



# 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 8 5 5 2 1 |              |                 |               |
| <input type="checkbox"/> SECONDARY CRASH         | <input type="checkbox"/> OH-1P           | <input type="checkbox"/> OTHER | REPORTING AGENCY NAME* |  | NCIC*           |              | HIT/SKIP        |               |
| <input type="checkbox"/> PRIVATE PROPERTY        | Fairfield Police Department              |                                | 0 0 9 0 1              |  | 1 - SOLVED      |              | NUMBER OF UNITS |               |
|  |  |                                |                        |  |                 | 2 - UNSOLVED |                 | 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                  |  | 1 1 2 3 2 0 2 2 0 8 1 0 | 2              |

|            |              |        |   |           |                           |
|------------|--------------|--------|---|-----------|---------------------------|
| ROUTE TYPE | ROUTE NUMBER | PREFIX | LOCATION ROAD NAME                            | ROAD TYPE | LATITUDE DECIMAL DEGREES  |
|            |              |        | South Gilmore                                 | R, D      | 3 9 3 0 5 3 0 3           |
| ROUTE TYPE | ROUTE NUMBER | PREFIX | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | ROAD TYPE | LONGITUDE DECIMAL DEGREES |
|            |              |        | Kolb  | D, R      | 8 4 5 2 3 6 9 5           |

|                  |                          |                              |                |  |  |
|------------------|--------------------------|------------------------------|----------------|--|--|
| 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  |  |
|                  |                          | TR - NUMBERED TOWNSHIP ROUTE | ST - STREET    |  |  |
|                  |                          |                              | RD - ROAD      |  |  |
|                  |                          |                              | LA - LANE      |  |  |
|                  |                          |                              | SQ - SQUARE    |  |  |
|                  |                          |                              | PK - PARKWAY   |  |  |
|                  |                          |                              | TE - TERRACE   |  |  |
|                  |                          |                              | TL - TRAIL     |  |  |
|                  |                          |                              | WA - WAY       |  |  |
|                  |                          |                              | PL - PLACE     |  |  |

|                                 |   |                     |                                       |
|---------------------------------|---|---------------------|---------------------------------------|
| 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 (2-4 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 - DRY                          | 1 - CONCRETE                      |
| <input type="checkbox"/> LAW ENFORCEMENT PRESENT | 2 - LANE SHIFT/CROSSOVER        | 2 - ADVANCE WARNING AREA                  |         | 2 - WET                          | 2 - BLACKTOP, BITUMINOUS, ASPHALT |
| <input type="checkbox"/> ACTIVE SCHOOL ZONE      | 3 - WORK ON SHOULDER OR MEDIAN  | 3 - TRANSITION AREA                       |         | 3 - SNOW                         | 3 - BRICK/BLOCK                   |
|  | 4 - INTERMITTENT OR MOVING WORK | 4 - ACTIVITY AREA                         |         | 4 - ICE                          | 4 - SLAG, GRAVEL, STONE           |
|  | 5 - OTHER                       | 5 - TERMINATION AREA                      |         | 5 - SAND, MUD, DIRT, OIL, GRAVEL | 5 - DIRT                          |
|  |                                 |   |         | 6 - WATER (STANDING, MOVING)     | 9 - OTHER/UNKNOWN                 |
|  |                                 |   |         | 7 - SLUSH                        |                                   |
|  |                                 |   |         | 9 - OTHER/UNKNOWN                |                                   |

|                                     |                                       |
|-------------------------------------|---------------------------------------|
| 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 11/23/2022 at or about 0810hrs Unit 2 was traveling north on South Gilmore Rd and turned west onto Kolb Dr. Unit 1 was southbound on South Gilmore Rd and when at Kolb Dr failed to stop for a red light and struck Unit 2 while in the intersection.

The driver of Unit 1 was also cited for DUS.

