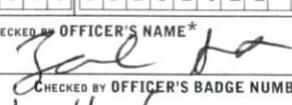




## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

|  |  |  |   |   |   |  |                                  |   |                  |
|--|--|--|---|---|---|--|----------------------------------|---|------------------|
| <input checked="" type="checkbox"/> PHOTOS TAKEN   |  | <input checked="" type="checkbox"/> OH-2   | <input type="checkbox"/> OH-3   | LOCAL INFORMATION   |   | LOCAL REPORT NUMBER*   |                                  |   |                  |
| <input type="checkbox"/> SECONDARY CRASH   |  | <input checked="" type="checkbox"/> OH-1P  | <input type="checkbox"/> OTHER  | REPORTING AGENCY NAME*  |   | NCIC*  | HIT/SKIP                         | NUMBER OF UNITS   | UNIT IN ERROR    |
|  |  |  |   | Fairfield Police Department   |   | 0 0 9 0 1  | 1 - SOLVED                       | 0 2   | 0 1 98 - ANIMAL  |
|  |  |  |   |   |   |  | 2 - UNSOLVED                     |   | 0 1 99 - UNKNOWN |
| COUNTY*  | LOCALITY*  | LOCATION: CITY, VILLAGE, TOWNSHIP*   |   | City of Fairfield   |   | CRASH DATE / TIME*   |                                  | CRASH SEVERITY  |                  |
| 0 9  | 1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP                                    |  |   |   |   | 0 3 2 5 2 0 2 2 1 3 4 5  |                                  | 1 - FATAL   |                  |
|  |  |  |   |   |   |  |                                  | 4   |                  |
|  |  |  |   |   |   |  |                                  | 2 - SERIOUS INJURY SUSPECTED  |                  |
|  |  |  |   |   |   |  |                                  | 3 - MINOR INJURY SUSPECTED  |                  |
|  |  |  |   |   |   |  |                                  | 4 - INJURY POSSIBLE   |                  |
|  |  |  |   |   |   |  |                                  | 5 - PROPERTY DAMAGE ONLY  |                  |
| ROUTE TYPE   | ROUTE NUMBER   | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  | LOCATION ROAD NAME  |   | ROAD TYPE   | LATITUDE DECIMAL DEGREES   |                                  |   |                  |
|  |  |  | Seward  |   | R D   | 3 9 3 6 2 5 4 3  |                                  |   |                  |
| ROUTE TYPE   | ROUTE NUMBER   | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)   |   | ROAD TYPE   | LONGITUDE DECIMAL DEGREES  |                                  |   |                  |
|  |  |  | Tylersville   |   | R D   | - 8 4 4 9 1 4 9 5  |                                  |   |                  |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #  | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | 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 | ROAD TYPE<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE                           | RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY | INTERSECTION RELATED   |                                  |   |                  |
| DISTANCE FROM REFERENCE  | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS             |  |   |   |   | <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA |                                  |   |                  |
|  |  |  |   |   |   | 4 NUMBER OF APPROACHES   |                                  |   |                  |
| ROADWAY  |  |  |   |   |   |  |                                  |   |                  |
|  |  |  |   | ROADWAY DIVIDED   |   |  |                                  |   |                  |
| LOCATION OF FIRST HARMFUL EVENT  |  |  |   | MANNER OF CRASH COLLISION/IMPACT  |   | DIRECTION OF TRAVEL  |                                  | MEDIAN TYPE   |                  |
| 1 - ON ROADWAY<br>0 1 2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP   |  | 9 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12 - SHARED USE PATHS OR TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER / UNKNOWN |   | 1 - NOT COLLISION<br>2 - TWO MOTOR VEHICLES IN TRANSPORT<br>3 - REAR-END<br>4 - HEAD-ON   |   | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   |                                  | 1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (>4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN |                  |
|  |  |  |   |   |   |  |                                  |   |                  |
| <input type="checkbox"/> WORK ZONE RELATED   |  | WORK ZONE TYPE   |   | LOCATION OF CRASH IN WORK ZONE  |   | CONTOUR  | CONDITIONS                       | SURFACE   |                  |
| <input type="checkbox"/> WORKERS PRESENT   |  | 1 - LANE CLOSURE<br>2 - LANE SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER   |   | 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA |   | 1  | 1                                | 2   |                  |
| <input type="checkbox"/> LAW ENFORCEMENT PRESENT   |  |  |   |   |   | 1 - STRAIGHT LEVEL   | 1 - DRY                          | 1 - CONCRETE  |                  |
| <input type="checkbox"/> ACTIVE SCHOOL ZONE  |  |  |   |   |   | 2 - STRAIGHT GRADE   | 2 - WET                          | 2 - BLACKTOP, BITUMINOUS, ASPHALT   |                  |
|  |  |  |   |   |   | 3 - CURVE LEVEL  | 3 - SNOW                         | 3 - BRICK/BLOCK   |                  |
|  |  |  |   |   |   | 4 - CURVE GRADE  | 4 - ICE                          | 4 - SLAG, GRAVEL, STONE   |                  |
|  |  |  |   |   |   | 9 - OTHER/UNKNOWN  | 5 - SAND, MUD, DIRT, OIL, GRAVEL | 5 - DIRT  |                  |
|  |  |  |   |   |   |  | 6 - WATER (STANDING, MOVING)     | 9 - OTHER/UNKNOWN   |                  |
|  |  |  |   |   |   |  | 7 - SLUSH                        |   |                  |
|  |  |  |   |   |   |  |                                  |   |                  |
| LIGHT CONDITION  |  |  |   | WEATHER   |   |  |                                  |   |                  |
| 1 - DAYLIGHT<br>1 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN  |  | 0 2 1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL   |   | 6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN  |   |  |                                  |   |                  |
|  |  |  |   |   |   |  |                                  |   |                  |
| NARRATIVE  |  |  |   |   |   |  |                                  |   |                  |
| On March 25, 2022 at approximately 1:45 P.M. Unit 2 was traveling west on Tylersville Rd. going through the intersection of Seward Rd. to which he had a green light. Unit 1 was traveling north on Seward Rd. behind a box truck, once the box truck made a right hand turn on red, Unit 1 continued straight through the intersection through the red light colliding with Unit 2. |  |  |   |   |   |  |                                  |   |                  |
|  Indicate the north direction with an "N" on the compass diagram.   |  |  |   |   |   |  |                                  |   |                  |
|  |  |  |   |   |   |  |                                  | See OH-2  |                  |
| CRASH REPORTED DATE / TIME   |  | DISPATCH DATE / TIME   |   | ARRIVAL DATE / TIME   |   | SCENE CLEARED DATE / TIME  |                                  | REPORT TAKEN BY   |                  |
| 0 3 2 5 2 0 2 2 1 3 4 5  |  | 0 3 2 5 2 0 2 2 1 3 4 8  |   | 0 3 2 5 2 0 2 2 1 3 4 8   |   | 0 3 2 5 2 0 2 2 1 4 3 9  |                                  | <input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST  |                  |
| TOTAL TIME ROADWAY CLOSED  |  | OTHER INVESTIGATION TIME   |   | TOTAL MINUTES   |   | OFFICER'S NAME*  |                                  | CHECKED BY OFFICER'S NAME*  |                  |
|  |  |  |   |   |   | Z. Shust   |                                  |   |                  |
|  |  |  |   |   |   | OFFICER'S BADGE NUMBER*  |                                  | CHECKED BY OFFICER'S BADGE NUMBER*  |                  |
|  |  |  |   |   |   | 1 4 6  |                                  | 1 4 6   |                  |
| SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OGPS)   |  |  |   |   |   |  |                                  |   |                  |

