



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER * 2018-18417	CRASH SEVERITY 3 1 - FATAL 2 - INJURY 3 - PDO	HIT/SKIP <input type="checkbox"/> 1 - SOLVED <input type="checkbox"/> 2 - UNSOLVED
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LOCAL INFORMATION		REPORTING AGENCY NCIC * 08304	REPORTING AGENCY NAME * MASON POLICE	NUMBER OF UNITS 02	UNIT IN ERROR 99 98 - ANIMAL 99 - UNKNOWN
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PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	PRIVATE PROPERTY	COUNTY * 83	CITY * <input checked="" type="checkbox"/> VILLAGE * <input type="checkbox"/> TOWNSHIP *	CITY, VILLAGE, TOWNSHIP * MASON	CRASH DATE * 04282018	TIME OF CRASH 1905	DAY OF WEEK SAT
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DEGREES / MINUTES / SECONDS LATITUDE 39° 19' 21.64"	LONGITUDE 84° 18' 45.09"	DECIMAL DEGREES LATITUDE 39.322677	LONGITUDE 84.312526
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ROADWAY DIVISION <input checked="" type="checkbox"/> DIVIDED <input type="checkbox"/> UNDIVIDED	DIVIDED LANE DIRECTION OF TRAVEL <input type="checkbox"/> N - NORTHBOUND <input type="checkbox"/> E - EASTBOUND <input type="checkbox"/> S - SOUTHBOUND <input type="checkbox"/> W - WESTBOUND	NUMBER OF THRU LANES 04	ROAD TYPES OR MILEPOST 2 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
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LOCATION ROUTE TYPE 1	LOCATION ROUTE NUMBER	LOC PREFIX N,S,E,W	LOCATION ROAD NAME MASON MONT GOMERY RD	LOCATION ROAD TYPE 2	ROUTE TYPES 1 IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE SR - STATE ROUTE
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DISTANCE FROM REFERENCE AT	DIR FROM REF <input type="checkbox"/> N,S,E,W <input type="checkbox"/> F	REFERENCE ROUTE TYPE 1	REFERENCE ROUTE NUMBER	REF PREFIX N,S,E,W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) SOCIALVILLE FOSTER	REFERENCE ROAD TYPE 2 RD
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REFERENCE POINT USED <input type="checkbox"/> 1 - INTERSECTION <input type="checkbox"/> 2 - MILE POST <input type="checkbox"/> 3 - HOUSE NUMBER	CRASH LOCATION <input checked="" type="checkbox"/> 01 - NOT AN INTERSECTION <input type="checkbox"/> 02 - FOUR-WAY INTERSECTION <input type="checkbox"/> 03 - T-INTERSECTION <input type="checkbox"/> 04 - Y-INTERSECTION <input type="checkbox"/> 05 - TRAFFIC CIRCLE/ROUNDBOUNT	<input type="checkbox"/> 06 - FIVE-POINT, OR MORE <input type="checkbox"/> 07 - ON RAMP <input type="checkbox"/> 08 - OFF RAMP <input type="checkbox"/> 09 - CROSSOVER <input type="checkbox"/> 10 - DRIVEWAY/ALLEY ACCESS	<input type="checkbox"/> 11 - RAILWAY GRADE CROSSING <input type="checkbox"/> 12 - SHARED-USE PATHS OR TRAILS <input type="checkbox"/> 99 - UNKNOWN	<input checked="" type="checkbox"/> INTERSECTION RELATED	LOCATION OF FIRST HARMFUL EVENT <input type="checkbox"/> 1 - ON ROADWAY <input type="checkbox"/> 2 - ON SHOULDER <input type="checkbox"/> 3 - IN MEDIAN <input type="checkbox"/> 4 - ON ROADSIDE <input type="checkbox"/> 5 - ON GORE <input type="checkbox"/> 6 - OUTSIDE TRAFFICWAY <input type="checkbox"/> 9 - UNKNOWN
