



## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

|   |  |  | LOCAL INFORMATION  |  | 2 2 0 0 3 7 0 2   |   |  |               |
|---|--|--|--|--|---|---|--|---------------|
|   |  |  | REPORTING AGENCY NAME*   |  | NCIC*   | HIT/SKIP  | NUMBER OF UNITS  | UNIT IN ERROR |
| <input type="checkbox"/> PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3<br><input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY |  |  | Fairfield Police Department 0 0 9 0 1  |  | 2 1 - SOLVED  | 0 1   | 0 1 98-ANIMAL  |               |
| 2   | 2 - UNSOLVED   | 0 1  | 0 1 99-UNKNOWN   |  |   |   |  |               |
| LOCATION  | LOCALITY*  | LOCATION: CITY, VILLAGE, TOWNSHIP*   | CRASH DATE / TIME*   |  |   | CRASH SEVERITY  |  |               |
| 0 9   | 1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP  | City of Fairfield  | 0 1 1 7 2 0 2 2 1 1 4 0  |  |   | 5<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY                                   |  |               |
| ROUTE TYPE  | ROUTE NUMBER   | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   | LOCATION ROAD NAME<br>BLACKBURN  | ROAD TYPE<br>A V   | LATITUDE DECIMAL DEGREES<br>3 9 . 3 5 0 5 8 1   |   |  |               |
| REFERENCE   | ROUTE TYPE   | ROUTE NUMBER   | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)  | ROAD TYPE   | LONGITUDE DECIMAL DEGREES<br>- 8 4 . 5 6 0 6 8 9  |  |               |
| REFERENCE POINT   | DIRECTION FROM REFERENCE<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #   | ROUTE TYPE<br>IR - INTERSTATE ROUTE(TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE   | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS  | RD - ROAD<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE                              | INTERSECTION RELATED  |   |  |               |
| DISTANCE FROM REFERENCE   | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS   | ROUTE TYPE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE   | RD - ROAD<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE  | ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY  | NUMBER OF APPROACHES  |   |  |               |
| LOCATION OF FIRST HARMFUL EVENT   |  |  | MANNER OF CRASH COLLISION/IMPACT   |  |   | 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, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN |               |
| 0 4   | 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 | 9 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12 - SHARED USE PATHS OR TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER / UNKNOWN | 1 - NOT COLLISION<br>2 - BETWEEN<br>3 - TWO MOTOR VEHICLES IN<br>4 - TRANSPORT<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - REAR-END<br>10 - HEAD-ON   | 1 - BEFORE THE 1ST WORK ZONE<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA | 1 - CONTOUR<br>2 - STRAIGHT LEVEL<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA | 1 - CONDITIONS<br>2 - DRY<br>3 - WET<br>4 - SNOW<br>5 - ICE<br>6 - SAND, MUD, DIRT, OIL, GRAVEL<br>7 - WATER (STANDING, MOVING)<br>8 - SLUSH<br>9 - OTHER/UNKNOWN | 1 - SURFACE<br>2 - CONCRETE<br>3 - BLACKTOP, BITUMINOUS, ASPHALT<br>4 - BRICK/BLOCK<br>5 - SLAG, GRAVEL, STONE<br>6 - DIRT<br>7 - OTHER/UNKNOWN  |               |
| WORK ZONE RELATED   |  |  | WORK ZONE TYPE   |  |   | 1   | 3  |               |
| WORKERS PRESENT   |  |  | 1 - LANE CLOSURE<br>2 - LANE SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER   |  |   | 1 - STRAIGHT LEVEL  | 1 - DRY  |               |
| LAW ENFORCEMENT PRESENT   |  |  | 2 - TRANSITION AREA  |  |   | 2 - STRAIGHT GRADE  | 2 - WET  |               |
| ACTIVE SCHOOL ZONE  |  |  | 3 - ACTIVITY AREA  |  |   | 3 - CURVE LEVEL   | 3 - SNOW   |               |
| 4 - TERMINATION AREA  |  |  | 5 - TERMINATION AREA   |  |   | 4 - CURVE GRADE   | 4 - ICE  |               |
| 9 - OTHER/UNKNOWN   |  |  | 5 - OTHER/UNKNOWN  |  |   | 9 - OTHER/UNKNOWN   | 5 - SAND, MUD, DIRT, OIL, GRAVEL   |               |
| 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   |  |  | 6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN   |  |   | 6 - WATER (STANDING, MOVING)  | 4 - SLAG, GRAVEL, STONE  |               |
| 0 2   |  |  | 1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL   |  |   | 7 - SLUSH   | 5 - DIRT   |               |
| LIGHT CONDITION   |  |  | WEATHER  |  |   | 8 - OTHER/UNKNOWN   | 9 - OTHER/UNKNOWN  |               |
| NARRATIVE   |  |  | <p>On January 17, 2022 at about 11:40 a.m. Unit 1 was traveling westbound on Blackburn Ave. and when at 544 Blackburn Ave. went off the right side of the roadway in the snow and collided with a fire hydrant breaking it off from the base. Unit 1 then left the scene of the crash.</p> <p>The fire hydrant belongs to:<br/>The City of Fairfield<br/>5350 Pleasant Avenue, Fairfield, OH 45014</p> |  |   |   |  |               |
|   |  |  | <p>SEE OH-2</p> <p>Indicate the north direction with an "N" on the compass diagram.</p>   |  |   |   |  |               |

