OHIO DEPARTMENT OF PUBLIC SAFETY EAFETY - SERVICE - PROTECTION	TRAFFIC CR	ASH REP	ORT *DENOTES M	ANDATORY FIEL	D FOR SUPPLE	MENT REPORT	L	OCAL REPORT NUI	VIBER*	
PHOTOS TAKEN OH-2 OH-3 LOCAL INFORMATION						CP2107025666				
SECONDARY CRAS			RTING AGENCY NAME*			NCIC*	HIT/SKIP 1 - SOLVED	NUMBER OF UNITS	UNIT IN ERROR 98 - ANIMAL	
COUNTY LOCALITY	PRIVATE PR	17100	on PD		L	08304	L 2 - UNSOLVED	2	1 99 - UNKNOWN	
COUNTY* LOCALITY* 1 - CITY 1 - STOWNSHIP NASON LOCATION: CITY, VILLAGE, TOWNSHIP* MASON							CRASH DATE / T 07212021 1	l	CRASH SEVERITY 1 - FATAL	
	NUMBER PREFIX 1		TION ROAD NAME		ROAD TYPE	LATITUDE DEC		☐ 2 - SERIOUS INJURY SUSPECTED		
ЭТТЕ	2 -	SOUTH EAST							3 - MINOR INJURY	
	NUMBER PREFIX 1 -	-WEST -NORTH REFE	RENCE ROAD NAME (ROAD	. MILEPOST. HO	USE #)	ROAD TYPE	39.36220 LONGITUDE DE		SUSPECTED 4 - INJURY POSSIBLE	
ROUTE TYPE ROUTE	2 - 3 -	- SOUTH - EAST Cov	Smith	. ,	•	RD .	-84,28096		5 - PROPERTY DAMAGE	
REFERENCE POINT	DIRECTION	WEST	ROUTE TYPE		ROAD TYPE			NTERSECTION RE	ONLY	
1 - INTERSECTIO	T-NOKI	H IR - INTE	RSTATE ROUTE(TP) AL	新设施,在1967年1月1日 (1967年1月)。	HW - HIGHWAY	RD - ROAD		RSECTION OR ON AF		
1 3-HOUSE #	2 - SOUT 3 - EAST 4 - WEST	. 03-7-	RI	/ - AVENUE BOULEVARD	LA - LANE MP - MILEPOST	SQ - SQUARE ST - STREET	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES			
DISTANCE FROM REFERENCE	DISTANCE	CR - NUME	SERED COUNTY ROUTE CF		OV - OVAL PK - PARKWAY	TE - TERRACE TL - TRAIL		ROADWAY		
PROW REPERENCE	UNIT OF MEASURE 1 - MILE 2 - FEET	S TR-NUME	BERED TOWNSHIP DE	"我",我们是不是一个	PI - PIKE	WA - WAY	ROADWAY DIV			
200	2 3-YARD		<u> </u>	E - HEIGHTS	PL - PLACE		KOADWAT DIV	TOED		
LOCATI 1 - ON ROAD\	ION OF FIRST HARMI	F ul event Rossover		NNER OF CRASH			DIRECTION OF TRAVE		IEDIAN TYPE	
2 - ON SHOU	LDER 10-D	RIVEWAY/ALLE	Y ACCESS BET	TWEEN 5	- BACKING		1 - NORTH 1 2 - SOUTH	(<4	DED FLUSH MEDIAN FEET)	
3 - IN MEDIA 4 - ON ROADS		AILWAY GRADE HARED USE PAT	CROSSING VE	HICLES IN 6	- ANGLE - SIDESWIPE, S	AME DIRECTION	3 - EAST 4 - WEST		DED FLUSH MEDIAN FEET)	
5 - ON GORE		RAILS IKE LANE	2 - RE/ 3 - HE/		- SIDESWIPE, 0 - OTHER / UNK	PPOSITE DIRECTION	4-8201		DED, DEPRESSED MEDIAN DED, RAISED MEDIAN	
