

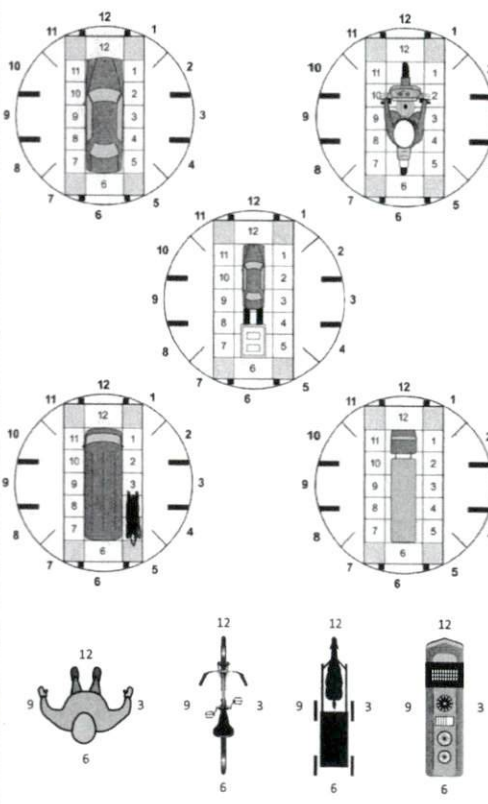


*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

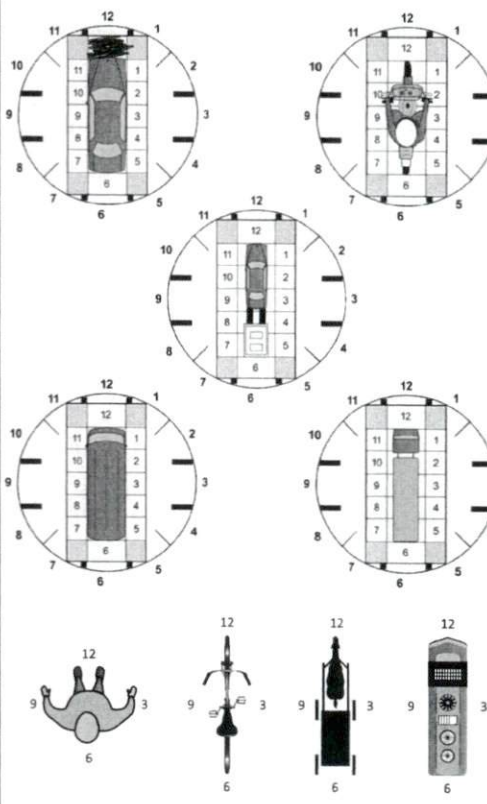
LOCAL REPORT NUMBER*

HSY7001 OH1 1/19 [760-0820]

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)		
	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE				
VEHICLE	LP STATE OH	LICENSE PLATE # GPB3862	VEHICLE IDENTIFICATION # 5FNRL1181604B1003632	VEHICLE YEAR 2004	VEHICLE MAKE HONDA
	INSURANCE VERIFIED X	INSURANCE COMPANY STATEFARM	INSURANCE POLICY # D379158F0735	COLOR GOLD	VEHICLE MODEL ODYSSEY
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		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"/> PLACARD CLASS # PLACARD ID #	
	#OCCUPANTS 02				
EVENT(S)	UNIT TYPE 02				
	# OF TRAILING UNITS 0				
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN 0 AUTONOMOUS MODE LEVEL				
	SPECIAL FUNCTION 01				
	CARGO BODY TYPE 01				
EVENT(S)	VEHICLE DEFECTS				
	NON-MOTORIST LOCATION AT IMPACT				
	ACTION 04				
	CONTRIBUTING CIRCUMSTANCES 02				
	SEQUENCE OF EVENTS				
NON-COLLISION					
COLLISION WITH FIXED OBJECT - STRUCK					
FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1					

