



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 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY | | LOCAL INFORMATION | | LOCAL REPORT NUMBER* | | | | | |
| | | REPORTING AGENCY NAME* | | NCIC* | | | | | |
| | | Fairfield Police Department | | 0 0 9 0 1 | | | | | |
| COUNTY* | LOCALITY* | LOCATION: CITY, VILLAGE, TOWNSHIP* | | | | | | | |
| 0 9 | 1 - CITY 2 - VILLAGE 3 - TOWNSHIP | City of Fairfield | | | | | | | |
| REFERENCE LOCATION | ROUTE TYPE | ROUTE NUMBER | PREFIX | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | LOCATION ROAD NAME | ROAD TYPE | LATITUDE DECIMAL DEGREES 3 9 0 3 2 4 1 0 5 | CRASH DATE / TIME* 0 4 2 8 2 0 2 2 2 0 5 3 | CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY |
| | S R | 4 | | | | | | | |
| REFERENCE LOCATION | ROUTE TYPE | ROUTE NUMBER | PREFIX | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | ROAD TYPE | LONGITUDE DECIMAL DEGREES - 8 4 0 5 0 6 4 9 3 | NUMBER OF APPROACHES 0 3 | |
| | | | | | Diversion | R D | | | |
| 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 | 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 | RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY | <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA | ROADWAY | |
| DISTANCE FROM REFERENCE | DISTANCE | | ROUTE TYPE | | ROAD TYPE | | ROADWAY DIVIDED | | |
| | 0 | UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS | CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE | 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 | RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY | <input type="checkbox"/> | MEDIAN TYPE | |
| LOCATION OF FIRST HARMFUL EVENT | | | | MANNER OF CRASH COLLISION/IMPACT | | | DIRECTION OF TRAVEL | | |
| 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 | 2 | 1 - NOT COLLISION 2 - MOTOR VEHICLES IN TRANSPORT 3 - 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 <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE | | WORK ZONE TYPE | | LOCATION OF CRASH IN WORK ZONE | | CONTOUR | CONDITIONS | SURFACE | |
| | | 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 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA | 1 | 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN | 1 | 2 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN | |
| LIGHT CONDITION | | | WEATHER | | | 9 - OTHER/UNKNOWN | | | |
| 3 | 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN | 0 1 | 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 | | | | | | | | | |
| <p>On April 28, 2022 at 8:53 PM Unit 1 was traveling southbound on S.R. 4 at approximately 20 m.p.h. and when at Diversion Rd. failed to stop within the assured clear distance ahead and collided with Unit 2 which was also southbound and was slowing down in traffic at Diversion Rd.</p> <p>See OH-2</p> | | | | | | | | | |
| CRASH REPORTED DATE / TIME | | | DISPATCH DATE / TIME | | ARRIVAL DATE / TIME | | SCENE CLEARED DATE / TIME | | REPORT TAKEN BY |
| 0 4 2 8 2 0 2 2 2 0 5 4 | | | 0 4 2 8 2 0 2 2 2 0 5 5 | | 0 4 2 8 2 0 2 2 2 0 5 8 | | 0 4 2 8 2 0 2 2 2 1 2 4 | | <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS) |
| TOTAL TIME ROADWAY CLOSED | | OTHER INVESTIGATION TIME | TOTAL MINUTES | OFFICER'S NAME* | | CHECKED BY OFFICER'S NAME* | | | |
| 0 | | 0 | 0 2 9 | S. Cook | | J. Sons | | | |
| | | | | OFFICER'S BADGE NUMBER* | | CHECKED BY OFFICER'S BADGE NUMBER* | | | |
| | | | | 1 5 3 | | 1 5 0 | | | |



