



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 8 9 3 5 | | |
| <input type="checkbox"/> SECONDARY CRASH | <input checked="" 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 2 - UNSOLVED |
| | | | | | | NUMBER OF UNITS | |
| | | | | | | 0 2 | |
| | | | | | | UNIT IN ERROR | |
| | | | | | | 9 9 98 - ANIMAL 99 - UNKNOWN | |

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

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

| | | | | | |
|-------------------------|--------------------------|------------------------------|----------------|--|----------------------|
| 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 | NUMBER OF APPROACHES |
| 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 | 0 4 | |
| | 4 - WEST | CR - NUMBERED COUNTY ROUTE | MP - MILEPOST | ROADWAY | |
| DISTANCE FROM REFERENCE | DISTANCE UNIT OF MEASURE | TR - NUMBERED TOWNSHIP ROUTE | RD - ROAD | <input type="checkbox"/> ROADWAY DIVIDED | |
| | 1 - MILES | | LA - LANE | | |
| | 2 - FEET | | SO - SQUARE | | |
| | 3 - YARDS | | ST - STREET | | |
| | | | TE - TERRACE | | |
| | | | PK - PARKWAY | | |
| | | | 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 (≥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 | 2 | 2 |
| <input type="checkbox"/> LAW ENFORCEMENT PRESENT | 2 - LANE SHIFT/CROSSOVER | 2 - ADVANCE WARNING AREA | 2 - STRAIGHT GRADE | 1 - DRY | 1 - CONCRETE |
| <input type="checkbox"/> ACTIVE SCHOOL ZONE | 3 - WORK ON SHOULDER OR MEDIAN | 3 - TRANSITION AREA | 3 - CURVE LEVEL | 2 - WET | 2 - BLACKTOP, BITUMINOUS, ASPHALT |
| | 4 - INTERMITTENT OR MOVING WORK | 4 - ACTIVITY AREA | 4 - CURVE GRADE | 3 - SNOW | 3 - BRICK/BLOCK |
| | 5 - OTHER | 5 - TERMINATION AREA | 9 - OTHER/UNKNOWN | 4 - ICE | 4 - SLAG, GRAVEL, STONE |
| | | | | 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 3/12/2023 at about 2:39 p.m. Unit 1 was traveling north on South Gilmore Rd. at about 35 m.p.h. and when at Annandale Dr. ran the red light and in so doing struck Unit 2 which was turning right from Annandale Dr. onto South Gilmore Rd. The driver of Unit 1 stated the driver of Unit 2 ran the red light on Annandale Dr. at South Gilmore Rd. Officers were unable to determine which unit was at fault.

After the crash Unit 1 left the scene of the crash and was followed to 45 Heffron Dr. The driver of Unit 1 had a temporary permit with no licensed driver in the car. The driver of Unit 1 was cited with FCO 335.03a2B and FCO 335.12a.

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 |
| 0 3 1 2 2 0 2 3 1 4 3 9 | 0 3 1 2 2 0 2 3 1 4 4 0 | 0 3 1 2 2 0 2 3 1 4 4 5 | 0 3 1 2 2 0 2 3 1 5 3 6 | <input checked="" type="checkbox"/> POLICE AGENCY |
| TOTAL TIME ROADWAY CLOSED | OTHER INVESTIGATION TIME | TOTAL MINUTES | OFFICER'S NAME* | <input type="checkbox"/> MOTORIST |
| 0 0 0 | 0 3 0 | 0 8 6 | D. Gooch | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OSP) |
| | | | OFFICER'S BADGE NUMBER* | |
| | | | 6 0 | |
| | | | CHECKED BY OFFICER'S NAME* | |
| | | | <i>[Signature]</i> | |
| | | | CHECKED BY OFFICER'S BADGE NUMBER* | |
| | | | 1 4 1 | |

LOCAL REPORT NUMBER
2, 3, 0, 1, 8, 9, 3, 5

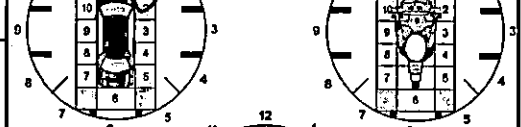
OWNER
UNIT # 0, 1 **OWNER NAME:** LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)
Ngolo, Mariane, Kitondo
OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)
2503 Kensington Aly, Gainesville, GA 30504
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