7 - ON RAMP	14-T	OLL BOOTH		7	- OTHER TOWN	101111		(AN	Y TYPE) ER/UNKNOWN	
8 - OFF RAM	P 77-0	THER / UNKNOW					CONTOUR			
WORK ZONE REL	LATED		RK ZONE TYPE Closure		i of Crash in Before the 19	WORK ZONE ST WORK ZONE		CONDITIONS		
WORKERS PRES	SENT		SHIFT/CROSSOVER ON SHOULDER	_ 2-	WARNING SIGN ADVANCE WAR		2 1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE	
LAW ENFORCEM	MENT PRESENT L	OR ME	DIAN	1 3 3 ·	TRANSITION AF	REA	2 - STRAIGHT GRADE	2 - WET	2 - BLACKTOP,	
ACTIVE SCHOOL	. ZONE	4 - INTE	RMITTENT OR MOVING WOR R		ACTIVITY AREA TERMINATION		3 - CURVE LEVEL	3 - SNOW	BITUMINOUS, ASPHALT	
LIGH	T CONDITION		WEAT				4 - CURVE GRADE 9 - OTHER/UNKNOWN	4 - ICE 5 - SAND, MUD, DIF	3 - BRICK/BLOCK	
1 - DAYLIGHT			1-CLEAR	6 - SNOW			, ome.commown	OIL, GRAVEL	STONE	
2-DAWN/DUS 3-DARK-LI	SK GHTED ROADWAY	L	2 - CLOUDY 3 - FOG, SMOG, SMOK		CROSSWINDS SAND, SOIL, DI	IRT, SNOW		6-WATER (STAND MOVING)	יאוטיינ	
4 - DARK - ROADWAY NOT LIGHTED 4 - RAIN 9 - FREEZING RAIN OR 5 - DARK - UNKNOWN ROADWAY LIGHTING 5 - SLEET, HAIL 99 - OTHER / UNKNOW						EZING DRIZZLE		7 - SLUSH	9 - OTHER/UNKNOWN	
5 - DARK - UNKNOWN ROADWAY LIGHTING 5 - SLEET, HALL 99 - OTHER / UNKNOWN 9 - OTHER / UNKNOWN										
NARRATIVE									Indicate the north	
Unit #2 slowed in traffic southbound on SR 741										
approaching	a Cox-Smit	h Rd. Uı	nit #1 was behi	ind unit	_	T.			,,	
' '	-		ance ahead, ar		1.	<u>N</u>	1 1			
struck unit #			arroo arroad, ar	' [']						
Struck umt #	rz in the rea	aı.						sa	741	
<u>.</u>										
								Not To	Scale "	
CRASH REPORTED DATE / TIME		DISPA	TCH DATE / TIME	ARR	IVAL DATE / TI	· · · · · · · · · · · · · · · · · · ·		REPORT TAKEN BY POLICE AGENCY		
0721202			212021 1217	07	212021 122		07212021	MOTORIST		
TOTAL TIME OTHER TOTAL OFFICER'S NAME* ROADWAY CLOSED INVESTIGATION TIME MINUTES Eitzgerald Frie			CHECKED BY OFFICER'S NAME*		SUPPLEMENT					
				Fitzgerald, Eric OFFICER'S BADGE NUMBER*			A-LECT SUPPLEME CHECKED BY OFFICER'S BADGE NUMBER* SUPPLEME (CORRECTION or 10 M SISHING BROWN			
0	30	60				1043				