| CRASH REPORTED DATE / TIME   |                             | DISPATCH DATE / TIME    |                   | ARRIVAL DATE / TIME                |                            | SCENE CLEARED DATE / TIME |      |
|------------------------------|-----------------------------|-------------------------|-------------------|------------------------------------|----------------------------|---------------------------|------|
| 01 17 2022                   | 1141                        | 01 17 2022              | 1144              | 01 17 2022                         | 1147                       | 01 17 2022                | 1201 |
| TOTAL TIME<br>ROADWAY CLOSED | OTHER<br>INVESTIGATION TIME | TOTAL<br>MINUTES        | OFFICER'S NAME*   |                                    | CHECKED BY OFFICER'S NAME* |                           |      |
|                              |                             |                         | P.O. RYAN FLEENOR |                                    | Sgt. J. Sprague            |                           |      |
|                              |                             | OFFICER'S BADGE NUMBER* |                   | CHECKED BY OFFICER'S BADGE NUMBER* |                            |                           |      |
| 1 5                          |                             | 3 2                     |                   | 1 1 7                              |                            | 2 4 4                     |      |

|                                     |   |
|-------------------------------------|---|
| REPORT TAKEN BY                     |   |
| <input checked="" type="checkbox"/> | POLICE AGENCY   |
| <input type="checkbox"/>            | MOTORIST  |
| <input type="checkbox"/>            | SUPPLEMENT<br>(CORRECTION OR ADDITION<br>TO AN EXISTING REPORT SENT TO (S)P(S)) |

**OWNER** **UNIT #** **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

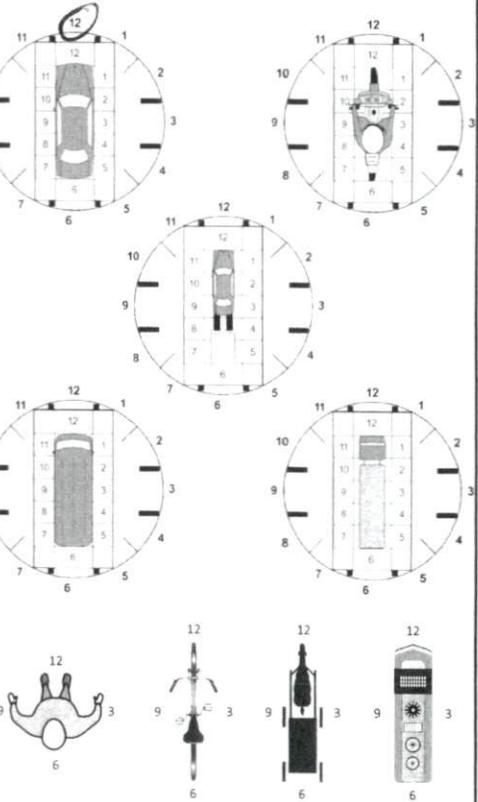
**LOCAL REPORT NUMBER**  
 2 2 0 0 3 7 0 2

**DAMAGE**
**DAMAGE SCALE**

|          |                  |                       |
|----------|------------------|-----------------------|
| <u>9</u> | 1 - NONE         | 3 - FUNCTIONAL DAMAGE |
|          | 2 - MINOR DAMAGE | 4 - DISABLING DAMAGE  |
|          | 9 - UNKNOWN      |                       |

