



# 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 3 0 1 0 1 6 9 |  |                         |  |
| <input type="checkbox"/> SECONDARY CRASH         | <input type="checkbox"/> OH-1P           | <input type="checkbox"/> OTHER | REPORTING AGENCY NAME*      | NCIC*           | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED | NUMBER OF UNITS<br>0, 2 | UNIT IN ERROR<br>98 - ANIMAL<br>99 - UNKNOWN |
| <input type="checkbox"/> PRIVATE PROPERTY        |  |                                | Fairfield Police Department | 0, 0, 9, 0, 1   |  |                         |  |

|                |   |   |  |   |
|----------------|---|---|--|---|
| COUNTY*<br>0 9 | LOCALITY*<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br>1 | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>City of Fairfield | CRASH DATE / TIME*<br>02, 08, 20, 23, 1, 05, 2 | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY<br>5 |
|----------------|---|---|--|---|

|                    |                   |  |  |                   |  |
|--------------------|-------------------|--|--|-------------------|--|
| ROUTE TYPE<br>S, R | ROUTE NUMBER<br>4 | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | LOCATION ROAD NAME<br>City of Fairfield                    | ROAD TYPE         | LATITUDE DECIMAL DEGREES<br>39, 3, 2, 4, 2, 4, 5   |
| ROUTE TYPE         | ROUTE NUMBER      | PREFIX   | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>DIVERSION | ROAD TYPE<br>R, D | LONGITUDE DECIMAL DEGREES<br>-84, 5, 0, 6, 6, 8, 8 |

|  |  |  |  |  |   |
|--|--|--|--|--|---|
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br>1 | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | ROUTE TYPE<br>IR - INTERSTATE ROUTE (ITP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY | INTERSECTION RELATED<br><input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED |
|--|--|--|--|--|---|

|   |  |  |   |   |
|---|--|--|---|---|
| LOCATION OF FIRST HARMFUL EVENT<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP<br>0, 1 | 9 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12 - SHARED USE PATHS OR TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER / UNKNOWN | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN<br>6 | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (≥4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN (ANY TYPE)<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN |
|---|--|--|---|---|

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA | CONTOUR<br>1<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/UNKNOWN | CONDITIONS<br>1<br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN | SURFACE<br>2<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/UNKNOWN |
|---|--|---|---|--|--|

|   |   |
|---|---|
| LIGHT CONDITION<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN<br>1 | WEATHER<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN<br>0, 2 |
|---|---|

|  |          |  |
|--|----------|--|
| NARRATIVE<br>On 02-08-23 at 10:52 a.m., Unit 2 was traveling north on SR4 (Dixie Hwy) in the right through lane approaching the Diversion Drive intersection. Unit 1 was traveling west on Diversion Dr. in the right turn lane approaching the intersection of SR4 (Dixie Hwy).<br><br>The driver of Unit 1 stated that she had a green light and attempted to turn left onto SR4 (Dixie Hwy) when Unit 2 ran a red light causing the units to strike each other.<br><br>The driver of Unit 2 stated that she had a green light and that Unit 1 ran a red light causing the units to strike each other. | SEE OH-2 | Indicate the north direction with an "N" on the compass diagram. |
|--|----------|--|

|   |   |  |  |   |
|---|---|--|--|---|
| CRASH REPORTED DATE / TIME<br>0 2, 0 8, 2 0, 2 3, 1, 0 5, 3 | DISPATCH DATE / TIME<br>0 2, 0 8, 2 0, 2 3, 1, 0 5, 7 | ARRIVAL DATE / TIME<br>0 2, 0 8, 2 0, 2 3, 1, 0 5, 9 | SCENE CLEARED DATE / TIME<br>0 2, 0 8, 2 0, 2 3, 1, 1 4, 7 | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST |
| TOTAL TIME ROADWAY CLOSED<br>0                              | OTHER INVESTIGATION TIME<br>2 0                       | TOTAL MINUTES<br>7, 0                                | OFFICER'S NAME*<br>P.O. J. DRAKE                           | CHECKED BY OFFICER'S NAME*<br>Sg. J Sprague   |
|   |   |  | OFFICER'S BADGE NUMBER*<br>8 8                             | CHECKED BY OFFICER'S BADGE NUMBER*<br>8 4   |
|   |   |  |  | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DORS)           |