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

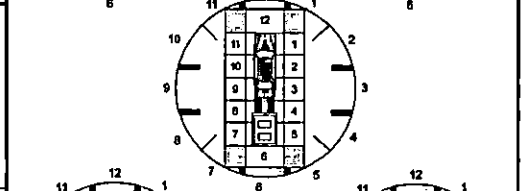
LP STATE G, A **LICENSE PLATE #** CVD4045 **VEHICLE IDENTIFICATION #** KNDP1M3A1C2J714515843 **VEHICLE YEAR** 2018 **VEHICLE MAKE** Kia
 INSURANCE VERIFIED **INSURANCE COMPANY** Encompass **INSURANCE POLICY #** 282947253 **COLOR** White **VEHICLE MODEL** Sportage

DAMAGED AREA(S)
 INDICATE ALL THAT APPLY

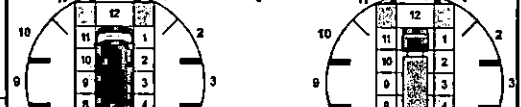
COMMERCIAL **GOVERNMENT** **(IN EMERGENCY RESPONSE)** **US DOT #** _____
 INTERLOCK DEVICE EQUIPPED **HIT/SKIP UNIT** **#OCCUPANTS** 0, 1
VEHICLE WEIGHT GVWR/GCWR
 1 - <10K LBS.
 2 - 10,001 - 26K LBS.
 3 - >26K LBS.



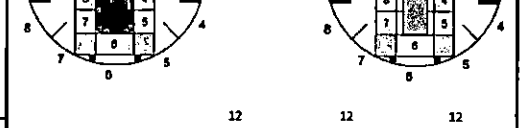
UNIT TYPE 0, 3
 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER
 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)
 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST
 4 - PICKUP 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 29 - UNKNOWN OR HIT/SKIP



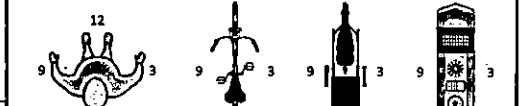
OF TRAILING UNITS 0, 0
HAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?
0, 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN
AUTONOMOUS MODE LEVEL
 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN
 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION
 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION



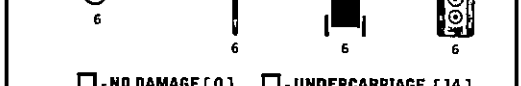
SPECIAL FUNCTION 0, 1
 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER
 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN
 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL
 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING
 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL



CARGO BODY TYPE 0, 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 - 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
 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 - MIDLICK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN
 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS

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

ACTION 0, 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 0, 1 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING
 4 - STRUCK **PRE-CRASH ACTIONS** 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 20 - OTHER NON-MOTORIST
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 21 - STANDING OUTSIDE DISABLED VEHICLE
 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS 99 - OTHER / UNKNOWN

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

CONTRIBUTING CIRCUMSTANCES 2, 2
 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 11 - DROVE OFF ROAD 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION
 5 - UNSAFE SPEED 12 - IMPROPER BACKING

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

SEQUENCE OF EVENTS
 1 2, 0 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE **NON-COLLISION** 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT
 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 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 12 - DOWNHILL RUNAWAY 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT
 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 13 - OTHER NON-COLLISION 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 14 - PEDESTRIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE

OF THROUGH LANES ON ROAD 3 **RAIL GRADE CROSSING** 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM 2 TO 1
 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN

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 - 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 99 - OTHER / UNKNOWN
 49 - FIRE HYDRANT

UNIT SPEED 0, 3, 5 **DETECTED SPEED** 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 3, 5

FIRST HARMFUL EVENT 1 **MOST HARMFUL EVENT** 1

OWNER

UNIT # 012 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)
 Byrum, Melissa, Ann

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)
 39 Wildwood Drive, Fairfield, Ohio, 45014