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

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| UNIT # 0 1 | 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 O H | LICENSE PLATE # JSH8551 | VEHICLE IDENTIFICATION # 2C3H66G12H149354 | VEHICLE YEAR 2002 | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY | INSURANCE POLICY # | VEHICLE MAKE Chrysler | | | | | | | | | | | | | | | | | | | | |
| TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | | US DOT # | TOWED BY: COMPANY NAME FOX | | | | | | | | | | | | | | | | | | | | |
| INTERLOCK DEVICE EQUIPPED | #OCCUPANTS 0 1 | VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. | HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> CLASS # <input type="checkbox"/> PLACARD ID # <input type="checkbox"/> PLACARD | | | | | | | | | | | | | | | | | | | | |
| UNIT TYPE 0 1 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) | | 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) | | | | | | | | | | | | | | | | | | | | | |
| # OF TRAILING UNITS 0 | | 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED 11 - ALL-TERRAIN VEHICLE (ATV / UTV) | | | | | | | | | | | | | | | | | | | | | |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 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 | | | | | | | | | | | | | | | | | | | | | |
| AUTONOMOUS MODE LEVEL 0 | | 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 | | | | | | | | | | | | | | | | | | | | | |
| SPECIAL FUNCTION 0 1 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER | | 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER | | | | | | | | | | | | | | | | | | | | | |
| CARGO BODY TYPE 0 1 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS | | 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE | | | | | | | | | | | | | | | | | | | | | |
| VEHICLE DEFECTS 0 1 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS | | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - STEERING 6 - BRAKES 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - BRAKES 10 - HEAD LAMPS 11 - TAIL LAMPS 12 - TURN SIGNALS | | | | | | | | | | | | | | | | | | | | | |
| NON-MOTORIST LOCATION AT IMPACT 0 1 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK | | 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION | | | | | | | | | | | | | | | | | | | | | |
| ACTION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN | | 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - PRE-CRASH 5 - OVERTAKING/PASSING 6 - STRUCK 7 - BOTH STRIKING & STRUCK 8 - OTHER / UNKNOWN | | | | | | | | | | | | | | | | | | | | | |
| CONTRIBUTING CIRCUMSTANCES 0 8 1 - FAILURE TO YIELD 2 - RAN RED LIGHT 3 - RAN STOP SIGN 4 - UNSAFE SPEED 5 - IMPROPER TURN | | 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - PRE-CRASH 5 - OVERTAKING/PASSING 6 - STRUCK 7 - BOTH STRIKING & STRUCK 8 - OTHER / UNKNOWN | | | | | | | | | | | | | | | | | | | | | |
| SEQUENCE OF EVENTS | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td colspan="4">NON-COLLISION</td> </tr> <tr> <td>1 2 0</td> <td>1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT</td> <td>6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN</td> <td>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE</td> <td>16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE</td> <td>22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION 24 - OTHER MOBILE OBJECT</td> </tr> <tr> <td colspan="4">COLLISION WITH FIXED OBJECT - STRUCK</td> </tr> <tr> <td>4 1</td> <td>25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE</td> <td>31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER</td> <td>37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT</td> <td>43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT</td> <td>50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN</td> </tr> </table> | | | | NON-COLLISION | | | | 1 2 0 | 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE | 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE | 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION 24 - OTHER MOBILE OBJECT | COLLISION WITH FIXED OBJECT - STRUCK | | | | 4 1 | 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE | 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER | 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT | 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT | 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN |
| NON-COLLISION | | | | | | | | | | | | | | | | | | | | | | | |
| 1 2 0 | 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE | 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE | 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION 24 - OTHER MOBILE OBJECT | | | | | | | | | | | | | | | | | | |
| COLLISION WITH FIXED OBJECT - STRUCK | | | | | | | | | | | | | | | | | | | | | | | |
| 4 1 | 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE | 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER | 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT | 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT | 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN | | | | | | | | | | | | | | | | | | |
| 1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT | | | | | | | | | | | | | | | | | | | | | | | |

