

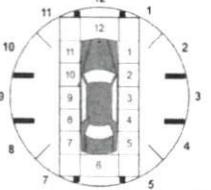
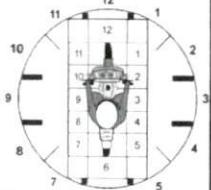
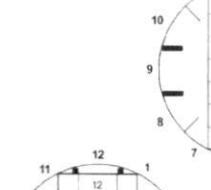
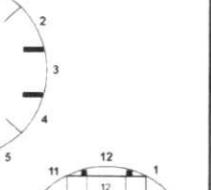
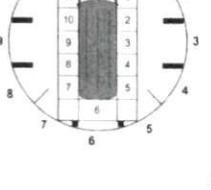
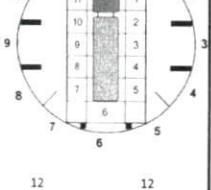
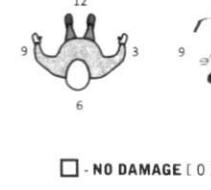
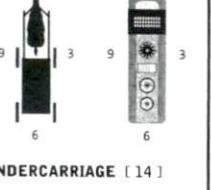


TRAFFIC CRASH REPORT

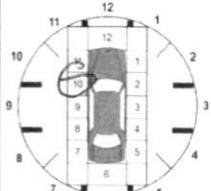
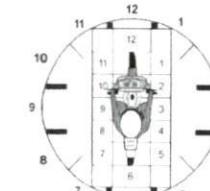
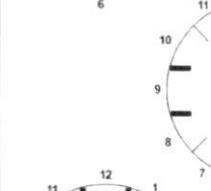
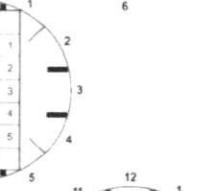
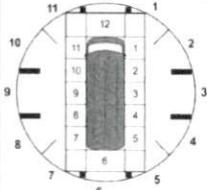
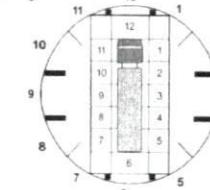
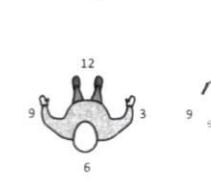
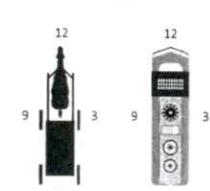
*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

| | | | | | | | | | | | | |
|---|--|--|---|---|---|---|---|--|-----------------|------------------------------|--------------------------------------|--|
| <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* | | | | HIT/SKIP | NUMBER OF UNITS | UNIT IN ERROR | | |
| | | | | Fairfield Police Department 00901 | | | | 2 1 - SOLVED | 0 2 | 0 1 98 - ANIMAL | | |
| | | | | | | | | 2 2 - UNSOLVED | | 0 1 99 - UNKNOWN | | |
| COUNTY* 0 9 | | LOCALITY* 1 - CITY 1 1 - VILLAGE | | LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield | | | | CRASH DATE / TIME* 0 1 1 5 2 0 2 2 1 6 2 5 | | CRASH SEVERITY 5 | | |
| | | | | | | | | | | 1 - FATAL | | |
| | | | | | | | | | | 2 - SERIOUS INJURY SUSPECTED | | |
| | | | | | | | | | | 3 - MINOR INJURY SUSPECTED | | |
| | | | | | | | | | | 4 - INJURY POSSIBLE | | |
| | | | | | | | | | | 5 - PROPERTY DAMAGE ONLY | | |
| REFERENCE LOCATION | ROUTE TYPE | ROUTE NUMBER | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | LOCATION ROAD NAME McGreevy | | | ROAD TYPE D R | LATITUDE DECIMAL DEGREES 39.345739 | | REFERENCE ROAD NAME 4836 | LONGITUDE DECIMAL DEGREES -84.546573 | |
| | ROUTE TYPE | ROUTE NUMBER | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | | | ROAD TYPE | NUMBER OF APPROACHES | | | | |
| REFERENCE POINT 3 | DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE | ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS | RD - ROAD LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE | INTERSECTION RELATED | | | | | | | |
| DISTANCE FROM REFERENCE | DISTANCE 1 - MILES 2 - FEET 3 - YARDS | | | | <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA | | | | | | | |
| LOCATION OF FIRST HARMFUL EVENT | | | | MANNER OF CRASH COLLISION/IMPACT | | DIRECTION OF TRAVEL | MEDIAN TYPE | | | | | |
| 1 - ON ROADWAY 0 1 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP | | 9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN | | 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 | | | | | |
| <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 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER | | LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA | | CONTOUR 1 | CONDITIONS 9 | SURFACE 2 | | | | |
| 9 | | 9 9 | | WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL | | 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 | | | | | |
| NARRATIVE | | | | | | | |  Indicate the north direction with an "N" on the compass diagram. | | | | |
| On January 15, 2022 at approximately 4:25 P.M., The owner of a parked vehicle reported the vehicle was damaged sometime between January 14, 2022 around 10:00 P.M. and January 15, 2022 around 4:15 P.M.. | | | | | | | | | | | | |
| It appeared as though Unit 1 may have backed into Unit 2, as it was parked in front of 4836 McGreevy Dr., and then fled the scene. | | | | | | See OH-2 | | | | | | |
| CRASH REPORTED DATE / TIME 0 1 1 5 2 0 2 2 1 6 2 5 | | DISPATCH DATE / TIME 0 1 1 5 2 0 2 2 1 6 2 6 | | ARRIVAL DATE / TIME 0 1 1 5 2 0 2 2 1 6 3 7 | | SCENE CLEARED DATE / TIME 0 1 1 5 2 0 2 2 1 6 4 5 | | REPORT TAKEN BY | | | | |
