



## 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<br><input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY   |  |   | <b>LOCAL INFORMATION</b><br><b>REPORTING AGENCY NAME*</b> Fairfield Police Department <b>NCIC*</b> 00901 |   |  | <b>LOCAL REPORT NUMBER*</b> 22004778   |  |   |  |  |  |
| <b>COUNTY*</b> 09 <b>LOCALITY*</b> 1-CITY 1 2-VILLAGE 3-TOWNSHIP  |  |   | <b>LOCATION: CITY, VILLAGE, TOWNSHIP*</b> City of Fairfield  |   |  | <b>HIT/SKIP</b><br>1-SOLVED 2-UNSOLVED <b>NUMBER OF UNITS</b> 02 <b>UNIT IN ERROR</b><br>01 98-ANIMAL 01 99-UNKNOWN  |  |   |  |  |  |
| <b>ROUTE TYPE</b> U S <b>ROUTE NUMBER</b> 127 <b>PREFIX</b> 1-NORTH 2-SOUTH 3-EAST 4-WEST   |  |   | <b>LOCATION ROAD NAME</b>  |   |  | <b>CRASH DATE / TIME*</b> 01222022 1005  |  |   |  |  |  |
| <b>ROUTE TYPE</b> <b>ROUTE NUMBER</b>   |  |   | <b>REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)</b> Resor   |   |  | <b>ROAD TYPE</b> R D <b>LATITUDE DECIMAL DEGREES</b> 39.322692<br><b>ROAD TYPE</b> <b>LONGITUDE DECIMAL DEGREES</b> -84.561282   |  |   |  |  |  |
| <b>REFERENCE POINT</b><br>1-INTERSECTION<br>2-MILE POST<br>3-HOUSE #  |  | <b>DIRECTION FROM REFERENCE</b><br>1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST   |  | <b>ROUTE TYPE</b><br>IR - INTERSTATE ROUTE(TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE   |  | <b>ROAD TYPE</b><br>AL - ALLEY HW - HIGHWAY RD - ROAD<br>AV - AVENUE LA - LANE SQ - SQUARE<br>BL - BOULEVARD MP - MILEPOST ST - STREET<br>CR - CIRCLE OV - OVAL TE - TERRACE<br>CT - COURT PK - PARKWAY TL - TRAIL<br>DR - DRIVE PI - PIKE WA - WAY<br>HE - HEIGHTS PL - PLACE |  | <b>INTERSECTION RELATED</b><br><input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA <b>NUMBER OF APPROACHES</b> 4                             |  |  |  |
| <b>DISTANCE FROM REFERENCE</b>  |  | <b>DISTANCE UNIT OF MEASURE</b><br>1-MILES<br>2-FEET<br>3-YARDS   |  |   |  |  |  | <b>ROADWAY</b><br><input type="checkbox"/> ROADWAY DIVIDED  |  |  |  |
| <b>LOCATION OF FIRST HARMFUL EVENT</b><br>1-ON ROADWAY<br>2-ON SHOULDER<br>3-IN MEDIAN<br>4-ON ROADSIDE<br>5-ON GORE<br>6-OUTSIDE TRAFFIC WAY<br>7-ON RAMP<br>8-OFF RAMP  |  |   |  | <b>MANNER OF CRASH COLLISION/IMPACT</b><br>1- NOT COLLISION 2- REAR-END 3- HEAD-ON<br>BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>5- BACKING 6- ANGLE 7- SIDESWIPE, SAME DIRECTION<br>8- SIDESWIPE, OPPOSITE DIRECTION<br>9- OTHER / UNKNOWN |  |  |  | <b>DIRECTION OF TRAVEL</b><br>1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST  |  | <b>MEDIAN TYPE</b><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 |  |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE   |  | <b>WORK ZONE TYPE</b><br>1-LANE CLOSURE<br>2-LANE SHIFT/CROSSOVER<br>3-WORK ON SHOULDER OR MEDIAN<br>4-INTERMITTENT OR MOVING WORK<br>5-OTHER |  | <b>LOCATION OF CRASH IN WORK ZONE</b><br>1-BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2-ADVANCE WARNING AREA<br>3-TRANSITION AREA<br>4-ACTIVITY AREA<br>5-TERMINATION AREA  |  | <b>CONTOUR</b><br>1<br>2-STRAIGHT LEVEL<br>3-STRAIGHT GRADE<br>4-CURVE LEVEL<br>5-CURVE GRADE<br>9- OTHER/UNKNOWN  |  | <b>CONDITIONS</b><br>1<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  |  | <b>SURFACE</b><br>1<br>2-CONCRETE<br>3-BLACKTOP, BITUMINOUS, ASPHALT<br>4-BRICK/BLOCK<br>5-SLAG, GRAVEL, STONE<br>9- OTHER/UNKNOWN   |  |
| <b>LIGHT CONDITION</b><br>1-DAYLIGHT<br>2-DAWN/DUSK<br>3-DARK - LIGHTED ROADWAY<br>4-DARK - ROADWAY NOT LIGHTED<br>5-DARK - UNKNOWN ROADWAY LIGHTING<br>9- OTHER / UNKNOWN  |  |   |  | <b>WEATHER</b><br>1-CLEAR<br>2-CLOUDY<br>3-FOG, SMOG, SMOKE<br>4-RAIN<br>5-SLEET, HAIL  |  |  |  |   |  |  |  |
| <b>NARRATIVE</b><br><p>On January 22, 2022 at about 10:05 A.M. Unit 1 was traveling south on U.S. 127 at approximately 25 m.p.h. and when at Resor Road failed to stop within the assured clear distance ahead and collided with Unit 2 which was also southbound and was slowing to make a turn. Brake lights on Unit 2 were inspected and were working properly.</p> <p>The drive of Unit #1 stated Unit #2 stopped abruptly in the roadway. The driver of Unit #2 stated he was on the telephone and was trying to find a place to turn around.</p> <p>The vehicles were moved out of the roadway prior to police arrival.</p> |  |   |  |   |  |  |  |   |  |  |  |
|   |  |   |  |   |  |  |  |   |  |  |  |
| <b>CRASH REPORTED DATE / TIME</b> 01222022 1009   |  | <b>DISPATCH DATE / TIME</b> 01222022 1022   |  | <b>ARRIVAL DATE / TIME</b> 01222022 1050  |  | <b>SCENE CLEARED DATE / TIME</b> 01222022 1115   |  | <b>REPORT TAKEN BY</b><br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODDS) |  |  |  |
| <b>TOTAL TIME ROADWAY CLOSED</b> 0  |  | <b>OTHER INVESTIGATION TIME</b> 1 0   |  | <b>TOTAL MINUTES</b> 6 3  |  | <b>OFFICER'S NAME*</b> E. Knizner<br><b>OFFICER'S BADGE NUMBER*</b> 8 3  |  | <b>CHECKED BY OFFICER'S NAME*</b> <i>[Signature]</i> <b>CHECKED BY OFFICER'S BADGE NUMBER*</b> 103  |  |  |  |

