

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

|   |  |  |  |   |            |  |  |   |  |   |  |  |  |  |  |
|---|--|--|--|---|------------|--|--|---|--|---|--|--|--|--|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH  |  | <input checked="" type="checkbox"/> OH-2<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> PRIVATE PROPERTY  |  | LOCAL INFORMATION<br>REPORTING AGENCY NAME*<br>Fairfield Police Department  |            | NCIC*<br>00901   |  | 2 2 0 3 3 8 3 1   |  |   |  |  |  |  |  |
| COUNTY*   | LOCALITY*                                      | LOCATION: CITY, VILLAGE, TOWNSHIP*   |  | CRASH DATE / TIME*  |            | CRASH SEVERITY   |  |   |  |   |  |  |  |  |  |
| 09  | 1  | City of Fairfield  |  | 05132022 1452   |            | 5  |  | 1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY  |  |   |  |  |  |  |  |
| ROUTE TYPE  | ROUTE NUMBER                                   | PREFIX   | LOCATION ROAD NAME   | ROAD TYPE   | LATITUDE   | DECIMAL DEGREES  |  |   |  |   |  |  |  |  |  |
| S R   | 4  |  |  |   | 39.334511  |  |  |   |  |   |  |  |  |  |  |
| ROUTE TYPE  | ROUTE NUMBER                                   | PREFIX   | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)  | ROAD TYPE   | LONGITUDE  | DECIMAL DEGREES  |  |   |  |   |  |  |  |  |  |
|   |  |  | 5425   |   | -84.525174 |  |  |   |  |   |  |  |  |  |  |
| REFERENCE POINT   | DIRECTION FROM REFERENCE                       | ROUTE TYPE   | ROAD TYPE  | INTERSECTION RELATED  |            |  |  |   |  |   |  |  |  |  |  |
| 1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #  | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | IR - INTERSTATE ROUTE(TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE   | AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>PL - PLACE | <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES   |            |  |  |   |  |   |  |  |  |  |  |
| DISTANCE FROM REFERENCE   | DISTANCE UNIT OF MEASURE                       |  |  | ROADWAY   |            |  |  |   |  |   |  |  |  |  |  |
|   | 1 - MILES<br>2 - FEET<br>3 - YARDS             |  |  | <input type="checkbox"/> ROADWAY DIVIDED  |            |  |  |   |  |   |  |  |  |  |  |
| LOCATION OF FIRST HARMFUL EVENT   |  | MANNER OF CRASH COLLISION/IMPACT   |  | DIRECTION OF TRAVEL   |            | MEDIAN TYPE  |  |   |  |   |  |  |  |  |  |
| 1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP  |  | 9 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12 - SHARED USE PATHS OR TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER / UNKNOWN   |  | 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN |            | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   |  | 1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (≥4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN |  |   |  |  |  |  |  |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE |  | WORK ZONE TYPE   |  | LOCATION OF CRASH IN WORK ZONE  |            | CONTOUR  |  | CONDITIONS  |  | SURFACE   |  |  |  |  |  |
|   |  | 1 - LANE CLOSURE<br>2 - LANE SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER   |  | 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA   |            | 1<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/UNKNOWN |  | 1<br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN                    |  | 2<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/UNKNOWN |  |  |  |  |  |
| LIGHT CONDITION   |  | WEATHER  |  |   |            |  |  |   |  |   |  |  |  |  |  |
| 1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN                               |  | 1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN |  |   |            |  |  |   |  |   |  |  |  |  |  |
| NARRATIVE   |  |  |  | On May 13, 2022 at approximately 2:52 P.M. Unit 1 was traveling north west on Dixie Hwy. and when near 5425 Dixie Hwy. failed to maintain an assured clear distance ahead and collided with Unit 2 which was slowing in traffic.      |            |  |  |   |  |   |  |  |  |  |  |
| CRASH REPORTED DATE / TIME<br>05132022 1452   |  |  |  | DISPATCH DATE / TIME<br>05132022 1454   |            |  |  | ARRIVAL DATE / TIME<br>05132022 1459  |  |   |  | SCENE CLEARED DATE / TIME<br>05132022 1548 |  |  |  |
| TOTAL TIME ROADWAY CLOSED   |  | OTHER INVESTIGATION TIME   |  | TOTAL MINUTES   |            | OFFICER'S NAME*  |  | CHECKED BY OFFICER'S NAME*  |  | REPORT TAKEN BY   |  |  |  |  |  |
|   |  |  |  | 69  |            | Z. Shust   |  | S. Shust  |  | <input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST  |  |  |  |  |  |
|   |  |  |  | 15  |            | OFFICER'S BADGE NUMBER*  |  | CHECKED BY OFFICER'S BADGE NUMBER*  |  | <input type="checkbox"/> SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DOPS)                                    |  |  |  |  |  |
|   |  |  |  | 146   |            | 146  |  | 87  |  |   |  |  |  |  |  |

