

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

|   |  |  |   |   |  |  |  |  |   |  |  |
|---|--|--|---|---|--|--|--|--|---|--|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3<br><input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY  |  | <b>LOCAL INFORMATION</b><br><b>REPORTING AGENCY NAME*</b> NCIC* Fairfield Police Department 00901  |   |   |  | <b>LOCAL REPORT NUMBER*</b><br><b>IR24-000636</b>  |  |  |   |  |  |
| <b>COUNTY*</b> 09 <b>LOCALITY*</b> 1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP  |  | <b>LOCATION:</b> CITY, VILLAGE, TOWNSHIP* Fairfield  |   |   |  | <b>HIT/SKIP</b><br>1 - SOLVED<br>2 - UNSOLVED  | <b>NUMBER OF UNITS</b><br>1  | <b>UNIT IN ERROR</b><br>1<br>98 - ANIMAL<br>99 - UNKNOWN   |   |  |  |
| <b>REFERENCE LOCATION</b><br><br><b>ROUTE TYPE</b><br><b>ROUTE NUMBER</b><br><b>PREFIX 1 - NORTH</b><br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP   | <b>LOCATION ROAD NAME</b><br>Nilles                            |  |   |   | <b>ROAD TYPE</b><br>RD   | <b>LATITUDE</b><br>39.337318   | <b>CRASH SEVERITY</b><br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY  |  |   |  |  |
|   | <b>REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)</b><br>Bibury |  |   |   | <b>ROAD TYPE</b><br>RD   | <b>LONGITUDE</b><br>-84.554037   |  |  |   |  |  |
| <b>REFERENCE POINT</b><br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #  |  | <b>DIRECTION FROM REFERENCE</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  | <b>ROUTE TYPE</b><br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE  |   | <b>ROAD TYPE</b><br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS | HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE                                     | <b>INTERSECTION RELATED</b><br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA   |  |   |  |  |
| <b>DISTANCE FROM REFERENCE</b><br>190   |  | <b>DISTANCE UNIT OF MEASURE</b><br>1 - MILES<br>2 - FEET<br>3 - YARDS  |   |   |  | <b>NUMBER OF APPROACHES</b><br><input type="checkbox"/> ROADWAY DIVIDED  |  |  |   |  |  |
| <b>LOCATION OF FIRST HARMFUL EVENT</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  |  |  | <b>MANNER OF CRASH COLLISION/IMPACT</b><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 |   |  | <b>DIRECTION OF TRAVEL</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   | <b>MEDIAN TYPE</b><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  |  | <b>WORK ZONE TYPE</b><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 |   | <b>LOCATION OF CRASH IN WORK ZONE</b><br>1 - BEFORE THE 1ST WORK ZONE<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA |  |  | <b>CONTOUR</b><br>1  | <b>CONDITIONS</b><br>1   | <b>SURFACE</b><br>2   |  |  |
| <input type="checkbox"/> ACTIVE SCHOOL ZONE   |  |  |   |   |  |  |  |  |   |  |  |
| <b>LIGHT CONDITION</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   |  |  | <b>WEATHER</b><br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL  |   |  | 6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER/UNKNOWN |  |  | 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 |  |  |
| <b>NARRATIVE</b><br>On 2/6/2024 at about 5:25 a.m., Unit 1 was traveling east on Nilles Rd. and when, at about 190 feet east of the intersection with Bibury Rd., failed to control the vehicle and ran off the road to the right, striking the curb, then striking a fire hydrant, then a street sign, before colliding with the guardrail, causing the vehicle to flip on its right side. |  |  |   |   |  | <b>DIAGRAM</b><br>   |  |  |   |  |  |
| <b>CRASH REPORTED DATE/TIME</b><br>02/06/2024 05:25   |  | <b>DISPATCH DATE/TIME</b><br>02/06/2024 05:27  |   | <b>ARRIVAL DATE/TIME</b><br>02/06/2024 05:28  |  | <b>SCENE CLEARED DATE/TIME</b><br>02/06/2024 06:36   |  | <b>REPORT TAKEN BY</b><br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST |   |  |  |
