



# 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 2 9 8 7 5 |  |                 |  |
| <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 | UNIT IN ERROR<br>98 - ANIMAL<br>99 - UNKNOWN |
| <input type="checkbox"/> PRIVATE PROPERTY        | Fairfield Police Department              |                                | 0,0,9,0,1              |                 | 0,2                                    | 0,1             |  |

|         |           |                                    |                    |                |
|---------|-----------|------------------------------------|--------------------|----------------|
| COUNTY* | LOCALITY* | LOCATION: CITY, VILLAGE, TOWNSHIP* | CRASH DATE / TIME* | CRASH SEVERITY |
| 0,9     | 1         | City of Fairfield                  | 04,27,2023 11,52   | 5              |

|            |              |  |   |           |                           |
|------------|--------------|--|---|-----------|---------------------------|
| ROUTE TYPE | ROUTE NUMBER | PREFIX   | LOCATION ROAD NAME                            | ROAD TYPE | LATITUDE DECIMAL DEGREES  |
|            |              | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | Seward  | R, D      | 39.333317                 |
| ROUTE TYPE | ROUTE NUMBER | PREFIX   | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | ROAD TYPE | LONGITUDE DECIMAL DEGREES |
|            |              | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | Port Union                                    | R, D      | -84.492210                |

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

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

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

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

NARRATIVE

On 04/27/2023 at 11:52 a.m., Unit 1 was traveling southbound on Seward Rd and when at Port Union Rd. failed to stop within the assured clear distance ahead and collided with Unit 2, which was also southbound on Seward Rd and stopped in traffic at Port Union Rd.

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  |
| 04,27,2023 11,52           | 04,27,2023 11,57         | 04,27,2023 12,02    | 04,27,2023 12,22                   | <input checked="" type="checkbox"/> POLICE AGENCY  |
| TOTAL TIME ROADWAY CLOSED  | OTHER INVESTIGATION TIME | TOTAL MINUTES       | OFFICER'S NAME*                    | <input type="checkbox"/> MOTORIST  |
| 0                          | 0                        | 0,2,5               | S. Cook                            | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT START TO COPY) |
|                            |                          |                     | OFFICER'S BADGE NUMBER*            |  |
|                            |                          |                     | 1 5 3                              |  |
|                            |                          |                     | CHECKED BY OFFICER'S NAME*         |  |
|                            |                          |                     | Sgt. J. Sprague                    |  |
|                            |                          |                     | CHECKED BY OFFICER'S BADGE NUMBER* |  |
|                            |                          |                     | 84                                 |  |

LOCAL REPORT NUMBER  
2, 3, 0, 2, 9, 8, 7, 5

**OWNER**

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) Comtek Interiors Inc OWNER PHONE: \_\_\_\_\_

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)  
1967 Kingsview Dr, Lebanon, OH 45036

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 # PLR9477 VEHICLE IDENTIFICATION # 3G1C1PDAEK10N1G16140618 VEHICLE YEAR 2012 VEHICLE MAKE Chevrolet

INSURANCE VERIFIED INSURANCE COMPANY Motorists Commerci INSURANCE POLICY # 5000107557 COLOR White VEHICLE MODEL Silverad

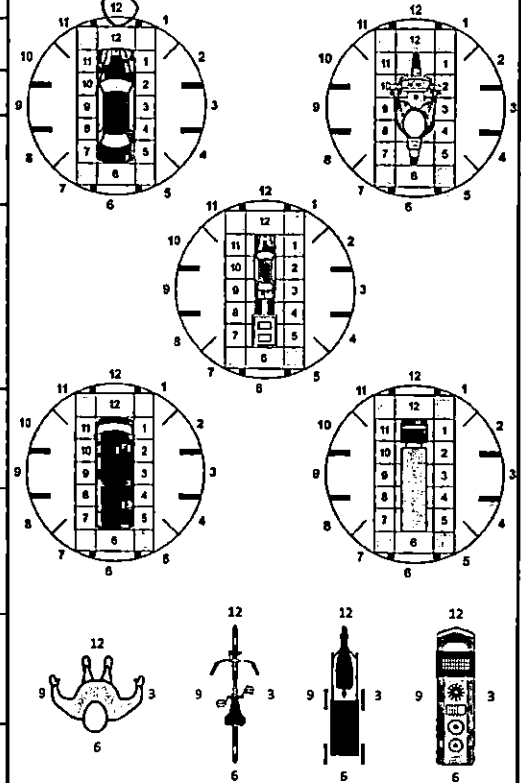
COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE TYPE OF USE

