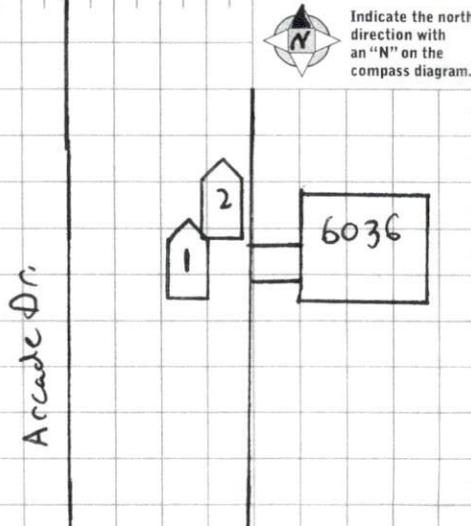




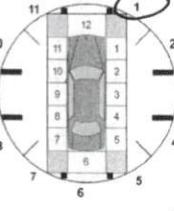
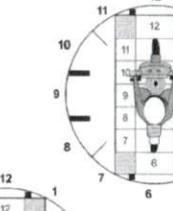
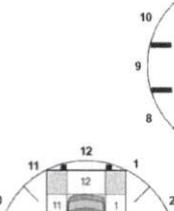
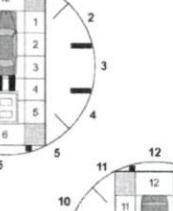
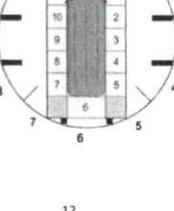
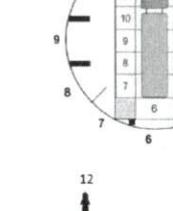
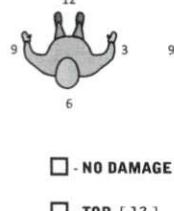
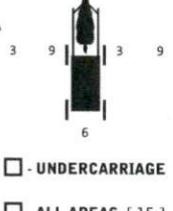
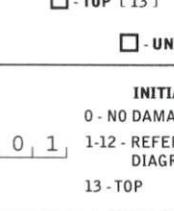
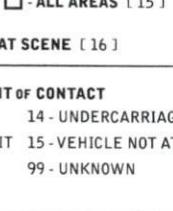
TRAFFIC CRASH REPORT

*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 type="checkbox"/> OH-1P | <input type="checkbox"/> OTHER | REPORTING AGENCY NAME* | | NCIC* | 2 2 0 2 9 9 9 3 | | | |
| | | | | Fairfield Police Department | | 0 0 9 0 1 | HIT/SKIP | NUMBER OF UNITS | | |
| | | | | | | | 1 - SOLVED | 0 2 | | |
| | | | | | | | 2 - UNSOLVED | | | |
| COUNTY* | LOCALITY* | LOCATION: CITY, VILLAGE, TOWNSHIP* | | City of Fairfield | | CRASH DATE / TIME* | | CRASH SEVERITY | | |
| 0 9 | 1 - CITY 2 - VILLAGE 3 - TOWNSHIP | | | | | 0 4 2 8 2 0 2 2 2 2 4 1 | | 1 - FATAL | | |
| ROUTE TYPE | | ROUTE NUMBER | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | LOCATION ROAD NAME | | ROAD TYPE | LATITUDE DECIMAL DEGREES | | 2 - SERIOUS INJURY SUSPECTED | |
| | | | | Arcade | | D R | 3 9 0 3 1 4 0 4 2 | | 3 - MINOR INJURY SUSPECTED | |
| ROUTE TYPE | | ROUTE NUMBER | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | | ROAD TYPE | LONGITUDE DECIMAL DEGREES | | 4 - INJURY POSSIBLE | |
| | | | | 6036 | | | - 8 4 0 5 3 5 5 4 2 | | 5 - PROPERTY DAMAGE ONLY | |
| REFERENCE POINT | | DIRECTION FROM REFERENCE | ROUTE TYPE | ROAD TYPE | INTERSECTION RELATED | | | | | |
| 1 - INTERSECTION 3 - 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 | 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"/> WITHIN INTERSECTION OR ON APPROACH | <input type="checkbox"/> WITHIN INTERCHANGE AREA | NUMBER OF APPROACHES | |
| 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 | 7 | 1 - NOT COLLISION 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN TRANSPORT 4 - REAR-END 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - HEAD-ON 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 | | 1 | 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 | | | | | | | |
| 3 | | | 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 | | | | | |
| <p>NARRATIVE</p> <p>On 4/28/22 around 10:41 p.m. Unit 1 was traveling north on Arcade Dr. when they side swiped Unit 2. Unit 2 was parked in front of 6036 Arcade Dr.</p> <p style="text-align: center;"><i>*Not to Scale</i></p>  <p>Indicate the north direction with an 'N' on the compass diagram.</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 2 4 1 | | 0 4 2 8 2 0 2 2 2 2 4 3 | | 0 4 2 8 2 0 2 2 2 2 4 9 | | 0 4 2 8 2 0 2 2 2 3 1 6 | | <input checked="" type="checkbox"/> POLICE AGENCY | | |
| TOTAL TIME ROADWAY CLOSED | | OTHER INVESTIGATION TIME | | TOTAL MINUTES | OFFICER'S NAME* | CHECKED BY OFFICER'S NAME* | | <input type="checkbox"/> MOTORIST | | |
| | | | | | Schwartz | | | | | |
| | | | | | OFFICER'S BADGE NUMBER* | Sgt. K. HARRINGTON | | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODFS) | | |
| | | | | | 1 5 6 | | | | | |
| <p>HSY7001 OH1 1/19 [760-0820]</p> <p>PAGE 1 OF 4</p> | | | | | | | | | | |

