

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

|  |   |   |  |   |                                     |   |                      |   |   |  |
|--|---|---|--|---|-------------------------------------|---|----------------------|---|---|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH |   | <input checked="" type="checkbox"/> OH-2<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> PRIVATE PROPERTY | <input checked="" type="checkbox"/> OH-3<br><input type="checkbox"/> OTHER | LOCAL INFORMATION<br>REPORTING AGENCY NAME*<br>Mason PD |                                     | NCIC*<br>08304                          |                      | CP2107025999  |   |  |
| COUNTY*<br>83  | LOCALITY*<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br>1 | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Mason   |  |   | CRASH DATE / TIME*<br>07222021 1724 |   | NUMBER OF UNITS<br>3 |   | UNIT IN ERROR<br>98 - ANIMAL<br>99 - UNKNOWN<br>3 |  |
| ROUTE TYPE<br>ROUTE NUMBER<br>PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST          |   | LOCATION ROAD NAME<br>Mason Montgomery  |  | ROAD TYPE<br>RD   |                                     | LATITUDE DECIMAL DEGREES<br>39.354531   |                      | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY<br>4 |   |  |
| ROUTE TYPE<br>ROUTE NUMBER<br>PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST          |   | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>Foxfield   |  | ROAD TYPE<br>DR   |                                     | LONGITUDE DECIMAL DEGREES<br>-84.309404 |                      |   |   |  |

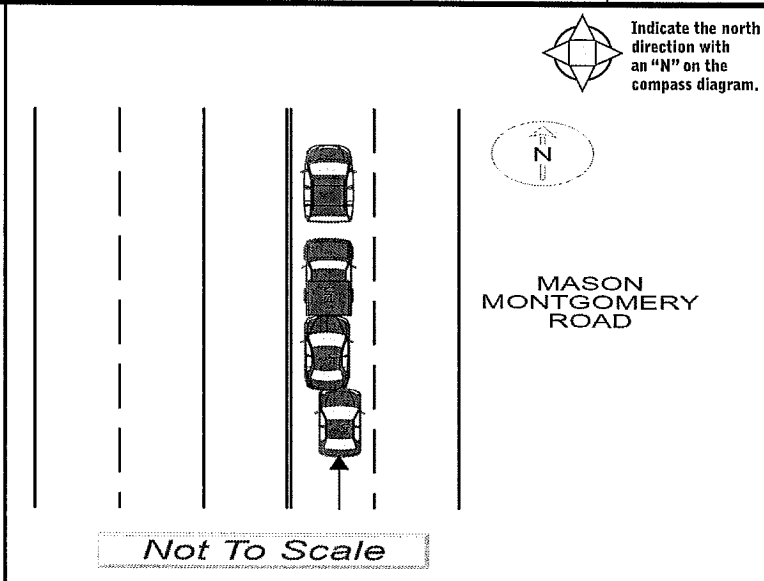
|  |  |   |  |  |  |  |  |  |  |  |  |
|--|--|---|--|--|--|--|--|--|--|--|--|
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br>1 |  | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>1 |  | ROUTE TYPE<br>IR - INTERSTATE ROUTE(TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE |  | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY |  | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES<br>ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED |  |  |  |
| DISTANCE FROM REFERENCE<br>300   |  | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS<br>2             |  |  |  |  |  |  |  |  |  |

|  |  |   |  |   |  |   |  |  |  |  |
|--|--|---|--|---|--|---|--|--|--|--|
| LOCATION OF FIRST HARMFUL EVENT<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP<br>1 |  | 9 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12 - SHARED USE PATHS OR TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER / UNKNOWN<br>2 |  | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN |  | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST |  | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (≥4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN |  |  |
|--|--|---|--|---|--|---|--|--|--|--|

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

|   |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|
| LIGHT CONDITION<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN<br>1 |  | WEATHER<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN<br>1 |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|

NARRATIVE  
 Units #1, #2 and #3 were northbound on Mason Montgomery Rd. Units #1 and #2 were stopped in traffic when #3 struck #2 from behind. Unit #2 was pushed into #1.