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 1 2 3 2 0 2 2 0 8 1 0    | 1 1 2 3 2 0 2 2 0 8 1 5  | 1 1 2 3 2 0 2 2 0 8 1 9 | 1 1 2 3 2 0 2 2 0 9 0 7            | <input checked="" type="checkbox"/> POLICE AGENCY  |
| TOTAL TIME ROADWAY CLOSED  | OTHER INVESTIGATION TIME | TOTAL MINUTES           | OFFICER'S NAME*                    | <input type="checkbox"/> MOTORIST  |
| 4 8                        |                          | 5 2                     | Sgt. Wolfe                         | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OCS) |
|                            |                          |                         | OFFICER'S BADGE NUMBER*            |  |
|                            |                          |                         | 1 0 3                              |  |
|                            |                          |                         | CHECKED BY OFFICER'S NAME*         |  |
|                            |                          |                         | [Signature]                        |  |
|                            |                          |                         | CHECKED BY OFFICER'S BADGE NUMBER* |  |
|                            |                          |                         | 103                                |  |

**OWNER**

UNIT # 011 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) EAN Holdings LLC OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) 11

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)  
 11783 Reading Rd Cincinnati OH 45241

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

**DAMAGE**

**DAMAGE SCALE**

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

**VEHICLE**

LP STATE OH LICENSE PLATE # PLM3469 VEHICLE IDENTIFICATION # 1C16R17L1G5N1S120191631 VEHICLE YEAR 2012 VEHICLE MAKE Ram

INSURANCE VERIFIED INSURANCE COMPANY Bristol West INSURANCE POLICY # G01033126404 COLOR Gray VEHICLE MODEL 1500

**DAMAGED AREA(S)**  
 INDICATE ALL THAT APPLY

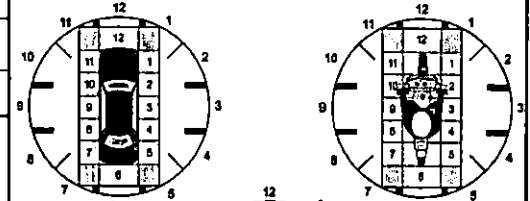
TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME Waynes Towing

HAZARDOUS MATERIAL CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_

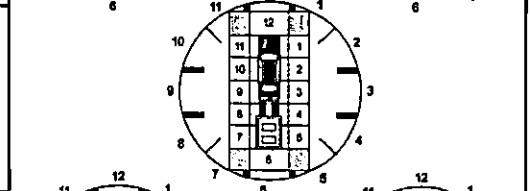
INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS 01

VEHICLE WEIGHT GVWR/GCWR: 1 - <10K LBS., 2 - 10,001 - 26K LBS., 3 - >26K LBS.



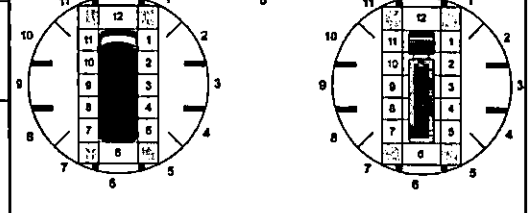
UNIT TYPE: 4 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER  
 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE 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 - CARGOVAN 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

# of TRAILING UNITS \_\_\_\_\_

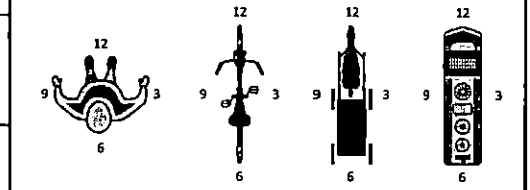


VAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 1 - YES 2 - NO 9 - OTHER/UNKNOWN

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



SPECIAL FUNCTION: 1 1 - NONE 6 - BUS - CHARIOTOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOVING 22 - OTHER UNKNOWN  
 3 - ELECTRONIC RIDESHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOWREMOVAL  
 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING  
 5 - BUS - TRANSDOCUMENTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL



CARGO BODY TYPE: 1 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER  
 2 - BUS 4 - LOGGING 6 - CARGOVAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER  
 7 - GRAIN CHIPS/GRAVEL 11 - DUMP 10 - FLAT BED 14 - GARBAGE/REFUSE  
 99 - OTHER / UNKNOWN

- NO DAMAGE [ 0 ]  - UNDERCARRIAGE [ 14 ]  
 - TOP [ 13 ]  - ALL AREAS [ 15 ]  
 - UNIT NOT AT SCENE [ 16 ]

VEHICLE DEFECTS: 1 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN  
 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT  
 3 - TAIL LAMPS 6 - TIRE BLOWOUT

NON-MOTORIST LOCATION AT IMPACT: 1 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE  
 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDDLEBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS  
 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN

INITIAL POINT OF CONTACT: 1, 2 0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1 - 12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 13 - TOP 99 - UNKNOWN

