

142217



# Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
	1 - Fatal 2 - Injury 3 - PDO	1 - Solved 2 - Unsolved
	3	

<input type="checkbox"/> Photos Taken <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> Other	<input type="checkbox"/> PDO Under State Reportable Dollar Amount <input type="checkbox"/> Private Property	Reporting Agency NCIC # <b>08130141</b>	Reporting Agency Name <b>MASCO POLICE</b>	Number of Hours <b>024</b>	Unit in error <input type="checkbox"/> 98 - Animal <input type="checkbox"/> 99 - Unknown
County * <b>03</b>	<input checked="" type="checkbox"/> City * <input type="checkbox"/> Village * <input type="checkbox"/> Township *	City, Village, Township * <b>MASCO</b>	Crash Date * <b>10/12/21 0114</b>	Time of Crash <b>1650</b>	Day of Week <b>WED</b>

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
0 / 0 / 0	0 / 0 / 0	39.13580324	78.41266815

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost <sup>2</sup>
<input checked="" type="checkbox"/> Divided <input type="checkbox"/> Undivided	<b>S</b> N - Northbound E - Eastbound S - Southbound W - Westbound	<b>01</b>	AL - Alley CR - Circle HE - Heights MP - Milepost PL - Place ST - Street WA - Way AV - Avenue CT - Court HW - Highway PK - Parkway RD - Road TE - Terrace BL - Boulevard DR - Drive LA - Lane PI - Pike SQ - Square TL - Trail

Location Route Type <sup>1</sup>	Location Route Number	Loc Prefix N, S, E, W	Location Road Name	Location Road Type <sup>2</sup>	Route Types <sup>1</sup>
<b>IR</b>	<b>71</b>				IR - Interstate Route (inc. turnpike) CR - Numbered County Route US - US Route TR - Numbered Township Route SR - State Route

Distance From Reference	Dir From Ref	Reference Route Number	Ref Prefix N, S, E, W	Reference Name (Road, Milepost, House #)	Reference Road Type <sup>2</sup>
<b>AT</b> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards	<b>S</b> N, S, E, W	<b>SR</b> <b>741</b>			

Reference Point Used	Crash Location	Intersection Related	Location of First Harmful Event
<b>1</b> 1 - Intersection 2 - Mile Post 3 - House Number	<b>08</b> 01 - Not an intersection 02 - Four-way Intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle/Roundabout 06 - Five-point, or more 07 - On Ramp 08 - Off Ramp 09 - Crossover 10 - Driveway/Alley Access 11 - Railway Grade Crossing 12 - Shared-Use Paths or Trails 99 - Unknown	<input type="checkbox"/>	<b>1</b> 1 - On Roadway 5 - On Gore 2 - On Shoulder 6 - Outside Trafficway 3 - In Median 9 - Unknown 4 - On Roadside

Road Contour	Road Conditions Primary	Secondary	Weather
<b>2</b> 1 - Straight Level 4 - Curve Grade 2 - Straight Grade 9 - Unknown 3 - Curve Level	<b>03</b>	<b>04</b>	<b>2</b> 1 - Clear 4 - Rain 7 - Severe Crosswinds 2 - Cloudy 5 - Sleet, Hail 8 - Blowing Sand, Soil, Dirt, Snow 3 - Fog, Smog, Smoke 6 - Snow 9 - Other/Unknown

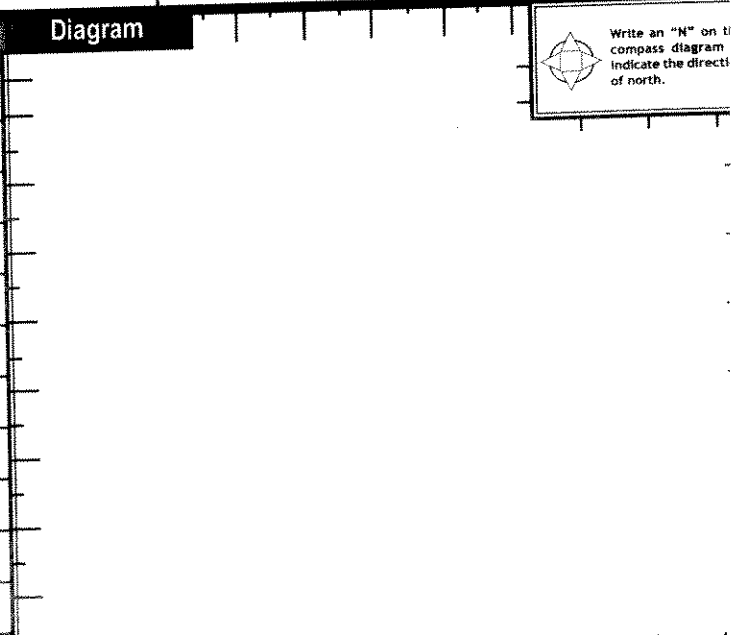
Manner of Crash Collision/Impact	Weather
<b>2</b> 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 5 - Backing 8 - Sideswipe, Opposite Direction 3 - Head-On 6 - Angle 9 - Unknown 4 - Rear-to-Rear 7 - Sideswipe, Same Direction	<b>2</b> 1 - Clear 4 - Rain 7 - Severe Crosswinds 2 - Cloudy 5 - Sleet, Hail 8 - Blowing Sand, Soil, Dirt, Snow 3 - Fog, Smog, Smoke 6 - Snow 9 - Other/Unknown

