

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

|  |   |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| <input checked="" type="checkbox"/> PHOTOSTAKEN<br><input type="checkbox"/> SECONDARY CRASH<br><input type="checkbox"/> PRIVATE PROPERTY   |   | LOCAL INFORMATION<br>REPORTING AGENCY NAME*<br>Mason PD  |  | NCIC*<br>08304   |  | LOCAL REPORT NUMBER*<br>CP2103008142   |  |
|  |   | OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/><br>OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/>   |  | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED   |  | NUMBER OF UNITS<br>2   |  |
| 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>03232021 0716  |  | 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>5  |  |
| ROUTE TYPE<br>ROUTE NUMBER<br>PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   |   | LOCATION ROAD NAME<br>Socialville Fosters  |  | ROAD TYPE<br>RD  |  | LATITUDE DECIMAL DEGREES<br>39.322667  |  |
| ROUTE TYPE<br>ROUTE NUMBER<br>PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   |   | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>4920  |  | ROAD TYPE  |  | LONGITUDE DECIMAL DEGREES<br>-84.312555  |  |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br>3   |   | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   |  | 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 |  |
| DISTANCE FROM REFERENCE<br>3   |   | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS   |  | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES  |  | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED  |  |
| 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<br>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 |   | 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<br>6 |  | 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>1<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/UNKNOWN  |  |
| 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>2  |   | 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>2                                     |  | CONDITIONS<br>1<br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN   |  | SURFACE<br>2<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/UNKNOWN   |  |
| NARRATIVE<br>Unit #2 was westbound on Socialville Fosters Rd in the right lane. Unit #1 was eastbound on Socialville Fosters Rd, failed to yield to unit #2, turned left to enter 4920 Socialville Fosters Rd, and struck unit #2.   |   |  |  | Diagram showing Socialville Fosters Rd with a north arrow and a vehicle icon. A north arrow is present with the letter 'N'. A compass diagram is also shown with the instruction "Indicate the north direction with an 'N' on the compass diagram." The diagram shows a road layout with a vehicle icon positioned at the intersection of Socialville Fosters Rd and a road labeled "4920". The diagram is labeled "Not To Scale". |  |  |  |
| CRASH REPORTED DATE / TIME<br>03232021 0717  |   | DISPATCH DATE / TIME<br>03232021 0718  |  | ARRIVAL DATE / TIME<br>03232021 0724   |  | SCENE CLEARED DATE / TIME<br>03232021 0801   |  |
| TOTAL TIME ROADWAY CLOSED<br>OTHER INVESTIGATION TIME  |   | TOTAL MINUTES<br>43  |  | OFFICER'S NAME*<br>Fitzgerald, Eric  |  | CHECKED BY OFFICER'S NAME*<br>WALTER   |  |
|  |   | OFFICER'S BADGE NUMBER*<br>1C37  |  | CHECKED BY OFFICER'S BADGE NUMBER*<br>1C43   |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO COPS)   |  |

# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
CP2103008142

**UNIT #** 01 **NAME: LAST, FIRST, MIDDLE** STRUNK, LOGAN, GABRIEL  
**ADDRESS: STREET, CITY, STATE, ZIP** 6642 FALLING LEAVES CT Mason, OH 45040  
**DATE OF BIRTH** 05/03/2004 **AGE** 16 **GENDER** M  
**CONTACT PHONE - INCLUDE AREA CODE** [REDACTED]  
**INJURIES** 5 **INJURED TAKEN BY** [REDACTED] **EMS AGENCY (NAME)** [REDACTED] **INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)** [REDACTED] **SAFETY EQUIPMENT USED** 4 **DOT-COMPLIANT MC HELMET** [REDACTED] **SEATING POSITION** 1 **AIR BAG USAGE** 1 **EJECTION** 1 **TRAPPED** 1  
**OL STATE** [REDACTED] **OPERATOR LICENSE NUMBER** [REDACTED] **OFFENSE CHARGED** 4511.42 **LOCAL CODE** [REDACTED] **OFFENSE DESCRIPTION** Right-of-Way when Turning Left **CITATION NUMBER** 092746  
**OL CLASS** 4 **ENDORSEMENT** [REDACTED] **RESTRICTION SELECT UP TO 3** [REDACTED] **DRIVER DISTRACTED BY** 1 **ALCOHOL / DRUG SUSPECTED** [REDACTED] **CONDITION** 1 **ALCOHOL TEST** STATUS 1 TYPE 1 VALUE [REDACTED] **DRUG TEST(S)** STATUS 1 TYPE 1 RESULT SELECT UP TO 4 [REDACTED]