ONIO DEPARTMENT MOTORIST / NON-MOTORIST						LOCAL REPORT NUMBER								
								CP2107025666						
UNIT#	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDE			GENDER			
01	CULP, JUSTIN, ANDREW								09/11/2001119M			M_		
3	ADDRESS: STREET, CITY, STATE, ZIP CONTACT PHONE - INCLUDE AREA CODE													
		RUN Mason, OH 45040						I	17 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -	and the section of th				
2	INJURED I TAKEN BY	EMS AGENCY (NAME)		INJURED T	AKEN TO:	MEDICAL FACILITY	(NAME, CITY)	USED	DOT-COM	MET .	TON AIR	BAG USAGE	EJECTION	TRAPPED
0L STATE		ICENSE NUMBER		VEEENS	E CHAR	CED	LOCAL	OFFENSE DESC		WE! 1		TATION N	1	1
3	OFERATOR L.	*		OFFERS			CODE		[]			TATION NU	IMBEK	
OH_ OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP	TO 3 DRIV	/ER		.03a HOL / DRUG SUSPI	ECTED	Assured Cle		Ahead	09	3030 DRUG	TEST(S	0
or orno	SELECT UP TO 2			RACTED		.COHOL MAI		V ON DATE OF	STATUS TY	PE VALUE	STATU			T SELECT UP TO
. 4			_	11	T0	HER DRUG		1	_1	<u> </u>	1 1	_1_		اللا
UNIT#	NAME: LAST, F	FIRST, MIDDLE								DATE OF BIRTH			AGE	GENDEI
02	PATEL, KA	AUSHAL, HASMUKH							L	01/07/1993			28	<u> </u>
	STREET, CITY, ST.	ATE, ZIP							l .	HONE - INCLUDE AREA	CODE	1		1
3767 LC	ST WILLOW	V DR Mason, OH 45040							e de la grada de proposiciones de la companyone de la companyone de la companyone de la companyone de la compa	the second secon				
	INJURED I	EMS AGENCY (NAME)		INJUREDT	AKEN TO:	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-Com	SEATING POSIT	ION AIR	BAG USAGE	EJECTION	TRAPPED
5	ВУ							4	MCHEL		_ _	1	1	1 1
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENS	SE CHAR	GED	LOCAL	OFFENSE DESC	RIPTION		cr	TATION N	JMBER	
OL STATE	Water, with present the site													
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT U		VER TRACTED	-	HOL / DRUG SUSP	ECTED	CONDITION	ALC:	DHOLTEST Pe Value	STATI		RESIII	.T SELECT UP TO
			ВУ	1	=		RIJUANA				Ι.			· occess of to
4]	<u></u> от	HER DRUG		1		1	1 1			
UNIT#	NAME: LAST, F	FIRST, MIDDLE								DATE OF BIRTH			AGE	GENDE
455555	L								L					J
ADDRESS	: STREET, CITY, ST	ATE, ZIP							CONTACT	PHONE - INCLUDE ARE	A CODE			
	T								L	<u>-</u>				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJUREDT	TAKEN TO:	MEDICAL FACILITY	(NAME, CITY)	USED USED	DOT-COM		TION AIR	BAG USAGE	EJECTION	TRAPPED
	<u> </u>	ICENSE NUMBER		OFFER	T AUAD			L	<u> </u>	IVIEI	_ _		<u> </u>	1
OL STATE	UPERATOR L	ICENSE NOMBER		UFFENS	SE CHAR	GED	LOCAL	OFFENSE DESI	RIPHON		CI	TATION N	UMBER	
OL CLASS	ENDORSEMENT	RESTRICTION SELECT U	PT03 DRIV	/ED	AL CO	HOL / DRUG SUSP	FOTER	CONDITION	AL C	OHOL TEST		DRIIG	TEST(S	3
OL CLASS	SELECT UP TO 2	RESTRICTION SELECT O		TRACTED	_	-	RIJUANA	1	STATUS TY		STATU			T SELECT UP TO
L		 			ОТ	HER DRUG		l		•	_			11 11
	JRIES	SEATING POSITION		IR BAG	إلبيد	OL CLAS	S	OL RESTRIC	TION(S)	DRIVER DISTRA	CTION	ī	EST ST	ATUS