UNIT # 0 1 OWNER NAME: LAST, FIRST, MIDDLE  SAME AS DRIVER OWNER PHONE: INCLUDE AREA CODE  SAME AS DRIVER

OWNER ADDRESS: STREET, CITY, STATE, ZIP  SAME AS DRIVER

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

|   |   |  |   |  |
|---|---|--|---|--|
| LP STATE <u>O H</u>   | LICENSE PLATE # JSB2747                   | VEHICLE IDENTIFICATION # <u>1N4AL13AP5DC264687</u> | VEHICLE YEAR <u>2013</u>  | VEHICLE MAKE <u>Nissan</u>   |
| <input checked="" type="checkbox"/> INSURANCE VERIFIED  | INSURANCE COMPANY <u>The General Ins.</u> | INSURANCE POLICY # <u>OH5913350</u>                | COLOR <u>Black</u>  | VEHICLE MODEL <u>Altima</u>  |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |   | US DOT #   | TOWED BY: COMPANY NAME <u>Marcell's Towing</u>                                      |  |
| INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT  |   | #OCCUPANTS <u>0 1</u>                              | VEHICLE WEIGHT GVWR/GCWR<br>1 - <10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS. | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED<br><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 11 - ALL-TERRAIN VEHICLE 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR 27 - TRAIN  
6 - VAN (9-15 SEATS) 17 - MOTORHOME 18 - ANIMAL DRAWN VEHICLE 29 - UNKNOWN OR HIT/SKIP

0 1 # OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?  
2 1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL  
0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
1 - PARTIAL AUTOMATION 4 - HIGH 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

0 1 CARGO BODY TYPE  
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 11 - DUMP 14 - GARBAGE/REFUSE  
15 - CONSTRUCTION EQUIPMENT 99 - OTHER / UNKNOWN

0 1 VEHICLE DEFECTS  
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

0 1 NON-MOTORIST LOCATION AT IMPACT  
1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER  
4 - MIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS AT INCIDENT SCENE  
2 - INTERSECTION - UNMARKED CROSSWALK 8 - SIDEWALK 11 - SHARED USE PATHS OR 99 - OTHER / UNKNOWN  
5 - TRAVEL LANE - OTHER LOCATION 12 - TRAILS

3 ACTION  
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 0 1 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 10 - PARKED 20 - OTHER NON-MOTORIST  
4 - STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 11 - SLOWING OR STOPPED IN TRAFFIC 15 - WALKING, RUNNING, JOGGING, PLAYING 21 - STANDING OUTSIDE  
5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 16 - WORKING DISABLED VEHICLE  
9 - OTHER / UNKNOWN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN

0 8 CONTRIBUTING CIRCUMSTANCES  
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 / A/CDA 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 12 - IMPROPER BACKING

SEQUENCE OF EVENTS

1 2 0 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 8 - RAN OFF ROAD RIGHT 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION  
3 - IMMERSION 9 - RAN OFF ROAD LEFT 12 - DOWNHILL RUNAWAY 18 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN BY A MOTOR VEHICLE  
4 - JACKKNIFE 10 - CROSS MEDIAN 13 - OTHER NON-COLLISION 19 - OTHER 21 - PARKED MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT  
5 - CARGO / EQUIPMENT LOSS OR SHIFT 14 - PEDESTRIAN 15 - PEDALCYCLE

