

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

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| <input checked="" type="checkbox"/> PHOTOSTAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY | | LOCAL INFORMATION REPORTING AGENCY NAME* NCIC* Fairfield Police Department 00901 | | LOCAL REPORT NUMBER* 22022915 | | | | |
| COUNTY* 09 LOCALITY* 1-CITY LOCATION: CITY, VILLAGE, TOWNSHIP* 1-2-VILLAGE 3-TOWNSHIP | | CRASH DATE / TIME* 03302022 1918 | | UNIT IN ERROR 98-ANIMAL 01 99-UNKNOWN | | | | |
| LOCATION REFERENCE | ROUTE TYPE | ROUTE NUMBER | PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST | LOCATION ROAD NAME Winton | ROAD TYPE R D | LATITUDE DECIMAL DEGREES 39.343152 | CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY | |
| | ROUTE TYPE | ROUTE NUMBER | PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Holiday | ROAD TYPE D R | LONGITUDE DECIMAL DEGREES -84.539478 | | |
| REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE # | | DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-WEST | | ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE | ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS | HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE | INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA | |
| DISTANCE FROM REFERENCE 1 5 | | DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS | | | | | NUMBER OF APPROACHES ROADWAY <input type="checkbox"/> ROADWAY DIVIDED | |
| LOCATION OF FIRST HARMFUL EVENT 1-ON ROADWAY 2-ON SHOULDER 3-IN MEDIAN 4-ON ROADSIDE 5-ON GORE 6-OUTSIDE TRAFFIC WAY 7-ON RAMP 8-OFF RAMP | | | MANNER OF CRASH COLLISION/IMPACT 1-NOT COLLISION 2-BETWEEN 3-TWO MOTOR VEHICLES IN 4-TRANSPORT 5-BACKING 6-ANGLE 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 9-HEAD-ON 10-REAR-TO-REAR | | | DIRECTION OF TRAVEL 1-NORTH 2-SOUTH 3-EAST 4-WEST | MEDIAN TYPE 1-DIVIDED FLUSH MEDIAN (<4 FEET) 2-DIVIDED FLUSH MEDIAN (≥4 FEET) 3-DIVIDED, DEPRESSED MEDIAN 4-DIVIDED, RAISED MEDIAN (ANY TYPE) 9-OTHER/UNKNOWN | |
| <input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE | | WORK ZONE TYPE 1-LANE CLOSURE 2-LANE SHIFT/CROSSOVER 3-WORK ON SHOULDER OR MEDIAN 4-INTERMITTENT OR MOVING WORK 5-OTHER | | LOCATION OF CRASH IN WORK ZONE 1-BEFORE THE 1ST WORK ZONE WARNING SIGN 2-ADVANCE WARNING AREA 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA | | CONTOUR 1 | CONDITIONS 1 | SURFACE 2 |
| LIGHT CONDITION 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN | | | WEATHER 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL | | | 6-SNOW 7-SEVERE CROSSWINDS 8-BLOWING SAND, SOIL, DIRT, SNOW 9-FREEZING RAIN OR FREEZING DRIZZLE 99-OTHER / UNKNOWN | 1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN | 1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN |
| NARRATIVE <p>On 3/30/22 at 7:18 P.M. unit 1 fled from Police when a traffic stop was attempted. Unit 1 was traveling northbound on Winton Road, and attempted to turn westbound on Holiday Drive but lost control of the vehicle, driving off roadway and crashed into a tree at 4960 Holiday Drive, causing heavy front end damage to the vehicle.</p> <p>In addition the driver was cited for Driving under Suspended license (F.C.O. 335.074a) and Fleeing/Eluding (F.C.O. 303.01a)</p> <p>Owner of the tree is Stewart Robert L. and Karen L. at 917 Ridgelawn Avenue Hamilton, OH 45013</p> <p>See OH-2</p> | | | | | | | | |
| CRASH REPORTED DATE / TIME 03302022 1918 | | DISPATCH DATE / TIME 03302022 1918 | | ARRIVAL DATE / TIME 03302022 1918 | | SCENE CLEARED DATE / TIME 03302022 2025 | | REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OGPS) |
| TOTAL TIME ROADWAY CLOSED 0 0 | | OTHER INVESTIGATION TIME 2 0 | | TOTAL MINUTES 8 9 | | OFFICER'S NAME* N. Davis | | CHECKED BY OFFICER'S NAME* J. Sons |
| | | | | | | OFFICER'S BADGE NUMBER* 1 6 9 | | CHECKED BY OFFICER'S BADGE NUMBER* 1 5 0 |



Indicate the north direction with an "N" on the compass diagram.