OWNER

VEHICLE

EVENT(S)

|  |  |   |
|--|--|---|
| UNIT #<br>01   | OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)<br>ACHARYA, DILLI R | OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER) |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP (☒ SAME AS DRIVER) |  | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE       |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP        |  | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE       |

|  |  |   |  |                           |
|--|--|---|--|---------------------------|
| LP STATE<br>OH   | LICENSE PLATE #<br>HIP3371             | VEHICLE IDENTIFICATION #<br>1FMSK81D1H0L1G1B12171518121 | VEHICLE YEAR<br>2020                           | VEHICLE MAKE<br>FORD      |
| <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY<br>PROGRESSIVE       | INSURANCE POLICY #<br>931424990                         | COLOR<br>DK BLU                                | VEHICLE MODEL<br>EXPLORER |
| <input type="checkbox"/> COMMERCIAL                    | <input type="checkbox"/> GOVERNMENT    | <input type="checkbox"/> IN EMERGENCY RESPONSE          | TOWED BY: COMPANY NAME                         |                           |
| <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED     | <input type="checkbox"/> HIT/SKIP UNIT | #OCCUPANTS<br>01  | HAZARDOUS MATERIAL CLASS # PLACARD ID #        |                           |
| TYPE OF USE  |  | US DOT #  | VEHICLE WEIGHT GVWR/GCWR                       |                           |
| <input type="checkbox"/> PASSENGER CAR                 |  | <input type="checkbox"/> 1 - <10K LBS.                  | <input type="checkbox"/> 1 - <10K LBS.         |                           |
| <input type="checkbox"/> PASSENGER VAN (MINIVAN)       |  | <input type="checkbox"/> 2 - 10,001 - 26K LBS.          | <input type="checkbox"/> 2 - 10,001 - 26K LBS. |                           |
| <input type="checkbox"/> SPORT UTILITY VEHICLE         |  | <input type="checkbox"/> 3 - >26K LBS.                  | <input type="checkbox"/> 3 - >26K LBS.         |                           |

|                 |                             |                                    |                        |  |                            |
|-----------------|-----------------------------|------------------------------------|------------------------|--|----------------------------|
| UNIT TYPE<br>03 | 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?<br>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<br>01 | 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 RIDESHARING  | 8 - BUS - SHUTTLE      | 13 - POLICE                 | 18 - SNOW REMOVAL          |                    |
|                        | 4 - SCHOOL TRANSPORT        | 9 - BUS - OTHER        | 14 - PUBLIC UTILITY         | 19 - TOWING                |                    |
|                        | 5 - BUS - TRANSIT/COM/METER | 10 - AMBULANCE         | 15 - CONSTRUCTION EQUIPMENT | 20 - SAFETY SERVICE PATROL |                    |

|                       |   |  |                                  |                |                       |
|-----------------------|---|--|----------------------------------|----------------|-----------------------|
| CARGO BODY TYPE<br>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           | 10 - FLAT BED  | 14 - GARBAGE/REFUSE   |
|                       |   |  |                                  | 11 - DUMP      | 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<br>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               | 3 - CHANGING LANES     | 9 - LEAVING TRAFFIC LANE           | 15 - WALKING, RUNNING, JOGGING, PLAYING      | 20 - OTHER NON-MOTORIST                |
|             | 4 - STRUCK                 | 4 - OVERTAKING/PASSING | 10 - PARKED                        | 16 - WORKING                                 | 21 - STANDING OUTSIDE DISABLED VEHICLE |
|             | 5 - BOTH STRIKING & STRUCK | 5 - MAKING RIGHT TURN  | 11 - SLOWING OR STOPPED IN TRAFFIC | 17 - PUSHING VEHICLE                         | 99 - OTHER/UNKNOWN                     |
|             | 9 - OTHER/UNKNOWN          | 6 - MAKING LEFT TURN   | 12 - DRIVERLESS                    |  |  |

