



# 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 5 9 7 7 |            |  |  |
| <input type="checkbox"/> SECONDARY CRASH         | <input type="checkbox"/> OH-1P           | <input type="checkbox"/> OTHER | REPORTING AGENCY NAME* |       |  | HIT/SKIP        |            |  |  |
| <input type="checkbox"/> PRIVATE PROPERTY        | Fairfield Police Department              |                                |                        | NCIC* |  |                 | 1 - SOLVED |  |  |
|  |  |                                | 0,0,9,0,1              |       |  | 2 - UNSOLVED    |            |  |  |
|  |  |                                |                        |       |  | NUMBER OF UNITS |            |  |  |
|  |  |                                |                        |       |  | 0 2             |            |  |  |
|  |  |                                |                        |       |  | UNIT IN ERROR   |            |  |  |
|  |  |                                |                        |       |  | 9 9 98 - ANIMAL |            |  |  |
|  |  |                                |                        |       |  | 99 - UNKNOWN    |            |  |  |

|         |           |                                    |  |  |                         |  |  |                |                              |  |  |
|---------|-----------|------------------------------------|--|--|-------------------------|--|--|----------------|------------------------------|--|--|
| COUNTY* | LOCALITY* | LOCATION: CITY, VILLAGE, TOWNSHIP* |  |  | CRASH DATE / TIME*      |  |  | CRASH SEVERITY |                              |  |  |
| 0 9     | 1         | City of Fairfield                  |  |  | 0 5 2 2 2 0 2 3 1 6 3 0 |  |  | 5              |                              |  |  |
|         |           |                                    |  |  |                         |  |  |                | 1 - FATAL                    |  |  |
|         |           |                                    |  |  |                         |  |  |                | 2 - SERIOUS INJURY SUSPECTED |  |  |
|         |           |                                    |  |  |                         |  |  |                | 3 - MINOR INJURY SUSPECTED   |  |  |
|         |           |                                    |  |  |                         |  |  |                | 4 - INJURY POSSIBLE          |  |  |
|         |           |                                    |  |  |                         |  |  |                | 5 - PROPERTY DAMAGE ONLY     |  |  |

|            |              |        |           |   |           |                           |  |  |
|------------|--------------|--------|-----------|---|-----------|---------------------------|--|--|
| ROUTE TYPE | ROUTE NUMBER | PREFIX | 1 - NORTH | LOCATION ROAD NAME                            | ROAD TYPE | LATITUDE DECIMAL DEGREES  |  |  |
| S, R       | 4 B          |        | 2 - SOUTH |   |           | 3 9 . 3 3 4 4 1 8         |  |  |
|            |              |        | 3 - EAST  |   |           |                           |  |  |
|            |              |        | 4 - WEST  |   |           |                           |  |  |
| ROUTE TYPE | ROUTE NUMBER | PREFIX | 1 - NORTH | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | ROAD TYPE | LONGITUDE DECIMAL DEGREES |  |  |
|            |              |        | 2 - SOUTH | Port Union                                    | R, D      | 8 4 . 5 0 2 6 6 7         |  |  |
|            |              |        | 3 - EAST  |   |           |                           |  |  |
|            |              |        | 4 - WEST  |   |           |                           |  |  |

|                         |                          |                            |                |   |  |  |
|-------------------------|--------------------------|----------------------------|----------------|---|--|--|
| REFERENCE POINT         | DIRECTION FROM REFERENCE | ROUTE TYPE                 | ROAD TYPE      | INTERSECTION RELATED  |  |  |
| 1 - INTERSECTION        | 1 - NORTH                | IR - INTERSTATE ROUTE(TP)  | AL - ALLEY     | <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH |  |  |
| 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 - NUMBERED COUNTY ROUTE | MP - MILEPOST  |   |  |  |
| DISTANCE FROM REFERENCE | DISTANCE UNIT OF MEASURE | TR - NUMBERED TOWNSHIP     | RD - ROAD      | ROADWAY   |  |  |
| 5 0 0                   | 2                        |                            | SO - SQUARE    | <input checked="" type="checkbox"/> ROADWAY DIVIDED         |  |  |
|                         | 1 - MILES                |                            | ST - STREET    |   |  |  |
|                         | 2 - FEET                 |                            | TE - TERRACE   |   |  |  |
|                         | 3 - YARDS                |                            | TR - TRAIL     |   |  |  |
|                         |                          |                            | WA - WAY       |   |  |  |
|                         |                          |                            | PL - PLACE     |   |  |  |