Road Surface	Light Conditions Primary	Secondary	School Bus Related
<b>2</b> 1 - Concrete 4 - Slag, Gravel, Stone 2 - Blacktop, Bituminous, Asphalt 5 - Dirt 3 - Brick/Block 6 - Other	<b>4</b>	1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway	<input type="checkbox"/> School Bus Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved

Work Zone Related	Workers Present	Law Enforcement Present (Officer/Vehicle)	Law Enforcement Present (Vehicle Only)	Type of Work Zone	Location of Crash In Work Zone
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 - Lane Closure 4 - Intermittent or Moving Work 2 - Lane Shift/Crossover 5 - Other 3 - Work on Shoulder or Median	1 - Before the First Work Zone Warning Sign 4 - Activity Area 2 - Advance Warning Area 5 - Termination Area 3 - Transition Area

Narrative

UNIT #1 AND UNIT #2 WERE AT THE TRAFFIC LIGHT ON THE I-71 S. OFF RAMP AT S.R. 741 WHEN UNIT #1 STRUCK UNIT #2 FROM BEHIND. MINOR DAMAGE TO BOTH VEHICLES RESULTED.



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to OOPS)	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
<input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist							



# MOTORIST / Non-MOTORIST / OCCUPANT

12345 Sunset Drive

UNIT NUMBER <b>011</b>	NAME: LAST, FIRST, MIDDLE <b>GIBSON, ALYSSA B</b>	DATE OF BIRTH <b>09/02/1976</b>	AGE <b>37</b>	GENDER <b>F</b> F - FEMALE M - MALE
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Address, City, State, Zip  
**335 SUNSET DRIVE S. LEBANON, OHIO 45065**

CONTACT PHONE- INCLUDE AREA CODE  
**513 460-3757**

INJURIES <b>1</b>	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
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OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>R2244293</b>	OL CLASS <b>4</b>	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION <b>1</b>	ALCOHOL/DRUG SUSPECTED <b>1</b>	ALCOHOL TEST STATUS <b>1</b>	ALCOHOL TEST TYPE <b>1</b>	ALCOHOL TEST VALUE	DRUG TEST STATUS <b>1</b>	DRUG TEST TYPE <b>1</b>
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OFFENSE CHARGED ( <input checked="" type="checkbox"/> LOCAL CODE) <b>333.03</b>	OFFENSE DESCRIPTION <b>ACDA</b>	CITATION NUMBER <b>75423</b>	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <b>1</b>
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UNIT NUMBER <b>021</b>	NAME: LAST, FIRST, MIDDLE <b>WILLIS, BRITANY N</b>	DATE OF BIRTH <b>11/10/1985</b>	AGE <b>29</b>	GENDER <b>F</b> F - FEMALE M - MALE
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Address, City, State, Zip  
**1022 N WEST ST. HILLSBORO, OHIO 45133**

