

# 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 3 4 3 1 4 |                  |            |
| <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    |            |
|  |   |                                |                             |  |                 | 0 1 98 - ANIMAL  |            |
|  |   |                                |                             |  |                 | 0 1 99 - UNKNOWN |            |

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


|            |              |        |   |           |                           |
|------------|--------------|--------|---|-----------|---------------------------|
| ROUTE TYPE | ROUTE NUMBER | PREFIX | LOCATION ROAD NAME                            | ROAD TYPE | LATITUDE DECIMAL DEGREES  |
| S R        | 4            |        | Commercial                                    | D R       | 3 9 3 1 1 6 9 7           |
| ROUTE TYPE | ROUTE NUMBER | PREFIX | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | ROAD TYPE | LONGITUDE DECIMAL DEGREES |
|            |              |        | Commercial                                    | D R       | 8 4 4 8 7 2 7 1           |

|                         |                          |                              |                |  |   |
|-------------------------|--------------------------|------------------------------|----------------|--|---|
| 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 | 4 |
| 2 - MILE POST           | 2 - SOUTH                | US - FEDERAL US ROUTE        | AV - AVENUE    | <input type="checkbox"/> WITHIN INTERCHANGE AREA                       |   |
| 3 - HOUSE #             | 3 - EAST                 | SR - STATE ROUTE             | BL - BOULEVARD | NUMBER OF APPROACHES   |   |
|                         | 4 - WEST                 |                              | CR - CIRCLE    |  |   |
| DISTANCE FROM REFERENCE | DISTANCE UNIT OF MEASURE | CR - NUMBERED COUNTY ROUTE   | CT - COURT     | ROADWAY  |   |
|                         | 1 - MILES                | TR - NUMBERED TOWNSHIP ROUTE | DR - DRIVE     | <input type="checkbox"/> ROADWAY DIVIDED                               |   |
|                         | 2 - FEET                 |                              | HE - HEIGHTS   |  |   |
|                         | 3 - YARDS                |                              | PL - PLACE     |  |   |

|                                 |   |                     |                                       |
|---------------------------------|---|---------------------|---------------------------------------|
| LOCATION OF FIRST HARMFUL EVENT | MANNER OF CRASH COLLISION/IMPACT                          | DIRECTION OF TRAVEL | MEDIAN TYPE                           |
| 0 1                             | 6   | 1 - NORTH           | 1 - DIVIDED FLUSH MEDIAN (<4 FEET)    |
| 2 - ON SHOULDER                 | 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT | 2 - SOUTH           | 2 - DIVIDED FLUSH MEDIAN (≥4 FEET)    |
| 3 - IN MEDIAN                   | 2 - REAR-END  | 3 - EAST            | 3 - DIVIDED, DEPRESSED MEDIAN         |
| 4 - ON ROADSIDE                 | 3 - HEAD-ON   | 4 - WEST            | 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) |
| 5 - ON GORE                     |   |                     | 9 - OTHER/UNKNOWN                     |
| 6 - OUTSIDE TRAFFIC WAY         |   |                     |                                       |
| 7 - ON RAMP                     |   |                     |                                       |
| 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                                   | 0 2                                   |
| 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 |  Indicate the north direction with an "N" on the compass diagram. |
|           |  |
| See OH #2 |  |

|                            |                          |                         |                                    |  |
|----------------------------|--------------------------|-------------------------|------------------------------------|--|
| CRASH REPORTED DATE / TIME | DISPATCH DATE / TIME     | ARRIVAL DATE / TIME     | SCENE CLEARED DATE / TIME          | REPORT TAKEN BY  |
| 0 5 1 5 2 0 2 3 1 3 4 6    | 0 5 1 5 2 0 2 3 1 3 4 8  | 0 5 1 5 2 0 2 3 1 3 5 5 | 0 5 1 5 2 0 2 3 1 4 2 9            | <input checked="" type="checkbox"/> POLICE AGENCY  |
| TOTAL TIME ROADWAY CLOSED  | OTHER INVESTIGATION TIME | TOTAL MINUTES           | OFFICER'S NAME*                    | <input type="checkbox"/> MOTORIST  |
|                            |                          | 4 1                     | P.O. Gregg Lamb                    | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DPS) |
|                            |                          | 6 5                     | OFFICER'S BADGE NUMBER*            |  |
|                            |                          |                         | CHECKED BY OFFICER'S NAME*         |  |
|                            |                          |                         | CHECKED BY OFFICER'S BADGE NUMBER* |  |

