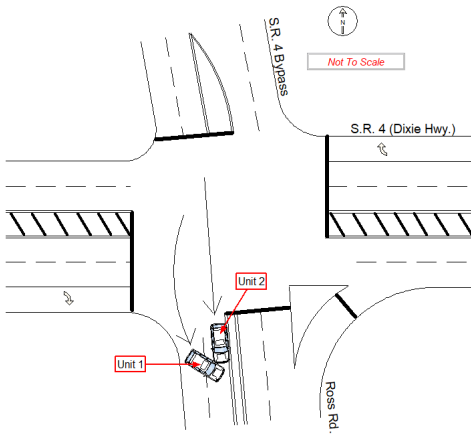




## TRAFFIC CRASH REPORT\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                  |                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                |                                                                                                                             |                                                                                                                                                                                                                      |                                                                                                                                                                                                              |                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                  | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-3<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY | LOCAL INFORMATION                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                         | IR25-001146                                                                                                                                                                                                                                                                                                    |                                                                                                                             |                                                                                                                                                                                                                      |                                                                                                                                                                                                              |                                                                                                                                                                 |
| REPORTING AGENCY NAME*<br>Fairfield Police Department                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                  |                                                                                                                                                                                 | NCIC*<br>00901                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                         | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED                                                                                                                                                                                                                                                                         | NUMBER OF UNITS<br>2                                                                                                        | UNIT IN ERROR<br>98 - ANIMAL<br>99 - UNKNOWN<br><b>99</b>                                                                                                                                                            |                                                                                                                                                                                                              |                                                                                                                                                                 |
| COUNTY*<br>09                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | LOCALITY*<br><b>1</b><br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Fairfield                                                                                                                                 |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                         | CRASH DATE/TIME*<br>03/04/2025 14:51                                                                                                                                                                                                                                                                           |                                                                                                                             | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY<br><b>5</b>                                                             |                                                                                                                                                                                                              |                                                                                                                                                                 |
| ROUTE TYPE<br>SR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ROUTE NUMBER<br>4                                                | PREFIX<br><input type="checkbox"/><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                            | LOCATION ROAD NAME<br>Ross                                                                                                                                                                                                                                                          |                                                                                                                                                                                                         | ROAD TYPE<br>RD                                                                                                                                                                                                                                                                                                | LATITUDE<br>39.323107                                                                                                       |                                                                                                                                                                                                                      |                                                                                                                                                                                                              |                                                                                                                                                                 |
| ROUTE TYPE<br>SR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ROUTE NUMBER<br>4                                                | PREFIX<br><input type="checkbox"/><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                            | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)                                                                                                                                                                                                                                       |                                                                                                                                                                                                         | ROAD TYPE                                                                                                                                                                                                                                                                                                      | LONGITUDE<br>-84.504793                                                                                                     |                                                                                                                                                                                                                      |                                                                                                                                                                                                              |                                                                                                                                                                 |
| REFERENCE POINT<br><b>1</b><br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                  | DIRECTION FROM REFERENCE<br><input type="checkbox"/><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                          | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE                                                                                                                                 |                                                                                                                                                                                                         | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY |                                                                                                                             | INTERSECTION RELATED<br><input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES<br><b>4</b>                               |                                                                                                                                                                                                              |                                                                                                                                                                 |
