

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> PRIVATE PROPERTY	<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER	<input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	LOCAL INFORMATION REPORTING AGENCY NAME* Mason PD	NCIC* 08304	LOCAL REPORT NUMBER* CP2102005595
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COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*	CRASH DATE / TIME*	CRASH SEVERITY
83	1	Mason	02242021 1916	5

ROUTE TYPE	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES
			Western Row	RD	39.335993
ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES
			Kings Island	DR	-84.27907

REFERENCE POINT	DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED
1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES: 4
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE			ROADWAY
25	2			<input type="checkbox"/> ROADWAY DIVIDED

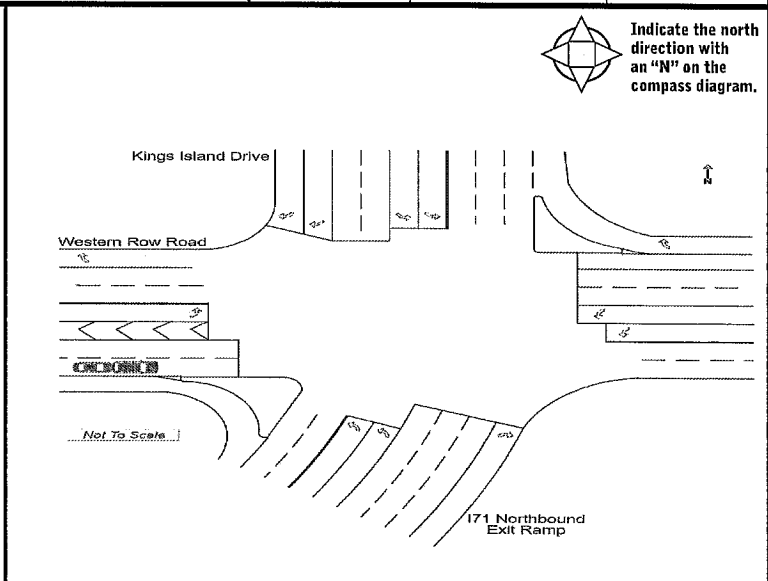
LOCATION OF FIRST HARMFUL EVENT	MANNER OF CRASH COLLISION/IMPACT	DIRECTION OF TRAVEL	MEDIAN TYPE
1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP	9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	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

<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE	WORK ZONE TYPE	LOCATION OF CRASH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE
	1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	1	1	2

LIGHT CONDITION	WEATHER	SURFACE
1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	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 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN

NARRATIVE

Unit 2 was stopped in traffic on Western Row Road at Kings Island Drive. Unit 1 was stopped behind Unit 2. Unit 1 began to accelerate prior to Unit 2 and struck Unit 2 in the rear.



CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME	SCENE CLEARED DATE / TIME	REPORT TAKEN BY
02242021 1917	02242021 1917	02242021 1925	02242021 1958	<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*	CHECKED BY OFFICER'S NAME*
0	30	71	Donley, Tommy	WALKER
			OFFICER'S BADGE NUMBER*	CHECKED BY OFFICER'S BADGE NUMBER*
			1C15	1843

# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
CP2102005595

UNIT # 01	NAME: LAST, FIRST, MIDDLE WALKER, EMILY, EHRHARDT			DATE OF BIRTH 10/12/1996	AGE 24	GENDER F				
ADDRESS: STREET, CITY, STATE, ZIP 3674 Vineyard Haven Drive Loveland, OH 45140				CONTACT PHONE - INCLUDE AREA CODE [REDACTED]						
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE OH	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 331.13a1	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION Starting and Backing Vehicles		CITATION NUMBER 92612			
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 8	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4	

UNIT # 02	NAME: LAST, FIRST, MIDDLE HEARLIHY, CHRISTINE, M			DATE OF BIRTH 12/25/1962	AGE 58	GENDER F				
ADDRESS: STREET, CITY, STATE, ZIP 7340 Capri Way 1 Deerfield Twp, OH 45039				CONTACT PHONE - INCLUDE AREA CODE						
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE OH	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER			
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4	