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|---|--|
| LOCAL REPORT NUMBER 2 2 0 2 9 9 7 3 | |
| DAMAGE | |
| DAMAGE SCALE 4 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN | |
| DAMAGED AREA(S) INDICATE ALL THAT APPLY | |
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| <img alt="Diagram of a vehicle showing 12 numbered damage areas: 1 (front left), 2 (front center), 3 (front right), 4 (side left), 5 (side center), 6 (side right), 7 (rear left), 8 (rear center), 9 (| |

| | | |
|--------|---|--|
| UNIT # | 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 | 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 | LICENSE PLATE # | VEHICLE IDENTIFICATION # | VEHICLE YEAR | VEHICLE MAKE |
| O H | 593YXW | 1 F M 5 K 8 F 8 4 J G C 1 3 0 5 0 | 2 0 1 8 | Ford |
| <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY | INSURANCE POLICY # | COLOR | VEHICLE MODEL |
| | Statefarm | 9479408E2635 | Black | Explorer |
| TYPE OF USE | | US DOT # | TOWED BY: COMPANY NAME | |
| <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | | | | |
| <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED | <input type="checkbox"/> HIT/SKIP UNIT | #OCCUPANTS | HAZARDOUS MATERIAL | |
| | | 0 1 | <input type="checkbox"/> MATERIAL RELEASED | CLASS # |
| | | | <input type="checkbox"/> PLACARD | PLACARD ID # |
| VEHICLE WEIGHT GVWR/GCWR | | | | |
| 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. | | | | |

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|---|--|---|--|
| 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 |
|---|--|---|--|

| | |
|-----------|---------------------|
| UNIT TYPE | # OF TRAILING UNITS |
|-----------|---------------------|

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

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|------------------|---|---|---|--|---|
| SPECIAL FUNCTION | 0 - NONE 1 - TAXI 2 - ELECTRONIC RIDE SHARING 3 - SCHOOL TRANSPORT 4 - 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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|-----------------|---|---|--|--|---|
| CARGO BODY TYPE | 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 |
|-----------------|---|---|--|--|---|

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

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|---------------------------------|--|---|---|---|--|
| NON-MOTORIST LOCATION AT IMPACT | 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK | 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 |
|---------------------------------|--|---|---|---|--|

| | | | | | |
|--------|---|--|--|---|---|
| ACTION | 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN | 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN | 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS | 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE | 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN |
|--------|---|--|--|---|---|

| | | | | | |
|----------------------------|---|---|--|--|---|
| CONTRIBUTING CIRCUMSTANCES | 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN | 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING | 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY | 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING | 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION |
|----------------------------|---|---|--|--|---|

SEQUENCE OF EVENTS

| | | | | | |
|-------|--|--|---|---|--|
| 1 2 0 | 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE | 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 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 MOVABLE OBJECT |
|-------|--|--|---|---|--|

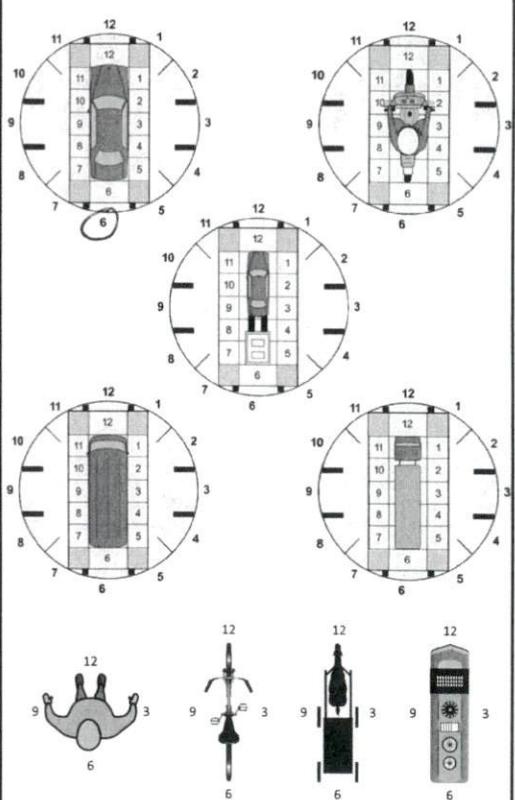
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|-----|--|--|---|--|--|
| 4 1 | 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE | 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER | 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT | 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT | 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN |
|-----|--|--|---|--|--|