LOCAL REPORT NUMBER 22035190	
DAMAGE DAMAGE SCALE 3 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 DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 2 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 4	RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM 5 TO 7 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 15	DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 35	

OWNER	UNIT # 02	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE OH	LICENSE PLATE # EF20JA	VEHICLE IDENTIFICATION # 1HGCR3F1911HA040072	VEHICLE YEAR 2017	VEHICLE MAKE HONDA
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY CINCINNATI INSURAN	INSURANCE POLICY # A010711225	COLOR GRAY	VEHICLE MODEL ACCORD
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 01	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
	TYPE OF USE		TOWED BY: COMPANY NAME		
	<input type="checkbox"/> PASSENGER CAR		HAZARDOUS MATERIAL		
	<input type="checkbox"/> PASSENGER VAN (MINIVAN)		<input type="checkbox"/> MATERIAL RELEASED		
	<input type="checkbox"/> SPORT UTILITY VEHICLE		<input type="checkbox"/> PLACARD		
	<input type="checkbox"/> PICK UP		CLASS # PLACARD ID #		
	<input type="checkbox"/> CARGO VAN				
<input type="checkbox"/> VAN (9-15 SEATS)					
# OF TRAILING UNITS 0					
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		AUTONOMOUS MODE LEVEL			
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			
SPECIAL FUNCTION					
1 - NONE		6 - BUS - CHARTER/TOUR			
2 - TAXI		7 - BUS - INTERCITY			
3 - ELECTRONIC RIDE SHARING		8 - BUS - SHUTTLE			
4 - SCHOOL TRANSPORT		9 - BUS - OTHER			
5 - BUS - TRANSIT/COMMUTER		10 - AMBULANCE			
CARGO BODY TYPE					
1 - NO CARGO BODY TYPE / NOT APPLICABLE		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE			
2 - BUS		4 - LOGGING			
VEHICLE DEFECTS					
1 - TURN SIGNALS		4 - BRAKES			
2 - HEAD LAMPS		5 - STEERING			
3 - TAIL LAMPS		6 - TIRE BLOWOUT			
NON-MOTORIST LOCATION AT IMPACT					
1 - INTERSECTION - MARKED CROSSWALK		3 - INTERSECTION - OTHER			
2 - INTERSECTION - UNMARKED CROSSWALK		4 - MIDBLOCK - MARKED CROSSWALK			
3 - TRAVEL LANE - OTHER LOCATION		5 - SIDEWALK			
ACTION					
1 - NON-CONTACT		1 - STRAIGHT AHEAD			
2 - NON-COLLISION		2 - BACKING			
3 - STRIKING		3 - CHANGING LANES			
4 - STRUCK		4 - OVERTAKING/PASSING			
5 - BOTH STRIKING & STRUCK		5 - MAKING RIGHT TURN			
9 - OTHER / UNKNOWN		6 - MAKING LEFT TURN			
CONTRIBUTING CIRCUMSTANCES					
1 - NONE		7 - LEFT OF CENTER			
2 - FAILURE TO YIELD		8 - FOLLOWING TOO CLOSE / ACDA			
3 - RAN RED LIGHT		9 - IMPROPER LANE CHANGE			
4 - RAN STOP SIGN		10 - IMPROPER PASSING			
5 - UNSAFE SPEED		11 - DROVE OFF ROAD			
6 - IMPROPER TURN		12 - IMPROPER BACKING			
SEQUENCE OF EVENTS					
1 - OVERTURN/ROLLOVER		6 - EQUIPMENT FAILURE			
2 - FIRE/EXPLOSION		7 - SEPARATION OF UNITS			
3 - IMMERSION		8 - RAN OFF ROAD RIGHT			
4 - JACKKNIFE		9 - RAN OFF ROAD LEFT			
5 - CARGO / EQUIPMENT LOSS OR SHIFT		10 - CROSS MEDIAN			
NON-COLLISION					
11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL		16 - RAILWAY VEHICLE			
12 - DOWNHILL RUNAWAY		17 - ANIMAL - FARM			
13 - OTHER NON-COLLISION		18 - ANIMAL - DEER			
14 - PEDESTRIAN		19 - ANIMAL - OTHER			
15 - PEDALCYCLE		20 - MOTOR VEHICLE IN TRANSPORT			
COLLISION WITH FIXED OBJECT - STRUCK					
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			
25 - IMPACT ATTENUATOR / CRASH CUSHION		31 - GUARDRAIL END			
26 - BRIDGE OVERHEAD STRUCTURE		32 - PORTABLE BARRIER			
27 - BRIDGE PIER OR ABUTMENT		33 - MEDIAN CABLE BARRIER			
28 - BRIDGE PARAPET		34 - MEDIAN GUARDRAIL BARRIER			
29 - BRIDGE RAIL		35 - MEDIAN CONCRETE BARRIER			
30 - GUARDRAIL FACE		36 - MEDIAN OTHER BARRIER			
37 - TRAFFIC SIGN POST		43 - CURB			
38 - OVERHEAD SIGN POST		44 - DITCH			
39 - LIGHT / LUMINARIES SUPPORT		45 - EMBANKMENT			
40 - UTILITY POLE		46 - FENCE			
41 - OTHER POST, POLE OR SUPPORT		47 - MAILBOX			
42 - CULVERT		48 - TREE			
49 - FIRE HYDRANT		50 - WORK ZONE MAINTENANCE EQUIPMENT			
51 - WALL		52 - BUILDING			
53 - TUNNEL		54 - OTHER FIXED OBJECT			
55 - OTHER / UNKNOWN		56 - OTHER / UNKNOWN			
FIRST HARMFUL EVENT		MOST HARMFUL EVENT			