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

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
 2223 Camden College Corner Road Camden, OH 45311

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**DAMAGE**

**DAMAGE SCALE**

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

**VEHICLE**

LP STATE OH LICENSE PLATE # EWU3808 VEHICLE IDENTIFICATION # JNKC61FX9M051398 VEHICLE YEAR 2009 VEHICLE MAKE INFI

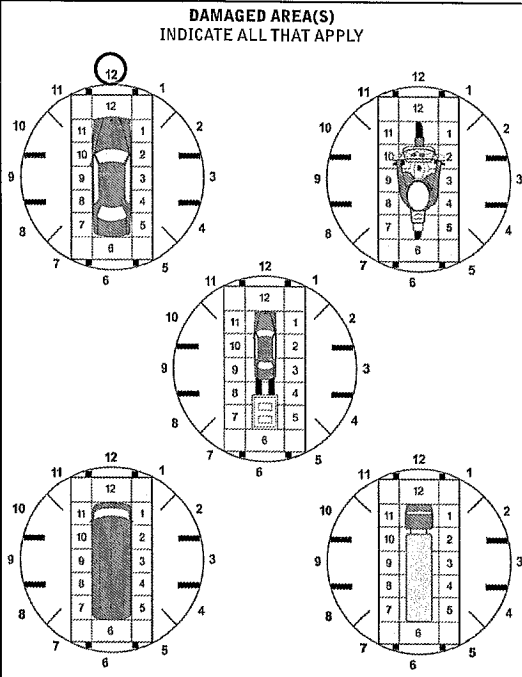
INSURANCE VERIFIED INSURANCE COMPANY State Farm INSURANCE POLICY # 0259770F1935F COLOR BLK VEHICLE MODEL G37

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE TYPE OF USE

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

TOWED BY: COMPANY NAME

MATERIAL RELEASED HAZARDOUS MATERIAL CLASS # PLACARD ID #  
 PLACARD



UNIT TYPE

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

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?

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

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

**SPECIAL FUNCTION**

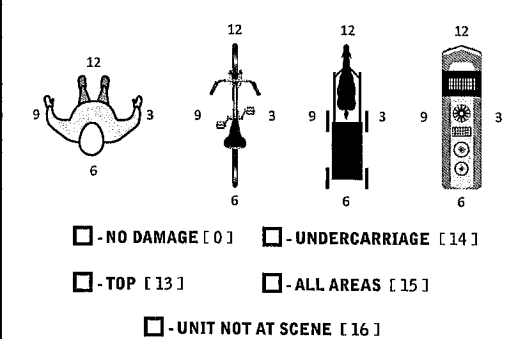
1 - NONE      6 - BUS - CHARTER/TOUR      11 - FIRE      16 - FARM      21 - MAIL CARRIER  
 2 - TAXI      7 - BUS - INTERCITY      12 - MILITARY      17 - MOWING      99 - OTHER / UNKNOWN  
 3 - ELECTRONIC RIDE SHARING      8 - BUS - SHUTTLE      13 - POLICE      18 - SNOW REMOVAL  
 4 - SCHOOL TRANSPORT      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 - 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 - 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



**NON-MOTORIST LOCATION AT IMPACT**

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      8 - SIDEWALK      11 - SHARED USE PATHS OR TRAILS

**ACTION**

1 - NON-CONTACT      1 - STRAIGHT AHEAD      7 - MAKING U-TURN      13 - NEGOTIATING A CURVE      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      4 - OVERTAKING/PASSING      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

**INITIAL POINT OF CONTACT**

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

**CONTRIBUTING CIRCUMSTANCES**

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      17 - VISION OBSTRUCTION  
 6 - IMPROPER TURN      12 - IMPROPER BACKING