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

| | |
|---------------------|-----------------|
| LOCAL REPORT NUMBER | 2 2 0 2 9 9 7 3 |
|---------------------|-----------------|

| | | |
|--------|---|---|
| DAMAGE | DAMAGE SCALE | |
| 3 | 1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN | 3 - FUNCTIONAL DAMAGE 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 1-12 - REFER TO UNIT DIAGRAM 13 - TOP | 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN |
|--------------------------|---|---|

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

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

| | |
|------------|--|
| UNIT SPEED | DETECTED SPEED |
| 0 | 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED |
| 5 0 | POSTED SPEED |



MOTORIST / Non-MOTORIST

| MOTORIST / NON-MOTORIST | LOCAL REPORT NUMBER | | | | | | | | | | | | | | | |
|---|---|----------------------------|--|---|--------------------------------------|--|--|--|---|------------------|---------------|-----------------|-----------------------------------|-----------------|--------|---|
| | 2 2 0 2 9 9 7 3 | | | | | | | | | | | | | | | |
| UNIT # | NAME: LAST, FIRST, MIDDLE Thomas, Ronald | | | | | | | | | | | DATE OF BIRTH | AGE | GENDER | | |
| 0 1 | | | | | | | | | | | | 0 8 0 7 2 0 0 0 | 2 1 | M | | |
| ADDRESS: STREET, CITY, STATE, ZIP 75 E Galbraith Rd. Apt 3, Cincinnati, OH 45216 | | | | | | | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | |
| 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 | | | |
| OL STATE | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | | LOCAL CODE | OFFENSE DESCRIPTION | | | CITATION NUMBER | | | | | | |
| O H | | | | 333.03A | | X | ACDA | | | 251283 | | | | | | |
| OL 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 | 1 | SELECT UP TO 4 | | | |
| NAME: LAST, FIRST, MIDDLE Fisher, Diane | | | | | | | | | | | | | DATE OF BIRTH | AGE | GENDER | |
| 0 2 | | | | | | | | | | | | | | 0 9 1 0 1 9 6 4 | 5 7 | F |
| ADDRESS: STREET, CITY, STATE, ZIP 6716 Bromley Dr, Liberty Twp, OH 45011 | | | | | | | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | |
| 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 | | | |
| OL STATE | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | | LOCAL CODE | OFFENSE DESCRIPTION | | | CITATION NUMBER | | | | | | |
| O H | | | | | | | | | | | | | | | | |
| OL 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 | 1 | SELECT UP TO 4 | | | |
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | | | | | | | | DATE OF BIRTH | AGE | GENDER | |
| | | | | | | | | | | | | | 0 | | | |
| 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 | DOT-COMPLIANT MC HELMET | | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | | |
| | | | | | | | | | | | | | | | | |
| OL STATE | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | | LOCAL CODE | OFFENSE DESCRIPTION | | | CITATION NUMBER | | | | | | |
| | | | | | | | | | | | | | | | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | | CONDITION | ALCOHOL TEST | | DRUG TEST(S) | | | | | | |