1-FATAL	SERIOUS INJURY	1 - FRONT – LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP			1 - CLASS A 2 - CLASS B		1 - ALCOHOL INTER		1 - NOT DISTRACTED 2 - MANUALLY OPERAT	TINC AN	1 - NON	E GIVEN Refused	
	MINOR INJURY	2 - FRONT - MIDDLE	3 - DEPLOYE			3 - CLASS C		3 - CORRECTIVE LI	7 THE 1	ELECTRONIC COMM	IUNICATIO	AL .	1.0	NTAMINATED
4 - POSSIBLE II		3 - FRONT - RIGHT SIDE 4 - Second - Left side		D BOTH FRO	NT / SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER		DEVICE (TEXTING, DIALING)	IYPING,	A 4	PLE/UNUS	
5 - NO APPAREI	NT INJURY	(MOTORCYCLE PASSENGER)	5 - NOT APP	LICABLE MENT UNKNO	NA/M	5 - M/C MOPED ONLY		5 - EXCEPT CLASS 6 - EXCEPT CLASS		3 - TALKING ON HANDS COMMUNICATION D		1.1	GIVEN, RE	SULTS KNOW Sults
	TAKEN BY	5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE	7 - 521 2011			6 - NO VALID OL		& CLASS B BUS		4 - TALKING ON HAND-	HELD	UNK	NOWN	
1 - NOT TRANSF /TREATED A		7 - THIRD - LEFT SIDE	EJ	ECTION		OL ENDORSE	MENT	7 - EXCEPT TRACT		COMMUNICATION D 5 - OTHER ACTIVITY W				ST TYPE
2-EMS		(MOTORCYCLE SIDE CAR) 8 - THIRD – MIDDLE	1 - NOT EJEC			H - HAZMAT		RESTRICTIONS	LIGHNOL	ELECTRONIC DEVIC		1 - NONI 2 - BLOO		
3-POLICE 9-OTHER/UNI	VNOWN	9-THIRD - RIGHT SIDE	2 - PARTIAL 3 - TOTALLY			M - MOTORCYCLE P - PASSENGER		9 - LEARNER'S PE RESTRICTIONS	RMIT	6 - PASSENGER 7 - OTHER DISTRACTION) N	3-URIN		
7-VIREK/UNI	NNUYYN	10 - SLEEPER SECTION	4 - NOT APP	in the second		N - TANKER		10 - LIMITED TO DA	LIGHT ONLY	INSIDE THE VEHICL		4 - BRE/	ATH	
	QUIPMENT	OF TRUCK CAB 11 - PASSENGER IN OTHER	7.1	DADDED		Q - MOTOR SCOOTER		11 - LIMITED TO EM		8 - OTHER DISTRACTION THE VEHICLE	N OUTSID	E 5-OTH	ER	
1 - NONE USED 2 - SHOULDER I	BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1 - NOTTRAI	R apped Pped		R - THREE-WHEEL MO S - SCHOOL BUS	OTORCYCLE	12 - LIMITED - OTH 13 - MECHANICAL D		9 - OTHER / UNKNOWN			UG TEST	TYPE
3 - LAP BELT OF	NLY USED	PICK-UP WITH CAP)	2 - EXTRICA	TED BY		T - DOUBLE & TRIPLE	TRAILERS	(SPECIAL BRAK CONTROLS, OR (ES, HAND	CONDITIO	N	1-NON		
4-SHOULDER & EAF BELL USED		MECHANICAL MEANS 3 - FREED BY X - TANKER / HAZMAT			ī	ADAPTIVE DEV	ADAPTIVE DEVICES) 1 - APPARENTLY NORMAL 3 - URINE							
FORWARD F	ACING	13 - TRAILING UNIT	NON-MEC	CHANICAL ME	EANS			14 - MILITARY VEHI 15 - MOTOR VEHICL		2 - PHYSICAL IMPAIRM 3 - EMOTIONAL (E.G., DE		4 - OTH	ER	
6 - CHILD REST REAR FACIN	RAINT SYSTEM – IG	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)						AIR BRAKES		ANGRY, DISTURBED)	RESSEU,			ESULT(S)
7 - BOOSTER SI	EAT	15 - NON-MOTORIST						16 - OUTSIDE MIRR		4 - ILLNESS 5 - FELL ASLEEP, FAIN	TFD		HETAMINES	
8 - HELMET US		99 - OTHER / UNKNOWN						18 - OTHER	i	FATIGUED, ETC.	•		BITURATES Zodiazepii	
9 - PROTECTIVI (ELBOW, KN										6 - UNDER THE INFLUE OF MEDICATIONS / D			NABINOIDS	
10 - REFLECTIVI										/ALCOHOL		5 - 0004		ne
11 - LIGHTING - / BICYCLE 0										9 - OTHER / UNKNOWN		7 - OTH	TES / OPIOI Er	י פע
99 - OTHER/UN	KNOWN												ATIVE RESU	JLTS

