



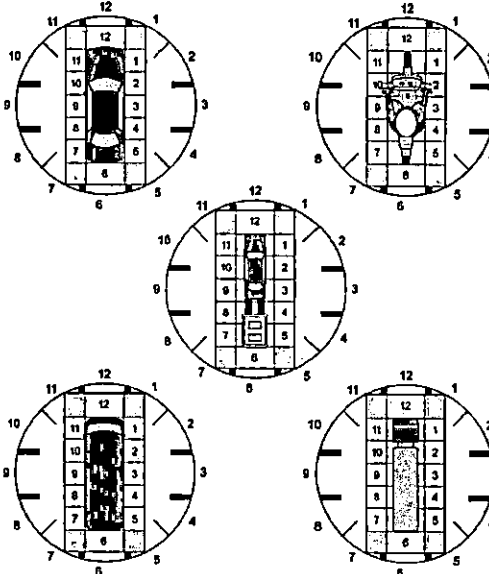
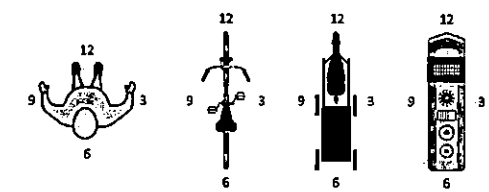
# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

