



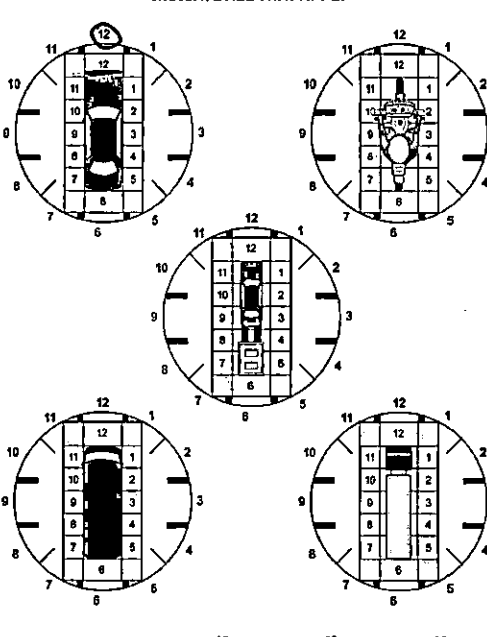
# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

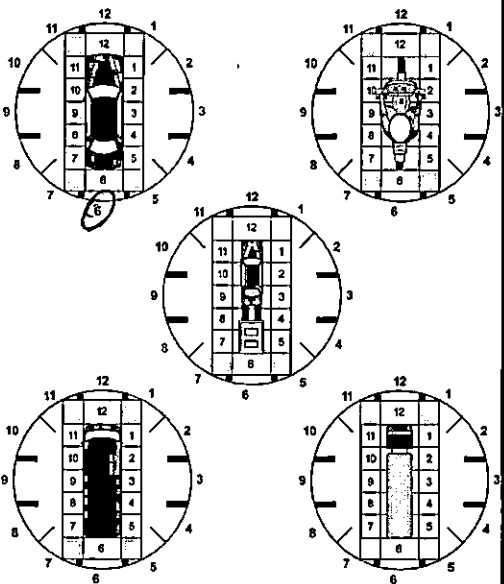
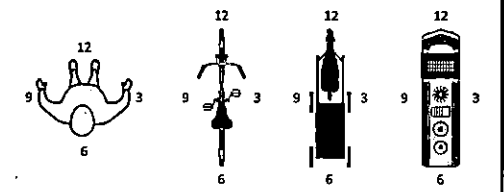
LOCAL REPORT NUMBER\*