| | | | | 1 | <input type="checkbox"/> ALCOHOL | <input type="checkbox"/> MARIJUANA | | | | | | | | | | |
| INJURIES | SEATING POSITION | | AIR BAG | | OL 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-PASSINGER | 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 UNKNOWN | | | | | | | | |
| 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 | | 9-DEPLOYMENT UNKNOWN | | 6-NO VALID OL | 6-EXCEPT CLASS A & CLASS B BUS | 6-TEST GIVEN, RESULTS UNKNOWN | | | | | | | | | |
| | 7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | | 7-THIRD - MIDDLE | | 7-NO VALID OL | 7-EXCEPT TRACTOR-TRAILER | 7-TEST GIVEN, RESULTS UNKNOWN | | | | | | | | | |
| | 8-THIRD - RIGHT SIDE | | 9-THIRD - RIGHT SIDE | | 8-NO VALID OL | 8-INTERMEDIATE LICENSE RESTRICTIONS | 8-TEST GIVEN, RESULTS UNKNOWN | | | | | | | | | |
| | 10-SLEEPER SECTION OF TRUCK CAB | | 11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | | 9-NO VALID OL | 9-LEARNER'S PERMIT RESTRICTIONS | 9-TEST GIVEN, RESULTS UNKNOWN | | | | | | | | | |
| | 11-PASSENGER IN UNENCLOSED CARGO AREA | | 12-PASSENGER IN UNENCLOSED CARGO AREA | | 10-NO VALID OL | 10-LIMITED TO DAYLIGHT ONLY | 10-TEST GIVEN, RESULTS UNKNOWN | | | | | | | | | |
| | 13-TRAILING UNIT | | 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | | 11-NO VALID OL | 11-LIMITED TO EMPLOYMENT | 11-TEST GIVEN, RESULTS UNKNOWN | | | | | | | | | |
| | 15-NON-MOTORIST | | 15-NON-MOTORIST | | 12-NO VALID OL | 12-LIMITED - OTHER | 12-TEST GIVEN, RESULTS UNKNOWN | | | | | | | | | |
| | 99-OTHER / UNKNOWN | | 99-OTHER / UNKNOWN | | 13-FREED BY NON-MECHANICAL MEANS | 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 13-TEST GIVEN, RESULTS UNKNOWN | | | | | | | | | |
| | TRAPPED | | FREED BY MECHANICAL MEANS | | 14-MILITARY VEHICLES ONLY | 14-TEST GIVEN, RESULTS UNKNOWN | 14-TEST GIVEN, RESULTS UNKNOWN | | | | | | | | | |
| | GENDER | | F-FEMALE | | 15-MOTOR VEHICLES WITHOUT AIR BRAKES | 15-TEST GIVEN, RESULTS UNKNOWN | 15-TEST GIVEN, RESULTS UNKNOWN | | | | | | | | | |
| | M-MALE | | M-MALE | | 16-OUTSIDE MIRROR | 16-TEST GIVEN, RESULTS UNKNOWN | 16-TEST GIVEN, RESULTS UNKNOWN | | | | | | | | | |
| | U-OTHER / UNKNOWN | | U-OTHER / UNKNOWN | | 17-PROSTHETIC AID | 17-TEST GIVEN, RESULTS UNKNOWN | 17-TEST GIVEN, RESULTS UNKNOWN | | | | | | | | | |
| | 18-OTHER | | 18-OTHER | | 18-TEST GIVEN, RESULTS UNKNOWN | 18-TEST GIVEN, RESULTS UNKNOWN | 18-TEST GIVEN, RESULTS UNKNOWN | | | | | | | | | |
| | CONDITION | | TEST STATUS | | 19-TEST GIVEN, RESULTS UNKNOWN | 19-TEST GIVEN, RESULTS UNKNOWN | 19-TEST GIVEN, RESULTS UNKNOWN | | | | | | | | | |
| | TEST STATUS | | TEST STATUS | | 20-TEST GIVEN, RESULTS UNKNOWN | 20-TEST GIVEN, RESULTS UNKNOWN | 20-TEST GIVEN, RESULTS UNKNOWN | | | | | | | | | |
| | TEST STATUS | | TEST STATUS | | 21-TEST GIVEN, RESULTS UNKNOWN | 21-TEST GIVEN, RESULTS UNKNOWN | 21-TEST GIVEN, RESULTS UNKNOWN | | | | | | | | | |
