

LOCAL REPORT NUMBER\*

IR24-003494

☒ PHOTOS TAKEN
 ☐ OH-2
 ☐ OH-3

☐ SECONDARY CRASH
 ☐ OH-1P
 ☐ OTHER

☐ PRIVATE PROPERTY

## LOCAL INFORMATION

REPORTING AGENCY NAME\*

NCIC\*

Fairfield Police Department

00901

☐ HIT/SKIP
 ☐ 1 - SOLVED
 ☐ 2 - UNSOLVED

NUMBER OF UNITS

3

UNIT IN ERROR

☒ 1
 ☐ 98 - ANIMAL
 ☐ 99 - UNKNOWN

COUNTY\*

09

LOCALITY\*

☒ 1 - CITY
 ☐ 2 - VILLAGE
 ☐ 3 - TOWNSHIP

LOCATION: CITY, VILLAGE, TOWNSHIP\*

Fairfield

CRASH DATE/TIME\*

06/26/2024 19:16

CRASH SEVERITY

☒ 4
 ☐ 1 - FATAL
 ☐ 2 - SERIOUS INJURY SUSPECTED
 ☐ 3 - MINOR INJURY SUSPECTED
 ☐ 4 - INJURY POSSIBLE
 ☐ 5 - PROPERTY DAMAGE ONLY

ROUTE TYPE

☐ 1 - NORTH
 ☐ 2 - SOUTH
 ☐ 3 - EAST
 ☐ 4 - WEST

LOCATION ROAD NAME

Mack

ROAD TYPE

RD

LATITUDE

39.313387

ROUTE TYPE

☐ 1 - NORTH
 ☐ 2 - SOUTH
 ☐ 3 - EAST
 ☐ 4 - WEST

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)

Ross

ROAD TYPE

RD

LONGITUDE

-84.504357

REFERENCE POINT

☒ 1 - INTERSECTION
 ☐ 2 - MILE POST
 ☐ 3 - HOUSE #

DIRECTION FROM REFERENCE

☒ 4
 ☐ 1 - NORTH
 ☐ 2 - SOUTH
 ☐ 3 - EAST
 ☐ 4 - WEST

ROUTE TYPE

☐ 1 - INTERSTATE ROUTE (TP)
 ☐ 2 - FEDERAL US ROUTE
 ☐ 3 - STATE ROUTE
 ☐ 4 - NUMBERED COUNTY ROUTE
 ☐ 5 - NUMBERED TOWNSHIP ROUTE

ROAD TYPE

☐ AL - ALLEY
 ☐ AV - AVENUE
 ☐ BL - BOULEVARD
 ☐ CR - CIRCLE
 ☐ CT - COURT
 ☐ DR - DRIVE
 ☐ HE - HEIGHTS
 ☐ HW - HIGHWAY
 ☐ LA - LANE
 ☐ MP - MILEPOST
 ☐ OV - OVAL
 ☐ PK - PARKWAY
 ☐ PI - PIKE
 ☐ PL - PLACE
 ☐ RD - ROAD
 ☐ SQ - SQUARE
 ☐ ST - STREET
 ☐ TE - TERRACE
 ☐ TL - TRAIL
 ☐ WA - WAY

INTERSECTION RELATED

☒ WITHIN INTERSECTION OR ON APPROACH
 ☐ WITHIN INTERCHANGE AREA
 ☒ 4

DISTANCE FROM REFERENCE

50

DISTANCE UNIT OF MEASURE

☒ 2
 ☐ 1 - MILES
 ☐ 2 - FEET
 ☐ 3 - YARDS

ROADWAY

☐ ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT

☒ 1 - ON ROADWAY
 ☐ 2 - ON SHOULDER
 ☐ 3 - IN MEDIAN
 ☐ 4 - ON ROADSIDE
 ☐ 5 - ON GORE
 ☐ 6 - OUTSIDE TRAFFIC WAY
 ☐ 7 - ON RAMP
 ☐ 8 - OFF RAMP
 ☐ 9 - CROSSOVER
 ☐ 10 - DRIVEWAY/ALLEY ACCESS
 ☐ 11 - RAILWAY GRADE CROSSING
 ☐ 12 - SHARED USE PATHS OR TRAILS
 ☐ 13 - BIKE LANE
 ☐ 14 - TOLL BOOTH
 ☐ 99 - OTHER/UNKNOWN

MANNER OF CRASH COLLISION/IMPACT

☒ 2
 ☐ 1 - NOT COLLISION
 ☐ 2 - REAR-END
 ☐ 3 - HEAD-ON
 ☐ 4 - REAR-TO-REAR
 ☐ 5 - BACKING
 ☐ 6 - ANGLE
 ☐ 7 - SIDESWIPE, SAME DIRECTION
 ☐ 8 - SIDESWIPE, OPPOSITE DIRECTION
 ☐ 9 - OTHER/UNKNOWN

DIRECTION OF TRAVEL

☐ 1 - NORTH
 ☐ 2 - SOUTH
 ☐ 3 - EAST
 ☐ 4 - WEST

MEDIAN TYPE

☐ 1 - DIVIDED FLUSH MEDIAN (< 4 FEET)
 ☐ 2 - DIVIDED FLUSH MEDIAN (>= 4 FEET)
 ☐ 3 - DIVIDED, DEPRESSED MEDIAN
 ☐ 4 - DIVIDED, RAISE MEDIAN (ANY TYPE)
 ☐ 9 - OTHER/UNKNOWN

☐ WORK ZONE RELATED
 ☐ WORKERS PRESENT
 ☐ LAW ENFORCEMENT PRESENT
 ☐ ACTIVE SCHOOL ZONE

WORK ZONE TYPE

☐ 1 - LANE CLOSURE
 ☐ 2 - LANE SHFT/CROSSOVER
 ☐ 3 - WORK ON SHOULDER OR MEDIAN
 ☐ 4 - INTERMITTENT OR MOVING WORK
 ☐ 5 - OTHER

LOCATION OF CRASH IN WORK ZONE

☐ 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN
 ☐ 2 - ADVANCE WARNING AREA
 ☐ 3 - TRANSITION AREA
 ☐ 4 - ACTIVITY AREA
 ☐ 5 - TERMINATION AREA

CONTOUR

☒ 1
 ☐ 2 - STRAIGHT LEVEL
 ☐ 3 - STRAIGHT GRADE
 ☐ 4 - CURVE LEVEL
 ☐ 5 - CURVE GRADE
 ☐ 6 - OTHER/ UNKNOWN

CONDITIONS

☒ 2
 ☐ 1 - DRY
 ☐ 2 - WET
 ☐ 3 - SNOW
 ☐ 4 - ICE
 ☐ 5 - SAND, MUD, DIRT, OIL, GRAVEL
 ☐ 6 - WATER (STANDING, MOVING)
 ☐ 7 - SLUSH
 ☐ 9 - OTHER/UNKNOWN