| <b>TOTAL TIME ROADWAY CLOSED</b><br>30  |  | <b>OTHER INVESTIGATION TIME</b><br>0   |   | <b>TOTAL MINUTES</b><br>69  |  | <b>OFFICER'S NAME*</b><br>Cook, Scotty   |  | <b>CHECKED BY OFFICER'S NAME*</b><br>Mack, Kevin   |   |  |  |
|   |  |  |   |   |  | <b>OFFICER'S BADGE NUMBER*</b><br>153  |  | <b>CHECKED BY OFFICER'S BADGE NUMBER*</b><br>120   |   |  |  |
|   |  |  |   |   |  |  |  |  | <b>SUPPLEMENT</b><br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP)   |  |  |

IR24-000636

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|--|--|--|--|---|---|
| UNIT #<br>1  | OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER)<br>HOLLANDSWORTH, LEONARD A III  |  | OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER  |   |   |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER)<br>1941 PARRISH AVE, FAIRFIELD TWP, OH 45015 |  |  |  |   |   |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  |  | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE  |  |   |   |
| LP STATE<br>OH   | LICENSE PLATE #<br>KEL2964   | VEHICLE IDENTIFICATION #<br>1FTDR15UXSTA62029  | VEHICLE YEAR<br>1995   |   |   |
| <input type="checkbox"/> INSURANCE<br>VERIFIED   | INSURANCE COMPANY  | INSURANCE POLICY #   | COLOR<br>Red   |   |   |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY<br>RESPONSE   |  | US DOT #   | TOWED BY: COMPANY NAME<br>FOX TOWING   |   |   |
| INTERLOCK<br>DEVICE<br>EQUIPPED  | <input type="checkbox"/> HIT/SKIP UNIT   | # OCCUPANTS<br>2   | VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.  |   |   |
| 4<br>UNIT TYPE   | 1 - PASSENGER CAR<br>2 - PASSENGER VAN<br>(MINIVAN)<br>3 - SPORT UTILITY<br>VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN  | 7 - MOTORCYCLE<br>2-WHEELED<br>8 - MOTORCYCLE<br>3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR<br>MOTORIZED BICYCLE<br>11 - ALL TERRAIN<br>VEHICLE (ATV/UTV) | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME                                  | 18 - LIMO (LIVERY<br>VEHICLE)<br>19 - BUS (16+<br>PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER<br>OR ANIMAL-DRAWN<br>VEHICLE   | 23 - PEDESTRIAN/<br>SKATER<br>24 - WHEELCHAIR (ANY<br>TYPE)<br>25 - OTHER NON-<br>MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR<br>HIT/SKIP   |
| 0<br># OF TRAILING UNITS   |  |  |  |   |   |
| 2<br>WAS VEHICLE OPERATING IN<br>AUTONOMOUS MODE<br>WHEN CRASH OCCURRED?   | 0<br>AUTONOMOUS<br>MODE LEVEL  | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION   | 3 - CONDITIONAL<br>AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION  | 9 - UNKNOWN   |   |
| 1<br>SPECIAL<br>FUNCTION   | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE<br>SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT<br>/COMMUTER   | 6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER  | 11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION<br>EQUIPMENT   | 16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE<br>PATROL   | 21 - MAIL CARRIER<br>99 - OTHER/UNKNOWN   |
| 1<br>CARGO<br>BODY<br>TYPE   | 1 - NO CARGO BODY<br>TYPE / NOT<br>APPLICABLE<br>2 - BUS   | 3 - VEHICLE TOWING<br>ANOTHER MOTOR<br>VEHICLE<br>4 - LOGGING  | 5 - INTERMODAL<br>CONTAINER CHASSIS<br>6 - CARGO VAN/<br>ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL  | 8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP  | 12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN   |
| VEHICLE<br>DEFECTS   | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS   | 4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT   | 7 - WORN OR SLICK<br>TIRES<br>8 - TRAILER<br>EQUIPMENT<br>DEFECTIVE  | 9 - MOTOR TROUBLE<br>10 - DISABLED FROM<br>PRIOR ACCIDENT   | 99 - OTHER/UNKNOWN  |