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

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

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

|                          |                         |
|--------------------------|-------------------------|
| FIRST HARMFUL EVENT<br>1 | MOST HARMFUL EVENT<br>1 |
|--------------------------|-------------------------|

LOCAL REPORT NUMBER  
23010169

DAMAGE

DAMAGE SCALE

3 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

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

TRAFFIC

|   |  |
|---|--|
| TRAFFICWAY FLOW<br>2 1 - ONE-WAY<br>2 2 - TWO-WAY | TRAFFIC CONTROL<br>2 1 - ROUNDABOUT 4 - STOP SIGN<br>2 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 6 - NO CONTROL |
|---|--|

|                                 |  |
|---------------------------------|--|
| # OF THROUGH LANES ON ROAD<br>4 | RAIL GRADE CROSSING<br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING |
|---------------------------------|--|

UNIT / NON-MOTORIST DIRECTION

FROM 3 TO 1

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

|                    |  |
|--------------------|--|
| UNIT SPEED<br>10   | DETECTED SPEED<br>1 1 - STATED/ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED |
| POSTED SPEED<br>50 |  |

**OWNER**

UNIT # 012 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 \_\_\_\_\_

**VEHICLE**

LP STATE FL LICENSE PLATE # CKTQ22 VEHICLE IDENTIFICATION # WDIDL1J7DB19DA01623110 VEHICLE YEAR 2013 VEHICLE MAKE MERCEDES

INSURANCE VERIFIED  INSURANCE COMPANY \_\_\_\_\_ INSURANCE POLICY # \_\_\_\_\_ COLOR BLACK VEHICLE MODEL CL550

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

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

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

UNIT TYPE: 01

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 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

1 - YES 2 - NO 9 - OTHER/UNKNOWN

AUTONOMOUS MODE LEVEL: 01

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

SPECIAL FUNCTION: 01

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

CARGO BODY TYPE: 01

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

VEHICLE DEFECTS: 01

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

NON-MOTORIST LOCATOR AT IMPACT: 01

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

ACTION: 4

1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER/UNKNOWN 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER/UNKNOWN

CONTRIBUTING CIRCUMSTANCES: 22

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

SEQUENCE OF EVENTS: 20

1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO/EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 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

COLLISION WITH FIXED OBJECT / STRUCK: 1

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 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER/UNKNOWN

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

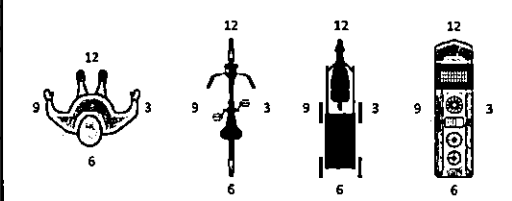
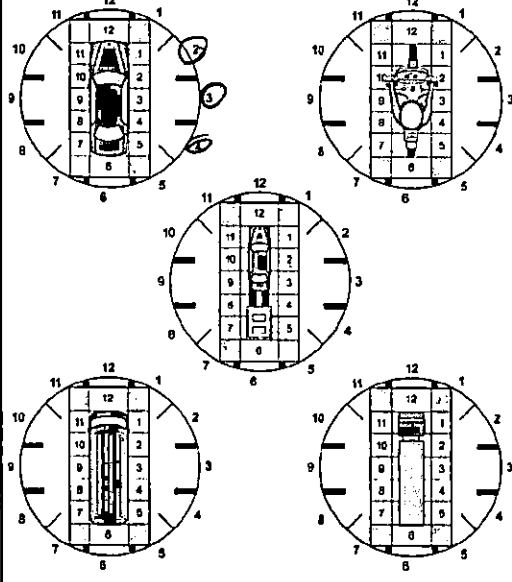
LOCAL REPORT NUMBER: 23010169