SURFACE

☒ 2
 ☐ 1 - CONCRETE
 ☐ 2 - BLACKTOP, BITUMINOUS, ASPHALT
 ☐ 3 - BRICK/BLOCK
 ☐ 4 - SLAG, GRAVEL, STONE
 ☐ 5 - DIRT
 ☐ 9 - OTHER/ UNKNOWN

LIGHT CONDITION

☒ 1
 ☐ 1 - DAYLIGHT
 ☐ 2 - DAWN/DUSK
 ☐ 3 - DARK - LIGHTED ROADWAY
 ☐ 4 - DARK - ROADWAY NOT LIGHTED
 ☐ 5 - DARK - UNKNOWN ROADWAY LIGHTING
 ☐ 9 - OTHER/UNKNOWN

WEATHER

☒ 2
 ☐ 1 - CLEAR
 ☐ 2 - CLOUDY
 ☐ 3 - FOG, SMOG, SMOKE
 ☐ 4 - RAIN
 ☐ 5 - SLEET, HAIL
 ☐ 6 - SNOW
 ☐ 7 - SEVERE CROSSWINDS
 ☐ 8 - BLOWING SAND, SOIL, DIRT, SNOW
 ☐ 9 - FREEZING RAIN OR FREEZING DRIZZLE
 ☐ 99 - OTHER/UNKNOWN

CONTOUR

☐ 1 - STRAIGHT LEVEL
 ☐ 2 - STRAIGHT GRADE
 ☐ 3 - CURVE LEVEL
 ☐ 4 - CURVE GRADE
 ☐ 9 - OTHER/ UNKNOWN

CONDITIONS

☐ 1 - DRY
 ☐ 2 - WET
 ☐ 3 - SNOW
 ☐ 4 - ICE
 ☐ 5 - SAND, MUD, DIRT, OIL, GRAVEL
 ☐ 6 - WATER (STANDING, MOVING)
 ☐ 7 - SLUSH
 ☐ 9 - OTHER/UNKNOWN

SURFACE

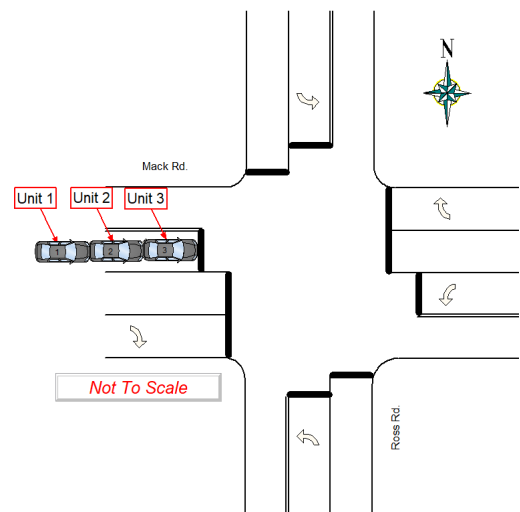
☐ 1 - CONCRETE
 ☐ 2 - BLACKTOP, BITUMINOUS, ASPHALT
 ☐ 3 - BRICK/BLOCK
 ☐ 4 - SLAG, GRAVEL, STONE
 ☐ 5 - DIRT
 ☐ 9 - OTHER/ UNKNOWN

**NARRATIVE**

On June 26, 2024 at 7:16 p.m Unit 3 and unit 2 were stopped in traffic eastbound on Mack Road near Ross Road. Unit 1 tried to slow down to stop, but began sliding due to the road being wet. Unit 1 struck unit 2 in the rear, which cause unit 2 to strike unit 3 in the rear.

Unit 2 driver stated his neck was stiff, but declined to be transported.