|   |  |                                       |  |                                      |  |  |  |   |  |  |  |
|---|--|---------------------------------------|--|--------------------------------------|--|--|--|---|--|--|--|
| CRASH REPORTED DATE / TIME<br>07222021 1725   |  | DISPATCH DATE / TIME<br>07222021 1725 |  | ARRIVAL DATE / TIME<br>07222021 1725 |  | SCENE CLEARED DATE / TIME<br>07222021 1807 |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST |  |  |  |
| TOTAL TIME ROADWAY CLOSED<br>35   |  | OTHER INVESTIGATION TIME<br>30        |  | TOTAL MINUTES<br>72                  |  | OFFICER'S NAME*<br>Bryant, Kevin           |  | CHECKED BY OFFICER'S NAME*<br>WALKER  |  |  |  |
|   |  |                                       |  | OFFICER'S BADGE NUMBER*<br>1C55      |  |  |  | CHECKED BY OFFICER'S BADGE NUMBER*<br>1043  |  |  |  |
| <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS) |  |                                       |  |                                      |  |  |  |   |  |  |  |



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
CP2107025999

|   |  |                            |   |  |   |                          |                        |                          |                          |                        |                                    |
|---|--|----------------------------|---|--|---|--------------------------|------------------------|--------------------------|--------------------------|------------------------|------------------------------------|
| UNIT #<br>03  | NAME: LAST, FIRST, MIDDLE<br>SEXTON, AUSTIN, MARIE |                            |   |  | DATE OF BIRTH<br>06/05/2002                         | AGE<br>19                | GENDER<br>F            |                          |                          |                        |                                    |
| ADDRESS: STREET, CITY, STATE, ZIP<br>22 Shadow Lake Mason, OH 45040 |  |                            |   |  | CONTACT PHONE - INCLUDE AREA CODE<br>[REDACTED]     |                          |                        |                          |                          |                        |                                    |
| INJURIES<br>5   | INJURED TAKEN BY<br>1                              | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>4   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET    | SEATING POSITION<br>1    | AIR BAG USAGE<br>1     | EJECTION<br>1            | TRAPPED<br>1             |                        |                                    |
| OL STATE<br>OH  | OPERATOR LICENSE NUMBER                            |                            | OFFENSE CHARGED<br>333.03a                      | LOCAL CODE<br><input checked="" type="checkbox"/>  | OFFENSE DESCRIPTION<br>Assured Clear Distance Ahead |                          |                        | CITATION NUMBER<br>92966 |                          |                        |                                    |
| OL CLASS<br>4   | ENDORSEMENT SELECT UP TO 2                         | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY<br>1                       | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>1                                      | ALCOHOL TEST STATUS<br>1 | ALCOHOL TEST TYPE<br>1 | ALCOHOL TEST VALUE       | DRUG TEST(S) STATUS<br>1 | DRUG TEST(S) TYPE<br>1 | DRUG TEST(S) RESULT SELECT UP TO 4 |

|   |   |                            |   |  |  |                          |                        |                    |                          |                        |                                    |
|---|---|----------------------------|---|--|--|--------------------------|------------------------|--------------------|--------------------------|------------------------|------------------------------------|
| UNIT #<br>02  | NAME: LAST, FIRST, MIDDLE<br>KIFFLE, DEREJE |                            |   |  | DATE OF BIRTH<br>05/18/1966                      | AGE<br>55                | GENDER<br>M            |                    |                          |                        |                                    |
| ADDRESS: STREET, CITY, STATE, ZIP<br>7054 HUNTERS MOON CT Fairfield Twp, OH 45011 |   |                            |   |  | CONTACT PHONE - INCLUDE AREA CODE<br>[REDACTED]  |                          |                        |                    |                          |                        |                                    |
| INJURIES<br>4   | INJURED TAKEN BY<br>1                       | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>4   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>1    | AIR BAG USAGE<br>1     | EJECTION<br>1      | TRAPPED<br>1             |                        |                                    |
| OL STATE<br>OH  | OPERATOR LICENSE NUMBER                     |                            | OFFENSE CHARGED                                 | LOCAL CODE<br><input type="checkbox"/>   | OFFENSE DESCRIPTION                              |                          |                        | CITATION NUMBER    |                          |                        |                                    |
| OL CLASS<br>4   | ENDORSEMENT SELECT UP TO 2                  | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY<br>1                       | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>1                                   | ALCOHOL TEST STATUS<br>1 | ALCOHOL TEST TYPE<br>1 | ALCOHOL TEST VALUE | DRUG TEST(S) STATUS<br>1 | DRUG TEST(S) TYPE<br>1 | DRUG TEST(S) RESULT SELECT UP TO 4 |

