



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

| | | | | |
|--|--|--------------------------------|-----------------------------|-----------------|
| <input checked="" type="checkbox"/> PHOTOS TAKEN | <input checked="" type="checkbox"/> OH-2 | <input type="checkbox"/> OH-3 | LOCAL INFORMATION | 2 2 0 7 9 7 3 2 |
| <input type="checkbox"/> SECONDARY CRASH | <input type="checkbox"/> OH-1P | <input type="checkbox"/> OTHER | REPORTING AGENCY NAME* | HIT/SKIP |
| <input type="checkbox"/> PRIVATE PROPERTY | | | Fairfield Police Department | 1 - SOLVED |
| | | | | 2 - UNSOLVED |
| | | | NCIC* | NUMBER OF UNITS |
| | | | 0 0 9 0 1 | 0 2 |
| | | | | UNIT IN ERROR |
| | | | | 98 - ANIMAL |
| | | | | 99 - UNKNOWN |

| | | | | |
|---------|-----------|------------------------------------|------------------------|----------------|
| COUNTY* | LOCALITY* | LOCATION: CITY, VILLAGE, TOWNSHIP* | CRASH DATE / TIME* | CRASH SEVERITY |
| 0 9 | 1 | City of Fairfield | 10 3 1 2 0 2 2 1 8 0 5 | 4 |

| | | | | | |
|------------|--------------|--|---|-----------|---------------------------|
| ROUTE TYPE | ROUTE NUMBER | PREFIX | LOCATION ROAD NAME | ROAD TYPE | LATITUDE DECIMAL DEGREES |
| | | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | South Gilmore | R D | 3 9 3 3 2 6 7 1 |
| ROUTE TYPE | ROUTE NUMBER | PREFIX | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | ROAD TYPE | LONGITUDE DECIMAL DEGREES |
| S R | 4 | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | | | 8 4 5 2 1 6 6 9 |

| | | | | |
|-------------------------|--------------------------|------------------------------|----------------|--|
| REFERENCE POINT | DIRECTION FROM REFERENCE | ROUTE TYPE | ROAD TYPE | INTERSECTION RELATED |
| 1 - INTERSECTION | 1 - NORTH | IR - INTERSTATE ROUTE (TP) | AL - ALLEY | <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH |
| 2 - MILE POST | 2 - SOUTH | US - FEDERAL US ROUTE | AV - AVENUE | <input type="checkbox"/> WITHIN INTERCHANGE AREA |
| 3 - HOUSE # | 3 - EAST | SR - STATE ROUTE | BL - BOULEVARD | NUMBER OF APPROACHES |
| | 4 - WEST | CR - NUMBERED COUNTY ROUTE | MP - MILEPOST | 4 |
| DISTANCE FROM REFERENCE | DISTANCE UNIT OF MEASURE | TR - NUMBERED TOWNSHIP ROUTE | OV - OVAL | |
| 2 5 | 1 - MILES | | PK - PARKWAY | |
| | 2 - FEET | | TL - TRAIL | |
| | 3 - YARDS | | WA - WAY | |
| | | | HE - HEIGHTS | |
| | | | PL - PLACE | |
| | | | | <input type="checkbox"/> ROADWAY DIVIDED |

| | | | |
|---------------------------------|---|---------------------|---------------------------------------|
| LOCATION OF FIRST HARMFUL EVENT | MANNER OF CRASH COLLISION/IMPACT | DIRECTION OF TRAVEL | MEDIAN TYPE |
| 1 - ON ROADWAY | 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT | 1 - NORTH | 1 - DIVIDED FLUSH MEDIAN (<4 FEET) |
| 2 - ON SHOULDER | 2 - REAR-END | 2 - SOUTH | 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) |
| 3 - IN MEDIAN | 3 - HEAD-ON | 3 - EAST | 3 - DIVIDED, DEPRESSED MEDIAN |
| 4 - ON ROADSIDE | 4 - REAR-TO-REAR | 4 - WEST | 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) |
| 5 - ON GORE | 5 - BACKING | | 9 - OTHER/UNKNOWN |
| 6 - OUTSIDE TRAFFIC WAY | 6 - ANGLE | | |
| 7 - ON RAMP | 7 - SIDESWIPE, SAME DIRECTION | | |
| 8 - OFF RAMP | 8 - SIDESWIPE, OPPOSITE DIRECTION | | |
| | 9 - OTHER / UNKNOWN | | |