## DIAGRAM



CRASH REPORTED DATE/TIME

06/26/2024 19:16

DISPATCH DATE/TIME

06/26/2024 19:16

ARRIVAL DATE/TIME

06/26/2024 19:16

SCENE CLEARED DATE/TIME

06/26/2024 19:44

REPORT TAKEN BY

☒ POLICE AGENCY
 ☐ MOTORIST

TOTAL TIME ROADWAY CLOSED

0

OTHER INVESTIGATION TIME

30

TOTAL MINUTES

58

OFFICER'S NAME\*

Partin, Emma

OFFICER'S BADGE NUMBER\*

176

CHECKED BY OFFICER'S NAME\*

Roush, Alexander

CHECKED BY OFFICER'S BADGE NUMBER\*

170

SUPPLEMENT

☐ CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS

| UNIT #                                                                                                                                |                                | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )             | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER |
|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| 1                                                                                                                                     |                                | MENDOAZA, MANUEL GARAY                                                                  |                                                                        |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>2544 SKYLARK DR, FAIRFIELD, OH 45014           |                                |                                                                                         |                                                                        |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                   |                                | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                             |                                                                        |
| LP STATE<br>OH                                                                                                                        | LICENSE PLATE #<br>JFZ7900     | VEHICLE IDENTIFICATION #<br>1NXAE04B9RZ200765                                           | VEHICLE YEAR<br>1994                                                   |
| INSURANCE<br>VERIFIED                                                                                                                 | INSURANCE COMPANY<br>ALL STATE | INSURANCE POLICY #<br>826504369                                                         | VEHICLE MAKE<br>Toyota                                                 |
| 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"/>                                                  | HAZARDOUS MATERIAL<br>CLASS # <input type="checkbox"/>                 |
| # OCCUPANTS<br>1                                                                                                                      |                                | VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS. | PLACARD ID # <input type="checkbox"/>                                  |
| UNIT TYPE<br>1                                                                                                                        |                                | 23 - PEDESTRIAN/ SKATER                                                                 |                                                                        |
| 0                                                                                                                                     |                                | 24 - WHEELCHAIR (ANY TYPE)                                                              |                                                                        |
| # OF TRAILING UNITS                                                                                                                   |                                | 25 - OTHER NON-MOTORIST                                                                 |                                                                        |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?                                                                         |                                | 26 - BICYCLE                                                                            |                                                                        |
| 1 - YES 2 - NO 9 - OTHER/UNKNOWN                                                                                                      |                                | 27 - TRAIN                                                                              |                                                                        |
| AUTONOMOUS MODE LEVEL<br>0                                                                                                            |                                | 99 - UNKNOWN OR HIT/SKIP                                                                |                                                                        |
| SPECIAL FUNCTION<br>1                                                                                                                 |                                | 0 - NO AUTOMATION                                                                       |                                                                        |
| 1 - NONE                                                                                                                              |                                | 1 - DRIVER ASSISTANCE                                                                   |                                                                        |
| 2 - TAXI                                                                                                                              |                                | 2 - PARTIAL AUTOMATION                                                                  |                                                                        |
| 3 - ELECTRONIC RIDE SHARING                                                                                                           |                                | 3 - CONDITIONAL AUTOMATION                                                              |                                                                        |
| 4 - SCHOOL TRANSPORT                                                                                                                  |                                | 4 - HIGH AUTOMATION                                                                     |                                                                        |
| 5 - BUS - TRANSIT /COMMUTER                                                                                                           |                                | 5 - FULL AUTOMATION                                                                     |                                                                        |
| CARGO BODY TYPE<br>1                                                                                                                  |                                | 16 - FARM                                                                               |                                                                        |
| 1 - NO CARGO BODY TYPE / NOT APPLICABLE                                                                                               |                                | 17 - MOWING                                                                             |                                                                        |
| 2 - BUS                                                                                                                               |                                | 18 - SNOW REMOVAL                                                                       |                                                                        |
| 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE                                                                                              |                                | 19 - TOWING                                                                             |                                                                        |
| 4 - LOGGING                                                                                                                           |                                | 20 - SAFETY SERVICE PATROL                                                              |                                                                        |
| 5 - INTERMODAL CONTAINER CHASSIS                                                                                                      |                                | 21 - MAIL CARRIER                                                                       |                                                                        |
| 6 - CARGO VAN/ ENCLOSED BOX                                                                                                           |                                | 99 - OTHER/UNKNOWN                                                                      |                                                                        |
| 7 - GRAIN/CHIPS/GRAVEL                                                                                                                |                                |                                                                                         |                                                                        |
| VEHICLE DEFECTS<br>1                                                                                                                  |                                | 8 - POLE                                                                                |                                                                        |
| 1 - TURN SIGNALS                                                                                                                      |                                | 9 - CARGO TANK                                                                          |                                                                        |
| 2 - HEAD LAMPS                                                                                                                        |                                | 10 - FLAT BED                                                                           |                                                                        |
| 3 - TAIL LAMPS                                                                                                                        |                                | 11 - DUMP                                                                               |                                                                        |
| 4 - BRAKES                                                                                                                            |                                | 12 - CONCRETE MIXER                                                                     |                                                                        |
| 5 - STEERING                                                                                                                          |                                | 13 - AUTO TRANSPORTER                                                                   |                                                                        |
| 6 - TIRE BLOWOUT                                                                                                                      |                                | 14 - GARBAGE/REFUSE                                                                     |                                                                        |
| 7 - WORN OR SLICK TIRES                                                                                                               |                                | 99 - OTHER/UNKNOWN                                                                      |                                                                        |
| 8 - TRAILER EQUIPMENT DEFECTIVE                                                                                                       |                                |                                                                                         |                                                                        |
| 9 - MOTOR TROUBLE                                                                                                                     |                                |                                                                                         |                                                                        |
| 10 - DISABLED FROM PRIOR ACCIDENT                                                                                                     |                                |                                                                                         |                                                                        |
| 11 - SHARED USE PATHS OR TRAILS                                                                                                       |                                |                                                                                         |                                                                        |
| 12 - FIRST RESPONDER AT INCIDENT SCENE                                                                                                |                                |                                                                                         |                                                                        |
| 13 - OTHER/UNKNOWN                                                                                                                    |                                |                                                                                         |                                                                        |
| 14 - UNDERCARRIAGE                                                                                                                    |                                |                                                                                         |                                                                        |
| 15 - VEHICLE NOT AT SCENE                                                                                                             |                                |                                                                                         |                                                                        |
| 16 - NO CONTROL                                                                                                                       |                                |                                                                                         |                                                                        |
| 17 - PUSHING VEHICLE                                                                                                                  |                                |                                                                                         |                                                                        |
| 18 - APPROACHING OR LEAVING VEHICLE                                                                                                   |                                |                                                                                         |                                                                        |
| 19 - STANDING                                                                                                                         |                                |                                                                                         |                                                                        |
| 20 - OTHER NON-MOTORIST                                                                                                               |                                |                                                                                         |                                                                        |
| 21 - STANDING OUTSIDE DISABLED VEHICLE                                                                                                |                                |                                                                                         |                                                                        |
| 99 - OTHER/UNKNOWN                                                                                                                    |                                |                                                                                         |                                                                        |
| 1 - NON-CONTACT                                                                                                                       |                                |                                                                                         |                                                                        |
| 2 - NON-COLLISION                                                                                                                     |                                |                                                                                         |                                                                        |
| 3 - STRIKING                                                                                                                          |                                |                                                                                         |                                                                        |
| 4 - STRUCK                                                                                                                            |                                |                                                                                         |                                                                        |
| 5 - BOTH                                                                                                                              |                                |                                                                                         |                                                                        |
| 6 - STRIKING & STRUCK                                                                                                                 |                                |                                                                                         |                                                                        |
| 9 - OTHER/UNKNOWN                                                                                                                     |                                |                                                                                         |                                                                        |
| 1 - STRAIGHT AHEAD                                                                                                                    |                                |                                                                                         |                                                                        |
| 2 - BACKING                                                                                                                           |                                |                                                                                         |                                                                        |
| 3 - CHANGING LANES                                                                                                                    |                                |                                                                                         |                                                                        |
| 4 - OVERTAKING/ PASSING                                                                                                               |                                |                                                                                         |                                                                        |
| 5 - MAKING RIGHT TURN                                                                                                                 |                                |                                                                                         |                                                                        |
| 6 - MAKING LEFT TURN                                                                                                                  |                                |                                                                                         |                                                                        |
| 7 - MAKING U-TURN                                                                                                                     |                                |                                                                                         |                                                                        |
| 8 - ENTERING TRAFFIC                                                                                                                  |                                |                                                                                         |                                                                        |
| 9 - LEAVING TRAFFIC                                                                                                                   |                                |                                                                                         |                                                                        |
| 10 - PARKED                                                                                                                           |                                |                                                                                         |                                                                        |
| 11 - SLOWING OR STOPPED IN TRAFFIC                                                                                                    |                                |                                                                                         |                                                                        |
| 12 - DRIVERLESS                                                                                                                       |                                |                                                                                         |                                                                        |
| 13 - NEGOTIATING A CURVE                                                                                                              |                                |                                                                                         |                                                                        |
| 14 - ENTERING OR CROSSING SPECIFIED LOCATION                                                                                          |                                |                                                                                         |                                                                        |
| 15 - WALKING, RUNNING, JOGGING, PLAYING                                                                                               |                                |                                                                                         |                                                                        |
| 16 - WORKING                                                                                                                          |                                |                                                                                         |                                                                        |
| 17 - PUSHING VEHICLE                                                                                                                  |                                |                                                                                         |                                                                        |
| 1 - NONE                                                                                                                              |                                |                                                                                         |                                                                        |
| 2 - FAILURE TO YIELD                                                                                                                  |                                |                                                                                         |                                                                        |
| 3 - RAN RED LIGHT                                                                                                                     |                                |                                                                                         |                                                                        |
| 4 - RAN STOP SIGN                                                                                                                     |                                |                                                                                         |                                                                        |