**UNIT #** 02 **NAME: LAST, FIRST, MIDDLE** HORTON, ANNA, MARIA  
**ADDRESS: STREET, CITY, STATE, ZIP** 9641 SHORE DR Loveland, OH 45140  
**DATE OF BIRTH** 12/10/1982 **AGE** 38 **GENDER** F  
**CONTACT PHONE - INCLUDE AREA CODE** [REDACTED]  
**INJURIES** 5 **INJURED TAKEN BY** [REDACTED] **EMS AGENCY (NAME)** [REDACTED] **INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)** [REDACTED] **SAFETY EQUIPMENT USED** 4 **DOT-COMPLIANT MC HELMET** [REDACTED] **SEATING POSITION** 1 **AIR BAG USAGE** 1 **EJECTION** 1 **TRAPPED** 1  
**OL STATE** [REDACTED] **OPERATOR LICENSE NUMBER** [REDACTED] **OFFENSE CHARGED** [REDACTED] **LOCAL CODE** [REDACTED] **OFFENSE DESCRIPTION** [REDACTED] **CITATION NUMBER** [REDACTED]  
**OL CLASS** 4 **ENDORSEMENT** [REDACTED] **RESTRICTION SELECT UP TO 3** [REDACTED] **DRIVER DISTRACTED BY** 1 **ALCOHOL / DRUG SUSPECTED** [REDACTED] **CONDITION** 1 **ALCOHOL TEST** STATUS 1 TYPE 1 VALUE [REDACTED] **DRUG TEST(S)** STATUS 1 TYPE 1 RESULT SELECT UP TO 4 [REDACTED]

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

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

**OWNER**

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER )  
 STRUNK, DONALD, C

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
 6642 FALLING LEAVES CT Mason, OH 45040

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 # HZZ4191 VEHICLE IDENTIFICATION # 5NPD84FL2LH552009 VEHICLE YEAR 2020 VEHICLE MAKE HYUN

INSURANCE VERIFIED INSURANCE COMPANY Liberty Mutual INSURANCE POLICY # AOV281485447401 COLOR SIL VEHICLE MODEL Elantra

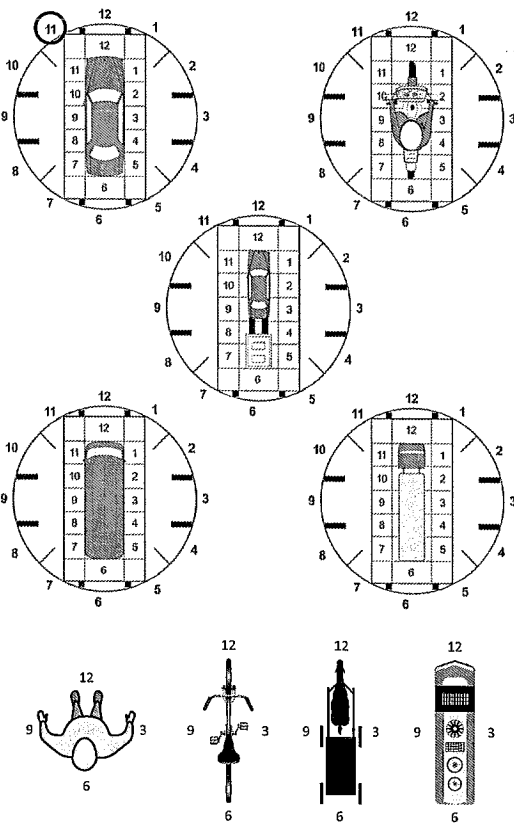
COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS 02 VEHICLE WEIGHT GVWR/GCWR  
 1 - ≤10K LBS.  
 2 - 10,001 - 26K LBS.  
 3 - >26K LBS.