|                                 |                                 |   |                                   |                     |                                       |             |  |
|---------------------------------|---------------------------------|---|-----------------------------------|---------------------|---------------------------------------|-------------|--|
| LOCATION OF FIRST HARMFUL EVENT |                                 | MANNER OF CRASH COLLISION/IMPACT                          |                                   | DIRECTION OF TRAVEL |                                       | MEDIAN TYPE |  |
| 1 - ON ROADWAY                  | 9 - CROSSOVER                   | 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT | 4 - REAR-TO-REAR                  | 1 - NORTH           | 1 - DIVIDED FLUSH MEDIAN (<4 FEET)    |             |  |
| 2 - ON SHOULDER                 | 10 - DRIVEWAY/ALLEY ACCESS      | 2 - REAR-END  | 5 - BACKING                       | 2 - SOUTH           | 2 - DIVIDED FLUSH MEDIAN (≥4 FEET)    |             |  |
| 3 - IN MEDIAN                   | 11 - RAILWAY GRADE CROSSING     | 3 - HEAD-ON   | 6 - ANGLE                         | 3 - EAST            | 3 - DIVIDED, DEPRESSED MEDIAN         |             |  |
| 4 - ON ROADSIDE                 | 12 - SHARED USE PATHS OR TRAILS |   | 7 - SIDESWIPE, SAME DIRECTION     | 4 - WEST            | 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) |             |  |
| 5 - ON GORE                     | 13 - BIKE LANE                  |   | 8 - SIDESWIPE, OPPOSITE DIRECTION |                     | 9 - OTHER/UNKNOWN                     |             |  |
| 6 - OUTSIDE TRAFFIC WAY         | 14 - TOLL BOOTH                 |   | 9 - OTHER / UNKNOWN               |                     |                                       |             |  |
| 7 - ON RAMP                     | 99 - 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                                | 2                                 |
| <input type="checkbox"/> LAW ENFORCEMENT PRESENT | 2 - LANE SHIFT/CROSSOVER        | 2 - ADVANCE WARNING AREA                  | 2 - STRAIGHT GRADE | 2 - WET                          | 2 - BLACKTOP, BITUMINOUS, ASPHALT |
| <input type="checkbox"/> ACTIVE SCHOOL ZONE      | 3 - WORK ON SHOULDER OR MEDIAN  | 3 - TRANSITION AREA                       | 3 - CURVE LEVEL    | 3 - SNOW                         | 3 - BRICK/BLOCK                   |
|  | 4 - INTERMITTENT OR MOVING WORK | 4 - ACTIVITY AREA                         | 4 - CURVE GRADE    | 4 - ICE                          | 4 - SLAG, GRAVEL, STONE           |
|  | 5 - OTHER                       | 5 - TERMINATION AREA                      | 9 - OTHER/UNKNOWN  | 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                       | 0 1 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                  |

|   |   |          |
|---|---|----------|
| <p>NARRATIVE</p> <p>On 5/22/2023 at about 1630 hours Unit 1 was traveling north on SR 4 Bypass when, at about 500 feet south of the intersection with Port Union Rd Crashed into Unit 2 who was also northbound.</p> <p>The driver of Unit 1 contends that she was stopping in traffic when she was struck by Unit 2.</p> <p>The driver of Unit 2 contends that Unit 1 merged in front of him and then stopped abruptly, forcing him to the left.</p> <p>The damage to the vehicles is consistent with both accounts.</p> | <p>Indicate the north direction with an "N" on the compass diagram.</p> |          |
|   |   | See OH-2 |
|   |   |          |
|   |   |          |