**DAMAGED AREA(S)**

INDICATE ALL THAT APPLY


 **NO DAMAGE** 0  **UNDERCARRIAGE** 14
 **TOP** 13  **ALL AREAS** 15
 **UNIT NOT AT SCENE** 16
**INITIAL POINT OF CONTACT**

|                   |                     |                           |
|-------------------|---------------------|---------------------------|
| <u>1</u> <u>2</u> | 0 - NO DAMAGE       | 14 - UNDERCARRIAGE        |
|                   | 1-12 - REFERTO UNIT | 15 - VEHICLE NOT AT SCENE |
|                   | DIAGRAM             | 99 - UNKNOWN              |
|                   | 13 - TOP            |                           |

**TRAFFIC**
**TRAFFICWAY FLOW**

|          |             |                |
|----------|-------------|----------------|
| <u>2</u> | 1 - ONE-WAY | 4 - STOP SIGN  |
|          | 2 - TWO-WAY | 5 - YIELD SIGN |
|          | 6           | 3 - FLASHER    |
|          |             | 6 - NO CONTROL |

**# OF THROUGH LANES ON ROAD**

|          |                               |
|----------|-------------------------------|
| <u>2</u> | 1 - NOT INVOLVED              |
|          | 2 - INVOLVED-ACTIVE CROSSING  |
|          | 3 - INVOLVED-PASSIVE CROSSING |

**UNIT / NON-MOTORIST DIRECTION**

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

**UNIT SPEED**

|                   |                              |
|-------------------|------------------------------|
| <u>2</u> <u>5</u> | 1 - STATED / ESTIMATED SPEED |
|                   | 2 - CALCULATED / EDR         |

**POSTED SPEED**

|                   |                  |
|-------------------|------------------|
| <u>1</u> <u>0</u> | 3 - UNDETERMINED |
|-------------------|------------------|

**LP STATE** **LICENSE PLATE #** **VEHICLE IDENTIFICATION #** **VEHICLE YEAR** **VEHICLE MAKE**  
O H
**INSURANCE VERIFIED** **INSURANCE COMPANY** **INSURANCE POLICY #** **COLOR** **VEHICLE MODEL**  
 BLUE

**TYPE OF USE**  
 COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
**INTERLOCK DEVICE EQUIPPED**  HIT/SKIP UNIT **#OCCUPANTS**
**US DOT #**
**VEHICLE WEIGHT GVWR/GCWR**

|                       |
|-----------------------|
| 1 - <10K LBS.         |
| 2 - 10,001 - 26K LBS. |
| 3 - >26K LBS.         |

**TOWED BY:** COMPANY NAME

**HAZARDOUS MATERIAL**

|  |         |              |
|--|---------|--------------|
| <input type="checkbox"/> MATERIAL RELEASED | CLASS # | PLACARD ID # |
| <input type="checkbox"/> PLACARD           |         |              |

|                             |                                      |                        |  |                            |
|-----------------------------|--------------------------------------|------------------------|--|----------------------------|
| 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 - MOVED OR MOTORIZED              | 15 - SEMI-TRACTOR      | 21 - HEAVY EQUIPMENT                           | 26 - BICYCLE               |
| 5 - CARGO VAN               | BICYCLE                              | 16 - FARM EQUIPMENT    | 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE | 27 - TRAIN                 |
| 6 - VAN (9-15 SEATS)        | 11 - ALL-TERRAIN VEHICLE (ATV / UTV) | 17 - MOTORHOME         | 99 - UNKNOWN OR HIT/SKIP                       |                            |

**# OF TRAILING UNITS**
**WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?**  
0 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN
 
**AUTONOMOUS MODE LEVEL**

|                        |                            |             |
|------------------------|----------------------------|-------------|
| 0 - NO AUTOMATION      | 3 - CONDITIONAL AUTOMATION | 9 - UNKNOWN |
| 1 - DRIVER ASSISTANCE  | 4 - HIGH AUTOMATION        |             |
| 2 - PARTIAL AUTOMATION | 5 - FULL AUTOMATION        |             |

|                             |                        |                             |                            |                      |
|-----------------------------|------------------------|-----------------------------|----------------------------|----------------------|
| 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 - 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 - CARGOTANK | 13 - AUTO TRANSPORTER |
|   |  | 7 - GRAIN/CHIPS/GRAVEL           | 10 - FLAT BED | 14 - GARBAGE/REFUSE   |
|   |  |                                  | 11 - DUMP     | 99 - OTHER / UNKNOWN  |