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

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

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



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

# of TRAILING UNITS 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?  
 1 - YES 2 - NO 9 - OTHER / UNKNOWN

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

1

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 19 - OTHER / UNKNOWN  
 11 - DUMP

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  
 3 - TAIL LAMPS 6 - TIRE BLOWOUT

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

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 - M/D/BLOCK - 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 OR LEAVING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE  
 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING  
 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST  
 4 - STRUCK PRE-CRASH ACTIONS 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  
 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN  
 9 - OTHER / UNKNOWN

INITIAL POINT OF CONTACT

0 - NO DAMAGE 14 - UNDERCARRIAGE  
 11 - 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 21 - LYING IN ROADWAY  
 6 - IMPROPER TURN 12 - IMPROPER BACKING

**TRAFFIC**

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

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 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 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT  
 4 4 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT  
 5 5 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE

# OF THROUGH LANES ON ROAD 3

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 55 - OTHER / UNKNOWN  
 49 - FIRE HYDRANT

UNIT SPEED 5 DETECTED SPEED 1  
 1 - STATED / ESTIMATED SPEED  
 2 - CALCULATED / EDR  
 3 - UNDETERMINED

POSTED SPEED 35

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

UNIT / NON-MOTORIST DIRECTION

FROM 4 TO 1

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

OWNER

VEHICLE

EVENT(S)

**UNIT #** 02 **OWNER NAME:** LAST, FIRST, MIDDLE (  SAME AS DRIVER )  
**OWNER ADDRESS:** STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
 9641 SHORE DR Loveland, OH 45140  
**COMMERCIAL CARRIER:** NAME, ADDRESS, CITY, STATE, ZIP **COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE

**LP STATE** OH **LICENSE PLATE #** HSB2190 **VEHICLE IDENTIFICATION #** WBANE73557CM50255 **VEHICLE YEAR** 2007 **VEHICLE MAKE** BMW

**INSURANCE VERIFIED** **INSURANCE COMPANY** Geico **INSURANCE POLICY #** 4580392282 **COLOR** GRY **VEHICLE MODEL** 530i

**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** **CLASS #** **PLACARD ID #**  
 **MATERIAL RELEASED**  
 **PLACARD**

**UNIT TYPE**  
 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

**WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?**  
 1 - YES 2 - NO 9 - OTHER / UNKNOWN  
**AUTONOMOUS MODE LEVEL**  
 0 - NO AUTOMATION  
 1 - DRIVER ASSISTANCE  
 2 - PARTIAL AUTOMATION  
 3 - CONDITIONAL AUTOMATION  
 4 - HIGH AUTOMATION  
 5 - FULL AUTOMATION  
 9 - UNKNOWN

**SPECIAL FUNCTION**  
 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 - 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**  
 1 - NON-COLLISION  
 2 - 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 - 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 - 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

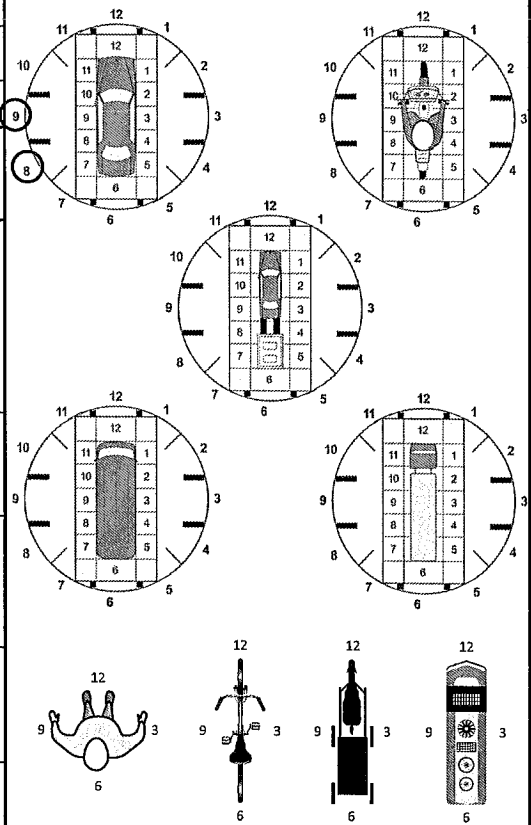
**COLLISION WITH FIXED OBJECT - STRUCK**  
 25 - IMPACT ATTENUATOR / CRASH CUSHION  
 26 - BRIDGE OVERHEAD STRUCTURE  
 27 - BRIDGE PIER OR ABUTMENT  
 28 - BRIDGE PARAPET  
 29 - BRIDGE RAIL  
 30 - GUARDRAIL FACE  
 31 - GUARDRAIL END  
 32 - PORTABLE BARRIER  
 33 - MEDIAN CABLE BARRIER  
 34 - MEDIAN 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**  
 CP2103008142