| 5 - UNSAFE SPEED                                                                                                                      |                                |                                                                                         |                                                                        |
| 6 - IMPROPER TURN                                                                                                                     |                                |                                                                                         |                                                                        |
| 7 - LEFT OF CENTER                                                                                                                    |                                |                                                                                         |                                                                        |
| 8 - FOLLOWING TOO CLOSE/ACDA                                                                                                          |                                |                                                                                         |                                                                        |
| 9 - IMPROPER LANE CHANGE                                                                                                              |                                |                                                                                         |                                                                        |
| 10 - IMPROPER PASSING                                                                                                                 |                                |                                                                                         |                                                                        |
| 11 - DROVE OFF ROAD                                                                                                                   |                                |                                                                                         |                                                                        |
| 12 - IMPROPER BACKING                                                                                                                 |                                |                                                                                         |                                                                        |
| 13 - IMPROPER START FROM A PARKED POSITION                                                                                            |                                |                                                                                         |                                                                        |
| 14 - STOPPED OR PARKED ILLEGALLY                                                                                                      |                                |                                                                                         |                                                                        |
| 15 - SWERVING TO AVOID                                                                                                                |                                |                                                                                         |                                                                        |
| 16 - WRONG WAY                                                                                                                        |                                |                                                                                         |                                                                        |
| 17 - VISION OBSTRUCTION                                                                                                               |                                |                                                                                         |                                                                        |
| 18 - OPERATING DEFECTIVE EQUIPMENT                                                                                                    |                                |                                                                                         |                                                                        |
| 19 - LOAD SHIFTING/ FALLING/SPILLING                                                                                                  |                                |                                                                                         |                                                                        |
| 20 - IMPROPER CROSSING                                                                                                                |                                |                                                                                         |                                                                        |
| 21 - LYING IN ROADWAY                                                                                                                 |                                |                                                                                         |                                                                        |
| 22 - NOT DISCERNIBLE                                                                                                                  |                                |                                                                                         |                                                                        |
| 23 - OPENING DOOR INTO ROADWAY                                                                                                        |                                |                                                                                         |                                                                        |
| 99 - OTHER IMPROPER ACTION                                                                                                            |                                |                                                                                         |                                                                        |
| SEQUENCE OF EVENTS                                                                                                                    |                                |                                                                                         |                                                                        |
| EVENTS                                                                                                                                |                                |                                                                                         |                                                                        |
| 1 - OVERTURN/ ROLLOVER                                                                                                                |                                |                                                                                         |                                                                        |
| 2 - FIRE/EXPLOSION                                                                                                                    |                                |                                                                                         |                                                                        |
| 3 - IMMERSION                                                                                                                         |                                |                                                                                         |                                                                        |
| 4 - JACKKNIFE                                                                                                                         |                                |                                                                                         |                                                                        |
| 5 - CARGO/EQUIPMENT LOSS OR SHIFT                                                                                                     |                                |                                                                                         |                                                                        |
| 6 - EQUIPMENT FAILURE                                                                                                                 |                                |                                                                                         |                                                                        |
| 7 - SEPARATION OF UNITS                                                                                                               |                                |                                                                                         |                                                                        |
| 8 - RAN OFF ROAD RIGHT                                                                                                                |                                |                                                                                         |                                                                        |
| 9 - RAN OFF ROAD LEFT                                                                                                                 |                                |                                                                                         |                                                                        |
| 10 - CROSS MEDIAN                                                                                                                     |                                |                                                                                         |                                                                        |
| 11 - CROSS CENTERLINE                                                                                                                 |                                |                                                                                         |                                                                        |
| 12 - DOWNHILL RUNAWAY                                                                                                                 |                                |                                                                                         |                                                                        |
| 13 - OTHER NON-COLLISION                                                                                                              |                                |                                                                                         |                                                                        |
| 14 - PEDESTRIAN                                                                                                                       |                                |                                                                                         |                                                                        |
| 15 - PEDALCYCLE                                                                                                                       |                                |                                                                                         |                                                                        |
| 16 - RAILWAY VEHICLE                                                                                                                  |                                |                                                                                         |                                                                        |
| 17 - ANIMAL - FARM                                                                                                                    |                                |                                                                                         |                                                                        |
| 18 - ANIMAL - DEER                                                                                                                    |                                |                                                                                         |                                                                        |
| 19 - ANIMAL - OTHER                                                                                                                   |                                |                                                                                         |                                                                        |
| 20 - MOTOR VEHICLE IN TRANSPORT                                                                                                       |                                |                                                                                         |                                                                        |
| 21 - PARKED MOTOR VEHICLE                                                                                                             |                                |                                                                                         |                                                                        |
| 22 - WORK ZONE MAINTENANCE EQUIPMENT                                                                                                  |                                |                                                                                         |                                                                        |
| 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE                                                   |                                |                                                                                         |                                                                        |
| 24 - OTHER MOVABLE OBJECT                                                                                                             |                                |                                                                                         |                                                                        |
| 25 - IMPACT ATTENUATOR/ CRASH CUSHION                                                                                                 |                                |                                                                                         |                                                                        |
| 26 - BRIDGE OVERHEAD STRUCTURE                                                                                                        |                                |                                                                                         |                                                                        |
| 27 - BRIDGE PIER OR ABUTMENT                                                                                                          |                                |                                                                                         |                                                                        |
| 28 - BRIDGE PARAPET                                                                                                                   |                                |                                                                                         |                                                                        |
| 29 - BRIDGE RAIL                                                                                                                      |                                |                                                                                         |                                                                        |
| 30 - GUARDRAIL FACE                                                                                                                   |                                |                                                                                         |                                                                        |
| 31 - GUARDRAIL END                                                                                                                    |                                |                                                                                         |                                                                        |
| 32 - PORTABLE BARRIER                                                                                                                 |                                |                                                                                         |                                                                        |
| 33 - MEDIAN CABLE BARRIER                                                                                                             |                                |                                                                                         |                                                                        |
| 34 - MEDIAN GUARDRAIL BARRIER                                                                                                         |                                |                                                                                         |                                                                        |
| 35 - MEDIAN CONCRETE BARRIER                                                                                                          |                                |                                                                                         |                                                                        |
| 36 - MEDIAN OTHER BARRIER                                                                                                             |                                |                                                                                         |                                                                        |
| 37 - TRAFFIC SIGN POST                                                                                                                |                                |                                                                                         |                                                                        |
| 38 - OVERHEAD SIGN                                                                                                                    |                                |                                                                                         |                                                                        |
| 39 - LIGHT/LUMINARIES                                                                                                                 |                                |                                                                                         |                                                                        |
| 40 - UTILITY POLE                                                                                                                     |                                |                                                                                         |                                                                        |
| 41 - OTHER POST, POLE OR SUPPORT                                                                                                      |                                |                                                                                         |                                                                        |
| 42 - CULVERT                                                                                                                          |                                |                                                                                         |                                                                        |
| 43 - CURB                                                                                                                             |                                |                                                                                         |                                                                        |
| 44 - DITCH                                                                                                                            |                                |                                                                                         |                                                                        |
| 45 - EMBANKMENT                                                                                                                       |                                |                                                                                         |                                                                        |
| 46 - FENCE                                                                                                                            |                                |                                                                                         |                                                                        |
| 47 - MAILBOX                                                                                                                          |                                |                                                                                         |                                                                        |
| 48 - TREE                                                                                                                             |                                |                                                                                         |                                                                        |
| 49 - FIRE HYDRANT                                                                                                                     |                                |                                                                                         |                                                                        |
| 50 - WORK ZONE MAINTENANCE EQUIPMENT                                                                                                  |                                |                                                                                         |                                                                        |
| 51 - WALL                                                                                                                             |                                |                                                                                         |                                                                        |
| 52 - BUILDING                                                                                                                         |                                |                                                                                         |                                                                        |
| 53 - TUNNEL                                                                                                                           |                                |                                                                                         |                                                                        |
| 54 - OTHER FIXED OBJECT                                                                                                               |                                |                                                                                         |                                                                        |
| 99 - OTHER/UNKNOWN                                                                                                                    |                                |                                                                                         |                                                                        |
| FIRST HARMFUL EVENT                                                                                                                   |                                |                                                                                         |                                                                        |
| MOST HARMFUL EVENT                                                                                                                    |                                |                                                                                         |                                                                        |

