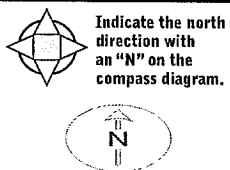
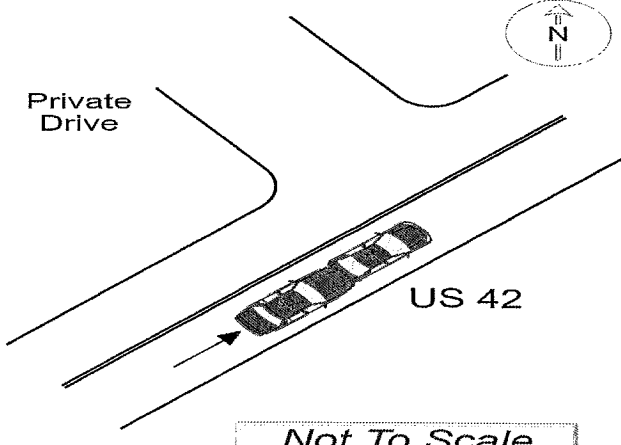


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> PRIVATE PROPERTY		<input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> OTHER		LOCAL INFORMATION REPORTING AGENCY NAME* Mason PD		NCIC* 08304		CP2103008738							
COUNTY* 83		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1		LOCATION: CITY, VILLAGE, TOWNSHIP* Mason		CRASH DATE / TIME* 03302021 1535		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 4		HIT/SKIP 1 - SOLVED 2 - UNSOLVED 2		NUMBER OF UNITS 2		UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN 2			
ROUTE TYPE US		ROUTE NUMBER 42		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME		ROAD TYPE		LATITUDE DECIMAL DEGREES 39.368202		LONGITUDE DECIMAL DEGREES -84.295682		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Hanover		ROAD TYPE DR	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 1		ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS		ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE		RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES					
DISTANCE FROM REFERENCE 500		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS 2		MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN 2				DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN							
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN		CONDITIONS 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN							
LIGHT CONDITION 1 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		WEATHER 1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN				NARRATIVE Units #1 and #2 were northbound on US 42. Unit #1 was stopped in traffic when it was struck from behind by #2.						Indicate the north direction with an "N" on the compass diagram. 					
CRASH REPORTED DATE / TIME 03302021 1537		DISPATCH DATE / TIME 03302021 1537		ARRIVAL DATE / TIME 03302021 1543		SCENE CLEARED DATE / TIME 03302021 1619		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST									
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 0		TOTAL MINUTES 42		OFFICER'S NAME* Bryant, Kevin		CHECKED BY OFFICER'S NAME* WALKER		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)							
				OFFICER'S BADGE NUMBER* 1C55		CHECKED BY OFFICER'S BADGE NUMBER* 1C43											



Not To Scale

OWNER

UNIT # 01 **OWNER NAME:** LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)
 BIRDSALL, SHAUNI, KAYE **OWNER PHONE:** INCLUDE AREA CODE (☐ SAME AS DRIVER)

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)
 508 Sherwood Green Ct Mason, OH 45040

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

VEHICLE

LP STATE OH **LICENSE PLATE #** HYT7656 **VEHICLE IDENTIFICATION #** 3N1CN7APXHL847659 **VEHICLE YEAR** 2017 **VEHICLE MAKE** NISS **VEHICLE MODEL** Versa

INSURANCE VERIFIED **INSURANCE COMPANY** Geico **INSURANCE POLICY #** 4545520423 **COLOR** BLU

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.