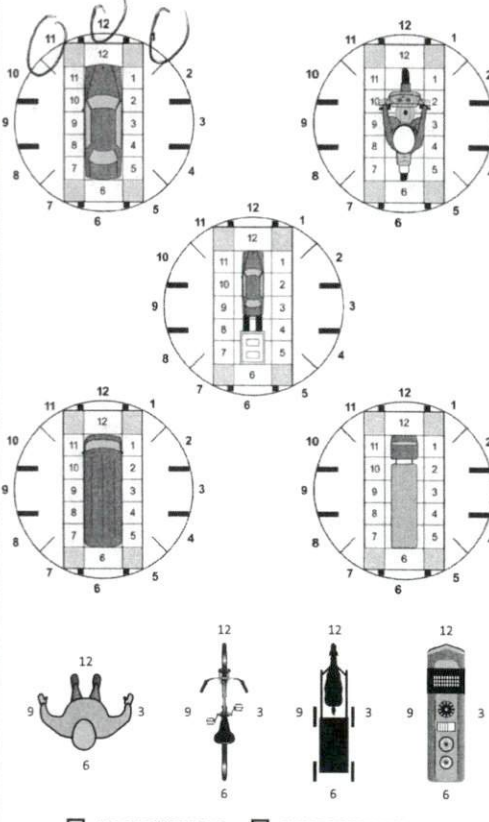


Indicate the north direction with an "N" on the compass diagram.

See OH-2

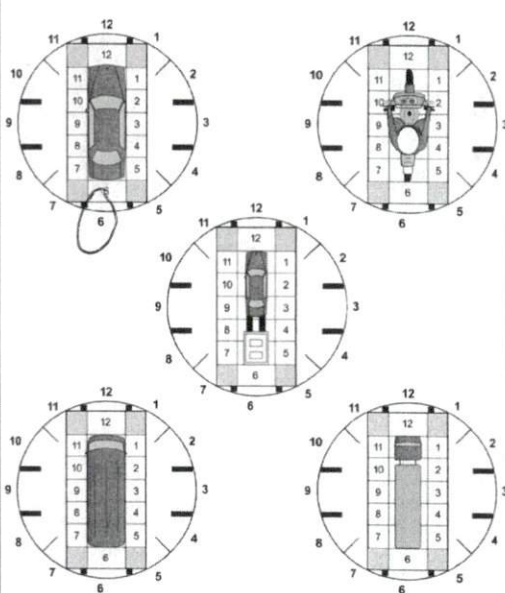
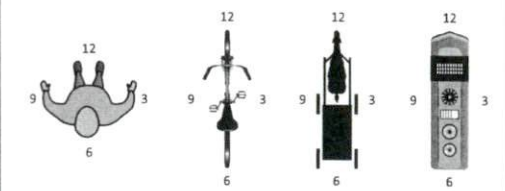