LOCAL REPORT NUMBER\*

IR24-003494

DAMAGE

DAMAGE SCALE

2

1 - NONE

2 - MINOR DAMAGE

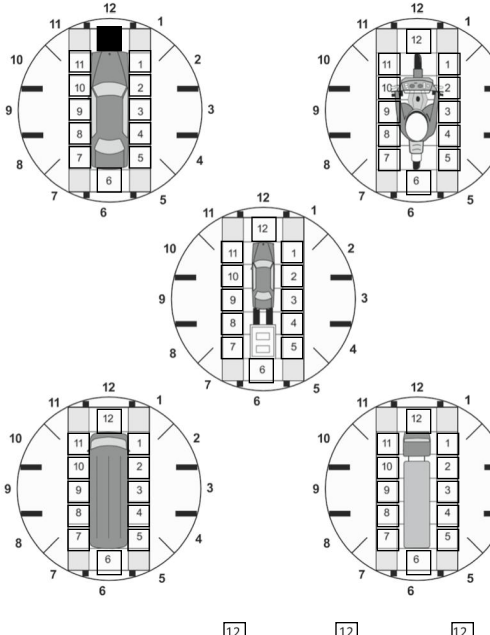
3 - FUNCTIONAL DAMAGE

4 - DISABLING DAMAGE

9 - UNKNOWN

DAMAGED AREA(S)

INDICATE ALL THAT APPLY



☐ - NO DAMAGE [ 0 ]

☐ - UNDERCARRIAGE [ 14 ]

☐ - TOP [ 13 ]

☐ - ALL AREAS [ 15 ]

☐ - UNIT NOT AT SCENE [ 16 ]

INITIAL POINT OF CONTACT

12

0 - NO DAMAGE

1-12 - REFER TO UNIT DIAGRAM

13 - TOP

14 - UNDERCARRIAGE

15 - VEHICLE NOT AT SCENE

99 - UNKNOWN

TRAFFIC

TRAFFICWAY FLOW

2

1 - ONE-WAY

2 - TWO-WAY

TRAFFIC CONTROL

2

1 - ROUNDABOUT

2 - SIGNAL

3 - FLASHER

4 - STOP SIGN

5 - YIELD SIGN

6 - NO CONTROL

# OF THROUGH LANES ON ROAD

2

RAIL GRADE CROSSING

1

1 - NOT INVOLVED

2 - INVOLVED-ACTIVE CROSSING

3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

FROM 4 TO 3

1 - NORTH

2 - SOUTH

3 - EAST

4 - WEST

5 - NORTHEAST

6 - NORTHWEST

7 - SOUTHEAST

8 - SOUTHWEST

9 - OTHER/UNKNOWN

UNIT SPEED

40

POSTED SPEED

25

DETECTED SPEED

1

1 - STATED/ESTIMATED SPEED

2 - CALCULATED/EDR

3 - UNDETERMINED

HSY8304 OH1 1/19 [760-0820]