| | | | | | |
|--|---------------------------------|---|---------|------------|---------|
| <input type="checkbox"/> WORK ZONE RELATED | WORK ZONE TYPE | LOCATION OF CRASH IN WORK ZONE | CONTOUR | CONDITIONS | SURFACE |
| <input type="checkbox"/> WORKERS PRESENT | 1 - LANE CLOSURE | 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN | 1 | 1 | 2 |
| <input type="checkbox"/> LAW ENFORCEMENT PRESENT | 2 - LANE SHIFT/CROSSOVER | 2 - ADVANCE WARNING AREA | | | |
| <input type="checkbox"/> ACTIVE SCHOOL ZONE | 3 - WORK ON SHOULDER OR MEDIAN | 3 - TRANSITION AREA | | | |
| | 4 - INTERMITTENT OR MOVING WORK | 4 - ACTIVITY AREA | | | |
| | 5 - OTHER | 5 - TERMINATION AREA | | | |

| | |
|-------------------------------------|---------------------------------------|
| LIGHT CONDITION | WEATHER |
| 1 - DAYLIGHT | 1 - CLEAR |
| 2 - DAWN/DUSK | 2 - CLOUDY |
| 3 - DARK - LIGHTED ROADWAY | 3 - FOG, SMOG, SMOKE |
| 4 - DARK - ROADWAY NOT LIGHTED | 4 - RAIN |
| 5 - DARK - UNKNOWN ROADWAY LIGHTING | 5 - SLEET, HAIL |
| 9 - OTHER / UNKNOWN | 6 - SNOW |
| | 7 - SEVERE CROSSWINDS |
| | 8 - BLOWING SAND, SOIL, DIRT, SNOW |
| | 9 - FREEZING RAIN OR FREEZING DRIZZLE |
| | 99 - OTHER / UNKNOWN |

NARRATIVE

On 10/31/22 at 6:05 P.M. Unit 2 was traveling North-West on SR-4 near Holden Blvd. in the right lane. Unit 1 was traveling North-East on South Gilmore Rd. in the right lane to continue straight onto Holden Blvd. Unit 1 failed to stop at a red light. Unit 2 struck Unit 1 on the back passenger side.

SEE OH-2

Indicate the north direction with an "N" on the compass diagram.

| | | | | |
|----------------------------|--------------------------|-------------------------|------------------------------------|---|
| CRASH REPORTED DATE / TIME | DISPATCH DATE / TIME | ARRIVAL DATE / TIME | SCENE CLEARED DATE / TIME | REPORT TAKEN BY |
| 1 0 3 1 2 0 2 2 1 8 0 5 | 1 0 3 1 2 0 2 2 1 8 0 7 | 1 0 3 1 2 0 2 2 1 8 1 1 | 1 0 3 1 2 0 2 2 1 9 1 3 | <input checked="" type="checkbox"/> POLICE AGENCY |
| TOTAL TIME ROADWAY CLOSED | OTHER INVESTIGATION TIME | TOTAL MINUTES | OFFICER'S NAME* | <input type="checkbox"/> MOTORIST |
| 3 0 | 3 0 | 9 6 | D. Miller | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO 3023) |
| | | | OFFICER'S BADGE NUMBER* | |
| | | | 1 6 7 | |
| | | | CHECKED BY OFFICER'S NAME* | |
| | | | S. Miller | |
| | | | CHECKED BY OFFICER'S BADGE NUMBER* | |
| | | | 8 7 | |

OWNER

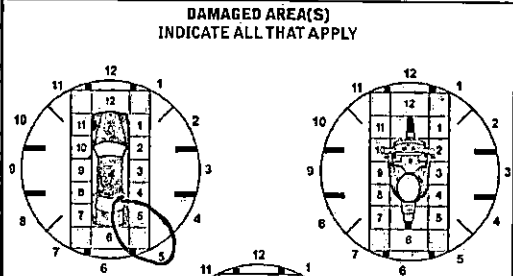
UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (X) SAME AS DRIVER
 OWNER PHONE: INCLUDE AREA CODE (X) SAME AS DRIVER
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (X) SAME AS DRIVER
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