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ROAD CONTOUR <input type="checkbox"/> 1 - STRAIGHT LEVEL <input type="checkbox"/> 2 - STRAIGHT GRADE <input type="checkbox"/> 3 - CURVE LEVEL <input type="checkbox"/> 4 - CURVE GRADE <input type="checkbox"/> 9 - UNKNOWN	ROAD CONDITIONS PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/> <input checked="" type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04	<input type="checkbox"/> 01 - DRY <input type="checkbox"/> 02 - WET <input type="checkbox"/> 03 - SNOW <input type="checkbox"/> 04 - ICE <input type="checkbox"/> 05 - SAND, MUD, DIRT, OIL, GRAVEL <input type="checkbox"/> 06 - WATER (STANDING, MOVING) <input type="checkbox"/> 07 - SLUSH <input type="checkbox"/> 08 - DEBRIS* <input type="checkbox"/> 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT* <input type="checkbox"/> 10 - OTHER <input type="checkbox"/> 99 - UNKNOWN	* SECONDARY CONDITION ONLY
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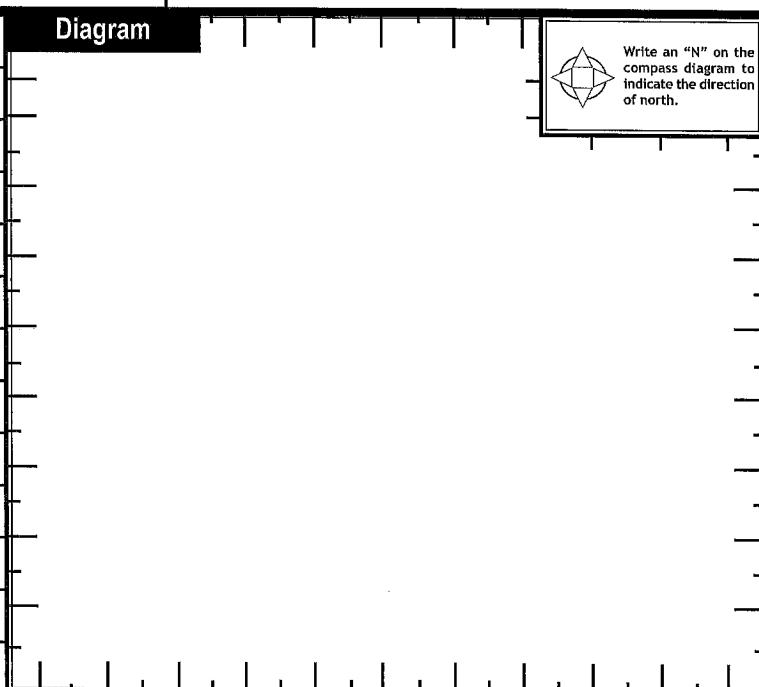
MANNER OF CRASH COLLISION/IMPACT <input checked="" type="checkbox"/> 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT <input type="checkbox"/> 2 - REAR-END <input type="checkbox"/> 3 - HEAD-ON <input type="checkbox"/> 4 - REAR-TO-REAR <input type="checkbox"/> 5 - BACKING <input type="checkbox"/> 6 - ANGLE <input type="checkbox"/> 7 - SIDESWIPE, SAME DIRECTION <input type="checkbox"/> 8 - SIDESWIPE, OPPOSITE DIRECTION <input type="checkbox"/> 9 - UNKNOWN	WEATHER <input checked="" type="checkbox"/> 1 - CLEAR <input type="checkbox"/> 2 - CLOUDY <input type="checkbox"/> 3 - Fog, Smog, Smoke <input type="checkbox"/> 4 - RAIN <input type="checkbox"/> 5 - SLEET, HAIL <input type="checkbox"/> 6 - SNOW <input type="checkbox"/> 7 - SEVERE CROSSWINDS <input type="checkbox"/> 8 - BLOWING SAND, SOIL, DIRT, SNOW <input type="checkbox"/> 9 - OTHER/UNKNOWN
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ROAD SURFACE <input checked="" type="checkbox"/> 1 - CONCRETE <input type="checkbox"/> 2 - BLACKTOP, BITUMINOUS, ASPHALT <input type="checkbox"/> 3 - BRICK/BLOCK <input type="checkbox"/> 4 - SLAG, GRAVEL, STONE <input type="checkbox"/> 5 - DIRT <input type="checkbox"/> 6 - OTHER	LIGHT CONDITIONS PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/> <input type="checkbox"/> 1 - DAYLIGHT <input type="checkbox"/> 2 - DAWN <input type="checkbox"/> 3 - DUSK <input type="checkbox"/> 4 - DARK - LIGHTED ROADWAY <input type="checkbox"/> 5 - DARK - ROADWAY NOT LIGHTED <input type="checkbox"/> 6 - DARK - UNKNOWN ROADWAY LIGHTING <input type="checkbox"/> 7 - GLARE* <input type="checkbox"/> 8 - OTHER <input type="checkbox"/> 9 - UNKNOWN	SCHOOL BUS RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED
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WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	TYPE OF WORK ZONE <input type="checkbox"/> 1 - LANE CLOSURE <input type="checkbox"/> 2 - LANE SHIFT/CROSSOVER <input type="checkbox"/> 3 - WORK ON SHOULDER OR MEDIAN <input type="checkbox"/> 4 - INTERMITTENT OR MOVING WORK <input type="checkbox"/> 5 - OTHER	LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN <input type="checkbox"/> 2 - ADVANCE WARNING AREA <input type="checkbox"/> 3 - TRANSITION AREA <input type="checkbox"/> 4 - ACTIVITY AREA <input type="checkbox"/> 5 - TERMINATION AREA
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NARRATIVE