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS 01 US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_

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

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

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



UNIT TYPE 04

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) 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

# of TRAILING UNITS 0

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 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 - CARGO VAN/ENCLOSED BOX 7 - GRAINCHIPS/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 LOCATION 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 LAKE 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 03

1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN

PRE-CRASH ACTIONS 01

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

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

INITIAL POINT OF CONTACT

1 2 0 - NO DAMAGE 14 - UNDERCARRIAGE  
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
13 - TOP 99 - UNKNOWN

CONTRIBUTING CIRCUMSTANCES 08

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

**TRAFFIC**

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

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

SEQUENCE OF EVENTS

1 2 0 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO/EQUIPMENT LOSS OR SHIFT

2 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD LEFT 9 - RAN OFF ROAD RIGHT 10 - CROSS MEDIAN

3 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE

4 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE

5 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT

# 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/STUCK**

4 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE

5 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIUM CABLE BARRIER 34 - MEDIUM GUARDRAIL BARRIER 35 - MEDIUM CONCRETE BARRIER 36 - MEDIUM OTHER BARRIER

6 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

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

UNIT / NON-MOTORIST DIRECTION

FROM 1 TO 2

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

UNIT SPEED 10

POSTED SPEED 35

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

LOCAL REPORT NUMBER  
 2 3 0 2 9 8 7 5

**OWNER**

UNIT # 0 2 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

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

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

LP STATE O, H LICENSE PLATE # JYH8603 VEHICLE IDENTIFICATION # 1 1 9 X 1 F 1 C 1 2 1 F 1 6 1 3 1 M 1 E 1 0 1 0 1 0 1 2 1 5 1 6 VEHICLE YEAR 2 1 0 2 1 1 VEHICLE MAKE Honda

INSURANCE VERIFIED  INSURANCE COMPANY Progressive INSURANCE POLICY # 937121481 COLOR Black VEHICLE MODEL Civic

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

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

HAZARDOUS MATERIAL:  MATERIAL RELEASED  PLACARD

UNIT TYPE: 0 1

1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER

2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (15+ 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

# OF TRAILING UNITS 0

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: 0 1

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: 0 1

1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING

5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/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: 0 1

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 LOCATION AT IMPACT: 0 1

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: 0 1

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 / ACCA 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 - WRONGWAY 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: 1 2 0

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 TRANSIT 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

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

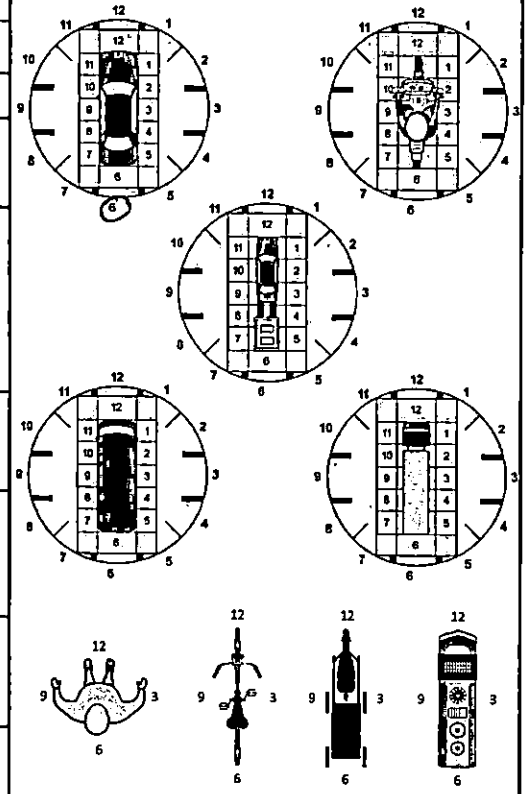
DAMAGE

DAMAGE SCALE

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

2

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 1 - 12 - REFER TO UNIT DIAGRAM 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

