OHIO DEPARTMENT OF PUBLIC SAFETY LIVETY - SERVICE - PROTECTION	TRAFFIC C	RASH R	EPORT *DENOTES	MANDATORY FIE	D FOR SUPPLE	FMENT REPORT	L	CAL REPORT	NUMBER*		
	⋈ 0H-2		OCAL INFORMATION					CP21030	08340		
PHOTOS TAKEN	OH-1P OTHER REPORTING AGENCY NAME* NCIC* H							HIT/SKIP NUMBER OF UNITS UNIT IN ERROR			
SECONDARY CR	CONDARY CRASH PRIVATE PROPERTY Mason PD 08304							, 2	, , 1	. 98 - ANIMAL	
COUNTY* LOCALI	TY* LOC	ATION: CITY, V	Z-UNSULVED Z						SH SEVERITY		
83 1	2-VILLAGE 3-TOWNSHIP Mas	son					03252021 1	339	. 5 .	FATAL	
ROUTE TYPE ROUT	E NUMBER PREFIX 1	- NORTH L	OCATION ROAD NAME			ROAD TYPE	LATITUDE DEC	IMAL DEGREES		SERIOUS INJURY SUSPECTED	
11. 	3	- EAST	ylersville			RD	39.34462	8		MINOR INJURY SUSPECTED	
	E NUMBER PREFIX 1	- NORTH R	EFERENCE ROAD NAME (RO	AD, MILEPOST, HO	USE #)	ROAD TYPE	LONGITUDE DE	-		INJURY POSSIBLE	
ROUTE TYPE ROUT	3	- SOUTH	Mason-Montgomery RD -84,310466						5 - PROPERTY DAMAGE		
REFERENCE POIN	T DIRECTION	-WEST IV	ROUTE TYPE		ROAD TYPE		· · · · · · · · · · · · · · · · · · ·			ONLY	
1 - INTERSECT	TION FROM REFERENCE 1 - NOR		NTERSTATE ROUTE(TP)	AL - ALLEY	HW-HIGHWAY	RD - ROAD	WITHIN INTER	NTERSECTION SECTION OF O			
2 - MILE POST 3 - HOUSE #	4 3-EAS	т 03-11	EDERAL US ROUTE	AV - AVENUE BL - BOULEVARD	LA - LANE	SQ - SQUARE					
DISTANCE	4-WES DISTANCE		TATE ROUTE		OV - OVAL	ST - STREET TE - TERRACE	WITHIN INTER	CHANGE ARE	A NUM	BER OF APPROACHES	
FROM REFERENCE	UNIT OF MEASUR	RE	UMBERED COUNTY ROUTE UMBERED TOWNSHIP		PK - PARKWAY	TL - TRAIL		ROADV	VAY	100000000000000000000000000000000000000	
ı 200 ı	2 - FEE 2 - 3 - YARI	T R	OUTE	医乳球 医乳球菌素	PI -PIKE PL -PLACE	WA - WAY	ROADWAY DIV	IDED			
	ATION OF FIRST HARM					IDACT					
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2-0N SHO 3-IN MED			ADE CROSSING 1 7 1	TWO MOTOR ,	- BACKING		2-SOUTH	lı ı	(<4 FEET)	
4 - ON ROA	DSIDE 12-	SHARED USE	1	A PULLA PER SILA	- ANGLE - SIDESWIPE, S	SAME DIRECTION	3 - EAST 4 - WEST		DIVIDED F	LUSH MEDIAN)	
5 - ON GOR	· ·	TRAILS BIKE LANE	l l		•	OPPOSITE DIRECTION	4-4621			EPRESSED MEDIAN	
7 - ON RAN		TOLL BOOTH	3-	HEAD-ON 9	- OTHER / UNK	NOWN		4-	(ANY TYPE	AISED MEDIAN	
8-OFF RA	MP 99-1	OTHER / UNK	NOWN	**************************************				9 -	OTHER/UN	KNOWN	
WORK ZONE R	ELATED		WORK ZONE TYPE		N OF CRASH IN		CONTOUR	CONDIT	IONS	SURFACE	
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	EMENT PRESENT L	, 3-W	ORK ON SHOULDER	1	ADVANCE WAR	NING AREA	1 - STRAIGHT LEVEL	1 - DRY		1 - CONCRETE	
EAW ENTOKCE	IMENI PRESENT L		R MEDIAN ITERMITTENT OR MOVING W	1	TRANSITION AI ACTIVITY ARE		2 - STRAIGHT GRADE	2-WET		2 - BLACKTOP,	
ACTIVE SCHOOL	DL ZONE	5 - 01			TERMINATION		3 - CURVE LEVEL	3 - SNOW		BITUMINOUS, ASPHALT	
LIG	HT CONDITION		WE	ATHER			4 - CURVE GRADE 9 - OTHER/UNKNOWN	4 - ICE 5 - SAND, MUI	N DIDT	3 - BRICK/BLOCK	
1 - DAYLIG		1	1-CLEAR	6 - SNOW			7-011/E/OURINGWIN	OIL, GRAVI		4 - SLAG, GRAVEL, STONE	