ACTION: 3 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 1 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST  
 4 - STRUCK PRE-CRASH ACTIONS 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

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

CONTRIBUTING CIRCUMSTANCES: 3 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

# of THROUGH LANES on ROAD: 6

RAIL GRADE CROSSING: 1 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING

SEQUENCE OF EVENTS: 1, 2, 0 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 MOTOR VEHICLE  
 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  
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTORVEHICLE IN TRANSPORT  
 31 - \_\_\_\_\_ 12 - IMPROPER BACKING

UNIT / NON-MOTORIST DIRECTION: FROM 1 TO 2

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

COLLISION WITH FIXED OBJECT - STRUCK: 1 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 - MEDIUM CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING  
 28 - BRIDGE PARAPET 34 - MEDIUM GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL  
 29 - BRIDGE RAIL 35 - MEDIUM CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT  
 30 - GUARDRAIL FACE 36 - MEDIUM OTHER BARRIER 42 - CULVERT 48 - TREE 55 - OTHER / UNKNOWN  
 49 - FIRE HYDRANT

FIRST HARMFUL EVENT: 1 MOST HARMFUL EVENT: 1

UNIT SPEED: 3, 5

POSTED SPEED: 3, 5

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

LOCAL REPORT NUMBER  
2, 2, 0, 8, 5, 5, 2, 1

**OWNER**

UNIT # 0, 2 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)  
Cooper, Lowanda

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)  
1440 Biloxi Dr Cincinnati OH 45231

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

OWNER PHONE: INCLUDE AREA CODE

**DAMAGE**

DAMAGE SCALE

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

**VEHICLE**

LP STATE OH LICENSE PLATE # HGC5704 VEHICLE IDENTIFICATION # 1G11PE151B18G1711197158 VEHICLE YEAR 2016 VEHICLE MAKE Chevy

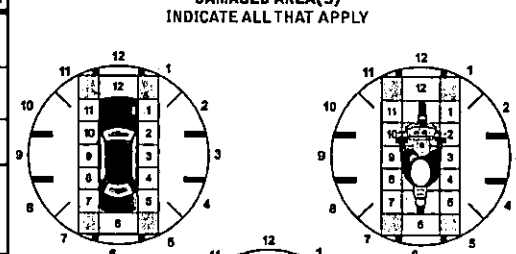
INSURANCE VERIFIED  INSURANCE COMPANY \_\_\_\_\_ INSURANCE POLICY # \_\_\_\_\_ COLOR Gray VEHICLE MODEL Cruze

TYPE OF USE  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME Fox Towing

HAZARDOUS MATERIAL CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_

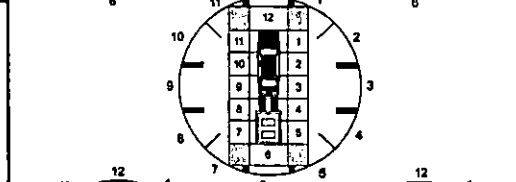
INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT  #OCCUPANTS 0, 1 VEHICLE WEIGHT GVWR/GCWR  
1 - <10K LBS.  
2 - 10,001 - 26K LBS.  
3 - >26K LBS.



UNIT TYPE

1 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)  
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6 - VAN (9-15 SEATS) 17 - MOTORHOME

# of TRAILING UNITS \_\_\_\_\_

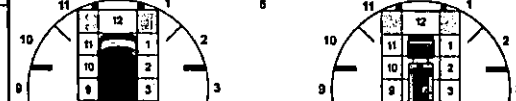


WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

1 - YES 2 - NO 9 - OTHER / UNKNOWN

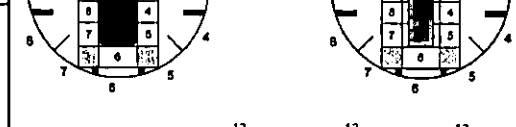
AUTONOMOUS MODE LEVEL

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



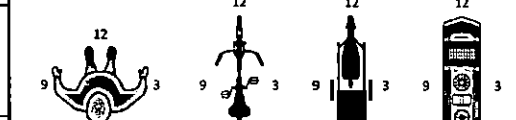
SPECIAL FUNCTION

1 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN  
3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOWREMOVAL  
4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING  
5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL



