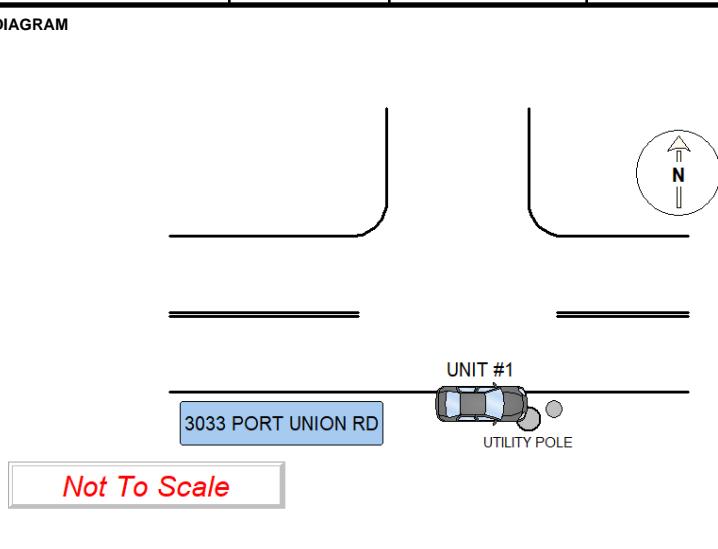


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|  |            |   |  |   |  |   |  |  |   |  |   |  |  |
|--|------------|---|--|---|--|---|--|--|---|--|---|--|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3<br><input type="checkbox"/> 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>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>COUNTY*</b> 09 <b>LOCALITY*</b> 1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP   |            | <b>LOCATION:</b> CITY, VILLAGE, TOWNSHIP* Fairfield   |  |   |  | <b>CRASH DATE/TIME*</b><br>06/02/2024 01:39   |  |  | <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 LOCATION</b><br><br><b>REFERENCE</b>  | ROUTE TYPE | ROUTE NUMBER  | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  | LOCATION ROAD NAME<br>Port Union  |  | ROAD TYPE   | LATITUDE<br>39.333026                                  |  | <b>ROAD TYPE</b><br>RD  | <b>LONGITUDE<br/>-84.517227</b>  |   |  |  |
|  | ROUTE TYPE | ROUTE NUMBER  | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>3033   |  | ROAD TYPE   | LONGITUDE<br>-84.517227                                |  |   | <b>NUMBER OF APPROACHES</b><br><b>ROADWAY</b>  |   |  |  |
| <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<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 |  | <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>   |            | <b>DISTANCE UNIT OF MEASURE</b><br>1 - MILES<br>2 - FEET<br>3 - YARDS                             |  |   |  |   |  | <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<br>CROSSING<br>12 - SHARED USE PATHS OR<br>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<br>(< 4 FEET)<br>2 - DIVIDED FLUSH MEDIAN<br>(≥ 4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISE MEDIAN<br>(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>WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA   |  |  | <b>CONTOUR</b><br>3   | <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<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 |   |  | 1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - 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 06/02/2024 at about 1:39am, Unit #1 was traveling eastbound on Port Union Rd. When near the address of 3033, the sedan left the roadway and struck a metal high voltage utility pole.   |            |   |  | <b>DIAGRAM</b><br>  |  |   |  |  |   |  |   |  |  |
| <b>CRASH REPORTED DATE/TIME</b><br>06/02/2024 01:39  |            | <b>DISPATCH DATE/TIME</b><br>06/02/2024 01:41   |  | <b>ARRIVAL DATE/TIME</b><br>06/02/2024 01:42  |  |   | <b>SCENE CLEARED DATE/TIME</b><br>06/02/2024 02:30     |  |   | <b>REPORT TAKEN BY</b><br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST |   |  |  |
| <b>TOTAL TIME ROADWAY CLOSED</b><br>31   |            | <b>OTHER INVESTIGATION TIME</b><br>0  |  | <b>TOTAL MINUTES</b><br>49  | <b>OFFICER'S NAME*</b><br>Major, Michael |   | <b>CHECKED BY OFFICER'S NAME*</b><br>Harrington, Kevin |  |   | <b>SUPPLEMENT</b><br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPD)                                 |   |  |  |
|  |            |   |  |   | <b>OFFICER'S BADGE NUMBER*</b><br>162    |   | <b>CHECKED BY OFFICER'S BADGE NUMBER*</b><br>112       |  |   |  |   |  |  |

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|  |   |  |   |   |
|--|---|--|---|---|
| UNIT #<br>1  | OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER)<br>MUAY, TIMOTHEE   |  | 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>1103 BUCKHEAD DR APT C, FAIRFIELD, OH 45014 |   |  |   |   |
| OWNER<br>COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP   | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE   |  |   |   |
| LP STATE<br>OH   | LICENSE PLATE #<br>KAS7901  | VEHICLE IDENTIFICATION #<br>1G1PC5SBXD7172236  | VEHICLE YEAR<br>2013  | VEHICLE MAKE<br>Chevrolet   |
