

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

|  |  |   |   |                |              |  |  |
|--|--|---|---|----------------|--------------|--|--|
| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH<br><input type="checkbox"/> PRIVATE PROPERTY |  | <input checked="" type="checkbox"/> OH-2<br><input checked="" type="checkbox"/> OH-3<br><input checked="" type="checkbox"/> OH-1P<br><input type="checkbox"/> OTHER | LOCAL INFORMATION<br>REPORTING AGENCY NAME*<br>Mason PD | NCIC*<br>08304 | CP2109034166 |  |  |
|--|--|---|---|----------------|--------------|--|--|

|               |   |   |                                     |   |
|---------------|---|---|-------------------------------------|---|
| 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>09102021 1755 | 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 | ROUTE NUMBER | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>4 | LOCATION ROAD NAME<br>Main | ROAD TYPE<br>ST | LATITUDE DECIMAL DEGREES<br>39.360314 |
|------------|--------------|--|----------------------------|-----------------|---------------------------------------|

|            |              |  |   |                 |   |
|------------|--------------|--|---|-----------------|---|
| ROUTE TYPE | ROUTE NUMBER | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>2 | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>East | ROAD TYPE<br>ST | LONGITUDE DECIMAL DEGREES<br>-84.310555 |
|------------|--------------|--|---|-----------------|---|

|  |   |  |  |  |
|--|---|--|--|--|
| 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>4 | 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 |
|--|---|--|--|--|

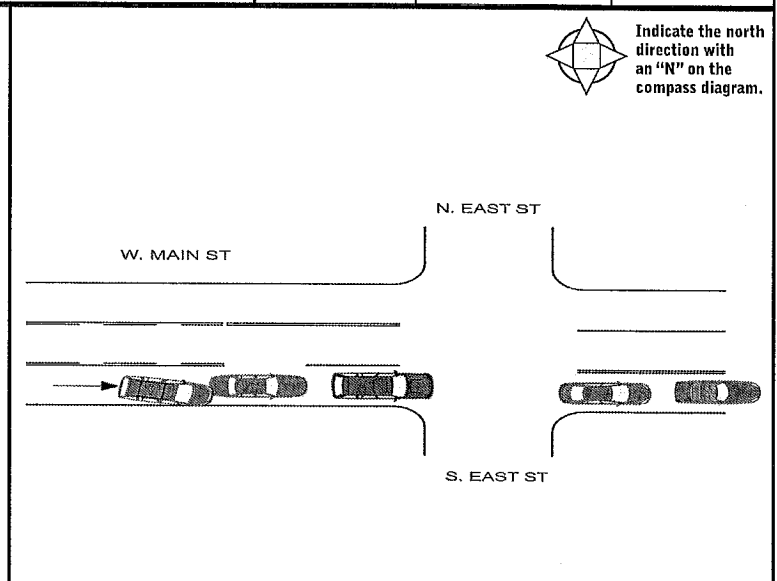
|  |  |  |   |   |
|--|--|--|---|---|
| LOCATION OF FIRST HARMFUL EVENT<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP<br>1 | 9 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12 - SHARED USE PATHS OR TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER / UNKNOWN | 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>2 | 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 (ANYTYPE)<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 | 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 |
|---|--|---|---|--|--|

|   |  |
|---|--|
| 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 and #2 were eastbound on W. Main St. Unit #1 was stopped in traffic when it was struck from behind by #2.



|   |                                       |                                      |  |   |
|---|---------------------------------------|--------------------------------------|--|---|
| CRASH REPORTED DATE / TIME<br>09102021 1758 | DISPATCH DATE / TIME<br>09102021 1758 | ARRIVAL DATE / TIME<br>09102021 1805 | SCENE CLEARED DATE / TIME<br>09102021 1855 | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST |
| TOTAL TIME ROADWAY CLOSED<br>0              | OTHER INVESTIGATION TIME<br>30        | TOTAL MINUTES<br>87                  | 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  |

