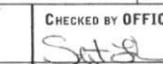




TRAFFIC CRASH REPORT

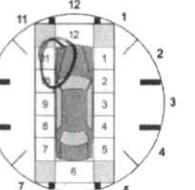
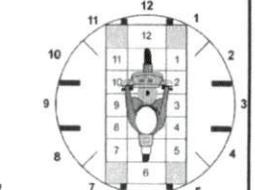
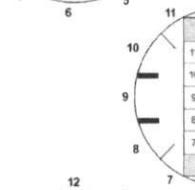
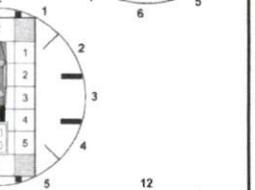
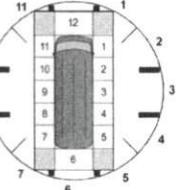
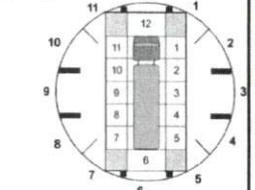
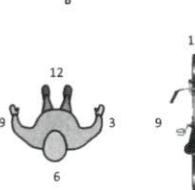
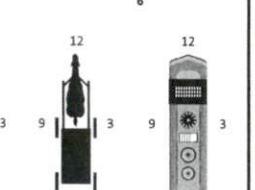
*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	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			
		<input type="checkbox"/> PRIVATE PROPERTY	Fairfield Police Department		0 0 9 0 1	1 - SOLVED 2 - UNSOLVED	0 2	UNIT IN ERROR 98 - ANIMAL 0 1 99 - UNKNOWN		
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*				CRASH DATE / TIME*		CRASH SEVERITY		
0 9	1 - CITY 2 - VILLAGE 3 - TOWNSHIP	City of Fairfield				0 4 1 5 2 0 2 2 1 8 2 6		5 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY		
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES	REFERENCE		
					MACK	R D	3 9 . 3 1 3 8 6 6			
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES			
					STOCKTON STATION		- 8 4 . 4 8 9 1 9 0			
REFERENCE POINT	DIRECTION FROM REFERENCE	ROUTE TYPE		ROAD TYPE		INTERSECTION RELATED				
1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS		<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 4				
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE					ROADWAY				
	1 - MILES 2 - FEET 3 - YARDS					<input type="checkbox"/> ROADWAY DIVIDED				
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT			DIRECTION OF TRAVEL		MEDIAN TYPE	
0 1	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	9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN	6	1 - NOT COLLISION 2 - TWO MOTOR VEHICLES IN TRANSPORT 3 - REAR-END 4 - HEAD-ON	4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		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		WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE			CONTOUR	CONDITIONS	SURFACE	
<input type="checkbox"/> WORKERS PRESENT		1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA			4	1	2	
<input type="checkbox"/> LAW ENFORCEMENT PRESENT							1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - 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	
<input type="checkbox"/> ACTIVE SCHOOL ZONE										
LIGHT CONDITION				WEATHER						
1	1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	0 2	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						
NARRATIVE										
On 4/15/2022 at 6:26 p.m. Unit 1 was attempting to turn south onto Mack Road from Stockton Station when it failed to yield the right of way, causing Unit 2 to strike Unit 1. Unit 2 was traveling north on Mack Road.										
SEE OH-2										
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY		
0 4 1 5 2 0 2 2 1 8 2 6		0 4 1 5 2 0 2 2 1 8 2 8		0 4 1 5 2 0 2 2 1 8 4 0		0 4 1 5 2 0 2 2 1 8 5 3		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO (OPI))		
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*		
						R. HICKMAN		 CHECKED BY OFFICER'S BADGE NUMBER*		
						1 6 4		8 7		
HSY7001 OH 1/19 [760-0820]										



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

OWNER	UNIT # <u>0 1</u>	OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER	OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER	
	OWNER ADDRESS: STREET, CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER			
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
LP STATE <u>O H</u>	LICENSE PLATE # <u>EUN5050</u>	VEHICLE IDENTIFICATION # <u>1N4AL21E89N4718815</u>	VEHICLE YEAR <u>2009</u>	
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>PROGRESSIVE</u>	INSURANCE POLICY # <u>953222214</u>	COLOR <u>GRAY</u>	
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <u>0 1</u>		VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <u>1</u> PLACARD ID # <u>1</u> <input type="checkbox"/> PLACARD	
UNIT TYPE <u>0 1</u>	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 - GOOLF 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
	# OF TRAILING UNITS <u>0</u>			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>2</u> 1-YES 2-NO 9-OTHER / UNKNOWN		AUTONOMOUS MODE LEVEL <u>0</u> 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION		
SPECIAL FUNCTION <u>0 1</u>	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 21 - MAIL CARRIER 99 - OTHER / UNKNOWN
	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS			
CARGO BODY TYPE <u>0 1</u>	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 - TRAVEL LANE - OTHER LOCATION			
NON-MOTORIST LOCATION AT IMPACT <u>0 1</u>	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
	1 - FAILURE TO YIELD 2 - RAN RED LIGHT 3 - RAN STOP SIGN 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN			
CONTRIBUTING CIRCUMSTANCES <u>0 2</u>	1 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACD 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION
	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE			
SEQUENCE OF EVENTS <u>1 2 0</u>		NON-COLLISION 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNSHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER		
COLLISION WITH FIXED OBJECT - STRUCK <u>1</u>		16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN		
FIRST HARMFUL EVENT <u>1</u>		MOST HARMFUL EVENT <u>1</u>		