DAMAGE

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

VEHICLE

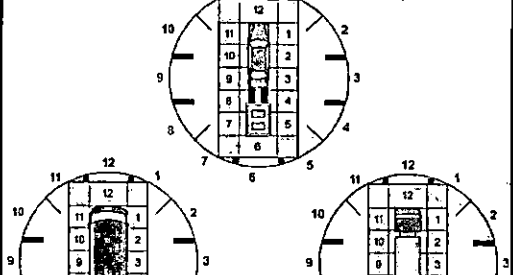
LP STATE OH LICENSE PLATE # CA54UQ VEHICLE IDENTIFICATION # 1FMCU93168KD178202 VEHICLE YEAR 2008 VEHICLE MAKE Ford
 INSURANCE VERIFIED INSURANCE COMPANY Motorist Mutual INSURANCE POLICY # 00680697616009 COLOR Silver VEHICLE MODEL Escape
 COMMERCIAL TYPE OF USE GOVERNMENT IN EMERGENCY RESPONSE US DOT # _____ TOWED BY: COMPANY NAME Wayne's
 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 MATERIAL RELEASED PLACARD # _____



UNIT TYPE 03 # 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 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION
 1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL 0



SPECIAL FUNCTION 01

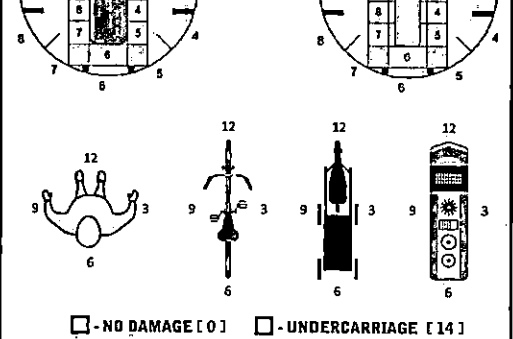
1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER
 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL
 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT

CARGO BODY TYPE 01

1 - NO CARGO BODY TYPE /NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 5 - INTERMODAL CONTAINER CHASSIS 6 - POLE 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER
 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

VEHICLE DEFECTS

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 - 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 01

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

INITIAL POINT OF CONTACT

0 - NO DAMAGE 14 - UNDERCARRIAGE
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
 99 - UNKNOWN
 13 - TOP

CONTRIBUTING CIRCUMSTANCES 03

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 12 - IMPROPER BACKING

TRAFFIC

TRAFFICWAY FLOW 2 TRAFFIC CONTROL 2

1 - ONE-WAY 1 - ROUNDABOUT 4 - STOP SIGN
 2 - TWO-WAY 2 - SIGNAL 5 - YIELD SIGN
 3 - FLASHER 6 - NO CONTROL

OF THROUGH LANES ON ROAD 4 RAIL GRADE CROSSING 1

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

SEQUENCE OF EVENTS

1 20 21 31 41 51 61

1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT
 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 MOTORVEHICLE
 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT
 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 21 - PARKED MOTORVEHICLE
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - IMPROPER CROSSING

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 - FENCE 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 55 - OTHER / UNKNOWN
 49 - FIRE HYDRANT

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

UNIT / NON-MOTORIST DIRECTION

FROM 8 TO 5

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

UNIT SPEED 35 DETECTED SPEED 1

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

POSTED SPEED 35

OWNER

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE SAME AS DRIVER
 OWNER PHONE: INCLUDE AREA CODE SAME AS DRIVER

OWNER ADDRESS: STREET, CITY, STATE, ZIP SAME AS DRIVER

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

VEHICLE

LP STATE OH LICENSE PLATE # 758ZOG VEHICLE IDENTIFICATION # KMH1C1T5A1E14E1U117310109 VEHICLE YEAR 2014 VEHICLE MAKE Hyundai

INSURANCE VERIFIED INSURANCE COMPANY Progressive INSURANCE POLICY # 901183189 COLOR Gray VEHICLE MODEL Accent

TYPE OF USE COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

US DOT # _____ TOWED BY: COMPANY NAME FOX

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 01

1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER
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 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP

OF TRAILING UNITS 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0

1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL

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

SPECIAL FUNCTION 01

1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER
 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 22 - 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 01

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 11 - DUMP 10 - FLAT BED 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

VEHICLE DEFECTS

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

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 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS

ACTION 3 PRE-CRASH ACTIONS 01

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
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 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS

CONTRIBUTING CIRCUMSTANCES 01

1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY
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 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 11 - DROVE OFF ROAD 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION
 5 - UNSAFE SPEED 12 - IMPROPER BACKING
 6 - IMPROPER TURN

