

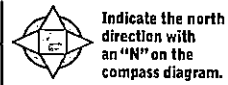


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

| | | | | | | | |
|--|--|---|--|---|--|---|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH | | <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER | | LOCAL INFORMATION REPORTING AGENCY NAME* Fairfield Police Department | | LOCAL REPORT NUMBER* 2 3 0 2 7 6 8 8 | |
| COUNTY* 0 9 | | LOCALITY* 1-CITY 1 | | LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield | | HIT/SKIP 1-SOLVED 0 2 | |
| ROUTE TYPE S R | | ROUTE NUMBER 4 B | | PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST 4 | | LOCATION ROAD NAME Port Union | |
| REFERENCE POINT 1-INTERSECTION 1 | | DIRECTION 1-NORTH 2-SOUTH 3-EAST 4-WEST 4 | | ROUTE TYPE IR-INTERSTATE ROUTE(TP) US-FEDERAL US ROUTE SR-STATE ROUTE CR-NUMBERED COUNTY ROUTE TR-NUMBERED TOWNSHIP ROUTE | | ROAD TYPE AL-ALLEY HW-HIGHWAY RD-ROAD AV-AVENUE LA-LANE SQ-SQUARE BL-BOULEVARD MP-MILEPOST ST-STREET CR-CIRCLE OV-OVAL TE-TERRACE CT-COURT PK-PARKWAY TL-TRAIL DR-DRIVE PI-PIKE WA-WAY HE-HEIGHTS PL-PLACE | |
| DISTANCE FROM REFERENCE 7 5 | | DISTANCE UNIT OF MEASURE 1-MILES 2- FEET 3-YARDS 2 | | MANNER OF CRASH COLLISION/IMPACT 1-NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2-REAR-END 3-HEAD-ON 4-REAR-TO-REAR 5-BACKING 6-ANGLE 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 9-OTHER / UNKNOWN | | DIRECTION OF TRAVEL 1-NORTH 2-SOUTH 3-EAST 4-WEST 6 | |
| <input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE | | WORK ZONE TYPE 1-LANE CLOSURE 2-LANE SHIFT/CROSSOVER 3-WORK ON SHOULDER OR MEDIAN 4-INTERMITTENT OR MOVING WORK 5-OTHER | | LOCATION OF CRASH IN WORK ZONE 1-BEFORE THE 1ST WORK ZONE WARNING SIGN 2-ADVANCE WARNING AREA 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA | | CONTOUR 1 1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-OTHER/UNKNOWN | |
| LIGHT CONDITION 1-DAYLIGHT 1 2-DAWN/DUSK 3-DARK-LIGHTED ROADWAY 4-DARK-ROADWAY NOT LIGHTED 5-DARK-UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN | | WEATHER 1-CLEAR 0 1 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL 6-SNOW 7-SEVERE CROSSWINDS 8-BLOWING SAND, SOIL, DIRT, SNOW 9-FREEZING RAIN OR FREEZING DRIZZLE 99-OTHER / UNKNOWN | | CONDITIONS 1 1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN | | SURFACE 2 1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN | |
| NARRATIVE On 04/18/23 at about 7:34 A.M. Unit #1 was traveling east bound on Port Union Rd. at approximately 15 m.p.h and when at 75 feet west of By Pass SR 4 attempted to change to the right lane of traffic in order to turn right and in do doing collided with Unit #2 which was traveling east bound on Port Union Rd in the right lane of travel at approximately 10 m.p.h. The driver of Unit #2 was issued a citation for, "No drivers license" after she advised me that she has never had a drivers license. | | | | | | | |



See OH #2

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| CRASH REPORTED DATE / TIME 0 4 1 8 2 0 2 3 0 7 3 4 | | DISPATCH DATE / TIME 0 4 1 8 2 0 2 3 0 7 5 2 | | ARRIVAL DATE / TIME 0 4 1 8 2 0 2 3 0 7 5 5 | | SCENE CLEARED DATE / TIME 0 4 1 8 2 0 2 3 0 8 3 5 | |
| TOTAL TIME ROADWAY CLOSED 4 3 | | OTHER INVESTIGATION TIME 6 5 | | OFFICER'S NAME* P.O. Gregg Lamb | | CHECKED BY OFFICER'S NAME* | |
| OFFICER'S BADGE NUMBER* 6 5 | | CHECKED BY OFFICER'S BADGE NUMBER* 8 0 | | REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST | | <input type="checkbox"/> SUPPLEMENT CORRECTION OR ADDITION TO AN EXISTING REPORT (SEE 10.00) | |