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

UNIT TYPE 1 **# OF TRAILING UNITS** 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 **AUTONOMOUS MODE LEVEL** 0

SPECIAL FUNCTION 1

CARGO BODY TYPE 1

VEHICLE DEFECTS

EVENT(S)

NON-MOTORIST LOCATION AT IMPACT 1

ACTION 4 **PRE-CRASH ACTIONS** 11

CONTRIBUTING CIRCUMSTANCES 1

SEQUENCE OF EVENTS

EVENTS

COLLISION WITH FIXED OBJECT - STRUCK

FIRST HARMFUL EVENT 1 **MOST HARMFUL EVENT** 1

LOCAL REPORT NUMBER
 CP2103008738

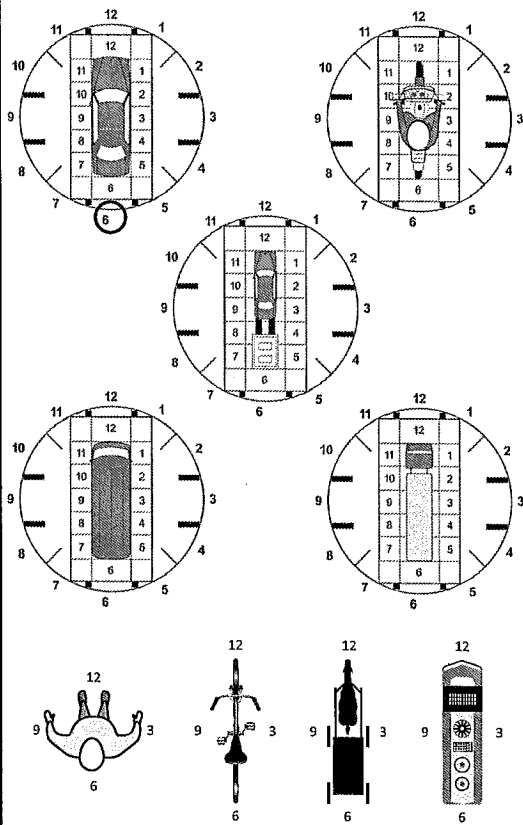
DAMAGE

DAMAGE SCALE

1 - NONE 3 - FUNCTIONAL DAMAGE
 2 - MINOR 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 14 - UNDERCARRIAGE
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
 99 - UNKNOWN

6 13 - TOP

TRAFFIC

TRAFFICWAY FLOW 2 **TRAFFIC CONTROL** 6

1 - ONE-WAY
 2 - TWO-WAY

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

OF THROUGH LANES ON ROAD 2 **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 5 - NORTHEAST
 2 - SOUTH 6 - NORTHWEST
 3 - EAST 7 - SOUTHEAST
 4 - WEST 8 - SOUTHWEST
 9 - OTHER / UNKNOWN

UNIT SPEED

0

DETECTED SPEED

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

POSTED SPEED

50

OWNER

UNIT # 02	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) ROY, ANDREA, NATASHA	OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)
OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER) 1010 READING RD LOT 15 15 Mason, OH 45404		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