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

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



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

**INITIAL POINT OF CONTACT**  
 0 - NO DAMAGE  
 1-12 - REFER TO UNIT DIAGRAM  
 13 - TOP  
 14 - UNDERCARRIAGE  
 15 - VEHICLE NOT AT SCENE  
 99 - UNKNOWN  
 9

**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  
 6

**# OF THROUGH LANES ON ROAD** 3 **RAIL GRADE CROSSING** 1  
 1 - NOT INVOLVED  
 2 - INVOLVED-ACTIVE CROSSING  
 3 - INVOLVED-PASSIVE CROSSING

**UNIT / NON-MOTORIST DIRECTION**  
 FROM 3 TO 4  
 1 - NORTH  
 2 - SOUTH  
 3 - EAST  
 4 - WEST  
 5 - NORTHEAST  
 6 - NORTHWEST  
 7 - SOUTHEAST  
 8 - SOUTHWEST  
 9 - OTHER / UNKNOWN

**UNIT SPEED** 25 **DETECTED SPEED** 1  
 1 - STATED / ESTIMATED SPEED  
 2 - CALCULATED / EDR  
 3 - UNDETERMINED  
**POSTED SPEED** 35



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

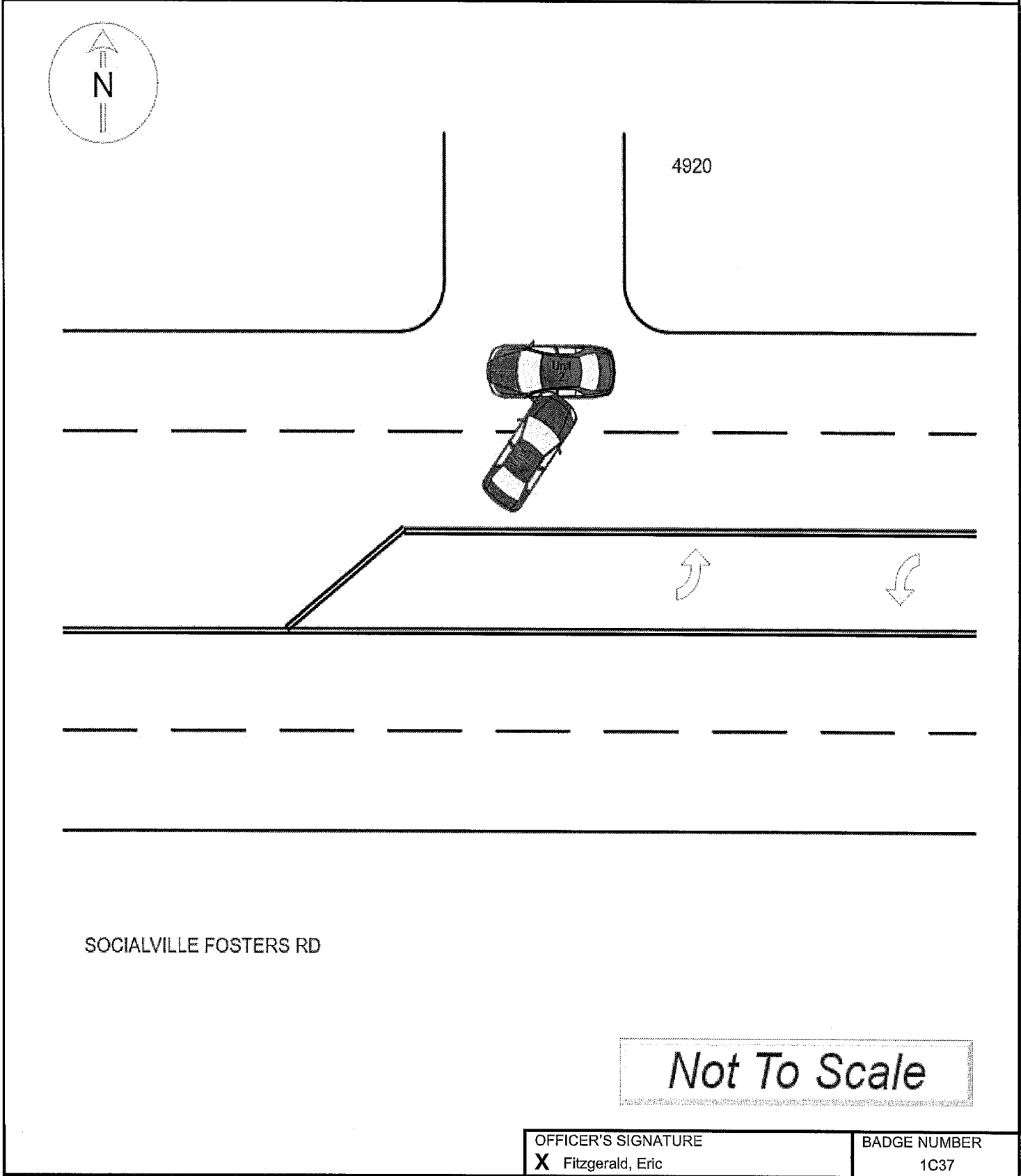
CP2103008142

|  |   |   |  |                                   |   |  |                           |                      |                     |
|--|---|---|--|-----------------------------------|---|--|---------------------------|----------------------|---------------------|
| <b>OCCUPANT</b>                          | <b>UNIT #</b><br>01   | <b>NAME: LAST, FIRST, MIDDLE</b><br>Strunk, Brayden |  |                                   |   | <b>DATE OF BIRTH</b><br>01/13/2006       |                           | <b>AGE</b><br>15     | <b>GENDER</b><br>M  |
|  | <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>6642 Falling Leaves Ct, Deerfield Twp, OH 45040 |   |  |                                   |   | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |                           |                      |                     |
| <b>INJURIES</b><br>5                     | <b>INJURED TAKEN BY</b>   | <b>EM S AGENCY (NAME)</b>                           | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b><br>4 | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b><br>3             | <b>AIR BAG USAGE</b><br>1 | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1 |