|                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                              |  |                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH                                                                                                                                                                                                                                                                                                                                                        |  | <input checked="" type="checkbox"/> OH-2<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY                                                                                                    |  | LOCAL INFORMATION                                                                                                                                                 |  | 2, 2, 0, 0, 7, 4, 5, 5                                                                                                                                                                                                                                                                                         |  |
| COUNTY*<br>09                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | LOCALITY*<br>1-CITY<br>2-VILLAGE<br>3-TOWNSHIP<br>1                                                                                                                                                                                                          |  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>City of Fairfield                                                                                                           |  | CRASH DATE / TIME*<br>02, 01, 20, 22, 06, 50                                                                                                                                                                                                                                                                   |  |
| ROUTE TYPE<br>S R                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | ROUTE NUMBER<br>4 B                                                                                                                                                                                                                                          |  | PREFIX<br>1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST                                                                                                                  |  | LOCATION ROAD NAME<br>Diversion                                                                                                                                                                                                                                                                                |  |
| ROUTE TYPE<br>S R                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | ROUTE NUMBER<br>4 B                                                                                                                                                                                                                                          |  | PREFIX<br>1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST                                                                                                                  |  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>Diversion                                                                                                                                                                                                                                                     |  |
| REFERENCE POINT<br>1-INTERSECTION<br>2-MILE POST<br>3-HOUSE #<br>1                                                                                                                                                                                                                                                                                                                                                                                  |  | DIRECTION FROM REFERENCE<br>1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST<br>2                                                                                                                                                                                      |  | ROUTE TYPE<br>IR - INTERSTATE ROUTE(TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE                |  | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY |  |
| DISTANCE FROM REFERENCE<br>3, 0                                                                                                                                                                                                                                                                                                                                                                                                                     |  | DISTANCE UNIT OF MEASURE<br>1-MILES<br>2- FEET<br>3-YARDS<br>2                                                                                                                                                                                               |  | CRASH DATE / TIME*<br>02, 01, 20, 22, 06, 50                                                                                                                      |  | CRASH SEVERITY<br>1-FATAL<br>2-SERIOUS INJURY SUSPECTED<br>3-MINOR INJURY SUSPECTED<br>4-INJURY POSSIBLE<br>5-PROPERTY DAMAGE ONLY<br>5                                                                                                                                                                        |  |
| LOCATION OF FIRST HARMFUL EVENT<br>1-ON ROADWAY<br>2-ON SHOULDER<br>3-IN MEDIAN<br>4-ON ROADSIDE<br>5-ON GORE<br>6-OUTSIDE TRAFFIC WAY<br>7-ON RAMP<br>8-OFF RAMP<br>0, 1                                                                                                                                                                                                                                                                           |  | MANNER OF CRASH COLLISION/IMPACT<br>1-NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2-REAR-END<br>3-HEAD-ON<br>4-REAR-TO-REAR<br>5-BACKING<br>6-ANGLE<br>7-SIDESWIPE, SAME DIRECTION<br>8-SIDESWIPE, OPPOSITE DIRECTION<br>9-OTHER / UNKNOWN<br>2 |  | DIRECTION OF TRAVEL<br>1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST                                                                                                     |  | MEDIAN TYPE<br>1-DIVIDED FLUSH MEDIAN (<4 FEET)<br>2-DIVIDED FLUSH MEDIAN (≥4 FEET)<br>3-DIVIDED, DEPRESSED MEDIAN (ANY TYPE)<br>4-DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9-OTHER/UNKNOWN                                                                                                                        |  |
| WORK ZONE RELATED<br>WORKERS PRESENT<br>LAW ENFORCEMENT PRESENT<br>ACTIVE SCHOOL ZONE                                                                                                                                                                                                                                                                                                                                                               |  | WORK ZONE TYPE<br>1-LANE CLOSURE<br>2-LANE SHIFT/CROSSOVER<br>3-WORK ON SHOULDER OR MEDIAN<br>4-INTERMITTENT OR MOVING WORK<br>5-OTHER                                                                                                                       |  | LOCATION OF CRASH IN WORK ZONE<br>1-BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2-ADVANCE WARNING AREA<br>3-TRANSITION AREA<br>4-ACTIVITY AREA<br>5-TERMINATION AREA |  | CONTOUR<br>1<br>1- STRAIGHT LEVEL<br>2- STRAIGHT GRADE<br>3- CURVE LEVEL<br>4- CURVE GRADE<br>9- OTHER/UNKNOWN                                                                                                                                                                                                 |  |
| LIGHT CONDITION<br>1-DAYLIGHT<br>2-DAWN/DUSK<br>3-DARK - LIGHTED ROADWAY<br>4-DARK - ROADWAY NOT LIGHTED<br>5-DARK - UNKNOWN ROADWAY LIGHTING<br>9-OTHER / UNKNOWN<br>3                                                                                                                                                                                                                                                                             |  | WEATHER<br>1-CLEAR<br>2-CLOUDY<br>3-FOG, SMOG, SMOKE<br>4-RAIN<br>5-SLEET, HAIL<br>0, 1                                                                                                                                                                      |  | CONDITIONS<br>1<br>1- DRY<br>2-WET<br>3-SNOW<br>4-ICE<br>5-SAND, MUD, DIRT, OIL, GRAVEL<br>6-WATER (STANDING, MOVING)<br>7-SLUSH<br>9-OTHER/UNKNOWN               |  | SURFACE<br>2<br>1- CONCRETE<br>2- BLACKTOP, BITUMINOUS, ASPHALT<br>3- BRICK/BLOCK<br>4- SLAG, GRAVEL, STONE<br>5- DIRT<br>9- OTHER/UNKNOWN                                                                                                                                                                     |  |
| NARRATIVE<br>On February 1, 2022 at approximately 6:50 A.M. Unit #2 was stopped in the left through lane of northbound S.R. 4 (B). Unit #1 was northbound in the left through lane of S.R. 4 (B) directly behind Unit #2. The driver of Unit #1 failed to maintain assured clear distance ahead and collided into the rear of Unit #2. The driver of Unit #1 left the scene of the crash without exchanging information with the driver of Unit #2. |  | Indicate the north direction with an "N" on the compass diagram.                                                                                                                                                                                             |  | See OH-2                                                                                                                                                          |  | 22-007455                                                                                                                                                                                                                                                                                                      |  |
| CRASH REPORTED DATE / TIME<br>02, 01, 20, 22, 07, 02                                                                                                                                                                                                                                                                                                                                                                                                |  | DISPATCH DATE / TIME<br>02, 01, 20, 22, 07, 06                                                                                                                                                                                                               |  | ARRIVAL DATE / TIME<br>02, 01, 20, 22, 07, 35                                                                                                                     |  | SCENE CLEARED DATE / TIME<br>02, 01, 20, 22, 07, 54                                                                                                                                                                                                                                                            |  |
| TOTAL TIME ROADWAY CLOSED<br>4, 8                                                                                                                                                                                                                                                                                                                                                                                                                   |  | OTHER INVESTIGATION TIME                                                                                                                                                                                                                                     |  | OFFICER'S NAME*<br>Doug Day                                                                                                                                       |  | CHECKED BY OFFICER'S NAME*<br>Sgt. J. Sprague                                                                                                                                                                                                                                                                  |  |
| TOTAL MINUTES                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | OFFICER'S BADGE NUMBER*<br>7, 6                                                                                                                                                                                                                              |  | CHECKED BY OFFICER'S BADGE NUMBER*<br>8, 4                                                                                                                        |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO ANY EXISTING REPORT SENT TO OPCS)                                                                                                  |  |