**TRAFFIC**

**TRAFFICWAY FLOW**  
 1 - ONE-WAY      2 - TWO-WAY  
2

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

**SEQUENCE OF EVENTS**

1 20 1 - OVERTURN/ROLLOVER      6 - EQUIPMENT FAILURE      11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL      16 - RAILWAY VEHICLE      22 - WORK ZONE MAINTENANCE EQUIPMENT  
 2    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    3 - IMMERSION      8 - RAN OFF ROAD RIGHT      13 - OTHER NON-COLLISION      18 - ANIMAL - DEER      24 - OTHER MOVABLE OBJECT  
 4    4 - JACKKNIFE      9 - RAN OFF ROAD LEFT      14 - PEDESTRIAN      19 - ANIMAL - OTHER      21 - PARKED MOTOR VEHICLE  
 5    5 - CARGO / EQUIPMENT LOSS OR SHIFT      10 - CROSS MEDIAN      15 - PEDALCYCLE

**# OF THROUGH LANES ON ROAD**  
4

**RAIL GRADE CROSSING**  
 1 - NOT INVOLVED  
 2 - INVOLVED-ACTIVE CROSSING  
 3 - INVOLVED-PASSIVE CROSSING

**COLLISION WITH FIXED OBJECT - STRUCK**

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** 1 **MOST HARMFUL EVENT** 1

**UNIT / NON-MOTORIST DIRECTION**

FROM 4 TO 3

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

**UNIT SPEED**  
5

**POSTED SPEED**  
35

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

**OWNER**

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE (☑ SAME AS DRIVER)  
**HEARLIHY, CHRISTINE, M**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☑ SAME AS DRIVER)  
**7340 Capri Way 1 Deerfield Twp, OH 45039**

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH LICENSE PLATE # JEX5969 VEHICLE IDENTIFICATION # KNMAT2MV4HP569384 VEHICLE YEAR 2017 VEHICLE MAKE NISS

INSURANCE VERIFIED  INSURANCE COMPANY State Farm INSURANCE POLICY # C74598681035 COLOR WHI VEHICLE MODEL Rogue

TYPE OF USE:  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.

HAZARDOUS MATERIAL:  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 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

SPECIAL FUNCTION 1

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

CARGO BODY TYPE 1

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

VEHICLE DEFECTS                     

1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN

NON-MOTORIST LOCATION AT IMPACT                     

1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN

ACTION 4 PRE-CRASH ACTIONS 11

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

CONTRIBUTING CIRCUMSTANCES 1

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

SEQUENCE OF EVENTS

1 20 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN

EVENTS

11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 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 - STRUCK

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 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN

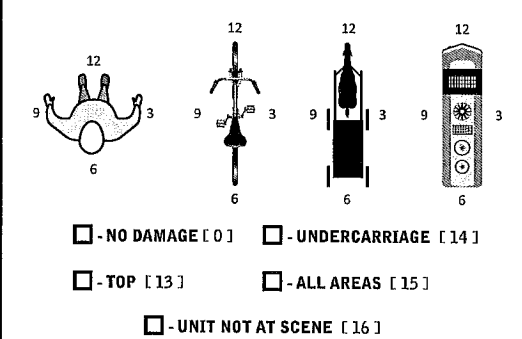
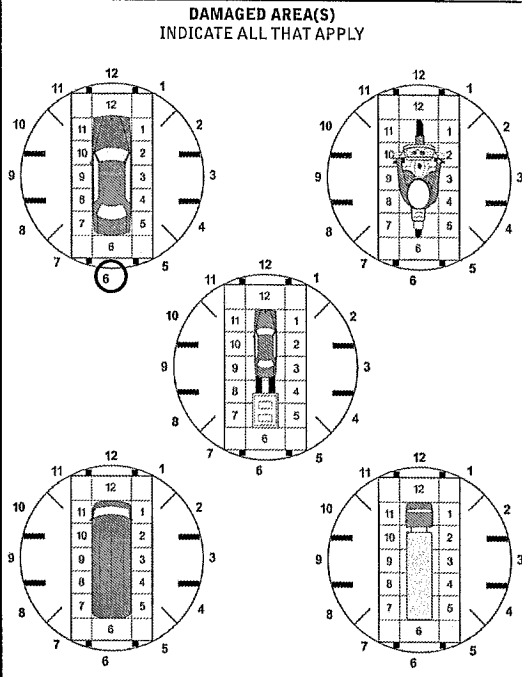
FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