|                            |                          |                         |                           |   |
|----------------------------|--------------------------|-------------------------|---------------------------|---|
| CRASH REPORTED DATE / TIME | DISPATCH DATE / TIME     | ARRIVAL DATE / TIME     | SCENE CLEARED DATE / TIME | REPORT TAKEN BY   |
| 0 5 2 2 2 0 2 3 1 6 3 4    | 0 5 2 2 2 0 2 3 1 6 5 0  | 0 5 2 2 2 0 2 3 1 6 5 4 | 0 5 2 2 2 0 2 3 1 7 2 5   | <input checked="" type="checkbox"/> POLICE AGENCY   |
|                            |                          |                         |                           | <input type="checkbox"/> MOTORIST   |
| TOTAL TIME ROADWAY CLOSED  | OTHER INVESTIGATION TIME | TOTAL MINUTES           | OFFICER'S NAME*           | CHECKED BY OFFICER'S NAME*  |
| 0 0 0                      | 0 0 0                    | 0 3 5                   | Larsh, Sam                | D. Poth   |
|                            |                          |                         | OFFICER'S BADGE NUMBER*   | CHECKED BY OFFICER'S BADGE NUMBER*  |
|                            |                          |                         | 1 3 4                     | 1 3 0   |
|                            |                          |                         |                           | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OPCS) |

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

**OWNER**

UNIT # 0, 1 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)  
Kage, Fulgence, M

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

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

OWNER PHONE: INCLUDE AREA CODE (☒ SAME AS DRIVER)

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**DAMAGE**

DAMAGE SCALE

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

**VEHICLE**

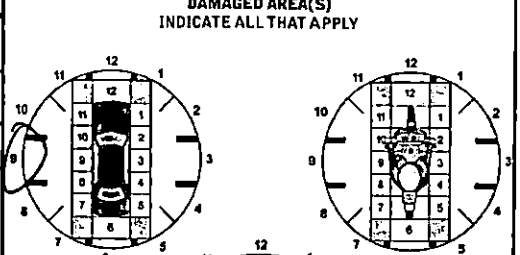
LP STATE OH LICENSE PLATE # JMU2395 VEHICLE IDENTIFICATION # 1C4NJRB1B6FD3111956 VEHICLE YEAR 2015 VEHICLE MAKE Jeep

INSURANCE VERIFIED INSURANCE COMPANY American Family INSURANCE POLICY # 41015-71064-55 COLOR Black VEHICLE MODEL Liberty

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT # OCCUPANTS 0, 2 US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_

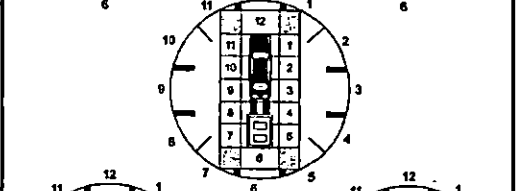
HAZARDOUS MATERIAL  
 MATERIAL RELEASED CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_



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 (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 0

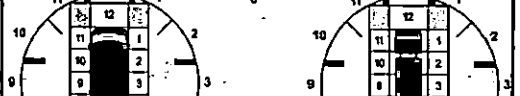


WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?

2 1 - YES 2 - NO 9 - OTHER / UNKNOWN

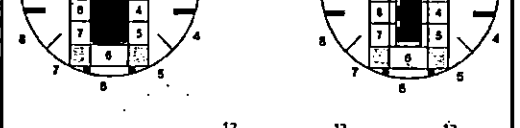
AUTONOMOUS MODE LEVEL 0

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



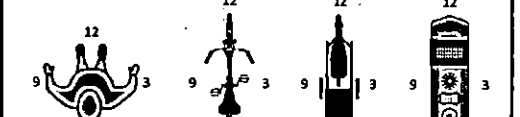
SPECIAL FUNCTION 0, 1

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



CARGO BODY TYPE 0, 1

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



VEHICLE DEFECTS

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



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

NON-MOTORIST LOCATION AT IMPACT

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

INITIAL POINT OF CONTACT

0, 9 0 - NO DAMAGE 14 - UNDERCARRIAGE  
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
13 - TOP 99 - UNKNOWN