UNIT #1 WAS NORTHBOUND ON MASON MONTGOMERY RD. UNIT #2 WAS TURNING LEFT FROM MASON MONTGOMERY RD TO SOCIALVILLE FOSTER RD. UNIT #1 STRUCK #2.



REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)	DATE CRASH REPORTED 04282018	TIME CRASH REPORTED 1907	DISPATCH TIME 1907	ARRIVAL TIME 1912	TIME CLEARED 2001	OTHER INVESTIGATION TIME 30	TOTAL MINUTES 79
OFFICER'S NAME * BRYANT	OFFICER'S BADGE NUMBER 55	CHECKED BY H. KILL 25	PAGE OF					



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
2018-18417

UNIT NUMBER 91	NAME: LAST, FIRST, MIDDLE JACKSON, TIFFANY D.	DATE OF BIRTH 08271991	AGE 26	GENDER <input checked="" type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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ADDRESS, CITY, STATE, ZIP 6018 PLAINFIELD RD CINCINNATI OHIO 45213	CONTACT PHONE- INCLUDE AREA CODE 513 206 0535
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <input checked="" type="checkbox"/> 04	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION <input type="checkbox"/> 01	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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OL STATE OH	OPERATOR LICENSE NUMBER TE 906038	OL CLASS 4	No <input type="checkbox"/> VALID OL	M/C <input type="checkbox"/> END.	CONDITION <input type="checkbox"/> 1	ALCOHOL/DRUG SUSPECTED <input type="checkbox"/> 1	ALCOHOL TEST STATUS <input type="checkbox"/> 1	ALCOHOL TEST TYPE <input type="checkbox"/> 1	ALCOHOL TEST VALUE .	DRUG TEST STATUS <input type="checkbox"/> 1	DRUG TEST TYPE <input type="checkbox"/> 1
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OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY <input type="checkbox"/>
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UNIT NUMBER 92	NAME: LAST, FIRST, MIDDLE USUBALIEV, FERLAN	DATE OF BIRTH 06121993	AGE 24	GENDER <input checked="" type="checkbox"/> M - MALE <input type="checkbox"/> F - FEMALE
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ADDRESS, CITY, STATE, ZIP 308 FOUR SEASONS DR MANSIN OHIO 45040	CONTACT PHONE- INCLUDE AREA CODE 513 462 1614
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <input checked="" type="checkbox"/> 04	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION <input type="checkbox"/> 01	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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OL STATE OH	OPERATOR LICENSE NUMBER UN516055	OL CLASS 4	No <input type="checkbox"/> VALID OL	M/C <input type="checkbox"/> END.	CONDITION <input type="checkbox"/> 1	ALCOHOL/DRUG SUSPECTED <input type="checkbox"/> 1	ALCOHOL TEST STATUS <input type="checkbox"/> 1	ALCOHOL TEST TYPE <input type="checkbox"/> 1	ALCOHOL TEST VALUE .	DRUG TEST STATUS <input type="checkbox"/> 1	DRUG TEST TYPE <input type="checkbox"/> 1
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OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY <input type="checkbox"/>
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INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED	99 - UNKNOWN SAFETY EQUIPMENT NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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SEATING POSITION 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, PICK-UP 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	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
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EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "D") 5 - MC/MOPED ONLY	CONDITION 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	ALCOHOL/DRUG SUSPECTED 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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ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	DRIVER DISTRACTED BY 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	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <input type="checkbox"/>	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <input type="checkbox"/>	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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UNIT NUMBER 01	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 3	DAMAGED AREA
OWNER ADDRESS: CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER				
LP STATE OH	LICENSE PLATE NUMBER GTC 2635	VEHICLE IDENTIFICATION NUMBER 2HKYF18484H584090	# OCCUPANTS 01	
VEHICLE YEAR 2004	VEHICLE MAKE HONDA	VEHICLE MODEL PILOT	VEHICLE COLOR RED	
PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>	INSURANCE COMPANY PROGRESSIVE	POLICY NUMBER 90859 691	TOWED BY	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP				CARRIER PHONE- INCLUDE AREA CODE