**DAMAGE**

**DAMAGE SCALE**

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

3



**INITIAL POINT OF CONTACT**

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

6

**TRAFFIC**

**TRAFFICWAY FLOW**

1 - ONE-WAY 2 - TWO-WAY 2

**TRAFFIC CONTROL**

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

**# OF THROUGH LANES ON ROAD** 4

**RAIL GRADE CROSSING**

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

**UNIT / NON-MOTORIST DIRECTION**

FROM 4 TO 3

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

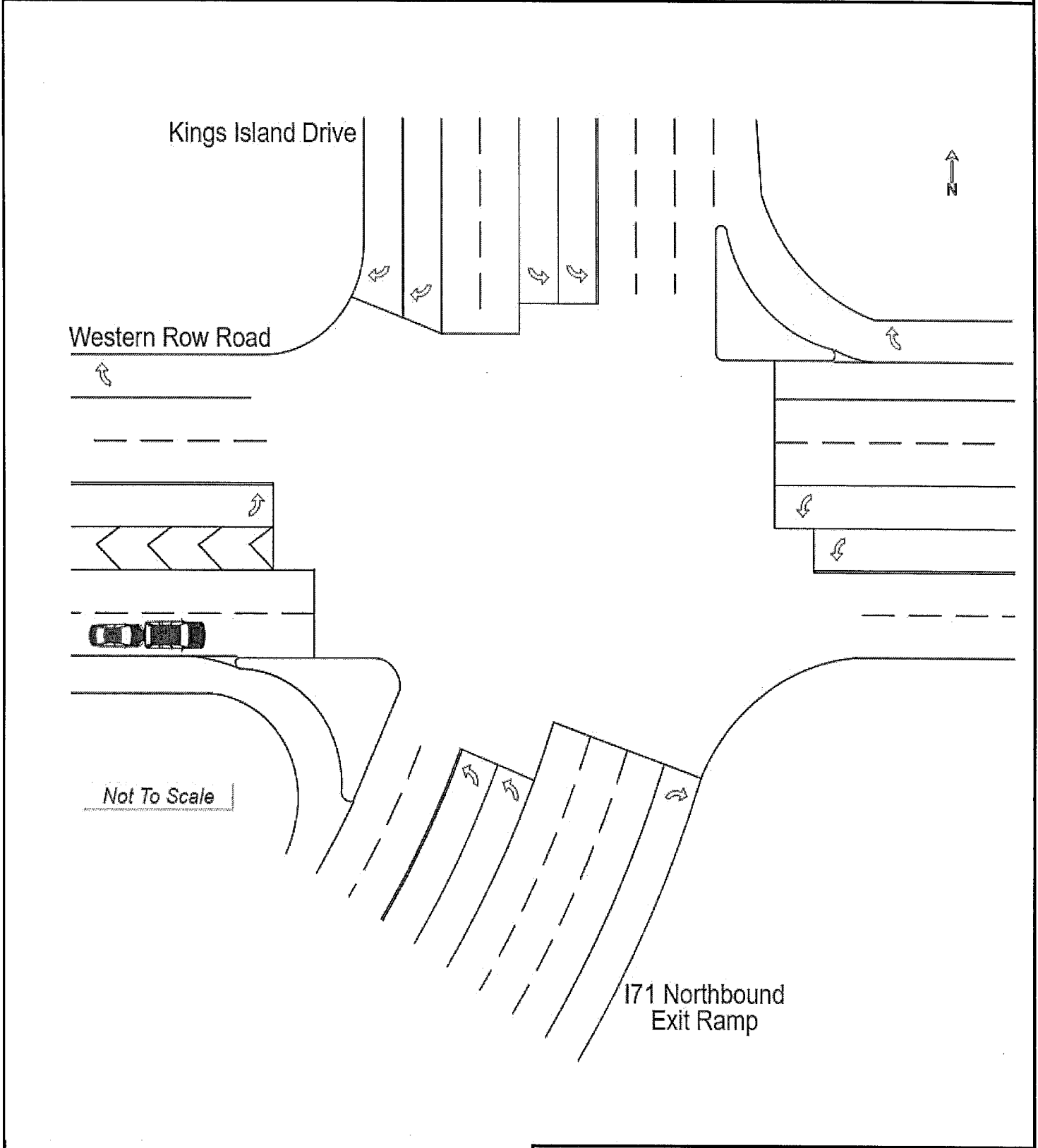
**UNIT SPEED** 0

**POSTED SPEED** 35

**DETECTED SPEED**

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

LOCAL REPORT NUMBER CP2102005595	REPORTING AGENCY Mason PD	DATE OF CRASH M 02   D 24   Y 2021
IN COUNTY OF Warren	CRASH LOCATION Western Row Road @ Kings Island Drive	



OFFICER'S SIGNATURE <b>X</b> Donley, Tommy	BADGE NUMBER 1C15
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LOCAL REPORT NUMBER - CP2102005595	REPORTING AGENCY City of Mason Police Department	DATE OF CRASH MO2   D24   2021
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Emily Walker PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
P. O. T. Donley OFFICER'S NAME AT Western Row Rd / Kings Island Dr LOCATION

Were you DRIVING / PASSENGER / WITNESS Were you or a passenger injured? YES / NO

Your vehicle? Year: 2009 Make: Infiniti Model: G37 License plate: EWU380 Color: Black

What direction were you traveling? What lane were you in? right

What street were you on? Kings Island Dr? Where were you going? home

Did your airbag deploy? YES / NO Were you wearing a seatbelt? YES / NO

Approximate speed? 2-5 <sup>mph</sup> Speed limit on roadway? 45? 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: State Farm Policy Number: 025 9770 F19 35F