|   |  |  |  |   |                          |
|---|--|--|--|---|--------------------------|
| OWNER   | UNIT #<br>01   | OWNER NAME: LAST, FIRST, MIDDLE ( ) SAME AS DRIVER<br>Parker, Ronshea  | OWNER PHONE: INCLUDE AREA CODE ( ) SAME AS DRIVER  |   |                          |
|   | OWNER ADDRESS: STREET, CITY, STATE, ZIP ( ) SAME AS DRIVER<br>5385 Winneste Ave, Cincinnati, OH 45232  |  |  |   |                          |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                     |  | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE  |  |   |                          |
| VEHICLE   | LP STATE<br>OH   | LICENSE PLATE #<br>GQE 2854  | VEHICLE IDENTIFICATION #<br>5NPDH4AE0D1H308788   | VEHICLE YEAR<br>2013  | VEHICLE MAKE<br>Hyundai  |
|   | INSURANCE VERIFIED   | INSURANCE COMPANY  | INSURANCE POLICY #   | COLOR<br>Blue   | VEHICLE MODEL<br>Elantra |
|   | TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE  |  | US DOT #   | TOWED BY: COMPANY NAME  |                          |
|   | INTERLOCK DEVICE EQUIPPED  | HIT/SKIP UNIT  | #OCCUPANTS<br>01   | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD |                          |
|   | VEHICLE WEIGHT GVWR/GCWR<br>1 - <10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS.  |  |  |   |                          |
|   | UNIT TYPE<br>01<br>1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>6 - VAN (9-15 SEATS)   |  | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME<br>18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE<br>23 - PEDESTRIAN / SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP  |   |                          |
|   | # OF TRAILING UNITS<br>0   |  |  |   |                          |
|   | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>2 1 - YES 2 - NO 9 - OTHER / UNKNOWN  |  | AUTONOMOUS MODE LEVEL<br>0<br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN  |   |                          |
|   | SPECIAL FUNCTION<br>01<br>1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT/COMMUTER  |  | 6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER / UNKNOWN  |   |                          |
|   | CARGO BODY TYPE<br>01<br>1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS  |  | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER / UNKNOWN   |   |                          |
| VEHICLE DEFECTS<br>1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS |  | 4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER / UNKNOWN |  |   |                          |
| EVENT(S)  | NON-MOTORIST LOCATION AT IMPACT<br>1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION |  | 6 - BICYCLE LANE<br>7 - SHOULDER / ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER / UNKNOWN   |   |                          |
|   | ACTION<br>3<br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER / UNKNOWN   |  | 1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE<br>9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER / UNKNOWN |   |                          |
|   | CONTRIBUTING CIRCUMSTANCES<br>08<br>1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN  |  | 7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE / ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION   |   |                          |
|   | SEQUENCE OF EVENTS<br>1 2 0<br>1 - OVERTURN/ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT  |  | NON-COLLISION<br>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT  |   |                          |
|   | COLLISION WITH FIXED OBJECT - STRUCK<br>25 - IMPACT ATTENUATOR / CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE |  | 31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT / LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER / UNKNOWN                |   |                          |
|   | FIRST HARMFUL EVENT<br>1   |  | MOST HARMFUL EVENT<br>1  |   |                          |

|  |  |
|--|--|
| LOCAL REPORT NUMBER<br>2 2 0 3 3 8 3 1   |  |
| DAMAGE<br>DAMAGE SCALE<br>3 1 - NONE 3 - FUNCTIONAL DAMAGE<br>2 - MINOR DAMAGE 4 - DISABLING DAMAGE<br>9 - UNKNOWN   |  |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY<br><br><input type="checkbox"/> - NO DAMAGE [ 0 ] <input type="checkbox"/> - UNDERCARRIAGE [ 14 ]<br><input type="checkbox"/> - TOP [ 13 ] <input type="checkbox"/> - ALL AREAS [ 15 ]<br><input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ] |  |
| INITIAL POINT OF CONTACT<br>0 - NO DAMAGE 14 - UNDERCARRIAGE<br>1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE<br>13 - TOP 99 - UNKNOWN  |  |
| TRAFFICWAY FLOW<br>2 1 - ONE-WAY<br>2 - TWO-WAY  | TRAFFIC CONTROL<br>6 1 - ROUNDABOUT 4 - STOP SIGN<br>2 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD<br>4  | RAIL GRADE CROSSING<br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING     |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 7 TO 6<br>1 - NORTH 5 - NORTHEAST<br>2 - SOUTH 6 - NORTHWEST<br>3 - EAST 7 - SOUTHEAST<br>4 - WEST 8 - SOUTHWEST<br>9 - OTHER / UNKNOWN  |  |
| UNIT SPEED<br>2 0  | DETECTED SPEED<br>1 1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED                 |
| POSTED SPEED<br>3 5  |  |