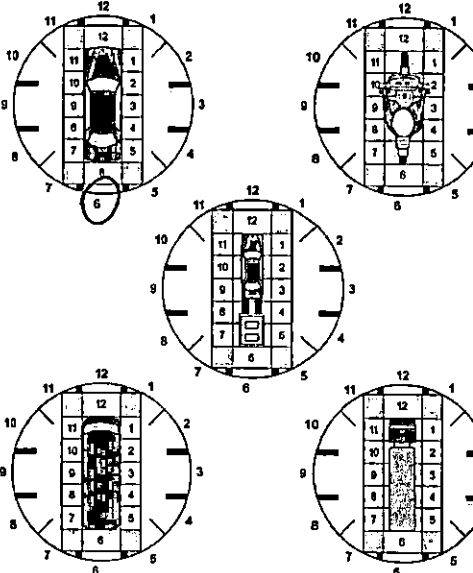
LOCAL REPORT NUMBER\*

|                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH                                                                                                                                                                                                                                                                                                  |  | <input checked="" type="checkbox"/> OH-2<br><input type="checkbox"/> OH-3<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY                                                                       |  | LOCAL INFORMATION                                                                                                                                                      |  | 2, 3, 0, 1, 3, 2, 0, 2                                                                                                                                                                                                                                                                                         |  |
| REPORTING AGENCY NAME*<br>Fairfield Police Department                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                  |  | NCIC*<br>0, 0, 9, 0, 1                                                                                                                                                 |  | HIT/SKIP<br>1. SOLVED<br>2. UNSOLVED                                                                                                                                                                                                                                                                           |  |
| COUNTY*<br>0, 9                                                                                                                                                                                                                                                                                                                                                                               |  | LOCALITY*<br>1. CITY<br>2. VILLAGE<br>3. TOWNSHIP<br>1                                                                                                                                                                                                           |  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>City of Fairfield                                                                                                                |  | CRASH DATE / TIME*<br>0, 2, 1, 9, 2, 0, 2, 3, 2, 0, 0, 0                                                                                                                                                                                                                                                       |  |
| ROUTE TYPE<br>1. NORTH<br>2. SOUTH<br>3. EAST<br>4. WEST                                                                                                                                                                                                                                                                                                                                      |  | ROUTE NUMBER<br>1. NORTH<br>2. SOUTH<br>3. EAST<br>4. WEST                                                                                                                                                                                                       |  | LOCATION ROAD NAME<br>Dixie                                                                                                                                            |  | ROAD TYPE<br>H, W                                                                                                                                                                                                                                                                                              |  |
| REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>Magie                                                                                                                                                                                                                                                                                                                                        |  | ROAD TYPE<br>A, V                                                                                                                                                                                                                                                |  | LATITUDE DECIMAL DEGREES<br>3, 9, 3, 4, 7, 0, 6, 5                                                                                                                     |  | CRASH SEVERITY<br>1. FATAL<br>2. SERIOUS INJURY SUSPECTED<br>3. MINOR INJURY SUSPECTED<br>4. INJURY POSSIBLE<br>5. PROPERTY DAMAGE ONLY                                                                                                                                                                        |  |
| REFERENCE POINT<br>1. INTERSECTION<br>2. MILE POST<br>3. HOUSE #                                                                                                                                                                                                                                                                                                                              |  | DIRECTION FROM REFERENCE<br>1. NORTH<br>2. SOUTH<br>3. EAST<br>4. WEST                                                                                                                                                                                           |  | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE                    |  | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>PL - PLACE<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY |  |
| DISTANCE FROM REFERENCE<br>1. MILES<br>2. FEET<br>3. YARDS                                                                                                                                                                                                                                                                                                                                    |  | DISTANCE UNIT OF MEASURE<br>1. MILES<br>2. FEET<br>3. YARDS                                                                                                                                                                                                      |  | INTERSECTION RELATED<br><input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA                     |  | NUMBER OF APPROACHES<br>5                                                                                                                                                                                                                                                                                      |  |
| LOCATION OF FIRST HARMFUL EVENT<br>1. ON ROADWAY<br>2. ON SHOULDER<br>3. IN MEDIAN<br>4. ON ROADSIDE<br>5. ON GORE<br>6. OUTSIDE TRAFFIC WAY<br>7. ON RAMP<br>8. OFF RAMP                                                                                                                                                                                                                     |  | MANNER OF CRASH COLLISION/IMPACT<br>1. NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2. REAR-END<br>3. HEAD-ON<br>4. REAR-TO-REAR<br>5. BACKING<br>6. ANGLE<br>7. SIDESWIPE, SAME DIRECTION<br>8. SIDESWIPE, OPPOSITE DIRECTION<br>9. OTHER / UNKNOWN |  | DIRECTION OF TRAVEL<br>1. NORTH<br>2. SOUTH<br>3. EAST<br>4. WEST                                                                                                      |  | MEDIAN TYPE<br>1. DIVIDED FLUSH MEDIAN (<4 FEET)<br>2. DIVIDED FLUSH MEDIAN (>4 FEET)<br>3. DIVIDED, DEPRESSIONED MEDIAN<br>4. DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9. OTHER/UNKNOWN                                                                                                                           |  |
| WORK ZONE RELATED<br>WORKERS PRESENT<br>LAW ENFORCEMENT PRESENT<br>ACTIVE SCHOOL ZONE                                                                                                                                                                                                                                                                                                         |  | WORK ZONE TYPE<br>1. LANE CLOSURE<br>2. LANE SHIFT/CROSSOVER<br>3. WORK ON SHOULDER OR MEDIAN<br>4. INTERMITTENT OR MOVING WORK<br>5. OTHER                                                                                                                      |  | LOCATION OF CRASH IN WORK ZONE<br>1. BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2. ADVANCE WARNING AREA<br>3. TRANSITION AREA<br>4. ACTIVITY AREA<br>5. TERMINATION AREA |  | CONTOUR<br>1. STRAIGHT LEVEL<br>2. STRAIGHT GRADE<br>3. CURVE LEVEL<br>4. CURVE GRADE<br>9. OTHER/UNKNOWN                                                                                                                                                                                                      |  |
| LIGHT CONDITION<br>1. DAYLIGHT<br>2. DAWN/DUSK<br>3. DARK - LIGHTED ROADWAY<br>4. DARK - ROADWAY NOT LIGHTED<br>5. DARK - UNKNOWN ROADWAY LIGHTING<br>9. OTHER / UNKNOWN                                                                                                                                                                                                                      |  | WEATHER<br>1. CLEAR<br>2. CLOUDY<br>3. FOG, SMOG, SMOKE<br>4. RAIN<br>5. SLEET, HAIL<br>6. SNOW<br>7. SEVERE CROSSWINDS<br>8. BLOWING SAND, SOIL, DIRT, SNOW<br>9. FREEZING RAIN OR FREEZING DRIZZLE<br>99. OTHER / UNKNOWN                                      |  | CONDITIONS<br>1. DRY<br>2. WET<br>3. SNOW<br>4. ICE<br>5. SAND, MUD, DIRT, OIL, GRAVEL<br>6. WATER (STANDING, MOVING)<br>7. SLUSH<br>9. OTHER/UNKNOWN                  |  | SURFACE<br>1. CONCRETE<br>2. BLACKTOP, BITUMINOUS, ASPHALT<br>3. BRICK/BLOCK<br>4. SLAG, GRAVEL, STONE<br>5. DIRT<br>9. OTHER/UNKNOWN                                                                                                                                                                          |  |
| NARRATIVE<br>On February 19, 2023, at 8:00 P.M., unit #2 was traveling northwest on Dixie Highway at Magie Avenue when unit #1 failed to stop within the the assured clear distance ahead and struck unit #2 in the rear. Unit #2 was slowed by the traffic signal that just turned green from red before being struck. Unit #1 then fled from the crash scene traveling east on Symmes Road. |  |                                                                                                                                                                                                                                                                  |  | <p>Indicate the north direction with an "N" on the compass diagram.</p>                                                                                                |  |                                                                                                                                                                                                                                                                                                                |  |
| CRASH REPORTED DATE / TIME<br>0, 2, 1, 9, 2, 0, 2, 3, 2, 0, 0, 0                                                                                                                                                                                                                                                                                                                              |  | DISPATCH DATE / TIME<br>0, 2, 1, 9, 2, 0, 2, 3, 2, 0, 0, 3                                                                                                                                                                                                       |  | ARRIVAL DATE / TIME<br>0, 2, 1, 9, 2, 0, 2, 3, 2, 0, 0, 6                                                                                                              |  | SCENE CLEARED DATE / TIME<br>0, 2, 1, 9, 2, 0, 2, 3, 2, 0, 1, 9                                                                                                                                                                                                                                                |  |
| TOTAL TIME ROADWAY CLOSED<br>3, 0                                                                                                                                                                                                                                                                                                                                                             |  | OTHER INVESTIGATION TIME<br>4, 6                                                                                                                                                                                                                                 |  | OFFICER'S NAME*<br>P.O. Spradling                                                                                                                                      |  | CHECKED BY OFFICER'S NAME*<br>Sgt. Aaron Meyer                                                                                                                                                                                                                                                                 |  |
| TOTAL MINUTES<br>4, 6                                                                                                                                                                                                                                                                                                                                                                         |  | OFFICER'S BADGE NUMBER*<br>1, 7, 5                                                                                                                                                                                                                               |  | CHECKED BY OFFICER'S BADGE NUMBER*<br>1, 3, 2                                                                                                                          |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)                                                                                                   |  |