|   |  |                            |   |  |  |                          |                        |                    |                          |                        |                                    |
|---|--|----------------------------|---|--|--|--------------------------|------------------------|--------------------|--------------------------|------------------------|------------------------------------|
| UNIT #<br>01  | NAME: LAST, FIRST, MIDDLE<br>KLINE, LOGAN, P |                            |   |  | DATE OF BIRTH<br>12/12/1980                      | AGE<br>40                | GENDER<br>M            |                    |                          |                        |                                    |
| ADDRESS: STREET, CITY, STATE, ZIP<br>4126 LORA AVE Cincinnati, OH 45211 |  |                            |   |  | CONTACT PHONE - INCLUDE AREA CODE<br>[REDACTED]  |                          |                        |                    |                          |                        |                                    |
| INJURIES<br>5   | INJURED TAKEN BY<br>1                        | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>4   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>1    | AIR BAG USAGE<br>1     | EJECTION<br>1      | TRAPPED<br>1             |                        |                                    |
| OL STATE<br>OH  | OPERATOR LICENSE NUMBER                      |                            | OFFENSE CHARGED                                 | LOCAL CODE<br><input type="checkbox"/>   | OFFENSE DESCRIPTION                              |                          |                        | CITATION NUMBER    |                          |                        |                                    |
| OL CLASS<br>4   | ENDORSEMENT SELECT UP TO 2                   | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY<br>1                       | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>1                                   | ALCOHOL TEST STATUS<br>1 | ALCOHOL TEST TYPE<br>1 | ALCOHOL TEST VALUE | DRUG TEST(S) STATUS<br>1 | DRUG TEST(S) TYPE<br>1 | DRUG TEST(S) RESULT SELECT UP TO 4 |

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

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

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☑ SAME AS DRIVER)  
 4126 LORA AVE Cincinnati, OH 45211

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

**DAMAGE**

**DAMAGE SCALE**

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

2

**VEHICLE**

LP STATE OH LICENSE PLATE # GRX3092 VEHICLE IDENTIFICATION # 1GCVKREC1JZ321159 VEHICLE YEAR 2018 VEHICLE MAKE CHEV

INSURANCE VERIFIED  INSURANCE COMPANY Progressive INSURANCE POLICY # 60202858 COLOR WHI VEHICLE MODEL Silverado

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_

HAZARDOUS MATERIAL:  MATERIAL RELEASED  PLACARD CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_

VEHICLE WEIGHT GVWR/GCWR: 1 - ≤10K LBS., 2 - 10,001 - 26K LBS., 3 - >26K LBS.

UNIT TYPE: 4

# OF TRAILING UNITS: 0

**DAMAGED AREA(S)**  
 INDICATE ALL THAT APPLY

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

AUTONOMOUS MODE LEVEL: 0

SPECIAL FUNCTION: 1

CARGO BODY TYPE: 1

VEHICLE DEFECTS: 1

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

NON-MOTORIST LOCATION AT IMPACT: 1

INITIAL POINT OF CONTACT: 6

ACTION: 4

PRE-CRASH ACTIONS: 11

TRAFFICWAY FLOW: 2

TRAFFIC CONTROL: 6

CONTRIBUTING CIRCUMSTANCES: 1

SEQUENCE OF EVENTS: 1

# OF THROUGH LANES ON ROAD: 4

RAIL GRADE CROSSING: 1

EVENTS: 20

COLLISION WITH FIXED OBJECT - STRUCK: 1

UNIT / NON-MOTORIST DIRECTION: FROM 2 TO 1

UNIT SPEED: 0

POSTED SPEED: 35

FIRST HARMFUL EVENT: 1 MOST HARMFUL EVENT: 1

DETECTED SPEED: 1

**OWNER**

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE (☑ SAME AS DRIVER)  
KIFFLE, DEREJE

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

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☑ SAME AS DRIVER)  
7054 HUNTERS MOON CT Fairfield Twp, OH 45011

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
[REDACTED]

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE  
[REDACTED]

**VEHICLE**

LP STATE OH LICENSE PLATE # JFZ4088 VEHICLE IDENTIFICATION # WBAWC33598PD09852 VEHICLE YEAR 2008 VEHICLE MAKE BMW

INSURANCE VERIFIED  INSURANCE COMPANY Allstate INSURANCE POLICY # 826297347 COLOR DBL VEHICLE MODEL 328i

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

US DOT # [REDACTED] TOWED BY: COMPANY NAME [REDACTED]

HAZARDOUS MATERIAL:  MATERIAL RELEASED  PLACARD CLASS # [REDACTED] PLACARD ID # [REDACTED]