SEQUENCE OF EVENTS

120 NON-COLLISION

1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 15 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT
 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 16 - RAILWAY VEHICLE 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 17 - ANIMAL - FARM 24 - OTHER MOVABLE OBJECT
 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 18 - ANIMAL - DEER
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 19 - ANIMAL - OTHER
 20 - MOTOR VEHICLE IN TRANSPORT
 21 - PARKED MOTOR VEHICLE

41 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 55 - OTHER / UNKNOWN
 49 - FIRE HYDRANT

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER 22079732

DAMAGE

DAMAGE SCALE 4

1 - NONE 3 - FUNCTIONAL DAMAGE
 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 12

0 - NO DAMAGE 14 - UNDERCARRIAGE
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
 99 - UNKNOWN

TRAFFIC

TRAFFICWAY FLOW 2

1 - ONE-WAY
 2 - TWO-WAY

TRAFFIC CONTROL 2

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

OF THROUGH LANES ON ROAD 4

RAIL GRADE CROSSING 1

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

UNIT / NON-MOTORIST DIRECTION

FROM 7 TO 6

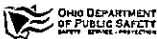
1 - NORTH 5 - NORTHEAST
 2 - SOUTH 6 - NORTHWEST
 3 - EAST 7 - SOUTHEAST
 4 - WEST 8 - SOUTHWEST
 9 - OTHER / UNKNOWN

UNIT SPEED 35

DETECTED SPEED 1

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

POSTED SPEED 35



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2 2 0 7 9 7 3 2

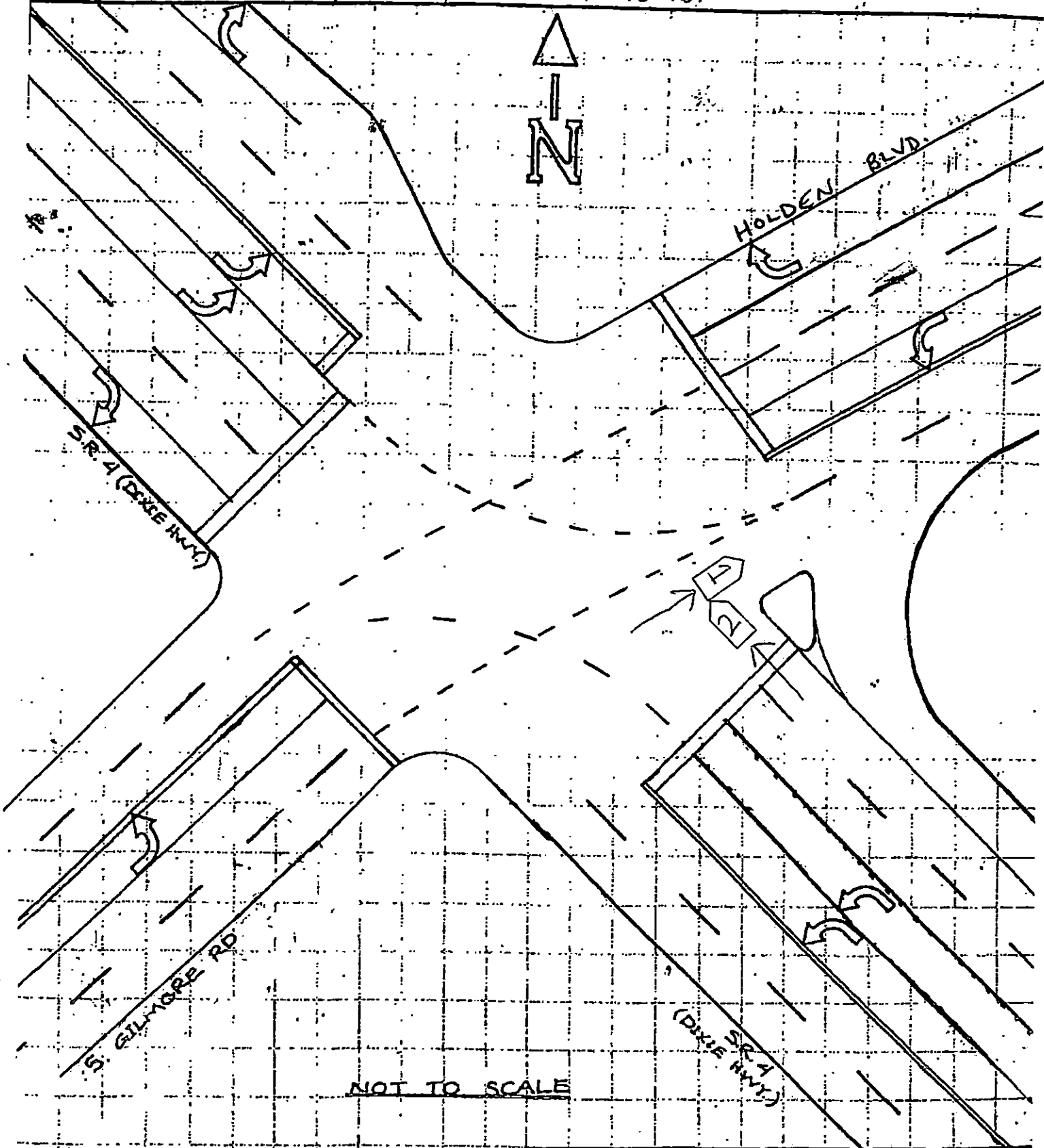
| | | | | |
|--|---|--|---|--|
| UNIT # 0 1 | NAME: LAST, FIRST, MIDDLE Gase, John | DATE OF BIRTH 0 3 0 7 1 9 4 7 | AGE 7 5 | GENDER M |
| ADDRESS: STREET, CITY, STATE, ZIP 295 Ringling St. Liberty Twp., OH 45011 | | CONTACT PHONE - INCLUDE AREA CODE | | |
| INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 0 4 |
| OL STATE OH | OPERATOR LICENSE NUMBER | OFFENSE CHARGED 313.01 a | LOCAL CODE <input checked="" type="checkbox"/> | OFFENSE DESCRIPTION Red Light |
| OL CLASS 4 | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY 1 | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG |
| | | CONDITION 1 | ALCOHOL TEST STATUS TYPE VALUE 1 1 | |
| | | DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1 | | CITATION NUMBER 252477 |