2-DAWN/D 3-DARK-	USK LIGHTED ROADWAY		2 - CLOUDY	7-SEVERE (IOKE 8-BLOWING	CROSSWINDS	IDT CNIOW		6-WATER (ST MOVING)	TANDING,	5 - DIRT	
	ROADWAY NOT LIGHT	TED	4 - RAIN			EZING DRIZZLE		7 - SLUSH		9 - OTHER/UNKNOWN	
	UNKNOWN ROADWAY 'UNKNOWN	LIGHTING	5 - SLEET, HAIL	99 - OTHER /	UNKNOWN			9 - OTHER/UN	KNOWN		
NARRATIVE	- CARTIONIA										
	Link O	. 4							4	Indicate the north direction with	
			ng East on Tyle						\triangle	an "N" on the compass diagram.	
Road. Uni	t 2 had ente	ered into	o the left turn la	ane on							
Tylersville	Road for No	orth bou	und Mason-Mo	ntgomery			1 1 1	.	1		
Road. Unit 1 attempted to enter the turn lane in front											
of Unit 2 and struck the right rear of Unit 2.											
of Unit 2 ai	nd struck th	e right i	rear of Unit 2.							TYLERSULLE AU	
						10					
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CRASH REPORT	FED DATE/TIME	DI	SPATCH DATE/TIME	ARR	IVAL DATE / TI	ME	SCENE CLEARED DATE/TIME REPORT TA			EPORT TAKEN BY	
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TOTAL TIME	OTHER INVESTIGATION TIME	TOTAL	OFFICER'S NAME*			CHECKED BY OFFI				MOTORIST	
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. 5	10	41	OFFICER'S	BADGE NUMBER	ν.		(CORRECTION			TO AN EXISTING REPORT SENT TO ODPS)	
, ,	11 IV	III 🕶 I	IFI	1002	1	1243			.i		

AGE CERT TURNET STUBBLES, MARK, A STUBBLES, MARK, A STUBBLES, MARK, A CONTACT PROME - MANUSCAST, FEET, CONTACT PROME - MANUSCAST, CONTACT PROME - MANUSC	02	OHIO DEPARTMENT MOTORIST / NON-MOTORIST							LOCAL REPORT NUMBER					
STUBBLES, MARK, A ADDRESS-STREET, CITY, STATE, LIP STUBBLES, MARK, A ADDRESS-STREET, CITY, STATE, LIP CONTACT PHONE - RESIDENCE AND GOST RIVURES INJURED MARK AND	02									CP2103008340				
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/TREATED AT SCENE 7-THIRD - LEFT SIDE SIDE	/TREATED A					No. of the last	OL ENDORSE	MENT				AN B		EST TYPE
- EMS (MOTORCYCLE SIDE CAR) 1 - NOT EJECTED H - HAZMAT RESTRICTIONS ELECTRONIC DEVICE 1 - NONE - POLICE 8 - THIRD - MIDDLE 2 - PARTIALLY EJECTED M - MOTORCYCLE 9 - I FARRER'S PERMIT 6 - PASSENGER 2 - BLOOD														
- POLICE 2 - PARTIALLY EJECTED M - MOTORCYCLE 9 - LEARNER'S PERMIT 6 - PASSENGER 2 - BLOOD - OTHER/UNKNOWN 9 - THIRD - RIGHT SIDE 3 - TOTALLY EJECTED P - PASSENGER RESTRICTIONS 7 - OTHER DISTRACTION 3 - URINE		KNOWN	9 - THIRD - RIGHT SIDE											
10 - SLEEPER SECTION 4 - NOT APPLICABLE N - TANKER 10 - LIMITED TO DAYLIGHT ONLY INSIDE THE VEHICLE 4 - BREATH			AFTRUAY AAR							LIGHT ONLY IN	SIDE THE VEHICLE		4 - BREATH	
O-MOTOR SCOOTER 11 - LIMITED TO EMPLOYMENT 0 - OTHER OTHER 5 - OTHER 32 LIMITED TO EMPLOYMENT 0 - OTHER OTHER 5 - OTHER 32 LIMITED TO EMPLOYMENT 0 - OTHER OTHER 5 - OTHER 32 LIMITED TO EMPLOYMENT 0 - OTHER 5 - OTHER	The second secon		11 - PASSENGER IN OTHER	Anna San	TRAPPED.					TH		UTSIDE	5 - OTHER	
- SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 1-NOT TRAPPED S-SCHOOL BUS 13-MECHANICAL DEVICES 9-OTHER/UNKNOWN DRUG TEST TYPE			(NON-TRAILING UNIT, BUS,	(Contractor Contractor		-13.80 Inf 4:3		JIURCYCLE	13 - MECHANICAL DE	VICES 9-0T	HER/UNKNOWN			ST TYPE
- LAP BELT ONLY USED PICK-UP WITH CAP) 2 - EXTRICATED BY T - DOUBLE & TRIPLE TRAILERS CONTROLS OR OTHER CONDITION 2 PLANS OF THE CONDITION 2 PLANS								TRAILERS			CONDITION	and the same		
- SHOULDER & LAP BELT USED 12 - FASSENGER IN ONENCLUSED INCOMINAL INCOMINAL SECTION AND ADAPTIVE DEVICES) 1 - APPARENTLY NORMAL 3 - URINE 3 - URINE				3 - FREED B	BY		X - TANKER / HAZMAT		ADAPTIVE DEVI	CES) 1 - AP				
FORWARD FACING 13 - TRAILING UNIT NON-MECHANICAL MEANS 14 - MILITARY VEHICLES ONLY 2 - PHYSICAL IMPAIRMENT 4 - OTHER	SHOULDER 8	ACING			ECHANICAL ME	EANS				2-111		Γ		
- CHILD RESTRAINT SYSTEM - 14 - RIDING ON VEHICLE EXTERIOR AIR BRAKES ANGRY, DISTURBED) DRUG TEST RESULT	SHOULDER 8 CHILD REST FORWARD FA								AIR BRAKES	ANO			DRUG T <u>est</u>	RESULT(S
- BOOSTER SEAT 15 - NON-MOTORIST 16 - OUTSIDE MIRROR 4 - ILLNESS 1 - AMPHETAMINES	SHOULDER & CHILD REST FORWARD FA									1-166				
- HELMET USED 99 - OTHER / UNKNOWN 17 - PROSTHETIC AID 5 - FELL ASLEEP, FAINTED, 2 - BARBITURATES 18 - OTHER FATIGUED, ETC. 3 PROSPANTED USES	SHOULDER & CHILD REST FORWARD FA CHILD REST REAR FACIN	EAT	OO OTHER CHANGIAN							J 1 L			2 - BARBITURATI	
- PROTECTIVE PADS USED 6 - UNDER THE INFLUENCE 6 - UNDER THE INFLUENCE	SHOULDER & CHILD REST FORWARD FA CHILD REST REAR FACIN - BOOSTER SE	SED	99-01HER/UNKNOWN						18 - 0 I H F K				2 DELITAR	
- REFLECTIVE CLOTHING 5 - COCAINE	SHOULDER 8 CHILD REST FORWARD FA CHILD REST REAR FACIN BOOSTER SE - HELMET US	SED 'E PADS USED	99-DIHER/UNKNOWN						18-OIHEK	6 - UN	DER THE INFLUENCE			
- LIGHTING - PEDESTRIAN 9 - OTHER / UNKNOWN 6 - OPIATES / OPIOIDS / BICYCLE ONLY	SHOULDER 8 CHILD REST FORWARD FA CHILD REST REAR FACIN - BOOSTER SE - HELMET US - PROTECTIVE (ELBOW, KNI - REFLECTIVE	SED E PADS USED IEES, ETC.) E CLOTHING	99-01HEK/UNKNOWN						18-UIHEK	6 - UN 0F	DER THE INFLUENCE MEDICATIONS / DRU	GS	4 - CANNABINOIC	
- OTHER / UNKNOWN 7 - OTHER 8 - NEGATIVE RESULTS	SHOULDER 8 CHILD REST FORWARD FA CHILD REST REAR FACIN BOOSTER SE HELMET US PROTECTIVE (ELBOW, KNI REFLECTIVE LIGHTING —	SED E PADS USED IEES, ETC.) E CLOTHING - PEDESTRIAN	99 - OTHER/ UNKNOWN						18-UTHEK	6 - UN OF / Al	DER THE INFLUENCE MEDICATIONS / DRU LCOHOL	E GS	4 - CANNABINOID 5 - COCAINE 6 - OPIATES / OPI	os

HSY8306 OH1M 1/19 [760-1500]

8			·				103008340		
UNIT#	OWNER NAME: LAST, FIRS		R)	OWNER PHONE	HIRE AREA CODE (IN SAME AS DRIVER)	D. C.	AMAGE		
		TUBBLES, MARK, A			Service Control of the Control of th	DAMAGE SCALE			
OWNERAD	ADDRESS: STREET, CITY, STATE, ZIP (X) SAME AS DRIVER)				1.0	1 - NONE 3 - FUNCTIONAL DAMAGE			