**OWNER**

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

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

**VEHICLE**

LP STATE OH LICENSE PLATE # KA2747 VEHICLE IDENTIFICATION # JN8AS5MV9B1304885 VEHICLE YEAR 2011 VEHICLE MAKE Nissan

INSURANCE VERIFIED INSURANCE COMPANY INSURANCE POLICY # COLOR Silver VEHICLE MODEL Rogue

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

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS 02 VEHICLE WEIGHT GVWR/GCWR  
1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. HAZARDOUS MATERIAL  
 MATERIAL RELEASED CLASS # PLACARD ID #  
 PLACARD

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    | 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 \_\_\_\_\_

HAS 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                | 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   |
|   |  |                                  | 11 - DUMP      | 99 - OTHER / UNKNOWN  |

VEHICLE DEFECTS

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

NON-MOTORIST LOCATION AT IMPACT

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

ACTION 03 PRE-CRASH ACTIONS 05

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

CONTRIBUTING CIRCUMSTANCES 03

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

SEQUENCE OF EVENTS

|                     |                                     |                         |  |                                 |   |
|---------------------|-------------------------------------|-------------------------|--|---------------------------------|---|
| 1 <u>2</u> <u>0</u> | 1 - OVERTURN/ROLLOVER               | 6 - EQUIPMENT FAILURE   | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL | 16 - RAILWAY VEHICLE            | 22 - WORK ZONE MAINTENANCE EQUIPMENT  |
| 2                   | 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                   | 3 - IMMERSION                       | 8 - RAN OFF ROAD RIGHT  | 13 - OTHER NON-COLLISION                             | 18 - ANIMAL - DEER              | 24 - OTHER MOVABLE OBJECT   |
| 4                   | 4 - JACKKNIFE                       | 9 - RAN OFF ROAD LEFT   | 14 - PEDESTRIAN                                      | 19 - ANIMAL - OTHER             |   |
| 5                   | 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 10 - CROSS MEDIAN       | 15 - PEDAL CYCLE                                     | 20 - MOTOR VEHICLE IN TRANSPORT |   |
| 6                   |                                     |                         |  | 21 - PARKED MOTOR VEHICLE       |   |

COLLISION WITH FIXED OBJECT: STRUCK

|  |                               |                                  |                   |                                      |
|--|-------------------------------|----------------------------------|-------------------|--------------------------------------|
| 25 - IMPACT ATTENUATOR / CRASH CUSHION | 31 - GUARDRAIL END            | 37 - TRAFFIC SIGN POST           | 43 - CURB         | 50 - WORK ZONE MAINTENANCE EQUIPMENT |
| 26 - BRIDGE OVERHEAD STRUCTURE         | 32 - PORTABLE BARRIER         | 38 - OVERHEAD SIGN POST          | 44 - DITCH        | 51 - WALL                            |
| 27 - BRIDGE PIER OR ABUTMENT           | 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 SPEED 5 POSTED SPEED 50

DETECTED SPEED 1

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

DAMAGE SCALE

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

3

DAMAGED AREA(S) INDICATE ALL THAT APPLY

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

INITIAL POINT OF CONTACT

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

TRAFFIC

TRAFFICWAY FLOW 2 TRAFFIC CONTROL 2

1 - ONE-WAY 4 - STOP SIGN  
2 - TWO-WAY 5 - YIELD SIGN  
3 - FLASHER 6 - NO CONTROL

# OF THROUGH LANES ON ROAD 5 RAIL GRADE CROSSING 1

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

UNIT / NON-MOTORIST DIRECTION

FROM 3 TO 4

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

LOCAL REPORT NUMBER  
2 3 0 3 4 3 1 4

**OWNER**

UNIT # 02 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  
GTS Transportation Corp. 7545 S. Madison St. Burr Ridge, Il. 60527