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

UNIT TYPE: 1 1 - PASSENGER CAR, 2 - PASSENGER VAN (MINIVAN), 3 - SPORT UTILITY VEHICLE, 4 - PICK UP, 5 - CARGO VAN, 6 - VAN (9-15 SEATS), 7 - MOTORCYCLE 2-WHEELED, 8 - MOTORCYCLE 3-WHEELED, 9 - AUTOCYCLE, 10 - MOPED OR MOTORIZED BICYCLE, 11 - ALL TERRAIN VEHICLE (ATV / UTV), 12 - GOLF CART, 13 - SNOWMOBILE, 14 - SINGLE UNIT TRUCK, 15 - SEMI-TRACTOR, 16 - FARM EQUIPMENT, 17 - MOTORHOME, 18 - LIMO (LIVERY VEHICLE), 19 - BUS (16+ PASSENGERS), 20 - OTHER VEHICLE, 21 - HEAVY EQUIPMENT, 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE, 23 - PEDESTRIAN / SKATER, 24 - WHEELCHAIR (ANY TYPE), 25 - OTHER NON-MOTORIST, 26 - BICYCLE, 27 - TRAIN, 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, 12 - MILITARY, 13 - POLICE, 14 - PUBLIC UTILITY, 15 - CONSTRUCTION EQUIPMENT, 16 - FARM, 17 - MOVING, 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 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 [REDACTED] 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 5 1 - NON-CONTACT, 2 - NON-COLLISION, 3 - STRIKING, 4 - STRUCK, 5 - BOTH STRIKING & STRUCK, 9 - OTHER / UNKNOWN, 11 - PRE-CRASH ACTIONS, 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, 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

1 1 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

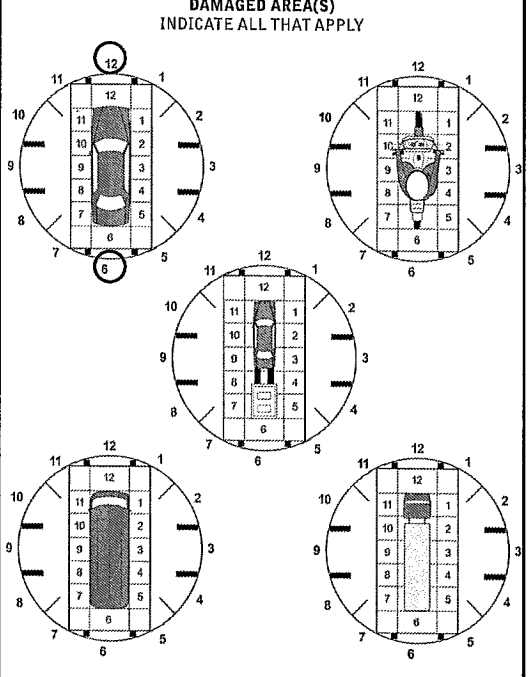
LOCAL REPORT NUMBER  
CP2107025999

**DAMAGE**

DAMAGE SCALE

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

3



INITIAL POINT OF CONTACT

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

6

TRAFFIC

TRAFFICWAY FLOW: 2 1 - ONE-WAY, 2 - TWO-WAY

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

# of THROUGH LANES ON ROAD: 4

RAIL GRADE CROSSING: 1 1 - NOT INVOLVED, 2 - INVOLVED-ACTIVE CROSSING, 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

FROM 2 TO 1

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

**OWNER**

UNIT # 03 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)  
**SEXTON, AUSTIN, MARIE**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)  
**22 Shadow Lake Mason, OH 45040**

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

LP STATE OH LICENSE PLATE # JEF3840 VEHICLE IDENTIFICATION # 4T1BG22K21U799462 VEHICLE YEAR 2001 VEHICLE MAKE TOYT

INSURANCE VERIFIED INSURANCE COMPANY Geico INSURANCE POLICY # 6058768380 COLOR WHI VEHICLE MODEL Camry

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  
Case Towing

MATERIAL RELEASED CLASS # PLACARD ID #  
 PLACARD

UNIT TYPE 1

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

# 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 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

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

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 3

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 8

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  
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 STRUCTURE 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