| <input checked="" type="checkbox"/> INSURANCE<br>VERIFIED  | INSURANCE COMPANY<br>SHELTER MUTUAL INS. CO.  | INSURANCE POLICY #<br>34-1-11059169-3  | COLOR<br>Red  | VEHICLE MODEL<br>Cruze  |
| 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>WAYNES TOWING   |   |
| INTERLOCK<br>DEVICE<br>EQUIPPED  |   | # OCCUPANTS<br><b>2</b>  | VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.                                   | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL<br><input type="checkbox"/> RELEASED<br><input type="checkbox"/> PLACARD                                    |
| UNIT TYPE<br><b>1</b>  | 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 |
| 0  | # OF TRAILING UNITS   |  |   |   |
| 2  | WAS VEHICLE OPERATING IN<br>AUTONOMOUS MODE<br>WHEN CRASH OCCURRED?   |  | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION  | 3 - CONDITIONAL<br>AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION   |
| 1  | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE<br>SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT<br>/COMMUTER  |  |   |   |
| 1  | 6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE   |  |   |   |
| 1  | 11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION<br>EQUIPMENT  |  |   |   |
| 1  | 16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE<br>PATROL   |  |   |   |
| 1  | 21 - MAIL CARRIER<br>22 - OTHER/UNKNOWN   |  |   |   |
| 1  | 99 - UNKNOWN OR<br>HIT/SKIP   |  |   |   |
| 1  | 1 - NO CARGO BODY<br>TYPE / NOT<br>APPLICABLE<br>2 - BUS  |  |   |   |
| 1  | 3 - VEHICLE TOWING<br>ANOTHER MOTOR<br>VEHICLE<br>4 - LOGGING   |  |   |   |
| 1  | 5 - INTERMODAL<br>CONTAINER CHASSIS<br>6 - CARGO VAN/<br>ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL   |  |   |   |
| 1  | 8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP  |  |   |   |
| 1  | 12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN   |  |   |   |
| 1  | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS  |  |   |   |
| 1  | 4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT  |  |   |   |
| 1  | 7 - WORN OR SLICK<br>TIRES<br>8 - TRAILER<br>EQUIPMENT<br>DEFECTIVE   |  |   |   |
| 1  | 9 - MOTOR TROUBLE<br>10 - DISABLED FROM<br>PRIOR ACCIDENT   |  |   |   |
| 1  | 99 - OTHER/UNKNOWN  |  |   |   |
| 1  | 1 - INTERSECTION -<br>MARKED<br>CROSSWALK<br>2 - INTERSECTION -<br>UNMARKED<br>CROSSWALK  |  |   |   |
| 1  | 3 - INTERSECTION -<br>OTHER<br>4 - MIDBLOCK -<br>MARKED CROSSWALK<br>5 - TRAVEL LANE -<br>OTHER LOCATION  |  |   |   |
| 1  | 6 - BICYCLE LANE<br>7 - SHOULDER/<br>ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING<br>ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS<br>OR TRAILS  |  |   |   |
| 1  | 12 - FIRST RESPONDER<br>AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN   |  |   |   |
| 3  | 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<br>7 - MAKING U-TURN   |  |   |   |
| 3  | 1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/<br>PASSING<br>10 - PARKED<br>11 - SLOWING OR<br>STOPPED IN<br>TRAFFIC<br>12 - DRIVERLESS   |  |   |   |
| 3  | 8 - ENTERING TRAFFIC<br>9 - LEAVING TRAFFIC<br>10 - PARKED<br>11 - SLOWING OR<br>STOPPED IN<br>TRAFFIC<br>12 - DRIVERLESS   |  |   |   |
| 3  | 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  |  |   |   |
| 3  | 18 - APPROACHING OR<br>LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-<br>MOTORIST<br>21 - STANDING OUTSIDE<br>DISABLED VEHICLE<br>22 - OTHER/UNKNOWN   |  |   |   |
| 11   | 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   |  |   |   |
| 11   | 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  |  |   |   |
| 11   | 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  |  |   |   |
| 11   | 17 - VISION OBSTRUCTION<br>21 - LYING IN<br>ROADWAY<br>18 - OPERATING<br>DEFECTIVE<br>EQUIPMENT<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR<br>INTO ROADWAY<br>19 - LOAD SHIFTING/<br>FALLING/SPILLING<br>99 - OTHER IMPROPER<br>ACTION                  |  |   |   |