US DOT	VEHICLE WEIGHT GVWR/GCWR 1 1 - LESS THAN OR EQUAL TO 10K LBS. 2 - 10,001 TO 26,000 LBS. 3 - MORE THAN 26,000 LBS.	CARGO BODY TYPE 01 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	TRAFFICWAY DESCRIPTION 1 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4 FT.) MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY
HM PLACARD ID NO.	<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED		<input type="checkbox"/> HIT / SKIP UNIT

NON-MOTORIST LOCATION PRIOR TO IMPACT 01 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 1 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE 06 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 2AXLE, 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	BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST
			<input type="checkbox"/> HAS HM PLACARD		

SPECIAL FUNCTION 01 01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 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 08 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
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PRE-CRASH ACTIONS 01 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 99 - UNKNOWN	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 - STANDING 21 - OTHER NON-MOTORIST ACTION
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CONTRIBUTING CIRCUMSTANCES PRIMARY 99 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	MOTORIST 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 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
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SEQUENCE OF EVENTS 1 20 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 99 - UNKNOWN	NON-COLLISION EVENTS 01 - OVERTURN/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 OR SUPPORT 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION	COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT 25 - IMPACT ATTENUATOR/CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT
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UNIT SPEED 40	POSTED SPEED 45	TRAFFIC CONTROL 04 01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE 07 - RAILROAD CROSSBUCKS 08 - RAILROAD FLASHERS 09 - RAILROAD GATES 10 - CONSTRUCTION BARRICADE 11 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS 13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION FROM 2 TO 1 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
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UNIT NUMBER 09	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) KVASHIN, DMITRIY	OWNER PHONE NUMBER - INC. AREA CODE (<input type="checkbox"/> SAME AS DRIVER) 614458 8717	DAMAGE SCALE 3	DAMAGED AREA
OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 2275 FROGERAW RD #C COLUMBUS OHIO 43220			1 - NONE	
LP STATE OH	LICENSE PLATE NUMBER HQ 4256	VEHICLE IDENTIFICATION NUMBER 1G0HG314651912100	2 - MINOR	
VEHICLE YEAR 2005	VEHICLE MAKE GMC	VEHICLE MODEL SAVANNAH	3 - FUNCTIONAL	
<input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY PROGRESSIVE	POLICY NUMBER 039811081	4 - DISABLING	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			9 - UNKNOWN	
CARRIER PHONE- INCLUDE AREA CODE				

US DOT	VEHICLE WEIGHT GVWR/GCWR 11 1 - LESS THAN OR EQUAL TO 10K LBS. 2 - 10,001 TO 26,000 LBS. 3 - MORE THAN 26,000 LBS.	CARGO BODY TYPE 01 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	TRAFFICWAY DESCRIPTION 1 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4 FT) MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY
HM PLACARD ID NO.	<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED		<input type="checkbox"/> HIT / SKIP UNIT

NON-MOTORIST LOCATION PRIOR TO IMPACT 01 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 1 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE 113 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 2AXLE, 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	BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST
<input type="checkbox"/> HAS HM PLACARD					