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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) |
| | Shaffer, Jennifer Ann | | |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) | | | |
| 4550 US Highway 35 N, Richmond, Indiana 47374 | | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE |
| LP STATE | LICENSE PLATE # | VEHICLE IDENTIFICATION # | VEHICLE YEAR |
| I_N | D773VV | 3 G N F K 1 6 3 3 7 G 1 0 4 0 7 1 | 2 0 0 7 |
| <input type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY | INSURANCE POLICY # | COLOR |
| | | | Black |
| VEHICLE TYPE | | TYPE OF USE | US DOT # |
| | | <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | |
| | | INTERLOCK EQUIPPED | # OCCUPANTS |
| | | <input type="checkbox"/> HIT/SKIP UNIT | 0 2 |
| | | 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 BICYCLE 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 - 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 |
| | | 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 |
| | | 11 - INTERSECTION - MARKED CROSSWALK 12 - INTERSECTION - UNMARKED CROSSWALK | 13 - INTERSECTION - OTHER 14 - MIDBLOCK - MARKED CROSSWALK 15 - TRAVEL LANE - OTHER LOCATION |
| | | 16 - BICYCLE LANE 17 - SHOULDER / ROADSIDE 18 - SIDEWALK | 19 - MEDIAN / CROSSING ISLAND 20 - DRIVEWAY ACCESS 21 - SHARED USE PATHS OR TRAILS |
| | | 22 - FIRST RESPONDER AT INCIDENT SCENE 23 - OTHER / UNKNOWN | 24 - APPROACHING OR LEAVING VEHICLE 25 - STANDING 26 - OTHER NON-MOTORIST 27 - STANDING OUTSIDE DISABLED VEHICLE 28 - PUSHING VEHICLE |
| | | 29 - OTHER / UNKNOWN | 30 - OTHER / UNKNOWN |
| | | 31 - OVERTURN / ROLLOVER 32 - FIRE / EXPLOSION 33 - IMMERSION 34 - JACKKNIFE 35 - CARGO / EQUIPMENT LOSS OR SHIFT | 36 - EQUIPMENT FAILURE 37 - SEPARATION OF UNITS 38 - RAN OFF ROAD RIGHT 39 - RAN OFF ROAD LEFT 40 - CROSS MEDIAN |
| | | 41 - IMPROPER LANE CHANGE 42 - IMPROPER PASSING 43 - RAN RED LIGHT 44 - RAN STOP SIGN 45 - UNSAFE SPEED 46 - IMPROPER TURN | 47 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 48 - DOWNHILL RUNAWAY 49 - OTHER NON-COLLISION 50 - PEDESTRIAN 51 - MEDIAN GUARDRAIL 52 - MEDIAN CABLE BARRIER 53 - PORTABLE BARRIER 54 - GUARDRAIL END |
| | | 55 - MAKING RIGHT TURN 56 - MAKING LEFT TURN | 57 - MAKING U-TURN 58 - ENTERING TRAFFIC LANE 59 - LEAVING TRAFFIC LANE 60 - PARKED 61 - SLOWING OR STOPPED IN TRAFFIC 62 - MAKING LEFT TURN |
| | | 63 - SWERVING TO AVOID 64 - DRIVING ON ROAD 65 - WRONG WAY | 66 - NEGOTIATING A CURVE 67 - ENTERING OR CROSSING SPECIFIED LOCATION 68 - WALKING, RUNNING, JOGGING, PLAYING 69 - WORKING 70 - PUSHING VEHICLE |
| | | 71 - DRIVING OFF ROAD 72 - IMPROPER BACKING | 73 - VISION OBSTRUCTION 74 - OPERATING DEFECTIVE EQUIPMENT 75 - STOPPED OR PARKED ILLEGALLY 76 - SWERVING TO AVOID 77 - DRIVING ON ROAD 78 - WRONG WAY |
| | | 79 - IMPROPER START FROM A PARKED POSITION 80 - IMPROPER LANE CHANGE 81 - IMPROPER PASSING 82 - DRIVING OFF ROAD 83 - IMPROPER BACKING | 79 - IMPROPER START FROM A PARKED POSITION 80 - IMPROPER LANE CHANGE 81 - IMPROPER PASSING 82 - DRIVING OFF ROAD 83 - IMPROPER BACKING |
| | | 84 - SWERVING TO AVOID 85 - DRIVING ON ROAD 86 - WRONG WAY | 87 - SWERVING TO AVOID 88 - DRIVING ON ROAD 89 - WRONG WAY |
| | | 90 - IMPROPER LANE CHANGE 91 - IMPROPER PASSING 92 - DRIVING OFF ROAD 93 - IMPROPER BACKING | 94 - SWERVING TO AVOID 95 - DRIVING ON ROAD 96 - WRONG WAY |
| | | 97 - IMPROPER LANE CHANGE 98 - IMPROPER PASSING 99 - DRIVING OFF ROAD 100 - IMPROPER BACKING | 101 - SWERVING TO AVOID 102 - DRIVING ON ROAD 103 - WRONG WAY |
| | | 104 - IMPROPER LANE CHANGE 105 - IMPROPER PASSING 106 - DRIVING OFF ROAD 107 - IMPROPER BACKING | 108 - SWERVING TO AVOID 109 - DRIVING ON ROAD 110 - WRONG WAY |
| | | 111 - IMPROPER LANE CHANGE 112 - IMPROPER PASSING 113 - DRIVING OFF ROAD 114 - IMPROPER BACKING | 115 - SWERVING TO AVOID 116 - DRIVING ON ROAD 117 - WRONG WAY |
| | | 118 - IMPROPER LANE CHANGE 119 - IMPROPER PASSING 120 - DRIVING OFF ROAD 121 - IMPROPER BACKING | 122 - SWERVING TO AVOID 123 - DRIVING ON ROAD 124 - WRONG WAY |