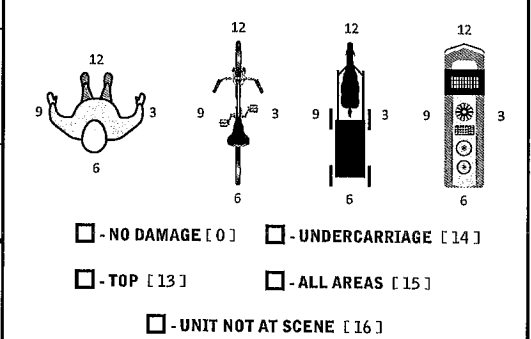
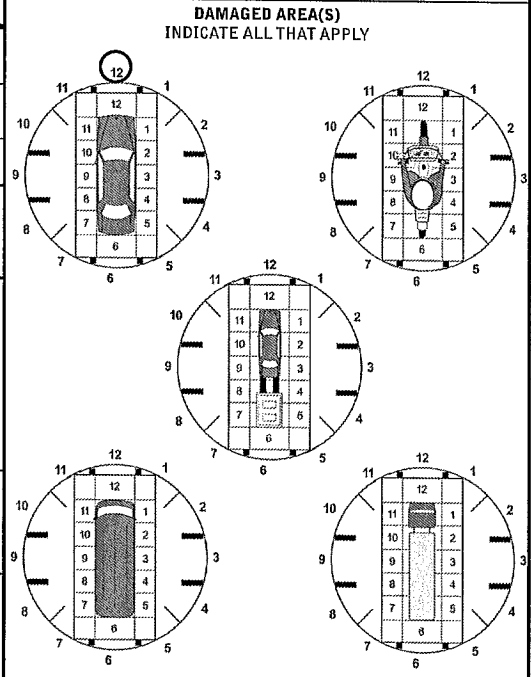
FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