VEHICLE

LP STATE OH	LICENSE PLATE # JAC2300	VEHICLE IDENTIFICATION # 2GNALBEK0G1154246	VEHICLE YEAR 2016	VEHICLE MAKE CHEV
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY State Farm	INSURANCE POLICY # 9773363F2135B	COLOR WHI	VEHICLE MODEL terr
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME Barnes Auto	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 01	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
TYPE OF USE		VEHICLE WEIGHT GVWR/GCWR	CLASS # PLACARD ID #	
<input type="checkbox"/> PASSENGER CAR <input type="checkbox"/> PASSENGER VAN (MINIVAN) <input type="checkbox"/> SPORT UTILITY VEHICLE <input type="checkbox"/> PICK UP <input type="checkbox"/> CARGO VAN <input type="checkbox"/> VAN (9-15 SEATS)		<input type="checkbox"/> MOTORCYCLE 2-WHEELED <input type="checkbox"/> MOTORCYCLE 3-WHEELED <input type="checkbox"/> AUTOCYCLE <input type="checkbox"/> MOPED OR MOTORIZED BICYCLE <input type="checkbox"/> ALL TERRAIN VEHICLE (ATV/UTV)	<input type="checkbox"/> LIMO (LIVERY VEHICLE) <input type="checkbox"/> BUS (16+ PASSENGERS) <input type="checkbox"/> OTHER VEHICLE <input type="checkbox"/> HEAVY EQUIPMENT <input type="checkbox"/> ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	
UNIT TYPE 3		# OF TRAILING UNITS 0		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		AUTONOMOUS MODE LEVEL		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER / UNKNOWN		<input type="checkbox"/> 0 - NO AUTOMATION <input type="checkbox"/> 1 - DRIVER ASSISTANCE <input type="checkbox"/> 2 - PARTIAL AUTOMATION <input type="checkbox"/> 3 - CONDITIONAL AUTOMATION <input type="checkbox"/> 4 - HIGH AUTOMATION <input type="checkbox"/> 5 - FULL AUTOMATION <input type="checkbox"/> 9 - UNKNOWN		
SPECIAL FUNCTION 1		VEHICLE DEFECTS		
<input type="checkbox"/> NONE <input type="checkbox"/> TAXI <input type="checkbox"/> ELECTRONIC RIDE SHARING <input type="checkbox"/> SCHOOL TRANSPORT <input type="checkbox"/> BUS - TRANSIT/COMMUTER		<input type="checkbox"/> BUS - CHARTER/TOUR <input type="checkbox"/> BUS - INTERCITY <input type="checkbox"/> BUS - SHUTTLE <input type="checkbox"/> BUS - OTHER <input type="checkbox"/> AMBULANCE <input type="checkbox"/> FIRE <input type="checkbox"/> MILITARY <input type="checkbox"/> POLICE <input type="checkbox"/> PUBLIC UTILITY <input type="checkbox"/> CONSTRUCTION EQUIPMENT <input type="checkbox"/> FARM <input type="checkbox"/> MOWING <input type="checkbox"/> SNOW REMOVAL <input type="checkbox"/> TOWING <input type="checkbox"/> SAFETY SERVICE PATROL		
CARGO BODY TYPE 1		VEHICLE DEFECTS		
<input type="checkbox"/> NO CARGO BODY TYPE / NOT APPLICABLE <input type="checkbox"/> BUS		<input type="checkbox"/> TURN SIGNALS <input type="checkbox"/> HEAD LAMPS <input type="checkbox"/> TAIL LAMPS <input type="checkbox"/> BRAKES <input type="checkbox"/> STEERING <input type="checkbox"/> TIRE BLOWOUT <input type="checkbox"/> WORN OR SLICK TIRES <input type="checkbox"/> TRAILER EQUIPMENT DEFECTIVE <input type="checkbox"/> MOTOR TROUBLE <input type="checkbox"/> DISABLED FROM PRIOR ACCIDENT <input type="checkbox"/> OTHER / UNKNOWN		