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

DAMAGE

DAMAGE SCALE

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

VEHICLE

LP STATE OH LICENSE PLATE # JAA8023 VEHICLE IDENTIFICATION # 3K1P144A1C17L1E1211314910 VEHICLE YEAR 2020 VEHICLE MAKE Kia

INSURANCE VERIFIED INSURANCE COMPANY State Farm INSURANCE POLICY # 2383249-SFP-35 COLOR Gray VEHICLE MODEL Forte

DAMAGED AREA(S)
 INDICATE ALL THAT APPLY

TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

US DOT # _____

HAZARDOUS MATERIAL: MATERIAL RELEASED 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 - 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 HITS/SKIP

OF TRAILING UNITS 00

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 02

1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL: 2

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

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

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

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: 04

1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE OR LEAVING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE
 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING
 3 - STRIKING 05 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

INITIAL POINT OF CONTACT: 08

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

CONTRIBUTING CIRCUMSTANCES: 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 - STOPPED OR PARKED ILLEGALLY 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 17 - PUSHING VEHICLE
 6 - IMPROPER TURN 12 - IMPROPER BACKING

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

SEQUENCE OF EVENTS: _____

NON-COLLISION

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

OF THROUGH LANES ON ROAD: 3

RAIL GRADE CROSSING: 1

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

COLLISION WITH FIXED OBJECT: 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 - 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

UNIT / NON-MOTORIST DIRECTION: 3 FROM 1 TO

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

FIRST HARMFUL EVENT: 1 MOST HARMFUL EVENT: 1

UNIT SPEED: 010

DETECTED SPEED: 1

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

POSTED SPEED: 35



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2 3 0 1 8 9 3 5

| | | | | |
|--|--|--|-------------------|--------------------|
| UNIT # 0 1 | NAME: LAST, FIRST, MIDDLE Kinkela, Christian, Diwakana | DATE OF BIRTH 1 2 0 8 1 9 9 3 | AGE 2 9 | GENDER M |
| ADDRESS: STREET, CITY, STATE, ZIP 2040 Quail Ct. Apt. 3, Cincinnati, OH, 45240 | | CONTACT PHONE - INCLUDE AREA CODE | | |

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|-------------------------------|-----------------------------------|--|---|---|--------------------------------|----------------------------------|---|---------------------|---|--|
| INJURIES TAKEN BY 5 | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 0 4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0 1 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 | | |
| OL STATE O H | OPERATOR LICENSE NUMBER | OFFENSE CHARGED 335.12a | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION Leave the Scene-Pub Prop | | CITATION NUMBER 254258 | | | | |
| OL CLASS 4 | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 0 9 | 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: 1 TYPE: 1 VALUE: . | | DRUG TEST(S) STATUS: 1 TYPE: 1 RESULT: SELECT UP TO 4 | |

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|---|---|--|-------------------|--------------------|
| UNIT # 0 2 | NAME: LAST, FIRST, MIDDLE Byrum, Melissa, Ann | DATE OF BIRTH 0 8 2 0 1 9 7 0 | AGE 5 2 | GENDER F |
| ADDRESS: STREET, CITY, STATE, ZIP 39 Wildwood Drive, Fairfield, Ohio, 45014 | | CONTACT PHONE - INCLUDE AREA CODE | | |

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|-------------------------------|-----------------------------------|--|---|---|--------------------------------|---------------------------|---|---------------------|---|--|
| INJURIES TAKEN BY 5 | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 0 4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0 1 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 | | |
| OL STATE O H | OPERATOR LICENSE NUMBER | OFFENSE CHARGED | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | CITATION NUMBER | | | | |
| OL CLASS 4 | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 0 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: 1 TYPE: 1 VALUE: . | | DRUG TEST(S) STATUS: 1 TYPE: 1 RESULT: SELECT UP TO 4 | |

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|--|----------------------------------|--|-----------------|---------------|
| UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE 0 | GENDER |
| ADDRESS: STREET, CITY, STATE, ZIP | | CONTACT PHONE - INCLUDE AREA CODE | | |