|                  |                  |                                 |                                   |                      |
|------------------|------------------|---------------------------------|-----------------------------------|----------------------|
| 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 |                                 |                                   |                      |

|                                       |                                  |                         |                                 |  |
|---------------------------------------|----------------------------------|-------------------------|---------------------------------|--|
| 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 CROSSWALK  | 7 - SHOULDER / ROADSIDE | 10 - DRIVEWAY ACCESS            |  |
|                                       | 5 - TRAVEL LANE - OTHER LOCATION | 8 - SIDEWALK            | 11 - SHARED USE PATHS OR TRAILS | 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 9</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 - DRIVERLESS                    | 16 - WORKING                                 | 17 - PUSHING VEHICLE                   |
| 9 - OTHER / UNKNOWN          |                        |                                    | 18 - OPERATING DEFECTIVE EQUIPMENT           | 22 - NOT DISCERNIBLE                   |

|                      |                                |  |                                     |                                |
|----------------------|--------------------------------|--|-------------------------------------|--------------------------------|
| 1 - NONE             | 7 - LEFT OF CENTER             | 13 - IMPROPER START FROM 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 SPILLING          | 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          |  |                                     |                                |

**SEQUENCE OF EVENTS**

|                     |                                     |                         |  |                                 |  |
|---------------------|-------------------------------------|-------------------------|--|---------------------------------|--|
| 1 <u>0</u> <u>8</u> | 1 - OVERTURN/ROLLOVER               | 6 - EQUIPMENT FAILURE   | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL | 16 - RAILWAY VEHICLE            | 22 - WORK ZONE MAINTENANCE EQUIPMENT                             |
|                     | 2 - FIRE/EXPLOSION                  | 7 - SEPARATION OF UNITS | 17 - ANIMAL - FARM                                   | 17 - ANIMAL - DEER              | 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION |
|                     | 3 - IMMERSION                       | 8 - RAN OFF ROAD RIGHT  | 18 - ANIMAL - OTHER                                  | 19 - ANIMAL - OTHER             | 20 - MOTOR VEHICLE IN TRANSPORT                                  |
| 2 <u>4</u> <u>9</u> | 4 - JACKKNIFE                       | 9 - RAN OFF ROAD LEFT   | 13 - OTHER NON-COLLISION                             | 20 - MOTOR VEHICLE IN TRANSPORT | 21 - OTHER MOVABLE OBJECT  |
|                     | 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 10 - CROSS MEDIAN       | 14 - PEDESTRIAN                                      | 21 - PARKED MOTOR VEHICLE       |  |
|                     |                                     |                         | 15 - PEDALCYCLE                                      |                                 |  |

|            |  |                               |                                  |                         |                                      |
|------------|--|-------------------------------|----------------------------------|-------------------------|--------------------------------------|
| 4 <u>4</u> | 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              |                                      |
|            | 27 - BRIDGE PIER OR ABUTMENT           | 33 - MEDIAN CABLE BARRIER     | 39 - LIGHT / LUMINARIES          | 51 - WALL               |                                      |
| 5 <u>5</u> | 28 - BRIDGE PARAPET                    | 34 - MEDIAN GUARDRAIL SUPPORT | 40 - UTILITY POLE                | 45 - EMBANKMENT         |                                      |
|            | 29 - BRIDGE RAIL                       | 35 - MEDIAN CONCRETE BARRIER  | 41 - OTHER POST, POLE OR SUPPORT | 52 - BUILDING           |                                      |
|            | 30 - GUARDRAIL FACE                    | 36 - MEDIAN OTHER BARRIER     | 42 - CULVERT                     | 53 - TUNNEL             |                                      |
|            |  |                               |                                  | 54 - OTHER FIXED OBJECT |                                      |
|            |  |                               |                                  | 49 - FIRE HYDRANT       |                                      |
|            |  |                               |                                  | 99 - OTHER / UNKNOWN    |                                      |