LOCAL REPORT NUMBER 22035190	
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 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
35	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED
POSTED SPEED	
35	



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2 2 0 3 5 1 9 0

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
0 1	SINGH, JAGJEET	0 6 0 2 1 9 7 9	4 2	M
ADDRESS: STREET, CITY, STATE, ZIP 3953 CHERRY BROOK LN, MASON, OHIO, 45040		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
OL STATE O H	OPERATOR LICENSE NUMBER	OFFENSE CHARGED 331.17A	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION FAIL TO YEILD TURN LEFT
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		ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4
1		1 1		1 1
UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
0 2	MILLER, MARY, CATHERINE	0 3 1 1 1 9 5 6	6 6	M
ADDRESS: STREET, CITY, STATE, ZIP 3711 MACK ROAD APT B1, FAIRFIELD, OHIO, 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
OL STATE O H	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION
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		ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4
1		1 1		1 1
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
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION
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 TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4
INJURIES				
1 - FATAL				
2 - SUSPECTED SERIOUS INJURY				
3 - SUSPECTED MINOR INJURY				
4 - POSSIBLE INJURY				
5 - NO APPARENT INJURY				
INJURED TAKEN BY				
1 - NOT TRANSPORTED / TREATED AT SCENE				
2 - EMS				
3 - POLICE				
9 - OTHER / UNKNOWN				
SAFETY EQUIPMENT				
1 - NONE USED				
2 - SHOULDER BELT ONLY USED				
3 - LAP BELT ONLY USED				
4 - SHOULDER & LAP BELT USED				
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING				
6 - CHILD RESTRAINT SYSTEM - REAR FACING				
7 - BOOSTER SEAT				
8 - HELMET USED				
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)				
10 - REFLECTIVE CLOTHING				
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY				
99 - OTHER / UNKNOWN				
SEATING POSITION				
1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)				
2 - FRONT - MIDDLE				
3 - FRONT - RIGHT SIDE				
4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)				
5 - SECOND - MIDDLE				
6 - SECOND - RIGHT SIDE				
7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)				
8 - THIRD - MIDDLE				
9 - THIRD - RIGHT SIDE				
10 - SLEEPER SECTION OF TRUCK CAB				
11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)				
12 - PASSENGER IN UNENCLOSED CARGO AREA				