| TOTAL TIME ROADWAY CLOSED 0 0 0 | | OTHER INVESTIGATION TIME 0 0 0 | | TOTAL MINUTES 1 9 | | OFFICER'S NAME* B. Mossman | | <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST | | | | |
| | | | | | | CHECKED BY OFFICER'S NAME* 51 Aaron Meyer | | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS) | | | | |
| | | | | | | OFFICER'S BADGE NUMBER* 1 5 2 | | | | | | |
| | | | | | | CHECKED BY OFFICER'S BADGE NUMBER* 1 3 2 | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|---|---|--|--|--|--|---------------------------------------|---------------------------------|----------------------------------|--|----------------------------|-----------------------------|--|-----------------------------------|---|--------------------------------|------------------------------|---------------------------------|---------------------|------------------------|--|----------------------------|--------------------------------------|---------------------------------|--|--------------------|-------------------------------------|-----------------------|-----------------|---------------------------|--------------------------|--|--|--|--|--|--|---|--|--------------------|------------------------|-----------|--------------------------------------|--|--------------------------------|-----------------------|-------------------------|------------|-----------|---|------------------------------|---------------------------|-------------------------|-----------------|---------------|--|---------------------|-------------------------------|-------------------|------------|-------------|---|------------------|------------------------------|----------------------------------|--------------|-------------------------|--|---------------------|---------------------------|--------------|-----------|----------------------|
| UNIT # | OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) | | OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LP STATE | LICENSE PLATE # | VEHICLE IDENTIFICATION # | VEHICLE YEAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY | INSURANCE POLICY # | COLOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | | US DOT # | TOWED BY: COMPANY NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INTERLOCK EQUIPPED | <input checked="" type="checkbox"/> HIT/SKIP UNIT | # OCCUPANTS | VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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 BICYCLE</td> <td>15 - SEMI-TRACTOR</td> <td>21 - HEAVY EQUIPMENT</td> <td>26 - BICYCLE</td> </tr> <tr> <td>5 - CARGO VAN</td> <td>11 - ALL TERRAIN VEHICLE (ATV / UTV)</td> <td>16 - FARM EQUIPMENT</td> <td>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE</td> <td>27 - TRAIN</td> </tr> <tr> <td>6 - VAN (9-15 SEATS)</td> <td></td> <td>17 - MOTORHOME</td> <td></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 BICYCLE | 15 - SEMI-TRACTOR | 21 - HEAVY EQUIPMENT | 26 - BICYCLE | 5 - CARGO VAN | 11 - ALL TERRAIN VEHICLE (ATV / UTV) | 16 - FARM EQUIPMENT | 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE | 27 - TRAIN | 6 - VAN (9-15 SEATS) | | 17 - MOTORHOME | | 99 - UNKNOWN OR HIT/SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 BICYCLE | 15 - SEMI-TRACTOR | 21 - HEAVY EQUIPMENT | 26 - BICYCLE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 - CARGO VAN | 11 - ALL TERRAIN VEHICLE (ATV / UTV) | 16 - FARM EQUIPMENT | 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE | 27 - TRAIN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 - VAN (9-15 SEATS) | | 17 - MOTORHOME | | 99 - UNKNOWN OR HIT/SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| # OF TRAILING UNITS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? | | 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION | 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 9 | AUTONOMOUS MODE LEVEL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 - BUS - TRANSIT/COMMUTER | 10 - AMBULANCE | 15 - CONSTRUCTION EQUIPMENT | 20 - SAFETY SERVICE PATROL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td>1 - NO CARGO BODY TYPE / NOT APPLICABLE</td> <td>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE</td> <td>5 - INTERMODAL CONTAINER CHASSIS</td> <td>8 - POLE</td> <td>12 - CONCRETE MIXER</td> </tr> <tr> <td>2 - BUS</td> <td>4 - LOGGING</td> <td>6 - CARGO VAN/ENCLOSED BOX</td> <td>9 - CARGO TANK</td> <td>13 - AUTO TRANSPORTER</td> </tr> <tr> <td></td> <td></td> <td>7 - GRAIN/CHIPS/GRAVEL</td> <td>10 - FLAT BED</td> <td>14 - GARBAGE/REFUSE</td> </tr> <tr> <td></td> <td></td> <td></td> <td>11 - DUMP</td> <td>99 - OTHER/UNKNOWN</td> </tr> </table> | | | | 1 - NO CARGO BODY TYPE / NOT APPLICABLE | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE | 5 - INTERMODAL CONTAINER CHASSIS | 8 - POLE | 12 - CONCRETE MIXER | 2 - BUS | 4 - LOGGING | 6 - CARGO VAN/ENCLOSED BOX | 9 - CARGO TANK | 13 - AUTO TRANSPORTER | | | 7 - GRAIN/CHIPS/GRAVEL | 10 - FLAT BED | 14 - GARBAGE/REFUSE | | | | 11 - DUMP | 99 - OTHER/UNKNOWN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2 - BUS | 4 - LOGGING | 6 - CARGO VAN/ENCLOSED BOX | 9 - CARGO TANK | 13 - AUTO TRANSPORTER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 7 - GRAIN/CHIPS/GRAVEL | 10 - FLAT BED | 14 - GARBAGE/REFUSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 11 - DUMP | 99 - OTHER/UNKNOWN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 9 | 9 | 1 - TURN SIGNALS | 4 - BRAKES | 7 - WORN OR SLICK TIRES | 9 - MOTOR TROUBLE | 99 - OTHER/UNKNOWN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2 | 2 - HEAD LAMPS | 5 - STEERING | 8 - TRAILER EQUIPMENT DEFECTIVE | 10 - DISABLED FROM PRIOR ACCIDENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 | 3 - TAIL LAMPS | 6 - TIRE BLOWOUT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2 - INTERSECTION - UNMARKED CROSSWALK | 4 - MIDBLOCK - MARKED CROSSWALK | 7 - SHOULDER / ROADSIDE | 10 - DRIVEWAY ACCESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5 - TRAVEL LANE - OTHER LOCATION | 8 - SIDEWALK | 11 - SHARED USE PATHS OR TRAILS | 99 - OTHER/UNKNOWN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | 9 - CHANGING LANES | 9 - LEAVING TRAFFIC LANE | 15 - WALKING, RUNNING, JOGGING, PLAYING | 20 - OTHER NON-MOTORIST | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 - STRUCK PRE-CRASH ACTIONS | 4 - OVERTAKING/PASSING | 10 - PARKED | 16 - WORKING | 21 - STANDING OUTSIDE DISABLED VEHICLE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| SEQUENCE OF EVENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | 3 - IMMERSION | 8 - RAN OFF ROAD RIGHT | 13 - OTHER NON-COLLISION | 18 - ANIMAL - DEER | 19 - ANIMAL - OTHER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 4 - JACKKNIFE | 9 - RAN OFF ROAD LEFT | 14 - PEDESTRIAN | 20 - MOTOR VEHICLE IN TRANSPORT | 20 - BY A MOTOR VEHICLE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 10 - CROSS MEDIAN | 15 - PEDALCYCLE | 21 - PARKED MOTOR VEHICLE | 24 - OTHER MOBILE OBJECT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | 26 - BRIDGE OVERHEAD STRUCTURE | 32 - PORTABLE BARRIER | 38 - OVERHEAD SIGN POST | 44 - DITCH | 51 - WALL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 27 - BRIDGE PIER OR ABUTMENT | 33 - MEDIAN CABLE BARRIER | 39 - LIGHT / LUMINARIES | 45 - EMBANKMENT | 52 - BUILDING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 28 - BRIDGE PARAPET | 34 - MEDIAN GUARDRAIL BARRIER | 40 - UTILITY POLE | 46 - FENCE | 53 - TUNNEL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 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 | 99 - OTHER / UNKNOWN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|---|--|