|   |   |   |  |  |                          |
|---|---|---|--|--|--------------------------|
| OWNER   | UNIT #<br>02  | OWNER NAME: LAST, FIRST, MIDDLE ( ) SAME AS DRIVER<br>Hoskins, Courtney | OWNER PHONE: INCLUDE AREA CODE ( ) SAME AS DRIVER    |  |                          |
|   | OWNER ADDRESS: STREET, CITY, STATE, ZIP ( ) SAME AS DRIVER<br>1962 Patton Ave, Hamilton, OH 45015 |   |  |  |                          |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP           |   | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                             |  |  |                          |
| VEHICLE   | LP STATE<br>OH  | LICENSE PLATE #<br>JLK 7947   | VEHICLE IDENTIFICATION #<br>1C4NJPF0H0183764         | VEHICLE YEAR<br>2017   | VEHICLE MAKE<br>Jeep     |
|   | <input checked="" type="checkbox"/> INSURANCE VERIFIED  | INSURANCE COMPANY<br>Trexis   | INSURANCE POLICY #<br>11-34-016355023                | COLOR<br>Gray  | VEHICLE MODEL<br>Patriot |
|   | <input type="checkbox"/> COMMERCIAL   | <input type="checkbox"/> GOVERNMENT                                     | <input type="checkbox"/> IN EMERGENCY RESPONSE       | TOWED BY: COMPANY NAME   |                          |
|   | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED  | <input type="checkbox"/> HIT/SKIP UNIT                                  | #OCCUPANTS<br>01                                     | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED<br><input type="checkbox"/> PLACARD |                          |
|   | TYPE OF USE   |   | US DOT #   | VEHICLE WEIGHT GVWR/GCWR   |                          |
|   | <input type="checkbox"/> PASSENGER CAR  |   | 1 - <10K LBS.  | 18 - LIMO (LIVERY VEHICLE)   |                          |
|   | <input type="checkbox"/> PASSENGER VAN (MINIVAN)  |   | 2 - 10,001 - 26K LBS.                                | 19 - BUS (16+ PASSENGERS)  |                          |
|   | <input type="checkbox"/> SPORT UTILITY VEHICLE  |   | 3 - >26K LBS.  | 20 - OTHER VEHICLE   |                          |
|   | <input type="checkbox"/> PICK UP  |   |  | 21 - HEAVY EQUIPMENT   |                          |
|   | <input type="checkbox"/> CARGO VAN  |   |  | 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE   |                          |
| <input type="checkbox"/> VAN (9-15 SEATS)                     |   |   | 23 - PEDESTRIAN / SKATER                             |  |                          |
| UNIT TYPE<br>03   |   |   | 24 - WHEELCHAIR (ANY TYPE)                           |  |                          |
| 2 - PASSENGER VAN (MINIVAN)                                   |   |   | 25 - OTHER NON-MOTORIST                              |  |                          |
| 3 - SPORT UTILITY VEHICLE                                     |   |   | 26 - BICYCLE   |  |                          |
| 4 - PICK UP   |   |   | 27 - TRAIN   |  |                          |
| 5 - CARGO VAN   |   |   | 99 - UNKNOWN OR HIT/SKIP                             |  |                          |
| 6 - VAN (9-15 SEATS)  |   |   |  |  |                          |
| # OF TRAILING UNITS<br>0                                      |   |   |  |  |                          |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? |   | 0 - NO AUTOMATION   | 3 - CONDITIONAL AUTOMATION                           | 9 - UNKNOWN  |                          |
| 1 - YES 2 - NO 9 - OTHER / UNKNOWN                            |   | 1 - DRIVER ASSISTANCE   | 4 - HIGH AUTOMATION                                  |  |                          |
| AUTONOMOUS MODE LEVEL<br>0                                    |   | 2 - PARTIAL AUTOMATION  | 5 - FULL AUTOMATION                                  |  |                          |
| 1 - NONE  |   | 11 - FIRE   | 16 - FARM  | 21 - MAIL CARRIER  |                          |
| 2 - TAXI  |   | 12 - MILITARY   | 17 - MOWING  | 99 - OTHER / UNKNOWN   |                          |
| 3 - ELECTRONIC RIDE SHARING                                   |   | 13 - POLICE   | 18 - SNOW REMOVAL                                    |  |                          |
| 4 - SCHOOL TRANSPORT  |   | 14 - PUBLIC UTILITY   | 19 - TOWING  |  |                          |
| 5 - BUS - TRANSIT/COMMUTER                                    |   | 15 - CONSTRUCTION EQUIPMENT   | 20 - SAFETY SERVICE PATROL                           |  |                          |
| 1 - NO CARGO BODY TYPE / NOT APPLICABLE                       |   | 5 - INTERMODAL CONTAINER CHASSIS  | 8 - POLE   | 12 - CONCRETE MIXER  |                          |
| 2 - BUS   |   | 6 - CARGO VAN/ENCLOSED BOX  | 9 - CARGO TANK                                       | 13 - AUTO TRANSPORTER  |                          |
| CARGO BODY TYPE<br>01   |   | 7 - GRAIN/CHIPS/GRAVEL  | 10 - FLAT BED  | 14 - GARBAGE/REFUSE  |                          |
| 1 - TURN SIGNALS  |   | 8 - TRAILER EQUIPMENT DEFECTIVE   | 11 - DUMP  | 99 - OTHER / UNKNOWN   |                          |
| 2 - HEAD LAMPS  |   | 9 - MOTOR TROUBLE   |  |  |                          |
| 3 - TAIL LAMPS  |   | 10 - DISABLED FROM PRIOR ACCIDENT                                       |  |  |                          |
| VEHICLE DEFECTS   |   |   |  |  |                          |
