					******					
				_						
					w					
Not To Scale										
A COLUMN ACTION OF A COLUMN ACTION AC										
CRASH REPORTED DATE / TIME DISPATCH DATE / TIME			PATCH DATE/TIME	ARRIVAL DATE / TIN	1E	SCENE CLEARED	REPORT TAKEN BY			
022220	21 0934	02	2222021 0936	02222021 093	3	02222021 1111		POLICE AGENCY		
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*			MOTORIST		
CONTINUEDED	EGILWAIIDH IIME	MINALES	Fitzgera OFFICER'S BAI	ald, Eric	h Jacker			SUPPLEMENT (CORRECTION OR ADDITION		
. 0	i 60 i	155		OGE NUMBER*	CHECKED 1043	BY OFFICER'S BADGE I	NUMBER^	TO AN EXISTING BEPORT SENT TO CIDES)		

OHIO DEP	SOFF DEPARTMENT MOTORIST / NON-MOTORIST								LOCAL REPORT NUMBER					
(60								CP2102005312						
UNIT#	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER						
02	SCHLARMAN, ALEXANDRIA, LUCILLE							09/09/199327F				<u> </u>		
	ADDRESS: STREET, CITY, STATE, ZIP									CONTACT PHONE - INCLUDE AREA CODE				
	Harrison St Middletown, OH 45044  INJURES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT DOT CO. SEATING POSITION AIR BAG USAGE EJECTION TRAPPED													
5	INJURED EMS AGENCY (NAME) TAKEN BY			INVOKEDIA	KEN IU.	MEDICAL PACILITY	NAME, GITY)	USED	DOT-COM	MPLIANT	N AIR BAG	١.		
OL STATE	OPERATOR LI	CENSE NUMBER		OFFENSE	CHAR	GED	LOCAL	DFFENSE DESC	<u> </u>			1 ON NUMBE	<u> </u>	
OH.					CODE			TIATION NOMBER						
OL CLASS ENDORSEMENT RESTRICTION SELECT UP TO 3 DRIVER ALCOHOL / DRUG SUSPECTED CONDITION ALCOHOL TIEST DRUG HEST(S)														
· · · · · · · · · · · · · · · · · · ·	SELECT UP TO 2		BY	RACTED ALCOHOL MARIJUANA				STATUS	PE VALUE	STATUS	TYPE RE	SULT SELECT UP TO 4		
44				1 OTHER DRUG			1	_1_	1_ •		1	<u> </u>		
UNIT#	NAME: LAST, F	•								DATE OF BIRTH		AGE	GENDER	
01	POTTS, DA								L	05/16/1966		54	M	
3	STREET, CITY, STA							à	CONTACT	PHONE - INCLUDE AREA	CODE			
3		B2 Loveland, OH 4514( EMS AGENCY (NAME)	)	INTUREDTA	KEN TO:	MEDICAL FACILITY	MANE OFFICE	SACETY EDINOMENT	Think to the same	SEATING POSITION	W			
5	TAKEN BY	THE MALITY WARLE		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIUSED				DOT-COM	MPLIANT	IN AIR BAG	USAGE   EJEC			
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENSE	E CHAR	GED	LOCAL	OFFENSE DESC				I I I		
E Boloh se	W. Property of the Control of the Co			CODE			Driving in Si	OTATION NOMBER						
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER ALCOHOL / DRUG SUSPECTED CONDITION				ingle Lane or Line of Traffic;   092732  ALCOHOLTEST DRUGTEST(S)  STATUS TYPE VALUE ISTATUS TYPE RESULT SELECTIONAL						
	SELECTOP 102		BY	FRACTED		-	RIJUANA		STATUS	/PE VALUE	STATUS	TYPE RE	SULT SELECT UP TO 4	
6				1 J OTHER DRUG			1							
UNIT#	NAME: LAST, F	FIRST, MIDDLE								DATE OF BIRTH AGE GENI			GENDER	
ADDDESS	STREET, CITY, ST.	ATE 710										_		
SINO ADDRESS	: 31KEE1, 611 1, 31.	A1 C, 21F							CONTACT PHONE - INCLUDE AREA CODE					
5 INJURIES	INJURED L	EMS AGENCY (NAME)		INJUREDTA	KEN TO	MEDICAL FACILITY	/MAME CITY	SAFETY FORDMENT		SEATING POSITION	NI ern nea			
NO	TAKEN BY			I I I I I I I I I I I I I I I I I I I		MEDIONE INGIELI	MARIE, GITT	USED	DOT-CO	MIPLIANI	IN AIR BAG	USAGE EJEC	TION TRAPPED	
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENSE CHARGED LOCAL		OFFENSE DESC	RIPTION	CITA		ION NUMBE	 			
							CODE							
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER FRACTED	ALCO	HOL / DRUG SUSP	ECTED	CONDITION	STATUS T	OHOL TEST YPE VALUE	STATUS	DRUG TES	T(S) SULT SELECT UP TO 4	
