



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* Fairfield Police Department | | NCIC* 00901 | | | | |
| | | | | HIT/SKIP 2 1-SOLVED 2 2-UNRESOLVED | NUMBER OF UNITS 0 1 | UNIT IN ERROR 0 1 98-ANIMAL 99-UNKNOWN | | |
| COUNTY* 0 9 | LOCALITY* 1-CITY 1 2-VILLAGE 3-TOWNSHIP | LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield | | CRASH DATE / TIME* 0 6 0 4 2 0 2 2 0 3 1 4 | | CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY | | |
| REFERENCE LOCATION | ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST | LOCATION ROAD NAME WINTON | | ROAD TYPE R D | LATITUDE DECIMAL DEGREES 3 9 3 1 4 6 0 2 | | | |
| REFERENCE ROUTE | ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) MACK | | ROAD TYPE R D | LONGITUDE DECIMAL DEGREES -8 4 5 4 1 7 1 0 | | | |
| REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE # | DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-WEST | ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE | ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS | ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE | INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA | | | |
| DISTANCE FROM REFERENCE 2 0 | DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS | | | | NUMBER OF APPROACHES 3 | | | |
| ROADWAY | | | | ROADWAY DIVIDED | | | | |
| LOCATION OF FIRST HARMFUL EVENT 0 2 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 | | MANNER OF CRASH COLLISION/IMPACT 1 1-NOT COLLISION 2-BETWEEN 3-TWO MOTOR VEHICLES IN 4-TRANSPORT 2-REAR-END 3-HEAD-ON | | DIRECTION OF TRAVEL 1-NORTH 2-SOUTH 3-EAST 4-WEST | | MEDIAN TYPE 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 | | |
| WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE | | WORK ZONE TYPE 1-LANE CLOSURE 2-LANE SHIFT/CROSSOVER 3-WORK ON SHOULDER OR MEDIAN 4-INTERMITTENT OR MOVING WORK 5-OTHER | | LOCATION OF CRASH IN WORK ZONE 1-BEFORE THE 1ST WORK ZONE 2-ADVANCE WARNING SIGN 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA | | CONTOUR 1 1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-OTHER/UNKNOWN | CONDITIONS 1 1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN | SURFACE 2 1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN |
| LIGHT CONDITION 3 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN | | WEATHER 0 1 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL | | | | | | |
| NARRATIVE ON 6/4/22 AT AROUND 3:14 A.M., UNIT 1 WAS TRAVELING WEST BOUND ON MACK RD TOWARDS WINTON RD. UNIT 1 THEN MADE A LEFT TURN TO GO SOUTH BOUND ON WINTON RD AND WHILE DOING SO, FAILED TO CONTROL THEIR VEHICLE AND DROVE OFF THE RIGHT SIDE OF THE ROADWAY BEFORE STRIKING THE GUARDRAIL. THE OPERATOR AND FRONT SEAT PASSENGER OF THE VEHICLE THEN FLED ON FOOT AND DID NOT REPORT THE ACCIDENT. | | | | | | | Indicate the north direction with an "N" on the compass diagram. | |
| THE GUARDRAIL BELONGS TO THE CITY OF FAIRFIELD (5350 PLEASANT AVENUE FAIRFIELD, OHIO 45014 | | | | | | SEE OH-2 | | |
| CRASH REPORTED DATE / TIME 0 6 0 4 2 0 2 2 0 3 1 4 | | DISPATCH DATE / TIME 0 6 0 4 2 0 2 2 0 3 1 5 | | ARRIVAL DATE / TIME 0 6 0 4 2 0 2 2 0 3 1 7 | | SCENE CLEARED DATE / TIME 0 6 0 4 2 0 2 2 0 4 0 1 | | |
| REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OGPS) | | TOTAL TIME ROADWAY CLOSED 4 7 | | TOTAL MINUTES 4 6 | | OFFICER'S NAME* A. MCGUFFEY OFFICER'S BADGE NUMBER* 1 7 2 | | |
| | | | | | | CHECKED BY OFFICER'S NAME* D. Pohl CHECKED BY OFFICER'S BADGE NUMBER* 3 0 | | |

OWNER

UNIT # 0_1 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)
BROWN, CHRISTY, E

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
996 GORDON SMITH BLVD APT 11

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE O_H LICENSE PLATE # JSN1739 VEHICLE IDENTIFICATION # 5FNYF18576B024099 VEHICLE YEAR 2006 VEHICLE MAKE HONDA
 INSURANCE VERIFIED INSURANCE COMPANY INSURANCE POLICY # COLOR GREEN VEHICLE MODEL PILOT

TYPE OF USE COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE
 INTERLOCK EQUIPPED HIT/SKIP UNIT # OCCUPANTS 0_2 US DOT # TOWED BY: COMPANY NAME WAYNES
 VEHICLE WEIGHT GVWR/GCWR
 1 - <10K LBS.
 2 - 10,001 - 26K LBS.
 3 - >26K LBS.