# MOTORIST / Non-MOTORIST

|                                     |
|-------------------------------------|
| LOCAL REPORT NUMBER<br>CP2109034166 |
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|  |  |  |  |   |
|--|--|--|--|---|
| <b>UNIT #</b><br>01  | <b>NAME: LAST, FIRST, MIDDLE</b><br>SHI, HONGXIANG | <b>DATE OF BIRTH</b><br>10/06/1988                     | <b>AGE</b><br>32                                       | <b>GENDER</b><br>M  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>11859 TENNYSON DR Cincinnati, OH 45241 |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>[REDACTED] |  |   |
| <b>INJURIES</b><br>5   | <b>INJURED TAKEN BY</b><br>1                       | <b>EMS AGENCY (NAME)</b>                               | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b><br>4   |
| <input type="checkbox"/> DOT-COMPLIANT MC HELMET                                   | <b>SEATING POSITION</b><br>1                       | <b>AIR BAG USAGE</b><br>1                              | <b>EJECTION</b><br>1                                   | <b>TRAPPED</b><br>1   |
| <b>OL STATE</b>  | <b>OPERATOR LICENSE NUMBER</b>                     | <b>OFFENSE CHARGED</b>                                 | <b>LOCAL CODE</b><br><input type="checkbox"/>          | <b>OFFENSE DESCRIPTION</b>  |
| <b>OL CLASS</b><br>4   | <b>ENDORSEMENT</b><br>SELECT UP TO 2               | <b>RESTRICTION</b> SELECT UP TO 3                      | <b>DRIVER DISTRACTED BY</b><br>1                       | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |
| <b>CONDITION</b><br>1  | <b>ALCOHOL TEST</b>                                |  | <b>DRUG TEST(S)</b>                                    |   |
| <b>STATUS</b><br>1   | <b>TYPE</b><br>1                                   | <b>VALUE</b>   | <b>STATUS</b><br>1                                     | <b>TYPE</b><br>1  |
|  |  |  | <b>RESULT</b> SELECT UP TO 4                           |   |

|  |  |  |  |   |
|--|--|--|--|---|
| <b>UNIT #</b><br>02  | <b>NAME: LAST, FIRST, MIDDLE</b><br>CHAIKH, TOUFIC, MOHAMAD EL | <b>DATE OF BIRTH</b><br>01/12/1983                     | <b>AGE</b><br>38   | <b>GENDER</b><br>M  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>4279 SPYGLASS HL Mason, OH 45040 |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>[REDACTED] |  |   |
| <b>INJURIES</b><br>5   | <b>INJURED TAKEN BY</b><br>1                                   | <b>EMS AGENCY (NAME)</b>                               | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>   | <b>SAFETY EQUIPMENT USED</b><br>4   |
| <input type="checkbox"/> DOT-COMPLIANT MC HELMET                             | <b>SEATING POSITION</b><br>1                                   | <b>AIR BAG USAGE</b><br>1                              | <b>EJECTION</b><br>1                                     | <b>TRAPPED</b><br>1   |
| <b>OL STATE</b>  | <b>OPERATOR LICENSE NUMBER</b>                                 | <b>OFFENSE CHARGED</b><br>333.03a                      | <b>LOCAL CODE</b><br><input checked="" type="checkbox"/> | <b>OFFENSE DESCRIPTION</b><br>Assured Clear Distance Ahead  |
| <b>OL CLASS</b><br>4   | <b>ENDORSEMENT</b><br>SELECT UP TO 2                           | <b>RESTRICTION</b> SELECT UP TO 3                      | <b>DRIVER DISTRACTED BY</b><br>1                         | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |
| <b>CONDITION</b><br>1  | <b>ALCOHOL TEST</b>  |  | <b>DRUG TEST(S)</b>                                      |   |
| <b>STATUS</b><br>1   | <b>TYPE</b><br>1   | <b>VALUE</b>   | <b>STATUS</b><br>1                                       | <b>TYPE</b><br>1  |
|  |  |  | <b>RESULT</b> SELECT UP TO 4                             |   |

|  |                                  |  |  |                                 |
|--|----------------------------------|--|--|---------------------------------|
| <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>EMS AGENCY (NAME)</b>                 | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b>    |
| <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b>          | <b>AIR BAG USAGE</b>                     | <b>EJECTION</b>  | <b>TRAPPED</b>                  |
| <b>OL STATE</b>                                  | <b>OPERATOR LICENSE NUMBER</b>   | <b>OFFENSE CHARGED</b>                   | <b>LOCAL CODE</b>                                      | <b>OFFENSE DESCRIPTION</b>      |
| <b>OL CLASS</b>                                  | <b>ENDORSEMENT</b>               | <b>RESTRICTION</b>                       | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b> |
| <b>CONDITION</b>                                 | <b>ALCOHOL TEST</b>              |  | <b>DRUG TEST(S)</b>                                    |                                 |
| <b>STATUS</b>                                    | <b>TYPE</b>                      | <b>VALUE</b>                             | <b>STATUS</b>  | <b>TYPE</b>                     |
|  |                                  |  | <b>RESULT</b> SELECT UP TO 4                           |                                 |

