



LOCAL REPORT NUMBER\*

HSY7001 OH1 1/19 [760-0820]

|   |   |  |   |   |  |
|---|---|--|---|---|--|
| OWNER   | UNIT #<br>01  | OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) | OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)   |   |  |
|   | OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)  |  |   |   |  |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP |   | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE        |   |   |  |
| VEHICLE   | LP STATE<br>OH  | LICENSE PLATE #<br>HVV6060                         | VEHICLE IDENTIFICATION #<br>WBAB3B3C52EJ979213  | VEHICLE YEAR<br>2014  | VEHICLE MAKE<br>BMW  |
|   | <input checked="" type="checkbox"/> INSURANCE VERIFIED  | INSURANCE COMPANY<br>Allstate                      | INSURANCE POLICY #<br>992985846   | COLOR<br>Blue   | VEHICLE MODEL<br>328I  |
|   | 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 type="checkbox"/> HIT/SKIP UNIT             | #OCCUPANTS<br>01  | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID #    |  |
|   | 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)  | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME | 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<br>0  |  | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER / UNKNOWN   |   |  |
|   | AUTONOMOUS MODE LEVEL<br>0  |  | 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<br>01  |  | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT/COMMUTER<br>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<br>01   |  | 1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>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<br>01   |  | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER / UNKNOWN  |   |  |
| EVENT(S)  | NON-MOTORIST LOCATION AT IMPACT<br>01   |  | 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER / ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER / UNKNOWN   |   |  |
|   | ACTION<br>03  |  | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER / UNKNOWN<br>1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE<br>9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>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<br>08  |  | 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<br>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<br>120   |  | 1 - OVERTURN/ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT  |   |  |
|   | COLLISION WITH FIXED OBJECT - STRUCK<br>4   |  | 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<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT / LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER / UNKNOWN |   |  |
|   | FIRST HARMFUL EVENT<br>1  |  | MOST HARMFUL EVENT<br>1   |   |  |

|  |  |
|--|--|
| LOCAL REPORT NUMBER<br>22007786  |  |
| DAMAGE<br>DAMAGE SCALE<br>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<br>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<br>TRAFFICWAY FLOW<br>1 - ONE-WAY<br>2 - TWO-WAY<br>4<br>TRAFFIC CONTROL<br>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<br>0<br>RAIL GRADE CROSSING<br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING  |  |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 4 TO 2<br>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                          |  |
| UNIT SPEED<br>5<br>POSTED SPEED<br>35<br>DETECTED SPEED<br>1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED  |  |

|   |   |  |  |
|---|---|--|--|
| OWNER   | UNIT #<br>012   | OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) | OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)  |
|   | OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)  |  |  |
| VEHICLE   | COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP   |  | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE  |
|   | LP STATE<br>OH  | LICENSE PLATE #<br>FGM9495                         | VEHICLE IDENTIFICATION #<br>4T1B E46K69U390887   |
|   | INSURANCE VERIFIED<br>X   | INSURANCE COMPANY<br>Nationwide                    | INSURANCE POLICY #<br>9234J081585  |
|   | TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE   |  | US DOT #   |
|   | INTERLOCK DEVICE EQUIPPED<br><input type="checkbox"/>   | HIT/SKIP UNIT<br><input type="checkbox"/>          | #OCCUPANTS<br>01   |
|   | VEHICLE WEIGHT GVWR/GCWR<br>1 - <10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS.   |  | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED<br><input type="checkbox"/> PLACARD |
|   | UNIT TYPE<br>01<br>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)<br>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<br>0  |  |  |
|   | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER / UNKNOWN<br>AUTONOMOUS MODE LEVEL<br>0<br>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<br>01<br>1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT/COMMUTER<br>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<br>01<br>1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTORVEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ENCLOSED BOX<br>7 - GRAINCHIPS/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<br>1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER / UNKNOWN   |   |  |  |
| NON-MOTORIST LOCATION AT IMPACT<br>1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER / ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER / UNKNOWN  |   |  |  |
| ACTION<br>4<br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER / UNKNOWN<br>PRE-CRASH ACTIONS<br>05<br>1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE<br>9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>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<br>01<br>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<br>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<br>120<br>1 - OVERTURN/ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTORVEHICLE<br>24 - OTHER MOVABLE OBJECT<br>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<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT / LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER / UNKNOWN |   |  |  |
| FIRST HARMFUL EVENT<br>1<br>MOST HARMFUL EVENT<br>1   |   |  |  |

|  |  |
|--|--|
| LOCAL REPORT NUMBER<br>22007786  |  |
| DAMAGE<br>DAMAGE SCALE<br>2<br>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<br><br><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<br>5<br>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  |  |
| TRAFFICWAY FLOW<br>1<br>1 - ONE-WAY<br>2 - TWO-WAY   | TRAFFIC CONTROL<br>4<br>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<br>0  | RAIL GRADE CROSSING<br>1<br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING            |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 4 TO 2<br>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  |  |
| UNIT SPEED<br>0  | DETECTED SPEED<br>1<br>1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED                          |
| POSTED SPEED<br>35   |  |