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**DAMAGE**

DAMAGE SCALE

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

**VEHICLE**

LP STATE IL LICENSE PLATE # P1097168 VEHICLE IDENTIFICATION # 3AKJHHDJR6N1SMX11769 VEHICLE YEAR 2022 VEHICLE MAKE Freight1

INSURANCE VERIFIED INSURANCE COMPANY Acord INSURANCE POLICY # KCA2662568-1 COLOR White VEHICLE MODEL Semi

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

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

TYPE OF USE

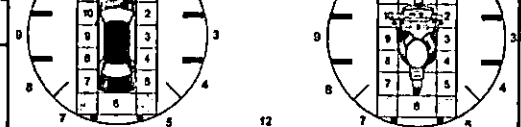
INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT

# OCCUPANTS 01

US DOT # 1870373 TOWED BY: COMPANY NAME

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

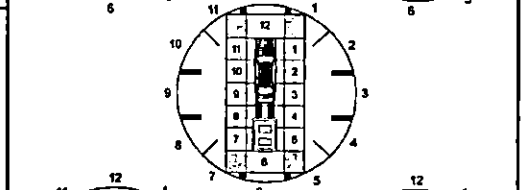
HAZARDOUS MATERIAL CLASS # PLACARD ID #



UNIT TYPE 15

# OF TRAILING UNITS 1

1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER  
2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
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 - CAROVAN 11 - ALL TERRAIN VEHICLE (ATV/UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN  
6 - VAN (9-15 SEATS)

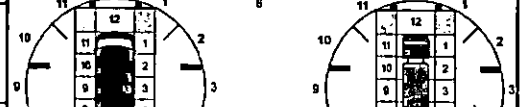


WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0

1 - YES 2 - NO 9 - OTHER / UNKNOWN

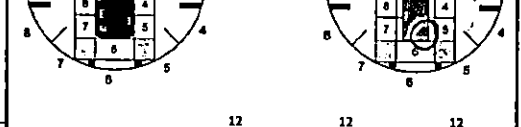
AUTONOMOUS MODE LEVEL

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



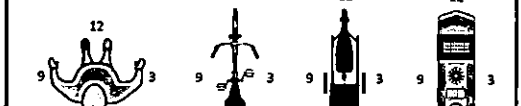
SPECIAL FUNCTION 01

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



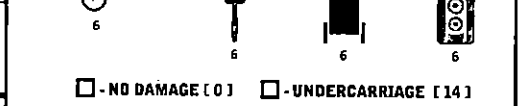
CARGO BODY TYPE 01

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



VEHICLE DEFECTS

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



NON-MOTORIST LOCATION AT IMPACT

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

INITIAL POINT OF CONTACT

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

ACTION 04

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 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

TRAFFIC

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

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

# OF THROUGH LANES ON ROAD 5

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

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 17 - DOWNHILL RUNAWAY 21 - ANIMAL - FARM 24 - OTHER NON-MOTORIST  
6 - IMPROPER TURN 12 - IMPROPER BACKING 18 - OTHER NON-COLLISION 19 - ANIMAL - OTHER 22 - WORK ZONE MAINTENANCE EQUIPMENT  
23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
24 - OTHER MOVABLE OBJECT

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

SEQUENCE OF EVENTS

1 2 0 1 2 0

1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - OTHER 24 - OTHER MOVABLE OBJECT  
4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 25 - IMPACT ATTENUATOR / CRASH CUSHION  
5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT 30 - GUARDRAIL FACE  
31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  
32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL  
33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING  
34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL  
35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT  
36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN  
49 - FIRE HYDRANT

