



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

| | | | | | | | | |
|---|--|--|--|---|---|---|---|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN | | <input type="checkbox"/> OH-2 | <input type="checkbox"/> OH-3 | LOCAL INFORMATION | | LOCAL REPORT NUMBER* | | |
| <input type="checkbox"/> SECONDARY CRASH | | <input type="checkbox"/> OH-1P | <input type="checkbox"/> OTHER | REPORTING AGENCY NAME* | | NCIC* | 2 2 0 0 1 4 7 2 | |
| | | | | Fairfield Police Department | | 0 0 9 0 1 | HIT/SKIP | NUMBER OF UNITS |
| | | | | | | | 1 - SOLVED | 0 2 |
| | | | | | | | 2 - UNSOLVED | |
| COUNTY* | | LOCALITY* | LOCATION: CITY, VILLAGE, TOWNSHIP* | | City of Fairfield | | CRASH DATE / TIME* | |
| 0 9 | | 1 - CITY 2 - VILLAGE 3 - TOWNSHIP | | | | | 0 1 0 7 2 0 2 2 1 2 3 2 | CRASH SEVERITY |
| ROUTE TYPE | | ROUTE NUMBER | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | LOCATION ROAD NAME | | ROAD TYPE | LATITUDE DECIMAL DEGREES | |
| | | | | Port Union | | R D | 3 9 3 3 3 5 0 | |
| ROUTE TYPE | | ROUTE NUMBER | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | | ROAD TYPE | LONGITUDE DECIMAL DEGREES | |
| | | | | 3781 | | | - 8 4 4 9 3 1 4 | |
| REFERENCE POINT | | DIRECTION FROM REFERENCE | ROUTE TYPE | | ROAD TYPE | INTERSECTION RELATED | | |
| | | 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # | IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE | | AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS | HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE | RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY | <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA |
| DISTANCE FROM REFERENCE | | DISTANCE UNIT OF MEASURE | | | | | NUMBER OF APPROACHES | |
| | | 1 - MILES 2 - FEET 3 - YARDS | | | | | ROADWAY | |
| | | | | | | | <input type="checkbox"/> ROADWAY DIVIDED | |
| LOCATION OF FIRST HARMFUL EVENT | | | | MANNER OF CRASH COLLISION/IMPACT | | DIRECTION OF TRAVEL | MEDIAN TYPE | |
| 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP | | | | 1 - NOT COLLISION 2 - TWO MOTOR VEHICLES IN TRANSPORT 3 - REAR-END 4 - HEAD-ON | | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN | |
| 9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER/ UNKNOWN | | | | 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN | | | | |
| <input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE | | | WORK ZONE TYPE | | LOCATION OF CRASH IN WORK ZONE | CONTOUR | CONDITIONS | SURFACE |
| | | | 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER | | 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA | 1 | 1 | 2 |
| | | | | | | 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN | 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN | 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN |
| LIGHT CONDITION | | | WEATHER | | | | | |
| 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN | | | 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL | | 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN | | | |
| NARRATIVE | | | | | | | | |
| Unit #2 was stopped in traffic on northbound Port Union Rd. Unit #1 was northbound on Port Union Rd. The driver of Unit #1 failed to maintain assured clear distance ahead and collided into the rear of Unit #2. | | | | | | | | |
| See OH-2 | | | | | | | | |
| CRASH REPORTED DATE / TIME | | DISPATCH DATE / TIME | | ARRIVAL DATE / TIME | | SCENE CLEARED DATE / TIME | | REPORT TAKEN BY |
| 0 1 0 7 2 0 2 2 1 2 3 2 | | 0 1 0 7 2 0 2 2 1 2 3 4 | | 0 1 0 7 2 0 2 2 1 2 4 1 | | 0 1 0 7 2 0 2 2 1 3 2 2 | | <input checked="" type="checkbox"/> POLICE AGENCY |
| TOTAL TIME ROADWAY CLOSED | | OTHER INVESTIGATION TIME | | TOTAL MINUTES | | OFFICER'S NAME* | | <input type="checkbox"/> MOTORIST |
| | | | | | | Doug Day | | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OGPS) |
| | | | | | | OFFICER'S BADGE NUMBER* | | |
| | | | | 4 8 | | 7 6 | | |
| | | | | | | 8 4 | | |
| CHECKED BY OFFICER'S NAME* | | | | | | | | |
| CHECKED BY OFFICER'S BADGE NUMBER* | | | | | | | | |