13 - TRAILING UNIT				
14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				
15 - NON-MOTORIST				
99 - OTHER / UNKNOWN				
AIR BAG				
1 - NOT DEPLOYED				
2 - DEPLOYED FRONT				
3 - DEPLOYED SIDE				
4 - DEPLOYED BOTH FRONT / SIDE				
5 - NOT APPLICABLE				
9 - DEPLOYMENT UNKNOWN				
EJECTION				
1 - NOT EJECTED				
2 - PARTIALLY EJECTED				
3 - TOTALLY EJECTED				
4 - NOT APPLICABLE				
TRAPPED				
1 - NOT TRAPPED				
2 - EXTRICATED BY MECHANICAL MEANS				
3 - FREED BY NON-MECHANICAL MEANS				
OL CLASS				
1 - CLASS A				
2 - CLASS B				
3 - CLASS C				
4 - REGULAR CLASS (OHIO = D)				
5 - M/C MOPED ONLY				
6 - NO VALID OL				
OL RESTRICTION(S)				
1 - ALCOHOL INTERLOCK DEVICE				
2 - CDL INTRASTATE ONLY				
3 - CORRECTIVE LENSES				
4 - FARM WAIVER				
5 - EXCEPT CLASS A & CLASS B BUS				
6 - EXCEPT CLASS A & CLASS B BUS				
7 - EXCEPT TRACTOR-TRAILER				
8 - INTERMEDIATE LICENSE RESTRICTIONS				
9 - LEARNER'S PERMIT RESTRICTIONS				
10 - LIMITED TO DAYLIGHT ONLY				
11 - LIMITED TO EMPLOYMENT				
12 - LIMITED - OTHER				
13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)				
14 - MILITARY VEHICLES ONLY				
15 - MOTOR VEHICLES WITHOUT AIR BRAKES				
16 - OUTSIDE MIRROR				
17 - PROSTHETIC AID				
18 - OTHER				
DRIVER DISTRACTION				
1 - NOT DISTRACTED				
2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)				
3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE				
4 - TALKING ON HAND-HELD COMMUNICATION DEVICE				
5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE				
6 - PASSENGER				
7 - OTHER DISTRACTION INSIDE THE VEHICLE				
8 - OTHER DISTRACTION OUTSIDE THE VEHICLE				
9 - OTHER / UNKNOWN				
TEST STATUS				
1 - NONE GIVEN				
2 - TEST REFUSED				
3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
4 - TEST GIVEN, RESULTS KNOWN				
5 - TEST GIVEN, RESULTS UNKNOWN				
ALCOHOL TEST TYPE				
1 - NONE				
2 - BLOOD				
3 - URINE				
4 - BREATH				
5 - OTHER				
DRUG TEST TYPE				
1 - NONE				
2 - BLOOD				
3 - URINE				
4 - OTHER				
CONDITION				
1 - APPARENTLY NORMAL				
2 - PHYSICAL IMPAIRMENT				
3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)				
4 - ILLNESS				
5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.				
6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL				
9 - OTHER / UNKNOWN				
DRUG TEST RESULT(S)				
1 - AMPHETAMINES				
2 - BARBITURATES				
3 - BENZODIAZEPINES				
4 - CANNABINOIDS				
5 - COCAINE				
6 - OPIATES / OPIOIDS				
7 - OTHER				
8 - NEGATIVE RESULTS				

HSY 8355 OH1P 1/19 [760-1500]

LOCAL REPORT NUMBER

PD-22-035190

REPORTING AGENCY

FAIRFIELD P.D.