| | | 125 - IMPACT ATTENUATOR / CRASH CUSHION 126 - BRIDGE OVERHEAD STRUCTURE 127 - BRIDGE PIER OR ABUTMENT 128 - BRIDGE PARAPET 129 - BRIDGE RAIL 130 - GUARDRAIL FACE | 126 - GUARDRAIL END 127 - PORTABLE BARRIER 128 - MEDIAN CABLE BARRIER 129 - MEDIAN GUARDRAIL 130 - MEDIAN CONCRETE BARRIER 131 - GUARDRAIL SUPPORT 132 - OVERHEAD SIGN POST 133 - LIGHT / LUMINARIES SUPPORT 134 - MEDIAN GUARDRAIL 135 - MEDIAN CONCRETE BARRIER 136 - MEDIAN OTHER BARRIER |
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| | | 537 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 538 - DOWNHILL RUNAWAY 539 - OTHER NON-COLLISION 540 - PEDESTRIAN 541 - MEDIAN GUARDRAIL 542 - MEDIAN CONCRETE BARRIER 543 - MEDIAN OTHER BARRIER | 544 - CURB 545 - DITCH 546 - LIGHT / LUMINARIES SUPPORT 547 - GUARDRAIL END 548 - PORTABLE BARRIER 549 - MEDIAN CABLE BARRIER 550 - MEDIAN GUARDRAIL 551 - GUARDRAIL SUPPORT 552 - OVERHEAD SIGN POST 553 - LIGHT / LUMINARIES SUPPORT 554 - MEDIAN GUARDRAIL 555 - MEDIAN CONCRETE BARRIER 556 - MEDIAN OTHER BARRIER |
| | | 557 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 558 - DOWNHILL RUNAWAY 559 - OTHER NON-COLLISION 560 - PEDESTRIAN 561 - MEDIAN GUARDRAIL 562 - MEDIAN CONCRETE BARRIER 563 - MEDIAN OTHER BARRIER | 564 - CURB 565 - DITCH 566 - LIGHT / LUMINARIES SUPPORT 567 - GUARDRAIL END 568 - PORTABLE BARRIER 569 - MEDIAN CABLE BARRIER 570 - MEDIAN GUARDRAIL 571 - GUARDRAIL SUPPORT 572 - OVERHEAD SIGN POST 573 - LIGHT / LUMINARIES SUPPORT 574 - MEDIAN GUARDRAIL 575 - MEDIAN CONCRETE BARRIER 576 - MEDIAN OTHER BARRIER |
| | | 577 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 578 - DOWNHILL RUNAWAY 579 - OTHER NON-COLLISION 580 - PEDESTRIAN 581 - MEDIAN GUARDRAIL 582 - MEDIAN CONCRETE BARRIER 583 - MEDIAN OTHER BARRIER | 584 - CURB 585 - DITCH 586 - LIGHT / LUMINARIES SUPPORT 587 - GUARDRAIL END 588 - PORTABLE BARRIER 589 - MEDIAN CABLE BARRIER 590 - MEDIAN GUARDRAIL 591 - GUARDRAIL SUPPORT 592 - OVERHEAD SIGN POST 593 - LIGHT / LUMINARIES SUPPORT 594 - MEDIAN GUARDRAIL 595 - MEDIAN CONCRETE BARRIER 596 - MEDIAN OTHER BARRIER |
| | | 597 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 598 - DOWNHILL RUNAWAY 599 - OTHER NON-COLLISION 600 - PEDESTRIAN 601 - MEDIAN GUARDRAIL 602 - MEDIAN CONCRETE BARRIER 603 - MEDIAN OTHER BARRIER | 604 - CURB 605 - DITCH 606 - LIGHT / LUMINARIES SUPPORT 607 - GUARDRAIL END 608 - PORTABLE BARRIER 609 - MEDIAN CABLE BARRIER 610 - MEDIAN GUARDRAIL 611 - GUARDRAIL SUPPORT 612 - OVERHEAD SIGN POST 613 - LIGHT / LUMINARIES SUPPORT 614 - MEDIAN GUARDRAIL 615 - MEDIAN CONCRETE BARRIER 616 - MEDIAN OTHER BARRIER |
| | | 617 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 618 - DOWNHILL RUNAWAY 619 - OTHER NON-COLLISION 620 - PEDESTRIAN 621 - MEDIAN GUARDRAIL 622 - MEDIAN CONCRETE BARRIER 623 - MEDIAN OTHER BARRIER | 624 - CURB 625 - DITCH 626 - LIGHT / LUMINARIES SUPPORT 627 - GUARDRAIL END 628 - PORTABLE BARRIER 629 - MEDIAN CABLE BARRIER 630 - MEDIAN GUARDRAIL 631 - GUARDRAIL SUPPORT 632 - OVERHEAD SIGN POST 633 - LIGHT / LUMINARIES SUPPORT 634 - MEDIAN GUARDRAIL 635 - MEDIAN CONCRETE BARRIER 636 - MEDIAN OTHER BARRIER |
| | | 637 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 638 - DOWNHILL RUNAWAY 639 - OTHER NON-COLLISION 640 - PEDESTRIAN 641 - MEDIAN GUARDRAIL 642 - MEDIAN CONCRETE BARRIER 643 - MEDIAN OTHER BARRIER | 644 - CURB 645 - DITCH 646 - LIGHT / LUMINARIES SUPPORT 647 - GUARDRAIL END 648 - PORTABLE BARRIER 649 - MEDIAN CABLE BARRIER 650 - MEDIAN GUARDRAIL 651 - GUARDRAIL SUPPORT 652 - OVERHEAD SIGN POST 653 - LIGHT / LUMINARIES SUPPORT 654 - MEDIAN GUARDRAIL 655 - MEDIAN CONCRETE BARRIER 656 - MEDIAN OTHER BARRIER |
| | | 657 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 658 - DOWNHILL RUNAWAY 659 - OTHER NON-COLLISION 660 - PEDESTRIAN 661 - MEDIAN GUARDRAIL 662 - MEDIAN CONCRETE BARRIER 663 - MEDIAN OTHER BARRIER | 664 - CURB 665 - DITCH 666 - LIGHT / LUMINARIES SUPPORT 667 - GUARDRAIL END 668 - PORTABLE BARRIER 669 - MEDIAN CABLE BARRIER 670 - MEDIAN GUARDRAIL 671 - GUARDRAIL SUPPORT 672 - OVERHEAD SIGN POST 673 - LIGHT / LUMINARIES SUPPORT 674 - MEDIAN GUARDRAIL 675 - MEDIAN CONCRETE BARRIER 676 - MEDIAN OTHER BARRIER |