LOCAL REPORT NUMBER <u>2 2 0 2 6 6 2 2</u>	
DAMAGE	
DAMAGE SCALE 3 - NONE 2 - MINOR DAMAGE 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 1 - UNKNOWN 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
         	
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT 0 - NO DAMAGE 14 - UNDERCARRIAGE 1 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN 13 - TOP	
TRAFFIC	
TRAFFICWAY FLOW <u>2</u>	TRAFFIC CONTROL <u>4</u> 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD <u>2</u>	RAIL GRADE CROSSING <u>1</u> 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM <u>7</u> TO <u>2</u> 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED <u>0</u> 0 - STATED / ESTIMATED SPEED 1 - CALCULATED / EDR 2 - UNDETERMINED	
DETECTED SPEED 0 - STATED / ESTIMATED SPEED 1 - CALCULATED / EDR 2 - UNDETERMINED	
POSTED SPEED <u>2 5</u>	

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	BETTAG, MANDY, E	
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER)		
5990 PLEASANT AVE, FAIRFIELD, OH, 45014		
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	388YBD	5N1A1R2M1M3E1C6813414	2014	NISSAN
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY STATE FARM	INSURANCE POLICY # C447412E1735	COLOR BLUE	VEHICLE MODEL PATHFIND
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS 0 2	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	

1 - PASSENGER CAR 0 3 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
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UNIT TYPE 0 0	# OF TRAILING UNITS 0	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 - YES 2 - NO 9 - OTHER / UNKNOWN	AUTONOMOUS MODE LEVEL 0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN
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1 - NONE 0 1 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 21 - MAIL CARRIER 99 - OTHER / UNKNOWN
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1 - NO CARGO BODY TYPE /NOT APPLICABLE 0 1 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 NON-MOTORIST LOCATION AT IMPACT	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED 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
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1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK ACTION 5 - BOTH STRIKING & STRUCK 6 - OTHER / UNKNOWN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING ACTIONS 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
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1 - NONE 0 1 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN CONTRIBUTING CIRCUMSTANCES 5 - UNSAFE SPEED 6 - IMPROPER TURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION
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SEQUENCE OF EVENTS

1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 3 -	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNSHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM EQUIPMENT 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT
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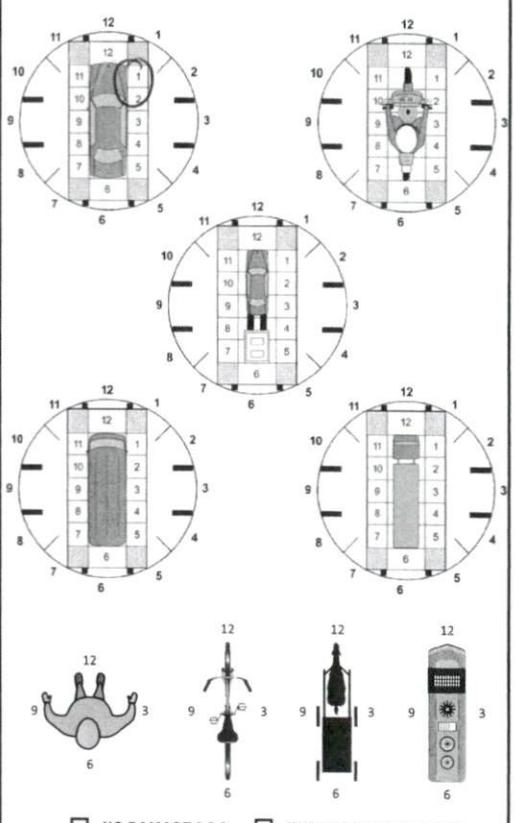
4 - 5 - 6 - 7 - 8 - 9 - 10 - 11 - 12 - 13 - 14 - 15 - 16 - 17 - 18 - 19 - 20 - 21 - 22 - 23 - 24 - 25 - 26 - 27 - 28 - 29 - 30 -	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	26 - PORTABLE BARRIER 27 - MEDIAN CABLE BARRIER 28 - MEDIAN GUARDRAIL 29 - MEDIAN CONCRETE BARRIER 30 - MEDIAN OTHER BARRIER	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER SUPPORT 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER OR SUPPORT 36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN
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1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER
2 2 0 2 6 6 2 2