5795 SC	OUTHWATER DR M	lason, OH 45040				2 2 - MINOR DAMA			
COMMERC	IAL CARRIER: NAME, ADDR	ESS, CITY, STATE, ZIP		COMMERCIAL CARRIE	R PHONE: INCLUDE AREA CODE	9.	UNKNOWN		
5000				l		DAM	AGED AREA(S)		
LP STATE	LICENSE PLATE #	VEHIC	LE IDENTIFICATION #	VEHICLE Y	EAR VEHICLE MAKE		E ALL THAT APPLY		
OH	DMD9509		P4BJ0KM141425	2019	FORD				
THEIRA			INSURANCE POLICY #	COLOR	VEHICLE MODEL	11 12	11 12 1		
INSURAI VERIFI					Focus	12			
	r rogr	essive	51813312	BLK		10 1 2	10 11 1 2		
Сомме	TYPE OF USE	IN EMERGENCY	US DOT #	TOWED BY: COMPAN	NY NAME	10 2	16 2 2		
LICONINE	RCIAL GOVERNMENT	IN EMERGENCY RESPONSE		HAZARD	OUS MATERIAL	9 0 3	9 9 3		
INTERI	.оск	#UCCUPANIS	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS.	MATERIAL RELEASED	CLASS # PLACARD ID #		8 4		
DEVICE	E HIT/SKIP UNI		2 - 10,001 - 26K LBS,				8 7 9 5 4		
2001			3 - >26K LBS.	PLACARD		7 5	12 7 6		
	1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12-GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER	l ° "	12		
1 1	2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED	13-SNOWMOBILE	19 - BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)	10	11 1 2		
INIT TYPE	3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14 - SINGLE UNIT TRUCK	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST	 	10 2		
UNIT TYPE		10 - MOPED OR MOTORIZED	15-SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE	9	9 3 3		
	5 - CARGO VAN	BICYCLE 11 - ALL TERRAIN VEHICLE	16-FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR	27 - TRAIN	-	8 4 2000		
9	6 - VAN (9-15 SEATS)	(ATV / UTV)	17 - MOTORHOME	ANIMAL-DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP	8	7 5 4		
f	# of TRAILING UNITS					12 7	6		
17.1	WARNISHOLD APPRATION	TONOMO::0	A ha surasserio:	6 AANDER		11000	6 11		
1	WAS VEHICLE OPERATING IN AU MODE WHEN CRASH OCCURRED	17	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE	3 - CONDITIONAL AUTOMATION	1 9 - UNKNOWN	10 / 11 / 2	10		
, 2 ,	1-YES 2-NO 9-OTHER/UNK	U U	2 DADTIAL AUTOMATION	4 - HIGH AUTOMATION 5 - FULL AUTOMATION					
	1-163 2-WV 7-VINCK/UNK	NOWN AUTONOMOU MODE LEVE	/3	5 - FULL AUTUMATION		9 9 3 3	10 12		
	1 - NONE	6 - BUS - CHARTER/TOUR	11-FIRE	16-FARM	21 - MAIL CARRIER	8 4			
. 1 .	2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	17 - MOWING	99 - OTHER / UNKNOWN	8 7 5 4			
	3 - ELECTRONIC RIDE SHARING		13-POLICE	18 - SNOW REMOVAL	77 - OTHER 7 DINNIOWN	6	* X		
SPECIAL	4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	19 - TOWING		6 5	7 5		
	5 - BUS -TRANSIT/COMMUTER		15 - CONSTRUCTION EQUIPMENT				·		
	1 NO CARCA DARVITURE	2 VENTAL E TANIGNA ANATHE	ED E DITERMANUE GAUTANIES			-	12 12 12		
3 , 1,	1 - NO CARGO BODY TYPE / NOT APPLICABLE	MOTOR VEHICLE	ER 5 - INTERMODAL CONTAINER Chassis	8 - POLE	12 - CONCRETE MIXER	12			