| 1 - INTERSECTION - MARKED CROSSWALK                           |   | 3 - INTERSECTION - OTHER CROSSWALK                                      | 6 - BICYCLE LANE                                     | 9 - MEDIAN/CROSSING ISLAND   |                          |
| 2 - INTERSECTION - UNMARKED CROSSWALK                         |   | 4 - MIDBLOCK - MARKED CROSSWALK   | 7 - SHOULDER / ROADSIDE                              | 10 - DRIVEWAY ACCESS   |                          |
| 3 - TRAVEL LANE - OTHER LOCATION                              |   | 5 - TRAVEL LANE - OTHER LOCATION  | 8 - SIDEWALK   | 11 - SHARED USE PATHS OR TRAILS  |                          |
| 1 - NON-CONTACT   |   | 1 - STRAIGHT AHEAD  | 7 - MAKING U-TURN                                    | 13 - NEGOTIATING A CURVE   |                          |
| 2 - NON-COLLISION   |   | 2 - BACKING   | 8 - ENTERING TRAFFIC LANE                            | 14 - ENTERING OR CROSSING SPECIFIED LOCATION   |                          |
| 3 - STRIKING  |   | 3 - CHANGING LANES  | 9 - LEAVING TRAFFIC LANE                             | 15 - WALKING, RUNNING, JOGGING, PLAYING  |                          |
| 4 - STRUCK  |   | 4 - OVERTAKING/PASSING  | 10 - PARKED  | 16 - WORKING   |                          |
| 5 - BOTH STRIKING & STRUCK                                    |   | 5 - MAKING RIGHT TURN   | 11 - SLOWING OR STOPPED IN TRAFFIC                   | 17 - PUSHING VEHICLE   |                          |
| 9 - OTHER / UNKNOWN   |   | 6 - MAKING LEFT TURN  | 12 - DRIVERLESS                                      |  |                          |
| 1 - NONE  |   | 7 - LEFT OF CENTER  | 13 - IMPROPER START FROM A PARKED POSITION           | 21 - LYING IN ROADWAY  |                          |
| 2 - FAILURE TO YIELD  |   | 8 - FOLLOWING TOO CLOSE / ACDA  | 14 - STOPPED OR PARKED ILLEGALLY                     | 22 - NOT DISCERNIBLE   |                          |
| 3 - RAN RED LIGHT   |   | 9 - IMPROPER LANE CHANGE  | 15 - SWERVING TO AVOID                               | 23 - OPENING DOOR INTO ROADWAY   |                          |
| 4 - RAN STOP SIGN   |   | 10 - IMPROPER PASSING   | 16 - WRONG WAY                                       | 99 - OTHER IMPROPER ACTION   |                          |
| 5 - UNSAFE SPEED  |   | 11 - DROVE OFF ROAD   |  |  |                          |
| 6 - IMPROPER TURN   |   | 12 - IMPROPER BACKING   |  |  |                          |
| CONTRIBUTING CIRCUMSTANCES<br>01                              |   |   |  |  |                          |
| SEQUENCE OF EVENTS  |   | NON-COLLISION   |  |  |                          |
| 1 - OVERTURN/ROLLOVER   |   | 6 - EQUIPMENT FAILURE   | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL | 16 - RAILWAY VEHICLE   |                          |
| 2 - FIRE/EXPLOSION  |   | 7 - SEPARATION OF UNITS   | 12 - DOWNHILL RUNAWAY                                | 17 - ANIMAL - FARM   |                          |
| 3 - IMMERSION   |   | 8 - RAN OFF ROAD RIGHT  | 13 - OTHER NON-COLLISION                             | 18 - ANIMAL - DEER   |                          |
| 4 - JACKKNIFE   |   | 9 - RAN OFF ROAD LEFT   | 14 - PEDESTRIAN                                      | 19 - ANIMAL - OTHER  |                          |
| 5 - CARGO / EQUIPMENT LOSS OR SHIFT                           |   | 10 - CROSS MEDIAN   | 15 - PEDALCYCLE                                      | 20 - MOTOR VEHICLE IN TRANSPORT  |                          |
|   |   |   | 21 - PARKED MOTOR VEHICLE                            |  |                          |
|   |   | COLLISION WITH FIXED OBJECT - STRUCK                                    |  |  |                          |
| 25 - IMPACT ATTENUATOR / CRASH CUSHION                        |   | 31 - GUARDRAIL END  | 37 - TRAFFIC SIGN POST                               | 43 - CURB  |                          |
| 26 - BRIDGE OVERHEAD STRUCTURE                                |   | 32 - PORTABLE BARRIER   | 38 - OVERHEAD SIGN POST                              | 44 - DITCH   |                          |
| 27 - BRIDGE PIER OR ABUTMENT                                  |   | 33 - MEDIAN CABLE BARRIER   | 39 - LIGHT / LUMINARIES SUPPORT                      | 45 - EMBANKMENT  |                          |
| 28 - BRIDGE PARAPET   |   | 34 - MEDIAN GUARDRAIL BARRIER   | 40 - UTILITY POLE                                    | 46 - FENCE   |                          |
| 29 - BRIDGE RAIL  |   | 35 - MEDIAN CONCRETE BARRIER  | 41 - OTHER POST, POLE OR SUPPORT                     | 47 - MAILBOX   |                          |
| 30 - GUARDRAIL FACE   |   | 36 - MEDIAN OTHER BARRIER   | 42 - CURVE   | 48 - TREE  |                          |
|   |   |   |  | 49 - FIRE HYDRANT  |                          |
| 51 - WALL   |   |   |  | 50 - WORK ZONE MAINTENANCE EQUIPMENT   |                          |
| 52 - BUILDING   |   |   |  | 51 - WALL  |                          |
| 53 - TUNNEL   |   |   |  | 52 - BUILDING  |                          |
| 54 - OTHER FIXED OBJECT                                       |   |   |  | 53 - TUNNEL  |                          |
| 99 - OTHER / UNKNOWN  |   |   |  | 54 - OTHER FIXED OBJECT  |                          |
|   |   |   |  | 99 - OTHER / UNKNOWN   |                          |
| FIRST HARMFUL EVENT   |   | MOST HARMFUL EVENT  |  |  |                          |