DAMAGE
3 - NONE 3 - FUNCTIONAL DAMAGE
2 - MINOR DAMAGE 4 - DISABLING DAMAGE
9 - UNKNOWN

DAMAGED AREA(S)
INDICATE ALL THAT APPLY



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

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

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

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



MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER														
2 2 0 2 6 6 2 2														
DATE OF BIRTH AGE GENDER														
0 7 1 0 1 9 6 1 6 0 F														
CONTACT PHONE - INCLUDE AREA CODE														
UNIT #	NAME: LAST, FIRST, MIDDLE													
0 1	ZENTGRAF, TERRI, LEE													
ADDRESS: STREET, CITY, STATE, ZIP														
821 WEYMOUTH CT, CINCINNATI, OH, 45240														
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET			SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
5						0 4				0 1	1	1	1	
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER				
O H														
DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)					
4			1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	1	1	1				
<input type="checkbox"/> OTHER DRUG														
UNIT #	NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH			AGE	GENDER
0 2	BETTAG, RICHARD, A									0 6 2 3 1 9 6 9			5 2	M
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE				
5990 PLEASANT AVE, FAIRFIELD, OH, 45014														
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET			SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
5						0 4				0 1	1	1	1	
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER				
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4			1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	1	1	1				
<input type="checkbox"/> OTHER DRUG														
UNIT #	NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH			AGE	GENDER
										0			0	
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE				
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			1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	1	1	1				
<input type="checkbox"/> OTHER DRUG														
INJURIES	SEATING POSITION	AIR BAG	DL CLASS	OL 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									
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									
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									
	6-SECOND - RIGHT SIDE	6-DEPLOYMENT UNKNOWN	6-NO VALID OL	6-EXCEPT CLASS A & CLASS B BUS										
	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-NOT DEPLOYED	7-EXCEPT TRACTOR-TRAILER	7-TALKING ON HAND-HELD COMMUNICATION DEVICE										
	8-THIRD - MIDDLE	8-PARTIALLY EJECTED	8-INTERMEDIATE LICENSE RESTRICTIONS	8-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	1-NONE									
	9-THIRD - RIGHT SIDE	9-TOTALLY EJECTED	9-LEARNER'S PERMIT RESTRICTIONS	9-PASSENGER	2-BLOOD									
	10-SLEEPER SECTION OF TRUCK CAB	10-NOT APPLICABLE	10-LIMITED TO DAYLIGHT ONLY	7-OTHER DISTRACTION INSIDE THE VEHICLE	3-URINE									
INJURED TAKEN BY	EJECTION	OL ENDORSEMENT	11-LIMITED TO EMPLOYMENT	8-OTHER DISTRACTION OUTSIDE THE VEHICLE	4-BREATH									
1-NOT TRANSPORTED /TREATED AT SCENE	H-HAZMAT		12-LIMITED - OTHER	9-OTHER / UNKNOWN	5-OTHER									
2-EMS	M-MOTORCYCLE		13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)											
3-POLICE	P-PASSENGER		14-MILITARY VEHICLES ONLY											
9-OTHER / UNKNOWN	N-TANKER		15-MOTOR VEHICLES WITHOUT AIR BRAKES											
SAFETY EQUIPMENT	TRAPPED	DRUG TEST TYPE	16-OUTSIDE MIRROR											
1-NONE USED	1-NOT TRAPPED	1-NONE	17-PROSTHETIC AID											
2-SHOULDER BELT ONLY USED	2-EXTRICATED BY MECHANICAL MEANS	2-BLOOD	18-OTHER											
3-LAP BELT ONLY USED	3-FREED BY NON-MECHANICAL MEANS	3-URINE												
4-SHOULDER & LAP BELT USED		4-BREATH												
5-CHILD RESTRAINT SYSTEM - FORWARD FACING		5-OTHER												
6-CHILD RESTRAINT SYSTEM - REAR FACING														
7-BOOSTER SEAT														
8-HELMET USED														
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)														
10-REFLECTIVE CLOTHING														
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY														
99-OTHER / UNKNOWN														
		DRUG TEST TYPE												
		1-APPARENTLY NORMAL												
		2-PHYSICAL IMPAIRMENT												
		3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)												
		4-ILLNESS												
		5-FELL ASLEEP, FAINTED, FATIGUED, ETC.												
		6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL												
		7-OTHER												
		8-Negative results												