| LOCAL REPORT NUMBER | |
| 2 2 0 0 3 3 2 9 | |
| DAMAGE | |
| 9 | DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN |
| DAMAGED AREA(S) INDICATE ALL THAT APPLY | |
|         | |
| <input type="checkbox"/> NO DAMAGE [0] <input type="checkbox"/> UNDERCARRIAGE [14] | |
| <input type="checkbox"/> TOP [13] <input type="checkbox"/> ALL AREAS [15] | |
| <input type="checkbox"/> UNIT NOT AT SCENE [16] | |
| INITIAL POINT OF CONTACT | |
| 9 | 0 - NO DAMAGE 14 - UNDERCARRIAGE 1 - 12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN 13 - TOP |
| TRAFFIC | |
| 2 | TRAFFIC WAY FLOW 1 - ONE-WAY 2 - TWO-WAY |
| 6 | TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL |
| 2 | # OF THROUGH LANES ON ROAD |
| 1 | RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING |
| 9 | UNIT / NON-MOTORIST DIRECTION 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN |
| 9 | FROM [9] TO [9] |
| 3 | UNIT SPEED |
| 3 | DETECTED SPEED 1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED |
| 2 5 | POSTED SPEED |
| PAGE 2 OF 5 | |

| | | | |
|---|--|--|---|
| UNIT # | OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) | | OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER) |
| 0 2 | Snell, Buffie | | 3 |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) | | | |
| 9174 Trinidad Dr., Cincinnati, OH, 45231 | | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE | |
| LP STATE | LICENSE PLATE # | VEHICLE IDENTIFICATION # | VEHICLE YEAR |
| O H | HZJ5444 | 1G1ZB5ST7HF253107 | 2017 |
| <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY | INSURANCE POLICY # | VEHICLE MAKE |
| | Progressive | 951108323 | Chevy |
| TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | | US DOT # | TOWED BY: COMPANY NAME |
| <input type="checkbox"/> INTERLOCK EQUIPPED | <input type="checkbox"/> DEVICE EQUIPPED | # OCCUPANTS | VEHICLE WEIGHT GVWR/GCWR |
| | | 0 0 | 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. |
| UNIT TYPE | 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) | | |
| | 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOVED OR MOTORIZED 11 - ALL TERRAIN VEHICLE (ATV / UTV) | | |
| | 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME | | |
| | 18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP | | |
| # OF TRAILING UNITS | | | |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? | | 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION | 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION |
| 2 | 1 - YES 2 - NO 9 - OTHER / UNKNOWN | AUTONOMOUS MODE LEVEL | |
| SPECIAL FUNCTION | 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT / COMMUTER | | |
| | 6 - BUS - CHARTER / TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE | | |
| | 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL | | |
| CARGO BODY TYPE | 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS | | |
| | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - CARGO VAN / ENCLOSED BOX 6 - CARGO VAN / ENCLOSED BOX 7 - GRAIN / CHIPS / GRAVEL | | |
| VEHICLE DEFECTS | 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT | | |
| | 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT | | |
| NON-MOTORIST LOCATION AT IMPACT | 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK | | |
| | 3 - INTERSECTION - OTHER CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION | | |
| | 6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK | | |
| | 9 - MEDIAN / CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS | | |
| ACTION | 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN | | |
| | 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING / PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN | | |
| | 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS | | |
| | 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE | | |
| CONTRIBUTING CIRCUMSTANCES | 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN | | |
| | 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING | | |
| | 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY | | |
| | 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING / FALLING / SPILLING 20 - IMPROPER CROSSING | | |
| SEQUENCE OF EVENTS | | | |
| NON-COLLISION | | | |
| 1 2 0 | 1 - OVERTURN / ROLLOVER 2 - FIRE / EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT | | |
| | 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE | | |
| | 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE | | |
| | 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT | | |
| | 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE | | |
| | 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER | | |
| | 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT | | |
| | 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT | | |
| | 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT | | |
| 1 | 1 - FIRST HARMFUL EVENT 1 - MOST HARMFUL EVENT | | |

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

MOTORIST / Non-MOTORIST

| MOTORIST / NON-MOTORIST | LOCAL REPORT NUMBER | | | | | | | | | | | | |
|--|--|------------------------------|-------------------------------|---|--|---|--------------------------|---------------|---|------------------|-----------------|----------|--------------------------------|
| | UNIT # | NAME: LAST, FIRST, MIDDLE | | | DATE OF BIRTH | | | AGE | GENDER | | | | |
| 0 1 | | | | | | | 0 | U | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | | | | |
| INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | | SAFETY EQUIPMENT USED | 9 9 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| DL STATE | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | | LOCAL CODE | OFFENSE DESCRIPTION | | | | CITATION NUMBER | | |
| DL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION | 9 | 1 | 1 | 1 | 1 | DRUG TEST(S) SELECT UP TO 4 |
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | | | DATE OF BIRTH | | | | AGE | GENDER |
| 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 |
| DL STATE | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | | LOCAL CODE | OFFENSE DESCRIPTION | | | | CITATION NUMBER | | |
| DL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION | | 1 | 1 | 1 | 1 | DRUG TEST(S) SELECT UP TO 4 |
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | | | DATE OF BIRTH | | | | AGE | GENDER |
| 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 |
| DL STATE | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | | LOCAL CODE | OFFENSE DESCRIPTION | | | | CITATION NUMBER | | |
| DL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION | | 1 | 1 | 1 | 1 | DRUG TEST(S) SELECT UP TO 4 |
| INJURIES | SEATING POSITION | AIR BAG | DL CLASS | DL 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-CDL 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-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE | 3-TEST GIVEN, SAMPLE / UNUSABLE | | | | | | | |
| 4-POSSIBLE INJURY | 4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 4-DEPLOYED BOTH FRONT / SIDE | 4-REGULAR CLASS (OHIO = D) | 4-FARM WAIVER | 4-TEST GIVEN, RESULTS KNOWN | 4-TEST GIVEN, RESULTS KNOWN | | | | | | | |
| 5-NO APPARENT INJURY | 5-SECOND - MIDDLE | 5-NOT APPLICABLE | 5-M/C MOPED ONLY | 5-EXCEPT CLASS A BUS | 5-TEST GIVEN, RESULTS UNKNOWN | 5-TEST GIVEN, RESULTS UNKNOWN | | | | | | | |
| | 6-SECOND - RIGHT SIDE | 9-DEPLOYMENT UNKNOWN | 6-NO VALID DL | 6-EXCEPT CLASS A & CLASS B BUS | 6-TALKING ON HAND-HELD COMMUNICATION DEVICE | 6-TALKING ON HAND-HELD COMMUNICATION DEVICE | | | | | | | |