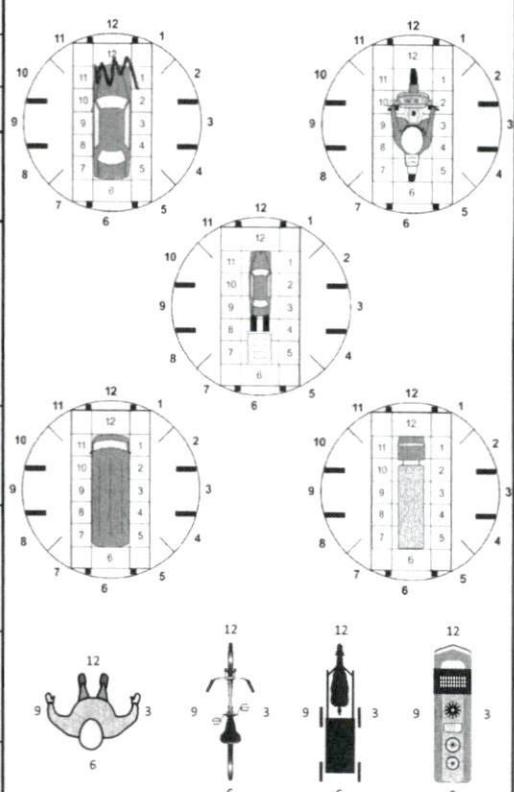
4 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  
26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL  
33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING  
34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL  
27 - BRIDGE PIER OR ABUTMENT 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT  
28 - BRIDGE PARAPET 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN  
29 - BRIDGE RAIL 30 - GUARDRAIL FACE

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER  
2 2 0 0 4 7 7 8

DAMAGE  
4 DAMAGE SCALE  
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

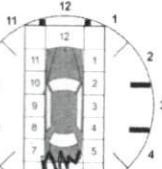
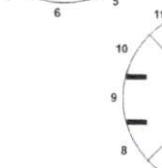
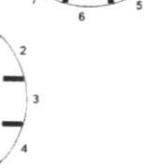
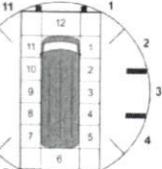
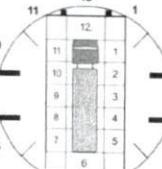
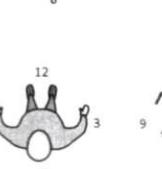
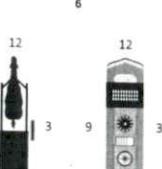
INITIAL POINT OF CONTACT  
0 - NO DAMAGE 14 - UNDERCARRIAGE  
1 - 12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE  
DIAGRAM 99 - UNKNOWN  
13 - TOP

TRAFFIC  
TRAFFIC WAY FLOW  
2 1 - ONE-WAY 2 - TWO-WAY 6 TRAFFIC CONTROL  
1 - ROUNDABOUT 4 - STOP SIGN  
2 - SIGNAL 5 - YIELD SIGN  
3 - FLASHER 6 - NO CONTROL  
  
# OF THROUGH LANES ON ROAD  
2 RAIL GRADE CROSSING  
1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING  
3 - INVOLVED-PASSIVE CROSSING