Ú	OHIO I OF PU BAFETY	DEPARTMENT USLIC SAFETY UNIT							L REPORT NUMBER P2107025666
8.		OWNER NAME: LAST, FIRS PATEL, KAUSHAL,	HASMUKH		OWN	ER PHONE: IKU	DE AREA (COE. (SAME AS DRIVER)		DAMAGE DAMAGE SCALE
UNIVER ADDRESS: STREET, CITY, STATE, ZIP (▼SAME AS DRIVER) 3767 LOST WILLOW DR Mason, OH 45040 1 - NONE 2 2 - MINOR								3 - FUNCTIONAL DAMAGE	
		OST WILLOW DR M CIAL CARRIER: NAME, ADDR	<u> </u>		0-		PHONE: INCLUDE AREA CODE		MAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
I '	JOHNERU	DIAL CARRIER: NAME, ADDR	.E35, 611 1, 31A1E, 21P		"	MMERGIAL GARRIER	PHONE: INCLUDE AREA CODE		AMAGED AREA(S)
_	OH ,	LICENSE PLATE # HSV6647		E IDENTIFICATION # F8AB8DR241291		VEHICLE YEA	AR VEHICLE MAKE MERZ		ATE ALL THAT APPLY
	INSURA	NCE INSURANCE COMP	ANY 1	INSURANCE POLICY #		COLOR	VEHICLE MODEL	11 12	11 12
	INSURA VERIFI	IED State	Farm	C21330D1935	<u> </u>	GRY	C300	10 11 1 2	10 11 1 2
1	—	TYPE OF USE	IN EMERGENCY	US DOT #	TOW	ED BY: COMPANY	'NAME	10 2	10 2 2
	COMME	ERCIAL GOVERNMENT	IN EMERGENCY RESPONSE	CITCLE WEIGHT COMPACEUR	J	HAZARDO	US MATERIAL	9 3 4	
	INTER DEVIC EQUIP	LOCK HIT/SKIP UNI	#UCCUPANIS	EHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS.		MATERIAL (RELEASED	LASS# PLACARD ID#	8 7 5	1 7 7 5
	- EQUIP	PED LIMITSKII OKI	` 01	2 - 10,001 - 26K LBS. 3 - >26K LBS.		PLACARD		7 6 5	12 7 6
		1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (L	IVERY VEHICLE)	23 - PEDESTRIAN / SKATER	6	11 12 6
I	. 1 .	2 - PASSENGER VAN (MINIVAN)		13 - SNOWMOBILE		+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)	10	11 1 2
i u	INIT TYPE	3 - SPORT UTILITY VEHICLE E 4 - PICK UP	9 - AUTOCYCLE 10 - Moped or Motorized	14 - SINGLE UNITTRUCK 15 - SEMI-TRACTOR	20 - OTHER	VEHICLE Equipment	25 - OTHER NON-MOTORIST 26 - Bicycle		10 2
		5 - CARGO VAN	BICYCLE	16 - FARM EQUIPMENT		. WITH RIDER OR	27 -TRAIN	\	8 11 4
		6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE	17 - MOTORHOME		-DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP	8	/ T B T 5 / 4
	0	# of TRAILING UNITS	(ATV/UTV)					12	7 6 5 12
VEHIGLE		MACAGINET ODEDATING IN A H	TONOMORE	0 - NO AUTOMATION	2 CANDIT	IONIAL AUTOMOTION	Q HAIZMAWM	11 12	6 11 12
Σ		WAS VEHICLE OPERATING IN AU MODE WHEN CRASH OCCURRED		1 - DRIVER ASSISTANCE	4 - HIGH AL	IONAL AUTOMATION JTOMATION	9 - UNKNOWN	10 11 1 2	10 11 1 2
9.	2	1-YES 2-NO 9-OTHER/UNK		O DADTIAL AUTOMATION	5 - FULL AL			10 2	10 2
-		1 NAME	MODE LEVEL		1/ 5101/		A1 M40 A40050	9 9 3	9 9 3