| | 7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | | | 7-EXCEPT TRACTOR-TRAILER | 7-EXCEPT TRACTOR-TRAILER | 7-EXCEPT TRACTOR-TRAILER | | | | | | | |
| | 8-THIRD - MIDDLE | | | 8-INTERMEDIATE LICENSE RESTRICTIONS | 8-INTERMEDIATE LICENSE RESTRICTIONS | 8-INTERMEDIATE LICENSE RESTRICTIONS | | | | | | | |
| | 9-THIRD - RIGHT SIDE | | | 9-LEARNER'S PERMIT RESTRICTIONS | 9-LEARNER'S PERMIT RESTRICTIONS | 9-LEARNER'S PERMIT RESTRICTIONS | | | | | | | |
| | 10-SLEEPER SECTION OF TRUCK CAB | | | 10-LIMITED TO DAYLIGHT ONLY | 10-LIMITED TO DAYLIGHT ONLY | 10-LIMITED TO DAYLIGHT ONLY | | | | | | | |
| INJURED TAKEN BY | EJECTION | DL ENDORSEMENT | | 11-LIMITED TO EMPLOYMENT | 11-LIMITED TO EMPLOYMENT | 11-LIMITED TO EMPLOYMENT | | | | | | | |
| 1-NOT TRANSPORTED /TREATED AT SCENE | 1-NOT EJECTED | H - HAZMAT | | 12-LIMITED - OTHER | 12-LIMITED - OTHER | 12-LIMITED - OTHER | | | | | | | |
| 2-EMS | 2-PARTIALLY EJECTED | M - MOTORCYCLE | | 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | | | | | | | |
| 3-POLICE | 3-TOTALLY EJECTED | P - PASSENGER | | 14-MILITARY VEHICLES ONLY | 14-MILITARY VEHICLES ONLY | 14-MILITARY VEHICLES ONLY | | | | | | | |
| 9-OTHER / UNKNOWN | 4-NOT APPLICABLE | N - TANKER | | 15-MOTOR VEHICLES WITHOUT AIR BRAKES | 15-MOTOR VEHICLES WITHOUT AIR BRAKES | 15-MOTOR VEHICLES WITHOUT AIR BRAKES | | | | | | | |
| SAFETY EQUIPMENT | TRAPPED | Q - MOTOR SCOOTER | | 16-OUTSIDE MIRROR | 16-OUTSIDE MIRROR | 16-OUTSIDE MIRROR | | | | | | | |
| 1-NONE USED | 1-NOT TRAPPED | R - THREE-WHEEL MOTORCYCLE | | 17-PROSTHETIC AID | 17-PROSTHETIC AID | 17-PROSTHETIC AID | | | | | | | |
| 2-SHOULDER BELT ONLY USED | 2-EXTRICATED BY MECHANICAL MEANS | S - SCHOOL BUS | | 18-OTHER | 18-OTHER | 18-OTHER | | | | | | | |
| 3-LAP BELT ONLY USED | 3-FREED BY NON-MECHANICAL MEANS | T - DOUBLE & TRIPLE TRAILERS | | | | | | | | | | | |
| 4-SHOULDER & LAP BELT USED | | X - TANKER / HAZMAT | | | | | | | | | | | |
| 5-CHILD RESTRAINT SYSTEM - FORWARD FACING | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | |
| GENDER | | | | | | | | | | | | | |
| F - FEMALE | | | | | | | | | | | | | |
| M - MALE | | | | | | | | | | | | | |
| U - OTHER / UNKNOWN | | | | | | | | | | | | | |
| CONDITION | | | | | | | | | | | | | |
| 1-APPARENTLY NORMAL | | | | | | | | | | | | | |
| 2-PHYSICAL IMPAIRMENT | | | | | | | | | | | | | |
| 3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) | | | | | | | | | | | | | |
| 4-ILLNESS | | | | | | | | | | | | | |
| 5-FELL ASLEEP, FAINTED, FATIGUED, ETC. | | | | | | | | | | | | | |
| 6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL | | | | | | | | | | | | | |
| 9-OTHER / UNKNOWN | | | | | | | | | | | | | |
| DRUG TEST TYPE | | | | | | | | | | | | | |
| 1-NONE | | | | | | | | | | | | | |
| 2-BLOOD | | | | | | | | | | | | | |
| 3-URINE | | | | | | | | | | | | | |
| 4-BREATH | | | | | | | | | | | | | |
| 5-OTHER | | | | | | | | | | | | | |
| DRUG TEST RESULT(S) | | | | | | | | | | | | | |
| 1-AMPHETAMINES | | | | | | | | | | | | | |
| 2-BARBITURATES | | | | | | | | | | | | | |
| 3-BENZODIAZEPINES | | | | | | | | | | | | | |
| 4-CANNABINOID | | | | | | | | | | | | | |
| 5-COCAIN | | | | | | | | | | | | | |
| 6-OPIATES / OPIOIDS | | | | | | | | | | | | | |
| 7-OTHER | | | | | | | | | | | | | |
| 8-NEGATIVE RESULTS | | | | | | | | | | | | | |

| | | | | |
|---|----------|-------------------|---------------------------------------|------------------|
| LOCAL REPORT NUMBER | 22003329 | REPORTING AGENCY | Fairfield Police Department | DATE OF ACCIDENT |
| IN COUNTY OF | Butler | ACCIDENT LOCATION | 4836 McGreevy Dr. Fairfield, OH 45014 | 1/15/22 |
| <p>McGreevy DR.</p> <p>↑ N</p> <p>4836 McGreevy</p> <p>Not to Scale</p> <p>B. Wassmer</p> | | | | |
| OFFICER'S SIGNATURE | | BADGE NO | | |
| HSY 7002 | | Page 5 of 5 | | |