| | TEST STATUS | | TEST STATUS | | 22-TEST GIVEN, RESULTS UNKNOWN | 22-TEST GIVEN, RESULTS UNKNOWN | 22-TEST GIVEN, RESULTS UNKNOWN | | | | | | | | | |
| | TEST STATUS | | TEST STATUS | | 23-TEST GIVEN, RESULTS UNKNOWN | 23-TEST GIVEN, RESULTS UNKNOWN | 23-TEST GIVEN, RESULTS UNKNOWN | | | | | | | | | |
| | TEST STATUS | | TEST STATUS | | 24-TEST GIVEN, RESULTS UNKNOWN | 24-TEST GIVEN, RESULTS UNKNOWN | 24-TEST GIVEN, RESULTS UNKNOWN | | | | | | | | | |
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| | TEST STATUS | | TEST STATUS | | 26-TEST GIVEN, RESULTS UNKNOWN | 26-TEST GIVEN, RESULTS UNKNOWN | 26-TEST GIVEN, RESULTS UNKNOWN | | | | | | | | | |
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| | TEST STATUS | | TEST STATUS | | 28-TEST GIVEN, RESULTS UNKNOWN | 28-TEST GIVEN, RESULTS UNKNOWN | 28-TEST GIVEN, RESULTS UNKNOWN | | | | | | | | | |
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| | TEST STATUS | | TEST STATUS | | 32-TEST GIVEN, RESULTS UNKNOWN | 32-TEST GIVEN, RESULTS UNKNOWN | 32-TEST GIVEN, RESULTS UNKNOWN | | | | | | | | | |
| | TEST STATUS | | TEST STATUS | | 33-TEST GIVEN, RESULTS UNKNOWN | 33-TEST GIVEN, RESULTS UNKNOWN | 33-TEST GIVEN, RESULTS UNKNOWN | | | | | | | | | |
| | TEST STATUS | | TEST STATUS | | 34-TEST GIVEN, RESULTS UNKNOWN | 34-TEST GIVEN, RESULTS UNKNOWN | 34-TEST GIVEN, RESULTS UNKNOWN | | | | | | | | | |
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| | TEST STATUS | | TEST STATUS | | 72-TEST GIVEN, RESULTS UNKNOWN | 72-TEST GIVEN, RESULTS UNKNOWN | 72-TEST GIVEN, RESULTS UNKNOWN | | | | | | | | | |
| | TEST STATUS | | TEST STATUS | | 73-TEST GIVEN, RESULTS UNKNOWN | 73-TEST GIVEN, RESULTS UNKNOWN | 73-TEST GIVEN, RESULTS UNKNOWN | | | | | | | | | |
| | TEST STATUS | | TEST STATUS | | 74-TEST GIVEN, RESULTS UNKNOWN | 74-TEST GIVEN, RESULTS UNKNOWN | 74-TEST GIVEN, RESULTS UNKNOWN | | | | | | | | | |
| | TEST STATUS | | TEST STATUS | | 75-TEST GIVEN, RESULTS UNKNOWN | 75-TEST GIVEN, RESULTS UNKNOWN | 75-TEST GIVEN, RESULTS UNKNOWN | | | | | | | | | |
| | TEST STATUS | | TEST STATUS | | 76-TEST GIVEN, RESULTS UNKNOWN | 76-TEST GIVEN, RESULTS UNKNOWN | 76-TEST GIVEN, RESULTS UNKNOWN | | | | | | | | | |
| | TEST STATUS | | TEST STATUS | | 77-TEST GIVEN, RESULTS UNKNOWN | 77-TEST GIVEN, RESULTS UNKNOWN | 77-TEST GIVEN, RESULTS UNKNOWN | | | | | | | | | |
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| | TEST STATUS | | TEST STATUS | | 118-TEST GIVEN, RESULTS UNKNOWN | 118-TEST GIVEN, RESULTS UNKNOWN | | | | | | | | | | |

OHIO TRAFFIC ACCIDENT - DIAGRAM / NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

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| LOCAL REPORT NUMBER | 22-029973 | REPORTING AGENCY | Fairfield Police Department | DATE OF ACCIDENT |
| IN COUNTY OF | Butler | ACCIDENT LOCATION | SR4 (Dixie Hwy) / Diversion Rd | 4/28/22 |
| | | | | |
| <p>SR4 — Dixie Hwy</p> <p>Diversion Rd</p> <p>*Not to scale</p> <p>Officer's Signature: <i>S. Cook</i></p> <p>Badge No. 153</p> | | | | |