CONTACT PHONE- INCLUDE AREA CODE  
**937 661-1284**

INJURIES <b>1</b>	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
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OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>SC743953</b>	OL CLASS <b>4</b>	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION <b>1</b>	ALCOHOL/DRUG SUSPECTED <b>1</b>	ALCOHOL TEST STATUS <b>1</b>	ALCOHOL TEST TYPE <b>1</b>	ALCOHOL TEST VALUE	DRUG TEST STATUS <b>1</b>	DRUG TEST TYPE <b>1</b>
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OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <b>1</b>
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<b>INJURIES:</b> 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	<b>INJURED TAKEN BY</b> 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	<b>SAFETY EQUIPMENT USED</b> <b>MOTORIST</b> 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED	<b>99 - UNKNOWN SAFETY EQUIPMENT</b> 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	<b>Non-MOTORIST</b> 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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<b>SEATING POSITION</b> 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE	07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICKUP WITH CAP)	12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	<b>AIR BAG USAGE</b> 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
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<b>EJECTION</b> 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	<b>TRAPPED</b> 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	<b>OPERATOR LICENSE CLASS</b> 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "D") 5 - MC/MOPED ONLY	<b>CONDITION</b> 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS	5 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	<b>ALCOHOL/DRUG SUSPECTED</b> 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED
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<b>ALCOHOL TEST STATUS</b> 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	<b>ALCOHOL TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	<b>DRUG TEST STATUS</b> 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	<b>DRUG TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	<b>DRIVER DISTRACTED BY</b> 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD)	6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER <b>011</b>	NAME: LAST, FIRST, MIDDLE <b>WALDEN, JARRETTI</b>	DATE OF BIRTH <b>10/29/2000</b>	AGE <b>13</b>	GENDER <b>M</b> F - FEMALE M - MALE
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Address, City, State, Zip  
**335 SUNSET DRIVE S. LEBANON, OHIO 45065**

CONTACT PHONE- INCLUDE AREA CODE  
**513 460-3757**

INJURIES <b>1</b>	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <b>03</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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Address, City, State, Zip

CONTACT PHONE- INCLUDE AREA CODE

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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MOTORIST/Non-Motorist

MOTORIST/Non-Motorist

OCCUPANT

OCCUPANT



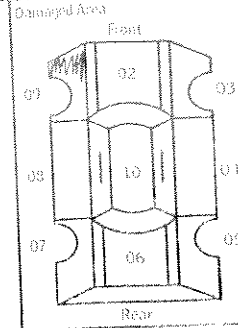
# Unit

Local Report Number

Unit Number: **011** Owner Name: Last, First, Middle: **[ ]** (Same As Driver)

Owner Phone Number - inc. area code: **[ ]** (Same As Driver)

Damage Scale: **1**



Owner Address: City, State, ZIP: **[ ]** (Same As Driver)

LP State: **OH** License Plate Number: **EJN 7745**

Vehicle Identification Number: **1D4YG1P25R13618637670102** # Occupants: **102**

Vehicle Year: **2001** Vehicle Make: **DODGE**

Vehicle Model: **CARVAN** Vehicle Color: **BEIGE**

Carrier Name: **TELE GENERAL**

Policy Number: **47-04 1736618**

Carrier Phone - include area code: **[ ]**

US DOT: **[ ]** Vehicle Weight GVWR/GCWR: **1** (1-14,500 lbs, 2-14,501-25,000 lbs, 3-25,001-35,000 lbs, 4-35,001-45,000 lbs, 5-45,001-55,000 lbs, 6-55,001-65,000 lbs, 7-65,001-75,000 lbs, 8-75,001-85,000 lbs, 9-85,001-95,000 lbs, 10-95,001-105,000 lbs, 11-105,001-115,000 lbs, 12-115,001-125,000 lbs, 13-125,001-135,000 lbs, 14-135,001-145,000 lbs, 15-145,001-155,000 lbs, 16-155,001-165,000 lbs, 17-165,001-175,000 lbs, 18-175,001-185,000 lbs, 19-185,001-195,000 lbs, 20-195,001-205,000 lbs, 21-205,001-215,000 lbs, 22-215,001-225,000 lbs, 23-225,001-235,000 lbs, 24-235,001-245,000 lbs, 25-245,001-255,000 lbs, 26-255,001-265,000 lbs, 27-265,001-275,000 lbs, 28-275,001-285,000 lbs, 29-285,001-295,000 lbs, 30-295,001-305,000 lbs, 31-305,001-315,000 lbs, 32-315,001-325,000 lbs, 33-325,001-335,000 lbs, 34-335,001-345,000 lbs, 35-345,001-355,000 lbs, 36-355,001-365,000 lbs, 37-365,001-375,000 lbs, 38-375,001-385,000 lbs, 39-385,001-395,000 lbs, 40-395,001-405,000 lbs, 41-405,001-415,000 lbs, 42-415,001-425,000 lbs, 43-425,001-435,000 lbs, 44-435,001-445,000 lbs, 45-445,001-455,000 lbs, 46-455,001-465,000 lbs, 47-465,001-475,000 lbs, 48-475,001-485,000 lbs, 49-485,001-495,000 lbs, 50-495,001-505,000 lbs, 51-505,001-515,000 lbs, 52-515,001-525,000 lbs, 53-525,001-535,000 lbs, 54-535,001-545,000 lbs, 55-545,001-555,000 lbs, 56-555,001-565,000 lbs, 57-565,001-575,000 lbs, 58-575,001-585,000 lbs, 59-585,001-595,000 lbs, 60-595,001-605,000 lbs, 61-605,001-615,000 lbs, 62-615,001-625,000 lbs, 63-625,001-635,000 lbs, 64-635,001-645,000 lbs, 65-645,001-655,000 lbs, 66-655,001-665,000 lbs, 67-665,001-675,000 lbs, 68-675,001-685,000 lbs, 69-685,001-695,000 lbs, 70-695,001-705,000 lbs, 71-705,001-715,000 lbs, 72-715,001-725,000 lbs, 73-725,001-735,000 lbs, 74-735,001-745,000 lbs, 75-745,001-755,000 lbs, 76-755,001-765,000 lbs, 77-765,001-775,000 lbs, 78-775,001-785,000 lbs, 79-785,001-795,000 lbs, 80-795,001-805,000 lbs, 81-805,001-815,000 lbs, 82-815,001-825,000 lbs, 83-825,001-835,000 lbs, 84-835,001-845,000 lbs, 85-845,001-855,000 lbs, 86-855,001-865,000 lbs, 87-865,001-875,000 lbs, 88-875,001-885,000 lbs, 89-885,001-895,000 lbs, 90-895,001-905,000 lbs, 91-905,001-915,000 lbs, 92-915,001-925,000 lbs, 93-925,001-935,000 lbs, 94-935,001-945,000 lbs, 95-945,001-955,000 lbs, 96-955,001-965,000 lbs, 97-965,001-975,000 lbs, 98-975,001-985,000 lbs, 99-985,001-995,000 lbs, 100-995,001-1,000,000 lbs)