| 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 MOPED 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                                   |
| <b>INJURED TAKEN BY</b>  |   | <b>EJECTION</b>   | <b>OL ENDORSEMENT</b>   |   | <b>ALCOHOL TEST TYPE</b>   |  |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN   |   | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE   | H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL MOTORCYCLE<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT |   | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER  |  |
| <b>SAFETY EQUIPMENT</b>  |   | <b>TRAPPED</b>  |   | <b>CONDITION</b>  | <b>DRUG TEST TYPE</b>  |  |
| 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 |   | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS  |   | 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   | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER  | <b>DRUG TEST RESULT(S)</b><br>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 )  
**SHI, HONGXIANG** OWNER PHONE: (  SAME AS DRIVER )  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
**11859 TENNYSON DR Cincinnati, OH 45241**  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH LICENSE PLATE # HPR6702 VEHICLE IDENTIFICATION # WA1CNAFY2J2226705 VEHICLE YEAR 2018 VEHICLE MAKE AUDI

INSURANCE VERIFIED INSURANCE COMPANY State Farm INSURANCE POLICY # 8706968C0735A COLOR WHI VEHICLE MODEL Q5

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE TYPE OF USE US DOT # TOWED BY: COMPANY NAME

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS 02 VEHICLE WEIGHT GVWR/GCWR  
 1 - <10K LBS.  
 2 - 10,001 - 26K LBS.  
 3 - >26K LBS.  
 MATERIAL RELEASED CLASS # PLACARD ID #  
 PLACARD

UNIT TYPE 3 # OF TRAILING UNITS 0

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 99 - UNKNOWN OR HIT/SKIP

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

1 - YES 2 - NO 9 - OTHER / UNKNOWN 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 9 - UNKNOWN  
 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

SPECIAL FUNCTION 1

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

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 99 - OTHER / UNKNOWN  
 11 - DUMP

VEHICLE DEFECTS 1

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

NON-MOTORIST LOCATION AT IMPACT 1

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 - MIDBLOCK - 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 4 PRE-CRASH ACTIONS 11

1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE  
 2 - NON-COLLISION 2 - BACKING 8 - ENTERING OR CROSSING SPECIFIED LOCATION 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 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 99 - OTHER / UNKNOWN  
 9 - OTHER / UNKNOWN

CONTRIBUTING CIRCUMSTANCES 1

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

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 1 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 1 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT  
 4 1 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT  
 5 1 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE

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 99 - OTHER / UNKNOWN  
 49 - FIRE HYDRANT

1 1 FIRST HARMFUL EVENT 1 1 MOST HARMFUL EVENT

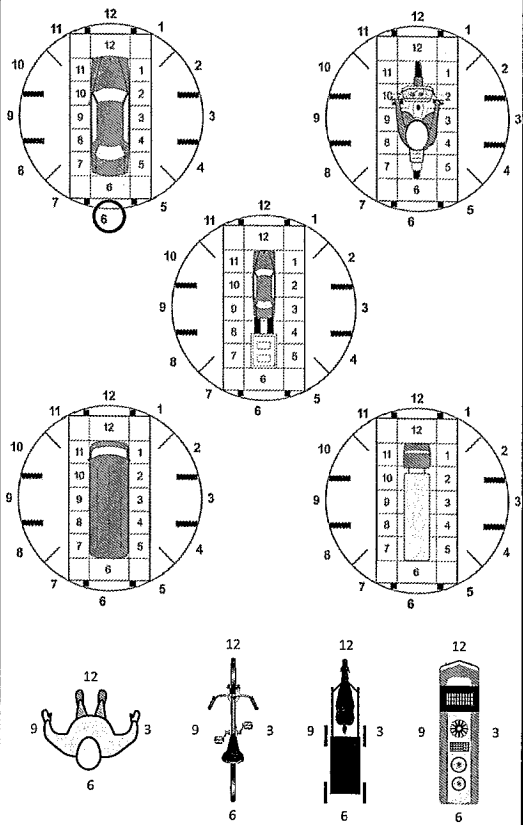
LOCAL REPORT NUMBER  
 CP2109034166

DAMAGE

DAMAGE SCALE

1 - NONE 3 - FUNCTIONAL DAMAGE  
2 2 - 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  
6 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 13 - TOP 99 - UNKNOWN