IR24-003494

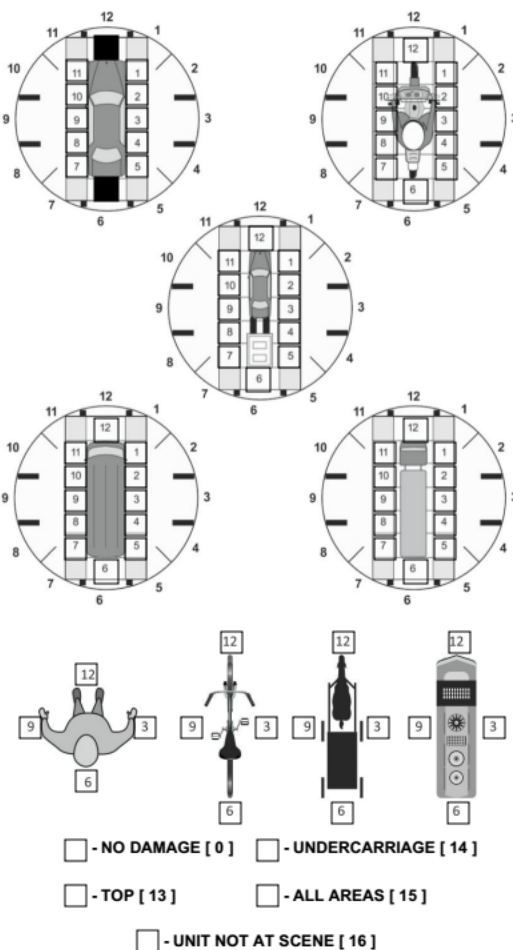
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                   |                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| UNIT #<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>YEAGER, MARK ALLEN | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER                                                                                          |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>3 SIMONS LN, FAIRFIELD, OH 45014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                   |                                                                                                                                                                 |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                   | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                                                                                                     |
| LP STATE<br>OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | LICENSE PLATE #<br>JBC3942                                                                        | VEHICLE IDENTIFICATION #<br>19UUB3F56HA001189                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | VEHICLE YEAR<br>2017                                                                              | VEHICLE MAKE<br>Acura                                                                                                                                           |
| INSURANCE<br>VERIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | INSURANCE COMPANY<br>CINCINNATI INSURANCE CO.                                                     | INSURANCE POLICY #<br>A011187578                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | COLOR<br>Blue                                                                                     | VEHICLE MODEL<br>TLX                                                                                                                                            |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                   | US DOT #                                                                                                                                                        |
| INTERLOCK<br>DEVICE<br>EQUIPPED <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                   | HIT/SKIP UNIT <input type="checkbox"/>                                                                                                                          |
| # OCCUPANTS<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                   | VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.                                                                         |
| UNIT TYPE<br>1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>0 - # OF TRAILING UNITS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                   | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID #                                                           |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                   | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN |
| SPECIAL FUNCTION<br>1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT /COMMUTER<br>6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                            |                                                                                                   |                                                                                                                                                                 |
| CARGO BODY TYPE<br>1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                   |                                                                                                                                                                 |
| VEHICLE DEFECTS<br>1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                   |                                                                                                                                                                 |
| NON-MOTORIST LOCATION AT IMPACT<br>1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER/ ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                   |                                                                                                                                                                 |
| ACTION<br>5 - NON-CONTACT<br>6 - NON-COLLISION<br>7 - STRIKING<br>8 - STRUCK<br>9 - BOTH STRIKING & STRUCK<br>10 - PRE-CRASH ACTIONS<br>11 - MAKING RIGHT TURN<br>12 - MAKING LEFT TURN<br>13 - MAKING U-TURN<br>14 - ENTERING TRAFFIC LANE<br>15 - LEAVING TRAFFIC LANE<br>16 - PARKED<br>17 - SLOWING OR STOPPED IN TRAFFIC<br>18 - DRIVERLESS<br>19 - NEGOTIATING A CURVE<br>20 - ENTERING OR CROSSING SPECIFIED LOCATION<br>21 - WALKING, RUNNING, JOGGING, PLAYING<br>22 - WORKING<br>23 - PUSHING VEHICLE<br>24 - APPROACHING OR LEAVING VEHICLE<br>25 - STANDING<br>26 - OTHER NON-MOTORIST<br>27 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER/UNKNOWN                                                                                                                                                                               |                                                                                                   |                                                                                                                                                                 |
| CONTRIBUTING CIRCUMSTANCES<br>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<br>7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE/ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/ FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION                                                                                                                                                   |                                                                                                   |                                                                                                                                                                 |
| SEQUENCE OF EVENTS<br>1 - 20<br>2 - 20<br>3 -<br>4 -<br>5 -<br>6 -<br>7 -<br>8 -<br>9 -<br>10 -<br>11 -<br>12 -<br>13 -<br>14 -<br>15 -<br>16 -<br>17 -<br>18 -<br>19 -<br>20 -<br>21 -<br>22 -<br>23 -<br>24 -<br>25 -<br>26 -<br>27 -<br>28 -<br>29 -<br>30 -<br>31 -<br>32 -<br>33 -<br>34 -<br>35 -<br>36 -<br>37 -<br>38 -<br>39 -<br>40 -<br>41 -<br>42 -<br>43 -<br>44 -<br>45 -<br>46 -<br>47 -<br>48 -<br>49 -<br>50 -<br>51 -<br>52 -<br>53 -<br>54 -<br>55 -<br>56 -<br>57 -<br>58 -<br>59 -<br>60 -<br>61 -<br>62 -<br>63 -<br>64 -<br>65 -<br>66 -<br>67 -<br>68 -<br>69 -<br>70 -<br>71 -<br>72 -<br>73 -<br>74 -<br>75 -<br>76 -<br>77 -<br>78 -<br>79 -<br>80 -<br>81 -<br>82 -<br>83 -<br>84 -<br>85 -<br>86 -<br>87 -<br>88 -<br>89 -<br>90 -<br>91 -<br>92 -<br>93 -<br>94 -<br>95 -<br>96 -<br>97 -<br>98 -<br>99 -<br>100 - |                                                                                                   |                                                                                                                                                                 |
| COLLISION WITH FIXED OBJECT - STRUCK<br>25 - IMPACT ATTENUATOR/ CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>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 MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER/UNKNOWN                                   |                                                                                                   |                                                                                                                                                                 |
| FIRST HARMFUL EVENT<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                   | MOST HARMFUL EVENT<br>2                                                                                                                                         |