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 2 0 0 7 7 8 6

|   |   |  |   |  |
|---|---|--|---|--|
| UNIT #<br>0 1   | NAME: LAST, FIRST, MIDDLE<br>Wirtley, Gregory, A. | DATE OF BIRTH<br>0 4 0 3 1 9 5 7                         | AGE<br>6 4  | GENDER<br>M  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>5042 Columbia Circle, West Chester, Ohio 45011 |   | CONTACT PHONE - INCLUDE AREA CODE                        |   |  |
| INJURIES<br>5   | INJURED TAKEN BY                                  | EMS AGENCY (NAME)  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)   | SAFETY EQUIPMENT USED<br>0 4   |
| OL STATE<br>O H   | OPERATOR LICENSE NUMBER                           | OFFENSE CHARGED<br>333.03 (A)                            | LOCAL CODE<br><input checked="" type="checkbox"/> | OFFENSE DESCRIPTION<br>ACDA  |
| OL CLASS<br>4   | ENDORSEMENT<br>SELECT UP TO 2                     | RESTRICTION SELECT UP TO 3                               | DRIVER DISTRACTED BY<br>1                         | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |
| CONDITION<br>1  |   | ALCOHOL TEST<br>STATUS TYPE VALUE<br>1 1                 |   |  |
| CONDITION<br>1  |   | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4<br>1 1 |   |  |

|   |  |  |   |  |
|---|--|--|---|--|
| UNIT #<br>0 2   | NAME: LAST, FIRST, MIDDLE<br>Bowling, Samantha, L. | DATE OF BIRTH<br>0 1 2 0 1 9 9 2                         | AGE<br>3 0                                      | GENDER<br>F  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>676 Rockford Drive, Hamilton, Ohio 45013 |  | CONTACT PHONE - INCLUDE AREA CODE                        |   |  |
| INJURIES<br>5   | INJURED TAKEN BY                                   | EMS AGENCY (NAME)  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0 4   |
| OL STATE<br>O H   | OPERATOR LICENSE NUMBER                            | OFFENSE CHARGED  | LOCAL CODE<br><input type="checkbox"/>          | OFFENSE DESCRIPTION  |
| OL CLASS<br>4   | ENDORSEMENT<br>SELECT UP TO 2                      | RESTRICTION SELECT UP TO 3                               | DRIVER DISTRACTED BY<br>1                       | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |
| CONDITION<br>1  |  | ALCOHOL TEST<br>STATUS TYPE VALUE<br>1 1                 |   |  |
| CONDITION<br>1  |  | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4<br>1 1 |   |  |

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

|   |  |  |   |   |   |  |
|---|--|--|---|---|---|--|
| <b>INJURIES</b><br>1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY   | <b>SEATING POSITION</b><br>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<br>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 | <b>AIR BAG</b><br>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  | <b>OL CLASS</b><br>1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO = D)<br>5 - MIC MOPED ONLY<br>6 - NO VALID OL | <b>OL RESTRICTION(S)</b><br>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 | <b>DRIVER DISTRACTION</b><br>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 | <b>TEST STATUS</b><br>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 |
| <b>INJURED TAKEN BY</b><br>1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN   | <b>EJECTION</b><br>1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE   | <b>OL ENDORSEMENT</b><br>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 | <b>TRAPPED</b><br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS                          | <b>CONDITION</b><br>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  | <b>ALCOHOL TEST TYPE</b><br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER   | <b>DRUG TEST TYPE</b><br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER   |
| <b>SAFETY EQUIPMENT</b><br>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 |  |  |   |   |   |  |

|                           |              |                      |                                |                  |        |
|---------------------------|--------------|----------------------|--------------------------------|------------------|--------|
| LOCAL<br>REPORT<br>NUMBER | PD-22-007786 | REPORTING<br>AGENCY  | Fairfield Police Department    | DATE OF ACCIDENT | 2/2/22 |
| IN COUNTY OF              | Butler       | ACCIDENT<br>LOCATION | Meijer Dr.// South Gilmore Rd. |                  |        |

  

MEIJER DR.

↓

POINT OF IMPACT

STOP SIGN

SOUTH GILMORE RD. →

DIVIDED MEDIAN

NOT TO SCALE

N

OFFICER'S SIGNATURE

D. Miller

BADGE NO

167