SPECIAL FUNCTION 01 01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 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 02 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 4 99 - UNKNOWN 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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PRE-CRASH ACTIONS 06 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 - STANDING	21 - OTHER NON-MOTORIST ACTION
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CONTRIBUTING CIRCUMSTANCES PRIMARY 99 SECONDARY 00 99 - UNKNOWN	MOTORIST 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 00 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
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SEQUENCE OF EVENTS 1 20 2 00 3 00 4 00 5 00 6 00 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 99 - UNKNOWN	NON-COLLISION EVENTS 01 - OVERTURN/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 OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION	COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT 25 - IMPACT ATTENUATOR/CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT
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UNIT SPEED 3	POSTED SPEED 45	TRAFFIC CONTROL 04 01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE 07 - RAILROAD CROSSBUCKS 08 - RAILROAD FLASHERS 09 - RAILROAD GATES 10 - CONSTRUCTION BARRICADE 11 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS 13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION FROM 1 TO 3 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
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LOCAL REPORT NUMBER 2018-18417	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 04 D 28 Y 18
IN COUNTY OF WARREN	CRASH LOCATION MASON MONTGOMERY / SOCIALVILLE FOSTER	

I spoke over the phone with a witness provided by the driver of unit #2, Mr. Usabaliev. Debbie Andersen, 4549 Orchard Ln, Lebanon, Ohio 45036, 937-657-0689. She stated she was stopped on eastbound Socialville Foster Rd when the crash occurred. She stated the yellow truck had been stopped in the intersection waiting to turn left onto eastbound Socialville Foster Rd too. She stated she thought the light for Mason Montgomery Rd had turned red when unit #1 entered the intersection northbound on Mason Montgomery Rd. She stated the crash occurred and she looked up to see her light had changed to a green left turn arrow. She made the turn, stopped and gave her name and number to Mr. Usabaliev. She was not sure how much time had elapsed between the crash and her light changing to green.

The light at Mason Montgomery and Socialville Foster has a yellow light the lasts approximately 3.5 seconds and a red light that lasts approximately 2 seconds for all directions before the next cycle begins. Mrs. Andersen could not definitively say that unit #1 ran a red light. She could only say that she thought that is what happened. Due to a conflict in the statements and a lack of physical evidence pointing to the at-fault driver, no citations were issued.