|  |  |   |
|--|--|---|
| UNIT #   | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER) | OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER) |
| 0 1  | Thornton, Phyllis  |   |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER) |  |   |
| 4101 Jamie Dr, Hamilton, OH 45011  |  |   |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                |  | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                               |

|          |                 |                          |              |              |
|----------|-----------------|--------------------------|--------------|--------------|
| LP STATE | LICENSE PLATE # | VEHICLE IDENTIFICATION # | VEHICLE YEAR | VEHICLE MAKE |
| O H      | DDJ 8129        | 4T1B1F3E1K0B1U190943     | 2011         | Toyota       |

|  |                   |                    |        |               |
|--|-------------------|--------------------|--------|---------------|
| <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY | INSURANCE POLICY # | COLOR  | VEHICLE MODEL |
|  | StateFarm         | 8069856B1035H      | Silver | Camry         |

|  |             |   |
|--|-------------|---|
| TYPE OF USE  | US DOT #    | TOWED BY: COMPANY NAME  |
| <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |             | FOX   |
| <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT                              | # OCCUPANTS | HAZARDOUS MATERIAL  |
|  | 0 2         | <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # <input type="checkbox"/> PLACARD ID # |

|                          |  |
|--------------------------|--|
| VEHICLE WEIGHT GVWR/GCWR |  |
| 1 - <10K LBS.            |  |
| 2 - 10,001 - 26K LBS.    |  |
| 3 - >26K LBS.            |  |

1 - PASSENGER CAR  
2 - PASSENGER VAN (MINIVAN)  
3 - SPORT UTILITY VEHICLE  
4 - PICK UP  
5 - CARGO VAN  
6 - VAN (9-15 SEATS)