EVENTS

NON-MOTORIST LOCATION AT IMPACT	ACTION	CONTRIBUTING CIRCUMSTANCES	SEQUENCE OF EVENTS
<input type="checkbox"/> INTERSECTION - MARKED CROSSWALK <input type="checkbox"/> INTERSECTION - UNMARKED CROSSWALK <input type="checkbox"/> TRAVEL LANE - OTHER LOCATION	<input type="checkbox"/> NON-CONTACT <input type="checkbox"/> NON-COLLISION <input type="checkbox"/> STRIKING <input type="checkbox"/> STRUCK <input type="checkbox"/> BOTH STRIKING & STRUCK <input type="checkbox"/> OTHER / UNKNOWN	<input type="checkbox"/> FAILURE TO YIELD <input type="checkbox"/> RAN RED LIGHT <input type="checkbox"/> RAN STOP SIGN <input type="checkbox"/> UNSAFE SPEED <input type="checkbox"/> IMPROPER TURN	<input type="checkbox"/> OVERTURN/ROLLOVER <input type="checkbox"/> FIRE/EXPLOSION <input type="checkbox"/> IMMERSION <input type="checkbox"/> JACKKNIFE <input type="checkbox"/> CARGO / EQUIPMENT LOSS OR SHIFT
PRE-CRASH ACTIONS	EVENTS	COLLISION WITH FIXED OBJECT - STRUCK	
<input type="checkbox"/> STRAIGHT AHEAD <input type="checkbox"/> BACKING <input type="checkbox"/> CHANGING LANES <input type="checkbox"/> OVERTAKING/PASSING <input type="checkbox"/> MAKING RIGHT TURN <input type="checkbox"/> MAKING LEFT TURN	<input type="checkbox"/> BICYCLE LANE <input type="checkbox"/> SHOULDER / ROADSIDE <input type="checkbox"/> SIDEWALK <input type="checkbox"/> MAKING U-TURN <input type="checkbox"/> ENTERING TRAFFIC LANE <input type="checkbox"/> LEAVING TRAFFIC LANE <input type="checkbox"/> PARKED <input type="checkbox"/> SLOWING OR STOPPED IN TRAFFIC <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> VISION OBSTRUCTION <input type="checkbox"/> OPERATING DEFECTIVE EQUIPMENT <input type="checkbox"/> LOAD SHIFTING/FALLING/SPILLING <input type="checkbox"/> IMPROPER CROSSING	<input type="checkbox"/> GUARDRAIL END <input type="checkbox"/> PORTABLE BARRIER <input type="checkbox"/> MEDIAN CABLE BARRIER <input type="checkbox"/> MEDIAN GUARDRAIL BARRIER <input type="checkbox"/> MEDIAN CONCRETE BARRIER <input type="checkbox"/> MEDIAN OTHER BARRIER <input type="checkbox"/> TRAFFIC SIGN POST <input type="checkbox"/> OVERHEAD SIGN POST <input type="checkbox"/> LIGHT / LUMINARIES SUPPORT <input type="checkbox"/> UTILITY POLE <input type="checkbox"/> OTHER POST, POLE OR SUPPORT <input type="checkbox"/> CULVERT <input type="checkbox"/> CURB <input type="checkbox"/> DITCH <input type="checkbox"/> EMBANKMENT <input type="checkbox"/> FENCE <input type="checkbox"/> MAILBOX <input type="checkbox"/> TREE <input type="checkbox"/> FIRE HYDRANT	
TRAFFICWAY FLOW	TRAFFIC CONTROL	# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
<input type="checkbox"/> ONE-WAY <input type="checkbox"/> TWO-WAY	<input type="checkbox"/> ROUNDABOUT <input type="checkbox"/> SIGNAL <input type="checkbox"/> FLASHER <input type="checkbox"/> NO CONTROL	2	<input type="checkbox"/> NOT INVOLVED <input type="checkbox"/> INVOLVED-ACTIVE CROSSING <input type="checkbox"/> INVOLVED-PASSIVE CROSSING
INITIAL POINT OF CONTACT			
<input type="checkbox"/> NO DAMAGE [0] <input type="checkbox"/> UNDERCARRIAGE [14] <input type="checkbox"/> TOP [13] <input type="checkbox"/> ALL AREAS [15] <input type="checkbox"/> UNIT NOT AT SCENE [16]			
UNIT / NON-MOTORIST DIRECTION			
FROM 2 TO 1 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN			
UNIT SPEED		DETECTED SPEED	
55		1	
POSTED SPEED			
50			
FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1			