|          |                                                                                                                                                                            |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                             |               |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------|
| OWNER    | UNIT #                                                                                                                                                                     | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )  |               |
|          | 01                                                                                                                                                                         |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                             |               |
| VEHICLE  | OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )                                                                                        |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                             |               |
|          | COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                        |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                             |               |
| EVENT(S) | LP STATE                                                                                                                                                                   | LICENSE PLATE #                                                             | VEHICLE IDENTIFICATION #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | VEHICLE YEAR                                                                | VEHICLE MAKE  |
|          |                                                                                                                                                                            |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                             | Buick         |
|          | <input type="checkbox"/> INSURANCE VERIFIED                                                                                                                                | INSURANCE COMPANY                                                           | INSURANCE POLICY #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | COLOR                                                                       | VEHICLE MODEL |
|          | TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE                                      |                                                                             | US DOT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TOWED BY: COMPANY NAME                                                      |               |
|          | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED                                                                                                                         | <input checked="" type="checkbox"/> HIT/SKIP UNIT                           | #OCCUPANTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | HAZARDOUS MATERIAL                                                          |               |
|          | 01                                                                                                                                                                         |                                                                             | 01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD |               |
|          | VEHICLE WEIGHT GVWR/GCWR                                                                                                                                                   |                                                                             | CLASS # PLACARD ID #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                             |               |
|          | 1 - <10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS.                                                                                                                    |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                             |               |
|          | UNIT TYPE                                                                                                                                                                  |                                                                             | UNIT TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             |               |
|          | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>6 - VAN (9-15 SEATS)                                      |                                                                             | 7 - MOTORCYCLE 2-WHEELED<br>8 - MOTORCYCLE 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV / UTV)<br>12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME<br>18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE<br>23 - PEDESTRIAN / SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP |                                                                             |               |
|          | # OF TRAILING UNITS                                                                                                                                                        |                                                                             | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |               |
|          |                                                                                                                                                                            |                                                                             | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                             |               |
|          | SPECIAL FUNCTION                                                                                                                                                           |                                                                             | AUTONOMOUS MODE LEVEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             |               |
|          | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT/COMMUTER                                                                  |                                                                             | 6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER / UNKNOWN                                                                                                                                                                                                                                   |                                                                             |               |
|          | CARGO BODY TYPE                                                                                                                                                            |                                                                             | VEHICLE TOWING ANOTHER MOTOR VEHICLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                             |               |
|          | 1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS                                                                                                                         |                                                                             | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                          |                                                                             |               |
|          | VEHICLE DEFECTS                                                                                                                                                            |                                                                             | 7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                             |               |
|          | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS                                                                                                                       |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                             |               |
|          | NON-MOTORIST LOCATION AT IMPACT                                                                                                                                            |                                                                             | 12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                             |               |
|          | 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK                                                                                               |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                             |               |
|          | ACTION                                                                                                                                                                     |                                                                             | 13 - TOP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |               |
|          | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER / UNKNOWN                                                    |                                                                             | 14 - ENTERING OR CROSSING SPECIFIED LOCATION<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                    |                                                                             |               |
|          | CONTRIBUTING CIRCUMSTANCES                                                                                                                                                 |                                                                             | 13 - TOP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |               |
|          | 1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN                                                        |                                                                             | 7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE / ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/FALLING/ SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION                                             |                                                                             |               |
|          | SEQUENCE OF EVENTS                                                                                                                                                         |                                                                             | TRAFFIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |               |
|          | 1 - OVERTURN/ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT                                                       |                                                                             | TRAFFICWAY FLOW<br>1 - ONE-WAY<br>2 - TWO-WAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |               |
|          | NON-COLLISION                                                                                                                                                              |                                                                             | TRAFFIC CONTROL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                             |               |
|          | 1 - EQUIPMENT FAILURE<br>2 - SEPARATION OF UNITS<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT                                                  |                                                                             | 1 - ROUNDABOUT<br>2 - SIGNAL<br>3 - FLASHER<br>4 - STOP SIGN<br>5 - YIELD SIGN<br>6 - NO CONTROL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                             |               |
|          | COLLISION WITH FIXED OBJECT - STRUCK                                                                                                                                       |                                                                             | UNIT / NON-MOTORIST DIRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |               |
|          | 25 - IMPACT ATTENUATOR / CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE |                                                                             | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             |               |
|          | FIRST HARMFUL EVENT                                                                                                                                                        |                                                                             | DETECTED SPEED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                             |               |
|          | 1 - MOST HARMFUL EVENT                                                                                                                                                     |                                                                             | 1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |               |