Ž.			BY			haved.	RIJUANA		l l	VALUE	31A103	TIPE   KE	SULI SELECT UPTO 4	
ILLI L	LLL   LLL     RIES	SEATING POSITION	L	IR BAG	01	THER DRUG OL CLAS	\$	OL RESTRIC	TION(S)	DRIVER DISTRAC	TION	TEST	CTATUS.	
1-FATAL		1 - FRONT - LEFT SIDE	1 - NOT DEP			1-CLASSA		1 - ALCOHOL INTER		1 - NOT DISTRACTED	21.0	1 - NONE GIVE	STATUS N	
and the second second	SERIOUS INJURY Minor injury	2 CDANT MIDDLE						2 - CDL INTRASTAT 3 - CORRECTIVE LE		2 - MANUALLY OPERATII Electronic commu		2 - TEST REFU		
4 - POSSIBLE II		NOR INJURY 3- DEPLOYE		ED BOTH FRONT / SIDE 4 - REGULAR CLASS			4 - FARM WAIVER	4 - FARM WAIVER DIALING,			3 - TEST GIVEN, CONTAMINATED Sample / Unusable			
5 - NO APPAREI	NT INJURY	4 - SECOND – LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT APP	E MICHARDED ONLY			ing a second contract of	5 - EXCEPT CLASS A BUS		3 -TALKING ON HANDS-FREE 4-		4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS		
	TAKEN BY 5-SECOND - MIDDLE			MICH I CHICAGONIA			6 - EXCEPT CLASS & CLASS B BUS		COMMUNICATION DEV 4 - TALKING ON HAND-HI		UNKNOWN	, KESULIS		
1 - NOT TRANSF /TREATED A				JECTION OL ENDORSEMENT			7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE		COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN		ALCOHOL TEST TYPE			
2-EMS	(MOTORCYCLE SIDE CAR) 1 - NOT EJEC		CTED H - HAZMAT			RESTRICTIONS		ELECTRONIC DEVICE		1 - NONE 2 - BLOOD				
3-POLICE 9-OTHER/UNI	a THIRD DICHT CIDE		LY EJECTED M - MOTORCYCLE  'EJECTED P - PASSENGER			9 - LEARNER'S PERMIT RESTRICTIONS		DIAGOLITULE		3 - URINE				
	10 - SLEEPER SECTION 4 - NOT APP					10 - LIMITED TO DAYLIGHT ONLY		INSIDE THE VEHICLE		4 - BREATH				
1-NONE USED	VONE LISED 11 - PASSENGER IN OTHER		Q - MOTOR SCOOTER  RAPPED. R-THREE-WHEEL MOTORCYCLE			11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER		8 - OTHER DISTRACTION OUTSIDE THE VEHICLE						
47 10 10 10	ULDER BELT ONLY USED (NON-TRAILING UNIT, BUS,  BEIT ONLY USED PICK-UP WITH CAP) 2. EXTRICATION (NOT TRAILING UNIT, BUS, BUS, BUS, BUS, BUS, BUS, BUS, BUS		PPED S - SCHOOL BUS		13 - MECHANICAL DEVICES (Special Brakes, Hand		9 - OTHER / UNKNOWN		DRUG TEST TYPE 1- NONE					
1.5	ER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED MECHAN		IICAL MEANS		CONTROLS, OR OTHER ADAPTIVE DEVICES)		CONDITION		2 - BL00D					
5 - CHILD REST	RESTRAINT SYSTEM – CARGO AREA 3 - FREED B		Y X - TANKER / HAZMAT Chanical means			14 - MILITARY VEHICLES ONLY		1 - APPARENTLY NORMAL 3 - URINE 2 - PHYSICAL IMPAIRMENT 4 - OTHER						
6-CHILD REST	HILD RESTRAINT SYSTEM - 14 - RIDING ON VEHICLE EXTERIOR					15 - MOTOR VEHICLE AIR BRAKES	15 - MOTOR VEHICLES WITHOUT AIR BRAKES		3 - EMOTIONAL (E.G., DEPRESSED,					
REAR FACIN 7 - BOOSTER SE	REAR FACING (NON-TRAILING UNIT)						16 - OUTSIDE MIRRO	16 - OUTSIDE MIRROR 4 - ILLNESS		DRUG TEST RESULT(S) 1-AMPHETAMINES				
8 - HELMET US		99 - OTHER / UNKNOWN						17 - PROSTHETIC AI	D	5 - FELL ASLEEP, FAINTE FATIGUED, ETC.	D, 1	2 - BARBITURA	ITES	
	ROTECTIVE PADS USED ELBOW, KNEES, ETC.)					TO - VIHILIN	6 - UNDER THE INFLUENCE			3 - BENZODIAZ 4 - CANNABING				
10 - REFLECTIVI	E CLOTHING								-	/ALCOHOL	vuo	5 - COCAINE		
11 - LIGHTING - / BICYCLE 0					į			1		9 - OTHER / UNKNOWN	6 1 8 - 3 -	6 - OPIATES / C 7 - OTHER	PIOIDS	
99 - OTHER / UNI	KNOWN	- Hardware Control						1				8 - NEGATIVE	RESULTS	