|                                                                                                                                       |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| OWNER                                                                                                                                 | UNIT #<br>01                                             | OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)                                                   |
|                                                                                                                                       | OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                   |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                   |                                                          | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                   |
| LP STATE                                                                                                                              | LICENSE PLATE #                                          | VEHICLE IDENTIFICATION #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | VEHICLE YEAR                                                                                      |
| INSURANCE VERIFIED                                                                                                                    | INSURANCE COMPANY                                        | INSURANCE POLICY #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | COLOR                                                                                             |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |                                                          | US DOT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TOWED BY: COMPANY NAME                                                                            |
| <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input checked="" type="checkbox"/> HIT/SKIP UNIT                                  |                                                          | VEHICLE WEIGHT GVWR/GCWR<br>1 - ≤10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD |
| UNIT TYPE<br>04                                                                                                                       |                                                          | CLASS # PLACARD ID #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                   |
| # OF TRAILING UNITS<br>0                                                                                                              |                                                          | 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER<br>2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)<br>3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST<br>4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE<br>5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN<br>6 - VAN (9-15 SEATS) 99 - UNKNOWN OR HIT/SKIP                                                                                   |                                                                                                   |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>2 1-YES 2-NO 9-OTHER / UNKNOWN                                       |                                                          | 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN<br>1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION<br>2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                   |
| SPECIAL FUNCTION<br>01                                                                                                                |                                                          | 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER<br>2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN<br>3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL<br>4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING<br>5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL                                                                                                                                                                                                                                                                                                                   |                                                                                                   |
| CARGO BODY TYPE<br>01                                                                                                                 |                                                          | 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER<br>2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER<br>3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER<br>4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER<br>7 - GRAINCHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE<br>11 - DUMP 99 - OTHER / UNKNOWN                                                                                                                                                                                                         |                                                                                                   |
| VEHICLE DEFECTS<br>99                                                                                                                 |                                                          | 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN<br>2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT<br>3 - TAIL LAMPS 6 - TIRE BLOWOUT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                   |
| NON-MOTORIST LOCATION AT IMPACT                                                                                                       |                                                          | 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE<br>2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDDLEBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 13 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING<br>5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 14 - ENTERING OR CROSSING SPECIFIED LOCATION 20 - OTHER NON-MOTORIST<br>9 - OTHER / UNKNOWN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN                                                                                                                                                        |                                                                                                   |
| ACTION<br>3                                                                                                                           |                                                          | 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE<br>2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING<br>3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST<br>4 - STRUCK PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE<br>5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN<br>9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN |                                                                                                   |
| CONTRIBUTING CIRCUMSTANCES<br>08                                                                                                      |                                                          | 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY<br>2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE<br>3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/ SPILLING 23 - OPENING DOOR INTO ROADWAY<br>4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION<br>5 - UNSAFE SPEED 11 - DROVE OFF ROAD 21 - PARKED MOTORVEHICLE<br>6 - IMPROPER TURN 12 - IMPROPER BACKING                                                                                             |                                                                                                   |
| SEQUENCE OF EVENTS                                                                                                                    |                                                          | NON-COLLISION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                   |
| 1 2 0                                                                                                                                 |                                                          | 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT<br>2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTORVEHICLE<br>3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT<br>4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTORVEHICLE                                                                   |                                                                                                   |
| COLLISION WITH FIXED OBJECT: STRUCK                                                                                                   |                                                          | 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT<br>26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL<br>27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING<br>28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL<br>29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT<br>30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN<br>49 - FIRE HYDRANT                               |                                                                                                   |
| FIRST HARMFUL EVENT                                                                                                                   |                                                          | MOST HARMFUL EVENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   |