|                                                                                                                                                                                                                              |                                                                                                  |
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| LOCAL REPORT NUMBER                                                                                                                                                                                                          |                                                                                                  |
| 2, 2, 0, 0, 7, 4, 5, 5                                                                                                                                                                                                       |                                                                                                  |
| DAMAGE                                                                                                                                                                                                                       |                                                                                                  |
| DAMAGE SCALE                                                                                                                                                                                                                 |                                                                                                  |
| 1 - NONE<br>2 - MINOR DAMAGE<br>3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE<br>9 - UNKNOWN                                                                                                                                 |                                                                                                  |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY                                                                                                                                                                                   |                                                                                                  |
|                                                                                                                                           |                                                                                                  |
| <input type="checkbox"/> NO DAMAGE [ 0 ] <input type="checkbox"/> UNDERCARRIAGE [ 14 ]<br><input type="checkbox"/> TOP [ 13 ] <input type="checkbox"/> ALL AREAS [ 15 ]<br><input type="checkbox"/> UNIT NOT AT SCENE [ 16 ] |                                                                                                  |
| INITIAL POINT OF CONTACT                                                                                                                                                                                                     |                                                                                                  |
| 0 - NO DAMAGE<br>1-12 - REFER TO UNIT DIAGRAM<br>13 - TOP<br>14 - UNDERCARRIAGE<br>15 - VEHICLE NOT AT SCENE<br>99 - UNKNOWN                                                                                                 |                                                                                                  |
| TRAFFIC                                                                                                                                                                                                                      |                                                                                                  |
| TRAFFICWAY FLOW                                                                                                                                                                                                              | TRAFFIC CONTROL                                                                                  |
| 1 - ONE-WAY<br>2 - TWO-WAY                                                                                                                                                                                                   | 1 - ROUNDABOUT<br>2 - SIGNAL<br>3 - FLASHER<br>4 - STOP SIGN<br>5 - YIELD SIGN<br>6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD                                                                                                                                                                                                   | RAIL GRADE CROSSING                                                                              |
| 3                                                                                                                                                                                                                            | 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING                |
| UNIT / NON-MOTORIST DIRECTION                                                                                                                                                                                                |                                                                                                  |
| FROM 2 TO 1                                                                                                                                                                                                                  |                                                                                                  |
| UNIT SPEED                                                                                                                                                                                                                   | DETECTED SPEED                                                                                   |
| 20                                                                                                                                                                                                                           | 1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED                         |
| POSTED SPEED                                                                                                                                                                                                                 |                                                                                                  |
| 35                                                                                                                                                                                                                           |                                                                                                  |