|  |                               |
|--|-------------------------------|
| LOCAL REPORT NUMBER<br>2 2 0 3 3 8 3 1   |                               |
| DAMAGE SCALE   |                               |
| 1 - NONE 3 - FUNCTIONAL DAMAGE   |                               |
| 2 - MINOR DAMAGE 4 - DISABLING DAMAGE  |                               |
| 9 - UNKNOWN  |                               |
| DAMAGED AREA(S)<br>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 DIAGRAM 15 - VEHICLE NOT AT SCENE                                 |                               |
| 13 - TOP 99 - UNKNOWN  |                               |
| TRAFFIC  |                               |
| TRAFFICWAY FLOW  | TRAFFIC CONTROL               |
| 1 - ONE-WAY  | 1 - ROUNDABOUT 4 - STOP SIGN  |
| 2 - TWO-WAY  | 2 - SIGNAL 5 - YIELD SIGN     |
|  | 3 - FLASHER 6 - NO CONTROL    |
| # OF THROUGH LANES ON ROAD   | RAIL GRADE CROSSING           |
| 4  | 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  |                               |
| UNIT SPEED   | DETECTED SPEED                |
| 5  | 1 - STATED / ESTIMATED SPEED  |
|  | 2 - CALCULATED / EDR          |
|  | 3 - UNDETERMINED              |
| POSTED SPEED   |                               |
| 3 5  |                               |





# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 2 0 3 3 8 3 1

|   |  |                                   |   |  |  |                         |  |               |  |  |
|---|--|-----------------------------------|---|--|--|-------------------------|--|---------------|--|--|
| UNIT #<br>0 1   | NAME: LAST, FIRST, MIDDLE<br>Kelly, Jaylen | DATE OF BIRTH<br>1 0 0 6 2 0 0 1  |   | AGE<br>2 0   | GENDER<br>M                                      |                         |  |               |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>2911 Ashland Ave, Cincinnati, OH 45206 |  | CONTACT PHONE - INCLUDE AREA CODE |   |  |  |                         |  |               |  |  |
| INJURIES<br>5   | INJURED TAKEN BY                           | EMS AGENCY (NAME)                 | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0 4   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 1 | AIR BAG USAGE<br>1                       | EJECTION<br>1 | TRAPPED<br>1   |  |
| OL STATE<br>O H   | OPERATOR LICENSE NUMBER                    |                                   | OFFENSE CHARGED<br>333.03a                      | LOCAL CODE<br><input checked="" type="checkbox"/>  | OFFENSE DESCRIPTION<br>ACDA                      |                         | CITATION NUMBER<br>250120                |               |  |  |
| OL CLASS<br>4   | ENDORSEMENT<br>SELECT UP TO 2              | RESTRICTION SELECT UP TO 3        | DRIVER DISTRACTED BY<br>1                       | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | CONDITION<br>1          | ALCOHOL TEST<br>STATUS TYPE VALUE<br>1 1 |               | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4<br>1 1 |  |

|   |  |                                   |   |  |  |                         |  |               |  |  |
|---|--|-----------------------------------|---|--|--|-------------------------|--|---------------|--|--|
| UNIT #<br>0 2   | NAME: LAST, FIRST, MIDDLE<br>German, Enyer | DATE OF BIRTH<br>1 0 0 1 1 9 9 8  |   | AGE<br>2 3   | GENDER<br>M                                      |                         |  |               |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>70 Lilliedale Ln, Hamilton, OH 45015 |  | CONTACT PHONE - INCLUDE AREA CODE |   |  |  |                         |  |               |  |  |
| INJURIES<br>5   | INJURED TAKEN BY                           | EMS AGENCY (NAME)                 | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0 4   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 1 | AIR BAG USAGE<br>1                       | EJECTION<br>1 | TRAPPED<br>1   |  |
| OL STATE<br>O H   | OPERATOR LICENSE NUMBER                    |                                   | OFFENSE CHARGED<br>335.07a                      | LOCAL CODE<br><input checked="" type="checkbox"/>  | OFFENSE DESCRIPTION<br>Driving Under Suspensio   |                         | CITATION NUMBER<br>250121                |               |  |  |
| OL CLASS<br>6   | ENDORSEMENT<br>SELECT UP TO 2              | RESTRICTION SELECT UP TO 3        | DRIVER DISTRACTED BY<br>1                       | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | CONDITION<br>1          | ALCOHOL TEST<br>STATUS TYPE VALUE<br>1 1 |               | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4<br>1 1 |  |