| <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b>  |   |  |                                   | <b>DATE OF BIRTH</b>                                    |  | <b>AGE</b>                | <b>GENDER</b>        |                     |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |   |   |  |                                   | <b>CONTACT PHONE - INCLUDE AREA CODE</b>                |  |                           |                      |                     |
| <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>   | <b>EM S AGENCY (NAME)</b>                           | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b>      | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b>                  | <b>AIR BAG USAGE</b>      | <b>EJECTION</b>      | <b>TRAPPED</b>      |
| <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b>  |   |  |                                   | <b>DATE OF BIRTH</b>                                    |  | <b>AGE</b>                | <b>GENDER</b>        |                     |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |   |   |  |                                   | <b>CONTACT PHONE - INCLUDE AREA CODE</b>                |  |                           |                      |                     |
| <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>   | <b>EM S AGENCY (NAME)</b>                           | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b>      | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b>                  | <b>AIR BAG USAGE</b>      | <b>EJECTION</b>      | <b>TRAPPED</b>      |
| <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b>  |   |  |                                   | <b>DATE OF BIRTH</b>                                    |  | <b>AGE</b>                | <b>GENDER</b>        |                     |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |   |   |  |                                   | <b>CONTACT PHONE - INCLUDE AREA CODE</b>                |  |                           |                      |                     |
| <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>   | <b>EM S AGENCY (NAME)</b>                           | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b>      | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b>                  | <b>AIR BAG USAGE</b>      | <b>EJECTION</b>      | <b>TRAPPED</b>      |