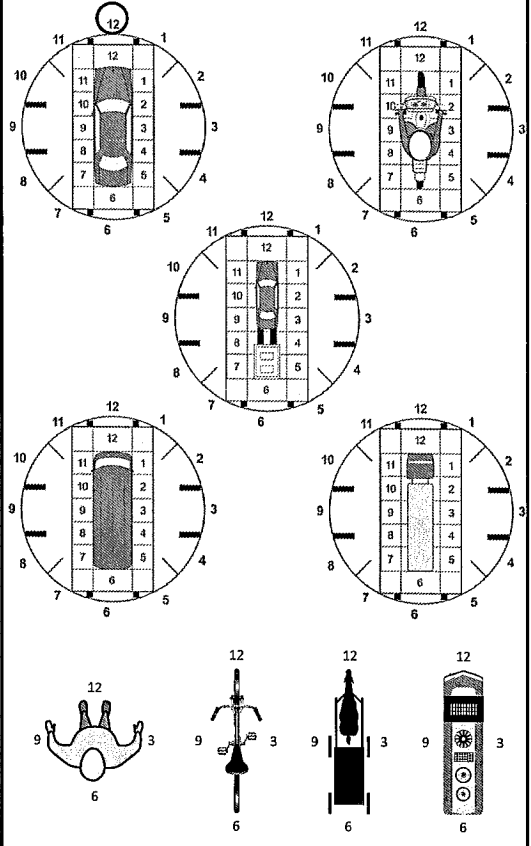
LOCAL REPORT NUMBER
CP2103008738

DAMAGE

DAMAGE SCALE

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

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 14 - UNDERCARRIAGE
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
 13 - TOP 99 - UNKNOWN

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

OF THROUGH LANES ON ROAD

2

RAIL GRADE CROSSING

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

UNIT / NON-MOTORIST DIRECTION

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

UNIT SPEED

55