ACTION 4

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 9, 9 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

TRAFFIC

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

CONTRIBUTING CIRCUMSTANCES 2, 2

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

# OF THROUGH LANES ON ROAD 2

RAIL GRADE CROSSING

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

SEQUENCE OF EVENTS

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 - 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

UNIT / NON-MOTORIST DIRECTION

FROM 2 TO 1

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

~~COLLISION WITH FIXED OBJECT STRUCK~~

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

UNIT SPEED 0, 0, 3

DETECTED SPEED

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

POSTED SPEED 5, 5

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

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

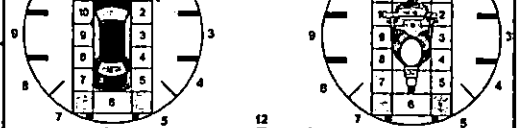
**OWNER**  
UNIT # 0, 1 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)  
**CRABLE MOBILE HOMES LLC**  
OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)  
**995 PAXTON GUINEA ROAD, LOVELAND, OHIO, 45140**  
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

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

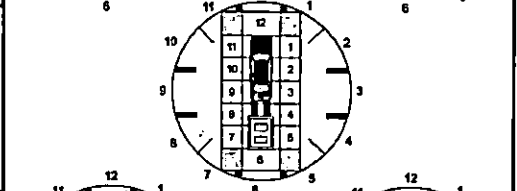
LP STATE OH LICENSE PLATE # PVW6635 VEHICLE IDENTIFICATION # 1HSHBAHN8YH2126598 VEHICLE YEAR 2000 VEHICLE MAKE INT  
INSURANCE VERIFIED  INSURANCE COMPANY Progressive INSURANCE POLICY # 02190962 COLOR BLUE/W VEHICLE MODEL TK

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

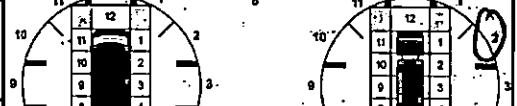
TYPE OF USE  
 COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
US DOT # 2, 1, 3, 0, 4, 5, 7 TOWED BY: COMPANY NAME  
HAZARDOUS MATERIAL  
 MATERIAL RELEASED CLASS # PLACARD ID #  
 PLACARD



UNIT TYPE 1, 5  
1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER  
2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST  
4 - PICKUP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE  
5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN  
6 - VAN (9-15 SEATS) 17 - MOTORHOME



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



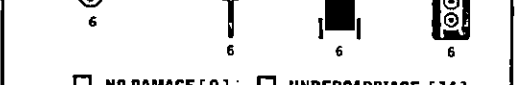
SPECIAL FUNCTION 0, 1  
1 - NONE 6 - BUS - CHARTER / TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN  
3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL  
4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC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



CARGO BODY TYPE 0, 5  
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 19 - TOWING 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 14 - GARBAGE / REFUSE  
5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 19 - OTHER / UNKNOWN

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

ACTION 0, 3  
1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE  
2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING  
3 - STRIKING 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 IN TRAFFIC 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN  
9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS

TRAFFICWAY FLOW  
2 1 - ONE-WAY  
2 - TWO-WAY  
# OF THROUGH LANES ON ROAD 2  
TRAFFIC CONTROL  
6 1 - ROUNDABOUT 4 - STOP SIGN  
2 - SIGNAL 5 - YIELD SIGN  
3 - FLASHER 6 - NO CONTROL

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

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

SEQUENCE OF EVENTS  
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 - DEER 24 - OTHER MOVABLE OBJECT  
4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 25 - WORK ZONE MAINTENANCE EQUIPMENT  
5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT 51 - WALL  
6 - IMPROPER TURN 12 - IMPROPER BACKING