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

UNIT SPEED 40

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

POSTED SPEED 50



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 3 0 3 4 3 1 4

|   |  |  |   |  |
|---|--|--|---|--|
| UNIT #<br>0 1   | NAME: LAST, FIRST, MIDDLE<br>Hampton, Damia M. | DATE OF BIRTH<br>0 7 0 9 2 0 0 3             | AGE<br>1 9  | GENDER<br>F  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>1703 Frintz St. #1 Cincinnati, OH. 45202 |  | CONTACT PHONE - INCLUDE AREA CODE            |   |  |
| INJURIES<br>5   | INJURED TAKEN BY                               | EMS AGENCY (NAME)                            | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)   | SAFETY EQUIPMENT USED<br>0 4   |
| OL STATE<br>OH  | OPERATOR LICENSE NUMBER                        | OFFENSE CHARGED<br>313.01A                   | LOCAL CODE<br><input checked="" type="checkbox"/> | OFFENSE DESCRIPTION<br>Traffic Control Device  |
| 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: 1 |   | DRUG TEST(S)<br>STATUS: 1, TYPE: 1, RESULT: 1  |

|   |  |  |   |  |
|---|--|--|---|--|
| UNIT #<br>0 2   | NAME: LAST, FIRST, MIDDLE<br>Sagdanbekov, Azamat | DATE OF BIRTH<br>0 9 0 8 1 9 8 7             | AGE<br>3 5                                      | GENDER<br>M  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>769 Emerald Dr. South Lebanon, OH. 45065 |  | CONTACT PHONE - INCLUDE AREA CODE            |   |  |
| INJURIES<br>5   | INJURED TAKEN BY                                 | EMS AGENCY (NAME)                            | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0 4   |
| OL STATE<br>OH  | OPERATOR LICENSE NUMBER                          | OFFENSE CHARGED                              | LOCAL CODE<br><input type="checkbox"/>          | OFFENSE DESCRIPTION  |
| OL CLASS<br>1   | ENDORSEMENT SELECT UP TO 2<br>N                  | 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: 1 |   | DRUG TEST(S)<br>STATUS: 1, TYPE: 1, RESULT: 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                                |
|---|--|----------------------------------|----------------------------|--|--|--|
| 1-FATAL                                     | 1-FRONT-LEFT SIDE (MOTORCYCLE DRIVER)  | 1-NOT DEPLOYED                   | 1-CLASS A                  | 1-ALCOHOL INTERLOCK DEVICE   | 1-NOT DISTRACTED   | 1-NONE GIVEN                               |
| 2-SUSPECTED SERIOUS INJURY                  | 2-FRONT-MIDDLE   | 2-DEPLOYED FRONT                 | 2-CLASS B                  | 2-CDL INTRASTATE ONLY  | 2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) | 2-TEST REFUSED                             |
| 3-SUSPECTED MINOR INJURY                    | 3-FRONT-RIGHT SIDE   | 3-DEPLOYED SIDE                  | 3-CLASS C                  | 3-CORRECTIVE LENSES  | 3-TALKING ON HANDS-FREE COMMUNICATION DEVICE                                       | 3-TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE |
| 4-POSSIBLE INJURY                           | 4-SECOND-LEFT SIDE (MOTORCYCLE PASSENGER)  | 4-DEPLOYED BOTH FRONT/SIDE       | 4-REGULAR CLASS (OHIO #D)  | 4-FARM WAIVER  | 4-TALKING ON HAND-HELD COMMUNICATION DEVICE  | 4-TEST GIVEN, RESULTS KNOWN                |
| 5-NO APPARENT INJURY                        | 5-SECOND-MIDDLE  | 5-NOT APPLICABLE                 | 5-M/C MOPED ONLY           | 5-EXCEPT CLASS A BUS & CLASS B BUS   | 5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE   | 5-TEST GIVEN, RESULTS UNKNOWN              |
| INJURED TAKEN BY                            | 6-SECOND-RIGHT SIDE  | 9-DEPLOYMENT UNKNOWN             | 6-NO VALID OL              | 6-EXCEPT CLASS A & CLASS B BUS   | 6-PASSENGER  | ALCOHOL TEST TYPE                          |
| 1-NOT TRANSPORTED / TREATED AT SCENE        | 7-THIRD-LEFT SIDE (MOTORCYCLE SIDE CAR)  | EJECTION                         |                            | 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  |  | 4-BREATH                                   |
| SAFETY EQUIPMENT                            |  | 4-NOT APPLICABLE                 | N-TANKER                   | 11-LIMITED TO EMPLOYMENT   |  | 5-OTHER                                    |