CARGO	2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	9 - CARGO TANK	13 - AUTO TRANSPORTER	l an r			
BODY TYPE			7 - GRAIN/CHIPS/GRAVEL	10 - FLAT BED	14 - GARBAGE/REFUSE	و د (ک ک) و ا	3 9 7 3 9 8 3		
	······································			11 - DUMP	99 - OTHER / UNKNOWN	\n\/			
	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE	99-OTHER/UNKNOWN	6			
	2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT	10 - DISABLED FROM PRIOR			6 6 6		
DEFECTS	3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE	ACCIDENT		l			
#	1 - INTERSECTION - MARKED	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	0. 44501441/00000110 101 1110	10 PIDOT DEDOCUDED	- NO DAMAGE [O	J - UNDERCARRIAGE [14]		
	CROSSWALK	4 - MIDBLOCK - MARKED	7 - SHOULDER / ROADSIDE	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS	12-FIRST RESPONDER AT INCIDENT SCENE	☐-TOP [13]	—		
NON-MOTORIST	2 - INTERSECTION – UNMARKED	CROSSWALK	8 - SIDEWALK	11 - SHARED USE PATHS OR	99 - OTHER / UNKNOWN	H-106 [13]	-ALL AREAS [15]		
LOCATION AT IMPACT	CROSSWALK	5 -TRAVEL LANE - OTHER LOCAT		TRAILS		□-UNIT N	IOT AT SCENE [16]		
AT IMITAUL	1 NON CONTACT	1 87314017111710	T 144/710 H 7100H			lood Title	OTT. OCCUPE LIGH		
	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE	INITIAL	POINT OF CONTACT		
4 1	2-NON-COLLISION 3-STRIKING 1	2 - BACKING 3 - Changing Lanes	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19 - STANDING	0 - NO DAMAGE	14 - UNDERCARRIAGE		
ACTION	J-SIMIMING	4 - OVERTAKING/PASSING	9 - LEAVING TRAFFIC LANE	15 - WALKING, RUNNING,	20 - OTHER NON-MOTORIST	, 4 , 1-12 - REFERTO	UNIT 15 - VEHICLE NOT AT SCENE		
	5 - BOTH STRIKING ACTIONS	5 - MAKING DIGHT THOM	10 - PARKED 11 - SLOWING OR STOPPED	JOGGING, PLAYING	21 - STANDING OUTSIDE	DIAGRAM	99 - UNKNOWN		
No.	& STRUCK	6 - MAKING LEFT TURN	IN TRAFFIC	16 - WORKING	DISABLED VEHICLE	13 - TOP			
T	9 - OTHER / UNKNOWN	- months had a TVNH	12 - DRIVERLESS	17 - PUSHING VEHICLE	99-OTHER/UNKNOWN				
	1-NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A	17 - VISION OBSTRUCTION	21 IVING IN BOLDING	1	RAFEIC		
	2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / AC	DIRIUPA DARITIAN	18 - OPERATING DEFECTIVE	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE	TRAFFICWAY FLOW	TRAFFIC CONTROL		
		9-IMPROPER LANE CHANGE	14-STOPPED OR PARKED	EQUIPMENT	22 - NUT DISCERNIBLE 23 - OPENING DOOR INTO	1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN		
	4 - RAN STOP SIGN	10 - IMPROPER PASSING	ILLEGALLY	19 - LOAD SHIFTING/FALLING/	ROADWAY	2 2-TWO-WAY	6 2 - SIGNAL 5 - YIELD SIGN		
CONTRIBUTING	5 - UNSAFE SPEED	11 - DROVE OFF ROAD	15 - SWERVING TO AVOID	SPILLING	99 - OTHER IMPROPER ACTION		3 - FLASHER 6 - NO CONTROL		
E LIKEUMSTANCES	6-IMPROPERTURN	12 - IMPROPER BACKING	16 - WRONG WAY	20 - IMPROPER CROSSING		# of THROUGH LANES	RAIL GRADE CROSSING		
T SEQUENCE	OF EVENTS					ON ROAD	1 - NOT INVOLVED		