## DAMAGE

## DAMAGE SCALE

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY

## INITIAL POINT OF CONTACT

6 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

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

## # OF THROUGH LANES ON ROAD

2

## RAIL GRADE CROSSING

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

## UNIT / NON-MOTORIST DIRECTION

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

## UNIT SPEED

0

## DETECTED SPEED

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

## POSTED SPEED

25

IR24-003494

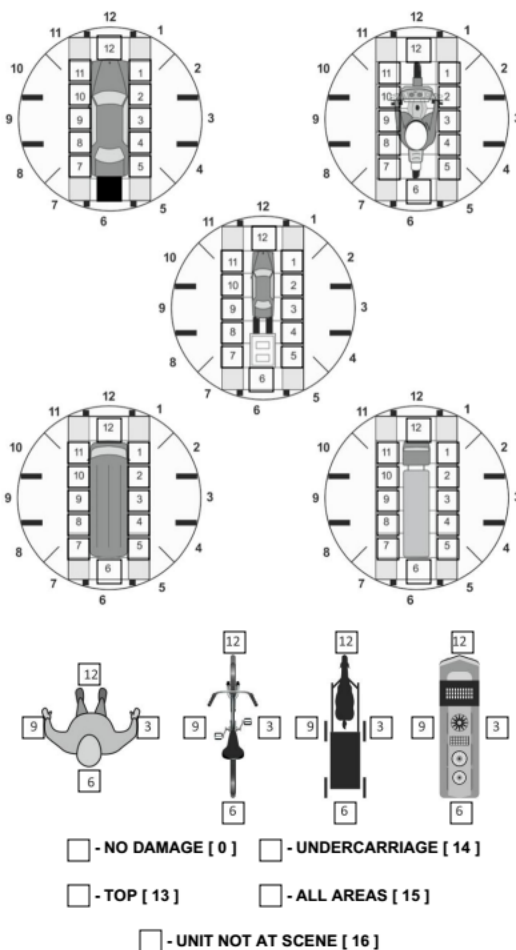
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| UNIT #<br>3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>STIDHAM, LANCE M | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>3454 MILLIKIN RD, HAMILTON, OH 45011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                 |                                                                        |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                 | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                            |
| LP STATE<br>OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LICENSE PLATE #<br>FMM9326                                                                      | VEHICLE IDENTIFICATION #<br>KNAFU4A24A5108564                          |
| VEHICLE YEAR<br>2010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                 | VEHICLE MAKE<br>Kia                                                    |
| INSURANCE<br>VERIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | INSURANCE COMPANY<br>USAA                                                                       | INSURANCE POLICY #<br>GIC0261609527102                                 |
| COLOR<br>BLACK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                 | VEHICLE MODEL<br>FORTE                                                 |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                 |                                                                        |
| US DOT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                 |                                                                        |
| HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                 |                                                                        |
| TOWED BY: COMPANY NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                 |                                                                        |
| VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                 |                                                                        |
| INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                 |                                                                        |
| # OCCUPANTS<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                 |                                                                        |
| UNIT TYPE<br>1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>6 - MOTORCYCLE<br>7 - WHEELED<br>8 - MOTORCYCLE<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                 |                                                                        |
| # OF TRAILING UNITS<br>0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                 |                                                                        |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN<br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                 |                                                                        |
| SPECIAL FUNCTION<br>1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT /COMMUTER<br>6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                          |                                                                                                 |                                                                        |
| CARGO BODY TYPE<br>1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                 |                                                                        |
| VEHICLE DEFECTS<br>1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                 |                                                                        |
| NON-MOTORIST LOCATION AT IMPACT<br>1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER/ ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                 |                                                                        |
| ACTION<br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>6 - PRE-CRASH ACTIONS<br>7 - STRAIGHT AHEAD<br>8 - FOLLOWING TOO CLOSE/ACDA<br>9 - CHANGING LANES<br>10 - OVERTAKING/ PASSING<br>11 - MAKING RIGHT TURN<br>12 - MAKING LEFT TURN<br>13 - MAKING U-TURN<br>14 - ENTERING TRAFFIC<br>15 - BACKING<br>16 - LEAVING TRAFFIC<br>17 - ENTERING OR CROSSING<br>18 - ENTERING OR CROSSING<br>19 - SPECIFIED LOCATION<br>20 - WALKING, RUNNING, JOGGING, PLAYING<br>21 - WORKING<br>22 - PUSHING VEHICLE<br>23 - NEGOTIATING A CURVE<br>24 - APPROACHING OR LEAVING VEHICLE<br>25 - STANDING<br>26 - OTHER NON-MOTORIST<br>27 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER/UNKNOWN                                                                   |                                                                                                 |                                                                        |
| CONTRIBUTING CIRCUMSTANCES<br>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<br>7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE/ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/ FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION                                                                                                                 |                                                                                                 |                                                                        |
| SEQUENCE OF EVENTS<br>1 - OVERTURN/ ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE<br>12 - RAILWAY VEHICLE<br>13 - ANIMAL - FARM<br>14 - ANIMAL - DEER<br>15 - ANIMAL - OTHER<br>16 - MOTOR VEHICLE IN TRANSPORT<br>17 - PARKED MOTOR VEHICLE<br>18 - WORK ZONE MAINTENANCE EQUIPMENT<br>19 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>20 - OTHER MOVABLE OBJECT                                                                                                                                                                                          |                                                                                                 |                                                                        |
| COLLISION WITH FIXED OBJECT - STRUCK<br>25 - IMPACT ATTENUATOR/ CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIUM CABLE BARRIER<br>34 - MEDIUM GUARDRAIL BARRIER<br>35 - MEDIUM CONCRETE BARRIER<br>36 - MEDIUM OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>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 MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER/UNKNOWN |                                                                                                 |                                                                        |
| FIRST HARMFUL EVENT<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                 |                                                                        |
| MOST HARMFUL EVENT<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                 |                                                                        |