Please write a story as to what happened: List passengers on the back of the form.

My car and the car in front of me (other car involved) were at a red traffic light, I saw the left turn only lane traffic light turn green and started not realizing our light was still red, and the car in front of me had not moved so I hit them.

ADDRESS OF WITNESS 3674 Vineyard Haven Dr Loveland OH 45140 PHONE [REDACTED]

SIGNATURE OF WITNESS X Emily Walker OFFICER'S SIGNATURE X P. O. T. Donley

LOCAL REPORT NUMBER - CP2102005595	REPORTING AGENCY City of Mason Police Department	DATE OF CRASH M 02   D 24   Y 2021
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**FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES**

I, Christine M. Hearlily PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO

P.O. T. Donley OFFICER'S NAME AT Western Row Rd / Kings Island Dr LOCATION

Were you: DRIVING / PASSENGER / WITNESS      Were you or a passenger injured? YES / NO

Your vehicle? Year: 2017 Make: Nissan Model: Rogue License plate: JEX5969 Color: White

What direction were you traveling? east      What lane were you in? right

What street were you on? Western Row Road      Where were you going? home

Did your airbag deploy? YES  NO       Were you wearing a seatbelt? YES  NO

Approximate speed? 0      Speed limit on roadway? 35      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: State Farm      Policy Number: C74 5986-B10-35

Please write a story as to what happened:      List passengers on the back of the form.

Stopped + sitting at a red traffic light, The turn lanes to my left got a green light, mine was still red, and the vehicle behind me moved forward + hit me from behind.

ADDRESS OF WITNESS: 7340 Capri Way Apt. 1, Maineville, OH 45039      PHONE: [REDACTED]

SIGNATURE OF WITNESS: X Christine M. Hearlily      OFFICER'S SIGNATURE: X AB [Signature] 1415