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|--------------------------|-----------------------------------|--|---|---|-------------------------|------------------------|---|----------------|---|--|
| INJURIES 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 <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 <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION | ALCOHOL TEST STATUS: TYPE: VALUE: | | DRUG TEST(S) STATUS: TYPE: RESULT: SELECT UP TO 4 | |

| 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 = 0) | 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 | 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 | CONDITION | 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-APPARENTLY NORMAL | 5-OTHER |
| 1-NONE USED | 12-PASSENGER IN UNENCLOSED CARGO AREA | TRAPPED | Q-MOTOR SCOOTER | 12-LIMITED-OTHER | 2-PHYSICAL IMPAIRMENT | DRUG TEST TYPE |
| 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) | 1-NONE |
| 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 | 2-BLOOD |
| 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. | 3-URINE |
| 5-CHILD RESTRAINT SYSTEM - FORWARD FACING | 99-OTHER / UNKNOWN | | X-TANKER / HAZMAT | 16-OUTSIDE MIRROR | 6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL | 4-OTHER |
| 6-CHILD RESTRAINT SYSTEM - REAR FACING | | | GENDER | 17-PROSTHETIC AID | 9-OTHER / UNKNOWN | DRUG TEST RESULT(S) |
| 7-BOOSTER SEAT | | | F-FEMALE | 18-OTHER | | 1-AMPHETAMINES |
| 8-HELMET USED | | | M-MALE | | | 2-BARBITURATES |
| 9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | | U-OTHER / UNKNOWN | | | 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 |



OCCUPANT / WITNESS ADDENDUM

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|---------------------|---|---|---|---|
| LOCAL REPORT NUMBER | | | | |
| 2 | 3 | 0 | 1 | 8 |
| 9 | 3 | 5 | | |

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| OCCUPANT | UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | | AGE | GENDER | | | | | | |
| | 2 | Byrum, Matthew, Joseph | 0 | 2 | 2 | 6 | 1 | 9 | 6 | 9 | 5 | 4 |
| ADDRESS: STREET, CITY, STATE, ZIP | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | |
| 39 Wildwood Drive, Fairfield, Ohio, 45014 | | | | | | | | | | | | |
| 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 | | | |
| 5 | | | | 0 4 | | 0 4 | 1 | 1 | 1 | | | |

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| OCCUPANT | UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | | AGE | GENDER | | | | | | |
| | 2 | Byrum, Madison, Janelle-Nicole | 0 | 1 | 2 | 4 | 2 | 0 | 0 | 3 | 2 | 0 |
| ADDRESS: STREET, CITY, STATE, ZIP | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | |
| 39 Wildwood Drive, Fairfield, Ohio, 45014 | | | | | | | | | | | | |
| 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 | | | |
| 5 | | | | 0 4 | | 0 3 | 1 | 1 | 1 | | | |

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| OCCUPANT | UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | | AGE | GENDER | | | | | |
| | | | | | 0 | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | |
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| 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 | | |
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|-----------------------------------|------------------|---------------------------|---|-----------------------|--|------------------|---------------|----------|---------|--|--|
| OCCUPANT | UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | | AGE | GENDER | | | | | |
| | | | | | 0 | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | |
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| 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 | | |
| | | | | | | | | | | | |

| 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 | |
| | 9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9- THIRD - RIGHT SIDE | |
| | 10- REFLECTIVE CLOTHING | 10- SLEEPER SECTION OF TRUCK CAB | |
| | 11- LIGHTING - PEDESTRIAN / BICYCLE ONLY | 11- PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | |
| | 99- OTHER / UNKNOWN | 12- PASSENGER IN UNENCLOSED CARGO AREA | |
| | | 13- TRAILING UNIT | |
| | | 14- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | |
| | | 15- NON-MOTORIST | |
| | | 99- OTHER / UNKNOWN | |