**DAMAGE**

DAMAGE SCALE

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

4



INITIAL POINT OF CONTACT

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

12

TRAFFIC

TRAFFICWAY FLOW 2

1 - ONE-WAY 2 - TWO-WAY

TRAFFIC CONTROL 6

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

# OF THROUGH LANES ON ROAD 4

RAIL GRADE CROSSING 1

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

UNIT / NON-MOTORIST DIRECTION

FROM 2 TO 1

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

UNIT SPEED 30

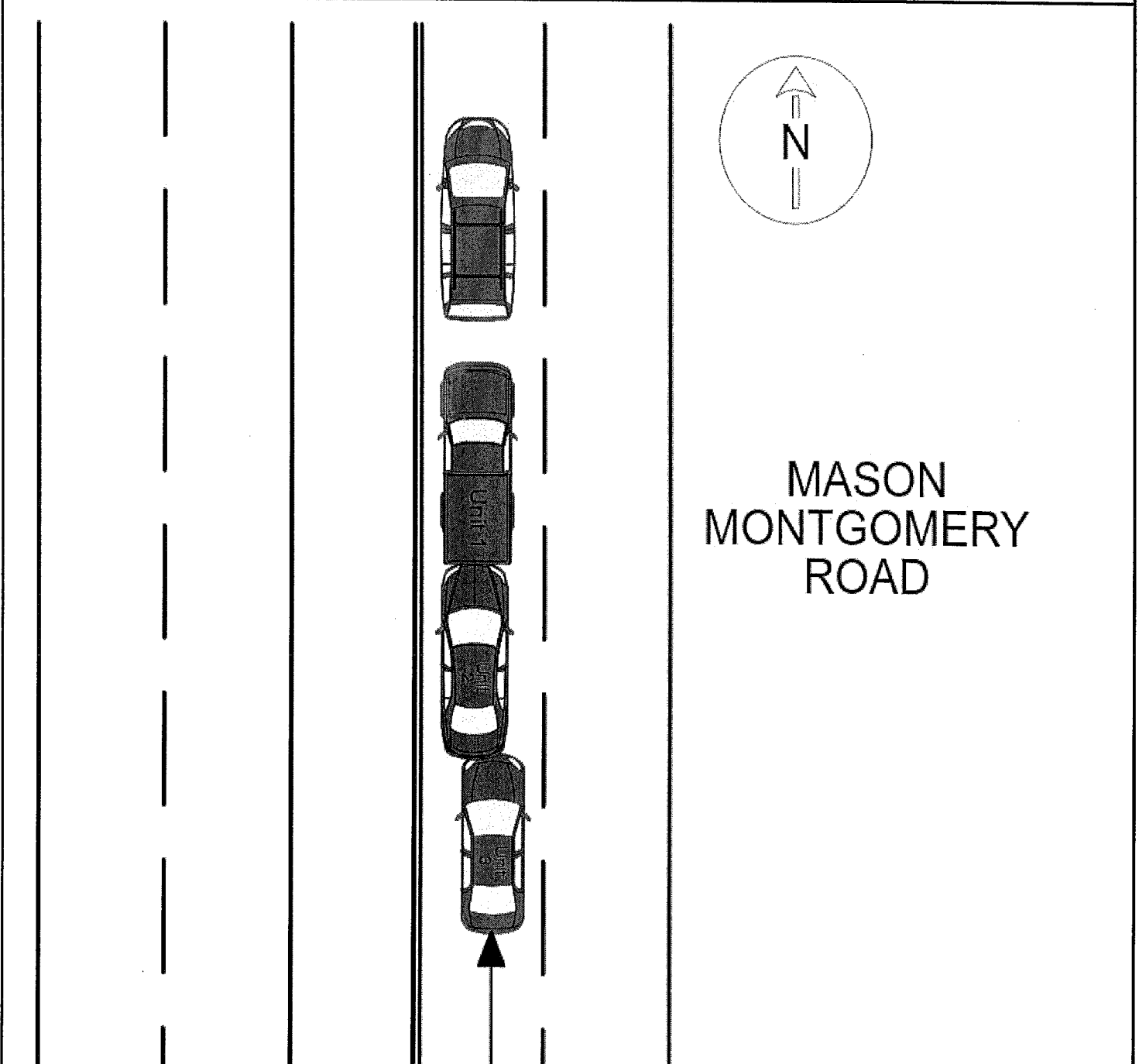
POSTED SPEED 35

DETECTED SPEED 1

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



|                                     |  |                                       |
|-------------------------------------|--|---------------------------------------|
| LOCAL REPORT NUMBER<br>CP2107025999 | REPORTING AGENCY<br>Mason PD                             | DATE OF CRASH<br>M 07   D 22   Y 2021 |
| IN COUNTY OF<br>Warren              | CRASH LOCATION<br>Mason Montgomery Road @ Foxfield Drive |                                       |



*Not To Scale*

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



|   |   |  |
|---|---|--|
| LOCAL REPORT NUMBER<br><b>CP2107 025999</b> | REPORTING AGENCY<br><b>MASON POLICE</b> | DATE OF CRASH<br>M <b>07</b>   D <b>22</b>   Y <b>21</b> |
|---|---|--|

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

I, **RODRIGO KIFFLE** HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

**P.O. K. S. BRYANT** AT **CRASH SCENE**  
OFFICER'S NAME LOCATION

Driving on Mason Montgomery Rd - The truck In front of me stopped I stepped on my brakes and came to a complete stop. But the car behind me failed to stop and hit me hard almost hitting the car in front of me.

- Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED? **I am shook up a bit**
- Q. WERE YOU WEARING YOUR SEAT BELT? **Yes**
- Q. WHAT DIRECTION WERE YOU GOING? **on Mason Montgomery Rd**
- Q. WHAT WAS YOUR SPEED? **may have been 35 mph** **KB**
- Q. WERE YOU USING A CELL PHONE AT THE TIME OF THE CRASH? **NO**

ADDRESS OF WITNESS \_\_\_\_\_

SIGNATURE OF WITNESS **X**

OFFICER'S SIGNATURE **X P.O. K. S. BRYANT**



|  |   |                                  |
|--|---|----------------------------------|
| LOCAL REPORT NUMBER<br><b>CP2107025999</b> | REPORTING AGENCY<br><b>MASON POLICE</b> | DATE OF CRASH<br><b>07/22/21</b> |
|--|---|----------------------------------|

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

I, **Austin Sexton** HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

**P.O. K. S. BRYANT** AT **mason**  
OFFICER'S NAME LOCATION

I was coming through the light <sup>with</sup> ~~and~~ my dog and the ~~gentle~~ man in front of me slammed on his breaks and I tried to stop but I couldn't fast enough. No body is injured, I was wearing my seat belt. I was going toward my home. 30 mph was my speed. I was not using my phone.

Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED? **NO**

Q. WERE YOU WEARING YOUR SEAT BELT? **YES**

Q. WHAT DIRECTION WERE YOU GOING? **NORTH**

Q. WHAT WAS YOUR SPEED? **30**

Q. WERE YOU USING A CELL PHONE AT THE TIME OF THE CRASH? **NO**

ADDRESS OF WITNESS \_\_\_\_\_

SIGNATURE OF WITNESS **X** **Austin Sexton**

OFFICER'S SIGNATURE **X** **P.O. K. S. Bryant**

PHONE **[REDACTED]**