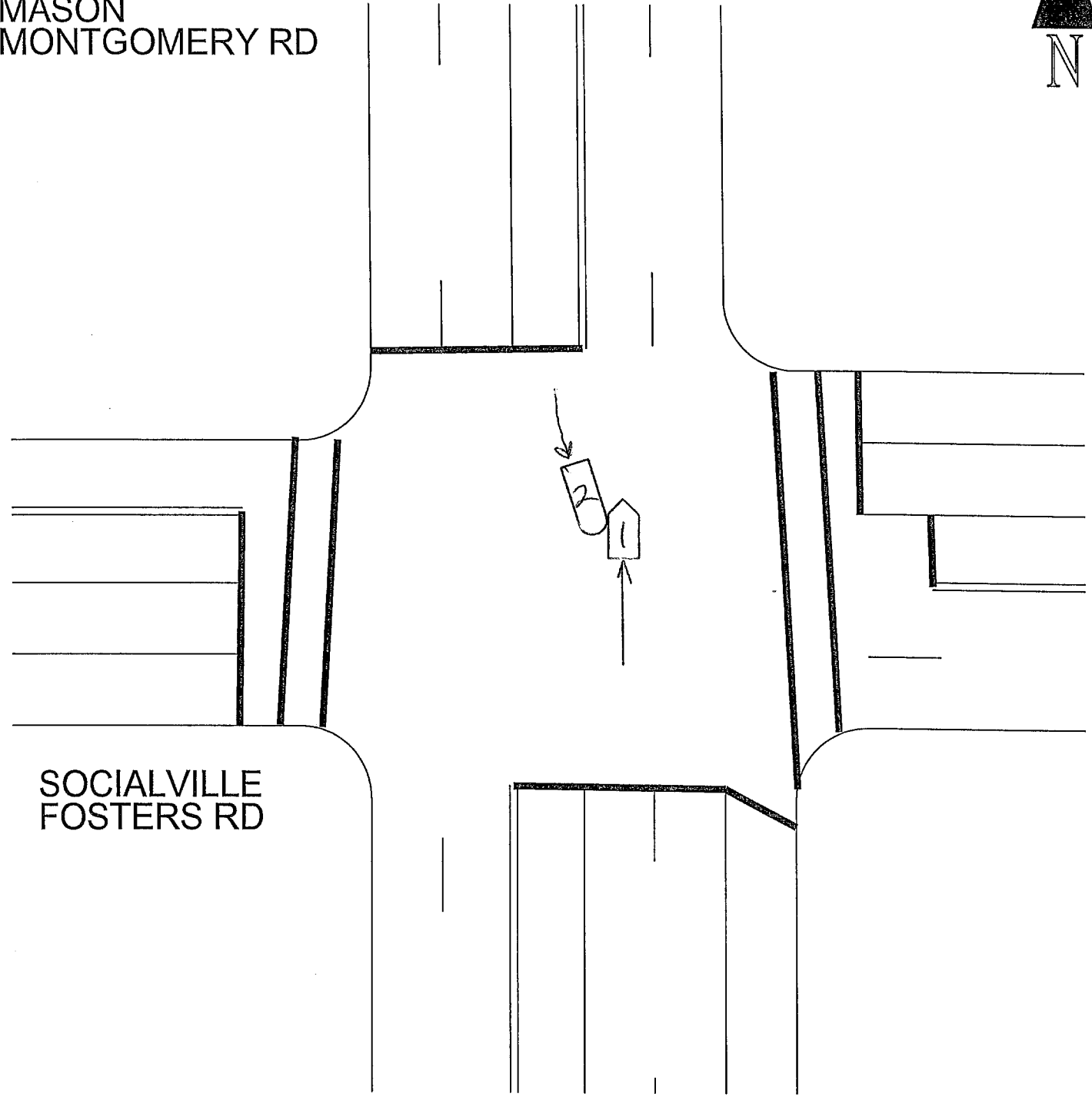
OFFICER'S SIGNATURE X PUKSUNA	BADGE NUMBER 55
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 2018-18417	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT M 04 D 28 Y 18
IN COUNTY OF WARREN	ACCIDENT LOCATION MASON MONTGOMERY / SOCIALVILLE FOSTER	

MASON MONTGOMERY RD



SOCIALVILLE FOSTERS RD

Not to scale

OFFICER'S SIGNATURE <i>POKSB...</i>	BADGE NUMBER 35
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LOCAL REPORT NUMBER 2018-18417	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 04 D 28 Y 18
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Tiffany Jackson HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

P.O. KEVIN S. BRYANT AT WALGREENS
OFFICER'S NAME LOCATION

I was on my way to work 4/27/18. At the intersection of Mason-Montgomery rd and a yellow truck was ^{preparing to turn} ~~turning~~ as I was coming through the light. Upon the light changing the truck still turned and I tried to swerve away.

Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED? *Not to my knowledge*

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

Q. WHAT DIRECTION WERE YOU GOING? *Straight*

Q. WHAT WAS YOUR SPEED?

Q. WERE YOU USING A CELL PHONE AT THE TIME OF THE CRASH? *No But GPS was on*

ADDRESS OF WITNESS

SIGNATURE OF WITNESS
X

OFFICER'S SIGNATURE
X *Kevin S Bryant*

PHONE
513 206 0535



LOCAL REPORT NUMBER 2018-18417	REPORTING AGENCY MASON POLICE	DATE OF CRASH MO 4 D 28 Y 18
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, **ERLAN USUBALIEV** HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

P.O. KEVIN S. BRYANT AT **WALGREENS**
OFFICER'S NAME LOCATION

I was making a turn left at the intersection, and it was clear, but the red SUV was speeding and hit me at the middle of intersection. She crossed at the high speed for the red signal, when I was trying to finish my turn and leave the intersection.

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

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

Q. WHAT DIRECTION WERE YOU GOING?

Q. WHAT WAS YOUR SPEED? **LESS THAN 5MPH**

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** *[Signature]*

PHONE **513 462 1614**