OWNER

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

DAMAGE

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

3

LP STATE OH LICENSE PLATE # GOH 2639 VEHICLE IDENTIFICATION # JA12SJAUC13FH8420917 VEHICLE YEAR 2015 VEHICLE MAKE Suba

INSURANCE VERIFIED INSURANCE COMPANY State Farm INSURANCE POLICY # 3598197-SFP-35 COLOR Blue VEHICLE MODEL Forester

DAMAGED AREA(S)
 INDICATE ALL THAT APPLY

TYPE OF USE
 COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

US DOT # _____

HAZARDOUS MATERIAL
 MATERIAL RELEASED CLASS # _____
 PLACARD 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
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 21 - HEAVY EQUIPMENT 26 - BICYCLE
 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 17 - MOTORHOME 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN
 6 - VAN (9-15 SEATS)

OF TRAILING UNITS _____

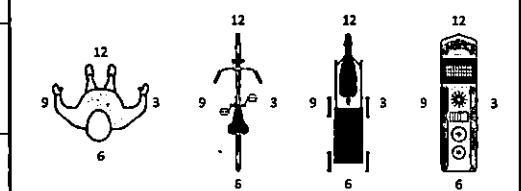
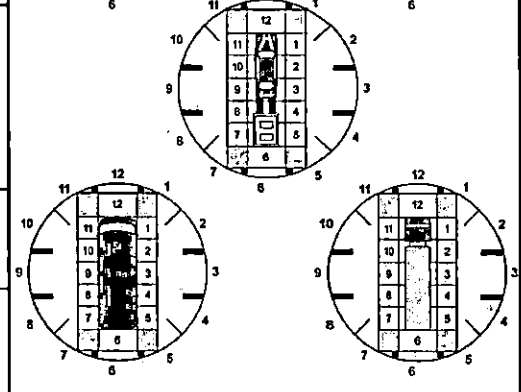
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?
2 1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL
0 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 22 - OTHER / UNKNOWN
 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL
 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING
 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

CARGO BODY TYPE
01
 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER
 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 10 - FLAT BED 14 - GARBAGE/REFUSE
 7 - GRAIN/CHIPS/GRAVEL 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



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

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 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 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

ACTION
4 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE
03 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 PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE
 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS

INITIAL POINT OF CONTACT
04 0 - NO DAMAGE 14 - UNDERCARRIAGE
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
 13 - TOP 99 - UNKNOWN

CONTRIBUTING CIRCUMSTANCES
09
 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 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY
 6 - IMPROPER TURN 12 - IMPROPER BACKING

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

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

SEQUENCE OF EVENTS
120
 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 - PEDAL CYCLE 21 - PARKED MOTOR VEHICLE

OF THROUGH LANES ON ROAD
2

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

COLLISION WITH FIXED OBJECT / STRUCK

25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT
 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL
 27 - BRIDGE PIER OR ABUTMENT 33 - 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 48 - TREE 54 - OTHER FIXED OBJECT
 30 - GUARDRAIL FACE 36 - MEDIUM OTHER BARRIER 42 - CULVERT 49 - FIRE HYDRANT 99 - OTHER / UNKNOWN

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

UNIT / NON-MOTORIST DIRECTION
 FROM 4 TO 3

UNIT SPEED
15

POSTED SPEED
35

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

OWNER

UNIT # 012 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)
 OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

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

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP
 LOS 3 VAQUEBROS 11c 1802 INCREST DR. CINCINNATI, OH. 45240

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

DAMAGE

DAMAGE SCALE

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

VEHICLE

LP STATE OH LICENSE PLATE # JVS 2849 VEHICLE IDENTIFICATION # 1G1TJ1C15SH7D1421561318 VEHICLE YEAR 2013 VEHICLE MAKE Chev

INSURANCE VERIFIED INSURANCE COMPANY National General INSURANCE POLICY # 2005284864 COLOR Black VEHICLE MODEL Sonic

COMMERCIAL TYPE OF USE GOVERNMENT IN EMERGENCY RESPONSE US DOT # _____ TOWED BY: COMPANY NAME _____

INTERLOCK DEVICE EQUIPPED HITS/SKIP UNIT #OCCUPANTS 01 VEHICLE WEIGHT GVWR/GCWR
 1 - <10K LBS.
 2 - 10,001 - 26K LBS.
 3 - >26K LBS.