7 - MOTORCYCLE 2-WHEELED  
8 - MOTORCYCLE 3-WHEELED  
9 - AUTOCYCLE  
10 - MOPED OR MOTORIZED  
11 - ALL TERRAIN VEHICLE (ATV / UTV)

12 - GOLF CART  
13 - SNOWMOBILE  
14 - SINGLE UNIT TRUCK  
15 - SEMI-TRACTOR  
16 - FARM EQUIPMENT  
17 - MOTORHOME

18 - LIMO (LIVERY VEHICLE)  
19 - BUS (16+ PASSENGERS)  
20 - OTHER VEHICLE  
21 - HEAVY EQUIPMENT  
22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE  
23 - PEDESTRIAN / SKATER  
24 - WHEELCHAIR (ANY TYPE)  
25 - OTHER NON-MOTORIST  
26 - BICYCLE  
27 - TRAIN  
99 - UNKNOWN OR HIT/SKIP

1 - # OF TRAILING UNITS

2 - WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?

1 - YES 2 - NO 9 - OTHER / UNKNOWN

0 - NO AUTOMATION  
1 - DRIVER ASSISTANCE  
2 - PARTIAL AUTOMATION

3 - CONDITIONAL AUTOMATION  
4 - HIGH AUTOMATION  
5 - FULL AUTOMATION

9 - UNKNOWN

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

12 - CONCRETE MIXER  
13 - AUTO TRANSPORTER  
14 - GARBAGE/REFUSE  
99 - OTHER / UNKNOWN

1 - NO CARGO BODY TYPE / NOT APPLICABLE  
2 - BUS

3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE  
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

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

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 - MEDIAN/CROSSING ISLAND  
10 - DRIVEWAY ACCESS  
11 - SHARED USE PATHS OR TRAILS

12 - FIRST RESPONDER AT INCIDENT SCENE  
99 - OTHER / UNKNOWN

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

1 - LEFT OF CENTER  
2 - FOLLOWING TOO CLOSE / ACDA  
3 - IMPROPER LANE CHANGE  
4 - RAN RED LIGHT  
5 - RAN STOP SIGN  
6 - UNSAFE SPEED  
7 - IMPROPER TURN

8 - IMPOORPER BACKING  
9 - IMPOORPER DROVE OFF ROAD  
10 - IMPOORPER PASSING  
11 - IMPOORPER SWERVING TO AVOID  
12 - IMPOORPER WRONG WAY

13 - IMPROPER START FROM A PARKED POSITION  
14 - STOPPED OR PARKED ILLEGALLY  
15 - SWERVING TO AVOID SPILLING

16 - VISION OBSTRUCTION  
17 - OPERATING DEFECTIVE EQUIPMENT  
18 - SWINGING DOOR INTO ROADWAY  
19 - LOAD SHIFTING/FALLING/SPILLING  
20 - IMPROPER CROSSING

21 - LYING IN ROADWAY  
22 - NOT DISCERNIBLE  
23 - OPENING DOOR INTO ROADWAY  
99 - OTHER IMPROPER ACTION

1 - NOT INVOLVED  
2 - INVOLVED-ACTIVE CROSSING  
3 - INVOLVED-PASSIVE CROSSING

1 - NOT INVOLVED  
2 - INVOLVED-ACTIVE CROSSING  
3 - INVOLVED-PASSIVE CROSSING

1 - NORTH  
2 - SOUTH  
3 - EAST  
4 - WEST  
9 - OTHER / UNKNOWN

1 - NOT INVOLVED  
2 - INVOLVED-ACTIVE CROSSING  
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| UNIT #   | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER) | OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER) |
| 0 2  | Shriver Security Systems   |   |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER) |  |   |
| 6404 Thornberry Ct. Unit 410, Mason OH 45040                                       |  |   |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                |  | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                               |

|   |                   |                                   |   |               |
|---|-------------------|-----------------------------------|---|---------------|
| LP STATE  | LICENSE PLATE #   | VEHICLE IDENTIFICATION #          | VEHICLE YEAR  | VEHICLE MAKE  |
| 0 H   | PJB 5172          | N M 0 L S 7 E 7 8 F 1 1 8 4 8 3 6 | 2 0 1 5   | Ford          |
| <input checked="" type="checkbox"/> INSURANCE VERIFIED  | INSURANCE COMPANY | INSURANCE POLICY #                | COLOR   | VEHICLE MODEL |
| State Auto Mutual   |                   | BAP 2064571                       | White   | Transit       |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |                   | US DOT #                          | TOWED BY: COMPANY NAME<br>Wayne's   |               |
| <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT   |                   | #OCCUPANTS<br>0 1                 | VEHICLE WEIGHT GVWR/GCWR<br>1 - ≤10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS. |               |

|           |   |  |   |  |
|-----------|---|--|---|--|
| 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) | 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 |
|-----------|---|--|---|--|

|     |                     |  |  |  |
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| 0 5 | # OF TRAILING UNITS |  |  |  |
|-----|---------------------|--|--|--|