0 6

TRAFFIC

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

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

# OF THROUGH LANES ON ROAD: 3

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

UNIT / NON-MOTORIST DIRECTION

FROM 1 TO 2

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

UNIT SPEED: 0

POSTED SPEED: 3 5

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



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 3 0 2 9 8 7 5

|  |   |   |   |  |
|--|---|---|---|--|
| UNIT #<br>0 1  | NAME: LAST, FIRST, MIDDLE<br>Bolser, Edward | DATE OF BIRTH<br>0 3 0 8 1 9 7 0                | AGE<br>5 3  | GENDER<br>M  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>6640 Cleves Warsaw Pike, Cincinnati, OH 45233 |   | CONTACT PHONE - INCLUDE AREA CODE               |   |  |
| INJURIES TAKEN BY<br>5   | EMS AGENCY (NAME)                           | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0 4                      | <input type="checkbox"/> DOT-COMPLIANT MC HELMET<br>SEATING POSITION<br>0 1<br>AIR BAG USAGE<br>1<br>EJECTION<br>1<br>TRAPPED<br>1     |
| OL STATE<br>OH   | OPERATOR LICENSE NUMBER                     | OFFENSE CHARGED<br>333.03A                      | LOCAL CODE<br><input checked="" type="checkbox"/> | OFFENSE DESCRIPTION<br>ACDA  |
| OL CLASS<br>4  | ENDORSEMENT SELECT UP TO 2                  | RESTRICTION SELECT UP TO 3                      | DRIVER DISTRACTED BY<br>1                         | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |
| CONDITION<br>1   |   | ALCOHOL TEST<br>STATUS: 1, TYPE: 1, VALUE: .    |   | DRUG TEST(S)<br>STATUS: 1, TYPE: 1, RESULT: SELECT UP TO 4   |

|   |  |   |  |  |
|---|--|---|--|--|
| UNIT #<br>0 2   | NAME: LAST, FIRST, MIDDLE<br>Schuster, Brian | DATE OF BIRTH<br>0 7 2 9 1 9 8 3                | AGE<br>3 9                             | GENDER<br>M  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>6586 Kristine Dr, Fairfield Township, OH 45011 |  | CONTACT PHONE - INCLUDE AREA CODE               |  |  |
| INJURIES TAKEN BY<br>5  | EMS AGENCY (NAME)                            | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0 4           | <input type="checkbox"/> DOT-COMPLIANT MC HELMET<br>SEATING POSITION<br>0 1<br>AIR BAG USAGE<br>1<br>EJECTION<br>1<br>TRAPPED<br>1     |
| OL STATE<br>OH  | OPERATOR LICENSE NUMBER                      | OFFENSE CHARGED                                 | LOCAL CODE<br><input type="checkbox"/> | 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<br>1  |  | ALCOHOL TEST<br>STATUS: 1, TYPE: 1, VALUE: .    |  | DRUG TEST(S)<br>STATUS: 1, TYPE: 1, RESULT: SELECT UP TO 4   |

|                                   |                            |   |                       |  |
|-----------------------------------|----------------------------|---|-----------------------|--|
| UNIT #                            | NAME: LAST, FIRST, MIDDLE  | DATE OF BIRTH                                   | AGE                   | GENDER   |
| ADDRESS: STREET, CITY, STATE, ZIP |                            | CONTACT PHONE - INCLUDE AREA CODE               |                       |  |
| INJURIES TAKEN BY                 | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET<br>SEATING POSITION<br>AIR BAG USAGE<br>EJECTION<br>TRAPPED                           |
| 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<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |
| CONDITION                         |                            | ALCOHOL TEST<br>STATUS: , TYPE: , VALUE: .      |                       | DRUG TEST(S)<br>STATUS: , TYPE: , RESULT: SELECT UP TO 4   |

| INJURIES                                    | SEATING POSITION   | AIR BAG                          | OL CLASS                   | OL RESTRICTION(S)  | DRIVER DISTRACTION   | TEST STATUS                                  |
|---|--|----------------------------------|----------------------------|--|--|--|
| 1-FATAL                                     | 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-DCU 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-MC MOPED ONLY            | 5-EXCEPT CLASS A & 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  | 10-LIMITED TO EMPLOYMENT   | 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   | 12-LIMITED-OTHER   | 5-OTHER                                      |
| 1-NONE USED                                 | 12-PASSENGER IN UNENCLOSED CARGO AREA  | TRAPPED                          | R-THREE-WHEEL MOTORCYCLE   | 12-LIMITED-OTHER   | 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)   | 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) | 14-MILITARY VEHICLES ONLY  | 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  | 15-MOTOR VEHICLES WITHOUT AIR BRAKES   | 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   | 16-OUTSIDE MIRROR  | 3-URINE                                      |
| 5-CHILD RESTRAINT SYSTEM FORWARD FACING     | 99-OTHER / UNKNOWN   |                                  |                            | 16-OUTSIDE MIRROR  | 17-PROSTHETIC AID  | 4-OTHER                                      |
| 6-CHILD RESTRAINT SYSTEM REAR FACING        |  |                                  |                            | 17-PROSTHETIC AID  | 18-OTHER   | 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 CRASH — DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