DAMAGE: 3

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

DAMAGED AREA(S): 01

INDICATE ALL THAT APPLY



NO DAMAGE [ 0 ]  UNDERCARRIAGE [ 14 ]

TOP [ 13 ]  ALL AREAS [ 15 ]

UNIT NOT AT SCENE [ 16 ]

INITIAL POINT OF CONTACT: 21

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

TRAFFIC: 2

TRAFFICWAY FLOW: 1 - ONE-WAY 2 - TWO-WAY

TRAFFIC CONTROL: 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 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: 2 FROM 2 TO 1

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

UNIT SPEED: 20

POSTED SPEED: 50

DETECTED SPEED: 1

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



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 3 0 1 0 1 6 9

|  |   |                                   |   |  |
|--|---|-----------------------------------|---|--|
| UNIT #<br>0 1  | NAME: LAST, FIRST, MIDDLE<br>ACHARYA, RADHIKA | DATE OF BIRTH<br>0 6 2 3 1 9 8 1  | AGE<br>4 1                                      | GENDER<br>F  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>3698 KOHN DR FAIRFIELD OH 45014 |   | CONTACT PHONE - INCLUDE AREA CODE |   |  |
| INJURIES<br>5  | INJURED TAKEN BY                              | EMS AGENCY (NAME)                 | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0 4   |
| OL STATE<br>OH   | OPERATOR LICENSE NUMBER                       | OFFENSE CHARGED                   | LOCAL CODE                                      | OFFENSE DESCRIPTION  |
| 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  |   | ALCOHOL TEST                      |   | DRUG TEST(S)   |
| 1  |   | STATUS                            | TYPE  | VALUE  |
| 1  |   | 1                                 | 1   | 1  |

|   |  |                                   |   |  |
|---|--|-----------------------------------|---|--|
| UNIT #<br>0 2   | NAME: LAST, FIRST, MIDDLE<br>THORNTON, SHEMIKA TENNILE | DATE OF BIRTH<br>1 2 0 1 1 9 7 6  | AGE<br>4 6                                      | GENDER<br>F  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>3801 ENCLAVE AVE APT.#13 SHARONVILLE, OHIO 45241 |  | CONTACT PHONE - INCLUDE AREA CODE |   |  |
| INJURIES<br>5   | INJURED TAKEN BY                                       | EMS AGENCY (NAME)                 | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0 4   |
| OL STATE<br>FL  | OPERATOR LICENSE NUMBER                                | OFFENSE CHARGED                   | LOCAL CODE                                      | OFFENSE DESCRIPTION  |
| 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   |  | ALCOHOL TEST                      |   | DRUG TEST(S)   |
| 1   |  | STATUS                            | TYPE  | VALUE  |
| 1   |  | 1                                 | 1   | 1  |