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|---|--|--|-------------|--|
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION | 3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION | 9 - UNKNOWN |  |
| 1 2   | AUTONOMOUS MODE LEVEL  |  |             |  |

|     |   |   |   |  |   |
|-----|---|---|---|--|---|
| 0 1 | 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 | 11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT | 16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL | 21 - MAIL CARRIER<br>99 - OTHER / UNKNOWN |
|-----|---|---|---|--|---|

|     |  |   |  |  |   |
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| 0 1 | 1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING | 5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL | 8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP | 12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER / UNKNOWN |
|-----|--|---|--|--|---|

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| 0 1 | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS | 4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT | 7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE | 9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT | 99 - OTHER / UNKNOWN |
|-----|--|--|--|--|----------------------|

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

|     |   |  |  |   |   |
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| 0 1 | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER / UNKNOWN | 1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN | 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 | 13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE | 18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER / UNKNOWN |
|-----|---|--|--|---|---|

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| 0 2 | 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 | 13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY | 17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/FALLING/SPILLING<br>20 - IMPROPER CROSSING | 21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION |
|-----|---|---|--|--|---|

|                    |  |  |  |  |  |
|--------------------|--|--|--|--|--|
| SEQUENCE OF EVENTS |  |  |  |  |  |
|--------------------|--|--|--|--|--|

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|-------|--|--|---|--|---|
| 1 2 0 | 1 - OVERTURN/ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT | 6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE | 16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT | 22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOBILE OBJECT |
|-------|--|--|---|--|---|

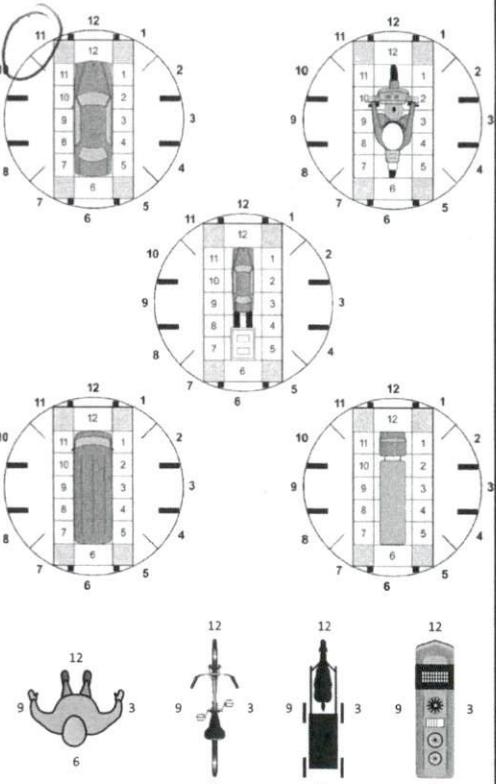
|       |  |  |   |  |  |
|-------|--|--|---|--|--|
| 4 5 6 | 25 - IMPACT ATTENUATOR / CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE | 31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER | 37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT / LUMINARIES<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT | 43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT | 50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER / UNKNOWN |
|-------|--|--|---|--|--|

|   |                     |   |                    |
|---|---------------------|---|--------------------|
| 1 | FIRST HARMFUL EVENT | 1 | MOST HARMFUL EVENT |
|---|---------------------|---|--------------------|

|                     |  |
|---------------------|--|
| LOCAL REPORT NUMBER |  |
| 2 2 0 2 1 6 2 0     |  |

|   |   |
|---|---|
| DAMAGE  |   |
| 4   | DAMAGE SCALE<br>1 - NONE<br>2 - MINOR DAMAGE<br>9 - UNKNOWN |
| 3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE |   |

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY



- NO DAMAGE [ 0 ]  - UNDERCARRIAGE [ 14 ]  
 - TOP [ 13 ]  - ALL AREAS [ 15 ]  
 - UNIT NOT AT SCENE [ 16 ]

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

|  |   |
|--|---|
| TRAFFIC  |   |
| TRAFFIC WAY FLOW<br>1 - ONE-WAY<br>2 - TWO-WAY | 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>2                | RAIL GRADE CROSSING<br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING            |

|                               |   |
|-------------------------------|---|
| UNIT / NON-MOTORIST DIRECTION |   |
| FROM 3 TO 4                   | 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>3 5   | DETECTED SPEED<br>1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED |
| POSTED SPEED<br>4 0 |  |