| | | 677 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 678 - DOWNHILL RUNAWAY 679 - OTHER NON-COLLISION 680 - PEDESTRIAN 681 - MEDIAN GUARDRAIL 682 - MEDIAN CONCRETE BARRIER 683 - MEDIAN OTHER BARRIER | 684 - CURB 685 - DITCH 686 - LIGHT / LUMINARIES SUPPORT 687 - GUARDRAIL END 688 - PORTABLE BARRIER 689 - MEDIAN CABLE BARRIER 690 - MEDIAN GUARDRAIL 691 - GUARDRAIL SUPPORT 692 - OVERHEAD SIGN POST 693 - LIGHT / LUMINARIES SUPPORT 694 - MEDIAN GUARDRAIL 695 - MEDIAN CONCRETE BARRIER 696 - MEDIAN OTHER BARRIER |
| | | 697 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 698 - DOWNHILL RUNAWAY 699 - OTHER NON-COLLISION 700 - PEDESTRIAN 701 - MEDIAN GUARDRAIL 702 - MEDIAN CONCRETE BARRIER 703 - MEDIAN OTHER BARRIER | 704 - CURB 705 - DITCH 706 - LIGHT / LUMINARIES SUPPORT 707 - GUARDRAIL END 708 - PORTABLE BARRIER 709 - MEDIAN CABLE BARRIER 710 - MEDIAN GUARDRAIL 711 - GUARDRAIL SUPPORT 712 - OVERHEAD SIGN POST 713 - LIGHT / LUMINARIES SUPPORT 714 - MEDIAN GUARDRAIL 715 - MEDIAN CONCRETE BARRIER 716 - MEDIAN OTHER BARRIER |
| | | 717 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 718 - DOWNHILL RUNAWAY 719 - OTHER NON-COLLISION 720 - PEDESTRIAN 721 - MEDIAN GUARDRAIL 722 - MEDIAN CONCRETE BARRIER 723 - MEDIAN OTHER BARRIER | 724 - CURB 725 - DITCH 726 - LIGHT / LUMINARIES SUPPORT 727 - GUARDRAIL END 728 - PORTABLE BARRIER 729 - MEDIAN CABLE BARRIER 730 - MEDIAN GUARDRAIL 731 - GUARDRAIL SUPPORT 732 - OVERHEAD SIGN POST 733 - LIGHT / LUMINARIES SUPPORT 734 - MEDIAN GUARDRAIL 735 - MEDIAN CONCRETE BARRIER 736 - MEDIAN OTHER BARRIER |
| | | 737 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 738 - DOWNHILL RUNAWAY 739 - OTHER NON-COLLISION 740 - PEDESTRIAN 741 - MEDIAN GUARDRAIL 742 - MEDIAN CONCRETE BARRIER 743 - MEDIAN OTHER BARRIER | 744 - CURB 745 - DITCH 746 - LIGHT / LUMINARIES SUPPORT 747 - GUARDRAIL END 748 - PORTABLE BARRIER 749 - MEDIAN CABLE BARRIER 750 - MEDIAN GUARDRAIL 751 - GUARDRAIL SUPPORT 752 - OVERHEAD SIGN POST 753 - LIGHT / LUMINARIES SUPPORT 754 - MEDIAN GUARDRAIL 755 - MEDIAN CONCRETE BARRIER 756 - MEDIAN OTHER BARRIER |
| | | 757 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 758 - DOWNHILL RUNAWAY 759 - OTHER NON-COLLISION 760 - PEDESTRIAN 761 - MEDIAN GUARDRAIL 762 - MEDIAN CONCRETE BARRIER 763 - MEDIAN OTHER BARRIER | 764 - CURB 765 - DITCH 766 - LIGHT / LUMINARIES SUPPORT 767 - GUARDRAIL END 768 - PORTABLE BARRIER 769 - MEDIAN CABLE BARRIER 770 - MEDIAN GUARDRAIL 771 - GUARDRAIL SUPPORT 772 - OVERHEAD SIGN POST 773 - LIGHT / LUMINARIES SUPPORT 774 - MEDIAN GUARDRAIL 775 - MEDIAN CONCRETE BARRIER 776 - MEDIAN OTHER BARRIER |
| | | 777 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 778 - DOWNHILL RUNAWAY 779 - OTHER NON-COLLISION 780 - PEDESTRIAN 781 - MEDIAN GUARDRAIL 782 - MEDIAN CONCRETE BARRIER 783 - MEDIAN OTHER BARRIER | 784 - CURB 785 - DITCH 786 - LIGHT / LUMINARIES SUPPORT 787 - GUARDRAIL END 788 - PORTABLE BARRIER 789 - MEDIAN CABLE BARRIER 790 - MEDIAN GUARDRAIL 791 - GUARDRAIL SUPPORT 792 - OVERHEAD SIGN POST 793 - LIGHT / LUMINARIES SUPPORT 794 - MEDIAN GUARDRAIL 795 - MEDIAN CONCRETE BARRIER 796 - MEDIAN OTHER BARRIER |
| | | 797 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 798 - DOWNHILL RUNAWAY 799 - OTHER NON-COLLISION 800 - PEDESTRIAN 80 | |



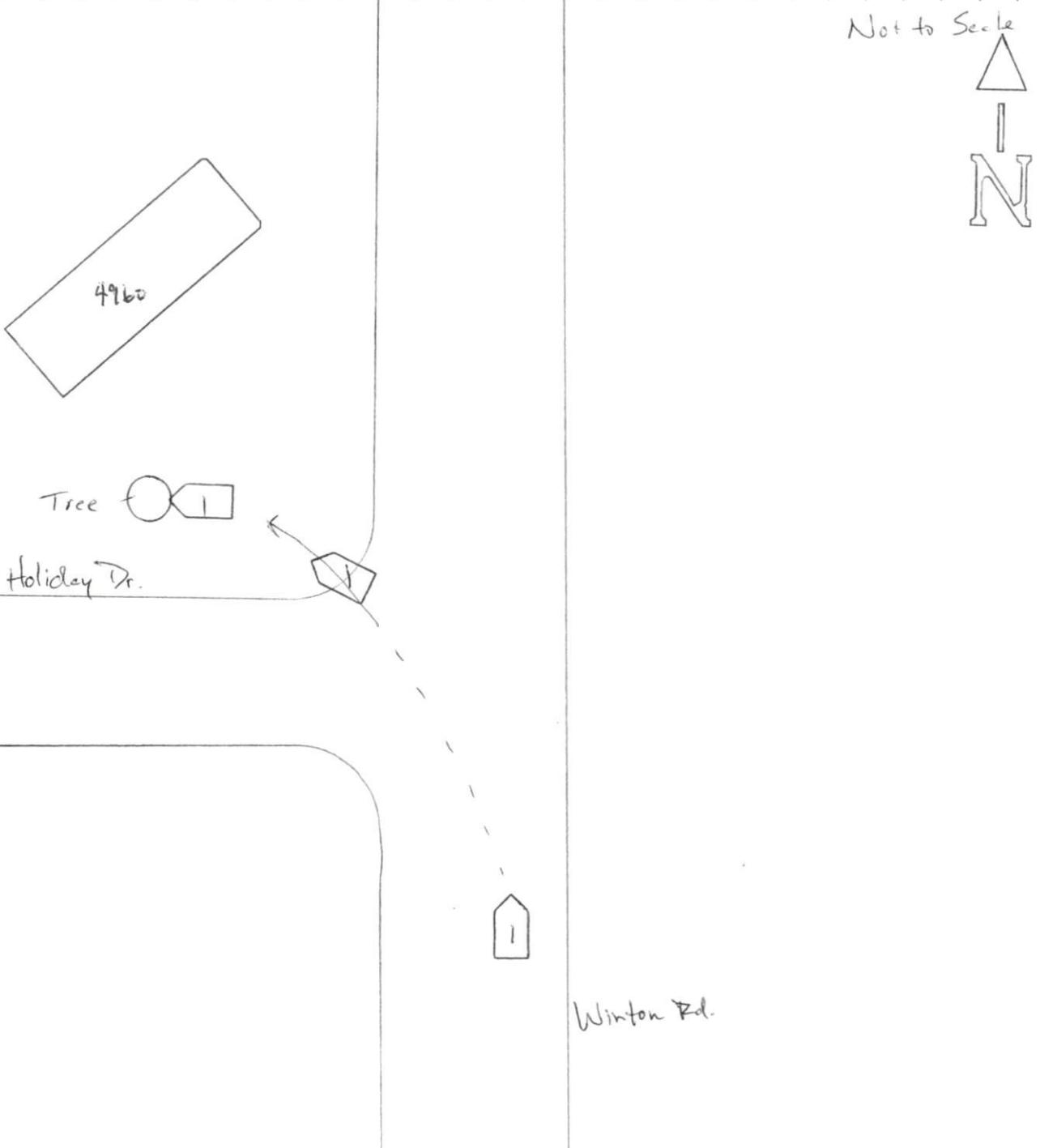
MOTORIST / Non-MOTORIST

| MOTORIST / NON-MOTORIST | | | | | | | | | | LOCAL REPORT NUMBER | | | | | | | |
|---|---|--|---|---|---|--|--|---|--|-----------------------------------|--|--|-------------------|-------------------|--------------------|-------------|--|
| | | | | | | | | | | 2 2 0 2 2 9 1 5 | | | DATE OF BIRTH | | AGE | GENDER | |