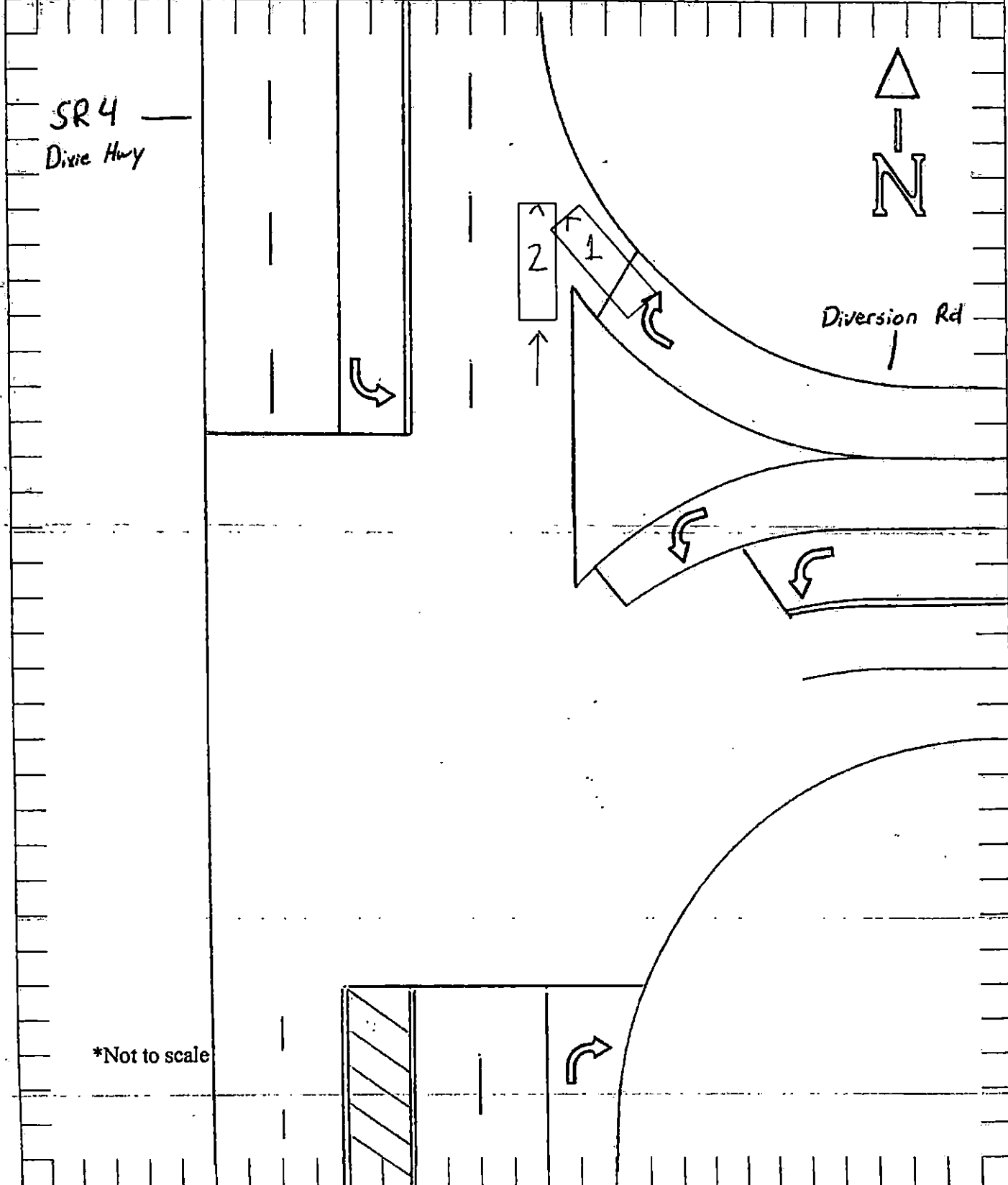
|                                   |                            |                                   |   |                          |
|-----------------------------------|----------------------------|-----------------------------------|---|--------------------------|
| UNIT #                            | 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)             |
|                                   |                            | STATUS                            | TYPE  | VALUE                    |
|                                   |                            |                                   |   |                          |