# MOTORIST / Non-MOTORIST

| MOTORIST / Non-MOTORIST  |   |                                      |   |  |   |                          |                                     |  |   | LOCAL REPORT NUMBER               |                           |         |  |
|--|---|--------------------------------------|---|--|---|--------------------------|-------------------------------------|--|---|-----------------------------------|---------------------------|---------|--|
| UNIT #   | NAME: LAST, FIRST, MIDDLE<br>0 1 Bradford, Blaine   |                                      |   |  |   |                          |                                     |  |   | DATE OF BIRTH                     | AGE                       | GENDER  |  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>3420 Springvale Rd, Boyne Falls, MI 49713 |   |                                      |   |  |   |                          |                                     |  |   | CONTACT PHONE - INCLUDE AREA CODE |                           |         |  |
| INJURIES<br>5  | INJURED<br>TAKEN<br>BY  | EMS AGENCY (NAME)                    | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)   |  |   | SAFETY EQUIPMENT<br>USED | 0 4                                 | DOT-COMPLIANT<br>MC HELMET                     | SEATING POSITION  | AIR BAG USAGE                     | EJECTION                  | TRAPPED |  |
| OL STATE<br>M I  | OPERATOR LICENSE NUMBER   |                                      |   | OFFENSE CHARGED<br>313.01a   |   | LOCAL<br>CODE            | <input checked="" type="checkbox"/> | OFFENSE DESCRIPTION<br>Fail to Obey Traffic De |   |                                   | CITATION NUMBER<br>250105 |         |  |
| OL CLASS<br>4  | ENDORSEMENT<br>SELECT UP TO 2   | RESTRICTION SELECT UP TO 3           | DRIVER<br>DISTRACTED<br>BY  | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |   | CONDITION                | 1                                   | ALCOHOL TEST<br>STATUS 1<br>TYPE 1<br>VALUE .  | DRUG TEST(S)<br>STATUS 1<br>TYPE 1<br>RESULT SELECT UP TO 4 |                                   |                           |         |  |
| UNIT #<br>0 2  | NAME: LAST, FIRST, MIDDLE<br>McDowell, Kalleb   |                                      |   |  |   |                          |                                     |  |   | DATE OF BIRTH                     | AGE                       | GENDER  |  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>3979 Drew Ave, Cincinnati, OH 45248       |   |                                      |   |  |   |                          |                                     |  |   | CONTACT PHONE - INCLUDE AREA CODE |                           |         |  |
| INJURIES<br>4  | INJURED<br>TAKEN<br>BY 1  | EMS AGENCY (NAME)<br>SELF            | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)   |  |   | SAFETY EQUIPMENT<br>USED | 0 4                                 | DOT-COMPLIANT<br>MC HELMET                     | SEATING POSITION  | AIR BAG USAGE                     | EJECTION                  | TRAPPED |  |
| OL STATE<br>O H  | OPERATOR LICENSE NUMBER   |                                      |   | OFFENSE CHARGED  |   | LOCAL<br>CODE            | <input type="checkbox"/>            | OFFENSE DESCRIPTION                            |   |                                   | CITATION NUMBER           |         |  |
| OL CLASS<br>4  | ENDORSEMENT<br>SELECT UP TO 2   | RESTRICTION SELECT UP TO 3           | DRIVER<br>DISTRACTED<br>BY  | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |   | CONDITION                | 1                                   | ALCOHOL TEST<br>STATUS 1<br>TYPE 1<br>VALUE .  | DRUG TEST(S)<br>STATUS 1<br>TYPE 1<br>RESULT SELECT UP TO 4 |                                   |                           |         |  |
| UNIT #   | NAME: LAST, FIRST, MIDDLE   |                                      |   |  |   |                          |                                     |  |   | DATE OF BIRTH                     | AGE                       | GENDER  |  |
| ADDRESS: STREET, CITY, STATE, ZIP  |   |                                      |   |  |   |                          |                                     |  |   | CONTACT PHONE - INCLUDE AREA CODE |                           |         |  |
| INJURIES   | INJURED<br>TAKEN<br>BY  | EMS AGENCY (NAME)                    | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)   |  |   | SAFETY EQUIPMENT<br>USED |                                     | DOT-COMPLIANT<br>MC HELMET                     | SEATING POSITION  | AIR BAG USAGE                     | EJECTION                  | TRAPPED |  |
| OL STATE   | OPERATOR LICENSE NUMBER   |                                      |   | OFFENSE CHARGED  |   | LOCAL<br>CODE            | <input type="checkbox"/>            | OFFENSE DESCRIPTION                            |   |                                   | CITATION NUMBER           |         |  |