	1	1 - NONE 2 - Taxi	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY	11 - FIRE 12 - MILITARY	16 - FARM 17 - MOWIN	c.	21 - MAIL CARRIER 99 - OTHER / UNKNOWN	8 7 5	1 1 1 5 7
I.	SPECIAL	2 CLECTRONIC DIDE CHADING		13 - POLICE	18 - SNOW F	=	77 Officery Charles	7 6	6
F	UNCTION	N 4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14-PUBLIC UTILITY	19 - TOWING			6	6
		5 - BUS -TRANSIT/COMMUTER	10-AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY	SERVICE PATROL			12 12 12
	. 1 .	1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	R 5 - INTERMODAL CONTAINER CHASSIS	8 - POLE		12 -CONCRETE MIXER	12	
	CARGO		4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	9 - CARGO 10 - FLAT B		13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE	. 11 .	
	BODY Type			7 - GRAIN/CHIPS/GRAVEL	11-DUMP	LU	99 - OTHER / UNKNOWN		3 9 🕶 3
		1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICKTIRES	9 - MOTOR	TRÓUR! F	99 - OTHER / UNKNOWN		
	VEHICLE	2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT	10-DISABL	ED FROM PRIOR	77 Officially official office	6	
	DEFECTS	3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE	ACCIDE	NT		П не вамае	[0] -UNDERCARRIAGE [14]
	-	1 - INTERSECTION - MARKED	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN	/CROSSING ISLAND	12-FIRST RESPONDER	- NO DAMAGE	[0]UNDERCARRIAGE [14]
١,	L	CROSSWALK	4 - MIDBLOCK - MARKED	7 - SHOULDER / ROADSIDE	10-DRIVEV		AT INCIDENT SCENE	□-TOP [13]	- ALL AREAS [15]
	LOCATION	2 - INTERSECTION – UNMARKED CROSSWALK	CROSSWALK 5 -TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11-SHARE TRAILS	D USE PATHS OR	99 - OTHER / UNKNOWN	∏-UN	IT NOT AT SCENE [16]
H	AT IMPACT						10. ADDRAGUING		
		1 - NON-CONTACT 2 - NON-COLLISION	1 - STRAIGHT AHEAD 2 - BACKING	7 - MAKING U-TURN 8 - Entering traffic lane		IATING A CURVE Ing or crossing	18-APPROACHING Or Leaving Vehicle		AL POINT OF CONTACT
	4	3-STRIKING 11	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	SPECIF	IED LOCATION	19-STANDING	0 - NO DAMA	
ı	ACTION	4 - STRUCK PRE-CRASH	4 - OVERTAKING/PASSING	10 - PARKED		NG, RUNNING, IG, PLAYING	20 - OTHER NON-MOTORIST	6 1-12 - REFEI	RTO UNIT 15 - VEHICLE NOT AT SCENE RAM 99 - UNKNOWN
		5 - BOTH STRIKING ACTIONS & STRUCK	5 - MAKING RIGHTTURN 6 - MAKING LEFTTURN	11 - SLOWING OR STOPPED In traffic	16 - WORKI	•	21 - STANDING OUTSIDE DISABLED VEHICLE	13-TOP	77 - GIVINOWIA
		9-OTHER/UNKNOWN	0 - MAKING LEFT FURN	12 - DRIVERLESS	17 - PUSHIY	IG VEHICLE	99-OTHER/UNKNOWN		TRAFFIC
		1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A	17 - VISION	OBSTRUCTION	21 - LYING IN ROADWAY	TRAFFICWAY FLOW	TRAFFIC CONTROL