DATE OF CRASH

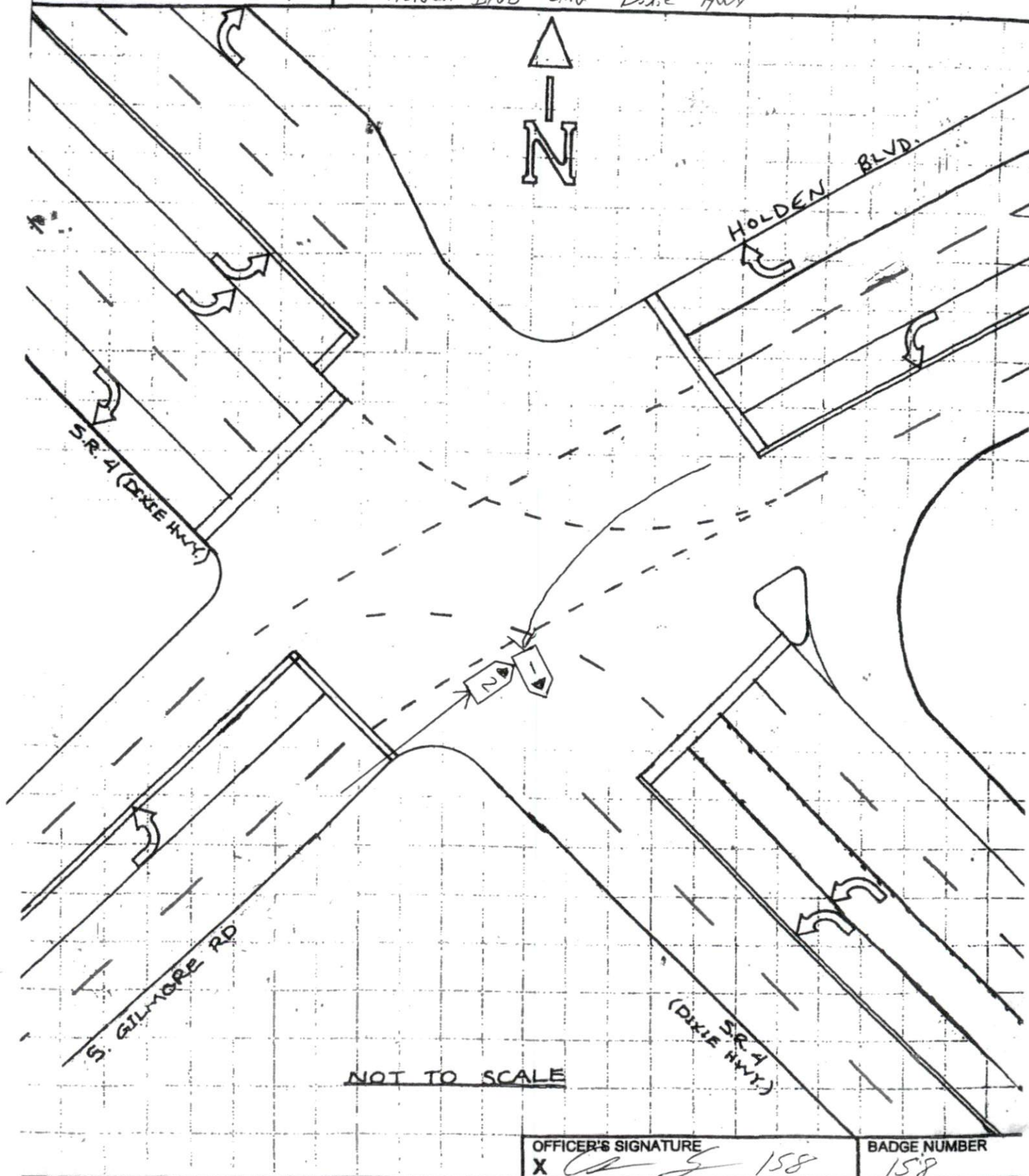
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IN COUNTY OF

BUTLER

CRASH LOCATION

Holden Blvd and Dixie Hwy



NOT TO SCALE

OFFICER'S SIGNATURE

X [Signature] 158

BADGE NUMBER

158