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

UNIT SPEED  
2 5 DETECTED SPEED  
1  
1 - STATED / ESTIMATED SPEED  
2 - CALCULATED / EDR  
3 - UNDETERMINED  
  
POSTED SPEED  
3 5

|  |  |  |   |  |  |   |  |  |  |                                     |                                       |                                 |                                  |  |                            |                             |  |                          |   |   |                                 |                                  |                         |                                     |  |                               |                       |                                    |                               |                      |                                     |                                      |                                  |                                 |                          |  |                     |                           |              |                           |                      |
|--|--|--|---|--|--|---|--|--|--|-------------------------------------|---------------------------------------|---------------------------------|----------------------------------|--|----------------------------|-----------------------------|--|--------------------------|---|---|---------------------------------|----------------------------------|-------------------------|-------------------------------------|--|-------------------------------|-----------------------|------------------------------------|-------------------------------|----------------------|-------------------------------------|--------------------------------------|----------------------------------|---------------------------------|--------------------------|--|---------------------|---------------------------|--------------|---------------------------|----------------------|
| OWNER  | UNIT #                                   | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER) |   | OWNER PHONE: INCLUDE AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER) |  |   |  |  |  |                                     |                                       |                                 |                                  |  |                            |                             |  |                          |   |   |                                 |                                  |                         |                                     |  |                               |                       |                                    |                               |                      |                                     |                                      |                                  |                                 |                          |  |                     |                           |              |                           |                      |
|  | 0 2                                      | Garrison, Melissa  |   |  |  |   |  |  |  |                                     |                                       |                                 |                                  |  |                            |                             |  |                          |   |   |                                 |                                  |                         |                                     |  |                               |                       |                                    |                               |                      |                                     |                                      |                                  |                                 |                          |  |                     |                           |              |                           |                      |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input checked="" 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   | VEHICLE MAKE   |   |  |  |  |                                     |                                       |                                 |                                  |  |                            |                             |  |                          |   |   |                                 |                                  |                         |                                     |  |                               |                       |                                    |                               |                      |                                     |                                      |                                  |                                 |                          |  |                     |                           |              |                           |                      |
| O H  | GVD1150                                  | 1N14AL3A1P4F1C233918   |   | 2015   | Nissan   |   |  |  |  |                                     |                                       |                                 |                                  |  |                            |                             |  |                          |   |   |                                 |                                  |                         |                                     |  |                               |                       |                                    |                               |                      |                                     |                                      |                                  |                                 |                          |  |                     |                           |              |                           |                      |
| <input checked="" type="checkbox"/> INSURANCE VERIFIED   | INSURANCE COMPANY                        | INSURANCE POLICY #   |   | COLOR  | VEHICLE MODEL  |   |  |  |  |                                     |                                       |                                 |                                  |  |                            |                             |  |                          |   |   |                                 |                                  |                         |                                     |  |                               |                       |                                    |                               |                      |                                     |                                      |                                  |                                 |                          |  |                     |                           |              |                           |                      |
|  | Safe Auto Ins.                           | OH01618437A-5  |   | Black  | Altima   |   |  |  |  |                                     |                                       |                                 |                                  |  |                            |                             |  |                          |   |   |                                 |                                  |                         |                                     |  |                               |                       |                                    |                               |                      |                                     |                                      |                                  |                                 |                          |  |                     |                           |              |                           |                      |
| TYPE OF USE  |  | US DOT #   | TOWED BY: COMPANY NAME                                  |  |  |   |  |  |  |                                     |                                       |                                 |                                  |  |                            |                             |  |                          |   |   |                                 |                                  |                         |                                     |  |                               |                       |                                    |                               |                      |                                     |                                      |                                  |                                 |                          |  |                     |                           |              |                           |                      |
| <input type="checkbox"/> COMMERCIAL  | <input type="checkbox"/> GOVERNMENT      | <input type="checkbox"/> IN EMERGENCY RESPONSE                             |   |  |  |   |  |  |  |                                     |                                       |                                 |                                  |  |                            |                             |  |                          |   |   |                                 |                                  |                         |                                     |  |                               |                       |                                    |                               |                      |                                     |                                      |                                  |                                 |                          |  |                     |                           |              |                           |                      |
| <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED   | <input type="checkbox"/> HIT/SKIP UNIT   | #OCCUPANTS   | VEHICLE WEIGHT GVWR/GCWR                                | HAZARDOUS MATERIAL   |  |   |  |  |  |                                     |                                       |                                 |                                  |  |                            |                             |  |                          |   |   |                                 |                                  |                         |                                     |  |                               |                       |                                    |                               |                      |                                     |                                      |                                  |                                 |                          |  |                     |                           |              |                           |                      |
| 0 1  |  | 0 1  | 1 - ≤10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS. | <input type="checkbox"/> MATERIAL RELEASED   | CLASS #  |   |  |  |  |                                     |                                       |                                 |                                  |  |                            |                             |  |                          |   |   |                                 |                                  |                         |                                     |  |                               |                       |                                    |                               |                      |                                     |                                      |                                  |                                 |                          |  |                     |                           |              |                           |                      |
| TOWED BY: COMPANY NAME   |  |  |   |  |  |   |  |  |  |                                     |                                       |                                 |                                  |  |                            |                             |  |                          |   |   |                                 |                                  |                         |                                     |  |                               |                       |                                    |                               |                      |                                     |                                      |                                  |                                 |                          |  |                     |                           |              |                           |                      |
| <input type="checkbox"/> PLACARD   |  |  | PLACARD ID #  |  |  |   |  |  |  |                                     |                                       |                                 |                                  |  |                            |                             |  |                          |   |   |                                 |                                  |                         |                                     |  |                               |                       |                                    |                               |                      |                                     |                                      |                                  |                                 |                          |  |                     |                           |              |                           |                      |