HAZARDOUS MATERIAL CLASS # PLACARD ID # _____

UNIT TYPE
01 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER
 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 - HOPEL OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE
 5 - CARGOVAN 6 - VAN (9-15 SEATS) 11 - ALL-TERRAIN VEHICLE (ATV/UTV) 17 - MOTORHOME 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN
 99 - UNKNOWN OR HIT/SKIP

OF TRAILING UNITS _____

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN
 1 - YES 2 - NO 9 - OTHER/UNKNOWN AUTONOMOUS MODE LEVEL
 1 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

SPECIAL FUNCTION 01 1 - NONE 6 - BUS-CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER
 2 - TAXI 7 - BUS-INTERCITY 12 - MILITARY 17 - MOWING 22 - OTHER/UNKNOWN
 3 - ELECTRONIC RIDE SHARING 8 - BUS-SHUTTLE 13 - POLICE 18 - SNOW REMOVAL
 4 - SCHOOL TRANSPORT 9 - BUS-OTHER 14 - PUBLIC UTILITY 19 - TOWING
 5 - BUS-TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

CARGO BODY TYPE 01 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER
 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 9 - CARGO TANK 10 - FLAT BED 13 - AUTO TRANSPORTER
 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

DAMAGED AREA(S)
 INDICATE ALL THAT APPLY

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

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

EVENT(S)

NON-MOTORIST LOCATION AT IMPACT 3 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 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 01 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 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN
 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN

CONTRIBUTING CIRCUMSTANCES 01 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 - WRONGWAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION
 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 12 - IMPROPER BACKING

SEQUENCE OF EVENTS
120 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 - FARIA 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
 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT

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

TRAFFICWAY FLOW 2 1 - ONEWAY 2 - TWOWAY

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

OF THROUGH LANES ON ROAD 2

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

UNIT / NON-MOTORIST DIRECTION
 FROM 4 TO 3
 1 - NORTH 5 - NORTHEAST
 2 - SOUTH 6 - NORTHWEST
 3 - EAST 7 - SOUTHEAST
 4 - WEST 8 - SOUTHWEST
 9 - OTHER / UNKNOWN