OWNER

| | | | | | |
|--|---|--|--|--|--|
| 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) | | |
| 0 1 | 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 | JJN2609 | 3 G N D A 3 3 P 9 7 S 6 4 0 5 1 7 | 2 0 0 7 | Chevy | |
| <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY | INSURANCE POLICY # | COLOR | VEHICLE MODEL | |
| | Geico | 6090-6690-83 | Blue | HHR | |
| TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | | US DOT # | TOWED BY: COMPANY NAME SETP-TOW | | |
| <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED | <input type="checkbox"/> HIT/SKIP UNIT | #OCCUPANTS 0 1 | HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <input type="checkbox"/> PLACARD ID # <input type="checkbox"/> PLACARD | | |
| UNIT TYPE 0 1 | | VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. | | | |
| 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) | | 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED 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 | |
| # OF TRAILING UNITS | | | | | |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN | | 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION AUTONOMOUS MODE LEVEL 0 | 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION | 9 - UNKNOWN | |
| SPECIAL FUNCTION 0 1 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS-TRANSIT/COMMUTER | | 1 - NONE 2 - TAXI 3 - 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 | |
| CARGO BODY TYPE 0 1 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 | |
| VEHICLE DEFECTS 0 1 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 | |
| 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 | 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 0 3 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 ACTIONS | 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - MIDBLOCK - MARKED CROSSWALK 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - DRIVING REVERSE | 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 9 9 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 1 | | 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 3 1 | 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 BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT |
| 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 9 3 | |
| DAMAGE 4 | |
| DAMAGE SCALE 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 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 - 12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE DIAGRAM 99 - UNKNOWN 13 - TOP | |
| TRAFFIC | |
| TRAFFIC WAY FLOW 2 | TRAFFIC CONTROL 6 |
| # OF THROUGH LANES ON ROAD 2 | RAIL GRADE CROSSING 1 |
| 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 1 | |
| UNIT SPEED 2 5 | DETECTED SPEED 1 |
| POSTED SPEED 2 5 | 2 - CALCULATED / EDR 3 - UNDETERMINED |



UNIT

OWNER UNIT # OWNER NAME: LAST, FIRST, MIDDLE () SAME AS DRIVER)

0 2 Schamaun, Caiden

OWNER PHONE: INCLUDE AREA CODE () SAME AS DRIVER)

OWNER ADDRESS: STREET, CITY, STATE, ZIP () SAME AS DRIVER)

6036 Arcade Dr. Fairfield OH 45014

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

| | | | | |
|---|--------------------------------|---|---|-------------------------|
| LP STATE 0 H | LICENSE PLATE # HRK6940 | VEHICLE IDENTIFICATION # 1 F A F P 5 3 U 9 7 A 1 9 4 9 4 4 | VEHICLE YEAR 2 0 0 7 | VEHICLE MAKE Ford |
| <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY Safe Auto | INSURANCE POLICY # OH1608090 | COLOR Blue | VEHICLE MODEL Taurus |
| 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 | | #OCCUPANTS | HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <input type="checkbox"/> PLACARD ID # <input type="checkbox"/> PLACARD | |
| | | VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. | | |

| | | | | |
|-----|---|--|---|--|
| 0 1 | 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 |
|-----|---|--|---|--|

OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?
0 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL

0 - NO AUTOMATION
1 - DRIVER ASSISTANCE
2 - PARTIAL AUTOMATION
3 - CONDITIONAL AUTOMATION
4 - HIGH AUTOMATION
5 - FULL AUTOMATION
9 - UNKNOWN

0 1 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER
2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN
3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL
4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING
5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