|                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |                                                   |                                                   |               |
|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------------------|---------------------------------------------------|---------------|
| OWNER                                                      | UNIT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | OWNER NAME: LAST, FIRST, MIDDLE ( ) SAME AS DRIVER |                                                   | OWNER PHONE: INCLUDE AREA CODE ( ) SAME AS DRIVER |               |
|                                                            | 0, 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Burnett, Rickedia                                  |                                                   | 5, 1, 3, 4, 0, 1, 4, 4, 6, 6                      |               |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( ) SAME AS DRIVER |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |                                                   |                                                   |               |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |                                                   |                                                   |               |
| COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |                                                   |                                                   |               |
| VEHICLE                                                    | LP STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | LICENSE PLATE #                                    | VEHICLE IDENTIFICATION #                          |                                                   | VEHICLE YEAR  |
|                                                            | O, H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | JEL3089                                            | K, L, 7, C, J, K, S, B, 1, L, B, 3, 1, 3, 6, 8, 2 |                                                   | 2, 0, 2, 0    |
|                                                            | INSURANCE<br>VERIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | INSURANCE COMPANY                                  | INSURANCE POLICY #                                |                                                   | COLOR         |
|                                                            | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Farmers                                            | 4855823400                                        |                                                   | black         |
|                                                            | TYPE OF USE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | US DOT #                                           |                                                   | TOWED BY: COMPANY NAME                            |               |
|                                                            | COMMERCIAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | GOVERNMENT                                         | IN EMERGENCY RESPONSE                             |                                                   |               |
|                                                            | INTERLOCK<br>DEVICE<br>EQUIPPED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | HIT/SKIP UNIT                                      | #OCCUPANTS                                        | HAZARDOUS MATERIAL                                |               |
|                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    | 0, 1                                              | MATERIAL RELEASED CLASS # PLACARD ID #            |               |
|                                                            | VEHICLE WEIGHT GVWR/GCWR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                    | VEHICLE MAKE                                      |                                                   | VEHICLE MODEL |
|                                                            | 1 - <10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    | Chevy                                             |                                                   | Trax          |
| EVENTS                                                     | UNIT TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                    |                                                   |                                                   |               |
|                                                            | 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMB (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                    |                                                   |                                                   |               |
|                                                            | 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                    |                                                   |                                                   |               |
|                                                            | 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                    |                                                   |                                                   |               |
|                                                            | 4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |                                                   |                                                   |               |
|                                                            | 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                    |                                                   |                                                   |               |
|                                                            | 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    |                                                   |                                                   |               |
|                                                            | # OF TRAILING UNITS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                                                   |                                                   |               |
|                                                            | 0, 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |                                                   |                                                   |               |
|                                                            | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                    |                                                   |                                                   |               |
| 1 - YES 2 - NO 9 - OTHER / UNKNOWN                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |                                                   |                                                   |               |
| EVENTS                                                     | AUTONOMOUS MODE LEVEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                    |                                                   |                                                   |               |
|                                                            | 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                    |                                                   |                                                   |               |
|                                                            | SPECIAL FUNCTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                    |                                                   |                                                   |               |
|                                                            | 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                    |                                                   |                                                   |               |
|                                                            | 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                                   |                                                   |               |
|                                                            | 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                                   |                                                   |               |
|                                                            | CARGO BODY TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |                                                   |                                                   |               |
|                                                            | 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                         |                                                    |                                                   |                                                   |               |
|                                                            | VEHICLE DEFECTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |                                                   |                                                   |               |
|                                                            | 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                    |                                                   |                                                   |               |
| EVENTS                                                     | NON-MOTORIST LOCATION AT IMPACT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |                                                   |                                                   |               |
|                                                            | 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK 9 - MEDIA/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                              |                                                    |                                                   |                                                   |               |
|                                                            | ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                                                   |                                                   |               |
|                                                            | 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN                            |                                                    |                                                   |                                                   |               |
|                                                            | CONTRIBUTING CIRCUMSTANCES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                    |                                                   |                                                   |               |
|                                                            | 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/ SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION                                                                                     |                                                    |                                                   |                                                   |               |
|                                                            | SEQUENCE OF EVENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                                   |                                                   |               |
|                                                            | 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTORVEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTORVEHICLE 24 - OTHER MOVABLE OBJECT                               |                                                    |                                                   |                                                   |               |
|                                                            | COLLISION WITH FIXED OBJECT - STRUCK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |                                                   |                                                   |               |
|                                                            | 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN |                                                    |                                                   |                                                   |               |
| FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |                                                   |                                                   |               |