| | | | | |
|---|--|--|---|--|
| UNIT # 0 2 | NAME: LAST, FIRST, MIDDLE Winkler, Amanda | DATE OF BIRTH 0 7 2 0 1 9 8 0 | AGE 4 2 | GENDER F |
| ADDRESS: STREET, CITY, STATE, ZIP 1651 Gardner Rd., Hamilton, OH 45013 | | CONTACT PHONE - INCLUDE AREA CODE | | |
| INJURIES 4 | INJURED TAKEN BY 1 | EMS AGENCY (NAME) Fairfield | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 0 4 |
| OL STATE OH | OPERATOR LICENSE NUMBER | OFFENSE CHARGED | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION |
| OL CLASS 4 | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY 1 | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG |
| | | CONDITION 1 | ALCOHOL TEST STATUS TYPE VALUE 1 1 | |
| | | DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1 | | CITATION NUMBER |

| | | | | |
|-----------------------------------|----------------------------|-----------------------------------|---|--------------------------|
| UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
| ADDRESS: STREET, CITY, STATE, ZIP | | CONTACT PHONE - INCLUDE AREA CODE | | |
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED |
| OL STATE | OPERATOR LICENSE NUMBER | OFFENSE CHARGED | LOCAL CODE | OFFENSE DESCRIPTION |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED |
| | | CONDITION | ALCOHOL TEST | |
| | | DRUG TEST(S) | | CITATION NUMBER |