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

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

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

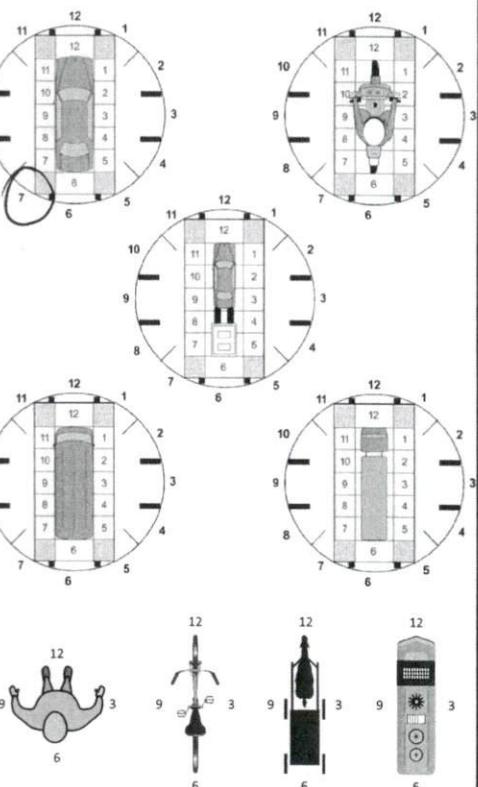
0 4 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE
2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING
3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 10 - PARKED 20 - OTHER NON-MOTORIST
4 - STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 11 - SLOWING OR STOPPED IN TRAFFIC 15 - WALKING, RUNNING, JOGGING, PLAYING 21 - STANDING OUTSIDE
5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 16 - WORKING 22 - NOT DISCERNIBLE
9 - OTHER / UNKNOWN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN

0 1 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY
2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE
3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY
4 - RAN STOP SIGN 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 20 - MOTOR VEHICLE IN TRANSPORT 99 - OTHER IMPROPER ACTION
5 - UNSAFE SPEED 12 - IMPROPER BACKING 13 - WRONG WAY 21 - PARKED MOTOR VEHICLE

SEQUENCE OF EVENTS

0 2 0 1 2 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT
2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
3 - IMMERSION 9 - RAN OFF ROAD LEFT 12 - DOWNHILL RUNAWAY 18 - ANIMAL - DEER 20 - MOTOR VEHICLE IN TRANSPORT
4 - JACKKNIFE 10 - CROSS MEDIAN 13 - OTHER NON-COLLISION 19 - ANIMAL - OTHER 21 - PARKED MOTOR VEHICLE
5 - CARGO / EQUIPMENT LOSS OR SHIFT 14 - PEDESTRIAN 24 - OTHER MOBILE OBJECT
31 - PEDESTRIAN 15 - PEDALCYCLE 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT
32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL
33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES 45 - EMBANKMENT 52 - BUILDING
34 - MEDIAN GUARDRAIL SUPPORT 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL
35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT
36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN

0 1 1 - FIRST HARMFUL EVENT 1 - MOST HARMFUL EVENT

LOCAL REPORT NUMBER
2 2 0 2 9 9 9 3DAMAGE
DAMAGE SCALE
1 - NONE 3 - FUNCTIONAL DAMAGE
2 - MINOR DAMAGE 4 - DISABLING DAMAGE
9 - UNKNOWNDAMAGED 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 14 - UNDERCARRIAGE
1 - 12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE
DIAGRAM 99 - UNKNOWN
13 - TOP

TRAFFIC
TRAFFICWAY FLOW
1 - ONE-WAY 2 - TWO-WAY
2

RAIL GRADE CROSSING
OF THROUGH LANES ON ROAD
1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING
3 - INVOLVED-PASSIVE CROSSING

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

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

MOTORIST / Non-MOTORIST

| | | | | |
|---------------------|--|-----|--------|--|
| LOCAL REPORT NUMBER | | | | |
| 2 2 0 2 9 9 9 3 | | | | |
| DATE OF BIRTH | | AGE | GENDER | |
| 0 3 1 4 1 9 6 5 | | 5 7 | F | |