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

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

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

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 3 0 3 5 9 7 7

|   |   |   |   |  |
|---|---|---|---|--|
| UNIT #<br>0 1   | NAME: LAST, FIRST, MIDDLE<br>Leta, Albertine, K | DATE OF BIRTH<br>1 2 2 7 1 9 6 2                | AGE<br>6 0  | GENDER<br>F  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>7709 Black Squirrel Trail, Hamilton, Ohio, 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   |
| SEATING POSITION<br>0 1   | AIR BAG USAGE<br>1                              | EJECTION<br>1                                   | TRAPPED<br>1  |  |
| OL STATE<br>OH  | OPERATOR LICENSE NUMBER                         | OFFENSE CHARGED                                 | LOCAL CODE<br><input type="checkbox"/>                  | OFFENSE DESCRIPTION  |
| CITATION NUMBER   |   |   |   |  |
| 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>Eberle, Robert, Lee | DATE OF BIRTH<br>0 4 2 0 1 9 4 6                | AGE<br>7 7  | GENDER<br>M  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>2755 State Route 132, Lot 243A, New Richmond, Ohio, 45157 |  | 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   |
| SEATING POSITION<br>0 1  | AIR BAG USAGE<br>1                               | EJECTION<br>1                                   | TRAPPED<br>1  |  |
| OL STATE<br>OH   | OPERATOR LICENSE NUMBER                          | OFFENSE CHARGED                                 | LOCAL CODE<br><input type="checkbox"/>                  | OFFENSE DESCRIPTION  |
| CITATION NUMBER  |  |   |   |  |
| OL CLASS<br>1  | 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<br>0  | 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   |
| SEATING POSITION                  | AIR BAG USAGE                     | EJECTION  | TRAPPED   |  |
| OL STATE                          | OPERATOR LICENSE NUMBER           | OFFENSE CHARGED                                 | LOCAL CODE<br><input type="checkbox"/>            | OFFENSE DESCRIPTION  |
| CITATION NUMBER                   |                                   |   |   |  |
| OL CLASS                          | ENDORSEMENT SELECT UP TO 2        | RESTRICTION SELECT UP TO 3                      | DRIVER DISTRACTED BY                              | ALCOHOL / DRUG SUSPECTED<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<br>2- SUSPECTED SERIOUS INJURY<br>3- SUSPECTED MINOR INJURY<br>4- POSSIBLE INJURY<br>5- NO APPARENT INJURY  | 1- FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2- FRONT - MIDDLE<br>3- FRONT - RIGHT SIDE<br>4- SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5- SECOND - MIDDLE<br>6- SECOND - RIGHT SIDE<br>7- THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8- THIRD - MIDDLE<br>9- THIRD - RIGHT SIDE<br>10- SLEEPER SECTION OF TRUCK CAB | 1- NOT DEPLOYED<br>2- DEPLOYED FRONT<br>3- DEPLOYED SIDE<br>4- DEPLOYED BOTH FRONT / SIDE<br>5- NOT APPLICABLE<br>9- DEPLOYMENT UNKNOWN   | 1- CLASS A<br>2- CLASS B<br>3- CLASS C<br>4- REGULAR CLASS (OHIO = D)<br>5- MC