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| LOCAL REPORT NUMBER<br>2, 3, 0, 1, 3, 2, 0, 2                                                                                                                                                                                           |                                                                                                            |
| DAMAGE                                                                                                                                                                                                                                  |                                                                                                            |
| DAMAGE SCALE<br>9 1 - NONE 3 - FUNCTIONAL DAMAGE<br>2 - MINOR DAMAGE 4 - DISABLING DAMAGE<br>9 - UNKNOWN                                                                                                                                |                                                                                                            |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY                                                                                                                                                                                              |                                                                                                            |
|                                                                                                                                                      |                                                                                                            |
|                                                                                                                                                     |                                                                                                            |
| <input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14]<br><input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15]<br><input checked="" type="checkbox"/> - UNIT NOT AT SCENE [16] |                                                                                                            |
| INITIAL POINT OF CONTACT<br>0 - NO DAMAGE 14 - UNDERCARRIAGE<br>1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE<br>13 - TOP 99 - UNKNOWN                                                                                         |                                                                                                            |
| TRAFFIC                                                                                                                                                                                                                                 |                                                                                                            |
| TRAFFICWAY FLOW<br>1 - ONE-WAY<br>2 - TWO-WAY                                                                                                                                                                                           | TRAFFIC CONTROL<br>1 - ROUNDABOUT 4 - STOP SIGN<br>2 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD<br>4                                                                                                                                                                                                         | RAIL GRADE CROSSING<br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING   |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 7 TO 6                                                                                                                                                                                            |                                                                                                            |
| UNIT SPEED<br>3 5                                                                                                                                                                                                                       | DETECTED SPEED<br>1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED                 |