| NON-MOTORIST<br>LOCATION<br>AT IMPACT  | 1 - INTERSECTION -<br>MARKED<br>CROSSWALK<br>2 - INTERSECTION -<br>UNMARKED<br>CROSSWALK   | 3 - INTERSECTION -<br>OTHER<br>4 - MIDBLOCK -<br>MARKED CROSSWALK<br>5 - TRAVEL LANE -<br>OTHER LOCATION   | 6 - BICYCLE LANE<br>7 - SHOULDER/<br>ROADSIDE<br>8 - SIDEWALK  | 9 - MEDIAN/CROSSING<br>ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS<br>OR TRAILS   | 12 - FIRST RESPONDER<br>AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN   |
| 3<br>ACTION  | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH<br>STRIKING<br>PRE-CRASHES<br>6 - MAKING RIGHT TURN<br>& STRUCK<br>ACTIONS<br>9 - OTHER/UNKNOWN | 1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/<br>PASSING<br>5 - MAKING LEFT TURN<br>7 - MAKING U-TURN                         | 8 - ENTERING TRAFFIC<br>9 - LEAVING TRAFFIC<br>10 - PARKED<br>11 - SLOWING OR<br>STOPPED IN<br>TRAFFIC<br>12 - DRIVERLESS                                  | 13 - NEGOTIATING A<br>LANE<br>14 - ENTERING OR<br>CROSSING<br>15 - WALKING, RUNNING,<br>JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE  | 18 - APPROACHING OR<br>LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-<br>MOTORIST<br>SPECIFIED LOCATION<br>21 - STANDING OUTSIDE<br>DISABLED VEHICLE<br>22 - OTHER/UNKNOWN   |
| 99<br>CONTRIBUTING<br>CIRCUMSTANCES  | 1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN  | 7 - LEFT OF CENTER<br>CLOSE/ACDA<br>9 - IMPROPER LANE<br>CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING                   | 13 - IMPROPER START<br>FROM A PARKED<br>POSITION<br>14 - STOPPED OR<br>PARKED ILLEGALLY<br>15 - SWERVING TO<br>AVOID<br>16 - WRONG WAY                     | 17 - VISION OBSTRUCTION<br>18 - OPERATING<br>DEFECTIVE<br>EQUIPMENT<br>19 - LOAD SHIFTING/<br>FALLING/SPILLING<br>20 - IMPROPER<br>CROSSING   | 21 - LYING IN<br>ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR<br>INTO ROADWAY<br>99 - OTHER IMPROPER<br>ACTION  |
| SEQUENCE OF EVENTS   | EVENTS   |  |  |   |   |
| 1<br>43  | 1 - OVERTURN/<br>ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION   | 6 - EQUIPMENT<br>FAILURE<br>7 - SEPARATION OF<br>UNITS   | 11 - CROSS CENTERLINE<br>OPPOSITE<br>DIRECTION OF<br>TRAVEL<br>12 - DOWNTOWN RUNAWAY<br>13 - OTHER NON-<br>COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE | 16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE<br>IN TRANSPORT<br>21 - PARKED MOTOR<br>VEHICLE<br>24 - OTHER MOBILE<br>OBJECT  | 22 - WORK ZONE<br>MAINTENANCE<br>EQUIPMENT<br>23 - STRUCK BY<br>FALLING, SHIFTING<br>CARGO OR ANYTHING<br>SET IN MOTION BY A<br>MOTOR VEHICLE<br>24 - OTHER MOBILE<br>OBJECT  |
| 2<br>8   | 4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT<br>LOSS OR SHIFT  | 8 - RAN OFF ROAD<br>RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN  | 31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE   | 37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN<br>39 - LIGHT/LUMINARIES<br>40 - SUPPORT<br>41 - MEDIAN CONCRETE<br>42 - MEDIAN OTHER<br>BARRIER   | 43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE<br>MAINTENANCE<br>EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED<br>OBJECT<br>99 - OTHER/UNKNOWN |
| 3<br>49  | 25 - IMPACT<br>ATTENUATOR/<br>CRASH CUSHION  | 31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE   | 37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN<br>39 - LIGHT/LUMINARIES<br>40 - SUPPORT<br>41 - MEDIAN CONCRETE<br>42 - MEDIAN OTHER<br>BARRIER              | 43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE<br>MAINTENANCE<br>EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED<br>OBJECT<br>99 - OTHER/UNKNOWN |   |
| 4<br>41  | 26 - BRIDGE OVERHEAD<br>STRUCTURE<br>27 - BRIDGE PIER OR<br>ABUTMENT   | 31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE   | 37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN<br>39 - LIGHT/LUMINARIES<br>40 - SUPPORT<br>41 - MEDIAN CONCRETE<br>42 - MEDIAN OTHER<br>BARRIER              | 43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE<br>MAINTENANCE<br>EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED<br>OBJECT<br>99 - OTHER/UNKNOWN |   |