| DISTANCE FROM REFERENCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  | DISTANCE UNIT OF MEASURE<br><input type="checkbox"/><br>1 - MILES<br>2 - FEET<br>3 - YARDS                                                                                      |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                         | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED                                                                                                                                                                                                                                                            |                                                                                                                             |                                                                                                                                                                                                                      |                                                                                                                                                                                                              |                                                                                                                                                                 |
| LOCATION OF FIRST HARMFUL EVENT<br><b>1</b><br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP<br>9 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12 - SHARED USE PATHS OR TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                              |                                                                  |                                                                                                                                                                                 | MANNER OF CRASH COLLISION/IMPACT<br><b>6</b><br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER/UNKNOWN |                                                                                                                                                                                                         | DIRECTION OF TRAVEL<br><input type="checkbox"/><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                                                              |                                                                                                                             | MEDIAN TYPE<br><input type="checkbox"/><br>1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (>= 4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISE MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN |                                                                                                                                                                                                              |                                                                                                                                                                 |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                  | WORK ZONE TYPE<br><input type="checkbox"/><br>1 - LANE CLOSURE<br>2 - LANE SHFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER     |                                                                                                                                                                                                                                                                                     | LOCATION OF CRASH IN WORK ZONE<br><input type="checkbox"/><br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA |                                                                                                                                                                                                                                                                                                                | CONTOUR<br><b>2</b><br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/ UNKNOWN |                                                                                                                                                                                                                      | CONDITIONS<br><b>1</b><br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN                                    | SURFACE<br><b>2</b><br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK, STONE<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/ UNKNOWN |
| LIGHT CONDITION<br><b>1</b><br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  |                                                                                                                                                                                 | WEATHER<br><b>1</b><br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER/UNKNOWN                                     |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                |                                                                                                                             |                                                                                                                                                                                                                      |                                                                                                                                                                                                              |                                                                                                                                                                 |
| NARRATIVE<br>On 3/4/2025 at approximately 2:51 P.M. Unit 1 stated they were in right thru lane on Ross Road, traveling southbound, and had just crossed over S.R4 (Dixie Hwy.) when Unit 2, who was in the left thru lane, also traveling southbound, came into Unit 1's lane and struck Unit 1.<br><br>Unit 2 stated they had just crossed over S.R4 (Dixie Hwy.) traveling southbound onto Ross Road in the left thru lane. That was when Unit 1, who was to the right of Unit 2, attempted to make a illegal U-Turn and in so doing struck Unit 2.<br><br>The at fault driver could not be determined and no citations were issued. |                                                                  |                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                         | DIAGRAM<br>                                                                                                                                                                                                                |                                                                                                                             |                                                                                                                                                                                                                      |                                                                                                                                                                                                              |                                                                                                                                                                 |
| CRASH REPORTED DATE/TIME<br>03/04/2025 14:51                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                  | DISPATCH DATE/TIME<br>03/04/2025 15:00                                                                                                                                          |                                                                                                                                                                                                                                                                                     | ARRIVAL DATE/TIME<br>03/04/2025 15:00                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                | SCENE CLEARED DATE/TIME<br>03/04/2025 15:17                                                                                 |                                                                                                                                                                                                                      | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) |                                                                                                                                                                 |
| TOTAL TIME ROADWAY CLOSED<br>0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | OTHER INVESTIGATION TIME<br>0                                    | TOTAL MINUTES<br>17                                                                                                                                                             | OFFICER'S NAME*<br>Frazier, Connor<br>OFFICER'S BADGE NUMBER*<br>158                                                                                                                                                                                                                |                                                                                                                                                                                                         | CHECKED BY OFFICER'S NAME*<br>Miller, Matthew<br>CHECKED BY OFFICER'S BADGE NUMBER*<br>141                                                                                                                                                                                                                     |                                                                                                                             |                                                                                                                                                                                                                      |                                                                                                                                                                                                              |                                                                                                                                                                 |