|                                                                                            |                               |
|--------------------------------------------------------------------------------------------|-------------------------------|
| LOCAL REPORT NUMBER                                                                        |                               |
| 2, 2, 0, 0, 7, 4, 5, 5                                                                     |                               |
| DAMAGE                                                                                     |                               |
| DAMAGE SCALE                                                                               |                               |
| 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                                                                   |                               |
| 0 - NO DAMAGE 14 - UNDERCARRIAGE                                                           |                               |
| 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE                                     |                               |
| 99 - UNKNOWN                                                                               |                               |
| TRAFFIC                                                                                    |                               |
| TRAFFICWAY FLOW                                                                            | TRAFFIC CONTROL               |
| 1 - ONE-WAY                                                                                | 1 - ROUNDABOUT 4 - STOP SIGN  |
| 2 - TWO-WAY                                                                                | 2 - SIGNAL 5 - YIELD SIGN     |
|                                                                                            | 3 - FLASHER 6 - NO CONTROL    |
| # OF THROUGH LANES ON ROAD                                                                 | RAIL GRADE CROSSING           |
| 3                                                                                          | 1 - NOT INVOLVED              |
|                                                                                            | 2 - INVOLVED-ACTIVE CROSSING  |
|                                                                                            | 3 - INVOLVED-PASSIVE CROSSING |
| UNIT / NON-MOTORIST DIRECTION                                                              |                               |
| 1 - NORTH 5 - NORTHEAST                                                                    |                               |
| 2 - SOUTH 6 - NORTHWEST                                                                    |                               |
| 3 - EAST 7 - SOUTHEAST                                                                     |                               |
| 4 - WEST 8 - SOUTHWEST                                                                     |                               |
| 9 - OTHER / UNKNOWN                                                                        |                               |
| UNIT SPEED                                                                                 | DETECTED SPEED                |
| 0                                                                                          | 1 - STATED / ESTIMATED SPEED  |
|                                                                                            | 2 - CALCULATED / EDR          |
|                                                                                            | 3 - UNDETERMINED              |
| POSTED SPEED                                                                               |                               |
| 3, 5                                                                                       |                               |



# MOTORIST / Non-MOTORIST

| LOCAL REPORT NUMBER |   |   |   |   |   |   |   |  |  |
|---------------------|---|---|---|---|---|---|---|--|--|
| 2                   | 2 | 0 | 0 | 7 | 4 | 5 | 5 |  |  |