Cargo Body Type: **01** (1 - No Cargo Body type-Not Applicable, 2 - One Van (1-15 Seats, Inc. Driver), 3 - Bus (1-15 Seats, Inc. Driver), 4 - Van (16-25 Seats, Inc. Driver), 5 - Vehicle Carrying Another Vehicle, 6 - Wagon, 7 - Instrumental Container Carrier, 8 - Cargo Van/Enclosed Box, 9 - Grain, Chips, Gravel)

Trafficway Description: **5** (1 - Two-Way, Not Divided, 2 - Two-Way, One-Sided, Divided, 3 - Two-Way, One-Sided, Not Divided, 4 - Two-Way, Divided, 5 - One-Way, Divided, 6 - One-Way, Not Divided, 7 - One-Way, Not Divided, 8 - Other)

Non-Motorist Location Prior to Impact: **[ ]** (01 - Intersection - Marked Crosswalk, 02 - Intersection - No Crosswalk, 03 - Intersection - Other, 04 - Midblock - Marked Crosswalk, 05 - Travel Lane - Other Location, 06 - Bicycle Lane, 07 - Shoulder/Roadside, 08 - Sidewalk, 09 - Median/Crossing Island, 10 - Driveway Access, 11 - Shared-Use Path or Trail, 12 - Non-Trafficway Area, 99 - Other/Unknown)

Unit Type: **05** (01 - Sub-Compact, 02 - Compact, 03 - Mid Size, 04 - Full Size, 05 - Minivan, 06 - Sport Utility Vehicle, 07 - Pickup, 08 - Van, 09 - Motorcycle, 10 - Motorized Bicycle, 11 - Snowmobile/ATV, 12 - Other Passenger Vehicle)

Med/Heavy Trucks or Combo Units - 10k lbs: **[ ]** (13 - Single Unit Truck or Van 2 axle, 6 tires, 14 - Single Unit Truck; 3+ axles, 15 - Single Unit Truck / Trailer, 16 - Truck/Tractor (Bobtail), 17 - Tractor/Semi-Trailer, 18 - Tractor/Double, 19 - Tractor/Triples, 20 - Other Med/Heavy Vehicle)

Special Function: **01** (01 - None, 02 - Taxi, 03 - Rental Truck (over 15 lbs), 04 - Bus - School (Public or Private), 05 - Bus - Transit, 06 - Bus - Charter, 07 - Bus - Shuttle, 08 - Bus - Other)

Most Damaged Area: **09** (01 - None, 02 - Center Front, 03 - Right Front, 04 - Right Side, 05 - Right Rear, 06 - Rear Center, 07 - Left Rear, 08 - Left Side, 09 - Left Front, 10 - Top and Windows, 11 - Undercarriage, 12 - Load/Trailer, 13 - Total/All Areas, 14 - Other)