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| 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   |  |   |  |  |  |                                     |                                       |                                 |                                  |  |                            |                             |  |                          |   |   |                                 |                                  |                         |                                     |  |                               |                       |                                    |                               |                      |                                     |                                      |                                  |                                 |                          |  |                     |                           |              |                           |                      |
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| # OF TRAILING UNITS  |  |  |   |  |  |   |  |  |  |                                     |                                       |                                 |                                  |  |                            |                             |  |                          |   |   |                                 |                                  |                         |                                     |  |                               |                       |                                    |                               |                      |                                     |                                      |                                  |                                 |                          |  |                     |                           |              |                           |                      |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?  |  |  | 0 - NO AUTOMATION                                       | 3 - CONDITIONAL AUTOMATION   | 9 - UNKNOWN  |   |  |  |  |                                     |                                       |                                 |                                  |  |                            |                             |  |                          |   |   |                                 |                                  |                         |                                     |  |                               |                       |                                    |                               |                      |                                     |                                      |                                  |                                 |                          |  |                     |                           |              |                           |                      |
| 2  | 1 - YES                                  | 2 - NO   | 9 - OTHER / UNKNOWN                                     | 1 - DRIVER ASSISTANCE  | 4 - HIGH AUTOMATION  |   |  |  |  |                                     |                                       |                                 |                                  |  |                            |                             |  |                          |   |   |                                 |                                  |                         |                                     |  |                               |                       |                                    |                               |                      |                                     |                                      |                                  |                                 |                          |  |                     |                           |              |                           |                      |
|  |  |  | 2 - PARTIAL AUTOMATION                                  | 5 - FULL AUTOMATION  |  |   |  |  |  |                                     |                                       |                                 |                                  |  |                            |                             |  |                          |   |   |                                 |                                  |                         |                                     |  |                               |                       |                                    |                               |                      |                                     |                                      |                                  |                                 |                          |  |                     |                           |              |                           |                      |
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| 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                              |  |  |   |  |  |  |                                     |                                       |                                 |                                  |  |                            |                             |  |                          |   |   |                                 |                                  |                         |                                     |  |                               |                       |                                    |                               |                      |                                     |                                      |                                  |                                 |                          |  |                     |                           |              |                           |                      |
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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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| 2 - HEAD LAMPS   | 5 - STEERING                             | 8 - TRAILER EQUIPMENT DEFECTIVE  | 10 - DISABLED FROM PRIOR ACCIDENT                       |  |  |   |  |  |  |                                     |                                       |                                 |                                  |  |                            |                             |  |                          |   |   |                                 |                                  |                         |                                     |  |                               |                       |                                    |                               |                      |                                     |                                      |                                  |                                 |                          |  |                     |                           |              |                           |                      |
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| 2 - INTERSECTION - UNMARKED CROSSWALK  | 4 - MIDBLOCK - MARKED                    | 7 - SHOULDER / ROADSIDE  | 10 - DRIVEWAY ACCESS                                    | AT INCIDENT SCENE  |  |   |  |  |  |                                     |                                       |                                 |                                  |  |                            |                             |  |                          |   |   |                                 |                                  |                         |                                     |  |                               |                       |                                    |                               |                      |                                     |                                      |                                  |                                 |                          |  |                     |                           |              |                           |                      |
|  | 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   | 1 1 - 3 - CHANGING LANES                 | 9 - LEAVING TRAFFIC LANE   | 15 - WALKING, RUNNING, JOGGING, PLAYING                 | 20 - OTHER NON-MOTORIST  |  |   |  |  |  |                                     |                                       |                                 |                                  |  |                            |                             |  |                          |   |   |                                 |                                  |                         |                                     |  |                               |                       |                                    |                               |                      |                                     |                                      |                                  |                                 |                          |  |                     |                           |              |                           |                      |
| 4 - STRUCK   | PRE-CRASH 4 - OVERTAKING/PASSING         | 10 - PARKED  | 16 - WORKING  | 21 - STANDING OUTSIDE DISABLED VEHICLE   |  |   |  |  |  |                                     |                                       |                                 |                                  |  |                            |                             |  |                          |   |   |                                 |                                  |                         |                                     |  |                               |                       |                                    |                               |                      |                                     |                                      |                                  |                                 |                          |  |                     |                           |              |                           |                      |
| 5 - BOTH STRIKING & STRUCK   | 5 - MAKING RIGHT TURN                    | 11 - SLOWING OR STOPPED IN TRAFFIC   | 17 - PUSHING VEHICLE                                    | 99 - OTHER / UNKNOWN   |  |   |  |  |  |                                     |                                       |                                 |                                  |  |                            |                             |  |                          |   |   |                                 |                                  |                         |                                     |  |                               |                       |                                    |                               |                      |                                     |                                      |                                  |                                 |                          |  |                     |                           |              |                           |                      |
| 9 - OTHER / UNKNOWN  | 6 - MAKING LEFT TURN                     | 12 - DRIVERLESS  |   |  |  |   |  |  |  |                                     |                                       |                                 |                                  |  |                            |                             |  |                          |   |   |                                 |                                  |                         |                                     |  |                               |                       |                                    |                               |                      |                                     |                                      |                                  |                                 |                          |  |                     |                           |              |                           |                      |
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| 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 / A/CDA          | 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 - OPENING DOOR INTO ROADWAY                          | 23 - SHIFTING CARGO OR ANYTHING SET IN MOTION  |  |   |  |  |  |                                     |                                       |                                 |                                  |  |                            |                             |  |                          |   |   |                                 |                                  |                         |                                     |  |                               |                       |                                    |                               |                      |                                     |                                      |                                  |                                 |                          |  |                     |                           |              |                           |                      |