Indicate the north direction with an "N" on the compass diagram.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| OWNER | UNIT # <u>0 1</u> | OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER | OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | OWNER ADDRESS: STREET, CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VEHICLE | COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LP STATE <u>O H</u> | LICENSE PLATE # <u>FEH3081</u> | VEHICLE IDENTIFICATION # <u>4M24U56Z45D1215008</u> | VEHICLE YEAR <u>2005</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURANCE VERIFIED <input checked="" type="checkbox"/> | INSURANCE COMPANY <u>Farmers</u> | INSURANCE POLICY # <u>186828218</u> | COLOR <u>black</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | | US DOT # | TOWED BY: COMPANY NAME <u>Waynes</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> | HIT/SKIP UNIT <input type="checkbox"/> | # OCCUPANTS <u>0 1</u> | VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNIT TYPE <u>0 3</u> | <table border="0"> <tr> <td>1 - PASSENGER CAR</td> <td>7 - MOTORCYCLE 2-WHEELED</td> <td>12 - GOLF CART</td> <td>18 - LIMO (LIVERY VEHICLE)</td> <td>23 - PEDESTRIAN / SKATER</td> </tr> <tr> <td>2 - PASSENGER VAN (MINIVAN)</td> <td>8 - MOTORCYCLE 3-WHEELED</td> <td>13 - SNOWMOBILE</td> <td>19 - BUS (16+ PASSENGERS)</td> <td>24 - WHEELCHAIR (ANY TYPE)</td> </tr> <tr> <td>3 - SPORT UTILITY VEHICLE</td> <td>9 - AUTOCYCLE</td> <td>14 - SINGLE UNIT TRUCK</td> <td>20 - OTHER VEHICLE</td> <td>25 - OTHER NON-MOTORIST</td> </tr> <tr> <td>4 - PICK UP</td> <td>10 - MOPED OR MOTORIZED</td> <td>15 - SEMI-TRACTOR</td> <td>21 - HEAVY EQUIPMENT</td> <td>26 - BICYCLE</td> </tr> <tr> <td>5 - CARGO VAN</td> <td>BICYCLE</td> <td>16 - FARM EQUIPMENT</td> <td>22 - ANIMAL WITH RIDER OR</td> <td>27 - TRAIN</td> </tr> <tr> <td>6 - VAN (9-15 SEATS)</td> <td>11 - ALL TERRAIN VEHICLE (ATV / UTV)</td> <td>17 - MOTORHOME</td> <td>ANIMAL-DRAWN VEHICLE</td> <td>99 - UNKNOWN OR HIT/SKIP</td> </tr> </table> | | | 1 - PASSENGER CAR | 7 - MOTORCYCLE 2-WHEELED | 12 - GOLF CART | 18 - LIMO (LIVERY VEHICLE) | 23 - PEDESTRIAN / SKATER | 2 - PASSENGER VAN (MINIVAN) | 8 - MOTORCYCLE 3-WHEELED | 13 - SNOWMOBILE | 19 - BUS (16+ PASSENGERS) | 24 - WHEELCHAIR (ANY TYPE) | 3 - SPORT UTILITY VEHICLE | 9 - AUTOCYCLE | 14 - SINGLE UNIT TRUCK | 20 - OTHER VEHICLE | 25 - OTHER NON-MOTORIST | 4 - PICK UP | 10 - MOPED OR MOTORIZED | 15 - SEMI-TRACTOR | 21 - HEAVY EQUIPMENT | 26 - BICYCLE | 5 - CARGO VAN | BICYCLE | 16 - FARM EQUIPMENT | 22 - ANIMAL WITH RIDER OR | 27 - TRAIN | 6 - VAN (9-15 SEATS) | 11 - ALL TERRAIN VEHICLE (ATV / UTV) | 17 - MOTORHOME | ANIMAL-DRAWN VEHICLE | 99 - UNKNOWN OR HIT/SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 5 - CARGO VAN | BICYCLE | 16 - FARM EQUIPMENT | 22 - ANIMAL WITH RIDER OR | 27 - TRAIN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| # OF TRAILING UNITS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>2</u> | | AUTONOMOUS MODE LEVEL | 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SPECIAL FUNCTION <u>0 1</u> | <table border="0"> <tr> <td>1 - NONE</td> <td>6 - BUS - CHARTER/TOUR</td> <td>11 - FIRE</td> <td>16 - FARM</td> <td>21 - MAIL CARRIER</td> </tr> <tr> <td>2 - TAXI</td> <td>7 - BUS - INTERCITY</td> <td>12 - MILITARY</td> <td>17 - MOWING</td> <td>99 - OTHER / UNKNOWN</td> </tr> <tr> <td>3 - ELECTRONIC RIDE SHARING</td> <td>8 - BUS - SHUTTLE</td> <td>13 - POLICE</td> <td>18 - SNOW REMOVAL</td> <td></td> </tr> <tr> <td>4 - SCHOOL TRANSPORT</td> <td>9 - BUS - OTHER</td> <td>14 - PUBLIC UTILITY</td> <td>19 - TOWING</td> <td></td> </tr> <tr> <td>5 - BUS - TRANSIT/COMMUTER</td> <td>10 - AMBULANCE</td> <td>15 - CONSTRUCTION EQUIPMENT</td> <td>20 - SAFETY SERVICE PATROL</td> <td></td> </tr> </table> | | | | 1 - NONE | 6 - BUS - CHARTER/TOUR | 11 - FIRE | 16 - FARM | 21 - MAIL CARRIER | 2 - TAXI | 7 - BUS - INTERCITY | 12 - MILITARY | 17 - MOWING | 99 - OTHER / UNKNOWN | 3 - ELECTRONIC RIDE SHARING | 8 - BUS - SHUTTLE | 13 - POLICE | 18 - SNOW REMOVAL | | 4 - SCHOOL TRANSPORT | 9 - BUS - OTHER | 14 - PUBLIC UTILITY | 19 - TOWING | | 5 - BUS - TRANSIT/COMMUTER | 10 - AMBULANCE | 15 - CONSTRUCTION EQUIPMENT | 20 - SAFETY SERVICE PATROL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 - NONE | 6 - BUS - CHARTER/TOUR | 11 - FIRE | 16 - FARM | 21 - MAIL CARRIER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 - TAXI | 7 - BUS - INTERCITY | 12 - MILITARY | 17 - MOWING | 99 - OTHER / UNKNOWN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 - ELECTRONIC RIDE SHARING | 8 - BUS - SHUTTLE | 13 - POLICE | 18 - SNOW REMOVAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 - SCHOOL TRANSPORT | 9 - BUS - OTHER | 14 - PUBLIC UTILITY | 19 - TOWING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2 - BUS | 4 - LOGGING | 6 - CARGO VAN/ENCLOSED BOX | 9 - CARGOTANK | 13 - AUTO TRANSPORTER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 7 - GRAIN/CHIPS/GRAVEL | 10 - FLAT BED | 14 - GARBAGE/REFUSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| VEHICLE DEFECTS | <table border="0"> <tr> <td>1 - TURN SIGNALS</td> <td>4 - BRAKES</td> <td>7 - WORN OR SLICK TIRES</td> <td>9 - MOTOR TROUBLE</td> <td>99 - OTHER / UNKNOWN</td> </tr> <tr> <td>2 - HEAD LAMPS</td> <td>5 - STEERING</td> <td>8 - TRAILER EQUIPMENT DEFECTIVE</td> <td>10 - DISABLED FROM PRIOR ACCIDENT</td> <td></td> </tr> <tr> <td>3 - TAIL LAMPS</td> <td>6 - TIRE BLOWOUT</td> <td></td> <td></td> <td></td> </tr> </table> | | | | 1 - TURN SIGNALS | 4 - BRAKES | 7 - WORN OR SLICK TIRES | 9 - MOTOR TROUBLE | 99 - OTHER / UNKNOWN | 2 - HEAD LAMPS | 5 - STEERING | 8 - TRAILER EQUIPMENT DEFECTIVE | 10 - DISABLED FROM PRIOR ACCIDENT | | 3 - TAIL LAMPS | 6 - TIRE BLOWOUT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2 - HEAD LAMPS | 5 - STEERING | 8 - TRAILER EQUIPMENT DEFECTIVE | 10 - DISABLED FROM PRIOR ACCIDENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 - TAIL LAMPS | 6 - TIRE BLOWOUT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NON-MOTORIST LOCATION AT IMPACT | <table border="0"> <tr> <td>1 - INTERSECTION - MARKED CROSSWALK</td> <td>3 - INTERSECTION - OTHER</td> <td>6 - BICYCLE LANE</td> <td>9 - MEDIAN/CROSSING ISLAND</td> <td>12 - FIRST RESPONDER AT INCIDENT SCENE</td> </tr> <tr> <td>2 - INTERSECTION - UNMARKED CROSSWALK</td> <td>4 - MIDBLOCK - MARKED</td> <td>7 - SHOULDER / ROADSIDE</td> <td>10 - DRIVEWAY ACCESS</td> <td></td> </tr> <tr> <td></td> <td>5 - TRAVEL LANE - OTHER LOCATION</td> <td>8 - SIDEWALK</td> <td>11 - SHARED USE PATHS OR TRAILS</td> <td>99 - OTHER / UNKNOWN</td> </tr> </table> | | | | 1 - INTERSECTION - MARKED CROSSWALK | 3 - INTERSECTION - OTHER | 6 - BICYCLE LANE | 9 - MEDIAN/CROSSING ISLAND | 12 - FIRST RESPONDER AT INCIDENT SCENE | 2 - INTERSECTION - UNMARKED CROSSWALK | 4 - MIDBLOCK - MARKED | 7 - SHOULDER / ROADSIDE | 10 - DRIVEWAY ACCESS | | | 5 - TRAVEL LANE - OTHER LOCATION | 8 - SIDEWALK | 11 - SHARED USE PATHS OR TRAILS | 99 - OTHER / UNKNOWN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 - INTERSECTION - MARKED CROSSWALK | 3 - INTERSECTION - OTHER | 6 - BICYCLE LANE | 9 - MEDIAN/CROSSING ISLAND | 12 - FIRST RESPONDER AT INCIDENT SCENE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 - INTERSECTION - UNMARKED CROSSWALK | 4 - MIDBLOCK - MARKED | 7 - SHOULDER / ROADSIDE | 10 - DRIVEWAY ACCESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5 - TRAVEL LANE - OTHER LOCATION | 8 - SIDEWALK | 11 - SHARED USE PATHS OR TRAILS | 99 - OTHER / UNKNOWN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ACTION <u>3</u> | <table border="0"> <tr> <td>1 - NON-CONTACT</td> <td>1 - STRAIGHT AHEAD</td> <td>7 - MAKING U-TURN</td> <td>13 - NEGOTIATING A CURVE</td> <td>18 - APPROACHING OR LEAVING VEHICLE</td> </tr> <tr> <td>2 - NON-COLLISION</td> <td>2 - BACKING</td> <td>8 - ENTERING TRAFFIC LANE</td> <td>14 - ENTERING OR CROSSING SPECIFIED LOCATION</td> <td>19 - STANDING</td> </tr> <tr> <td>3 - STRIKING <u>0 1</u></td> <td>3 - CHANGING LANES</td> <td>9 - LEAVING TRAFFIC