| 1-NONE USED                                 | 11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | TRAPPED                          |                            | 12-LIMITED-OTHER   |  | DRUG TEST TYPE                             |
| 2-SHOULDER BELT ONLY USED                   | 12-PASSENGER IN UNENCLOSED CARGO AREA  | 1-NOT TRAPPED                    | Q-MOTOR SCOOTER            | 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 1-APPARENTLY NORMAL  | 1-NONE                                     |
| 3-LAP BELT ONLY USED                        | 13-TRAILING UNIT   | 2-EXTRICATED BY MECHANICAL MEANS | R-THREE-WHEEL MOTORCYCLE   | 14-MILITARY VEHICLES ONLY  | 2-PHYSICAL IMPAIRMENT  | 2-BLOOD                                    |
| 4-SHOULDER & LAP BELT USED                  | 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 3-FREED BY NON-MECHANICAL MEANS  | S-SCHOOL BUS               | 15-MOTOR VEHICLES WITHOUT AIR BRAKES   | 3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)                                     | 3-URINE                                    |
| 5-CHILD RESTRAINT SYSTEM-FORWARD FACING     | 15-NON-MOTORIST  |                                  | T-DOUBLE & TRIPLE TRAILERS | 16-OUTSIDE MIRROR  | 4-ILLNESS  | 4-OTHER                                    |
| 6-CHILD RESTRAINT SYSTEM-REAR FACING        | 99-OTHER/UNKNOWN   |                                  | X-TANKER/HAZMAT            | 17-PROSTHETIC AID  | 5-FELL ASLEEP, FAINTED, FATIGUED, ETC.   | 5-OTHER                                    |
| 7-BOOSTER SEAT                              |  |                                  |                            | 18-OTHER   | 6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             | DRUG TEST RESULT(S)                        |
| 8-HELMET USED                               |  |                                  |                            |  | 7-OTHER/UNKNOWN  | 1-AMPHETAMINES                             |
| 9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) |  |                                  |                            |  |  | 2-BARBITURATES                             |
| 10-REFLECTIVE CLOTHING                      |  |                                  |                            |  |  | 3-BENZODIAZEPINES                          |
| 11-LIGHTING-PEDESTRIAN / BICYCLE ONLY       |  |                                  |                            |  |  | 4-CANNABINOIDS                             |
| 99-OTHER/UNKNOWN                            |  |                                  |                            |  |  | 5-COCAINE                                  |
|   |  |                                  |                            |  |  | 6-OPiates / OPioids                        |
|   |  |                                  |                            |  |  | 7-OTHER                                    |
|   |  |                                  |                            |  |  | 8-NEGATIVE RESULTS                         |



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
2 3 0 3 4 3 1 4

|          |        |                           |                 |     |        |
|----------|--------|---------------------------|-----------------|-----|--------|
| OCCUPANT | UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH   | AGE | GENDER |
|          | 1      | Canady, Jabez W.          | 0 8 0 4 2 0 0 3 | 1 9 | M      |

|          |  |                                   |
|----------|--|-----------------------------------|
| OCCUPANT | ADDRESS: STREET, CITY, STATE, ZIP        | CONTACT PHONE - INCLUDE AREA CODE |
|          | 1094 Meadowind Ct. Cincinnati, OH. 45231 |                                   |

|          |          |                  |                   |   |                       |  |                  |               |          |         |
|----------|----------|------------------|-------------------|---|-----------------------|--|------------------|---------------|----------|---------|
| OCCUPANT | 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              | 0 1           | 1        | 1       |