## OHIO TRAFFIC CRASH REPORT DIAGRAM / NARRATIVE CONTINUATION

LOCAL REPORT NUMBER	REPORTING AGENCY		DATE OF CRASH		
CP2102005312		M 02 D 22 Y 2021			
IN COUNTY OF	CRASH LOCATION				
Warren	Tylersville Road @ Chapel Lane				
			· · · · · · · · · · · · · · · · · · ·		
·	±0.000 mm = 1.000 mm	•	•		
The state of the s					
(N)					
14					
No.	TY	ERSVILLE RD			
1					
Terrori de la constitución de la	North State of the		- commence of the second		
		<del>-</del>			
		$\mathcal{U}$	•		
	<u> </u>				
	Unit2				
	······································				

Not To Scale

OFFICER'S SIGNATURE

X Fitzgerald, Eric

BADGE NUMBER

1C37



## TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
2102 5712	MEEN POLICE	M 02   DZZ   YZ/

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

I, Alexandria Schlarman	HEREBY MAKE THIS VOLUNTARY STATEMENT TO
	AT Tylersville Rd. Mason, OH LOCATION
Q: WHAT MAPPENED?	
A: Man changed lanes before attaining	
His drivers side rear end hit my	passengus front end.
DI ARE YOU OR ANYONE IN YOUR VENICLE INTURED?	
a: WERE YOU WEAPING YOUR SEATORIT? A: YES	
D: HON FAST WERE YOU TEAVELLING? A: 35	
	is on? A: Yes, Blind Spot & lane departure
D' WHAT DIRECTION WRIFE TOU TRAVELLING? A	<u>}:</u>
a: WHAT LANE WERE YOU N? A: Left	
ADDRESS OF WITNESS	ANYTHING? A! NO
SIGNATURE OF WITNESS X AND	OFFICER'S SIGNATURE
HSY 0003 4/15 [760-1500]	X