LANE</td> <td>10 - PARKED</td> <td>20 - OTHER NON-MOTORIST</td> </tr> <tr> <td>4 - STRUCK PRE-CRASH ACTIONS</td> <td>4 - OVERTAKING/PASSING</td> <td>11 - SLOWING OR STOPPED IN TRAFFIC</td> <td>15 - WALKING, RUNNING, JOGGING, PLAYING</td> <td>21 - STANDING OUTSIDE DISABLED VEHICLE</td> </tr> <tr> <td>5 - BOTH STRIKING & STRUCK</td> <td>5 - MAKING RIGHT TURN</td> <td>12 - MAKING LEFT TURN</td> <td>16 - WORKING</td> <td></td> </tr> <tr> <td>9 - OTHER / UNKNOWN</td> <td>6 - MAKING LEFT TURN</td> <td>13 - DRIVERLESS</td> <td>17 - PUSHING VEHICLE</td> <td>99 - OTHER / UNKNOWN</td> </tr> </table> | | | | 1 - NON-CONTACT | 1 - STRAIGHT AHEAD | 7 - MAKING U-TURN | 13 - NEGOTIATING A CURVE | 18 - APPROACHING OR LEAVING VEHICLE | 2 - NON-COLLISION | 2 - BACKING | 8 - ENTERING TRAFFIC LANE | 14 - ENTERING OR CROSSING SPECIFIED LOCATION | 19 - STANDING | 3 - STRIKING <u>0 1</u> | 3 - CHANGING LANES | 9 - LEAVING TRAFFIC LANE | 10 - PARKED | 20 - OTHER NON-MOTORIST | 4 - STRUCK PRE-CRASH ACTIONS | 4 - OVERTAKING/PASSING | 11 - SLOWING OR STOPPED IN TRAFFIC | 15 - WALKING, RUNNING, JOGGING, PLAYING | 21 - STANDING OUTSIDE DISABLED VEHICLE | 5 - BOTH STRIKING & STRUCK | 5 - MAKING RIGHT TURN | 12 - MAKING LEFT TURN | 16 - WORKING | | 9 - OTHER / UNKNOWN | 6 - MAKING LEFT TURN | 13 - DRIVERLESS | 17 - PUSHING VEHICLE | 99 - OTHER / UNKNOWN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 - NON-CONTACT | 1 - STRAIGHT AHEAD | 7 - MAKING U-TURN | 13 - NEGOTIATING A CURVE | 18 - APPROACHING OR LEAVING VEHICLE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 - NON-COLLISION | 2 - BACKING | 8 - ENTERING TRAFFIC LANE | 14 - ENTERING OR CROSSING SPECIFIED LOCATION | 19 - STANDING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 - STRIKING <u>0 1</u> | 3 - CHANGING LANES | 9 - LEAVING TRAFFIC LANE | 10 - PARKED | 20 - OTHER NON-MOTORIST | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 5 - BOTH STRIKING & STRUCK | 5 - MAKING RIGHT TURN | 12 - MAKING LEFT TURN | 16 - WORKING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 - OTHER / UNKNOWN | 6 - MAKING LEFT TURN | 13 - DRIVERLESS | 17 - PUSHING VEHICLE | 99 - OTHER / UNKNOWN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONTRIBUTING CIRCUMSTANCES <u>0 8</u> | <table border="0"> <tr> <td>1 - NONE</td> <td>7 - LEFT OF CENTER</td> <td>13 - IMPROPER START FROM A PARKED POSITION</td> <td>17 - VISION OBSTRUCTION</td> <td>21 - LYING IN ROADWAY</td> </tr> <tr> <td>2 - FAILURE TO YIELD</td> <td>8 - FOLLOWING TOO CLOSE / ACDA</td> <td>14 - STOPPED OR PARKED ILLEGALLY</td> <td>18 - OPERATING DEFECTIVE EQUIPMENT</td> <td>22 - NOT DISCERNIBLE</td> </tr> <tr> <td>3 - RAN RED LIGHT</td> <td>9 - IMPROPER LANE CHANGE</td> <td>15 - SWERVING TO AVOID</td> <td>19 - LOAD SHIFTING/FALLING/SPILLING</td> <td>23 - OPENING DOOR INTO ROADWAY</td> </tr> <tr> <td>4 - RAN STOP SIGN</td> <td>10 - IMPROPER PASSING</td> <td>16 - WRONG WAY</td> <td>20 - IMPROPER CROSSING</td> <td>99 - OTHER IMPROPER ACTION</td> </tr> <tr> <td>5 - UNSAFE SPEED</td> <td>11 - DROVE OFF ROAD</td> <td></td> <td></td> <td></td> </tr> <tr> <td>6 - IMPROPER TURN</td> <td>12 - IMPROPER BACKING</td> <td></td> <td></td> <td></td> </tr> </table> | | | | 1 - NONE | 7 - LEFT OF CENTER | 13 - IMPROPER START FROM A PARKED POSITION | 17 - VISION OBSTRUCTION | 21 - LYING IN ROADWAY | 2 - FAILURE TO YIELD | 8 - FOLLOWING TOO CLOSE / ACDA | 14 - STOPPED OR PARKED ILLEGALLY | 18 - OPERATING DEFECTIVE EQUIPMENT | 22 - NOT DISCERNIBLE | 3 - RAN RED LIGHT | 9 - IMPROPER LANE CHANGE | 15 - SWERVING TO AVOID | 19 - LOAD SHIFTING/FALLING/SPILLING | 23 - OPENING DOOR INTO ROADWAY | 4 - RAN STOP SIGN | 10 - IMPROPER PASSING | 16 - WRONG WAY | 20 - IMPROPER CROSSING | 99 - OTHER IMPROPER ACTION | 5 - UNSAFE SPEED | 11 - DROVE OFF ROAD | | | | 6 - IMPROPER TURN | 12 - IMPROPER BACKING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 - NONE | 7 - LEFT OF CENTER | 13 - IMPROPER START FROM A PARKED POSITION | 17 - VISION OBSTRUCTION | 21 - LYING IN