| 4 - RAN STOP SIGN  | 10 - IMPROPER PASSING                    | 16 - WRONG WAY   | 20 - LOAD SHIFTING/FALLING/SPILLING                     | 24 - OTHER IMPROPER ACTION   |  |   |  |  |  |                                     |                                       |                                 |                                  |  |                            |                             |  |                          |   |   |                                 |                                  |                         |                                     |  |                               |                       |                                    |                               |                      |                                     |                                      |                                  |                                 |                          |  |                     |                           |              |                           |                      |
| 5 - UNSAFE SPEED   | 11 - DROVE OFF ROAD                      |  |   |  |  |   |  |  |  |                                     |                                       |                                 |                                  |  |                            |                             |  |                          |   |   |                                 |                                  |                         |                                     |  |                               |                       |                                    |                               |                      |                                     |                                      |                                  |                                 |                          |  |                     |                           |              |                           |                      |
| 6 - IMPROPER TURN  | 12 - IMPROPER BACKING                    |  |   |  |  |   |  |  |  |                                     |                                       |                                 |                                  |  |                            |                             |  |                          |   |   |                                 |                                  |                         |                                     |  |                               |                       |                                    |                               |                      |                                     |                                      |                                  |                                 |                          |  |                     |                           |              |                           |                      |
| SEQUENCE OF EVENTS   |  |  |   |  |  |   |  |  |  |                                     |                                       |                                 |                                  |  |                            |                             |  |                          |   |   |                                 |                                  |                         |                                     |  |                               |                       |                                    |                               |                      |                                     |                                      |                                  |                                 |                          |  |                     |                           |              |                           |                      |
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| 1 2 0  | 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  | 12 - DOWNHILL RUNAWAY                                   | 17 - ANIMAL - FARM   | 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION |   |  |  |  |                                     |                                       |                                 |                                  |  |                            |                             |  |                          |   |   |                                 |                                  |                         |                                     |  |                               |                       |                                    |                               |                      |                                     |                                      |                                  |                                 |                          |  |                     |                           |              |                           |                      |
|  | 3 - IMMERSION                            | 8 - RAN OFF ROAD RIGHT   | 13 - OTHER NON-COLLISION                                | 18 - ANIMAL - DEER   | 24 - BY A MOTOR VEHICLE  |   |  |  |  |                                     |                                       |                                 |                                  |  |                            |                             |  |                          |   |   |                                 |                                  |                         |                                     |  |                               |                       |                                    |                               |                      |                                     |                                      |                                  |                                 |                          |  |                     |                           |              |                           |                      |
| 2 1 1  | 4 - JACKKNIFE                            | 9 - RAN OFF ROAD LEFT  | 14 - PEDESTRIAN   | 19 - ANIMAL - OTHER  | 25 - BY A OTHER MOBILE OBJECT                                    |   |  |  |  |                                     |                                       |                                 |                                  |  |                            |                             |  |                          |   |   |                                 |                                  |                         |                                     |  |                               |                       |                                    |                               |                      |                                     |                                      |                                  |                                 |                          |  |                     |                           |              |                           |                      |
|  | 5 - CARGO / EQUIPMENT LOSS OR SHIFT      | 10 - CROSS MEDIAN  | 15 - PEDALCYCLE   | 20 - MOTOR VEHICLE IN TRANSPORT  |  |   |  |  |  |                                     |                                       |                                 |                                  |  |                            |                             |  |                          |   |   |                                 |                                  |                         |                                     |  |                               |                       |                                    |                               |                      |                                     |                                      |                                  |                                 |                          |  |                     |                           |              |                           |                      |
|  |  |  |   | 21 - PARKED MOTOR VEHICLE  |  |   |  |  |  |                                     |                                       |                                 |                                  |  |                            |                             |  |                          |   |   |                                 |                                  |                         |                                     |  |                               |                       |                                    |                               |                      |                                     |                                      |                                  |                                 |                          |  |                     |                           |              |                           |                      |
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| 4 1 1  | 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  |   |  |  |  |                                     |                                       |                                 |                                  |  |                            |                             |  |                          |   |   |                                 |                                  |                         |                                     |  |                               |                       |                                    |                               |                      |                                     |                                      |                                  |                                 |                          |  |                     |                           |              |                           |                      |
| 5 1 1  | 27 - BRIDGE PIER OR ABUTMENT             | 33 - MEDIAN CABLE BARRIER  | 39 - LIGHT / LUMINARIES SUPPORT                         | 45 - EMBANKMENT  | 52 - BUILDING  |   |  |  |  |                                     |                                       |                                 |                                  |  |                            |                             |  |                          |   |   |                                 |                                  |                         |                                     |  |                               |                       |                                    |                               |                      |                                     |                                      |                                  |                                 |                          |  |                     |                           |              |                           |                      |
|  | 28 - BRIDGE PARAPET                      | 34 - MEDIAN GUARDRAIL BARRIER  | 40 - UTILITY POLE                                       | 46 - FENCE   | 53 - TUNNEL  |   |  |  |  |                                     |                                       |                                 |                                  |  |                            |                             |  |                          |   |   |                                 |                                  |                         |                                     |  |                               |                       |                                    |                               |                      |                                     |                                      |                                  |                                 |                          |  |                     |                           |              |                           |                      |
| 6 1 1  | 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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| 1  | FIRST HARMFUL EVENT                      | 1  | MOST HARMFUL EVENT                                      |  |  |   |  |  |  |                                     |                                       |                                 |                                  |  |                            |                             |  |                          |   |   |                                 |                                  |                         |                                     |  |                               |                       |                                    |                               |                      |                                     |                                      |                                  |                                 |                          |  |                     |                           |              |                           |                      |