| 1  | SEQUENCE OF EVENTS  |  |   |   |
| 1  | EVENTS  |  |   |   |
| 1  | 1 - OVERTURN/<br>ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT<br>LOSS OR SHIFT   |  |   |   |
| 2  | 6 - EQUIPMENT<br>FAILURE<br>7 - SEPARATION OF<br>UNITS<br>8 - RAN OFF ROAD<br>RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN   |  |   |   |
| 3  | 11 - CROSS CENTERLINE<br>OPPOSITE<br>DIRECTION OF<br>TRAVEL<br>12 - DOWNSHILL RUNAWAY<br>13 - OTHER NON-<br>COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE   |  |   |   |
| 4  | 16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>MAINTENANCE<br>EQUIPMENT<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE<br>IN TRANSPORT<br>21 - PARKED MOTOR<br>VEHICLE<br>22 - OTHER MOVABLE<br>OBJECT                                 |  |   |   |
| 5  | 23 - STRUCK BY<br>FALLING, SHIFTING<br>CARGO OR ANYTHING<br>SET IN MOTION BY A<br>MOTOR VEHICLE<br>24 - OTHER UNKNOWN   |  |   |   |
| 6  | 25 - IMPACT<br>ATTENUATOR/<br>CRASH CUSHION<br>26 - BRIDGE OVERHEAD<br>STRUCTURE<br>27 - BRIDGE PIER OR<br>ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE   |  |   |   |
| 6  | 31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE<br>34 - MEDIAN GUARDRAIL<br>BARRIER<br>35 - MEDIAN CONCRETE<br>BARRIER<br>36 - MEDIAN OTHER<br>BARRIER   |  |   |   |
| 6  | 37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN<br>POST<br>39 - LIGHT/LUMINARIES<br>SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE<br>OR SUPPORT<br>42 - CULVERT  |  |   |   |
| 6  | 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 |  |   |   |
| 2  | COLLISION WITH FIXED OBJECT - STRUCK  |  |   |   |
| 2  | 40 - GUARDRAIL<br>BARRIER<br>41 - OTHER POST, POLE<br>OR SUPPORT<br>42 - CULVERT  |  |   |   |
| 2  | 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 |  |   |   |
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| 2  | 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 |  |   |   |
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## MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER\*

IR24-003014

|  |   |   |   |  |   |  |  |  |   |                               |               |              |
|--|---|---|---|--|---|--|--|--|---|-------------------------------|---------------|--------------|
| MOTORIST / NON-MOTORIST  | UNIT #  | NAME: LAST, FIRST, MIDDLE   |   |  |   |  |  | DATE OF BIRTH  |   |                               | AGE           | GENDER       |
|  | 1   | MUAY, TIMOTHEE  |   |  |   |  |  | 10/10/1977   |   |                               | 46            | M            |
| ADDRESS: STREET, CITY, STATE, ZIP  | 1103 BUCKHEAD DR APT C, FAIRFIELD, OH 45014   |   |   |  |   |  | CONTACT PHONE - INCLUDE AREA CODE  |  |   |                               |               |              |
| INJURIES<br>4  | INJURED TAKEN BY<br>2   | EMS AGENCY(NAME)<br>CITY OF FAIRFIELD   |   | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)<br>MERCY FAIRFIELD HOSPITAL, FAIRFIELD                             |   | SAFETY EQUIPMENT USED<br>4   | DOT-COMPLIANT MC HELMET  |  | SEATING POSITION<br>1   | AIR BAG USAGE<br>2            | 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>2400103702 |               |              |
| OL CLASS<br>4  | ENDORSEMENT<br>SELECT UP TO 2   | RESTRICTION SELECT UP TO 3  |   | DRIVER DISTRACTED BY<br>9  | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG  |  | CONDITION<br>1   | ALCOHOL TEST<br>STATUS<br>1<br>TYPE<br>1<br>VALUE<br>. | DRUG TEST(S)<br>STATUS<br>1<br>TYPE<br>1<br>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>1  | INJURED TAKEN BY<br>1   | EMS AGENCY(NAME)  |   | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  |   | SAFETY EQUIPMENT USED<br>1   | DOT-COMPLIANT MC HELMET  |  | SEATING POSITION<br>1   | AIR BAG USAGE<br>1            | EJECTION<br>1 | TRAPPED<br>1 |