| OL CLASS   | ENDORSEMENT<br>SELECT UP TO 2   | RESTRICTION SELECT UP TO 3           | DRIVER<br>DISTRACTED<br>BY  | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |   | CONDITION                | 1                                   | ALCOHOL TEST<br>STATUS 1<br>TYPE 1<br>VALUE .  | DRUG TEST(S)<br>STATUS 1<br>TYPE 1<br>RESULT SELECT UP TO 4 |                                   |                           |         |  |
| <b>INJURIES</b>  | <b>SEATING POSITION</b>   | <b>AIR BAG</b>                       | <b>OL CLASS</b>   | <b>OL RESTRICTION(S)</b>   | <b>DRIVER DISTRACTION</b>   | <b>TEST STATUS</b>       |                                     |  |   |                                   |                           |         |  |
| 1-FATAL  | I-FRONT - LEFT SIDE<br>(MOTORCYCLE DRIVER)  | 1-NOT DEPLOYED                       | 1-CLASS A   | 1-ALCOHOL INTERLOCK DEVICE   | 1-NOT DISTRACTED  | 1-NONE GIVEN             |                                     |  |   |                                   |                           |         |  |
| 2-SUSPECTED SERIOUS INJURY   | 2-FRONT - MIDDLE  | 2-DEPLOYED FRONT                     | 2-CLASS B   | 2-CDL INTRASTATE ONLY  | 2-MANUALLY OPERATING AN<br>ELECTRONIC COMMUNICATION<br>DEVICE (TEXTING, TYPING,<br>DIALING) | 2-TEST REFUSED           |                                     |  |   |                                   |                           |         |  |
| 3-SUSPECTED MINOR INJURY   | 3-FRONT - RIGHT SIDE  | 3-DEPLOYED SIDE                      | 3-CLASS C   | 3-CORRECTIVE LENSES  | 3-TEST GIVEN, CONTAMINATED<br>SAMPLE / UNUSABLE   |                          |                                     |  |   |                                   |                           |         |  |
| 4-POSSIBLE INJURY  | 4-SECOND - LEFT SIDE<br>(MOTORCYCLE PASSENGER)  | 4-DEPLOYED BOTH FRONT / SIDE         | 4-REGULAR CLASS<br>(OHIO = D)   | 4-FARM WAIVER  | 4-TEST GIVEN, RESULTS KNOWN   |                          |                                     |  |   |                                   |                           |         |  |
| 5-NO APPARENT INJURY   | 5-SECOND - MIDDLE   | 5-NOT APPLICABLE                     | 5-M/C MOPED ONLY  | 5-EXCEPT CLASS A BUS   | 5-TEST GIVEN, RESULTS<br>UNKNOWN  |                          |                                     |  |   |                                   |                           |         |  |
| <b>INJURED TAKEN BY</b>  | 6-SECOND - RIGHT SIDE   | 9-DEPLOYMENT UNKNOWN                 | 6-NO VALID OL   | 6-EXCEPT CLASS A<br>& CLASS B BUS  |   |                          |                                     |  |   |                                   |                           |         |  |
| 1-NOT TRANSPORTED<br>/TREATED AT SCENE   | 7-THIRD - LEFT SIDE<br>(MOTORCYCLE SIDE CAR)  | 7-THIRD - MIDDLE                     | 7-EXCEPT TRACTOR-TRAILER  |  |   |                          |                                     |  |   |                                   |                           |         |  |
| 2-EMS  | 8-THIRD - MIDDLE  | 8-THIRD - RIGHT SIDE                 | 8-INTERMEDIATE LICENSE<br>RESTRICTIONS  | 1-NONE   |   |                          |                                     |  |   |                                   |                           |         |  |
| 3-POLICE   | 10-SLEEPER SECTION<br>OF TRUCK CAB  | 10-NOT APPLICABLE                    | 9-LEARNER'S PERMIT<br>RESTRICTIONS  | 2-BLOOD  |   |                          |                                     |  |   |                                   |                           |         |  |
| 9-OTHER / UNKNOWN  | 11-PASSENGER IN OTHER<br>ENCLOSED CARGO AREA<br>(NON-TRAILING UNIT, BUS,<br>PICK-UP WITH CAP) | 11-PASSENGER                         | 10-LIMITED TO DAYLIGHT ONLY   | 3-URINE  |   |                          |                                     |  |   |                                   |                           |         |  |
| <b>SAFETY EQUIPMENT</b>  | 12-PASSENGER IN UNENCLOSED<br>CARGO AREA  | 12-EXTRICATED BY<br>MECHANICAL MEANS | 11-LIMITED TO EMPLOYMENT  | 4-BREATH   |   |                          |                                     |  |   |                                   |                           |         |  |
| 1-NONE USED  | 13-TRAILING UNIT  | 13-FREED BY<br>NON-MECHANICAL MEANS  | 12-LIMITED - OTHER  | 5-OTHER  |   |                          |                                     |  |   |                                   |                           |         |  |
| 2-SHOULDER BELT ONLY USED  | 14-RIDING ON VEHICLE EXTERIOR<br>(NON-TRAILING UNIT)  | 14-NOT TRAPPED                       | 13-MECHANICAL DEVICES<br>(SPECIAL BRAKES, HAND<br>CONTROLS, OR OTHER<br>ADAPTIVE DEVICES) |  |   |                          |                                     |  |   |                                   |                           |         |  |