DETECTED SPEED

1

POSTED SPEED

50

3 - UNDETERMINED

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
CP2103008738

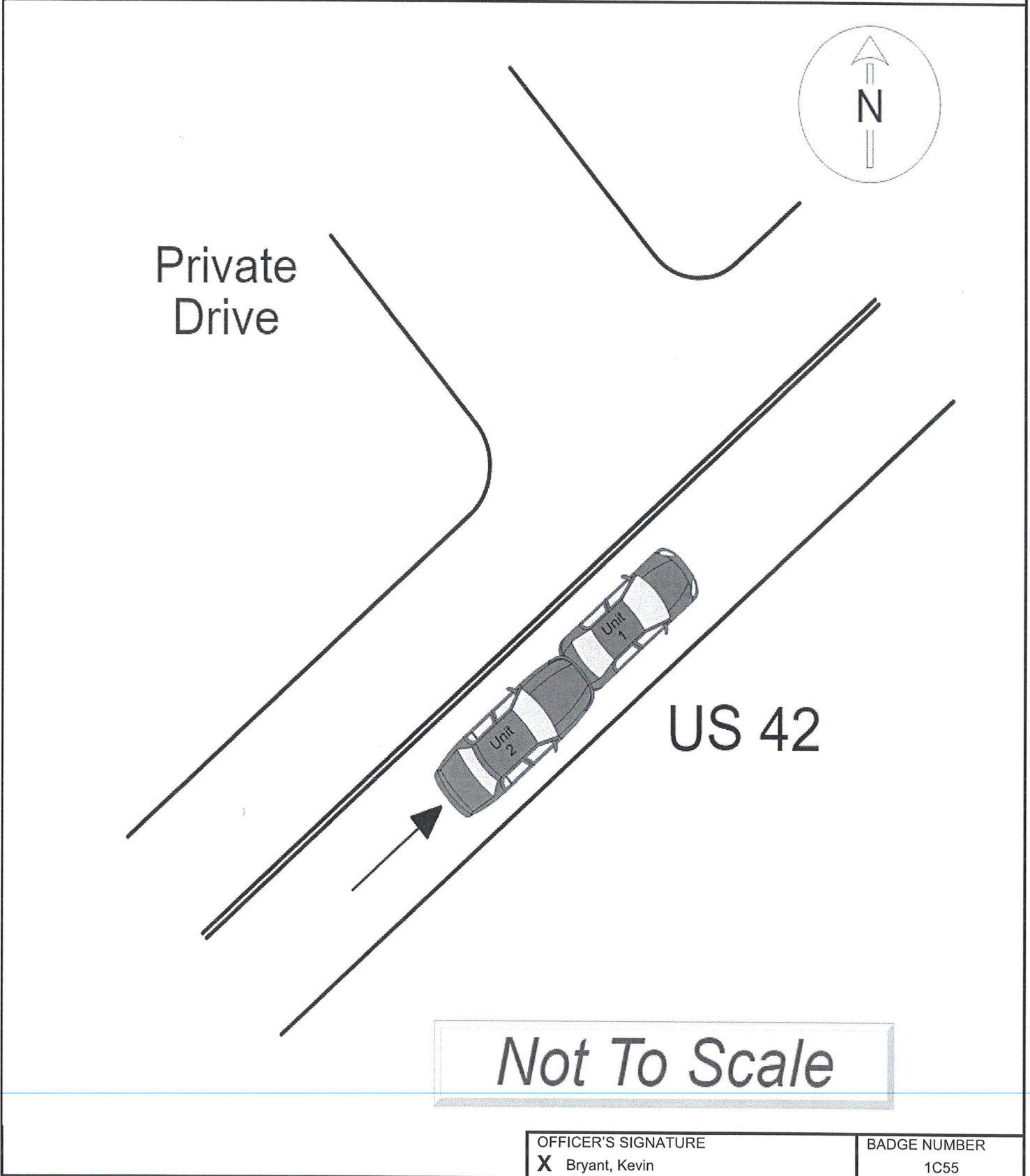
UNIT # 01	NAME: LAST, FIRST, MIDDLE BIRDSALL, SHAUNI, KAYE				DATE OF BIRTH 09/16/1990	AGE 30	GENDER F			
ADDRESS: STREET, CITY, STATE, ZIP 508 Sherwood Green Ct Mason, OH 45040					CONTACT PHONE - INCLUDE AREA CODE [REDACTED]					
INJURIES 4	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE OH	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER			
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4	