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

|                |  |  |  |            |               |
|----------------|--|--|--|------------|---------------|
| <b>WITNESS</b> | <b>NAME: LAST, FIRST, MIDDLE</b>         | <b>DATE OF BIRTH</b>                     |  | <b>AGE</b> | <b>GENDER</b> |
|                | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |  |            |               |
| <b>WITNESS</b> | <b>NAME: LAST, FIRST, MIDDLE</b>         | <b>DATE OF BIRTH</b>                     |  | <b>AGE</b> | <b>GENDER</b> |
|                | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |  |            |               |
| <b>WITNESS</b> | <b>NAME: LAST, FIRST, MIDDLE</b>         | <b>DATE OF BIRTH</b>                     |  | <b>AGE</b> | <b>GENDER</b> |
|                | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |  |            |               |

|                                     |   |                                       |
|-------------------------------------|---|---------------------------------------|
| LOCAL REPORT NUMBER<br>CP2103008142 | REPORTING AGENCY<br>Mason PD                    | DATE OF CRASH<br>M 03   D 23   Y 2021 |
| IN COUNTY OF<br>Warren              | CRASH LOCATION<br>4920 Socialville Fosters Road |                                       |





|                                   |                                  |                                     |
|-----------------------------------|----------------------------------|-------------------------------------|
| LOCAL REPORT NUMBER<br>21 03 8142 | REPORTING AGENCY<br>MASON POLICE | DATE OF CRASH<br>M 03   D 27   Y 21 |
|-----------------------------------|----------------------------------|-------------------------------------|

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

I, Anna Horton HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

FITZGERALD AT Socialville Foster Rd.  
OFFICER'S NAME LOCATION

Q: WHAT HAPPENED?  
 A: I was travelling down Socialville Foster Road towards Mason Montgomery in right lane to make a right turn. At UDF entrance the Hyundai turned and hit me in the side on my driver and passenger side.

Q: ARE YOU OR ANYONE IN YOUR VEHICLE INJURED? A: NO  
 Q: WERE YOU WEARING YOUR SEATBELT? A: YES  
 Q: HOW FAST WERE YOU TRAVELLING? A: 25 mph (slowing to make  $\oplus$  turn)  
 Q: DID YOU HAVE ANY DRIVER ASSISTANCE FEATURES ON? A: NO  
 Q: WHAT DIRECTION WERE YOU TRAVELLING? A: towards Mason-Montgomery Rd  
 Q: WHAT LANE WERE YOU IN? A: Right

Q: WERE YOU USING A PHONE OR DISTRACTED BY ANYTHING? A: NO

|  |   |
|--|---|
| ADDRESS OF WITNESS<br>1441 Shore drive<br>LEVELAND, OH 45140 | PHONE<br>[REDACTED]                         |
| SIGNATURE OF WITNESS<br>X <u>Anna Horton</u>                 | OFFICER'S SIGNATURE<br>X <u>[Signature]</u> |

**TRAFFIC CRASH WITNESS STATEMENT**

Brayden Strunk 1/13/06  
6642 Falling Leaves

|                                   |                                  |                                     |
|-----------------------------------|----------------------------------|-------------------------------------|
| LOCAL REPORT NUMBER<br>21 03 8142 | REPORTING AGENCY<br>MASON POLICE | DATE OF CRASH<br>M 08   D 23   Y 21 |
|-----------------------------------|----------------------------------|-------------------------------------|

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

I, Logan Strunk HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

FITZGERALD AT Socialville Foster  
OFFICER'S NAME LOCATION

Q: WHAT HAPPENED?

A: I was ~~on~~ on socialville foster and I just crossed over mason-montgomery. I was trying to make a left into UDF but there was a line of cars in the lane closest to me so I waited until there was space for me to cross over. There was a car on my right side that was obstructing my view a little so I try to pull up to see better but I pulled up a little too much and ~~the~~ the front of my car met the side of her car as she was driving in the lane further from me.

Q: ARE YOU OR ANYONE IN YOUR VEHICLE INJURED? A: No

Q: WERE YOU WEARING YOUR SEATBELT? A: Yes

Q: HOW FAST WERE YOU TRAVELLING? A: 2-5 mph

Q: DID YOU HAVE ANY DRIVER ASSISTANCE FEATURES ON? A: Yes

Q: WHAT DIRECTION WERE YOU TRAVELLING? A:

Q: WHAT LANE WERE YOU IN? A:

Q: WERE YOU USING A PHONE OR DISTRACTED BY ANYTHING? A: No

ADDRESS OF WITNESS 6642 Falling Leaves Ct. PHONE ~~REDACTED~~

SIGNATURE OF WITNESS X [Signature] OFFICER'S SIGNATURE X [Signature]