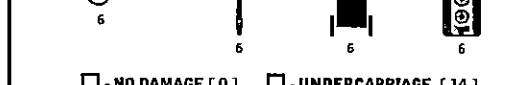
CARGO BODY TYPE

1 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER  
2 - BUS 4 - LOGGING 6 - CARGOVAN/ENCLOSED BOX 10 - FLAT BED 13 - AUTOTRANSPORTER  
7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN



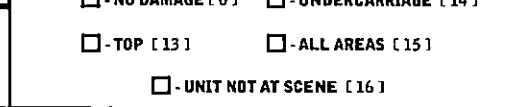
VEHICLE DEFECTS

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 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIUM CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE  
2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDDLEBLOCK - 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 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 6 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST  
4 - STRUCK PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 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, 3 0 - NO DAMAGE 14 - UNDERCARRIAGE  
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
13 - TOP 99 - UNKNOWN

CONTRIBUTING CIRCUMSTANCES

1 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY  
2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE  
3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - STOPPED OR PARKED ILLEGALLY 18 - ANIMAL - FARM 23 - OPENING DOOR INTO ROADWAY  
4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - STOPPED OR PARKED ILLEGALLY 19 - ANIMAL - DEER 24 - OTHER IMPROPER ACTION  
5 - UNSAFE SPEED 11 - DROVE OFF ROAD 17 - SWERVING TO AVOID 20 - MOTOR VEHICLE IN TRANSPORT 99 - OTHER IMPROPER ACTION  
6 - IMPROPER TURN 12 - IMPROPER BACKING 18 - WRONG WAY 21 - IMPROPER CROSSING

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 6 RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

SEQUENCE OF EVENTS

1, 2, 0 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 MOTOR VEHICLE  
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 20 - MOTOR VEHICLE IN TRANSPORT  
5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE

**COLLISION WITH FIXED OBJECT - STRUCK**

25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  
26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL  
27 - BRIDGE PIER OR ABUTMENT STRUCTURE 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING  
28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL  
29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT  
30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN 49 - FIRE HYDRANT

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

UNIT / NON-MOTORIST DIRECTION

FROM 2 TO 4

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

UNIT SPEED 1, 0 DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED  
2 - CALCULATED / EDR  
3 - UNDETERMINED

POSTED SPEED 3, 5



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 2 0 8 5 5 2 1

|               |  |                                  |            |             |
|---------------|--|----------------------------------|------------|-------------|
| UNIT #<br>0 1 | NAME: LAST, FIRST, MIDDLE<br>Baker, Eric | DATE OF BIRTH<br>0 5 0 4 1 9 8 7 | AGE<br>3 5 | GENDER<br>M |
|---------------|--|----------------------------------|------------|-------------|

ADDRESS: STREET, CITY, STATE, ZIP  
6208 Bancroft St Cincinnati OH 45227

CONTACT PHONE - INCLUDE AREA CODE

|                |                            |                            |   |  |  |                                   |                    |   |              |
|----------------|----------------------------|----------------------------|---|--|--|-----------------------------------|--------------------|---|--------------|
| INJURIES<br>3  | INJURED TAKEN BY<br>1      | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)   | SAFETY EQUIPMENT USED<br>0 4   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 1           | AIR BAG USAGE<br>2 | EJECTION<br>1                                     | TRAPPED<br>1 |
| OL STATE<br>OH | OPERATOR LICENSE NUMBER    | OFFENSE CHARGED<br>313.01a | LOCAL CODE<br><input checked="" type="checkbox"/> | OFFENSE DESCRIPTION<br>Red Light Violation   | CITATION NUMBER<br>252224                        |                                   |                    |   |              |
| OL CLASS<br>6  | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY<br>1                         | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>1                                   | ALCOHOL TEST<br>STATUS TYPE VALUE |                    | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4 |              |

|               |   |                                  |            |             |
|---------------|---|----------------------------------|------------|-------------|
| UNIT #<br>0 2 | NAME: LAST, FIRST, MIDDLE<br>Evans, Diamond | DATE OF BIRTH<br>0 9 2 0 1 9 9 8 | AGE<br>2 4 | GENDER<br>F |
|---------------|---|----------------------------------|------------|-------------|