## DAMAGE

## DAMAGE SCALE

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY

## INITIAL POINT OF CONTACT

6 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

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

## # OF THROUGH LANES ON ROAD

2

## RAIL GRADE CROSSING

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

## UNIT / NON-MOTORIST DIRECTION

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

## UNIT SPEED

0

## DETECTED SPEED

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

## POSTED SPEED

25

IR24-003494

|                                                                                                                                                                                                                                                                                                                                                                                            |                                      |                            |                            |                                                 |                                                                                                            |                                   |                         |                  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                               |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |  |  |                                                 |  |
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| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                    | UNIT #                               | NAME: LAST, FIRST, MIDDLE  |                            |                                                 |                                                                                                            | DATE OF BIRTH                     |                         | AGE              | GENDER        |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                               |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |  |  |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | 1                                    | GARAY, NATHAN LEE          |                            |                                                 |                                                                                                            | 04/24/2004                        |                         | 20               | M             |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                               |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |  |  |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | ADDRESS: STREET, CITY, STATE, ZIP    |                            |                            |                                                 |                                                                                                            | CONTACT PHONE - INCLUDE AREA CODE |                         |                  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                               |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |  |  |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | 2544 SKYLARK DR, FAIRFIELD, OH 45014 |                            |                            |                                                 |                                                                                                            |                                   |                         |                  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                               |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |  |  |                                                 |  |
| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                    | INJURIES                             | INJURED TAKEN BY           | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |                                                                                                            | SAFETY EQUIPMENT USED             | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION     | TRAPPED |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                               |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |  |  |                                                 |  |
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|                                                                                                                                                                                                                                                                                                                                                                                            | OL STATE                             | OPERATOR LICENSE NUMBER    |                            | OFFENSE CHARGED                                 | LOCAL CODE                                                                                                 | OFFENSE DESCRIPTION               |                         | CITATION NUMBER  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                               |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |  |  |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | OH                                   |                            |                            | 333.03a                                         |                                                                                                            | ACDA                              |                         | 2400126452       |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                               |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |  |  |                                                 |  |
| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                    | OL CLASS                             | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED                                                                                   |                                   | CONDITION               | ALCOHOL TEST     |               | DRUG TEST(S) |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                               |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |  |  |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | 4                                    |                            |                            | 1                                               | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                   | 1                       | STATUS           | TYPE          | VALUE        | STATUS  | TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | RESULT SELECT UP TO 4 |                                                                                                                                               |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |  |  |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |                                      |                            |                            |                                                 |                                                                                                            |                                   |                         | 1                | 1             | .            | 1       | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       |                                                                                                                                               |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |  |  |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |                                      |                            |                            |                                                 |                                                                                                            |                                   |                         |                  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                               |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |  |  |                                                 |  |
| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                    | UNIT #                               | NAME: LAST, FIRST, MIDDLE  |                            |                                                 |                                                                                                            | DATE OF BIRTH                     |                         | AGE              | GENDER        |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                               |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |  |  |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | 2                                    | YEAGER, MARK ALLEN         |                            |                                                 |                                                                                                            | 06/14/1963                        |                         | 61               | M             |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                               |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |  |  |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | ADDRESS: STREET, CITY, STATE, ZIP    |                            |                            |                                                 |                                                                                                            | CONTACT PHONE - INCLUDE AREA CODE |                         |                  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                               |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |  |  |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | 3 SIMONS LN, FAIRFIELD, OH 45014     |                            |                            |                                                 |                                                                                                            |                                   |                         |                  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                               |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |  |  |                                                 |  |
| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                    | INJURIES                             | INJURED TAKEN BY           | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |                                                                                                            | SAFETY EQUIPMENT USED             | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION     | TRAPPED |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                               |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |  |  |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | 4                                    | 1                          | CITY OF FAIRFIELD FIRE     |                                                 |                                                                                                            | 4                                 |                         | 1                | 1             | 1            | 1       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                               |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |  |  |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | OL STATE                             | OPERATOR LICENSE NUMBER    |                            | OFFENSE CHARGED                                 | LOCAL CODE                                                                                                 | OFFENSE DESCRIPTION               |                         | CITATION NUMBER  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                               |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |  |  |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | OH                                   |                            |                            |                                                 |                                                                                                            |                                   |                         |                  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                               |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |  |  |                                                 |  |
| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                    | OL CLASS                             | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED                                                                                   |                                   | CONDITION               | ALCOHOL TEST     |               | DRUG TEST(S) |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                               |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |  |  |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | 4                                    |                            |                            | 1                                               | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                   | 1                       | STATUS           | TYPE          | VALUE        | STATUS  | TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | RESULT SELECT UP TO 4 |                                                                                                                                               |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |  |  |                                                 |  |
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|                                                                                                                                                                                                                                                                                                                                                                                            |                                      |                            |                            |                                                 |                                                                                                            |                                   |                         |                  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                               |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |  |  |                                                 |  |
| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                    | UNIT #                               | NAME: LAST, FIRST, MIDDLE  |                            |                                                 |                                                                                                            | DATE OF BIRTH                     |                         | AGE              | GENDER        |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                               |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |  |  |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | 3                                    | STIDHAM, AMBER LYNN        |                            |                                                 |                                                                                                            | 03/17/1991                        |                         | 33               | F             |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                               |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |  |  |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | ADDRESS: STREET, CITY, STATE, ZIP    |                            |                            |                                                 |                                                                                                            | CONTACT PHONE - INCLUDE AREA CODE |                         |                  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                               |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |  |  |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | 753 CHARLTON CT, HAMILTON, OH 45011  |                            |                            |                                                 |                                                                                                            |                                   |                         |                  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                               |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |  |  |                                                 |  |
| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                    | INJURIES                             | INJURED TAKEN BY           | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |                                                                                                            | SAFETY EQUIPMENT USED             | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION     | TRAPPED |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                               |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |  |  |                                                 |  |
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|                                                                                                                                                                                                                                                                                                                                                                                            | OL STATE                             | OPERATOR LICENSE NUMBER    |                            | OFFENSE CHARGED                                 | LOCAL CODE                                                                                                 | OFFENSE DESCRIPTION               |                         | CITATION NUMBER  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                               |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |  |  |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | OH                                   |                            |                            |                                                 |                                                                                                            |                                   |                         |                  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                               |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |  |  |                                                 |  |
| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                    | OL CLASS                             | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED                                                                                   |                                   | CONDITION               | ALCOHOL TEST     |               | DRUG TEST(S) |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                               |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |  |  |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | 4                                    |                            |                            | 1                                               | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                   | 1                       | STATUS           | TYPE          | VALUE        | STATUS  | TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | RESULT SELECT UP TO 4 |                                                                                                                                               |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |  |  |                                                 |  |
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|                                                                                                                                                                                                                                                                                                                                                                                            |                                      |                            |                            |                                                 |                                                                                                            |                                   |                         |                  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                               |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |  |  |                                                 |  |
| 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)<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     |  |  |  |                                                 |  |
| INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                           |                                      |                            |                            |                                                 |                                                                                                            |                                   |                         |                  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                               |  | OL ENDORSEMENT                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  | ALCOHOL TEST TYPE                                                                                                                                            |  |  |  |                                                 |  |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                     |                                      |                            |                            |                                                 |                                                                                                            |                                   |                         |                  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                               |  | H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER                                                                                                |  |  |  |                                                 |  |
| SAFETY EQUIPMENT                                                                                                                                                                                                                                                                                                                                                                           |                                      |                            |                            |                                                 |                                                                                                            |                                   |                         |                  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                               |  | GENDER                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  | DRUG TEST TYPE                                                                                                                                               |  |  |  |                                                 |  |
| 1 - NONE USED<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN |                                      |                            |                            |                                                 |                                                                                                            |                                   |                         |                  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                               |  | F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  | CONDITION                                                                                                                                                    |  |  |  | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |                                      |                            |                            |                                                 |                                                                                                            |                                   |                         |                  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                               |  |                                                                                                                                                                              |  | 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                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                |  | DRUG TEST RESULT(S)                                                                                                                                          |  |  |  |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |                                      |                            |                            |                                                 |                                                                                                            |                                   |                         |                  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                               |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  | 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 |  |  |  |                                                 |  |