ROADWAY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 4 - RAN STOP SIGN | 10 - IMPROPER PASSING | 16 - WRONG WAY | 20 - IMPROPER CROSSING | 99 - OTHER IMPROPER ACTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 - UNSAFE SPEED | 11 - DROVE OFF ROAD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 - IMPROPER TURN | 12 - IMPROPER BACKING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEQUENCE OF EVENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | 3 - IMMERSION | 8 - RAN OFF ROAD RIGHT | 13 - OTHER NON-COLLISION | 18 - ANIMAL - DEER | 19 - ANIMAL - OTHER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4 - JACKKNIFE | 9 - RAN OFF ROAD LEFT | 14 - PEDESTRIAN | 20 - MOTOR VEHICLE IN TRANSPORT | 21 - OTHER MOVABLE OBJECT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 10 - CROSS MEDIAN | 15 - PEDALCYCLE | 21 - PARKED MOTOR VEHICLE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 25 - IMPACT ATTENUATOR / CRASH CUSHION | 31 - GUARDRAIL END | 37 - TRAFFIC SIGN POST | 43 - CURB | 50 - WORK ZONE MAINTENANCE EQUIPMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 26 - BRIDGE OVERHEAD STRUCTURE | 32 - PORTABLE BARRIER | 38 - OVERHEAD SIGN POST | 44 - DITCH | 51 - WALL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 27 - BRIDGE PIER OR ABUTMENT | 33 - MEDIAN CABLE BARRIER | 39 - LIGHT / LUMINARIES | 45 - EMBANKMENT | 52 - BUILDING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 28 - BRIDGE PARAPET | 34 - MEDIAN GUARDRAIL BARRIER | 40 - SUPPORT | 46 - FENCE | 53 - TUNNEL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 29 - BRIDGE RAIL | 35 - MEDIAN CONCRETE BARRIER | 41 - OTHER POST, POLE OR SUPPORT | 47 - MAILBOX | 54 - OTHER FIXED OBJECT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 30 - GUARDRAIL FACE | 36 - MEDIAN OTHER BARRIER | 42 - CULVERT | 48 - TREE | 49 - FIRE HYDRANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 99 - OTHER / UNKNOWN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLLISION WITH FIXED OBJECT - STRUCK <table border="0"> <tr> <td>1 - 2 - 0</td> <td>1 - FIRST HARMFUL EVENT</td> <td>1 - MOST HARMFUL EVENT</td> <td>1 - 5</td> <td>1 - 4 - 5</td> </tr> </table> | | | | | 1 - 2 - 0 | 1 - FIRST HARMFUL EVENT | 1 - MOST HARMFUL EVENT | 1 - 5 | 1 - 4 - 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 - 2 - 0 | 1 - FIRST HARMFUL EVENT | 1 - MOST HARMFUL EVENT | 1 - 5 | 1 - 4 - 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| LOCAL REPORT NUMBER | |
| 2 2 0 0 1 4 7 2 | |
| DAMAGE | |
| DAMAGE SCALE | 4 |
| 1 - NONE | 3 - FUNCTIONAL DAMAGE |
| 2 - MINOR DAMAGE | 4 - DISABLING DAMAGE |
| 9 - UNKNOWN | |
| DAMAGED AREA(S) INDICATE ALL THAT APPLY | |
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| <img alt="Diagram of a vehicle showing 12 numbered points for damage assessment. Points 1-12 are arranged in a circle around the vehicle, with 12 at the top and 1 at the bottom. Points 1-11 are on the left side, and 1 | |



UNIT

| LOCAL REPORT NUMBER | | | | | | | | | | | | |
|--|---|------------------|---|---|-----------------------|---|---|-------------|--|--|--|--|
| 2 | 2 | 0 | 0 | 1 | 4 | 7 | 2 | | | | | |
| DAMAGE | | | | | | | | | | | | |
| DAMAGE SCALE | | | | | | | | | | | | |
| 3 | | 1 - NONE | | | 3 - FUNCTIONAL DAMAGE | | | 5 - UNKNOWN | | | | |
| | | 2 - MINOR DAMAGE | | | 4 - DISABLING DAMAGE | | | | | | | |
| DAMAGED AREA(S) INDICATE ALL THAT APPLY | | | | | | | | | | | | |
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| | | | | | | <img alt="Diagram of a vehicle showing damage to the rear center, left side, and right side (areas 10, 7, and | | | | | | |



MOTORIST / Non-MOTORIST

| MOTORIST / NON-MOTORIST | LOCAL REPORT NUMBER | | | | | | | | | | | | | | |
|---|--|---|-------------------|---|--|------------------------------------|--|--|--------|-----------------------------------|---------------------|---------------|-----------------|-----------------|--|
| | 2 2 0 0 1 4 7 2 | | | | | | | | | | | | | | |
| | UNIT # | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | | AGE | GENDER | | | | | | |