IR25-001146

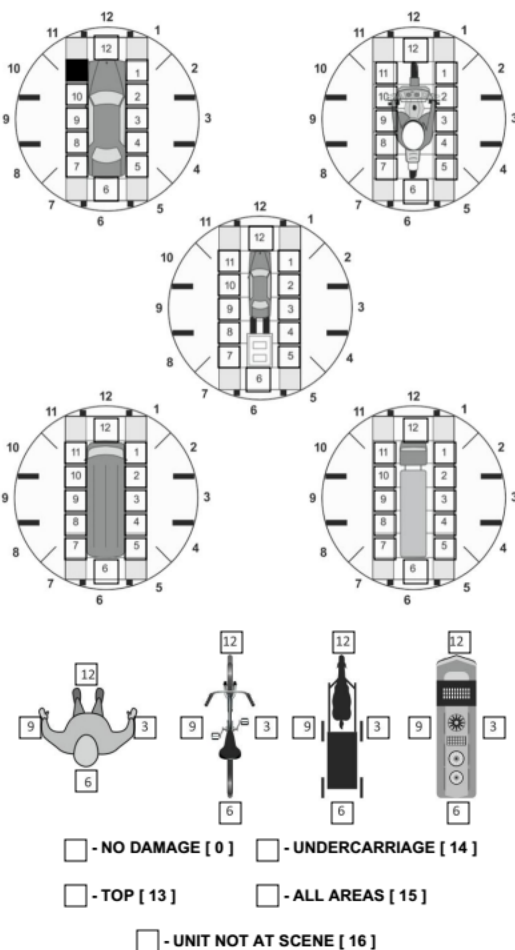
|                                                                                                                                       |                                                                                |                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------|
| UNIT #<br>1                                                                                                                           | OWNER NAME: LAST, FIRST, MIDDLE ( ■ SAME AS DRIVER)<br>WILLIAMS, CHARLES DAVIN | OWNER PHONE: INCLUDE AREA CODE ■ SAME AS DRIVER |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( ■ SAME AS DRIVER)<br>1051 OLDE STATION CT, FAIRFIELD, OH 45014                              |                                                                                |                                                 |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                   |                                                                                | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE     |
| LP STATE<br>OH                                                                                                                        | LICENSE PLATE #<br>FOP1140                                                     | VEHICLE IDENTIFICATION #<br>3GYFNAEY0BS515196   |
| VEHICLE YEAR<br>2011                                                                                                                  | VEHICLE MAKE<br>Cadillac                                                       |                                                 |
| INSURANCE VERIFIED                                                                                                                    | INSURANCE COMPANY<br>ALLSTATE INSURANCE                                        | INSURANCE POLICY #<br>826817778                 |
| COLOR<br>White                                                                                                                        | VEHICLE MODEL<br>SRX                                                           |                                                 |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |                                                                                |                                                 |
| US DOT #                                                                                                                              |                                                                                |                                                 |
| VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.                                               |                                                                                |                                                 |
| TOWED BY: COMPANY NAME                                                                                                                |                                                                                |                                                 |
| HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID #                                 |                                                                                |                                                 |
| INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <input type="checkbox"/>                                             |                                                                                |                                                 |
| # OCCUPANTS<br>1                                                                                                                      |                                                                                |                                                 |
| UNIT TYPE<br>3                                                                                                                        |                                                                                |                                                 |
| # OF TRAILING UNITS<br>0                                                                                                              |                                                                                |                                                 |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN                                     |                                                                                |                                                 |
| AUTONOMOUS MODE LEVEL<br>0                                                                                                            |                                                                                |                                                 |
| SPECIAL FUNCTION<br>1                                                                                                                 |                                                                                |                                                 |
| CARGO BODY TYPE<br>1                                                                                                                  |                                                                                |                                                 |
| VEHICLE DEFECTS<br>1                                                                                                                  |                                                                                |                                                 |
| NON-MOTORIST LOCATION AT IMPACT<br>1                                                                                                  |                                                                                |                                                 |
| ACTION<br>9                                                                                                                           |                                                                                |                                                 |
| CONTRIBUTING CIRCUMSTANCES<br>22                                                                                                      |                                                                                |                                                 |
| SEQUENCE OF EVENTS                                                                                                                    |                                                                                |                                                 |
| EVENTS                                                                                                                                |                                                                                |                                                 |
| COLLISION WITH FIXED OBJECT - STRUCK                                                                                                  |                                                                                |                                                 |
| FIRST HARMFUL EVENT<br>1                                                                                                              |                                                                                |                                                 |
| MOST HARMFUL EVENT<br>1                                                                                                               |                                                                                |                                                 |

## DAMAGE

## DAMAGE SCALE

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY

## INITIAL POINT OF CONTACT

11 0 - NO DAMAGE 14 - UNDERCARRIAGE  
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
13 - TOP 99 - UNKNOWN