| INJURIES | SEATING POSITION | AIR BAG | OL CLASS | OL RESTRICTION(S) | DRIVER DISTRACTION | TEST STATUS |
|---|--|------------------------------------|------------------------------|--|--|--|
| 1 - FATAL | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | 1 - NOT DEPLOYED | 1 - CLASS A | 1 - ALCOHOL INTERLOCK DEVICE | 1 - NOT DISTRACTED | 1 - NONE GIVEN |
| 2 - SUSPECTED SERIOUS INJURY | 2 - FRONT - MIDDLE | 2 - DEPLOYED FRONT | 2 - CLASS B | 2 - COL INTRASTATE ONLY | 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) | 2 - TEST REFUSED |
| 3 - SUSPECTED MINOR INJURY | 3 - FRONT - RIGHT SIDE | 3 - DEPLOYED SIDE | 3 - CLASS C | 3 - CORRECTIVE LENSES | 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE | 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE |
| 4 - POSSIBLE INJURY | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 4 - DEPLOYED BOTH FRONT / SIDE | 4 - REGULAR CLASS (OHIO = D) | 4 - FARM WAIVER | 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE | 4 - TEST GIVEN; RESULTS KNOWN |
| 5 - NO APPARENT INJURY | 5 - SECOND - MIDDLE | 5 - NOT APPLICABLE | 5 - M/C MOPED ONLY | 5 - EXCEPT CLASS A BUS & CLASS B BUS | 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE | 5 - TEST GIVEN; RESULTS UNKNOWN |
| INJURED TAKEN BY | 6 - SECOND - RIGHT SIDE | 9 - DEPLOYMENT UNKNOWN | 6 - NO VALID OL | 6 - EXCEPT CLASS A & CLASS B BUS | 6 - PASSENGER | ALCOHOL TEST TYPE |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | EJECTION | OL ENDORSEMENT | 7 - EXCEPT TRACTOR-TRAILER | 7 - OTHER DISTRACTION INSIDE THE VEHICLE | 1 - NONE |
| 2 - EMS | 8 - THIRD - MIDDLE | 1 - NOT EJECTED | H - HAZMAT | 8 - INTERMEDIATE LICENSE RESTRICTIONS | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE | 2 - BLOOD |
| 3 - POLICE | 9 - THIRD - RIGHT SIDE | 2 - PARTIALLY EJECTED | M - MOTORCYCLE | 9 - LEARNER'S PERMIT RESTRICTIONS | 9 - OTHER / UNKNOWN | 3 - URINE |
| 9 - OTHER / UNKNOWN | 10 - SLEEPER SECTION OF TRUCK CAB | 3 - TOTALLY EJECTED | P - PASSENGER | 10 - LIMITED TO DAYLIGHT ONLY | DRUG TEST TYPE | 4 - BREATH |
| SAFETY EQUIPMENT | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE | N - TANKER | 11 - LIMITED TO EMPLOYMENT | 1 - NONE | 2 - BLOOD |
| 1 - NONE USED | 12 - PASSENGER IN UNENCLOSED CARGO AREA | TRAPPED | Q - MOTOR SCOOTER | 12 - LIMITED - OTHER | 2 - PHYSICAL IMPAIRMENT | 3 - URINE |
| 2 - SHOULDER BELT ONLY USED | 13 - TRAILING UNIT | 1 - NOT TRAPPED | R - THREE-WHEEL MOTORCYCLE | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) | 4 - OTHER |
| 3 - LAP BELT ONLY USED | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 2 - EXTRICATED BY MECHANICAL MEANS | S - SCHOOL BUS | 14 - MILITARY VEHICLES ONLY | 4 - ILLNESS | DRUG TEST RESULT(S) |
| 4 - SHOULDER & LAP BELT USED | 15 - NON-MOTORIST | 3 - FREED BY NON-MECHANICAL MEANS | T - DOUBLE & TRIPLE TRAILERS | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. | 1 - AMPHETAMINES |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | 99 - OTHER / UNKNOWN | | X - TANKER / HAZMAT | 16 - OUTSIDE MIRROR | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL | 2 - BARBITURATES |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING | | | | 17 - PROSTHETIC AID | 9 - OTHER / UNKNOWN | 3 - BENZODIAZEPINES |
| 7 - BOOSTER SEAT | | | | 18 - OTHER | | 4 - CANNABINOIDS |
| 8 - HELMET USED | | | | | | 5 - COCAINE |
| 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | | | | | 6 - OPIATES / OPIOIDS |
| 10 - REFLECTIVE CLOTHING | | | | | | 7 - OTHER |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | | | | | | 8 - NEGATIVE RESULTS |
| 99 - OTHER / UNKNOWN | | | | | | |

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| LOCAL REPORT NUMBER PD-22-079732 | REPORTING AGENCY FAIRFIELD P.D. | DATE OF CRASH M 10 D 31 Y 2022 |
| IN COUNTY OF BUTLER | CRASH LOCATION: SR-4 / South Gilmore Rd. | |



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|---|---------------------|
| OFFICER'S SIGNATURE X <i>[Signature]</i> | BADGE NUMBER 167 |
|---|---------------------|