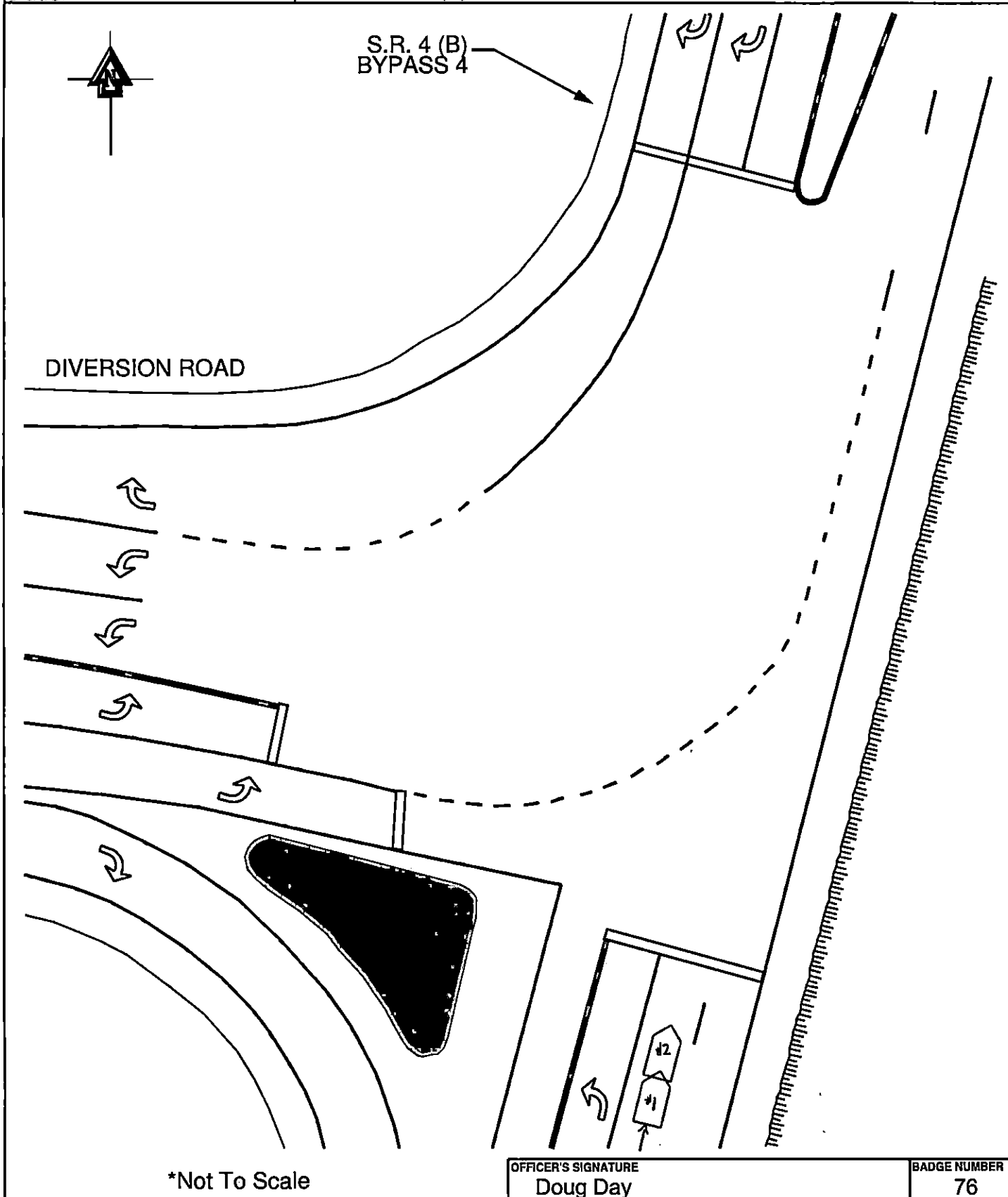
|                                          |                                   |                                   |                                                        |                                  |                                                                                                                                               |                                                  |                               |                                                     |                        |                                                      |
|------------------------------------------|-----------------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------|-----------------------------------------------------|------------------------|------------------------------------------------------|
| <b>UNIT #</b><br>01                      |                                   | <b>NAME: LAST, FIRST, MIDDLE</b>  |                                                        |                                  |                                                                                                                                               | <b>DATE OF BIRTH</b>                             |                               |                                                     | <b>AGE</b><br>0        | <b>GENDER</b><br>M                                   |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                   |                                   |                                                        |                                  |                                                                                                                                               | <b>CONTACT PHONE - INCLUDE AREA CODE</b>         |                               |                                                     |                        |                                                      |
| <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>           | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> |                                  | <b>SAFETY EQUIPMENT USED</b><br>99                                                                                                            | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b><br>01 | <b>AIR BAG USAGE</b><br>9                           | <b>EJECTION</b><br>1   | <b>TRAPPED</b><br>1                                  |
| <b>OL STATE</b>                          | <b>OPERATOR LICENSE NUMBER</b>    |                                   | <b>OFFENSE CHARGED</b>                                 |                                  | <b>LOCAL CODE</b><br><input type="checkbox"/>                                                                                                 | <b>OFFENSE DESCRIPTION</b>                       |                               |                                                     | <b>CITATION NUMBER</b> |                                                      |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT SELECT UP TO 2</b> | <b>RESTRICTION SELECT UP TO 3</b> |                                                        | <b>DRIVER DISTRACTED BY</b><br>9 | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                                  | <b>CONDITION</b><br>9         | <b>ALCOHOL TEST</b><br>STATUS: 1, TYPE: 1, VALUE: 1 |                        | <b>DRUG TEST(S)</b><br>STATUS: 1, TYPE: 1, RESULT: 1 |