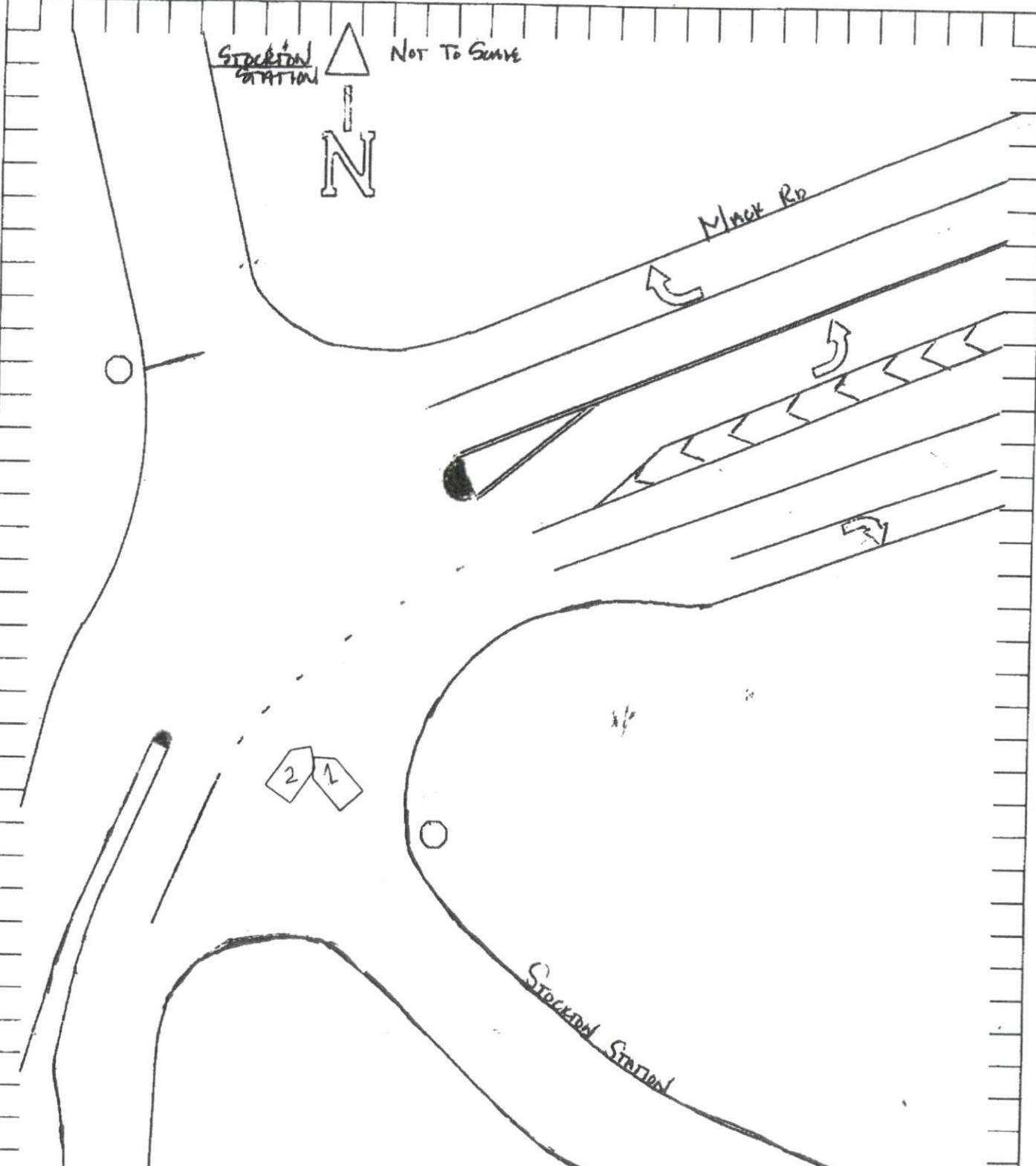


OCCUPANT / WITNESS ADDENDUM

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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 - 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OHIO TRAFFIC ACCIDENT - DIAGRAM / NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER	22 026622	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	4/16/22						
IN COUNTY OF	BUTLER	ACCIDENT LOCATION	Mack // Stockton Station								
											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #cccccc; width: 33%;"></td> <td style="width: 33%; text-align: center;">OFFICER'S SIGNATURE</td> <td style="width: 33%; text-align: right;">BADGE NO.</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;">164</td> </tr> </table>							OFFICER'S SIGNATURE	BADGE NO.			164
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