| | 0 1 | Jones, Tonia | | | | 0 8 2 0 1 9 5 8 | | 6 3 | F | | | | | | |
| | ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | | | | | |
| | 251 Hatherly Dr. Hamilton, Ohio 45013 | | | | | | | | | | | | | | |
| | INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED | DOT-COMPLIANT MC HELMET | | | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | |
| | 5 | | | | | | 0 4 | <input type="checkbox"/> | | | 0 1 | 2 | 1 | 1 | |
| | OL STATE | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | | LOCAL CODE | <input checked="" type="checkbox"/> | | | OFFENSE DESCRIPTION | | | CITATION NUMBER | |
| | O H | | | | 333.03A | | | | | | ACDA | | | 250254 | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | | CONDITION | ALCOHOL TEST | | | DRUG TEST(S) | | | | |
| 4 | | | | 1 | <input type="checkbox"/> ALCOHOL | <input type="checkbox"/> MARIJUANA | 1 | 1 | 1 | 1 | 1 | 1 | SELECT UP TO 4 | | |
| | | | | | <input type="checkbox"/> OTHER DRUG | | | | | | | | | | |
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | | AGE | GENDER | | | | | | | |
| 0 2 | Mercado, Clark | | | | 1 2 2 8 1 9 8 8 | | 3 3 | M | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| 6711 Fayette Dr. Fairfield Township, Ohio 45011 | | | | | | | | | | | | | | | |
| 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 | | |
| 5 | | | | | | 0 4 | | | | 0 1 | 1 | 1 | 1 | | |
| OL STATE | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | | LOCAL CODE | <input type="checkbox"/> | | | OFFENSE DESCRIPTION | | | CITATION NUMBER | | |
| O H | | | | | | | | | | | | | | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | | CONDITION | ALCOHOL TEST | | | DRUG TEST(S) | | | | |
| 4 | | | | 1 | <input type="checkbox"/> ALCOHOL | <input type="checkbox"/> MARIJUANA | 1 | 1 | 1 | 1 | 1 | 1 | SELECT UP TO 4 | | |
| | | | | | <input type="checkbox"/> OTHER DRUG | | | | | | | | | | |
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | | AGE | GENDER | | | | | | | |
| | | | | | | | 0 | | | | | | | | |
| 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 | <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 | | CONDITION | ALCOHOL TEST | | | DRUG TEST(S) | | | | |
| | | | | 1 | <input type="checkbox"/> ALCOHOL | <input type="checkbox"/> MARIJUANA | 1 | 1 | 1 | 1 | 1 | 1 | SELECT UP TO 4 | | |
| | | | | | <input type="checkbox"/> OTHER DRUG | | | | | | | | | | |
| INJURIES | SEATING POSITION | AIR BAG | | OL CLASS | OL RESTRICTION(S) | | DRIVER DISTRACTION | TEST STATUS | | | | | | | |
| 1-FATAL | 1-FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | 1-NOT DEPLOYED | | 1-CLASS A | 1-ALCOHOL INTERLOCK DEVICE | | 1-NOT DISTRACTED | 1-NONE GIVEN | | | | | | | |
| 2-SUSPECTED SERIOUS INJURY | 2-FRONT - MIDDLE | 2-DEPLOYED FRONT | | 2-CLASS B | 2-COL INTRASTATE ONLY | | 2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) | 2-TEST REFUSED | | | | | | | |
| 3-SUSPECTED MINOR INJURY | 3-FRONT - RIGHT SIDE | 3-DEPLOYED SIDE | | 3-CLASS C | 3-CORRECTIVE LENSES | | 3-FARM WAIVER | 3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE | | | | | | | |
| 4-Possible INJURY | 4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 4-DEPLOYED BOTH FRONT / SIDE | | 4-REGULAR CLASS (OHIO=D) | 5-NOT APPLICABLE | | 5-EXCEPT CLASS A BUS | 4-TEST GIVEN, RESULTS KNOWN | | | | | | | |
| 5-NO APPARENT INJURY | 5-SECOND - MIDDLE | 5-DEPLOYMENT UNKNOWN | | 5-MVC MOPED ONLY | 6-NO VALID OL | | 6-EXCEPT CLASS A & CLASS B BUS | 5-TEST GIVEN, RESULTS UNKNOWN | | | | | | | |
| | 6-SECOND - RIGHT SIDE | 7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | | 7-DEPLOYED | 8-INTERMEDIATE LICENSE RESTRICTIONS | | 7-EXCEPT TRACTOR-TRAILER | 6-ALCOHOL TEST TYPE | | | | | | | |
| | 7-THIRD - MIDDLE | 8-THIRD - RIGHT SIDE | | 8-DEPLOYED | 9-LEARNER'S PERMIT RESTRICTIONS | | 8-INTERMEDIATE LICENSE RESTRICTIONS | 1-NONE | | | | | | | |
| | 10-SLEEPER SECTION OF TRUCK CAB | 9-DEPLOYED | | 9-DEPLOYED | 10-LIMITED TO DAYLIGHT ONLY | | 9-LEARNER'S PERMIT RESTRICTIONS | 2-BLOOD | | | | | | | |