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



# MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST

MOTORIST / NON-MOTORIST

MOTORIST / NON-MOTORIST

## SAFETY EQUIPMENT

- 1 - NONE USED
- 2 - SHOULDER BELT ONLY USED
- 3 - LAP BELT ONLY USED
- 4 - SHOULDER & LAP BELT USED
- 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

HSY8306 OH1M 1/19 (760-1500)

| LOCAL REPORT NUMBER   |  |  |  |  |                 |   |     |  |  |
|---|--|--|--|--|-----------------|---|-----|--|--|
|   |  |  |  |  | 2 2 0 0 4 7 7 8 |   |     |  |  |
|   |  |  |  |  | DATE OF BIRTH   |   | AGE | GENDER   |  |
|   |  |  |  |  | 0 7 1 9 1 9 9 6 |   | 2 5 | M  |  |
| CONTACT PHONE - INCLUDE AREA CODE   |  |  |  |  |                 |   |     |  |  |
| 595 Creekside Drive #104 Fairfield, Ohio 45014                                |  |  |  |  |                 |   |     |  |  |
| INJURIES<br>5   |  | INJURED TAKEN BY<br>0 1  |  | EMS AGENCY (NAME)<br>Birks, Tra'Shawn L. |                 | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)   |     | SAFETY EQUIPMENT USED<br>0 4   |  |
| DL STATE<br>O H   |  | OPERATOR LICENSE NUMBER  |  | OFFENSE CHARGED<br>333.03A               |                 | LOCAL CODE<br><input checked="" type="checkbox"/> |     | OFFENSE DESCRIPTION<br>A.C.D.A.  |  |
| DL CLASS<br>4   |  | ENDORSEMENT<br>SELECT UP TO 2  |  | RESTRICTION SELECT UP TO 3               |                 | DRIVER DISTRACTED BY<br>1                         |     | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  |
| UNIT #<br>0 2   |  | NAME: LAST, FIRST, MIDDLE<br>Garrison, Shane David                                     |  | INJURIES<br>5                            |                 | INJURED TAKEN BY<br>0 2                           |     | SAFETY EQUIPMENT USED<br>0 4   |  |
| DL STATE<br>O H   |  | OPERATOR LICENSE NUMBER  |  | OFFENSE CHARGED                          |                 | LOCAL CODE<br><input type="checkbox"/>            |     | OFFENSE DESCRIPTION  |  |
| DL CLASS<br>4   |  | ENDORSEMENT<br>SELECT UP TO 2  |  | RESTRICTION SELECT UP TO 3               |                 | DRIVER DISTRACTED BY<br>4                         |     | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  |
| UNIT #  |  | NAME: LAST, FIRST, MIDDLE  |  | INJURIES<br>5                            |                 | INJURED TAKEN BY<br>0 2                           |     | SAFETY EQUIPMENT USED<br>0 4   |  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>11327 Pippin Road Cincinnati, Ohio 45231 |  | INJURIES<br>5  |  | INJURED TAKEN BY<br>0 2                  |                 | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)   |     | SAFETY EQUIPMENT USED<br>0 4   |  |
| DL STATE<br>O H   |  | OPERATOR LICENSE NUMBER  |  | OFFENSE CHARGED                          |                 | LOCAL CODE<br><input type="checkbox"/>            |     | OFFENSE DESCRIPTION  |  |
| DL CLASS<br>4   |  | ENDORSEMENT<br>SELECT UP TO 2  |  | RESTRICTION SELECT UP TO 3               |                 | DRIVER DISTRACTED BY<br>4                         |     | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  |
| UNIT #  |  | NAME: LAST, FIRST, MIDDLE  |  | INJURIES<br>5                            |                 | INJURED TAKEN BY<br>0 2                           |     | SAFETY EQUIPMENT USED<br>0 4   |  |
| ADDRESS: STREET, CITY, STATE, ZIP   |  | INJURIES<br>5  |  | INJURED TAKEN BY<br>0 2                  |                 | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)   |     | SAFETY EQUIPMENT USED<br>0 4   |  |
| DL STATE<br>O H   |  | OPERATOR LICENSE NUMBER  |  | OFFENSE CHARGED                          |                 | LOCAL CODE<br><input type="checkbox"/>            |     | OFFENSE DESCRIPTION  |  |
| DL CLASS<br>4   |  | ENDORSEMENT<br>SELECT UP TO 2  |  | RESTRICTION SELECT UP TO 3               |                 | DRIVER DISTRACTED BY<br>4                         |     | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  |
| INJURIES  |  | SEATING POSITION   |  | AIR BAG                                  |                 | DL CLASS  |     | OL RESTRICTION(S)  |  |
| 1 - FATAL   |  | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)  |  | 1 - NOT DEPLOYED                         |                 | 1 - CLASS A                                       |     | 1 - ALCOHOL INTERLOCK DEVICE   |  |
| 2 - SUSPECTED SERIOUS INJURY  |  | 2 - FRONT - MIDDLE   |  | 2 - DEPLOYED FRONT                       |                 | 2 - CLASS B                                       |     | 2 - CDL INTRASTATE ONLY  |  |
| 3 - SUSPECTED MINOR INJURY  |  | 3 - FRONT - RIGHT SIDE   |  | 3 - DEPLOYED SIDE                        |                 | 3 - CLASS C                                       |     | 3 - CORRECTIVE LENSES  |  |
| 4 - POSSIBLE INJURY   |  | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)  |  | 4 - DEPLOYED BOTH FRONT / SIDE           |                 | 4 - REGULAR CLASS (OHIO = D)                      |     | 4 - FARM WAIVER  |  |
| 5 - NO APPARENT INJURY  |  | 5 - SECOND - MIDDLE  |  | 5 - NOT APPLICABLE                       |                 | 5 - M/C MOPED ONLY                                |     | 5 - EXCEPT CLASS A BUS   |  |