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

|          |                                   |                                   |
|----------|-----------------------------------|-----------------------------------|
| OCCUPANT | ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |
|          |                                   |                                   |

|          |          |                  |                   |   |                       |  |                  |               |          |         |
|----------|----------|------------------|-------------------|---|-----------------------|--|------------------|---------------|----------|---------|
| OCCUPANT | 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 |
|          |          |                  |                   |   |                       |  |                  |               |          |         |

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

|          |                                   |                                   |
|----------|-----------------------------------|-----------------------------------|
| OCCUPANT | ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |
|          |                                   |                                   |

|          |          |                  |                   |   |                       |  |                  |               |          |         |
|----------|----------|------------------|-------------------|---|-----------------------|--|------------------|---------------|----------|---------|
| OCCUPANT | 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 |
|          |          |                  |                   |   |                       |  |                  |               |          |         |

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

|          |                                   |                                   |
|----------|-----------------------------------|-----------------------------------|
| OCCUPANT | ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |
|          |                                   |                                   |

|          |          |                  |                   |   |                       |  |                  |               |          |         |
|----------|----------|------------------|-------------------|---|-----------------------|--|------------------|---------------|----------|---------|
| OCCUPANT | 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             |
| <b>INJURED TAKEN BY</b>                | 7 - BOOSTER SEAT                              | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  | <b>EJECTION</b>                    |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | 8 - HELMET USED                               | 8 - THIRD - MIDDLE   | 1 - NOT EJECTED                    |
| 2 - EMS                                | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT SIDE   | 2 - PARTIALLY EJECTED              |
| 3 - POLICE                             | 10 - REFLECTIVE CLOTHING                      | 10 - SLEEPER SECTION OF TRUCK CAB  | 3 - TOTALLY EJECTED                |
| 9 - OTHER / UNKNOWN                    | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE                 |
| <b>GENDER</b>                          | 99 - OTHER / UNKNOWN                          | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | <b>TRAPPED</b>                     |
| F - FEMALE                             |   | 13 - TRAILING UNIT   | 1 - NOT TRAPPED                    |
| M - MALE                               |   | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 2 - EXTRICATED BY MECHANICAL MEANS |
| U - OTHER / UNKNOWN                    |   | 15 - NON-MOTORIST  | 3 - FREED BY NON-MECHANICAL MEANS  |
|  |   | 99 - OTHER / UNKNOWN   |                                    |

|         |                           |               |     |        |
|---------|---------------------------|---------------|-----|--------|
| WITNESS | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
|         |                           |               | 0   |        |

|         |                                   |                                   |
|---------|-----------------------------------|-----------------------------------|
| WITNESS | ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |
|         |                                   |                                   |