UNIT # 02	NAME: LAST, FIRST, MIDDLE ROY, ANDREA, NATASHA				DATE OF BIRTH 06/08/1993	AGE 27	GENDER F			
ADDRESS: STREET, CITY, STATE, ZIP 1010 READING RD LOT 15 15 Mason, OH 45040					CONTACT PHONE - INCLUDE AREA CODE [REDACTED]					
INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 4	EJECTION 1	TRAPPED 1	
OL STATE OH	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 333.03a	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION Assured Clear Distance Ahead		CITATION NUMBER 92564			
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4	

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

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS	
1 - FATAL	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	
INJURED TAKEN BY			EJECTION			ALCOHOL TEST TYPE	
1 - NOT TRANSPORTED / TREATED AT SCENE	6 - SECOND - RIGHT SIDE	1 - NOT EJECTED	OL ENDORSEMENT			1 - NONE	
2 - EMS	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	2 - PARTIALLY EJECTED	H - HAZMAT	7 - EXCEPT TRACTOR-TRAILER	2 - MANUALLY OPERATING AN ELECTRONIC DEVICE	2 - BLOOD	
3 - POLICE	8 - THIRD - MIDDLE	3 - TOTALLY EJECTED	M - MOTORCYCLE	8 - INTERMEDIATE LICENSE RESTRICTIONS	3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	3 - URINE	
9 - OTHER / UNKNOWN	9 - THIRD - RIGHT SIDE	4 - NOT APPLICABLE	P - PASSENGER	9 - LEARNER'S PERMIT RESTRICTIONS	4 - TALKING ON HAND-HELD COMMUNICATION DEVICE	4 - BREATH	
SAFETY EQUIPMENT			TRAPPED			DRUG TEST TYPE	
1 - NONE USED	10 - SLEEPER SECTION OF TRUCK CAB	1 - NOT TRAPPED	N - TANKER	10 - LIMITED TO DAYLIGHT ONLY	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	1 - NONE	
2 - SHOULDER BELT ONLY USED	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	2 - EXTRICATED BY MECHANICAL MEANS	Q - MOTOR SCOOTER	11 - LIMITED TO EMPLOYMENT	6 - PASSENGER	2 - BLOOD	
3 - LAP BELT ONLY USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	3 - FREED BY NON-MECHANICAL MEANS	R - THREE-WHEEL MOTORCYCLE	12 - LIMITED - OTHER	7 - OTHER DISTRACTION INSIDE THE VEHICLE	3 - URINE	
4 - SHOULDER & LAP BELT USED	13 - TRAILING UNIT		S - SCHOOL BUS	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	4 - BREATH	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		T - DOUBLE & TRIPLE TRAILERS	14 - MILITARY VEHICLES ONLY	9 - OTHER / UNKNOWN	5 - OTHER	
6 - CHILD RESTRAINT SYSTEM - REAR FACING	15 - NON-MOTORIST		X - TANKER / HAZMAT	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	CONDITION		
7 - BOOSTER SEAT	99 - OTHER / UNKNOWN			16 - OUTSIDE MIRROR	1 - APPARENTLY NORMAL	1 - NONE	
8 - HELMET USED				17 - PROSTHETIC AID	2 - PHYSICAL IMPAIRMENT	2 - BLOOD	
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)				18 - OTHER	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3 - URINE	
10 - REFLECTIVE CLOTHING					4 - ILLNESS	4 - BREATH	
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY					5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	5 - OTHER	
99 - OTHER / UNKNOWN					6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	DRUG TEST RESULT(S)	
					9 - OTHER / UNKNOWN	1 - AMPHETAMINES	1 - AMPHETAMINES
						2 - BARBITURATES	2 - BARBITURATES
						3 - BENZODIAZEPINES	3 - BENZODIAZEPINES
						4 - CANNABINOIDS	4 - CANNABINOIDS
						5 - COCAINE	5 - COCAINE
						6 - OPIATES / OPIOIDS	6 - OPIATES / OPIOIDS
						7 - OTHER	7 - OTHER
						8 - NEGATIVE RESULTS	8 - NEGATIVE RESULTS

LOCAL REPORT NUMBER CP2103008738	REPORTING AGENCY Mason PD	DATE OF CRASH M 03 D 30 Y 2021
IN COUNTY OF Warren	CRASH LOCATION US 42 @ Hanover Drive	





LOCAL REPORT NUMBER CP210300 8738	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 03 D 30 Y 21
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Andrea Roy PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
P.O. K. S. BRYANT OFFICER'S NAME AT St Rt 42 LOCATION
was driving down 42, looked down for one
second, looked up and wasn't able to
stop fast enough and ran into the car
in front of me.

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

Q. WERE YOU WEARING YOUR SEAT BELT? no

Q. WHAT DIRECTION WERE YOU GOING? forward

Q. WHAT WAS YOUR SPEED? 55 mph

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

ADDRESS OF WITNESS _____ PHONE _____

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



LOCAL REPORT NUMBER CP 210300 8738	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 3 D 30 Y 21
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FOR LOCAL USE ONLY -- DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Shayni Birdcall HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED
P.O. K. S. BRYANT AT Kala coffeehouse, Axis Church
OFFICER'S NAME LOCATION

Stopped to turn w/turn signal into crossfit mason, axis church parking lot, was hit from behind. was stopped for a full minute approx. to turn into parking lot.

Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED? NO tight lower back;
 Q. WERE YOU WEARING YOUR SEAT BELT? YES left arm pain
 Q. WHAT DIRECTION WERE YOU GOING? North
 Q. WHAT WAS YOUR SPEED? 0
 Q. WERE YOU USING A CELL PHONE AT THE TIME OF THE CRASH? NO

ADDRESS OF WITNESS 508 Sherwood green Ct. Mason OH 45040 PHONE [REDACTED]
 SIGNATURE OF WITNESS [Signature] OFFICER'S SIGNATURE [Signature]