**FIRST HARMFUL EVENT** 2 **MOST HARMFUL EVENT**

|                     |  |     |
|---------------------|--|-----|
| LOCAL REPORT NUMBER |  |     |
| 2 2 0 0 3 7 0 2     |  |     |
| DATE OF BIRTH       |  | AGE |
| 0                   |  | M   |

|                                   |                               |                            |                           |  |  |  |                     |   |                              |                                   |  |
|-----------------------------------|-------------------------------|----------------------------|---------------------------|--|--|--|---------------------|---|------------------------------|-----------------------------------|--|
| MOTORIST / NON-MOTORIST           | UNIT #                        | NAME: LAST, FIRST, MIDDLE  |                           |  | INJURIES<br>5                          | INJURED TAKEN BY                                 | EMS AGENCY (NAME)   | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>9 9 | CONTACT PHONE - INCLUDE AREA CODE |  |
|                                   | 0 1                           |                            |                           |  |  |  |                     |   |                              |                                   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET |
| ADDRESS: STREET, CITY, STATE, ZIP | OL STATE                      | OPERATOR LICENSE NUMBER    |                           |  | OFFENSE CHARGED                        | LOCAL CODE<br><input type="checkbox"/>           | OFFENSE DESCRIPTION | CITATION NUMBER                                 |                              |                                   |  |
| OL CLASS                          | ENDORSEMENT<br>SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY<br>9 | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>9                         | ALCOHOL TEST<br>STATUS<br>1                      | TYPE<br>1           | VALUE<br>•                                      | DRUG TEST(S)<br>STATUS<br>1  | TYPE<br>1                         | RESULT<br>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                           |  |
| OL STATE                          | OPERATOR LICENSE NUMBER       |                            |                           | OFFENSE CHARGED  | LOCAL CODE<br><input type="checkbox"/> | OFFENSE DESCRIPTION                              | CITATION NUMBER     |   |                              |                                   |  |
| OL CLASS                          | ENDORSEMENT<br>SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY<br>9 | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>9                         | ALCOHOL TEST<br>STATUS<br>1                      | TYPE<br>1           | VALUE<br>•                                      | DRUG TEST(S)<br>STATUS<br>1  | TYPE<br>1                         | RESULT<br>SELECT UP TO 4                         |
| UNIT #                            | NAME: LAST, FIRST, MIDDLE     |                            |                           | DATE OF BIRTH  | AGE                                    | GENDER   |                     |   |                              |                                   |  |

|                         |                                   |                            |                           |  |   |  |  |                  |                             |           |                          |
|-------------------------|-----------------------------------|----------------------------|---------------------------|--|---|--|--|------------------|-----------------------------|-----------|--------------------------|
| MOTORIST / NON-MOTORIST | 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                  |
|                         | OL STATE                          | OPERATOR LICENSE NUMBER    |                           |  | OFFENSE CHARGED                                 | LOCAL CODE<br><input type="checkbox"/> | OFFENSE DESCRIPTION                              | CITATION NUMBER  |                             |           |                          |
| OL CLASS                | ENDORSEMENT<br>SELECT UP TO 2     | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY<br>9 | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>9                                  | ALCOHOL TEST<br>STATUS<br>1            | TYPE<br>1  | VALUE<br>•       | DRUG TEST(S)<br>STATUS<br>1 | TYPE<br>1 | RESULT<br>SELECT UP TO 4 |
| UNIT #                  | NAME: LAST, FIRST, MIDDLE         |                            |                           | DATE OF BIRTH  | AGE   | GENDER                                 |  |                  |                             |           |                          |

|                         |                                   |                            |                           |  |   |  |  |                  |                             |           |                          |
|-------------------------|-----------------------------------|----------------------------|---------------------------|--|---|--|--|------------------|-----------------------------|-----------|--------------------------|
| MOTORIST / NON-MOTORIST | 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                  |
|                         | OL STATE                          | OPERATOR LICENSE NUMBER    |                           |  | OFFENSE CHARGED                                 | LOCAL CODE<br><input type="checkbox"/> | OFFENSE DESCRIPTION                              | CITATION NUMBER  |                             |           |                          |
| OL CLASS                | ENDORSEMENT<br>SELECT UP TO 2     | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY<br>9 | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>9                                  | ALCOHOL TEST<br>STATUS<br>1            | TYPE<br>1  | VALUE<br>•       | DRUG TEST(S)<br>STATUS<br>1 | TYPE<br>1 | RESULT<br>SELECT UP TO 4 |