| INJURED TAKEN BY  |  | 6 - SECOND - RIGHT SIDE  |  | 6 - DEPLOYMENT UNKNOWN                   |                 | 6 - NO VALID OL                                   |     | 6 - EXCEPT CLASS A & CLASS B BUS   |  |
| 1 - NOT TRANSPORTED / TREATED AT SCENE  |  | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  |  | 7 - NOT EJECTED                          |                 | 7 - CLASS A                                       |     | 7 - EXCEPT TRACTOR-TRAILER   |  |
| 2 - EMS   |  | 8 - THIRD - MIDDLE   |  | 8 - PARTIALLY EJECTED                    |                 | 8 - CLASS B                                       |     | 8 - INTERMEDIATE LICENSE RESTRICTIONS  |  |
| 3 - POLICE  |  | 9 - THIRD - RIGHT SIDE   |  | 9 - TOTALLY EJECTED                      |                 | 9 - CLASS C                                       |     | 9 - LEARNER'S PERMIT RESTRICTIONS  |  |
| 9 - OTHER / UNKNOWN   |  | 10 - SLEEPER SECTION OF TRUCK CAB  |  | 10 - NOT APPLICABLE                      |                 | 10 - REGULAR CLASS (OHIO = D)                     |     | 10 - LIMITED TO DAYLIGHT ONLY  |  |
| SAFETY EQUIPMENT  |  | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) |  | 11 - NOT TRAPPED                         |                 | 11 - CLASS A                                      |     | 11 - LIMITED TO EMPLOYMENT   |  |
| 1 - NONE USED   |  | 12 - PASSENGER IN UNENCLOSED CARGO AREA  |  | 12 - EXTRICATED BY MECHANICAL MEANS      |                 | 12 - CLASS B                                      |     | 12 - LIMITED - OTHER   |  |
| 2 - SHOULDER BELT ONLY USED   |  | 13 - TRAILING UNIT   |  | 13 - FREED BY NON-MECHANICAL MEANS       |                 | 13 - CLASS C                                      |     | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)   |  |
| 3 - LAP BELT ONLY USED  |  | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    |  | 14 - NOT APPLICABLE                      |                 | 14 - REGULAR CLASS (OHIO = D)                     |     | 14 - MILITARY VEHICLES ONLY  |  |
| 4 - SHOULDER & LAP BELT USED  |  | 15 - NON-MOTORIST  |  | 15 - NOT TRAPPED                         |                 | 15 - CLASS A                                      |     | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES   |  |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING                                   |  | 99 - OTHER / UNKNOWN   |  | 16 - EXTRICATED BY MECHANICAL MEANS      |                 | 16 - CLASS B                                      |     | 16 - OUTSIDE MIRROR  |  |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING                                      |  |  |  | 17 - FREED BY NON-MECHANICAL MEANS       |                 | 17 - CLASS C                                      |     | 17 - PROSTHETIC AID  |  |
| 7 - BOOSTER SEAT  |  |  |  | 18 - NOT APPLICABLE                      |                 | 18 - REGULAR CLASS (OHIO = D)                     |     | 18 - OTHER   |  |
| 8 - HELMET USED   |  |  |  | 19 - EXTRICATED BY MECHANICAL MEANS      |                 | 19 - MILITARY VEHICLES ONLY                       |     | 19 - APPARENTLY NORMAL   |  |
| 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)                                 |  |  |  | 20 - FREED BY NON-MECHANICAL MEANS       |                 | 20 - OUTSIDE MIRROR                               |     | 20 - PHYSICAL IMPAIRMENT   |  |
| 10 - REFLECTIVE CLOTHING  |  |  |  | 21 - NOT APPLICABLE                      |                 | 21 - PROSTHETIC AID                               |     | 21 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)  |  |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY                                     |  |  |  | 22 - EXTRICATED BY MECHANICAL MEANS      |                 | 22 - OTHER  |     | 22 - ILLNESS   |  |
| 99 - OTHER / UNKNOWN  |  |  |  | 23 - FREED BY NON-MECHANICAL MEANS       |                 | 23 - NOT APPLICABLE                               |     | 23 - FELL ASLEEP, FAINTED, FATIGUED, ETC.  |  |
|   |  |  |  | 24 - NOT APPLICABLE                      |                 | 24 - OTHER  |     | 24 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL  |  |
|   |  |  |  | 25 - EXTRICATED BY MECHANICAL MEANS      |                 | 25 - OTHER  |     | 25 - OTHER / UNKNOWN   |  |
|   |  |  |  | 26 - FREED BY NON-MECHANICAL MEANS       |                 | 26 - OTHER  |     | 26 - AMPHETAMINES  |  |
|   |  |  |  | 27 - NOT APPLICABLE                      |                 | 27 - OTHER  |     | 27 - BARBITURATES  |  |
|   |  |  |  | 28 - EXTRICATED BY MECHANICAL MEANS      |                 | 28 - OTHER  |     | 28 - BENZODIAZEPINES   |  |
|   |  |  |  | 29 - FREED BY NON-MECHANICAL MEANS       |                 | 29 - OTHER  |     | 29 - CANNABINOID   |  |
|   |  |  |  | 30 - NOT APPLICABLE                      |                 | 30 - OTHER  |     | 30 - COCAINE   |  |
|   |  |  |  | 31 - EXTRICATED BY MECHANICAL MEANS      |                 | 31 - OTHER  |     | 31 - OPIATES / OPIOIDS   |  |
|   |  |  |  | 32 - FREED BY NON-MECHANICAL MEANS       |                 | 32 - OTHER  |     | 32 - OTHER   |  |
|   |  |  |  | 33 - NOT APPLICABLE                      |                 | 33 - OTHER  |     | 33 - NEGATIVE RESULTS  |  |