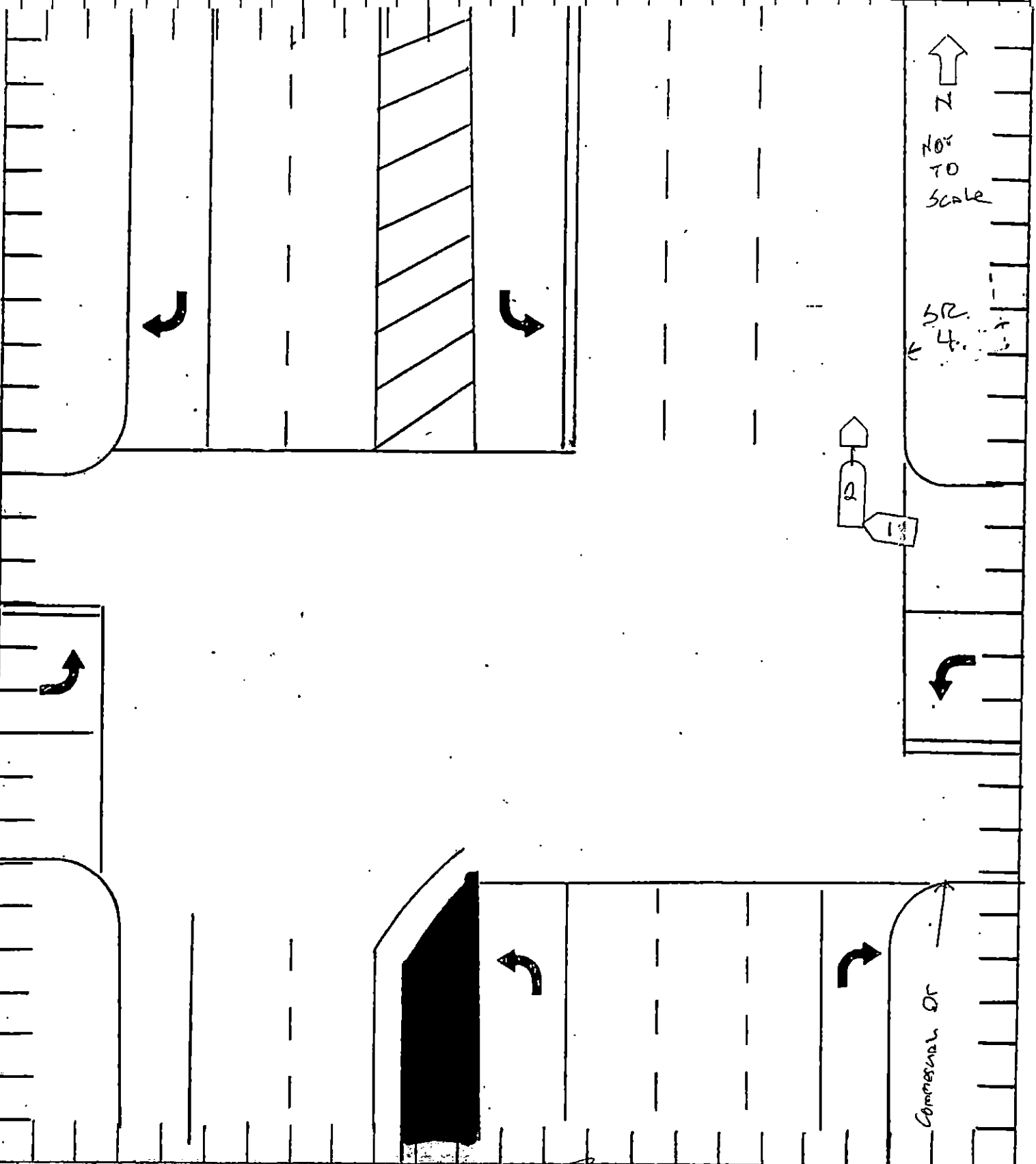
|         |                           |               |     |        |
|---------|---------------------------|---------------|-----|--------|
| WITNESS | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
|         |                           |               | 0   |        |

|         |                                   |                                   |
|---------|-----------------------------------|-----------------------------------|
| WITNESS | ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |
|         |                                   |                                   |

|         |                           |               |     |        |
|---------|---------------------------|---------------|-----|--------|
| WITNESS | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
|         |                           |               | 0   |        |

|         |                                   |                                   |
|---------|-----------------------------------|-----------------------------------|
| WITNESS | ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |
|         |                                   |                                   |

|   |  |                                    |
|---|--|------------------------------------|
| LOCAL REPORT NUMBER<br><b>23-034374</b> | REPORTING AGENCY<br><b>Fairfield Police Department</b> | DATE OF ACCIDENT<br><b>5-15-23</b> |
| IN COUNTY OF<br><b>Butler</b>           | ACCIDENT LOCATION<br><b>SR4 AT Commercial Dr</b>       |                                    |



|   |                        |
|---|------------------------|
| OFFICER'S SIGNATURE<br> | BADGE NO.<br><b>65</b> |
|---|------------------------|