| 5<br>30  | 28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE   | 31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE   | 37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN<br>39 - LIGHT/LUMINARIES<br>40 - SUPPORT<br>41 - MEDIAN CONCRETE<br>42 - MEDIAN OTHER<br>BARRIER              | 43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE<br>MAINTENANCE<br>EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED<br>OBJECT<br>99 - OTHER/UNKNOWN |   |
| 6<br>1   | 25 - IMPACT<br>ATTENUATOR/<br>CRASH CUSHION  | 31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE   | 37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN<br>39 - LIGHT/LUMINARIES<br>40 - SUPPORT<br>41 - MEDIAN CONCRETE<br>42 - MEDIAN OTHER<br>BARRIER              | 43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE<br>MAINTENANCE<br>EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED<br>OBJECT<br>99 - OTHER/UNKNOWN |   |
| 1<br>1   | FIRST HARMFUL EVENT  | 5<br>MOST HARMFUL EVENT  |  |   |   |

|  |  |
|--|--|
| DAMAGE   |  |
| DAMAGE SCALE   |  |
| 4  | 1 - NONE<br>2 - MINOR DAMAGE<br>3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE<br>9 - UNKNOWN |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY   |  |
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| <img alt="Diagram of a vehicle showing 12 numbered points of impact: 1 (front left), 2 (front center), 3 (front right), 4 (side left), 5 (side right), 6 (rear left), 7 (rear center), 8 (rear right), 9 (top left), 10 (top center), 11 |  |



## MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER\*

IR24-000636

|  |        |   |  |   |  |   |  |  |                            |   |  |   |   |              |        |
|--|--------|---|--|---|--|---|--|--|----------------------------|---|--|---|---|--------------|--------|
| MOTORIST / NON-MOTORIST  | UNIT # | NAME: LAST, FIRST, MIDDLE   |  |   |  |   |  |  | DATE OF BIRTH              |   |  |   | AGE   | GENDER       |        |
|  | 1      | HOLLANDSWORTH, LEONARD A III  |  |   |  |   |  |  | 11/01/1995                 |   |  |   | 28  | M            |        |
| ADDRESS: STREET, CITY, STATE, ZIP  |        |   |  |   |  |   |  |  |                            | CONTACT PHONE - INCLUDE AREA CODE   |  |   |   |              |        |
| 1941 PARRISH AVE, FAIRFIELD TWP, OH 45015  |        |   |  |   |  |   |  |  |                            |   |  |   |   |              |        |
| INJURIES<br>5  |        | INJURED TAKEN BY<br>  |  | EMS AGENCY(NAME)  |  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)   |  |  | SAFETY EQUIPMENT USED<br>1 | DOT-COMPLIANT MC HELMET<br>   | SEATING POSITION<br>1                      | AIR BAG USAGE<br>1  | EJECTION<br>1   | TRAPPED<br>1 |        |
| OL STATE<br>OH   |        | OPERATOR LICENSE NUMBER   |  | OFFENSE CHARGED<br>331.34a  |  |   | LOCAL CODE<br>   | OFFENSE DESCRIPTION<br>Failure to Control  |                            |   | CITATION NUMBER<br>2400017601              |   |   |              |        |
| OL CLASS<br>4  |        | ENDORSEMENT SELECT UP TO 2<br>  |  | RESTRICTION SELECT UP TO 3<br>  |  | DRIVER DISTRACTED BY<br>5   | ALCOHOL / DRUG SUSPECTED<br>ALCOHOL MARIJUANA OTHER DRUG |  |                            | CONDITION<br>2  | ALCOHOL TEST<br>STATUS 4 TYPE 4 VALUE .029 |   | DRUG TEST(S)<br>STATUS 5 TYPE 3 RESULT SELECT UP TO 4 |              |        |
| UNIT # NAME: LAST, FIRST, MIDDLE   |        |   |  |   |  |   |  |  |                            | DATE OF BIRTH   |  |   |   | AGE          | GENDER |