|                                                                                       |                                            |                                                      |                                                        |                                  |                                                                                                                                               |                                                        |                               |                                                     |                        |                                                      |
|---------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------|--------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------|-----------------------------------------------------|------------------------|------------------------------------------------------|
| <b>UNIT #</b><br>02                                                                   |                                            | <b>NAME: LAST, FIRST, MIDDLE</b><br>Burnett, Obadiah |                                                        |                                  |                                                                                                                                               | <b>DATE OF BIRTH</b><br>05212002                       |                               |                                                     | <b>AGE</b><br>19       | <b>GENDER</b><br>M                                   |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>11469 Oakstand Dr. Cincinnati, Ohio 45240 |                                            |                                                      |                                                        |                                  |                                                                                                                                               | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>5139159905 |                               |                                                     |                        |                                                      |
| <b>INJURIES</b><br>5                                                                  | <b>INJURED TAKEN BY</b>                    | <b>EMS AGENCY (NAME)</b>                             | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> |                                  | <b>SAFETY EQUIPMENT USED</b><br>04                                                                                                            | <input type="checkbox"/> DOT-COMPLIANT MC HELMET       | <b>SEATING POSITION</b><br>01 | <b>AIR BAG USAGE</b><br>1                           | <b>EJECTION</b><br>1   | <b>TRAPPED</b><br>1                                  |
| <b>OL STATE</b><br>OH                                                                 | <b>OPERATOR LICENSE NUMBER</b><br>TY444077 |                                                      | <b>OFFENSE CHARGED</b>                                 |                                  | <b>LOCAL CODE</b><br><input type="checkbox"/>                                                                                                 | <b>OFFENSE DESCRIPTION</b>                             |                               |                                                     | <b>CITATION NUMBER</b> |                                                      |
| <b>OL CLASS</b><br>4                                                                  | <b>ENDORSEMENT SELECT UP TO 2</b>          | <b>RESTRICTION SELECT UP TO 3</b>                    |                                                        | <b>DRIVER DISTRACTED BY</b><br>1 | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                                        | <b>CONDITION</b><br>1         | <b>ALCOHOL TEST</b><br>STATUS: 1, TYPE: 1, VALUE: 1 |                        | <b>DRUG TEST(S)</b><br>STATUS: 1, TYPE: 1, RESULT: 1 |

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

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

|                                         |                                                        |                                                          |
|-----------------------------------------|--------------------------------------------------------|----------------------------------------------------------|
| LOCAL REPORT NUMBER<br><b>22-007455</b> | REPORTING AGENCY<br><b>Fairfield Police Department</b> | DATE OF CRASH<br>M <b>02</b>   D <b>01</b>   Y <b>22</b> |
| IN COUNTY OF<br><b>Butler</b>           | CRASH LOCATION<br><b>S.R. 4 (B) at Diversion Rd.</b>   |                                                          |



\*Not To Scale

OFFICER'S SIGNATURE  
**Doug Day**

BADGE NUMBER  
**76**