Action: **3** (1 - Non-Contact, 2 - Non-Collision, 3 - Striking, 4 - Struck, 5 - Striking/Struck, 9 - Unknown)

Pre-Crash Actions: **11** (01 - Straight Ahead, 02 - Backing, 03 - Changing Lanes, 04 - Overtaking/Passing, 05 - Making Right Turn, 06 - Making Left Turn, 07 - Making U-Turn, 08 - Entering Traffic Lane, 09 - Leaving Traffic Lane, 10 - Parked, 11 - Slowing or Stopped in Traffic, 12 - Driverless)

Non-Motorist: **[ ]** (15 - Entering or Crossing Specified Location, 16 - Walking, Running, Jogging, Playing, Cycling, 17 - Working, 18 - Pushing Vehicle, 19 - Approaching or Leaving Vehicle, 20 - Standing, 21 - Other Non-Motorist Action)

Contributing Circumstances: **09** (01 - None, 02 - Failure to Yield, 03 - Ran Red Light, 04 - Ran Stop Sign, 05 - Exceeded Speed Limit, 06 - Unsafe Speed, 07 - Improper Turn, 08 - Left of Center, 09 - Followed Too Closely/ACDA, 10 - Improper Lane Change /Passing/Off Road, 11 - Improper Backing, 12 - Improper Start From Parked Position, 13 - Stopped or Parked Illegally, 14 - Operating Vehicle in Negligent Manner, 15 - Swerving to Avoid Due to External Conditions, 16 - Wrong Side/Wrong Way, 17 - Failure to Control, 18 - Vision Obstruction, 19 - Operating Defective Equipment, 20 - Load Shifting/Falling/Spilling, 21 - Other Improper Action)

Non-Motorist: **[ ]** (22 - None, 23 - Improper Crossing, 24 - Darting, 25 - Lying and/or Illegally in Roadway, 26 - Failure to Yield Right of Way, 27 - Not Visible (Dark Clothing), 28 - Inattentive, 29 - Failure to Obey Traffic Signs /Signals/Officer, 30 - Wrong Side of the Road, 31 - Other Non-Motorist Action)

Vehicle Defects: **[ ]** (01 - Turn Signals, 02 - Head Lamps, 03 - Tail Lamps, 04 - Brakes, 05 - Steering, 06 - Tire Blowout, 07 - Worn or Slick tires, 08 - Trailer Equipment Defective, 09 - Motor Trouble, 10 - Disabled From Prior Accident, 11 - Other Defects)

Sequence of Events: 1 **20** 2 **[ ]** 3 **[ ]** 4 **[ ]** 5 **[ ]** 6 **[ ]** (01 - Overtaken/Rollover, 02 - Fire/Explosion, 03 - Immersion, 04 - Jackknife, 05 - Cargo/Equipment Loss or Shift, 06 - Equipment Failure (Blown Tire, Brake Failure, etc), 07 - Separation of Units, 08 - Ran Off Road Right, 09 - Ran Off Road Left, 10 - Cross Median, 11 - Cross Center Line, 12 - Downhill Runaway, 13 - Other Non-Collision)

Collision With Fixed Object: **[ ]** (25 - Impact Attenuator/Crash Cushion, 26 - Bridge Overhead Structure, 27 - Bridge Pier or Abutment, 28 - Bridge Ramp, 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, Building, Tunnel, 52 - Other Fixed Object)

Unit Direction: From **1** To **2** (1 - North, 2 - South, 3 - East, 4 - West, 5 - Northeast, 6 - Northwest, 7 - Southeast, 8 - Southwest, 9 - Unknown)

Unit Speed: **[ ]** Posted Speed: **65** Traffic Control: **04** (01 - No Controls, 02 - Stop Limit, 03 - Yield Sign, 04 - Stop Sign, 05 - Railroad Crossings, 06 - Railroad Flashers, 07 - Public 15 lbs)

13 - Crosswalk Lines, 14 - Walk/Don't Walk, 15 - Other (See Remarks)



LOCAL REPORT NUMBER	REPORTING AGENCY Mason Police Department	DATE OF CRASH 7/10/22/14
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

Brittany Willis HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

Ptl. Dan Edwards AT 71/SA-741  
OFFICER'S NAME LOCATION

DESCRIBE WHAT HAPPENED:

I was stopped at the red light on 75 north when I was hit.