|                                   |                               |                                   |   |  |  |                  |                                   |          |   |  |
|-----------------------------------|-------------------------------|-----------------------------------|---|--|--|------------------|-----------------------------------|----------|---|--|
| UNIT #                            | NAME: LAST, FIRST, MIDDLE     | DATE OF BIRTH                     |   | AGE<br>0   | GENDER   |                  |                                   |          |   |  |
| ADDRESS: STREET, CITY, STATE, ZIP |                               | CONTACT PHONE - INCLUDE AREA CODE |   |  |  |                  |                                   |          |   |  |
| INJURIES                          | INJURED TAKEN BY              | EMS AGENCY (NAME)                 | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE                     | EJECTION | TRAPPED   |  |
| OL STATE                          | OPERATOR LICENSE NUMBER       |                                   | OFFENSE CHARGED                                 | LOCAL CODE<br><input type="checkbox"/>   | OFFENSE DESCRIPTION                              |                  | CITATION NUMBER                   |          |   |  |
| OL CLASS                          | ENDORSEMENT<br>SELECT UP TO 2 | RESTRICTION SELECT UP TO 3        | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | CONDITION        | ALCOHOL TEST<br>STATUS TYPE VALUE |          | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4 |  |

|   |  |  |   |   |   |  |
|---|--|--|---|---|---|--|
| <b>INJURIES</b><br>1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY   | <b>SEATING POSITION</b><br>1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN | <b>AIR BAG</b><br>1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT / SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN  | <b>OL CLASS</b><br>1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO = D)<br>5 - M/C MOPED ONLY<br>6 - NO VALID OL | <b>OL RESTRICTION(S)</b><br>1 - ALCOHOL INTERLOCK DEVICE<br>2 - CDL INTRASTATE ONLY<br>3 - CORRECTIVE LENSES<br>4 - FARM WAIVER<br>5 - EXCEPT CLASS A BUS<br>6 - EXCEPT CLASS A & CLASS B BUS<br>7 - EXCEPT TRACTOR-TRAILER<br>8 - INTERMEDIATE LICENSE RESTRICTIONS<br>9 - LEARNER'S PERMIT RESTRICTIONS<br>10 - LIMITED TO DAYLIGHT ONLY<br>11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED - OTHER<br>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)<br>14 - MILITARY VEHICLES ONLY<br>15 - MOTOR VEHICLES WITHOUT AIR BRAKES<br>16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID<br>18 - OTHER | <b>DRIVER DISTRACTION</b><br>1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)<br>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE<br>9 - OTHER / UNKNOWN | <b>TEST STATUS</b><br>1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN             |
| <b>INJURED TAKEN BY</b><br>1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN   | <b>EJECTION</b><br>1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE   | <b>OL ENDORSEMENT</b><br>H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL MOTORCYCLE<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT | <b>TRAPPED</b><br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS                          | <b>GENDER</b><br>F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN  | <b>ALCOHOL TEST TYPE</b><br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER   | <b>DRUG TEST TYPE</b><br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER   |
| <b>SAFETY EQUIPMENT</b><br>1 - NONE USED<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN | <b>CONDITION</b><br>1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9 - OTHER / UNKNOWN  |  |   |   |   | <b>DRUG TEST RESULT(S)</b><br>1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOIDS<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS |

|                           |           |                      |                             |                  |         |
|---------------------------|-----------|----------------------|-----------------------------|------------------|---------|
| LOCAL<br>REPORT<br>NUMBER | 22-033831 | REPORTING<br>AGENCY  | Fairfield Police Department | DATE OF ACCIDENT | 5/13/22 |
| IN COUNTY OF              | Butler    | ACCIDENT<br>LOCATION | 5425 Dixie Hwy.             |                  |         |

\* Not to Scale

5452

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|                     |          |          |     |
|---------------------|----------|----------|-----|
| OFFICER'S SIGNATURE | Z. Shust | BADGE NO | 146 |
|---------------------|----------|----------|-----|