MOPED ONLY<br>6- NO VALID OL   | 1- ALCOHOL INTERLOCK DEVICE<br>2- CDL INTRASTATE ONLY<br>3- CORRECTIVE LENSES<br>4- FARM WAIVER<br>5- EXCEPT CLASS A & CLASS B BUS<br>6- EXCEPT CLASS A & CLASS B BUS<br>7- EXCEPT TRACTOR-TRAILER<br>8- INTERMEDIATE LICENSE RESTRICTIONS<br>9- LEARNER'S PERMIT RESTRICTIONS<br>10- LIMITED TO DAYLIGHT ONLY<br>11- LIMITED TO EMPLOYMENT<br>12- LIMITED - OTHER<br>13- MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)<br>14- MILITARY VEHICLES ONLY<br>15- MOTOR VEHICLES WITHOUT AIR BRAKES<br>16- OUTSIDE MIRROR<br>17- PROSTHETIC AID<br>18- OTHER | 1- NOT DISTRACTED<br>2- MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)<br>3- TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4- TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5- OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6- PASSENGER<br>7- OTHER DISTRACTION INSIDE THE VEHICLE<br>8- OTHER DISTRACTION OUTSIDE THE VEHICLE<br>9- OTHER / UNKNOWN | 1- NONE GIVEN<br>2- TEST REFUSED<br>3- TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE<br>4- TEST GIVEN, RESULTS KNOWN<br>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<br>2- EMS<br>3- POLICE<br>9- OTHER / UNKNOWN   | 1- NOT EJECTED<br>2- PARTIALLY EJECTED<br>3- TOTALLY EJECTED<br>4- NOT APPLICABLE  | H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL MOTORCYCLE<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT | 1- NOT TRAPPED<br>2- EXTRACTED BY MECHANICAL MEANS<br>3- FREED BY NON-MECHANICAL MEANS  | 1- APPARENTLY NORMAL<br>2- PHYSICAL IMPAIRMENT<br>3- EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)<br>4- ILLNESS<br>5- FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9- OTHER / UNKNOWN   | 1- NONE<br>2- BLOOD<br>3- URINE<br>4- BREATH<br>5- OTHER  | 1- AMPHETAMINES<br>2- BARBITURATES<br>3- BENZODIAZEPINES<br>4- CANNABINOIDS<br>5- COCAINE<br>6- OPIATES / OPIOIDS<br>7- OTHER<br>8- NEGATIVE RESULTS |
| SAFETY EQUIPMENT   | TRAPPED  | GENDER  | CONDITION   | DRUG TEST TYPE  | DRUG TEST RESULT(S)   | DRUG TEST RESULT(S)  |
| 1- NONE USED<br>2- SHOULDER BELT ONLY USED<br>3- LAP BELT ONLY USED<br>4- SHOULDER & LAP BELT USED<br>5- CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6- CHILD RESTRAINT SYSTEM - REAR FACING<br>7- BOOSTER SEAT<br>8- HELMET USED<br>9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10- REFLECTIVE CLOTHING<br>11- LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99- OTHER / UNKNOWN | 1- NOT TRAPPED<br>2- EXTRACTED BY MECHANICAL MEANS<br>3- FREED BY NON-MECHANICAL MEANS   | F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN   | 1- APPARENTLY NORMAL<br>2- PHYSICAL IMPAIRMENT<br>3- EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)<br>4- ILLNESS<br>5- FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9- OTHER / UNKNOWN | 1- NONE<br>2- BLOOD<br>3- URINE<br>4- OTHER   | 1- AMPHETAMINES<br>2- BARBITURATES<br>3- BENZODIAZEPINES<br>4- CANNABINOIDS<br>5- COCAINE<br>6- OPIATES / OPIOIDS<br>7- OTHER<br>8- NEGATIVE RESULTS  | 1- AMPHETAMINES<br>2- BARBITURATES<br>3- BENZODIAZEPINES<br>4- CANNABINOIDS<br>5- COCAINE<br>6- OPIATES / OPIOIDS<br>7- OTHER<br>8- NEGATIVE RESULTS |