| ADDRESS: STREET, CITY, STATE, ZIP  |        |   |  |   |  |   |  |  |                            | CONTACT PHONE - INCLUDE AREA CODE   |  |   |   |              |        |
| INJURIES<br>   |        | INJURED TAKEN BY<br>  |  | EMS AGENCY(NAME)  |  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)   |  |  | SAFETY EQUIPMENT USED<br>  | DOT-COMPLIANT MC HELMET<br>   | SEATING POSITION<br>                       | AIR BAG USAGE<br>   | EJECTION<br>  | TRAPPED<br>  |        |
| OL STATE<br>   |        | OPERATOR LICENSE NUMBER   |  | OFFENSE CHARGED   |  |   | LOCAL CODE<br>   | OFFENSE DESCRIPTION  |                            |   | CITATION NUMBER                            |   |   |              |        |
| OL CLASS<br>   |        | ENDORSEMENT SELECT UP TO 2<br>  |  | RESTRICTION SELECT UP TO 3<br>  |  | DRIVER DISTRACTED BY<br>  | ALCOHOL / DRUG SUSPECTED<br>ALCOHOL MARIJUANA OTHER DRUG |  |                            | CONDITION<br>   | ALCOHOL TEST<br>STATUS  TYPE  VALUE -      |   | DRUG TEST(S)<br>STATUS  TYPE  RESULT SELECT UP TO 4   |              |        |
| UNIT # NAME: LAST, FIRST, MIDDLE   |        |   |  |   |  |   |  |  |                            | DATE OF BIRTH   |  |   |   | AGE          | GENDER |
| ADDRESS: STREET, CITY, STATE, ZIP  |        |   |  |   |  |   |  |  |                            | CONTACT PHONE - INCLUDE AREA CODE   |  |   |   |              |        |
| INJURIES<br>   |        | INJURED TAKEN BY<br>  |  | EMS AGENCY(NAME)  |  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)   |  |  | SAFETY EQUIPMENT USED<br>  | DOT-COMPLIANT MC HELMET<br>   | SEATING POSITION<br>                       | AIR BAG USAGE<br>   | EJECTION<br>  | TRAPPED<br>  |        |
| OL STATE<br>   |        | OPERATOR LICENSE NUMBER   |  | OFFENSE CHARGED   |  |   | LOCAL CODE<br>   | OFFENSE DESCRIPTION  |                            |   | CITATION NUMBER                            |   |   |              |        |
| OL CLASS<br>   |        | ENDORSEMENT SELECT UP TO 2<br>  |  | RESTRICTION SELECT UP TO 3<br>  |  | DRIVER DISTRACTED BY<br>  | ALCOHOL / DRUG SUSPECTED<br>ALCOHOL MARIJUANA OTHER DRUG |  |                            | CONDITION<br>   | ALCOHOL TEST<br>STATUS  TYPE  VALUE -      |   | DRUG TEST(S)<br>STATUS  TYPE  RESULT SELECT UP TO 4   |              |        |
| INJURIES<br>   |        |   |  |   |  |   |  |  |                            | DATE OF BIRTH   |  |   |   | AGE          | GENDER |
| SEATING POSITION<br>   |        |   |  |   |  |   |  |  |                            | CONTACT PHONE - INCLUDE AREA CODE   |  |   |   |              |        |
| INJURIES<br>1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY   |        | SEATING POSITION<br>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<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) |  | AIR BAG<br>   |  | OL CLASS<br>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                           |  | OL RESTRICTION(S)<br>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  |                            | DRIVER DISTRACTION<br>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 |  | TEST STATUS<br>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 |   |              |        |
| INJURED TAKEN BY<br>1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN   |        | EJECTION<br>1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE   |  | OL ENDORSEMENT<br>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 |  | TRAPPED<br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS   |  | CONDITION<br>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 |                            | ALCOHOL TEST TYPE<br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER  |  |   |   |              |        |