| OL STATE<br>1  | OPERATOR LICENSE NUMBER   |   |   | OFFENSE CHARGED  |   | LOCAL CODE<br>1  | OFFENSE DESCRIPTION  |  |   | CITATION NUMBER               |               |              |
| OL CLASS<br>1  | ENDORSEMENT<br>SELECT UP TO 2   | RESTRICTION SELECT UP TO 3  |   | DRIVER DISTRACTED BY<br>1  | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG  |  | CONDITION<br>1   | ALCOHOL TEST<br>STATUS<br>1<br>TYPE<br>1<br>VALUE<br>. | DRUG TEST(S)<br>STATUS<br>1<br>TYPE<br>1<br>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>1  | INJURED TAKEN BY<br>1   | EMS AGENCY(NAME)  |   | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  |   | SAFETY EQUIPMENT USED<br>1   | DOT-COMPLIANT MC HELMET  |  | SEATING POSITION<br>1   | AIR BAG USAGE<br>1            | EJECTION<br>1 | TRAPPED<br>1 |
| OL STATE<br>1  | OPERATOR LICENSE NUMBER   |   |   | OFFENSE CHARGED  |   | LOCAL CODE<br>1  | OFFENSE DESCRIPTION  |  |   | CITATION NUMBER               |               |              |
| OL CLASS<br>1  | ENDORSEMENT<br>SELECT UP TO 2   | RESTRICTION SELECT UP TO 3  |   | DRIVER DISTRACTED BY<br>1  | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG  |  | CONDITION<br>1   | ALCOHOL TEST<br>STATUS<br>1<br>TYPE<br>1<br>VALUE<br>. | DRUG TEST(S)<br>STATUS<br>1<br>TYPE<br>1<br>RESULT SELECT UP TO 4 |                               |               |              |
| INJURIES   | SEATING POSITION  | AIR BAG   |   | OL CLASS   | OL RESTRICTION(S)   | DRIVER DISTRACTION   |  |  | TEST STATUS   |                               |               |              |
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY   | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 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 |  |   |                               |               |              |
| INJURED TAKEN BY   |   |   |   |  |   |  |  |  |   |                               |               |              |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN   | EJECTION  |   | OL ENDORSEMENT  |  | TRAPPED   |  | GENDER   |  | ALCOHOL TEST TYPE   |                               |               |              |
| 1 - NONE USED<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED   | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE   |   | H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL MOTORCYCLE<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT   |  | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS  |  | F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN  |  | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - 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 | OL RESTRICTION(S)   |   | DRIVER DISTRACTION  |  | TEST STATUS   |  | DRUG TEST TYPE   |  |   |                               |               |              |
| 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 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9 - OTHER / UNKNOWN   |   | 1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9 - OTHER / UNKNOWN |  |   | 1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOIDS<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS   |  |  |   |                               |               |              |
| SAFETY EQUIPMENT   |   |   |   |  |   |  |  |  |   |                               |               |              |
| CONDITION  |   |   |   |  |   |  |  |  |   |                               |               |              |
| DRUG TEST RESULT(S)  |   |   |   |  |   |  |  |  |   |                               |               |              |

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|  |  |   |  |  |                            |   |                       |                    |               |              |  |
|--|--|---|--|--|----------------------------|---|-----------------------|--------------------|---------------|--------------|--|