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
2 3 0 3 5 9 7 7

|                 |   |  |                                  |                                   |             |
|-----------------|---|--|----------------------------------|-----------------------------------|-------------|
| <b>OCCUPANT</b> | UNIT #<br>1   | NAME: LAST, FIRST, MIDDLE<br>Ndedi Mabanvu, Marie, Therese | DATE OF BIRTH<br>0 9 1 2 1 9 5 2 | AGE<br>7 0                        | GENDER<br>F |
|                 | ADDRESS: STREET, CITY, STATE, ZIP<br>250 Fern Valley Way, Hamilton, Ohio, 45011 |  |                                  | 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 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 6 | AIR BAG USAGE<br>1 | EJECTION<br>1 | TRAPPED<br>1 |
|---------------|------------------|-------------------|---|------------------------------|--|-------------------------|--------------------|---------------|--------------|

|                 |                                   |                           |               |                                   |        |
|-----------------|-----------------------------------|---------------------------|---------------|-----------------------------------|--------|
| <b>OCCUPANT</b> | UNIT #                            | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE<br>0                          | 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 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|----------|------------------|-------------------|---|-----------------------|--|------------------|---------------|----------|---------|

|                 |                                   |                           |               |                                   |        |
|-----------------|-----------------------------------|---------------------------|---------------|-----------------------------------|--------|
| <b>OCCUPANT</b> | UNIT #                            | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE<br>0                          | 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 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|----------|------------------|-------------------|---|-----------------------|--|------------------|---------------|----------|---------|

|                 |                                   |                           |               |                                   |        |
|-----------------|-----------------------------------|---------------------------|---------------|-----------------------------------|--------|
| <b>OCCUPANT</b> | UNIT #                            | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE<br>0                          | 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 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|----------|------------------|-------------------|---|-----------------------|--|------------------|---------------|----------|---------|

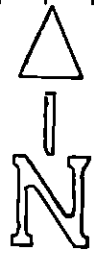
| INJURIES                              | SAFETY EQUIPMENT USED                        | SEATING POSITION  | AIR BAG USAGE                     |
|---------------------------------------|--|---|-----------------------------------|
| 1- FATAL                              | 1- NONE USED - VEHICLE OCCUPANT              | 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                 |
| <b>INJURED TAKEN BY</b>               | 6- CHILD RESTRAINT SYSTEM REAR FACING        | 6- SECOND - RIGHT SIDE  | 9- DEPLOYMENT UNKNOWN             |
| 1- NOT TRANSPORTED / TREATED AT SCENE | 7- BOOSTER SEAT                              | 7- THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  | <b>EJECTION</b>                   |
| 2- EMS                                | 8- HELMET USED                               | 8- THIRD - MIDDLE   | 1- NOT EJECTED                    |
| 3- POLICE                             | 9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9- THIRD - RIGHT SIDE   | 2- PARTIALLY EJECTED              |
| 9- OTHER / UNKNOWN                    | 10- REFLECTIVE CLOTHING                      | 10- SLEEPER SECTION OF TRUCK CAB  | 3- TOTALLY EJECTED                |
| <b>GENDER</b>                         | 11- LIGHTING - PEDESTRIAN / BICYCLE ONLY     | 11- PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4- NOT APPLICABLE                 |
| F- FEMALE                             | 99- OTHER / UNKNOWN                          | 12- PASSENGER IN UNENCLOSED CARGO AREA  | <b>TRAPPED</b>                    |
| M- MALE                               |  | 13- TRAILING UNIT   | 1- NOT TRAPPED                    |
| U- OTHER / UNKNOWN                    |  | 14- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 2- EXTRICATED BY MECHANICAL MEANS |
|                                       |  | 15- NON-MOTORIST  | 3- FREED BY NON-MECHANICAL MEANS  |
|                                       |  | 99- OTHER / UNKNOWN   |                                   |

|                |                                   |                                   |          |        |
|----------------|-----------------------------------|-----------------------------------|----------|--------|
| <b>WITNESS</b> | NAME: LAST, FIRST, MIDDLE         | DATE OF BIRTH                     | AGE<br>0 | GENDER |
|                | ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |          |        |

|                |                                   |                                   |          |        |
|----------------|-----------------------------------|-----------------------------------|----------|--------|
| <b>WITNESS</b> | NAME: LAST, FIRST, MIDDLE         | DATE OF BIRTH                     | AGE<br>0 | GENDER |
|                | ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |          |        |