|                                                     |                                                                                                                        |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                     |                                                                                                                        |  |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--|
| OWNER                                               | UNIT #<br>012                                                                                                          | OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) | OWNER PHONE: (INCLUDE AREA CODE) (SAME AS DRIVER)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                     |                                                                                                                        |  |
|                                                     | OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)                                                               |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                     |                                                                                                                        |  |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP |                                                                                                                        | COMMERCIAL CARRIER PHONE: (INCLUDE AREA CODE)    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                     |                                                                                                                        |  |
| VEHICLE                                             | LP STATE<br>OH                                                                                                         | LICENSE PLATE #<br>JGV7148                       | VEHICLE IDENTIFICATION #<br>3K1P1F44A1C1P1E51669127                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VEHICLE YEAR<br>2013                                                                | VEHICLE MAKE<br>Kia                                                                                                    |  |
|                                                     | <input checked="" type="checkbox"/> INSURANCE VERIFIED                                                                 | INSURANCE COMPANY<br>American Family             | INSURANCE POLICY #<br>410858403                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | COLOR<br>White                                                                      | VEHICLE MODEL<br>Forte                                                                                                 |  |
|                                                     | <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |                                                  | US DOT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TOWED BY: COMPANY NAME                                                              |                                                                                                                        |  |
|                                                     | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED                                                                     | <input type="checkbox"/> HIT/SKIP UNIT           | #OCCUPANTS<br>01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | VEHICLE WEIGHT GVWR/GCWR<br>1 - <10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS. | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID # |  |
|                                                     | UNIT TYPE<br>01                                                                                                        |                                                  | 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER<br>2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)<br>3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST<br>4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE<br>5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV/UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN<br>6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP                                                                                      |                                                                                     |                                                                                                                        |  |
|                                                     | # OF TRAILING UNITS<br>0                                                                                               |                                                  | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                                                                                                        |  |
|                                                     | AUTONOMOUS MODE LEVEL<br>0                                                                                             |                                                  | 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN<br>1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION<br>2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                                                                                                        |  |
|                                                     | SPECIAL FUNCTION<br>01                                                                                                 |                                                  | 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER<br>2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN<br>3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL<br>4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING<br>5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL                                                                                                                                                                                                                                                                                                                                   |                                                                                     |                                                                                                                        |  |
|                                                     | CARGO BODY TYPE<br>01                                                                                                  |                                                  | 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER<br>2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER<br>7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 10 - FLAT BED 14 - GARBAGE/REFUSE<br>99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                                                                                                        |  |
|                                                     | VEHICLE DEFECTS<br>0                                                                                                   |                                                  | 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN<br>2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT<br>3 - TAIL LAMPS 6 - TIRE BLOWOUT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                     |                                                                                                                        |  |
| EVENTS                                              | NON-MOTORIST LOCATION AT IMPACT<br>0                                                                                   |                                                  | 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE<br>2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 15 - VEHICLE NOT AT SCENE<br>5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                             |                                                                                     |                                                                                                                        |  |
|                                                     | ACTION<br>4                                                                                                            |                                                  | 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE<br>2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING<br>3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST<br>4 - STRUCK PRE-CRASH ACTIONS 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE<br>5 - BOTH STRIKING & STRUCK 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN<br>9 - OTHER / UNKNOWN                                                                                              |                                                                                     |                                                                                                                        |  |
|                                                     | CONTRIBUTING CIRCUMSTANCES<br>01                                                                                       |                                                  | 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY<br>2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE<br>3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY<br>4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION<br>5 - UNSAFE SPEED 11 - DROVE OFF ROAD 21 - PARKED MOTOR VEHICLE<br>6 - IMPROPER TURN 12 - IMPROPER BACKING                                                                                                             |                                                                                     |                                                                                                                        |  |
|                                                     | SEQUENCE OF EVENTS<br>120                                                                                              |                                                  | NON-COLLISION<br>1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT<br>2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT<br>4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE<br>6 - IMPROPER TURN 11 - DROVE OFF ROAD 12 - IMPROPER BACKING |                                                                                     |                                                                                                                        |  |
|                                                     | COLLISION WITH FIXED OBJECT - STRUCK<br>4                                                                              |                                                  | 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT<br>26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL<br>27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING<br>28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL<br>29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT<br>30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN<br>49 - FIRE HYDRANT                                               |                                                                                     |                                                                                                                        |  |
|                                                     | FIRST HARMFUL EVENT<br>1                                                                                               |                                                  | MOST HARMFUL EVENT<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     |                                                                                                                        |  |