| OCCUPANT                               | UNIT #   | NAME: LAST, FIRST, MIDDLE                     |  |  |                            | DATE OF BIRTH   |                       | AGE                | GENDER        |              |  |
|  | 1  | NTUMBA, MAMIE KABUYA                          |  |  |                            | 08/14/1984  |                       | 39                 | F             |              |  |
| OCCUPANT                               | ADDRESS: STREET, CITY, STATE, ZIP<br>1103 BUCKHEAD DR APT C, FAIRFIELD, OH 45014 |   |  |  |                            | CONTACT PHONE - INCLUDE AREA CODE   |                       |                    |               |              |  |
|  | INJURIES<br>3  | INJURED TAKEN BY<br>2                         | EMS AGENCY (NAME)<br>CITY OF FAIRFIELD | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)<br>MERCY FAIRFIELD HOSPITAL, FAIRFIELD   | SAFETY EQUIPMENT USED<br>4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET  | SEATING POSITION<br>4 | AIR BAG USAGE<br>1 | EJECTION<br>1 | TRAPPED<br>1 |  |
| OCCUPANT                               | UNIT #   | NAME: LAST, FIRST, MIDDLE                     |  |  |                            | DATE OF BIRTH   |                       | AGE                | GENDER        |              |  |
|  | ADDRESS: STREET, CITY, STATE, ZIP  |   |  |  |                            | CONTACT PHONE - INCLUDE AREA CODE   |                       |                    |               |              |  |
| OCCUPANT                               | INJURIES<br>   | INJURED TAKEN BY<br>                          | EMS AGENCY (NAME)                      | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  | SAFETY EQUIPMENT USED<br>  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET  | SEATING POSITION<br>  | AIR BAG USAGE<br>  | EJECTION<br>  | TRAPPED<br>  |  |
|  | UNIT #   | NAME: LAST, FIRST, MIDDLE                     |  |  |                            | DATE OF BIRTH   |                       | AGE                | GENDER        |              |  |
| OCCUPANT                               | 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>  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET  | SEATING POSITION<br>  | AIR BAG USAGE<br>  | EJECTION<br>  | TRAPPED<br>  |  |
| OCCUPANT                               | UNIT #   | NAME: LAST, FIRST, MIDDLE                     |  |  |                            | DATE OF BIRTH   |                       | AGE                | GENDER        |              |  |
|  | ADDRESS: STREET, CITY, STATE, ZIP  |   |  |  |                            | CONTACT PHONE - INCLUDE AREA CODE   |                       |                    |               |              |  |
| OCCUPANT                               | INJURIES<br>   | INJURED TAKEN BY<br>                          | EMS AGENCY (NAME)                      | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  | SAFETY EQUIPMENT USED<br>  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET  | SEATING POSITION<br>  | AIR BAG USAGE<br>  | EJECTION<br>  | TRAPPED<br>  |  |
|  | INJURY   |   |  |  |                            | SAFETY EQUIPMENT USED   | SEATING POSITION      | AIR BAG USAGE      |               |              |  |
| 1 - FATAL                              |  | 1 - NONE USED - VEHICLE OCCUPANT              |  | 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)<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 |                       | EJECTION           |               |              |  |
| 2 - SUSPECTED SERIOUS INJURY           |  | 2 - SHOULDER BELT ONLY USED                   |  | 9 - CHILD RESTRAINT SYSTEM - FORWARD FACING  |                            | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE   |                       | TRAPPED            |               |              |  |