Q. What was your speed at the time of the crash? A.

Q. What was your direction of travel? A. 75 north

Q. Were you wearing a seatbelt? A.

Q. Were you talking on a cell phone at the time of the crash? A.

Q. Were you injured due to the crash? A.

ADDRESS OF WITNESS

SIGNATURE OF WITNESS  OFFICER'S SIGNATURE  [Signature]

PHONE 937-461-1084



LOCAL REPORT NUMBER	REPORTING AGENCY Mason Police Department	DATE OF CRASH 7/10/22
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Alyssa Gibson HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

Ptl. Dan Edwards AT 71/741  
OFFICER'S NAME LOCATION

DESCRIBE WHAT HAPPENED:

I was coming off the exit ramp at the Kings Mills exit and while stopping I hit a sheet of black ice. The other driver was at the stop light and I rear-ended her while trying to stop.

Q. What was your speed at the time of the crash? A. Slowing down coming to a stop

Q. What was your direction of travel? A. ~~South~~ South

Q. Were you wearing a seatbelt? A. yes

Q. Were you talking on a cell phone at the time of the crash? A. no

Q. Were you injured due to the crash? A. no

ADDRESS OF WITNESS: 335 Sunset Drive South Lebanon Oh. 45065 PHONE: 460-3757

SIGNATURE OF WITNESS: X Alyssa Gibson OFFICER'S SIGNATURE: X Ptl Edwards

LOCAL  
REPORT  
NUMBER

REPORTING  
AGENCY

MASON POLICE

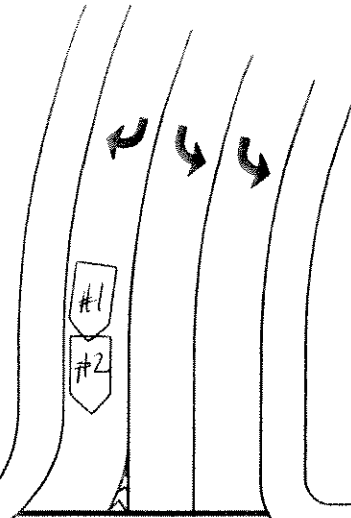
DATE OF ACCIDENT

M 1 | D 22 | Y 14

IN COUNTY OF WARREN

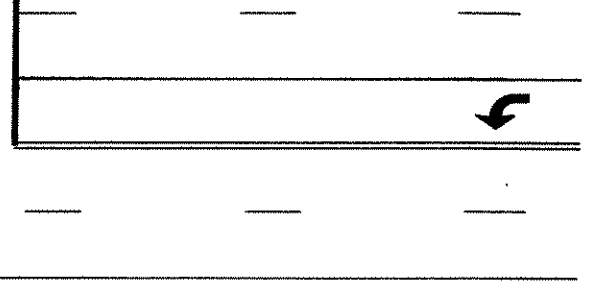
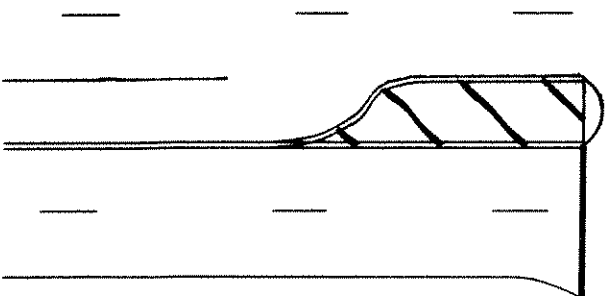
ACCIDENT  
LOCATION

SR 741 AT IR 71 SOUTH



RAMP FROM  
IR 71 SOUTH

SR 741



RAMP TO  
IR 71 SOUTH

OFFICER'S SIGNATURE

*P. J. Edwards*

BADGE NUMBER

1047



# Unit

Local Report Number

Unit Number <b>1021</b>	Owner Name: Last, First, Middle ( <input checked="" type="checkbox"/> Same As Driver )	Owner Phone Number - inc. area code ( <input checked="" type="checkbox"/> Same As Driver )	Damage Scale <b>2</b>	Damaged Area Front 09 02 03 08 10 04 07 06 05 Rear
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Owner Address: City, State, Zip (  Same As Driver )

LP State <b>1044</b>	License Plate Number <b>FMN1889</b>	Vehicle Identification Number <b>VGI1ZCSIE001C1E3971488 P11</b>	# Occupants
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Vehicle Year <b>2012</b>	Vehicle Make <b>CHEVY</b>	Vehicle Model <b>MAZBU LS</b>	Vehicle Color <b>WHITE</b>
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Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company <b>NATIONWIDE</b>	Policy Number <b>9234K7660BS</b>	Towed By
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Carrier Name, Address, City, State, Zip  
Carrier Phone- include area code