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| LOCAL REPORT NUMBER<br>23013202                                                                                                                                                                                                                                                                                                                                   |                                                                                                              |
| DAMAGE<br>DAMAGE SCALE<br>2 1 - NONE 3 - FUNCTIONAL DAMAGE<br>2 2 - MINOR DAMAGE 4 - DISABLING DAMAGE<br>9 - UNKNOWN                                                                                                                                                                                                                                              |                                                                                                              |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY<br><br><input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14]<br><input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15]<br><input type="checkbox"/> - UNIT NOT AT SCENE [16] |                                                                                                              |
| INITIAL POINT OF CONTACT<br>0 6 0 - NO DAMAGE 14 - UNDERCARRIAGE<br>1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE<br>13 - TOP 99 - UNKNOWN                                                                                                                                                                                                               |                                                                                                              |
| TRAFFICWAY FLOW<br>2 1 - ONE-WAY 2 - TWO-WAY                                                                                                                                                                                                                                                                                                                      | TRAFFIC CONTROL<br>2 1 - ROUNDABOUT 4 - STOP SIGN<br>2 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD<br>4                                                                                                                                                                                                                                                                                                                                   | RAIL GRADE CROSSING<br>1 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING   |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 7 TO 6<br>1 - NORTH 5 - NORTHEAST<br>2 - SOUTH 6 - NORTHWEST<br>3 - EAST 7 - SOUTHEAST<br>4 - WEST 8 - SOUTHWEST<br>9 - OTHER / UNKNOWN                                                                                                                                                                                     |                                                                                                              |
| UNIT SPEED<br>5                                                                                                                                                                                                                                                                                                                                                   | DETECTED SPEED<br>1 1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED                 |
| POSTED SPEED<br>3 5                                                                                                                                                                                                                                                                                                                                               |                                                                                                              |



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 3 0 1 3 2 0 2

|                                   |                            |                                   |                                                 |                                                                                                                                        |                                                  |                                          |               |                                                          |              |
|-----------------------------------|----------------------------|-----------------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------|---------------|----------------------------------------------------------|--------------|
| UNIT #<br>0 1                     | NAME: LAST, FIRST, MIDDLE  | DATE OF BIRTH                     |                                                 | AGE<br>0                                                                                                                               | GENDER                                           |                                          |               |                                                          |              |
| ADDRESS: STREET, CITY, STATE, ZIP |                            | CONTACT PHONE - INCLUDE AREA CODE |                                                 |                                                                                                                                        |                                                  |                                          |               |                                                          |              |
| INJURIES<br>0                     | INJURED TAKEN BY<br>1      | EMS AGENCY (NAME)                 | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>9 9                                                                                                           | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 1                  | AIR BAG USAGE | EJECTION<br>1                                            | TRAPPED<br>1 |
| OL STATE                          | OPERATOR LICENSE NUMBER    | OFFENSE CHARGED                   | LOCAL CODE<br><input type="checkbox"/>          | OFFENSE DESCRIPTION                                                                                                                    | CITATION NUMBER                                  |                                          |               |                                                          |              |
| OL CLASS                          | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3        | DRIVER DISTRACTED BY<br>9                       | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>9                                   | ALCOHOL TEST<br>STATUS TYPE VALUE<br>1 1 |               | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4<br>1 1 |              |

|                                                                                  |                                            |                                   |                                                 |                                                                                                                                        |                                                  |                                          |                    |                                                          |              |
|----------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------|--------------------|----------------------------------------------------------|--------------|
| UNIT #<br>0 2                                                                    | NAME: LAST, FIRST, MIDDLE<br>Ortiz, Alex Q | DATE OF BIRTH<br>0 9 2 5 1 9 9 9  |                                                 | AGE<br>23                                                                                                                              | GENDER<br>M                                      |                                          |                    |                                                          |              |
| ADDRESS: STREET, CITY, STATE, ZIP<br>11540 Olde Gate Drive, Cincinnati, OH 45246 |                                            | CONTACT PHONE - INCLUDE AREA CODE |                                                 |                                                                                                                                        |                                                  |                                          |                    |                                                          |              |
| INJURIES<br>5                                                                    | INJURED TAKEN BY<br>1                      | EMS AGENCY (NAME)                 | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0 4                                                                                                           | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 1                  | AIR BAG USAGE<br>1 | EJECTION<br>1                                            | TRAPPED<br>1 |
| OL STATE<br>OH                                                                   | OPERATOR LICENSE NUMBER                    | OFFENSE CHARGED                   | LOCAL CODE<br><input type="checkbox"/>          | OFFENSE DESCRIPTION                                                                                                                    | CITATION NUMBER                                  |                                          |                    |                                                          |              |
| OL CLASS<br>4                                                                    | ENDORSEMENT SELECT UP TO 2                 | RESTRICTION SELECT UP TO 3        | DRIVER DISTRACTED BY<br>1                       | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>1                                   | ALCOHOL TEST<br>STATUS TYPE VALUE<br>1 1 |                    | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4<br>1 1 |              |