| 3 - SUSPECTED MINOR INJURY             |  | 3 - LAP BELT ONLY USED                        |  | 6 - CHILD RESTRAINT SYSTEM - REAR FACING   |                            | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS  |                       |                    |               |              |  |
| 4 - POSSIBLE INJURY                    |  | 4 - SHOULDER & LAP BELT USED                  |  | 7 - BOOSTER SEAT   |                            |   |                       |                    |               |              |  |
| 5 - NO APPARENT INJURY                 |  | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING   |  | 8 - HELMET USED  |                            |   |                       |                    |               |              |  |
| INJURED TAKEN BY                       |  | 6 - CHILD RESTRAINT SYSTEM - REAR FACING      |  | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)  |                            |   |                       |                    |               |              |  |
| 1 - NOT TRANSPORTED / TREATED AT SCENE |  | 7 - BOOSTER SEAT                              |  | 10 - REFLECTIVE CLOTHING   |                            |   |                       |                    |               |              |  |
| 2 - EMS                                |  | 8 - HELMET USED                               |  | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY  |                            |   |                       |                    |               |              |  |
| 3 - POLICE                             |  | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) |  | 99 - OTHER / UNKNOWN   |                            |   |                       |                    |               |              |  |
| 9 - OTHER / UNKNOWN                    |  | 10 - REFLECTIVE CLOTHING                      |  |  |                            |   |                       |                    |               |              |  |
| GENDER                                 |  | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     |  |  |                            |   |                       |                    |               |              |  |
| F - FEMALE                             |  | 99 - OTHER / UNKNOWN                          |  |  |                            |   |                       |                    |               |              |  |
| M - MALE                               |  |   |  |  |                            |   |                       |                    |               |              |  |
| U - OTHER / UNKNOWN                    |  |   |  |  |                            |   |                       |                    |               |              |  |
| WITNESS                                | NAME: LAST, FIRST, MIDDLE  |   |  |  |                            | DATE OF BIRTH   |                       | AGE                | GENDER        |              |  |
|  | ADDRESS: STREET, CITY, STATE, ZIP  |   |  |  |                            | CONTACT PHONE - INCLUDE AREA CODE   |                       |                    |               |              |  |
| WITNESS                                | NAME: LAST, FIRST, MIDDLE  |   |  |  |                            | DATE OF BIRTH   |                       | AGE                | GENDER        |              |  |
|  | ADDRESS: STREET, CITY, STATE, ZIP  |   |  |  |                            | CONTACT PHONE - INCLUDE AREA CODE   |                       |                    |               |              |  |
| WITNESS                                | NAME: LAST, FIRST, MIDDLE  |   |  |  |                            | DATE OF BIRTH   |                       | AGE                | GENDER        |              |  |
|  | ADDRESS: STREET, CITY, STATE, ZIP  |   |  |  |                            | CONTACT PHONE - INCLUDE AREA CODE   |                       |                    |               |              |  |