ADDRESS: STREET, CITY, STATE, ZIP  
1440 Biloxi Dr Cincinnati OH 45231

CONTACT PHONE - INCLUDE AREA CODE

|                |                            |                            |  |  |  |                                   |                    |   |              |
|----------------|----------------------------|----------------------------|--|--|--|-----------------------------------|--------------------|---|--------------|
| INJURIES<br>2  | INJURED TAKEN BY<br>1      | EMS AGENCY (NAME)<br>CFFD  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)<br>UC West Chester | SAFETY EQUIPMENT USED<br>0 4   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 1           | AIR BAG USAGE<br>4 | EJECTION<br>1                                     | TRAPPED<br>1 |
| OL STATE<br>OH | OPERATOR LICENSE NUMBER    | OFFENSE CHARGED            | LOCAL CODE<br><input type="checkbox"/>                             | OFFENSE DESCRIPTION  | CITATION NUMBER                                  |                                   |                    |   |              |
| OL CLASS<br>4  | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY<br>1  | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>1                                   | ALCOHOL TEST<br>STATUS TYPE VALUE |                    | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4 |              |

|        |                           |               |          |        |
|--------|---------------------------|---------------|----------|--------|
| UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE<br>0 | GENDER |
|--------|---------------------------|---------------|----------|--------|

ADDRESS: STREET, CITY, STATE, ZIP

CONTACT PHONE - INCLUDE AREA CODE

|          |                            |                            |   |  |  |                                   |               |   |         |
|----------|----------------------------|----------------------------|---|--|--|-----------------------------------|---------------|---|---------|
| INJURIES | INJURED TAKEN BY           | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION                  | AIR BAG USAGE | EJECTION  | TRAPPED |
| OL STATE | OPERATOR LICENSE NUMBER    | OFFENSE CHARGED            | LOCAL CODE<br><input type="checkbox"/>          | OFFENSE DESCRIPTION  | CITATION NUMBER                                  |                                   |               |   |         |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION  | ALCOHOL TEST<br>STATUS TYPE VALUE |               | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4 |         |

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



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
2 2 0 8 5 5 2 1

|                                   |                  |                           |   |                       |  |
|-----------------------------------|------------------|---------------------------|---|-----------------------|--|
| <b>OCCUPANT</b>                   | UNIT #           | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH                                   | AGE                   | GENDER   |
|                                   |                  |                           |   | 0                     |  |
| ADDRESS: STREET, CITY, STATE, ZIP |                  |                           | CONTACT PHONE - INCLUDE AREA CODE               |                       |  |
| INJURIES                          | INJURED TAKEN BY | EMS AGENCY (NAME)         | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET<br>SEATING POSITION<br>AIR BAG USAGE<br>EJECTION<br>TRAPPED |

|                                   |                  |                           |   |                       |  |
|-----------------------------------|------------------|---------------------------|---|-----------------------|--|
| <b>OCCUPANT</b>                   | UNIT #           | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH                                   | AGE                   | GENDER   |
|                                   |                  |                           |   | 0                     |  |
| ADDRESS: STREET, CITY, STATE, ZIP |                  |                           | CONTACT PHONE - INCLUDE AREA CODE               |                       |  |
| INJURIES                          | INJURED TAKEN BY | EMS AGENCY (NAME)         | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET<br>SEATING POSITION<br>AIR BAG USAGE<br>EJECTION<br>TRAPPED |

|                                   |                  |                           |   |                       |  |
|-----------------------------------|------------------|---------------------------|---|-----------------------|--|
| <b>OCCUPANT</b>                   | UNIT #           | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH                                   | AGE                   | GENDER   |
|                                   |                  |                           |   | 0                     |  |
| ADDRESS: STREET, CITY, STATE, ZIP |                  |                           | CONTACT PHONE - INCLUDE AREA CODE               |                       |  |
| INJURIES                          | INJURED TAKEN BY | EMS AGENCY (NAME)         | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET<br>SEATING POSITION<br>AIR BAG USAGE<br>EJECTION<br>TRAPPED |

|                                   |                  |                           |   |                       |  |
|-----------------------------------|------------------|---------------------------|---|-----------------------|--|
| <b>OCCUPANT</b>                   | UNIT #           | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH                                   | AGE                   | GENDER   |
|                                   |                  |                           |   | 0                     |  |
| ADDRESS: STREET, CITY, STATE, ZIP |                  |                           | CONTACT PHONE - INCLUDE AREA CODE               |                       |  |
| INJURIES                          | INJURED TAKEN BY | EMS AGENCY (NAME)         | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET<br>SEATING POSITION<br>AIR BAG USAGE<br>EJECTION<br>TRAPPED |