| UNIT # NAME: LAST, FIRST, MIDDLE 0 1 Brown, James E | | | | | | | | | | 0 4 1 5 1 9 7 8 | | 4 3 | M | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 1708 Chippewa Dr. Hamilton, OH 45013 | | | | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | |
| INJURIES 4 | | INJURED TAKEN BY 2 | EMS AGENCY (NAME) COFFD | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) Fort Hamilton | | | SAFETY EQUIPMENT USED 0 4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0 1 | AIR BAG USAGE 4 | EJECTION 1 | TRAPPED 1 | | | | |
| DL STATE O H | | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED 331.34 | | LOCAL CODE <input checked="" type="checkbox"/> | OFFENSE DESCRIPTION Failure to Control | | | CITATION NUMBER 250906 | | | | | | |
| DL CLASS 6 | | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY 9 | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION 1 | ALCOHOL TEST STATUS 1 TYPE 1 VALUE • | | DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4 | | | | | | |
| UNIT # NAME: LAST, FIRST, MIDDLE | | | | | | | | | | DATE OF BIRTH | | AGE 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 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | | | |
| DL STATE | | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | | CITATION NUMBER | | | | | | |
| DL CLASS | | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION | ALCOHOL TEST STATUS TYPE VALUE • | | DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 | | | | | | |
| UNIT # NAME: LAST, FIRST, MIDDLE | | | | | | | | | | DATE OF BIRTH | | AGE 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 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | | | |
| DL STATE | | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | | CITATION NUMBER | | | | | | |
| DL CLASS | | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION | ALCOHOL TEST STATUS TYPE VALUE • | | DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 | | | | | | |
| INJURIES | | | | | | | | | | SEATING POSITION | | AIR BAG | DL CLASS | DL RESTRICTION(S) | DRIVER DISTRACTION | TEST STATUS | |
| 1-FATAL | 1-FRONT-LEFT SIDE (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 ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, 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 SAMPLE / UNUSABLE | 3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE | | | | | | | | | | | |
| 4-POSSIBLE INJURY | 4-SECOND- LEFT SIDE (MOTORCYCLE PASSENGER) | 4-DEPLOYED BOTH FRONT / SIDE | 4-REGULAR CLASS (OHIO = D) | 4-FARM WAIVER | 4-TEST GIVEN, RESULTS KNOWN | 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 UNKNOWN | 5-TEST GIVEN, RESULTS UNKNOWN | | | | | | | | | | | |
| 6-SECOND- RIGHT SIDE | 6-SECOND- RIGHT SIDE | 9-DEPLOYMENT UNKNOWN | 6-NO VALID DL | 6-EXCEPT CLASS A & CLASS B BUS | 6-TALKING ON HAND-HELD COMMUNICATION DEVICE | 6-TALKING ON HAND-HELD COMMUNICATION DEVICE | | | | | | | | | | | |
| 7-THIRD- LEFT SIDE (MOTORCYCLE SIDE CAR) | 7-THIRD- MIDDLE | 7-THIRD- RIGHT SIDE | 8-INTERMEDIATE LICENSE RESTRICTIONS | 7-EXCEPT TRACTOR-TRAILER | 7-EXCEPT TRACTOR-TRAILER | 7-EXCEPT TRACTOR-TRAILER | | | | | | | | | | | |
| 8-THIRD- MIDDLE | 9-THIRD- RIGHT SIDE | 10-SLEEPER SECTION OF TRUCK CAB | 9-LEARNER'S PERMIT RESTRICTIONS | 8-INTERMEDIATE LICENSE RESTRICTIONS | 8-INTERMEDIATE LICENSE RESTRICTIONS | 8-INTERMEDIATE LICENSE RESTRICTIONS | | | | | | | | | | | |
| 9-OTHER/ UNKNOWN | 10-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 11-PASSENGER IN UNENCLOSED CARGO AREA | 11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 10-LIMITED TO DAYLIGHT ONLY | 9-LEARNER'S PERMIT RESTRICTIONS | 9-LEARNER'S PERMIT RESTRICTIONS | | | | | | | | | | | |
| SAFETY EQUIPMENT | 11-PASSENGER IN UNENCLOSED CARGO AREA | 12-PASSENGER IN UNENCLOSED CARGO AREA | 13-TRAILING UNIT | 12-LIMITED- OTHER | 10-LIMITED TO DAYLIGHT ONLY | 10-LIMITED TO DAYLIGHT ONLY | | | | | | | | | | | |
| 1-NONE USED | 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 15-NON-MOTORIST | 16-OUTSIDE MIRROR | 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 11-LIMITED TO DAYLIGHT ONLY | 11-LIMITED TO DAYLIGHT ONLY | | | | | | | | | | | |