		2 - FAILURE TO YIELD	8-FOLLOWING TOO CLOSE / AC	DA PARKED POSITION 14 - STOPPED OR PARKED		TING DEFECTIVE	22 - NOT DISCERNIBLE	1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN
	1	3 - RAN RED LIGHT 4 - RAN STOP SIGN	9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING	ILLEGALLY	EQUIPM 19 - LOAD S	HIFTING/FALLING/	23 - OPENING DOOR INTO ROADWAY	1 2 1 ^{2 - TWO-WAY}	6 2-SIGNAL 5-YIELD SIGN
	ONTRIBUTIN	4 - KAN STUP SIGN IG 5 - UNSAFE SPEED	11 - DROVE OFF ROAD	15 - SWERVING TO AVOID	SPILLI	NG	99 - OTHER IMPROPER ACTION	***************************************	3 - FLASHER 6 - NO CONTROL
	IKCUM STANCE	6 - IMPROPER TURN	12 - IMPROPER BACKING	16 - WRONG WAY	20 - IMPRO	PER CROSSING		# of THROUGH LANES	RAIL GRADE CROSSING
EVENTIES	EQUENC	E OF EVENTS						ON ROAD	1 - NOT INVOLVED
Œ.		1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	EVENTS 11 - CROSS CENTERLINE —	16 - RAILWA	WVEHALE	22 - WORK ZONE MAINTENANCE	_2_	2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
1	. 20	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	OPPOSITE DIRECTION OF	17 - ANIMA		EQUIPMENT		
H		3 - IMMERSION	8 - RAN OFF ROAD RIGHT	TRAVEL 12 - DOWNHILL RUNAWAY	18-ANIMA		23 - STRUCK BY FALLING, SHIFTING CARGO OR	UNIT/N	ON-MOTORIST DIRECTION
2	!	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	13 - OTHER NON-COLLISION	19 - ANIMAL — OTHER 20 - MOTOR VEHICLE IN		ANYTHING SET IN MOTION		1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST
		5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	14 - PEDESTRIAN	TRANS	PORT	BY A MOTOR VEHICLE 24 - Other Movable object	FROM 1 TO L	
3	· L	1	0011707	15-PEDALCYCLE		D MOTOR VEHICLE			4 - WEST 8 - SOUTHWEST
		25 - IMPACT ATTENUATOR	COLLISIO 31-GUARDRAILEND	ON WITH FIXED OBJEC 37-Traffic Sign Post	T - STR! 43-CURB	UGK	50 - WORK ZONE MAINTENANCE		9 - OTHER / UNKNOWN
4	I	/ CRASH CUSHION	32 - PORTABLE BARRIER	38-OVERHEAD SIGN POST	44 - DITCH		EQUIPMENT	UNIT SPEED	DETECTED SPEED
		26 - BRIDGE OVERHEAD STRUCTURE	33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL	39 - LIGHT / LUMINARIES Support	45 - EMBAN 46 - FENCE		51 - WALL 52 - BUILDING	40	1 - STATED / ESTIMATED SPEED
	٠	27 - BRIDGE PIER OR ABUTMENT	BARRIER	40 - UTILITY POLE	47 - MAILB		53 - TUNNEL	10	2 - CALCULATED / EDR
i .	:1	28 - BRIDGE PARAPET 29 - BRIDGE RAIL	35 - MEDIAN CONCRETE Barrier	41 - OTHER POST, POLE OR SUPPORT	48 - TREE		54 - OTHER FIXED OBJECT	POSTED SPEED	3 - UNDETERMINED
ľ		30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	49 - FIRE H	YDRANT	99 - OTHER / UNKNOWN		