| 3-LAP BELT ONLY USED   | 15-NON-MOTORIST   | 15-EXTRICATED BY<br>MECHANICAL MEANS | 14-MILITARY VEHICLES ONLY   |  |   |                          |                                     |  |   |                                   |                           |         |  |
| 4-SHOULDER & LAP BELT USED   | 99-OTHER / UNKNOWN  | 16-FREED BY<br>NON-MECHANICAL MEANS  | 15-MOTOR VEHICLES WITHOUT<br>AIR BRAKES   |  |   |                          |                                     |  |   |                                   |                           |         |  |
| 5-CHILD RESTRAINT SYSTEM -<br>FORWARD FACING                                   |   |                                      | 16-APPARENTLY NORMAL  |  |   |                          |                                     |  |   |                                   |                           |         |  |
| 6-CHILD RESTRAINT SYSTEM -<br>REAR FACING                                      |   |                                      | 17-PHYSICAL IMPAIRMENT  |  |   |                          |                                     |  |   |                                   |                           |         |  |
| 7-BOOSTER SEAT   |   |                                      | 18-EMOTIONAL (E.G., DEPRESSED,<br>ANGRY, DISTURBED)                                       |  |   |                          |                                     |  |   |                                   |                           |         |  |
| 8-HELMET USED  |   |                                      | 19-ILLNESS  |  |   |                          |                                     |  |   |                                   |                           |         |  |
| 9-PROTECTIVE PADS USED<br>(ELBOW, KNEES, ETC.)                                 |   |                                      | 20-FELL ASLEEP, FAINTED,<br>FATIGUED, ETC.  |  |   |                          |                                     |  |   |                                   |                           |         |  |
| 10-REFLECTIVE CLOTHING   |   |                                      | 21-UNDER THE INFLUENCE<br>OF MEDICATIONS / DRUGS<br>/ ALCOHOL                             |  |   |                          |                                     |  |   |                                   |                           |         |  |
| 11-LIGHTING - PEDESTRIAN<br>/ BICYCLE ONLY                                     |   |                                      | 22-OTHER / UNKNOWN  |  |   |                          |                                     |  |   |                                   |                           |         |  |
| 99-OTHER / UNKNOWN   |   |                                      | 23-AMPHETAMINES   |  |   |                          |                                     |  |   |                                   |                           |         |  |
|  |   |                                      | 24-BARBITURATES   |  |   |                          |                                     |  |   |                                   |                           |         |  |
|  |   |                                      | 25-BENZODIAZEPINES  |  |   |                          |                                     |  |   |                                   |                           |         |  |
|  |   |                                      | 26-CANNABINOID  |  |   |                          |                                     |  |   |                                   |                           |         |  |
|  |   |                                      | 27-COCAIN   |  |   |                          |                                     |  |   |                                   |                           |         |  |
|  |   |                                      | 28-OPIATES / OPIOIDS  |  |   |                          |                                     |  |   |                                   |                           |         |  |
|  |   |                                      | 29-OTHER  |  |   |                          |                                     |  |   |                                   |                           |         |  |
|  |   |                                      | 30-NEGATIVE RESULTS   |  |   |                          |                                     |  |   |                                   |                           |         |  |
| HSY8306 OH1M 1/19 (760-1500)   |   |                                      |   |  |   |                          |                                     |  |   | PAGE 4 OF 6                       |                           |         |  |