| 2-SHOULDER BELT ONLY USED | 15-NON-MOTORIST | 16-OUTSIDE MIRROR | 14-MILITARY VEHICLES ONLY | 12-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | | | | | | | | | | | |
| 3-LAP BELT ONLY USED | 17-BOOSTER SEAT | 17-PROSTHETIC AID | 15-MOTOR VEHICLES WITHOUT AIR BRAKES | 14-MILITARY VEHICLES ONLY | 15-MOTOR VEHICLES WITHOUT AIR BRAKES | 15-MOTOR VEHICLES WITHOUT AIR BRAKES | | | | | | | | | | | |
| 4-SHOULDER & LAP BELT USED | 18-HELMET USED | 18-OTHER | 16-OUTSIDE MIRROR | 15-MOTOR VEHICLES WITHOUT AIR BRAKES | 16-OUTSIDE MIRROR | 16-OUTSIDE MIRROR | | | | | | | | | | | |
| 5-CHILD RESTRAINT SYSTEM- FORWARD FACING | 19-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 19-OTHER / UNKNOWN | 17-PROSTHETIC AID | 16-OUTSIDE MIRROR | 17-PROSTHETIC AID | 17-PROSTHETIC AID | | | | | | | | | | | |
| 6-CHILD RESTRAINT SYSTEM- REAR FACING | 20-REFLECTIVE CLOTHING | 20-REFLECTIVE CLOTHING | 18-OTHER | 17-PROSTHETIC AID | 18-OTHER | 18-OTHER | | | | | | | | | | | |
| 7-BOOSTER SEAT | 21-LIGHTING - PEDESTRIAN / BICYCLE ONLY | 21-LIGHTING - PEDESTRIAN / BICYCLE ONLY | 22-OTHER / UNKNOWN | 18-OTHER | 19-OTHER / UNKNOWN | 19-OTHER / UNKNOWN | | | | | | | | | | | |
| 8-HELMET USED | 22-OTHER / UNKNOWN | 22-OTHER / UNKNOWN | 23-OTHER / UNKNOWN | 19-OTHER / UNKNOWN | 20-OTHER | 20-OTHER | | | | | | | | | | | |
| 9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 23-OTHER / UNKNOWN | 23-OTHER / UNKNOWN | 24-OTHER / UNKNOWN | 20-OTHER | 21-OTHER / UNKNOWN | 21-OTHER / UNKNOWN | | | | | | | | | | | |
| 10-REFLECTIVE CLOTHING | 24-OTHER / UNKNOWN | 24-OTHER / UNKNOWN | 25-OTHER / UNKNOWN | 21-OTHER / UNKNOWN | 22-OTHER / UNKNOWN | 22-OTHER / UNKNOWN | | | | | | | | | | | |
| 11-LIGHTING - PEDESTRIAN / BICYCLE ONLY | 25-OTHER / UNKNOWN | 25-OTHER / UNKNOWN | 26-OTHER / UNKNOWN | 22-OTHER / UNKNOWN | 23-OTHER / UNKNOWN | 23-OTHER / UNKNOWN | | | | | | | | | | | |
| 99- OTHER / UNKNOWN | 26-OTHER / UNKNOWN | 26-OTHER / UNKNOWN | 27-OTHER / UNKNOWN | 23-OTHER / UNKNOWN | 24-OTHER / UNKNOWN | 24-OTHER / UNKNOWN | | | | | | | | | | | |
| INJURED TAKEN BY | | | | | | | | | | EJECTION | | OL ENDORSEMENT | ALCOHOL TEST TYPE | | | | |
| 1-NOT TRANSPORTED / TREATED AT SCENE | 1-NOT EJECTED | H-HAZMAT | 1-NOT EJECTED | 1-NONE | | | | | | | | | | | | | |
| 2-EMS | 2-PARTIALLY EJECTED | M-MOTORCYCLE | 2-BLOOD | 2-BLOOD | | | | | | | | | | | | | |
| 3-POLICE | 3-TOTALLY EJECTED | P-PASSENGER | 3-URINE | 3-URINE | | | | | | | | | | | | | |
| 9-OTHER/ UNKNOWN | 4-NOT APPLICABLE | N-TANKER | 4-BREATH | 4-BREATH | | | | | | | | | | | | | |
| SAFETY EQUIPMENT | 11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | Q-MOTOR SCOOTER | 5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE | 5-OTHER | | | | | | | | | | | | | |
| 1-NONE USED | 12-PASSENGER IN UNENCLOSED CARGO AREA | R-THREE-WHEEL MOTORCYCLE | 6-PASSenger | 6-PASSenger | | | | | | | | | | | | | |
| 2-SHOULDER BELT ONLY USED | 13-TRAILING UNIT | S-SCHOOL BUS | 7-OTHER DISTRACTION INSIDE THE VEHICLE | 7-OTHER DISTRACTION INSIDE THE VEHICLE | | | | | | | | | | | | | |
| 3-LAP BELT ONLY USED | 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | T-T-DOUBLE & TRIPLE TRAILERS | 8-OTHER DISTRACTION OUTSIDE THE VEHICLE | 8-OTHER DISTRACTION OUTSIDE THE VEHICLE | | | | | | | | | | | | | |
| 4-SHOULDER & LAP BELT USED | 15-NON-MOTORIST | X-X-TANKER / HAZMAT | 9-OTHER / UNKNOWN | 9-OTHER / UNKNOWN | | | | | | | | | | | | | |
| 5-CHILD RESTRAINT SYSTEM- FORWARD FACING | 16-OUTSIDE MIRROR | 14-MILITARY VEHICLES ONLY | DRUG TEST TYPE | | | | | | | | | | | | | | |
| 6-CHILD RESTRAINT SYSTEM- REAR FACING | 17-PROSTHETIC AID | 15-MOTOR VEHICLES WITHOUT AIR BRAKES | 1-NONE | | | | | | | | | | | | | | |
| 7-BOOSTER SEAT | 18-OTHER | 16-OUTSIDE MIRROR | 2-BLOOD | | | | | | | | | | | | | | |
| 8-HELMET USED | 22-OTHER / UNKNOWN | 17-PROSTHETIC AID | 3-URINE | | | | | | | | | | | | | | |
| 9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 23-OTHER / UNKNOWN | 18-OTHER | 4-OTHER | | | | | | | | | | | | | | |