US DOT	Vehicle Weight GVWR/GCWR <b>1</b> 1 - Less than or Equal to 10,000 lbs. 2 - 10,001 to 26,000 lbs. 3 - More than 26,000 lbs.	Cargo Body Type <b>01</b> 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van (9-15 Seats, Inc Driver) 03 - Bus (16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel 09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	Trafficway Description <b>S</b> 1 - Two-Way, Not Divided 2 - Two Way, Not Divided, Center Turn Lane 3 - Two-Way, Divided, Unprotected and/or with 4-5' Median 4 - Two Way, Divided, Positive 55-foot Median 5 - One-Way Trafficway <input type="checkbox"/> Hit / Skip Unit
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HM Placard ID No.	HM Class Number	Hazardous Material Released <input type="checkbox"/>	Non-Motorist Location Prior to Impact <b>01</b> 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown	Type of Use <b>1</b> 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type <b>02</b> 99 - Unknown or Hit / Skip	Passenger Vehicles (less than 9 passengers) 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sport Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle	Med/Heavy Trucks or Combo Units > 10k lbs 13 - Single Unit Truck or Van Axle, 6 tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Bobtail) 17 - Tractor/Semi-Trailer 18 - Tractor/Trailer 19 - Tractor/Trimples 20 - Other Med/Heavy Vehicle	Bus/Van/Limo (9 or More including Driver) 21 - Bus/Van (9-15 seats, inc driver) 22 - Bus (16+ seats, inc driver) <b>Non-Motorist</b> 23 - Animal with Rider 24 - Animal with Rider (Buggy/Wagon) 25 - Bicycle/Bicyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist	<input type="checkbox"/> Has HM Placard
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Special Function <b>07</b> 01 - None 02 - Taxi 03 - Rental Truck (over 10' long) 04 - Bus - School (Public or Private) 05 - Bus - Transit 06 - Bus - Charter 07 - Bus - Shuttle 08 - Bus - Other 09 - Ambulance 10 - Fire 11 - Highway/Maintenance 12 - Military 13 - Police 14 - Public Utility 15 - Other Government 16 - Construction Equip. 17 - Farm Vehicle 18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative)	Most Damaged Area <b>05</b> 01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear 08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total(All Areas) 14 - Other	Action <b>4</b> 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions <b>1/1</b> 99 - Unknown	Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn 07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Slowing or Stopped in Traffic 12 - Driverless 13 - Negotiating a Curve 14 - Other Motorist Action	Non-Motorist 15 - Entering or Crossing Specified Location 16 - Walking, Running, Jogging, Playing, Cycling 17 - Working 18 - Pushing Vehicle 19 - Approaching or Leaving Vehicle 20 - Stranding 21 - Other Non-Motorist Action
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Contributing Circumstances <b>07</b> Primary 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change /Passing/On Road 11 - Improper Backing 12 - Improper Start From Parked Position 13 - Stepped or Parked Illegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions) 16 - Wrong Side/Wrong Way 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Load Shifting/Falling/Spilling 21 - Other Improper Action	Vehicle Defects <b>01</b> 01 - Tire Squalls 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slick Tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects
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Sequence of Events 1 <b>20</b> 2 3 4 5 6 First Harmful Event <b>1</b> Most Harmful Event <b>1</b> Collision with Person, Vehicle or Object Not Fixed 14 Pedestrian 15 Pedestrian 16 Pedestrian 17 Animal 18 Animal 19 Animal 20 Motor Vehicle 21 Parked Motor Vehicle 22 Work Zone (Contractor Not Fixed) 23 Truck Following, Side-by-Side or Anytime Cut in Manuever 24 Motor Vehicle 25 Motor Vehicle 26 Impact Attenuator/Overhead Structure 27 Bridge Pier or Abutment 28 Bridge Pier 29 Bridge Pier 30 Guardrail 31 Guardrail 32 Water Body 33 Water Body 34 Median Guardrail Barrier 35 Median Concrete Barrier 36 Median Concrete Barrier 37 Traffic Sign Post 38 Overturn Sign Post 39 Light Pole and Support 40 Utility Pole 41 Other Post, Pole or Support 42 Other 43 Other 44 Other 45 Other 46 Other 47 Other 48 Tree 49 Tree 50 Work Zone (Maintenance Equipment) 51 Walk, Stairing, Tunnel 52 Road End Object 53 Other	Non-Overturn Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 Jackknife 05 Cargo/Equipment Lost or Shift 06 - Equipment Failure (Blow Tor, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left 10 - Cross Median 11 - Cross Center Line Opposite Direction of Travel 12 Downhill Runaway 13 Other Non-Collision 14 - Cross Median 15 - Cross Center Line Opposite Direction of Travel 16 - Downhill Runaway 17 - Other Non-Collision
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Unit Speed <b>140</b> <input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated	Parked Speed <b>65</b>	Traffic Control <b>04</b> 01 - No Control 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Signals 06 - School Zone 07 - No Control 08 - Stop Sign 09 - Yield Sign 10 - Stop Sign 11 - Stop Sign 12 - Stop Sign 13 - Stop Sign 14 - Stop Sign 15 - Stop Sign 16 - Stop Sign 17 - Stop Sign 18 - Stop Sign 19 - Stop Sign 20 - Stop Sign 21 - Stop Sign 22 - Stop Sign 23 - Stop Sign 24 - Stop Sign 25 - Stop Sign 26 - Stop Sign 27 - Stop Sign 28 - Stop Sign 29 - Stop Sign 30 - Stop Sign 31 - Stop Sign 32 - Stop Sign 33 - Stop Sign 34 - Stop Sign 35 - Stop Sign 36 - Stop Sign 37 - Stop Sign 38 - Stop Sign 39 - Stop Sign 40 - Stop Sign 41 - Stop Sign 42 - Stop Sign 43 - Stop Sign 44 - Stop Sign 45 - Stop Sign 46 - Stop Sign 47 - Stop Sign 48 - Stop Sign 49 - Stop Sign 50 - Stop Sign 51 - Stop Sign 52 - Stop Sign 53 - Stop Sign 54 - Stop Sign 55 - Stop Sign 56 - Stop Sign 57 - Stop Sign 58 - Stop Sign 59 - Stop Sign 60 - Stop Sign 61 - Stop Sign 62 - Stop Sign 63 - Stop Sign 64 - Stop Sign 65 - Stop Sign 66 - Stop Sign 67 - Stop Sign 68 - Stop Sign 69 - Stop Sign 70 - Stop Sign 71 - Stop Sign 72 - Stop Sign 73 - Stop Sign 74 - Stop Sign 75 - Stop Sign 76 - Stop Sign 77 - Stop Sign 78 - Stop Sign 79 - Stop Sign 80 - Stop Sign 81 - Stop Sign 82 - Stop Sign 83 - Stop Sign 84 - Stop Sign 85 - Stop Sign 86 - Stop Sign 87 - Stop Sign 88 - Stop Sign 89 - Stop Sign 90 - Stop Sign 91 - Stop Sign 92 - Stop Sign 93 - Stop Sign 94 - Stop Sign 95 - Stop Sign 96 - Stop Sign 97 - Stop Sign 98 - Stop Sign 99 - Stop Sign	Unit Direction From <b>1</b> To <b>2</b> 1 - North 2 - South 3 - East 4 - West 5 - Unknown 6 - Unknown 7 - Unknown 8 - Unknown 9 - Unknown 10 - Unknown 11 - Unknown 12 - Unknown 13 - Unknown 14 - Unknown 15 - Unknown 16 - Unknown 17 - Unknown 18 - Unknown 19 - Unknown 20 - Unknown 21 - Unknown 22 - Unknown 23 - Unknown 24 - Unknown 25 - Unknown 26 - Unknown 27 - Unknown 28 - Unknown 29 - Unknown 30 - Unknown 31 - Unknown 32 - Unknown 33 - Unknown 34 - Unknown 35 - Unknown 36 - Unknown 37 - Unknown 38 - Unknown 39 - Unknown 40 - Unknown 41 - Unknown 42 - Unknown 43 - Unknown 44 - Unknown 45 - Unknown 46 - Unknown 47 - Unknown 48 - Unknown 49 - Unknown 50 - Unknown 51 - Unknown 52 - Unknown 53 - Unknown 54 - Unknown 55 - Unknown 56 - Unknown 57 - Unknown 58 - Unknown 59 - Unknown 60 - Unknown 61 - Unknown 62 - Unknown 63 - Unknown 64 - Unknown 65 - Unknown 66 - Unknown 67 - Unknown 68 - Unknown 69 - Unknown 70 - Unknown 71 - Unknown 72 - Unknown 73 - Unknown 74 - Unknown 75 - Unknown 76 - Unknown 77 - Unknown 78 - Unknown 79 - Unknown 80 - Unknown 81 - Unknown 82 - Unknown 83 - Unknown 84 - Unknown 85 - Unknown 86 - Unknown 87 - Unknown 88 - Unknown 89 - Unknown 90 - Unknown 91 - Unknown 92 - Unknown 93 - Unknown 94 - Unknown 95 - Unknown 96 - Unknown 97 - Unknown 98 - Unknown 99 - Unknown
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