| | | | | | | | | | | | |
|--|---|--|---|--|---|---|--|-----------------------------------|-----------------------------|--------------|--------------------------|
| MOTORIST / NON-MOTORIST | UNIT # | NAME: LAST, FIRST, MIDDLE Cobb, Amy | | | | | ADDRESS: STREET, CITY, STATE, ZIP 2373 Horning Dr. Fairfield OH 45014 | CONTACT PHONE - INCLUDE AREA CODE | | | |
| | INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 0 4 | DOT-COMPLIANT MC HELMET | SEATING POSITION 0 1 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 | |
| | OL STATE O H | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED 331.34a | LOCAL CODE <input checked="" type="checkbox"/> | OFFENSE DESCRIPTION Failure to Control | | CITATION NUMBER 249822 | | | |
| OL CLASS 4 | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY 1 | 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 | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | |
| OL STATE | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | CITATION NUMBER | | | | |
| OL 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 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 | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | |
| OL STATE | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | CITATION NUMBER | | | | |
| OL 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 1 | TYPE 1 | VALUE . | DRUG TEST(S) STATUS 1 | TYPE 1 | RESULT SELECT UP TO 4 |
| 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-COL 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-MIC MOPED ONLY | 5-EXCEPT CLASS A BUS | | | | | | | |
| | 6-SECOND - RIGHT SIDE | 9-DEPLOYMENT UNKNOWN | 6-NO VALID OL | 6-EXCEPT CLASS A & CLASS B BUS | | | | | | | |
| | 7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | | | 7-EXCEPT TRACTOR-TRAILER | | | | | | | |
| | 8-THIRD - MIDDLE | | | 8-INTERMEDIATE LICENSE RESTRICTIONS | | | | | | | |
| | 9-THIRD - RIGHT SIDE | | | 9-LEARNER'S PERMIT RESTRICTIONS | | | | | | | |
| | 10-SLEEPER SECTION OF TRUCK CAB | | | 10-LIMITED TO DAYLIGHT ONLY | | | | | | | |
| | 11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | | | 11-LIMITED TO EMPLOYMENT | | | | | | | |
| | 12-PASSENGER IN UNENCLOSED CARGO AREA | | | 12-LIMITED - OTHER | | | | | | | |
| | 13-TRAILING UNIT | | | 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | | | | | | | |
| | 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | | | 14-MILITARY VEHICLES ONLY | | | | | | | |
| | 15-NON-MOTORIST | | | 15-MOTOR VEHICLES WITHOUT AIR BRAKES | | | | | | | |
| | 99-OTHER / UNKNOWN | | | 16-OUTSIDE MIRROR | | | | | | | |
| | | | | 17-PROSTHETIC AID | | | | | | | |
| | | | | 18-OTHER | | | | | | | |
| SAFETY EQUIPMENT | EJECTION | OL ENDORSEMENT | CONDITION | DRUG TEST TYPE | | | | | | | |
| 1-NONE USED | 1-NOT EJECTED | H - HAZMAT | 1-APPARENTLY NORMAL | 1-NONE | | | | | | | |
| 2-SHOULDER BELT ONLY USED | 2-PARTIALLY EJECTED | M - MOTORCYCLE | 2-BLOOD | | | | | | | | |
| 3-LAP BELT ONLY USED | 3-TOTALLY EJECTED | P - PASSENGER | 3-URINE | | | | | | | | |
| 4-SHOULDER & LAP BELT USED | 4-NOT APPLICABLE | N - TANKER | 4-BREATH | | | | | | | | |
| 5-CHILD RESTRAINT SYSTEM - FORWARD FACING | | Q - MOTOR SCOOTER | 5-OTHER | | | | | | | | |
| 6-CHILD RESTRAINT SYSTEM - REAR FACING | | R - THREE-WHEEL MOTORCYCLE | | | | | | | | | |
| 7-BOOSTER SEAT | | S - SCHOOL BUS | | | | | | | | | |
| 8-HELMET USED | | T - DOUBLE & TRIPLE TRAILERS | | | | | | | | | |
| 9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | X - TANKER / HAZMAT | | | | | | | | | |
| 10-REFLECTIVE CLOTHING | | | | | | | | | | | |
| 11-LIGHTING - PEDESTRIAN / BICYCLE ONLY | | | | | | | | | | | |
| 99-OTHER / UNKNOWN | | | | | | | | | | | |
| | TRAPPED | | DRUG TEST RESULT(S) | | | | | | | | |
| | 1-NOT TRAPPED | | 1-AMPHETAMINES | | | | | | | | |
| | 2-EXTRICATED BY MECHANICAL MEANS | | 2-BARBITURATES | | | | | | | | |
| | 3-FREED BY NON-MECHANICAL MEANS | | 3-BENZODIAZEPINES | | | | | | | | |
| | | | 4-CANNABINOID | | | | | | | | |
| | | | 5-COCAIN | | | | | | | | |
| | | | 6-OPIATES / OPIOIDS | | | | | | | | |
| | | | 7-OTHER | | | | | | | | |
| | | | 8-NEGATIVE RESULTS | | | | | | | | |
| | GENDER | | | | | | | | | | |
| | F - FEMALE | | | | | | | | | | |
| | M - MALE | | | | | | | | | | |
| | U - OTHER / UNKNOWN | | | | | | | | | | |