| 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-CDL 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                         | H-HAZMAT                   | 7-EXCEPT TRACTOR-TRAILER   | 7-OTHER DISTRACTION INSIDE THE VEHICLE   | 1-NONE                                       |
| 2-EMS                                       | 8-THIRD - MIDDLE   | 1-NOT EJECTED                    | M-MOTORCYCLE               | 8-INTERMEDIATE LICENSE RESTRICTIONS  | 8-OTHER DISTRACTION OUTSIDE THE VEHICLE  | 2-BLOOD                                      |
| 3-POLICE                                    | 9-THIRD - RIGHT SIDE   | 2-PARTIALLY EJECTED              | P-PASSENGER                | 9-LEARNER'S PERMIT RESTRICTIONS  | 9-OTHER / UNKNOWN  | 3-URINE                                      |
| 9-OTHER / UNKNOWN                           | 10-SLEEPER SECTION OF TRUCK CAB  | 3-TOTALLY EJECTED                | N-TANKER                   | 10-LIMITED TO DAYLIGHT ONLY  |  | 4-BREATH                                     |
| SAFETY EQUIPMENT                            | 11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4-NOT APPLICABLE                 | Q-MOTOR SCOOTER            | 11-LIMITED TO EMPLOYMENT   |  | 5-OTHER                                      |
| 1-NONE USED                                 | 12-PASSENGER IN UNENCLOSED CARGO AREA  | TRAPPED                          | R-THREE-WHEEL MOTORCYCLE   | 12-LIMITED - OTHER   |  | DRUG TEST TYPE                               |
| 2-SHOULDER BELT ONLY USED                   | 13-TRAILING UNIT   | 1-NOT TRAPPED                    | S-SCHOOL BUS               | 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) |  | 1-NONE                                       |
| 3-LAP BELT ONLY USED                        | 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 2-EXTRICATED BY MECHANICAL MEANS | T-DOUBLE & TRIPLE TRAILERS | 14-MILITARY VEHICLES ONLY  |  | 2-BLOOD                                      |
| 4-SHOULDER & LAP BELT USED                  | 15-NON-MOTORIST  | 3-FREED BY NON-MECHANICAL MEANS  | X-TANKER / HAZMAT          | 15-MOTOR VEHICLES WITHOUT AIR BRAKES   |  | 3-URINE                                      |
| 5-CHILD RESTRAINT SYSTEM - FORWARD FACING   | 99-OTHER / UNKNOWN   |                                  |                            | 16-OUTSIDE MIRROR  |  | 4-OTHER                                      |
| 6-CHILD RESTRAINT SYSTEM - REAR FACING      |  |                                  |                            | 17-PROSTHETIC AID  |  | DRUG TEST RESULT(S)                          |
| 7-BOOSTER SEAT                              |  |                                  |                            | 18-OTHER   |  | 1-AMPHETAMINES                               |
| 8-HELMET USED                               |  |                                  |                            |  |  | 2-BARBITURATES                               |
| 9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) |  |                                  |                            |  |  | 3-BENZODIAZEPINES                            |
| 10-REFLECTIVE CLOTHING                      |  |                                  |                            |  |  | 4-CANNABINOIDS                               |
| 11-LIGHTING - PEDESTRIAN / BICYCLE ONLY     |  |                                  |                            |  |  | 5-COCAINE                                    |
| 99-OTHER / UNKNOWN                          |  |                                  |                            |  |  | 6-OPiates / OPioids                          |
|   |  |                                  |                            |  |  | 7-OTHER                                      |
|   |  |                                  |                            |  |  | 8-NEGATIVE RESULTS                           |

OHIO TRAFFIC ACCIDENT - DIAGRAM / NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

|                                  |   |                            |
|----------------------------------|---|----------------------------|
| LOCAL REPORT NUMBER<br>23-010169 | REPORTING AGENCY<br>Fairfield Police Department     | DATE OF ACCIDENT<br>2/8/23 |
| IN COUNTY OF<br>Butler           | ACCIDENT LOCATION<br>SR4 (Dixie Hwy) / Diversion Rd |                            |



\*Not to scale

|   |                 |
|---|-----------------|
| OFFICER'S SIGNATURE<br><i>[Signature]</i> | BADGE NO.<br>88 |
|---|-----------------|