|  |  |   |  |   |  |  |
|--|--|---|--|---|--|--|
| INJURIES   | SEATING POSITION   | AIR BAG   | OL CLASS   | OL RESTRICTION(S)   | DRIVER DISTRACTION   | TEST STATUS  |
| 1-FATAL<br>2-SUSPECTED SERIOUS INJURY<br>3-SUSPECTED MINOR INJURY<br>4-Possible INJURY<br>5-NO APPARENT INJURY   | 1-FRONT - LEFT SIDE<br>(MOTORCYCLE DRIVER)<br>2-FRONT - MIDDLE<br>3-FRONT - RIGHT SIDE<br>4-SECOND - LEFT SIDE<br>(MOTORCYCLE PASSENGER)<br>5-SECOND - MIDDLE<br>6-SECOND - RIGHT SIDE<br>7-THIRD - LEFT SIDE<br>(MOTORCYCLE SIDE CAR)<br>8-THIRD - MIDDLE<br>9-THIRD - RIGHT SIDE<br>10-SLEEPER SECTION<br>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<br>(OHIO = D)<br>5-EXCEPT CLASS A BUS<br>6-EXCEPT CLASS A & CLASS B BUS<br>7-EXCEPT TRACTOR-TRAILER<br>8-INTERMEDIATE LICENSE<br>RESTRICTIONS<br>9-LEARNER'S PERMIT<br>RESTRICTIONS<br>10-LIMITED TO DAYLIGHT ONLY<br>11-LIMITED TO EMPLOYMENT<br>12-LIMITED - OTHER<br>13-MECHANICAL DEVICES<br>(SPECIAL BRAKES, HAND<br>CONTROLS, OR OTHER<br>ADAPTIVE DEVICES)<br>14-MILITARY VEHICLES ONLY<br>15-MOTOR VEHICLES WITHOUT<br>AIR BRAKES<br>16-OUTSIDE MIRROR<br>17-PROSTHETIC AID<br>18-OTHER | 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<br>RESTRICTIONS<br>9-LEARNER'S PERMIT<br>RESTRICTIONS<br>10-LIMITED TO DAYLIGHT ONLY<br>11-LIMITED TO EMPLOYMENT<br>12-LIMITED - OTHER<br>13-MECHANICAL DEVICES<br>(SPECIAL BRAKES, HAND<br>CONTROLS, OR OTHER<br>ADAPTIVE DEVICES)<br>14-MILITARY VEHICLES ONLY<br>15-MOTOR VEHICLES WITHOUT<br>AIR BRAKES<br>16-OUTSIDE MIRROR<br>17-PROSTHETIC AID<br>18-OTHER | 1-NOT DISTRACTED<br>2-MANUALLY OPERATING AN<br>ELECTRONIC COMMUNICATION<br>DEVICE (TEXTING, TYPING,<br>DIALING)<br>3-TALKING ON HANDS-FREE<br>COMMUNICATION DEVICE<br>4-TALKING ON HAND-HELD<br>COMMUNICATION DEVICE<br>5-OTHER ACTIVITY WITH AN<br>ELECTRONIC DEVICE<br>6-PASSENGER<br>7-OTHER DISTRACTION<br>INSIDE THE VEHICLE<br>8-OTHER DISTRACTION OUTSIDE<br>THE VEHICLE<br>9-OTHER / UNKNOWN | 1-NONE GIVEN<br>2-TEST REFUSED<br>3-TEST GIVEN, CONTAMINATED<br>SAMPLE / UNUSABLE<br>4-TEST GIVEN, RESULTS KNOWN<br>5-TEST GIVEN, RESULTS<br>UNKNOWN |
| EJECTION   |  |   | OL ENDORSEMENT   | ALCOHOL TEST TYPE   |  |  |