TRAFFIC

TRAFFICWAY FLOW 2 TRAFFIC CONTROL 6

1 - ONE-WAY 2 - TWO-WAY 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

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

UNIT / NON-MOTORIST DIRECTION

FROM 4 TO 3

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

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

POSTED SPEED 25

**OWNER**

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE:  SAME AS DRIVER  
**CHEIKH, SOUMAIA, MAAOUIA EP**

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

OWNER ADDRESS: STREET, CITY, STATE, ZIP  SAME AS DRIVER  
**4279 SPYGLASS HL Mason, OH 45040**

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

LP STATE OH LICENSE PLATE # HVC4776 VEHICLE IDENTIFICATION # 5FNRL38747B026632 VEHICLE YEAR 2007 VEHICLE MAKE HOND

INSURANCE VERIFIED INSURANCE COMPANY Geico INSURANCE POLICY # 6076620837 COLOR SIL VEHICLE MODEL Odyssey (minivan)

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE TYPE OF USE 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 #

UNIT TYPE 2 # of TRAILING UNITS 0

|                             |                                    |                        |  |                            |
|-----------------------------|------------------------------------|------------------------|--|----------------------------|
| 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         |  | 99 - UNKNOWN OR HIT/SKIP   |

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                    | 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

|   |  |                                  |                |                       |
|---|--|----------------------------------|----------------|-----------------------|
| 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   |
|   |  |                                  | 11 - DUMP      | 99 - OTHER / UNKNOWN  |

VEHICLE DEFECTS 1

|                  |                  |                                 |                                   |                      |
|------------------|------------------|---------------------------------|-----------------------------------|----------------------|
| 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 |                                 |                                   |                      |

NON-MOTORIST LOCATION AT IMPACT 1

|                                       |                                  |                         |                                 |  |
|---------------------------------------|----------------------------------|-------------------------|---------------------------------|--|
| 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 - MIDBLOCK - 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 3 PRE-CRASH ACTIONS 1

|                            |                        |                                    |  |  |
|----------------------------|------------------------|------------------------------------|--|--|
| 1 - NON-CONTACT            | 1 - STRAIGHT AHEAD     | 7 - MAKING U-TURN                  | 13 - NEGOTIATING A CURVE                     | 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                 | 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                   |
| 9 - OTHER / UNKNOWN        | 6 - MAKING LEFT TURN   | 12 - DRIVERLESS                    |  |  |

CONTRIBUTING CIRCUMSTANCES 8

|                      |                                |  |                                      |                                |
|----------------------|--------------------------------|--|--------------------------------------|--------------------------------|
| 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            |  |                                      |                                |
| 6 - IMPROPER TURN    | 12 - IMPROPER BACKING          |  |                                      |                                |

SEQUENCE OF EVENTS

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COLLISION WITH FIXED OBJECT - STRUCK

|  |                               |                                  |                   |                                      |
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| 30 - GUARDRAIL FACE                    | 36 - MEDIAN OTHER BARRIER     | 42 - CULVERT                     | 48 - TREE         | 99 - OTHER / UNKNOWN                 |
|  |                               |                                  | 49 - FIRE HYDRANT |                                      |

UNIT SPEED 25 DETECTED SPEED 1

POSTED SPEED 25

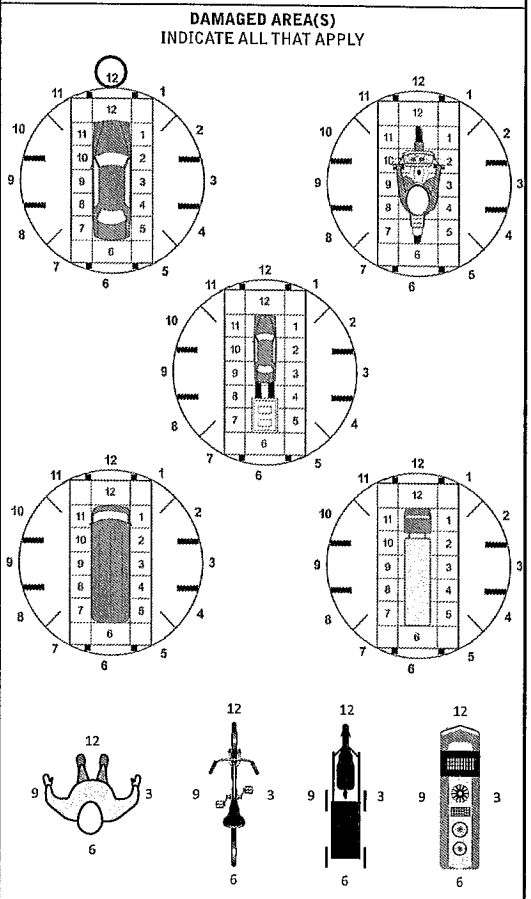
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LOCAL REPORT NUMBER  
 CP2109034166