A STRUCKOE			EVENTS				1 2 - INVOLVED-ACTIVE CROSSING		
1, 20	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE -	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE		3 - INVOLVED-PASSIVE CROSSING		
1 20		7 - SEPARATION OF UNITS	OPPOSITE DIRECTION OF	17 - ANIMAL — FARM	EQUIPMENT				
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	TRAVEL	18 - ANIMAL — DEER	23 - STRUCK BY FALLING,	UNIT / NON-1	MOTORIST DIRECTION		
2	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION	19-ANIMAL - OTHER	SHIFTING CARGO OR Anything set in motion		1-NORTH 5-NORTHEAST		
		10 - CROSS MEDIAN	14 - PEDESTRIAN	20 - MOTOR VEHICLE IN	BY A MOTOR VEHICLE		2 - SOUTH 6 - NORTHWEST		
3 1	LOSS OR SHIFT		15 - PEDALCYCLE	TRANSPORT 21 - PARKED MOTOR VEHICLE	24 - OTHER MOVABLE OBJECT	FROM 4 TO 3	3 - EAST 7 - SOUTHEAST		
		CULLET	ON WITH FIXED OBJECT				4 - WEST 8 - SOUTHWEST		
		31 - GUARDRAIL END	37 -TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE		9 - OTHER / UNKNOWN		
4	/ CRASH CUSHION	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH	EQUIPMENT	UNIT SPEED	DETECTED SPEED		
25 E	26 - BRIDGE OVERHEAD Structure	33 - MEDIAN CABLE BARRIER		45 - EMBANKMENT	51 -WALL	CHAI OI MAD			
5	27 - BRIDGE PIER OR ABUTMENT	34 - MEDIAN GUARDRAIL	SUPPORT	46 - FENCE	52 - BUILDING	1 30 1	1 - STATED / ESTIMATED SPEED		
		BARRIER 35 - MEDIAN CONCRETE	40 - UTILITY POLE 41 - OTHER POST, POLE	47 - MAILBOX	53 - TUNNEL		2 - CALCULATED / EDR		
61 1	29 -BRIDGE RAIL	BARRIER	OR SUPPORT	48 -TREE	54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	POSTED SPEED	3 - UNDETERMINED		
		36 - MEDIAN OTHER BARRIER		49 - FIRE HYDRANT	11-01UCKI ONKNOMN				
1 1 .	EIDET DADMEUL FICT.	т 11 імпет	HADRAMIN HUMAN			, 35 ,			
	FIRST HARMFUL EVEN	ı ∟∴ MOST	HARMFUL EVENT				1		

OHIO DEP OF PUBLI SMICTS - SERVE	PARTMENT C SAFETY	CCUPANT /	WITNES	SS ADDENDUN	/I				ORT NUMBER 3008340	·			
UNIT#	NAME: LAST	r, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
O1 ADDRESS:	LILES, BI	ETTY					09/	/13/1935		85	F		
	STREET, CITY,	•		CONTACT PHONE				L					
385 Ker	nyon Drive	, Hamilton Township	o, OH 45015					grading Co.			1		
INJURIES 5	INJURED TAKEN BY	EM S AGENCY (NAME)	-	INJURED TAKEN TO: MEDICAL FACI	ILITY (NAME, CITY)	SAFETY EQUIPMENT USED 4	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION 1	TRAPPED		
UNIT#	NAME: LAS	r, first, middle					DAT	E OF BIRTH		AGE	GENDER		
L							1			1	ļ. ,		
ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	OE				
INJURIES	IES INJURED TAKEN BY INJURED TAKEN TO: MEDICAL FACILITY (NAME)				ILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
UNIT#	NAME: LAS	T, FIRST, MIDDLE			<u> </u>		DAT	E OF BIRTH		AGE	GENDER		
ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO			<u> </u>		
							CONTROLL	INCLUDE AREA CO	IDE				
INJURIES	INJURED TAKEN BY	EM S AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FAC	ILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