| 10-REFLECTIVE CLOTHING | 24-OTHER / UNKNOWN | CONDITION | | | | | | | | | | | | | | | |
| 11-LIGHTING - PEDESTRIAN / BICYCLE ONLY | 25-OTHER / UNKNOWN | 1-APPARENTLY NORMAL | | | | | | | | | | | | | | | |
| 99- OTHER / UNKNOWN | 26-OTHER / UNKNOWN | 2-PHYSICAL IMPAIRMENT | | | | | | | | | | | | | | | |
| INJURIES | | | | | | | | | | TRAPPED | | 3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) | | | | | |
| 1-NOT TRANSPORTED / TREATED AT SCENE | 1-NOT TRAPPED | 4-ILLNESS | DRUG TEST RESULT(S) | | | | | | | | | | | | | | |
| 2-EMS | 2-EXTRICATED BY MECHANICAL MEANS | 5-FELL ASLEEP, FAINTED, FATIGUED, ETC. | 1-AMPHETAMINES | | | | | | | | | | | | | | |
| 3-POLICE | 3-FREED BY NON-MECHANICAL MEANS | 6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL | 2-BARBITURATES | | | | | | | | | | | | | | |
| 9-OTHER/ UNKNOWN | 4-NOT APPLICABLE | 7-OTHER | 3-BENZODIAZEPINES | | | | | | | | | | | | | | |
| SAFETY EQUIPMENT | 11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 8-OTHER / UNKNOWN | 4-CANNABINOIDs | | | | | | | | | | | | | | |
| 1-NONE USED | 12-PASSENGER IN UNENCLOSED CARGO AREA | 9-OTHER / UNKNOWN | 5-COCaine | | | | | | | | | | | | | | |
| 2-SHOULDER BELT ONLY USED | 13-TRAILING UNIT | 10-OTHER | 6-OPIATES / OPIOIDS | | | | | | | | | | | | | | |
| 3-LAP BELT ONLY USED | 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 11-OTHER / UNKNOWN | 7-OTHER | | | | | | | | | | | | | | |
| 4-SHOULDER & LAP BELT USED | 15-NON-MOTORIST | 12-OTHER / UNKNOWN | 8-Negative RESULTS | | | | | | | | | | | | | | |
| 5-CHILD RESTRAINT SYSTEM- FORWARD FACING | 16-OUTSIDE MIRROR | 13-OTHER / UNKNOWN | | | | | | | | | | | | | | | |
| 6-CHILD RESTRAINT SYSTEM- REAR FACING | 17-PROSTHETIC AID | 14-OTHER / UNKNOWN | | | | | | | | | | | | | | | |
| 7-BOOSTER SEAT | 18-OTHER | 15-OTHER / UNKNOWN | | | | | | | | | | | | | | | |
| 8-HELMET USED | 22-OTHER / UNKNOWN | 16-OTHER / UNKNOWN | | | | | | | | | | | | | | | |
| 9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 23-OTHER / UNKNOWN | 17-OTHER / UNKNOWN | | | | | | | | | | | | | | | |
| 10-REFLECTIVE CLOTHING | 24-OTHER / UNKNOWN | 18-OTHER / UNKNOWN | | | | | | | | | | | | | | | |
| 11-LIGHTING - PEDESTRIAN / BICYCLE ONLY | 25-OTHER / UNKNOWN | 19-OTHER / UNKNOWN | | | | | | | | | | | | | | | |
| 99- OTHER / UNKNOWN | 26-OTHER / UNKNOWN | 20-OTHER / UNKNOWN | | | | | | | | | | | | | | | |



OCCUPANT / WITNESS ADDENDUM

| OCCUPANT | LOCAL REPORT NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ADDRESS: STREET, CITY, STATE, ZIP 834 Ross Ave. Hamilton, OH 45013 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| UNIT # | NAME: LAST, FIRST, MIDDLE | | | DATE OF BIRTH | | | AGE | GENDER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OCCUPANT | <table border="1"> <thead> <tr> <th>INJURIES</th> <th colspan="2">SAFETY EQUIPMENT USED</th> <th colspan="2">SEATING POSITION</th> <th colspan="4">AIR BAG USAGE</th> </tr> </thead> <tbody> <tr> <td>1 - FATAL</td> <td colspan="2">1 - NONE USED - VEHICLE OCCUPANT</td> <td colspan="2">1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)</td> <td colspan="4">1 - NOT DEPLOYED</td> </tr> <tr> <td>2 - SUSPECTED SERIOUS INJURY</td> <td colspan="2">2 - SHOULDER BELT ONLY USED</td> <td colspan="2">2 - FRONT - MIDDLE</td> <td colspan="4">2 - DEPLOYED FRONT</td> </tr> <tr> <td>3 - SUSPECTED MINOR INJURY</td> <td colspan="2">3 - LAP BELT ONLY USED</td> <td colspan="2">3 - FRONT - RIGHT SIDE</td> <td colspan="4">3 - DEPLOYED SIDE</td> </tr> <tr> <td>4 - POSSIBLE INJURY</td> <td colspan="2">4 - SHOULDER & LAP BELT USED</td> <td colspan="2">4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)</td> <td colspan="4">4 - DEPLOYED BOTH FRONT/SIDE</td> </tr> <tr> <td>5 - NO APPARENT INJURY</td> <td colspan="2">5 - CHILD RESTRAINT SYSTEM - FORWARD FACING</td> <td colspan="2">5 - SECOND - MIDDLE</td> <td colspan="4">5 - NOT APPLICABLE</td> </tr> <tr> <td colspan="3">INJURED TAKEN BY</td> <td colspan="2">6 - CHILD RESTRAINT SYSTEM - REAR FACING</td> <td