DAMAGE

DAMAGE SCALE

1 - NONE 3 - FUNCTIONAL DAMAGE  
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 9 - UNKNOWN



NO DAMAGE [ 0 ]  UNDERCARRIAGE [ 14 ]  
 TOP [ 13 ]  ALL AREAS [ 15 ]  
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INITIAL POINT OF CONTACT

0 - NO DAMAGE 14 - UNDERCARRIAGE  
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TRAFFIC

TRAFFICWAY FLOW 2

1 - ONE-WAY  
 2 - TWO-WAY

TRAFFIC CONTROL 6

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

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 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

FROM 4 TO 3

1 - NORTH 5 - NORTHEAST  
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 9 - OTHER / UNKNOWN

UNIT SPEED 25 POSTED SPEED 25

DETECTED SPEED 1

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



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
CP2109034166

|                 |   |   |                                    |  |                    |
|-----------------|---|---|------------------------------------|--|--------------------|
| <b>OCCUPANT</b> | <b>UNIT #</b><br>01   | <b>NAME: LAST, FIRST, MIDDLE</b><br>YANG, SHUQIAN | <b>DATE OF BIRTH</b><br>06/02/1990 | <b>AGE</b><br>31                                       | <b>GENDER</b><br>F |
|                 | <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>11859 TENNYSON DR, Cincinnati, OH 45241 |   |                                    | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>[REDACTED] |                    |

|                      |                              |                           |  |                                   |   |                              |                           |                      |                     |
|----------------------|------------------------------|---------------------------|--|-----------------------------------|---|------------------------------|---------------------------|----------------------|---------------------|
| <b>INJURIES</b><br>5 | <b>INJURED TAKEN BY</b><br>1 | <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>OCCUPANT</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>OCCUPANT</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>OCCUPANT</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> |
|-----------------|-------------------------|---------------------------|--|------------------------------|---|-------------------------|----------------------|-----------------|----------------|