## 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

## # OF THROUGH LANES ON ROAD

4

## RAIL GRADE CROSSING

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

## UNIT / NON-MOTORIST DIRECTION

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

## UNIT SPEED

25

## DETECTED SPEED

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

|                                                                                                                                                                    |                                                                                                       |                                                                                                       |                                                 |                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------|
| UNIT #<br>2                                                                                                                                                        | OWNER NAME: LAST, FIRST, MIDDLE ( ■ SAME AS DRIVER)<br>WILCH, JOSHUA JAMES                            |                                                                                                       | OWNER PHONE: INCLUDE AREA CODE ■ SAME AS DRIVER |                         |
|                                                                                                                                                                    | OWNER ADDRESS: STREET, CITY, STATE, ZIP ( ■ SAME AS DRIVER)<br>1676 FORESTER DR, CINCINNATI, OH 45240 |                                                                                                       |                                                 |                         |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                |                                                                                                       |                                                                                                       | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE     |                         |
| LP STATE<br>OH                                                                                                                                                     | LICENSE PLATE #<br>JMU2336                                                                            | VEHICLE IDENTIFICATION #<br>1GKKRNXEJ331004                                                           | VEHICLE YEAR<br>2014                            | VEHICLE MAKE<br>GMC     |
| INSURANCE<br>VERIFIED                                                                                                                                              | INSURANCE COMPANY<br>STATE FARM                                                                       | INSURANCE POLICY #<br>3034142SFP35                                                                    | COLOR<br>Silver                                 | VEHICLE MODEL<br>Acadia |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE                              |                                                                                                       | US DOT #                                                                                              | TOWED BY: COMPANY NAME                          |                         |
| INTERLOCK<br>DEVICE<br>EQUIPPED <input type="checkbox"/>                                                                                                           |                                                                                                       | HIT/SKIP UNIT <input type="checkbox"/>                                                                | # OCCUPANTS<br>1                                |                         |
| VEHICLE WEIGHT GVWR/GCWR<br><input type="checkbox"/> 1 - <= 10K LBS.<br><input type="checkbox"/> 2 - 10,001 - 26K LBS.<br><input type="checkbox"/> 3 - >= 26K LBS. |                                                                                                       | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID # |                                                 |                         |
| UNIT TYPE<br>3                                                                                                                                                     |                                                                                                       | UNIT TYPE<br>0                                                                                        |                                                 |                         |
| # OF TRAILING UNITS<br>0                                                                                                                                           |                                                                                                       | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN 0   |                                                 |                         |
| SPECIAL FUNCTION<br>1                                                                                                                                              |                                                                                                       | SPECIAL FUNCTION<br>1                                                                                 |                                                 |                         |
| CARGO BODY TYPE<br>1                                                                                                                                               |                                                                                                       | CARGO BODY TYPE<br>1                                                                                  |                                                 |                         |
| VEHICLE DEFECTS<br>1                                                                                                                                               |                                                                                                       | VEHICLE DEFECTS<br>1                                                                                  |                                                 |                         |
| ACTION<br>9                                                                                                                                                        |                                                                                                       | ACTION<br>9                                                                                           |                                                 |                         |
| CONTRIBUTING CIRCUMSTANCES<br>22                                                                                                                                   |                                                                                                       | CONTRIBUTING CIRCUMSTANCES<br>22                                                                      |                                                 |                         |
| SEQUENCE OF EVENTS                                                                                                                                                 |                                                                                                       |                                                                                                       |                                                 |                         |
| EVENTS                                                                                                                                                             |                                                                                                       |                                                                                                       |                                                 |                         |
| COLLISION WITH FIXED OBJECT - STRUCK                                                                                                                               |                                                                                                       |                                                                                                       |                                                 |                         |
| FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1                                                                                                                         |                                                                                                       |                                                                                                       |                                                 |                         |

|                                            |                     |
|--------------------------------------------|---------------------|
| LOCAL REPORT NUMBER*<br>IR25-001146        |                     |
| DAMAGE                                     |                     |
| DAMAGE SCALE                               |                     |
| 3                                          |                     |
| 9 - UNKNOWN                                |                     |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY |                     |
|                                            |                     |
| INITIAL POINT OF CONTACT                   |                     |
| 1                                          |                     |
| TRAFFIC                                    |                     |
| TRAFFICWAY FLOW                            | TRAFFIC CONTROL     |
| 2                                          | 6                   |
| # OF THROUGH LANES ON ROAD                 | RAIL GRADE CROSSING |
| 4                                          | 1                   |
| UNIT / NON-MOTORIST DIRECTION              |                     |
| FROM 1 TO 2                                |                     |
| UNIT SPEED                                 | DETECTED SPEED      |
|                                            | 3                   |
| POSTED SPEED                               |                     |
| 25                                         |                     |



# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER\*

IR25-001146

| <b>MOTORIST / NON-MOTORIST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>UNIT #</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>NAME: LAST, FIRST, MIDDLE</b>                                                                                                              |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                | <b>DATE OF BIRTH</b>                                                                                                                                     |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                              | <b>AGE</b>                                                                                                                                                                                                                                                                                 | <b>GENDER</b>       |                                                               |          |                       |         |          |                   |                    |             |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                               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| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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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<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN | 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 - M/C 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 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 |                                                                                   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