colspan="2">6 - SECOND - RIGHT SIDE</td> <td colspan="3">9 - DEPLOYMENT UNKNOWN</td> </tr> <tr> <td colspan="3">1 - NOT TRANSPORTED /TREATED AT SCENE</td> <td colspan="2">7 - BOOSTER SEAT</td> <td colspan="2">7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</td> <td colspan="3">EJECTION</td> </tr> <tr> <td colspan="3">2 - EMS</td> <td colspan="2">8 - HELMET USED</td> <td colspan="2">8 - THIRD - MIDDLE</td> <td colspan="3">1 - NOT EJECTED</td> </tr> <tr> <td colspan="3">3 - POLICE</td> <td colspan="2">9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)</td> <td colspan="2">9 - THIRD - RIGHT SIDE</td> <td colspan="3">2 - PARTIALLY EJECTED</td> </tr> <tr> <td colspan="3">9 - OTHER / UNKNOWN</td> <td colspan="2">10 - REFLECTIVE CLOTHING</td> <td colspan="2">10 - SLEEPER SECTION OF TRUCK CAB</td> <td colspan="3">3 - 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| 1 - FATAL | 1 - NONE USED - VEHICLE OCCUPANT | | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | | 1 - NOT DEPLOYED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 - SUSPECTED SERIOUS INJURY | 2 - SHOULDER BELT ONLY USED | | 2 - FRONT - MIDDLE | | 2 - DEPLOYED FRONT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 - SUSPECTED MINOR INJURY | 3 - LAP BELT ONLY USED | | 3 - FRONT - RIGHT SIDE | | 3 - DEPLOYED SIDE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 - POSSIBLE INJURY | 4 - SHOULDER & LAP BELT USED | | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | | 4 - DEPLOYED BOTH FRONT/SIDE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 - NO APPARENT INJURY | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | | 5 - SECOND - MIDDLE | | 5 - NOT APPLICABLE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INJURED TAKEN BY | | | 6 - CHILD RESTRAINT SYSTEM - REAR FACING | | 6 - SECOND - RIGHT SIDE | | 9 - DEPLOYMENT UNKNOWN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 - NOT TRANSPORTED /TREATED AT SCENE | | | 7 - BOOSTER SEAT | | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | | EJECTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 - EMS | | | 8 - HELMET USED | | 8 - THIRD - MIDDLE | | 1 - NOT EJECTED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 - POLICE | | | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | 9 - THIRD - RIGHT SIDE | | 2 - PARTIALLY EJECTED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 - OTHER / UNKNOWN | | | 10 - REFLECTIVE CLOTHING | | 10 - SLEEPER SECTION OF TRUCK CAB | | 3 - TOTALLY EJECTED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GENDER | | | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | | 4 - NOT APPLICABLE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F - FEMALE | | | 99 - OTHER / UNKNOWN | | 12 - PASSENGER IN UNENCLOSED CARGO AREA | | TRAPPED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M - MALE | | | | | 13 - TRAILING UNIT | | 1 - NOT TRAPPED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| U - OTHER / UNKNOWN | | | | | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | | 2 - EXTRICATED BY MECHANICAL MEANS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 15 - NON-MOTORIST | | 3 - FREED BY NON-MECHANICAL MEANS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 99 - OTHER / UNKNOWN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WITNESS | NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | | | AGE | GENDER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WITNESS | NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | | | AGE | GENDER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WITNESS | NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | | | AGE | GENDER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| LOCAL REPORT NUMBER | 22-022915 | REPORTING AGENCY | Fairfield Police Department | DATE OF ACCIDENT | 3/30/22 |
| IN COUNTY OF | Butler | ACCIDENT LOCATION | Intersection of Winton Road/Holiday Drive | | |
|  | | | | | |
| <p>OFFICER'S SIGNATURE</p>  | | | | | |
| BADGE NO. 169 | | | | | |