UNIT SPEED 10

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

POSTED SPEED 35

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2 3 0 2 7 6 8 8

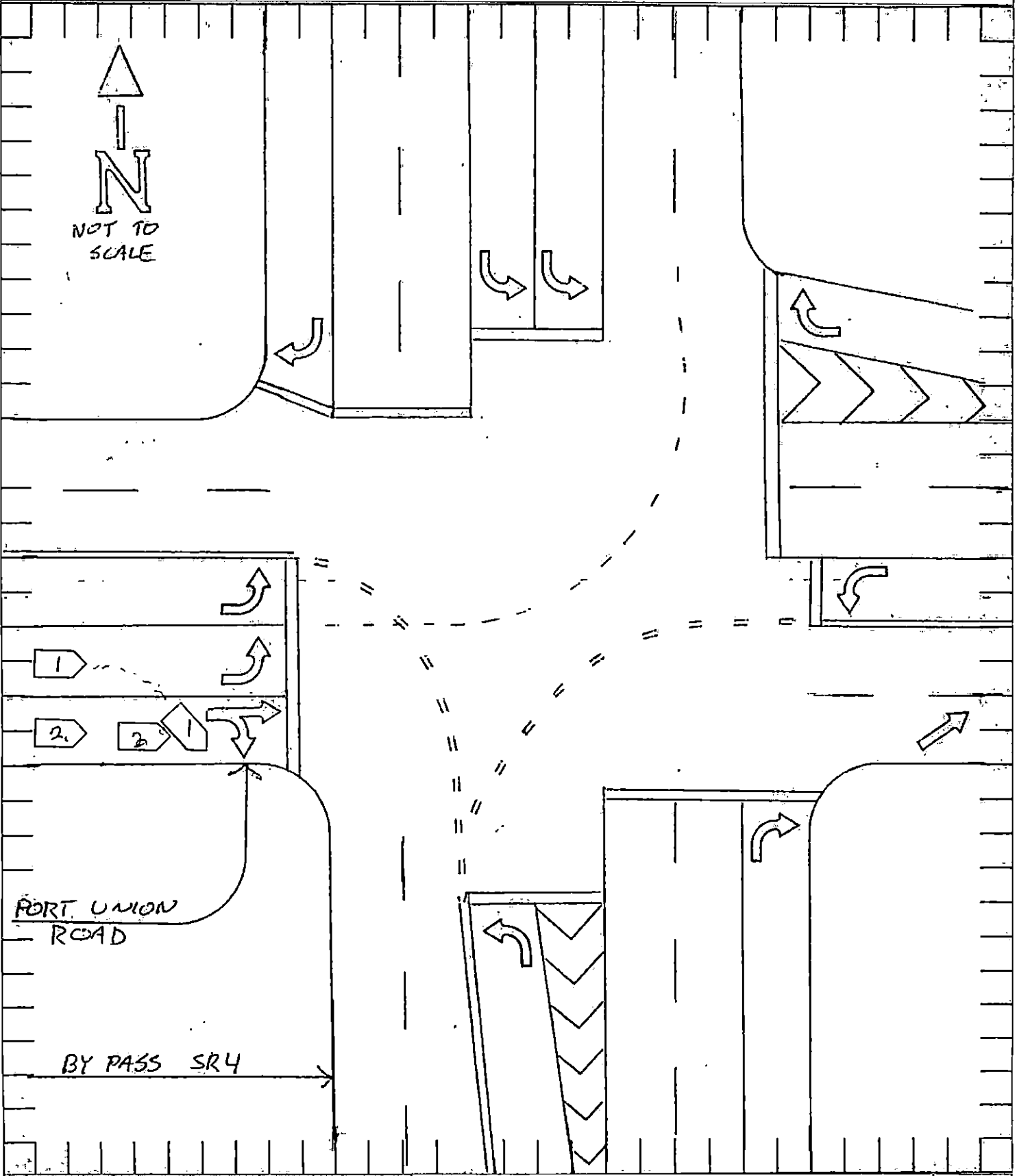
| | | | | |
|--|--|-----------------------------------|---|--|
| UNIT # 0 1 | NAME: LAST, FIRST, MIDDLE Birkenheuer, Deana S. | DATE OF BIRTH 0 1 1 6 1 9 6 8 | AGE 5 5 | GENDER F |
| ADDRESS: STREET, CITY, STATE, ZIP 2 W. Knoll Ct. Fairfield, OH. 45014 | | CONTACT PHONE - INCLUDE AREA CODE | | |
| INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 0 4 |
| OL STATE OH | OPERATOR LICENSE NUMBER | OFFENSE CHARGED 331.08A1 | LOCAL CODE <input checked="" type="checkbox"/> | OFFENSE DESCRIPTION Marked Lanes |
| OL CLASS 4 | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY 1 | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG |
| | | CONDITION 1 | ALCOHOL TEST STATUS TYPE VALUE 1 1 | |
| | | | | DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1 |

| | | | | |
|--|---|-----------------------------------|---|--|
| UNIT # 0 2 | NAME: LAST, FIRST, MIDDLE Gonzalez Guevara, Zaida Amarilis | DATE OF BIRTH 0 5 2 4 1 9 9 6 | AGE 2 6 | GENDER F |
| ADDRESS: STREET, CITY, STATE, ZIP 18 Greencrest Ln. Cincinnati, OH. 45240 | | CONTACT PHONE - INCLUDE AREA CODE | | |
| INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 0 4 |
| OL STATE | OPERATOR LICENSE NUMBER | OFFENSE CHARGED 335.01A1 | LOCAL CODE <input checked="" type="checkbox"/> | OFFENSE DESCRIPTION No Drivers License |
| OL CLASS 6 | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY 1 | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG |
| | | CONDITION 1 | ALCOHOL TEST STATUS TYPE VALUE 1 1 | |
| | | | | DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1 |

| | | | | |
|-----------------------------------|----------------------------|-----------------------------------|---|--------------------------|
| 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) |

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

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| LOCAL REPORT NUMBER 23027688 | REPORTING AGENCY Fairfield Police Department | DATE OF ACCIDENT 4/18/23 |
| IN COUNTY OF Butler | ACCIDENT LOCATION ByPass 4 at Port Union Rd. | |



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| OFFICER'S SIGNATURE P.O. Gregg Lamb | BADGE NO. 65 |
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