# OCCUPANT / WITNESS ADDENDUM

| OCCUPANT   | LOCAL REPORT NUMBER       |                           |   |                       |   |                 |   |        |        |  |
|--|---------------------------|---------------------------|---|-----------------------|---|-----------------|---|--------|--------|--|
|  | UNIT #                    | NAME: LAST, FIRST, MIDDLE |   |                       | DATE OF BIRTH   |                 | AGE   | GENDER |        |  |
| 1  | Waidner, Jennifer         |                           |   | 0 2 0 1 1 9 7 1       |   | 51              | F   |        |        |  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>310 E Sheldon St, Gaylord, MI 49735   |                           |                           |   |                       |   |                 |   |        |        |  |
| INJURIES   | INJURED TAKEN BY          | EMS AGENCY (NAME)         | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)   | SAFETY EQUIPMENT USED |   |                 |   |        |        |  |
| 4  | 1                         | FFD                       |   | 0 4                   | <input type="checkbox"/> DOT-Compliant MC HELMET    SEATING POSITION 0 3    AIR BAG USAGE 0 1    EJECTION 1    TRAPPED 1  |                 |   |        |        |  |
| OCCUPANT   | UNIT #                    | NAME: LAST, FIRST, MIDDLE |   |                       | DATE OF BIRTH   |                 | AGE   | GENDER |        |  |
|  |                           |                           |   |                       |   |                 | 0   |        |        |  |
| ADDRESS: STREET, CITY, STATE, ZIP  |                           |                           |   |                       |   |                 |   |        |        |  |
| INJURIES   | INJURED TAKEN BY          | EMS AGENCY (NAME)         | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)   | SAFETY EQUIPMENT USED |   |                 |   |        |        |  |
|  |                           |                           |   |                       | <input type="checkbox"/> DOT-Compliant MC HELMET    SEATING POSITION    AIR BAG USAGE    EJECTION    TRAPPED  |                 |   |        |        |  |
| OCCUPANT   | UNIT #                    | NAME: LAST, FIRST, MIDDLE |   |                       | DATE OF BIRTH   |                 | AGE   | GENDER |        |  |
|  |                           |                           |   |                       |   |                 | 0   |        |        |  |
| ADDRESS: STREET, CITY, STATE, ZIP  |                           |                           |   |                       |   |                 |   |        |        |  |
| INJURIES   | INJURED TAKEN BY          | EMS AGENCY (NAME)         | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)   | SAFETY EQUIPMENT USED |   |                 |   |        |        |  |
|  |                           |                           |   |                       | <input type="checkbox"/> DOT-Compliant MC HELMET    SEATING POSITION    AIR BAG USAGE    EJECTION    TRAPPED  |                 |   |        |        |  |
| OCCUPANT   | UNIT #                    | NAME: LAST, FIRST, MIDDLE |   |                       | DATE OF BIRTH   |                 | AGE   | GENDER |        |  |
|  |                           |                           |   |                       |   |                 | 0   |        |        |  |
| ADDRESS: STREET, CITY, STATE, ZIP  |                           |                           |   |                       |   |                 |   |        |        |  |
| INJURIES   | INJURED TAKEN BY          | EMS AGENCY (NAME)         | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)   | SAFETY EQUIPMENT USED |   |                 |   |        |        |  |
|  |                           |                           |   |                       | <input type="checkbox"/> DOT-Compliant MC HELMET    SEATING POSITION    AIR BAG USAGE    EJECTION    TRAPPED  |                 |   |        |        |  |
| INJURIES   |                           |                           | SAFETY EQUIPMENT USED   |                       | SEATING POSITION  |                 | AIR BAG USAGE   |        |        |  |
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY |                           |                           | 1 - NONE USED - VEHICLE OCCUPANT<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 |                       | 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 |                 | 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 |        |        |  |
| INJURED TAKEN BY   |                           |                           |   |                       |   |                 | EJECTION  |        |        |  |
| 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   |        |        |  |
| GENDER   |                           |                           |   |                       |   |                 | TRAPPED   |        |        |  |
| F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN  |                           |                           |   |                       |   |                 | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS  |        |        |  |
| WITNESS  | NAME: LAST, FIRST, MIDDLE |                           |   |                       |   | DATE OF BIRTH   |   | AGE    | GENDER |  |
|  | Terrell, Elyse            |                           |   |                       |   | 0 2 2 1 1 9 9 0 |   | 32     | F      |  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>3876 Woodfield Ct, Fairfield Township, 45011  |                           |                           |   |                       |   |                 |   |        |        |  |
| WITNESS  | NAME: LAST, FIRST, MIDDLE |                           |   |                       |   | DATE OF BIRTH   |   | AGE    | GENDER |  |
|  | Lunsford, Genevie         |                           |   |                       |   | 1 2 0 6 1 9 6 0 |   | 61     | F      |  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>3803 Riverdowns Ct, Hamilton, OH 45011  |                           |                           |   |                       |   |                 |   |        |        |  |
| WITNESS  | NAME: LAST, FIRST, MIDDLE |                           |   |                       |   | DATE OF BIRTH   |   | AGE    | GENDER |  |
|  |                           |                           |   |                       |   |                 |   | 0      |        |  |
| ADDRESS: STREET, CITY, STATE, ZIP  |                           |                           |   |                       |   |                 |   |        |        |  |

LOCAL  
REPORT  
NUMBER

22021620

REPORTING  
AGENCY

FAIRFIELD P.D. 00901

DATE OF ACCIDENT

M 3 25 Y 22

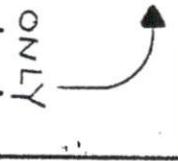
IN COUNTY OF

BUTLER

ACCIDENT  
LOCATION

Sevard Rd / Tylersville Rd

ONLY



ONLY



1

2

ONLY



ONLY

TYLERSVILLE ROAD

SEWARD ROAD



NOT TO SCALE

OFFICERS SIGNATURE

*Jee do*BADGE NO.  
146

HSY 0002

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