| | 11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 10-DEPLOYED | | 10-DEPLOYED | 11-LIMITED TO EMPLOYMENT | | 10-LIMITED TO DAYLIGHT ONLY | 3-URINE | | | | | | | |
| | 12-PASSENGER IN UNENCLOSED CARGO AREA | 11-DEPLOYED | | 11-DEPLOYED | 12-LIMITED - OTHER | | 11-LIMITED TO EMPLOYMENT | 4-BREATH | | | | | | | |
| | 13-TRAILING UNIT | 12-DEPLOYED | | 12-DEPLOYED | 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | | 12-LIMITED - OTHER | 5-OTHER | | | | | | | |
| | 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 13-DEPLOYED | | 13-DEPLOYED | 14-MILITARY VEHICLES ONLY | | 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 6-DRUG TEST TYPE | | | | | | | |
| | 15-NON-MOTORIST | 14-DEPLOYED | | 14-DEPLOYED | 15-MOTOR VEHICLES WITHOUT AIR BRAKES | | 14-MILITARY VEHICLES ONLY | 1-NONE | | | | | | | |
| | 99-OTHER / UNKNOWN | 15-DEPLOYED | | 15-DEPLOYED | 16-OUTSIDE MIRROR | | 15-MOTOR VEHICLES WITHOUT AIR BRAKES | 2-BLOOD | | | | | | | |
| | | | | | 17-PROSTHETIC AID | | 16-OUTSIDE MIRROR | 3-URINE | | | | | | | |
| | | | | | 18-OTHER | | 17-PROSTHETIC AID | 4-OTHER | | | | | | | |
| INJURED TAKEN BY | EJECTION | OL ENDORSEMENT | | GENDER | CONDITION | | DRUG TEST RESULT(S) | | | | | | | | |
| 1-NOT TRANSPORTED / TREATED AT SCENE | 1-NOT EJECTED | H - HAZMAT | | F - FEMALE | 1 - APPARENTLY NORMAL | | 1-AMPHETAMINES | | | | | | | | |
| 2-EMS | 2-PARTIALLY EJECTED | M - MOTORCYCLE | | M - MALE | 2 - PHYSICAL IMPAIRMENT | | 2-BARBITURATES | | | | | | | | |
| 3-POLICE | 3-TOTALLY EJECTED | P - PASSENGER | | U - OTHER / UNKNOWN | 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) | | 3-BENZODIAZEPINES | | | | | | | | |
| 9-OTHER / UNKNOWN | 4-NOT APPLICABLE | N - TANKER | | | 4 - ILLNESS | | 4-CANNABINOIDS | | | | | | | | |
| | | Q - MOTOR SCOOTER | | | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. | | 5-COCAINA | | | | | | | | |
| | | R - THREE-WHEEL MOTORCYCLE | | | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL | | 6-OPIATES / OPIOIDS | | | | | | | | |
| | | S - SCHOOL BUS | | | 9 - OTHER / UNKNOWN | | 7-OTHER | | | | | | | | |
| | | T - DOUBLE & TRIPLE TRAILERS | | | | | 8-Negative RESULTS | | | | | | | | |
| | | X - TANKER / HAZMAT | | | | | | | | | | | | | |
| SAFETY EQUIPMENT | TRAPPED | NON-MECHANICAL MEANS | | NON-MECHANICAL MEANS | ADAPTIVE DEVICES | | DRUG TEST TYPE | | | | | | | | |
| 1-NONE USED | 1-NOT TRAPPED | 1 - NOT TRAPPED | | 1 - NOT TRAPPED | 2 - PARTIALLY EJECTED | | 1 - NONE | | | | | | | | |
| 2-SHOULDER BELT ONLY USED | 2-EXTRICATED BY MECHANICAL MEANS | 2 - EXTRICATED BY MECHANICAL MEANS | | 2 - EXTRICATED BY MECHANICAL MEANS | 3 - FREED BY MECHANICAL MEANS | | 2 - BLOOD | | | | | | | | |
| 3-LAP BELT ONLY USED | 3-FREED BY NON-MECHANICAL MEANS | 3 - FREED BY NON-MECHANICAL MEANS | | 3 - FREED BY NON-MECHANICAL MEANS | 4 - NOT APPLICABLE | | 3 - URINE | | | | | | | | |
| 4-SHOULDER & LAP BELT USED | | | | | | | 4 - BREATH | | | | | | | | |
| 5-CHILD RESTRAINT SYSTEM - FORWARD FACING | | | | | | | 5 - OTHER | | | | | | | | |
| 6-CHILD RESTRAINT SYSTEM - REAR FACING | | | | | | | | | | | | | | | |
| 7-BOOSTER SEAT | | | | | | | | | | | | | | | |
| 8-HELMET USED | | | | | | | | | | | | | | | |
| 9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | | | | | | | | | | | | | | |
| 10-REFLECTIVE CLOTHING | | | | | | | | | | | | | | | |
| 11-LIGHTING - PEDESTRIAN / BICYCLE ONLY | | | | | | | | | | | | | | | |
| 99-OTHER / UNKNOWN | | | | | | | | | | | | | | | |



OCCUPANT / WITNESS ADDENDUM

| OCCUPANT | LOCAL REPORT NUMBER | | | | | | | | | |
|---|---------------------------|---------------------------|---|-----------------------|--|------------------|---------------|------------------------------------|---------|--|
| | 2 2 0 0 1 4 7 2 | | | | | DATE OF BIRTH | AGE | GENDER | | |
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | | | | | |
| 2 | Abella, Frances | | | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | |
| 6711 Fayette Dr. Fairfield Township, Ohio 45011 | | | | | | | | | | |