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| WITNESS | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | | AGE | GENDER | | | | | | |
| | | | | 0 | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | |
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| WITNESS | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | | AGE | GENDER | | | | | | |
| | | | | 0 | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | |
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|-----------------------------------|---------------------------|---------------|-----------------------------------|-----|--------|--|--|--|--|--|--|
| WITNESS | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | | AGE | GENDER | | | | | | |
| | | | | 0 | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | |
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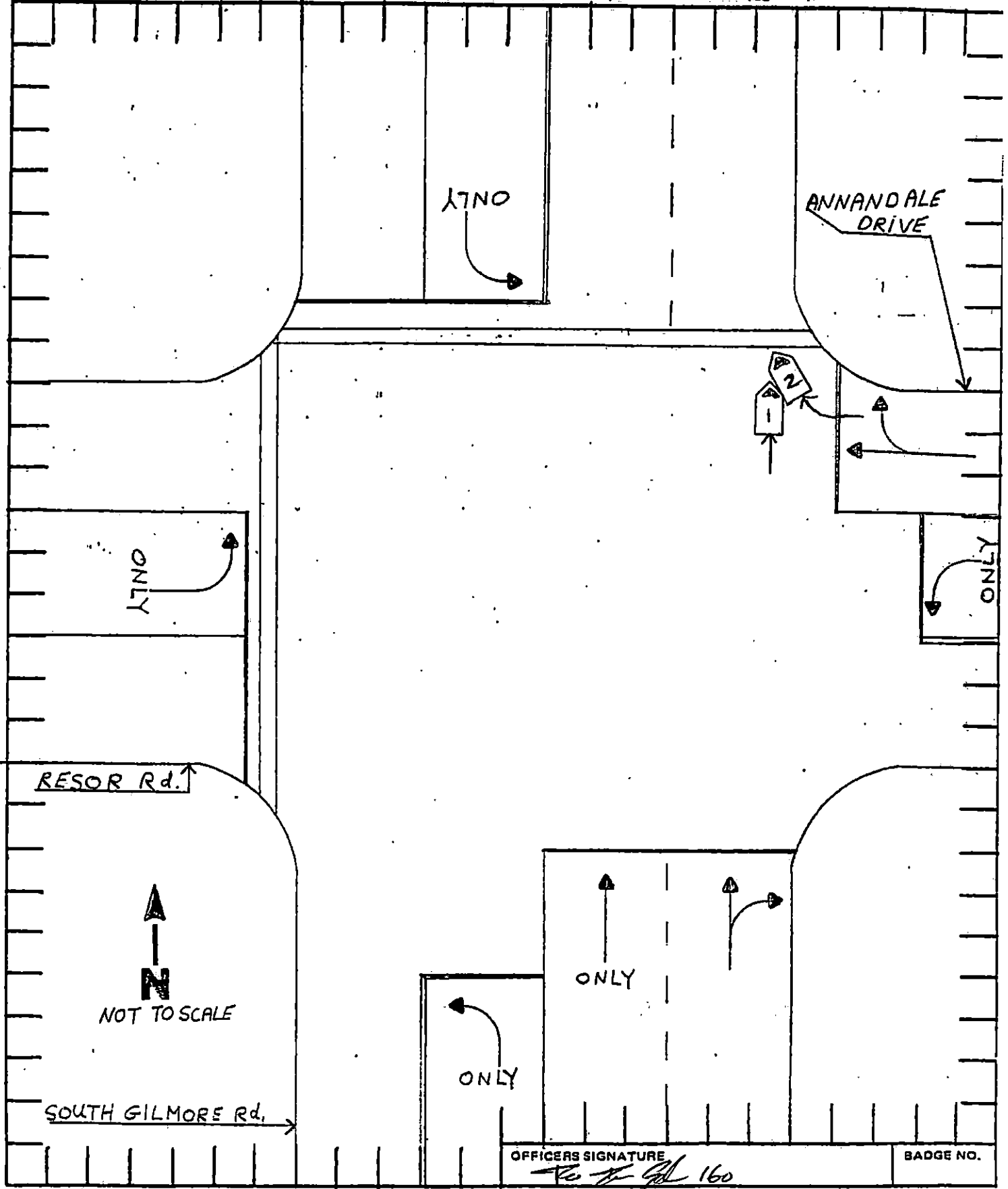
LOCAL REPORT NUMBER 23-018935

REPORTING AGENCY FAIRFIELD P.D. 00901

DATE OF ACCIDENT M 3 10 12 P 23

IN COUNTY OF BUTLER

ACCIDENT LOCATION SOUTH GILMORE RD + ANNANDALE DR



OFFICERS SIGNATURE *[Signature]* 160

BADGE NO.