UNIT#	NAME: LAS	T, FIRST, MIDDLE						L		ــــــــــــــــــــــــــــــــــــــ	L		
0.111 #	MAME: LAS	i, Fixo i, MIDDEE					BAT	E OF BIRTH		AGE	GENDER		
ADDRESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED TAKEN BY	EM S AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FAC	ILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
السيسيا		IRIES	CAFETY	/ FOUTDMENT NCES	iana (antawa na mana a					<u> </u>	L		
1 - FATA			1 - NONE US	YEQUIPMENT USED	1 EDON	SEATING POS IT – LEFT SIDE	THIN	1 NOT D	AIR BAG U	SAGE			
		RIOUS INJURY		OCCUPANT	2	ORCYCLE DRIV	ER)	1 - NOT DE					
		NOR INJURY	2 - SHOULDE	ER BELT ONLY USED		IT – MIDDLE		3 - DEPLO	YED FRONT	•			
	SIBLE INJU		3 - LAP BELT	ΓONLY USED	10 A	IT – RIGHT SIDI ND – LEFT SID			YED BOTH				
5 - NO A	APPARENT I	INJURY	4 - SHOULDE	ER & LAP BELT USED	4	ORCYCLE PASS		FRONT					
Properties:	INJURED	TAKEN BY	5 - CHILD RE FORWARI	ESTRAINT SYSTEM	F 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ND - MIDDLE	5 - NOT APPLICABLE						
	THE REPORT OF THE PARTY OF THE			ESTRAINT SYSTEM –	7 - THIR	ND – RIGHT SII D – LEFT SIDE	7- DEPLOYMENT			JNKNOWN			
	EATED AT S	CENE	REAR FA		化氯基乙酰胺 医二氏病	'ORCYCLE SIDE D – MIDDLE	CAR)		EJECTI	ON			
2 - EMS 3 - P0L1			7 - BOOSTER 8 - HELMET			D – RIGHT SIDE							
	ER/UNKNO)WN		IVE PADS USED		PER SECTION (
<i>y</i> - 01111	LICY GIAKING		(ELBOW,	KNEES, ETC.) IVE CLOTHING	CARG	ENGER IN OTH O AREA (NON-TI PICK-UP WITH CAI	RAILING UNIT,		PLICABLE				
				G – PEDESTRIAN		ENGER IN UNE	NCLOSED		TRAPPE	D			
			/ BICYCLE 99 - OTHER / U		13 - TRAI 14 - RIDIN	LING UNIT NG ON VEHICLE	EXTERIOR	1 - NOT TR 2 - EXTRIG MEANS	CATED BY M	ECHANI	CAL		
		$\label{eq:final_problem} x_i = \frac{1}{2\pi} \left(\frac{1}{2\pi} \left(\frac{1}{2\pi} \right)^{-1} \right)$			15 - NON-	TRAILING UNIT) MOTORIST .R / UNKNOWN			BY NON-ME	CHANIC	AL		
NAME: LAS	ST, FIRST, MIDD	LE	<u> </u>		, 22 OIIIL	, OINIGINO VIII	DAT	E OF BIRTH		AGE	CENTER		
								- or bTV1U		AUE	GENDER		
ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DDE				
NAME: LAS	ST, FIRST, MIDDI	LE	and the state of t				DAT	E OF BIRTH		AGE	GENDER		
ADDRESS:	STREET, CITY,	STATE, ZIP			***************************************		CONTACT PHONE	- INCLUDE AREA CO	DE L		<u> </u>		
NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH	I	AGE	GENDER		
ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INGLUDE AREA GO	DDE				
									-		Í		



OHIO DEPARTMENT OF PUBLIC SAFETY SAFETY · SERVICE · PROTECTION OHIO TRAFFIC CRASH REPORT DIAGRAM / NARRATIVE CONTINUATION OHIO TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
CP2103008340	Mason PD	M 03 D 25 Y 2021
IN COUNTY OF	CRASH LOCATION	
Warren	Tylersville Road @ Mason-Montgomery Road	
	MASON WONTGOMERY RE	N TYLERSVILLE AD
Not To Scale		
	OFFICER'S SIGNATURE X Lahman, Brian	BADGE NUMBER 1C52