45

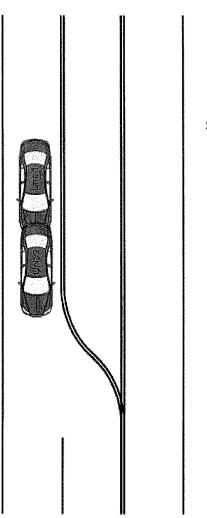
__ FIRST HARMFUL EVENT ______ MOST HARMFUL EVENT



OHIO TRAFFIC CRASH REPORT DIAGRAM / NARRATIVE CONTINUATION

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
CP2107025666	Mason PD	м 07 [D 21 [Y 2021
IN COUNTY OF	CRASH LOCATION	
Warren	SR 741 @ Cox-Smith Road	





SR 741

Not To Scale

OFFICER'S SIGNATURE

X Fitzgerald, Eric

BADGE NUMBER 1C37



TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER	REPORTING AGENCY		A TOTAL COMMISSION OF THE PARTY
21 07 25666	MAJEN POLICE	, -D	ATE OF CRASH
	TO TOUT LE	MC	lool you

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

TO THE GIATE EXOLFT FOR PATAL CRASHES	
I, Justin Culo HEREBY MAKE THIS VOLUNTARY STATEMENT TO	
FITZGERALD AT 791 COX-Smith Ad OFFICER'S NAME LOCATION	
Q: WHAT HAPPENED?	
A: Traffic was backed up, Cars started to Move if front of me, put my foot on the gas, and didn't Stop in time and rear ended the corr in front	
front of me, put my food on the gas, and didn't	
Stop in time and rear ended the cow in front	
of mc.	
A-0	
DI ARE YOU OR ANYONE IN YOUR VEHICLE INTURES? A! NO	
a: Where you weapone your segratest? A: VES	
DI HOW FAST WEEK YOU TEAVELLING ? A: 104 Mp	
D' WHAT OLDGEFLOW WARE TOU TRAVELLE FRATURES ON? A! NO	
The state and the state of the	
Q: WERE YOU N? A: Single LUNC	
ADDRESS OF WITNESS CASON OF COSMERC RUN SIGNATURE OF WITNESS SIGNATURE OF WITNESS PHONE	
SIGNATURE OF WITNESS X OFFICER'S SIGNATURE X	are made
W' VIIV	

HSY 7003 4/15 [760-1500]



TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF OPACH
2107-752-64	MASON POLICE	M 57 D 21 V

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l,PRINTED	HEREBY MAKE THIS VOLUNTARY STATEMENT TO
FITZGERALA OFFICER'S NAME	AT Seur LOCATION
D: WHAT MAPPENED?	
A: I was on my to	work, heading towards 71 south.
Kid who crossed into me	was riding my button
from bethany, cars have	been Suddenly Stopping at
This light by cox-smit	h rd + 741 intersection.
I Stopped, but he cross	The part
Wan I asked why lo	in the second of
wevi - asked why he	was riding so close.
DI ARE YOU OR ANYONE IN YOUR VEHILLE INTURED?	A: I hit my face on the Steering wheel
a: WERE YOU WEAPING YOUR SEGTORIT? A: YO	5
O: HON FAST WEEK YOU TEAVELLING? A: belo	on Tuby 10 mph, rolling.
O' OID YOU MAVE ANT DRIVER ASSISTANCE FRATURE	
D' WHAT DIRECTION WARE TOU TRAVELLING? A	: South east towards 71 knoger
a: WHAT LANE WERE YOU IN? A: SINGLE	lane Construction
ADDRESS OF WITNESS	ANYMINE? A! VO
SIGNATURE OF WITNESS	OFFICER'S SIGNATURE
X / 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	X