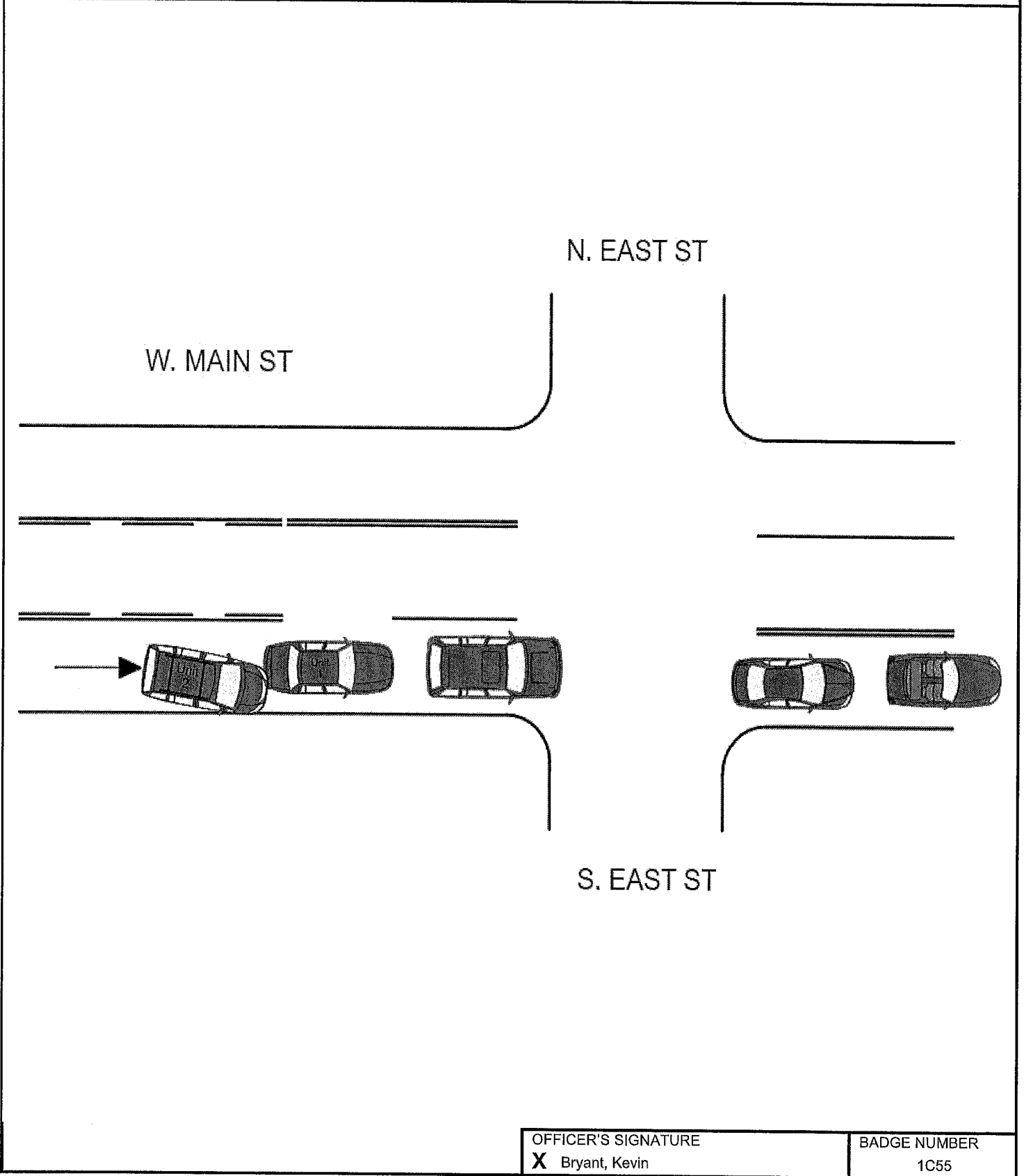
| INJURIES                     | SAFETY EQUIPMENT USED                         | SEATING POSITION   | AIR BAG USAGE                |
|------------------------------|---|--|------------------------------|
| 1 - FATAL                    | 1 - NONE USED - VEHICLE OCCUPANT              | 1 - FRONT - LEFT 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           |
|                              | 6 - CHILD RESTRAINT SYSTEM - REAR FACING      | 6 - SECOND - RIGHT SIDE  | 9 - DEPLOYMENT UNKNOWN       |
|                              | 7 - BOOSTER SEAT                              | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  |                              |
|                              | 8 - HELMET USED                               | 8 - THIRD - MIDDLE   |                              |
|                              | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT SIDE   |                              |
|                              | 10 - REFLECTIVE CLOTHING                      | 10 - SLEEPER SECTION OF TRUCK CAB  |                              |
|                              | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) |                              |
|                              | 99 - OTHER / UNKNOWN                          | 12 - PASSENGER IN UNENCLOSED CARGO AREA  |                              |
|                              |   | 13 - TRAILING UNIT   |                              |
|                              |   | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    |                              |
|                              |   | 15 - NON-MOTORIST  |                              |
|                              |   | 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> |

|                |  |                      |            |  |
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| <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>CP2109034166 | REPORTING AGENCY<br>Mason PD                | DATE OF CRASH<br>M 09   D 10   Y 2021 |
| IN COUNTY OF<br>Warren              | CRASH LOCATION<br>Main Street @ East Street |                                       |



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



|  |   |  |
|--|---|--|
| LOCAL REPORT NUMBER<br><b>CP2109034166</b> | REPORTING AGENCY<br><b>MASON POLICE</b> | DATE OF CRASH<br>M <b>09</b> D <b>10</b> Y <b>21</b> |
|--|---|--|

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

I, **TOUFIC EL CHAIKH** HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

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

*ITS T. much faster and I make  
 him the car not stop  
 and I drive 25 mph per mile*

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

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

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

Q. WHAT WAS YOUR SPEED? **25**

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>CP2109634166</b> | REPORTING AGENCY<br><b>MASON POLICE</b> | DATE OF CRASH<br><b>09/10/21</b> |
|--|---|----------------------------------|

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I, **HUNGXIANG SHI** HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

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

*I was rear ended by a Honda on West Main St  
Mason OH at 6:00pm on Sept 10, 2021.*

- Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED? **NO**
- Q. WERE YOU WEARING YOUR SEAT BELT? **YES**
- Q. WHAT DIRECTION WERE YOU GOING? **EAST**
- Q. WHAT WAS YOUR SPEED? **0**
- 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.B.*

PHONE

[REDACTED]