| SAFETY EQUIPMENT<br>1 - NONE USED<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED   |        | TRAPPED<br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS   |  | GENDER<br>F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN   |  | DRUG TEST TYPE<br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER   |  |  |                            |   |  |   |   |              |        |
| 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 |        | TRAPPED<br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS   |  | GENDER<br>F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN   |  | DRUG TEST RESULT(S)<br>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\***

| OCCUPANT                               | UNIT # NAME: LAST, FIRST, MIDDLE               |   |  |   |  | DATE OF BIRTH                                  |   | AGE                                    | GENDER                                |   |
|--|--|---|--|---|--|--|---|--|---------------------------------------|---|
|  | 1  | SCALF, BROOKE LYNN                            |  |   |  |  | 08/19/1992                                  |  | 31                                    | F |
| ADDRESS: STREET, CITY, STATE, ZIP      | 1609 JOHNS RD, MIDDLETOWN, OH 45044            |   |  |   |  | CONTACT PHONE - INCLUDE AREA CODE              |   |  |                                       |   |
| INJURIES<br><input type="checkbox"/> 4 | INJURED TAKEN BY<br><input type="checkbox"/> 1 | EMS AGENCY (NAME)<br>CITY OF FAIRFIELD FIRE   | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  | SAFETY EQUIPMENT USED<br><input type="checkbox"/> 1 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br><input type="checkbox"/> 3 | AIR BAG USAGE<br><input type="checkbox"/> 1 | EJECTION<br><input type="checkbox"/> 1 | TRAPPED<br><input type="checkbox"/> 1 |   |
| UNIT #                                 | NAME: LAST, FIRST, MIDDLE                      |   |  |   |  | DATE OF BIRTH                                  |   | AGE                                    | GENDER                                |   |
| ADDRESS: STREET, CITY, STATE, ZIP      |  |   |  |   |  | CONTACT PHONE - INCLUDE AREA CODE              |   |  |                                       |   |
| INJURIES<br><input type="checkbox"/>   | INJURED TAKEN BY<br><input type="checkbox"/>   | EMS AGENCY (NAME)                             | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  | SAFETY EQUIPMENT USED<br><input type="checkbox"/>   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br><input type="checkbox"/>   | AIR BAG USAGE<br><input type="checkbox"/>   | EJECTION<br><input type="checkbox"/>   | TRAPPED<br><input type="checkbox"/>   |   |
| UNIT #                                 | NAME: LAST, FIRST, MIDDLE                      |   |  |   |  | DATE OF BIRTH                                  |   | AGE                                    | GENDER                                |   |
| ADDRESS: STREET, CITY, STATE, ZIP      |  |   |  |   |  | CONTACT PHONE - INCLUDE AREA CODE              |   |  |                                       |   |
| INJURIES<br><input type="checkbox"/>   | INJURED TAKEN BY<br><input type="checkbox"/>   | EMS AGENCY (NAME)                             | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  | SAFETY EQUIPMENT USED<br><input type="checkbox"/>   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br><input type="checkbox"/>   | AIR BAG USAGE<br><input type="checkbox"/>   | EJECTION<br><input type="checkbox"/>   | TRAPPED<br><input type="checkbox"/>   |   |
| UNIT #                                 | NAME: LAST, FIRST, MIDDLE                      |   |  |   |  | DATE OF BIRTH                                  |   | AGE                                    | GENDER                                |   |