| INJURIES                     | SAFETY EQUIPMENT USED                         | SEATING POSITION   | AIR BAG USAGE                      |
|------------------------------|---|--|------------------------------------|
| 1 - FATAL                    | 1 - NONE USED - VEHICLE OCCUPANT              | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)  | 1 - NOT DEPLOYED                   |
| 2 - SUSPECTED SERIOUS INJURY | 2 - SHOULDER BELT ONLY USED                   | 2 - FRONT - MIDDLE   | 2 - DEPLOYED FRONT                 |
| 3 - SUSPECTED MINOR INJURY   | 3 - LAP BELT ONLY USED                        | 3 - FRONT - RIGHT SIDE   | 3 - DEPLOYED SIDE                  |
| 4 - POSSIBLE INJURY          | 4 - SHOULDER & LAP BELT USED                  | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)  | 4 - DEPLOYED BOTH FRONT/SIDE       |
| 5 - NO APPARENT INJURY       | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING   | 5 - SECOND - MIDDLE  | 5 - NOT APPLICABLE                 |
|                              | 6 - CHILD RESTRAINT SYSTEM - REAR FACING      | 6 - SECOND - RIGHT SIDE  | 9 - DEPLOYMENT UNKNOWN             |
|                              | 7 - BOOSTER SEAT                              | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  |                                    |
|                              | 8 - HELMET USED                               | 8 - THIRD - MIDDLE   | <b>EJECTION</b>                    |
|                              | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT SIDE   | 1 - NOT EJECTED                    |
|                              | 10 - REFLECTIVE CLOTHING                      | 10 - SLEEPER SECTION OF TRUCK CAB  | 2 - PARTIALLY EJECTED              |
|                              | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 3 - TOTALLY EJECTED                |
|                              | 99 - OTHER / UNKNOWN                          | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | 4 - NOT APPLICABLE                 |
|                              |   | 13 - TRAILING UNIT   | <b>TRAPPED</b>                     |
|                              |   | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 1 - NOT TRAPPED                    |
|                              |   | 15 - NON-MOTORIST  | 2 - EXTRICATED BY MECHANICAL MEANS |
|                              |   | 99 - OTHER / UNKNOWN   | 3 - FREED BY NON-MECHANICAL MEANS  |

|  |                           |                 |                                   |        |
|--|---------------------------|-----------------|-----------------------------------|--------|
| <b>WITNESS</b>                         | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH   | AGE                               | GENDER |
|  | McNally, James            | 0 1 2 6 1 9 8 3 | 3 9                               | M      |
| ADDRESS: STREET, CITY, STATE, ZIP      |                           |                 | CONTACT PHONE - INCLUDE AREA CODE |        |
| 8002 Jasmine TL. Cincinnati, OH. 45241 |                           |                 |                                   |        |

|   |                           |                 |                                   |        |
|---|---------------------------|-----------------|-----------------------------------|--------|
| <b>WITNESS</b>                            | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH   | AGE                               | GENDER |
|   | Benjelloun, Amari         | 0 5 2 8 1 9 9 6 | 2 6                               | F      |
| ADDRESS: STREET, CITY, STATE, ZIP         |                           |                 | CONTACT PHONE - INCLUDE AREA CODE |        |
| 836 Summerfield Ln. Cincinnati, OH. 45240 |                           |                 |                                   |        |

|                                      |                           |                 |                                   |        |
|--------------------------------------|---------------------------|-----------------|-----------------------------------|--------|
| <b>WITNESS</b>                       | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH   | AGE                               | GENDER |
|                                      | Groseclose, Charlotte     | 0 7 2 9 1 9 5 1 | 7 1                               | F      |
| ADDRESS: STREET, CITY, STATE, ZIP    |                           |                 | CONTACT PHONE - INCLUDE AREA CODE |        |
| 792 W. Kemper Rd Cincinnati OH 45240 |                           |                 |                                   |        |

|                                  |   |                                     |
|----------------------------------|---|-------------------------------------|
| LOCAL REPORT NUMBER<br>22-085521 | REPORTING AGENCY<br>FAIRFIELD POLICE DEPARTMENT | DATE OF CRASH<br>M 11   D 23   Y 22 |
| IN COUNTY OF<br>BUTLER           | CRASH LOCATION<br>South Gilmore / Kolb          |                                     |