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| UNIT #                            | NAME: LAST, FIRST, MIDDLE  | DATE OF BIRTH                     |                                                 | AGE<br>0                                                                                                                               | GENDER                                           |                                   |               |                                                   |         |
| ADDRESS: STREET, CITY, STATE, ZIP |                            | CONTACT PHONE - INCLUDE AREA CODE |                                                 |                                                                                                                                        |                                                  |                                   |               |                                                   |         |
| INJURIES                          | INJURED TAKEN BY           | EMS AGENCY (NAME)                 | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED                                                                                                                  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION                  | AIR BAG USAGE | EJECTION                                          | TRAPPED |
| OL STATE                          | OPERATOR LICENSE NUMBER    | OFFENSE CHARGED                   | LOCAL CODE<br><input type="checkbox"/>          | OFFENSE DESCRIPTION                                                                                                                    | CITATION NUMBER                                  |                                   |               |                                                   |         |
| OL CLASS                          | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3        | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION                                        | ALCOHOL TEST<br>STATUS TYPE VALUE |               | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4 |         |

|                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                            |                                                                                                                                   |                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                |
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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 SIDE<br>10-SLEEPER SECTION OF TRUCK CAB | 1-NOT DEPLOYED<br>2-DEPLOYED FRONT<br>3-DEPLOYED SIDE<br>4-DEPLOYED BOTH FRONT / SIDE<br>5-NOT APPLICABLE<br>9-DEPLOYMENT UNKNOWN | 1-CLASS A<br>2-CLASS B<br>3-CLASS C<br>4-REGULAR CLASS (OHIO # D)<br>5-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                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                            | EJECTION                                                                                                                          | OL ENDORSEMENT                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                              | ALCOHOL TEST TYPE                                                                                                                              |
| 1-NOT TRANSPORTED<br>2-TREATED AT SCENE<br>2-EMS<br>3-POLICE<br>9-OTHER / UNKNOWN                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                            | 1-NOT EJECTED<br>2-PARTIALLY EJECTED<br>3-TOTALLY EJECTED<br>4-NOT APPLICABLE                                                     | H-HAZMAT<br>M-MOTORCYCLE<br>P-PASSENGER<br>N-TANKER<br>Q-MOTOR SCOOTER<br>R-THREE-WHEEL MOTORCYCLE<br>S-SCHOOL BUS<br>T-DOUBLE & TRIPLE TRAILERS<br>X-TANKER / HAZMAT |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                              | 1-NONE<br>2-BLOOD<br>3-URINE<br>4-BREATH<br>5-OTHER                                                                                            |
| SAFETY EQUIPMENT                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                            | TRAPPED                                                                                                                           | GENDER                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CONDITION                                                                                                                                                                                                                                                                                                                                                                    | 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 | 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 TRAPPED<br>2-EXTRICATED BY MECHANICAL MEANS<br>3-FREED BY NON-MECHANICAL MEANS                                              | F-FEMALE<br>M-MALE<br>U-OTHER / UNKNOWN                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1-APPARENTLY NORMAL<br>2-PHYSICAL IMPAIRMENT<br>3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)<br>4-ILLNESS<br>5-FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9-OTHER / UNKNOWN                                                                                                                                         | 1-NONE<br>2-BLOOD<br>3-URINE<br>4-OTHER                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                            |                                                                                                                                   |                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                              | 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   |

## OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

|                                        |                                            |                                    |
|----------------------------------------|--------------------------------------------|------------------------------------|
| LOCAL<br>REPORT<br>NUMBER PD-23-013202 | REPORTING<br>AGENCY FAIRFIELD P.D. 00901   | DATE OF ACCIDENT<br>M 2 10 19 Y 23 |
| IN COUNTY OF BUTLER                    | ACCIDENT<br>LOCATION Dixie Hw / Magic Ave. |                                    |

NOT TO SCALE

MAGIC AVENUE

ONLY

ONLY

PRIVATE DRIVE

DIXIE HIGHWAY

ONLY

ONLY

OFFICERS SIGNATURE *Richard J. Gandy*

BADGE NO. 175