| ADDRESS: STREET, CITY, STATE, ZIP      |  |   |  |   |  | CONTACT PHONE - INCLUDE AREA CODE              |   |  |                                       |   |
| INJURIES<br><input type="checkbox"/>   | INJURED TAKEN BY<br><input type="checkbox"/>   | EMS AGENCY (NAME)                             | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  | SAFETY EQUIPMENT USED<br><input type="checkbox"/>   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br><input type="checkbox"/>   | AIR BAG USAGE<br><input type="checkbox"/>   | EJECTION<br><input type="checkbox"/>   | TRAPPED<br><input type="checkbox"/>   |   |
| INJURY                                 |  |   | 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   |   |  |  |   |  |                                       |   |
| INJURED TAKEN BY                       |  | 6 - CHILD RESTRAINT SYSTEM - REAR FACING      | 6 - SECOND - RIGHT SIDE  |   |  |  |   |  |                                       |   |
| 1 - NOT TRANSPORTED / TREATED AT SCENE |  | 7 - BOOSTER SEAT                              | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  |   |  |  |   |  |                                       |   |
| 2 - EMS                                |  | 8 - HELMET USED                               | 8 - THIRD - MIDDLE   |   |  |  |   |  |                                       |   |
| 3 - POLICE                             |  | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT  |   |  |  |   |  |                                       |   |
| 9 - OTHER / UNKNOWN                    |  | 10 - REFLECTIVE CLOTHING                      | 10 - SLEEPER SECTION OF TRUCK CAB  |   |  |  |   |  |                                       |   |
| GENDER                                 |  | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) |   |  |  |   |  |                                       |   |
| F - FEMALE                             |  | 99 - OTHER / UNKNOWN                          | 12 - PASSENGER IN UNENCLOSED CARGO AREA  |   |  |  |   |  |                                       |   |
| M - MALE                               |  |   | 13 - TRAILING UNIT   |   |  |  |   |  |                                       |   |
| U - OTHER / UNKNOWN                    |  |   | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    |   |  |  |   |  |                                       |   |
|  |  |   | 15 - NON-MOTORIST  |   |  |  |   |  |                                       |   |
|  |  |   | 99 - OTHER / UNKNOWN   |   |  |  |   |  |                                       |   |
| NAME: LAST, FIRST, MIDDLE              |  |   |  |   | DATE OF BIRTH                                    |  | AGE   | GENDER                                 |                                       |   |
| WITNESS                                | ADDRESS: STREET, CITY, STATE, ZIP              |   |  |   |  | CONTACT PHONE - INCLUDE AREA CODE              |   |  |                                       |   |
| WITNESS                                | NAME: LAST, FIRST, MIDDLE                      |   |  |   |  | DATE OF BIRTH                                  |   | AGE                                    | GENDER                                |   |
| WITNESS                                | ADDRESS: STREET, CITY, STATE, ZIP              |   |  |   |  | CONTACT PHONE - INCLUDE AREA CODE              |   |  |                                       |   |
| WITNESS                                | NAME: LAST, FIRST, MIDDLE                      |   |  |   |  | DATE OF BIRTH                                  |   | AGE                                    | GENDER                                |   |
| WITNESS                                | ADDRESS: STREET, CITY, STATE, ZIP              |   |  |   |  | CONTACT PHONE - INCLUDE AREA CODE              |   |  |                                       |   |