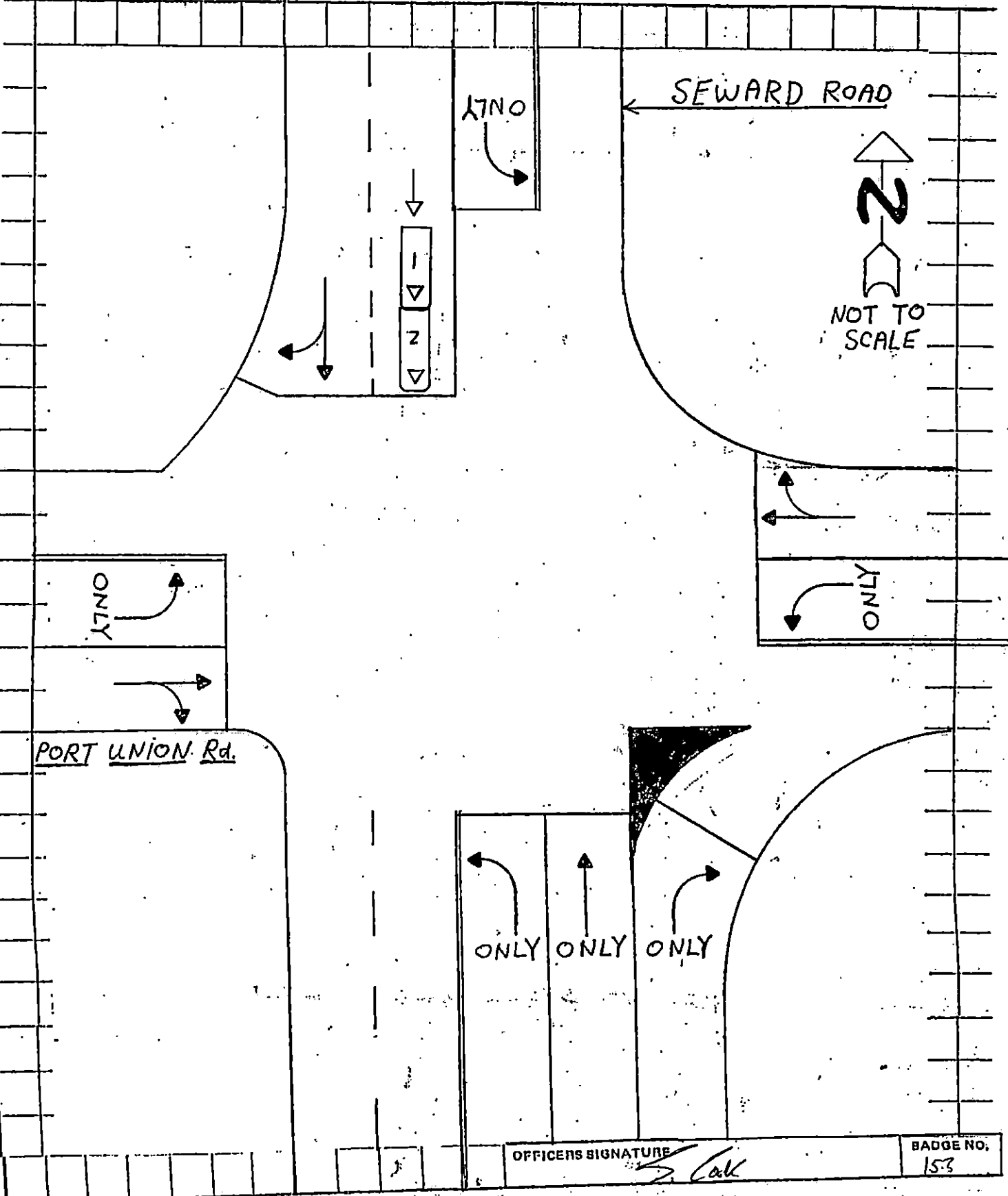
LOCAL REPORT NUMBER 23-029875

REPORTING AGENCY Fairfield Police Department

DATE OF CRASH M 4 10 27 11 23

COUNTY OF Butler

CRASH LOCATION Seward Rd. / Port Union Rd.



OFFICERS SIGNATURE *[Signature]*

BADGE NO. 153