| 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 | |
| 5 | | | | 0 4 | | 0 3 | 0 1 | 1 | 1 | |
| OCCUPANT | UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | | | | |
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| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | |
| 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 | |
| | | | | | | | | | | |
| OCCUPANT | UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | | | | |
| | | | | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | |
| 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 | |
| | | | | | | | | | | |
| OCCUPANT | UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | | | | |
| | | | | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | |
| 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 | |
| | | | | | | | | | | |
| OCCUPANT | UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | | | | |
| | | | | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | |
| INJURIES | | | SAFETY EQUIPMENT USED | | SEATING POSITION | | | AIR BAG USAGE | | |
| 1 - FATAL | | | 1 - NONE USED - VEHICLE OCCUPANT | | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | | | 1 - NOT DEPLOYED | | |
| 2 - SUSPECTED SERIOUS INJURY | | | 2 - SHOULDER BELT ONLY USED | | 2 - FRONT - MIDDLE | | | 2 - DEPLOYED FRONT | | |
| 3 - SUSPECTED MINOR INJURY | | | 3 - LAP BELT ONLY USED | | 3 - FRONT - RIGHT SIDE | | | 3 - DEPLOYED SIDE | | |
| 4 - POSSIBLE INJURY | | | 4 - SHOULDER & LAP BELT USED | | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | | | 4 - DEPLOYED BOTH FRONT/SIDE | | |
| 5 - NO APPARENT INJURY | | | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | | 5 - SECOND - MIDDLE | | | 5 - NOT APPLICABLE | | |
| INJURED TAKEN BY | | | 6 - CHILD RESTRAINT SYSTEM - REAR FACING | | 6 - SECOND - RIGHT SIDE | | | 9 - DEPLOYMENT UNKNOWN | | |
| 1 - NOT TRANSPORTED /TREATED AT SCENE | | | 7 - BOOSTER SEAT | | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | | | EJECTION | | |
| 2 - EMS | | | 8 - HELMET USED | | 8 - THIRD - MIDDLE | | | 1 - NOT EJECTED | | |
| 3 - POLICE | | | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | 9 - THIRD - RIGHT SIDE | | | 2 - PARTIALLY EJECTED | | |
| 9 - OTHER / UNKNOWN | | | 10 - REFLECTIVE CLOTHING | | 10 - SLEEPER SECTION OF TRUCK CAB | | | 3 - TOTALLY EJECTED | | |
| GENDER | | | 11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY | | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | | | 4 - NOT APPLICABLE | | |
| F - FEMALE | | | 99 - OTHER / UNKNOWN | | 12 - PASSENGER IN UNENCLOSED CARGO AREA | | | TRAPPED | | |
| M - MALE | | | | | 13 - TRAILING UNIT | | | 1 - NOT TRAPPED | | |
| U - OTHER / UNKNOWN | | | | | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | | | 2 - EXTRICATED BY MECHANICAL MEANS | | |
| | | | | | 15 - NON-MOTORIST | | | 3 - FREED BY NON-MECHANICAL MEANS | | |
| | | | | | 99 - OTHER / UNKNOWN | | | | | |
| WITNESS | NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | AGE | GENDER | | |
| | | | | | | | 0 | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | |
| CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | |
| WITNESS | NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | AGE | GENDER | | |
| | | | | | | | 0 | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | |
| CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | |
| WITNESS | NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | AGE | GENDER | | |
| | | | | | | | 0 | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | |
| CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | |

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|--|---|----------------------------|
| LOCAL REPORT NUMBER 22-001472 | REPORTING AGENCY Fairfield Police Department | DATE OF ACCIDENT 1/7/22 |
| IN COUNTY OF Butler | ACCIDENT LOCATION 3781 Port Union Rd. | |
| <p>DRIVEWAY AT 3781 PORT UNION RD.</p> <p>PORT UNION RD. →</p> <p>NOT TO SCALE</p> <p>Doug Day</p> <p>76</p> | | |
| OFFICER'S SIGNATURE | | BADGE NO |