| 1-NOT EJECTED<br>2-PARTIALLY EJECTED<br>3-TOTALLY EJECTED<br>4-NOT APPLICABLE  |  |   | H-HAZMAT<br>M-MOTORCYCLE<br>P-PASSENGER<br>N-TANKER<br>Q-MOTOR SCOOTER<br>R-THREE-WHEEL MOTORCYCLE<br>S-SCHOOL BUS<br>T-DOUBLE & TRIPLE TRAILERS<br>X-TANKER / HAZMAT  | 1-NOT DISTRACTED<br>2-MANUALLY OPERATING AN<br>ELECTRONIC COMMUNICATION<br>DEVICE (TEXTING, TYPING,<br>DIALING)<br>3-TALKING ON HANDS-FREE<br>COMMUNICATION DEVICE<br>4-TALKING ON HAND-HELD<br>COMMUNICATION DEVICE<br>5-OTHER ACTIVITY WITH AN<br>ELECTRONIC DEVICE<br>6-PASSENGER<br>7-OTHER DISTRACTION<br>INSIDE THE VEHICLE<br>8-OTHER DISTRACTION OUTSIDE<br>THE VEHICLE<br>9-OTHER / UNKNOWN  | 1-NONE<br>2-BLOOD<br>3-URINE<br>4-BREATH<br>5-OTHER  |  |
| TRAPPED  |  |   | DRUG TEST TYPE   |   |  |  |
| 1-NOT TRAPPED<br>2-EXTRICATED BY<br>MECHANICAL MEANS<br>3-FREED BY<br>NON-MECHANICAL MEANS   |  |   | F-FEMALE<br>M-MALE<br>U-OTHER / UNKNOWN  | 1-NOT DISTRACTED<br>2-MANUALLY OPERATING AN<br>ELECTRONIC COMMUNICATION<br>DEVICE (TEXTING, TYPING,<br>DIALING)<br>3-TALKING ON HANDS-FREE<br>COMMUNICATION DEVICE<br>4-TALKING ON HAND-HELD<br>COMMUNICATION DEVICE<br>5-OTHER ACTIVITY WITH AN<br>ELECTRONIC DEVICE<br>6-PASSENGER<br>7-OTHER DISTRACTION<br>INSIDE THE VEHICLE<br>8-OTHER DISTRACTION OUTSIDE<br>THE VEHICLE<br>9-OTHER / UNKNOWN  | 1-NONE<br>2-BLOOD<br>3-URINE<br>4-BREATH<br>5-OTHER  |  |
| GENDER   |  |   | DRUG TEST RESULT(S)  |   |  |  |
| F-FEMALE<br>M-MALE<br>U-OTHER / UNKNOWN  |  |   | 1-APPARENTLY NORMAL<br>2-PHYSICAL IMPAIRMENT<br>3-EMOTIONAL (E.G. DEPRESSED,<br>ANGRY, DISTURBED)<br>4-ILLNESS<br>5-FELL ASLEEP FAINTED,<br>FATIGUED, ETC.<br>6-UNDER THE INFLUENCE<br>OF MEDICATIONS / DRUGS<br>/ ALCOHOL<br>9-OTHER / UNKNOWN  | 1-AMPHETAMINES<br>2-BARBITURATES<br>3-BENZODIAZEPINES<br>4-CANNABINOID<br>5-COCAIN<br>6-OPIATES / OPIOIDS<br>7-OTHER<br>8-NEGATIVE RESULTS  |  |  |
| SAFETY EQUIPMENT   |  |   | CONDITION  |   |  |  |
| 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 -<br>FORWARD FACING<br>6-CHILD RESTRAINT SYSTEM -<br>REAR FACING<br>7-BOOSTER SEAT<br>8-HELMET USED<br>9-PROTECTIVE PADS USED<br>(ELBOW, KNEES, ETC.)<br>10-REFLECTIVE CLOTHING<br>11-LIGHTING - PEDESTRIAN<br>/ BICYCLE ONLY<br>99-OTHER / UNKNOWN |  |   | 1-APPARENTLY NORMAL<br>2-PHYSICAL IMPAIRMENT<br>3-EMOTIONAL (E.G. DEPRESSED,<br>ANGRY, DISTURBED)<br>4-ILLNESS<br>5-FELL ASLEEP FAINTED,<br>FATIGUED, ETC.<br>6-UNDER THE INFLUENCE<br>OF MEDICATIONS / DRUGS<br>/ ALCOHOL<br>9-OTHER / UNKNOWN  | 1-APPARENTLY NORMAL<br>2-PHYSICAL IMPAIRMENT<br>3-EMOTIONAL (E.G. DEPRESSED,<br>ANGRY, DISTURBED)<br>4-ILLNESS<br>5-FELL ASLEEP FAINTED,<br>FATIGUED, ETC.<br>6-UNDER THE INFLUENCE<br>OF MEDICATIONS / DRUGS<br>/ ALCOHOL<br>9-OTHER / UNKNOWN   |  |  |