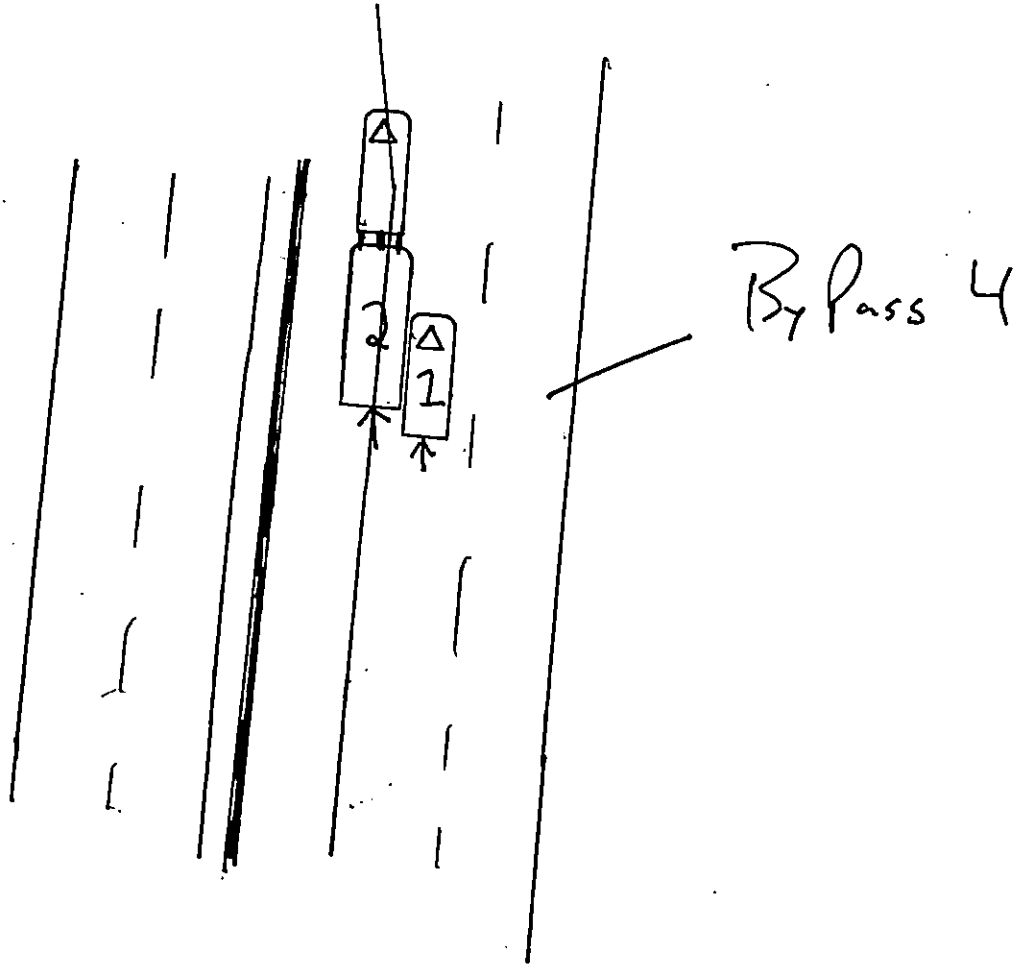
|                |                                   |                                   |          |        |
|----------------|-----------------------------------|-----------------------------------|----------|--------|
| <b>WITNESS</b> | NAME: LAST, FIRST, MIDDLE         | DATE OF BIRTH                     | AGE<br>0 | GENDER |
|                | ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |          |        |

|   |  |                                    |
|---|--|------------------------------------|
| LOCAL REPORT NUMBER<br><b>23-035977</b> | REPORTING AGENCY<br><b>Fairfield Police Department</b>         | DATE OF ACCIDENT<br><b>5/22/23</b> |
| IN COUNTY OF<br><b>Butler</b>           | ACCIDENT LOCATION<br><b>State Rte 4 Bypass near Port Union</b> |                                    |



☆  
Not  
to Scale

mi  
500  
Ft  
South  
of  
Port  
Union



|   |                         |
|---|-------------------------|
| OFFICER'S SIGNATURE<br><i>[Signature]</i> | BADGE NO.<br><b>134</b> |
|---|-------------------------|