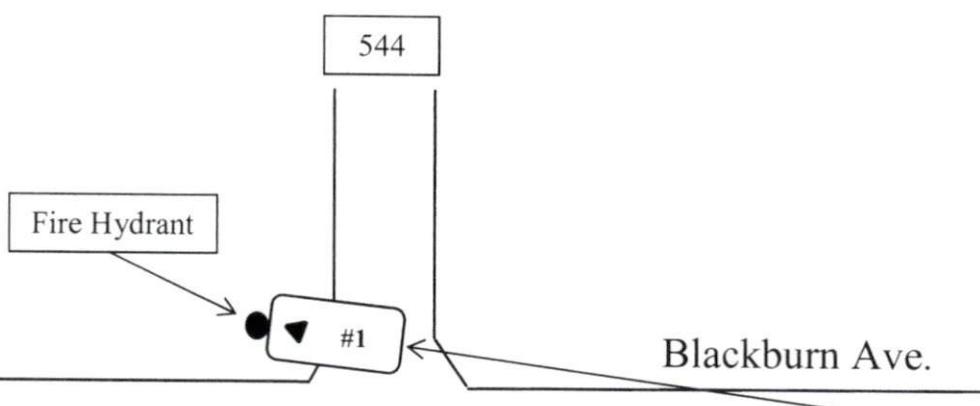


## OCCUPANT / WITNESS ADDENDUM

| OCCUPANT  | UNIT #                            | NAME: LAST, FIRST, MIDDLE |   |   |  | DATE OF BIRTH                                    | AGE                                | 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 |
| OCCUPANT  | UNIT #                            | NAME: LAST, FIRST, MIDDLE |   |   |  | DATE OF BIRTH                                    | AGE                                | 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 |
| OCCUPANT  | UNIT #                            | NAME: LAST, FIRST, MIDDLE |   |   |  | DATE OF BIRTH                                    | AGE                                | 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 |
| OCCUPANT  | UNIT #                            | NAME: LAST, FIRST, MIDDLE |   |   |  | DATE OF BIRTH                                    | AGE                                | 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 |
| OCCUPANT  | UNIT #                            | NAME: LAST, FIRST, MIDDLE |   |   |  | DATE OF BIRTH                                    | AGE                                | GENDER        |          |         |
|   | ADDRESS: STREET, CITY, STATE, ZIP |                           |   |   | CONTACT PHONE - INCLUDE AREA CODE  |  |                                    |               |          |         |
| 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                            |  |  |                                    |               |          |         |
| NAME: LAST, FIRST, MIDDLE<br>MILLER, SARA MARIE                             |                                   |                           |   |   |  | DATE OF BIRTH                                    | AGE                                | GENDER        |          |         |
| ADDRESS: STREET, CITY, STATE, ZIP<br>544 BLACKBURN AVE. FAIRFIELD, OH 45014 |                                   |                           |   |   |  | CONTACT PHONE - INCLUDE AREA CODE                |                                    |               |          |         |
| NAME: LAST, FIRST, MIDDLE   |                                   |                           |   |   |  | DATE OF BIRTH                                    | AGE                                | GENDER        |          |         |
| ADDRESS: STREET, CITY, STATE, ZIP   |                                   |                           |   |   |  | CONTACT PHONE - INCLUDE AREA CODE                |                                    |               |          |         |
| NAME: LAST, FIRST, MIDDLE   |                                   |                           |   |   |  | DATE OF BIRTH                                    | AGE                                | GENDER        |          |         |
| ADDRESS: STREET, CITY, STATE, ZIP   |                                   |                           |   |   |  | CONTACT PHONE - INCLUDE AREA CODE                |                                    |               |          |         |

|                     |           |                   |                             |                  |          |
|---------------------|-----------|-------------------|-----------------------------|------------------|----------|
| LOCAL REPORT NUMBER | 22-003702 | REPORTING AGENCY  | Fairfield Police Department | DATE OF ACCIDENT | 01-17-22 |
| IN COUNTY OF        | Butler    | ACCIDENT LOCATION | 544 Blackburn Ave.          |                  |          |
|                     |           |                   |                             |                  |          |

Not To Scale



|  |  |                     |           |
|--|--|---------------------|-----------|
|  |  | OFFICER'S SIGNATURE | BADGE NO. |
|  |  | P.O. RYAN FLEENOR   | 117       |