UNIT TYPE 0_3
 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

0 # OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?
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

SPECIAL FUNCTION 0_1
 1 - NONE
 2 - TAXI
 3 - ELECTRONIC RIDE SHARING
 4 - SCHOOL TRANSPORT
 5 - BUS - TRANSIT/COMMUTER
 6 - BUS - CHARTER/TOUR
 7 - BUS - INTERCITY
 8 - BUS - SHUTTLE
 9 - BUS - OTHER
 10 - AMBULANCE
 11 - FIRE
 12 - MILITARY
 13 - POLICE
 14 - PUBLIC UTILITY
 15 - CONSTRUCTION EQUIPMENT
 16 - FARM
 17 - MOWING
 18 - SNOW REMOVAL
 19 - TOWING
 20 - SAFETY SERVICE PATROL

CARGO BODY TYPE 0_1
 1 - NO CARGO BODY TYPE / NOT APPLICABLE
 2 - BUS
 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE
 4 - LOGGING
 5 - CARGO VAN/ENCLOSED BOX
 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
 15 - OTHER/UNKNOWN

VEHICLE DEFECTS
 1 - TURN SIGNALS
 2 - HEAD LAMPS
 3 - TAIL LAMPS
 4 - BRAKES
 5 - STEERING
 6 - TIRES
 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
 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
 13 - STANDING
 14 - APPROACHING OR LEAVING VEHICLE
 15 - WALKING, RUNNING, JOGGING, PLAYING
 16 - WORKING
 17 - PUSHING VEHICLE
 18 - APPROACHING
 19 - STANDING
 20 - OTHER NON-MOTORIST
 21 - STANDING OUTSIDE DISABLED VEHICLE
 22 - OTHER/UNKNOWN

ACTION 3 PRE-CRASH ACTIONS
 1 - NON-CONTACT
 2 - NON-COLLISION
 3 - STRIKING 0_6
 4 - STRIKING & CRASH
 5 - BOTH STRIKING & CRASH
 6 - CRASH
 7 - STRIKING
 8 - BACKING
 9 - CHANGING LANES
 10 - OVERTAKING/PASSING
 11 - MAKING RIGHT TURN
 12 - MAKING LEFT TURN
 13 - MAKING U-TURN
 14 - ENTERING TRAFFIC LANE
 15 - LEAVING TRAFFIC LANE
 16 - PARKED
 17 - SLOWING OR STOPPED IN TRAFFIC
 18 - DRIVING
 19 - DRIVING
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 99 - DRIVING

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
 24 - OTHER IMPROPER ACTION
 25 - APPROACHING OR LEAVING VEHICLE
 26 - ENTERING OR CROSSING SPECIFIED LOCATION
 27 - STANDING
 28 - OTHER NON-MOTORIST
 29 - STANDING OUTSIDE DISABLED VEHICLE
 30 - OTHER/UNKNOWN

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

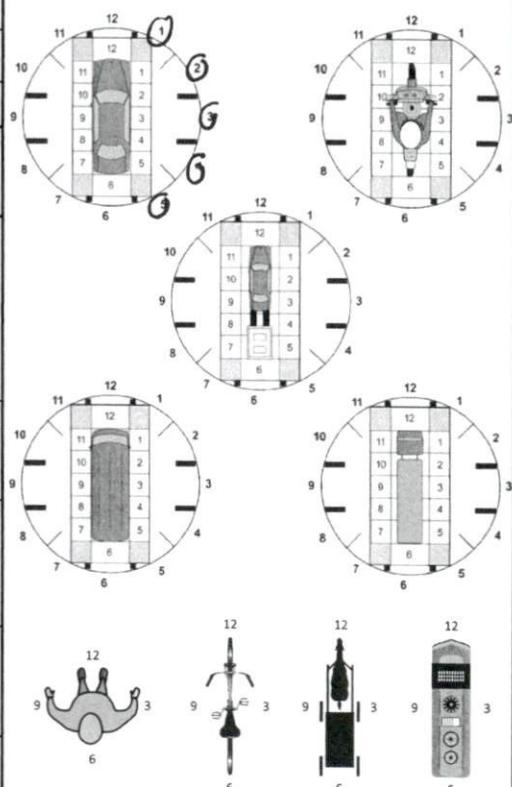
COLLISION WITH FIXED OBJECT - STRUCK
 1 - IMPACT ATTENUATOR / CRASH CUSHION
 2 - BRIDGE OVERHEAD STRUCTURE
 3 - BRIDGE PIER OR ABUTMENT
 4 - BRIDGE PARAPET
 5 - BRIDGE RAIL
 6 - GUARDRAIL FACE
 7 - PORTABLE BARRIER
 8 - MEDIAN CABLE BARRIER
 9 - MEDIAN GUARDRAIL
 10 - GUARDRAIL END
 11 - LIGHT / LUMINARIES SUPPORT
 12 - UTILITY POLE
 13 - OTHER POST, POLE OR SUPPORT
 14 - CULVERT
 15 - CURB
 16 - DITCH
 17 - EMBANKMENT
 18 - FENCE
 19 - MAILBOX
 20 - TREE
 21 - FIRE HYDRANT
 22 - WORK ZONE MAINTENANCE EQUIPMENT
 23 - WALL
 24 - BUILDING
 25 - TUNNEL
 26 - OTHER FIXED OBJECT
 27 - OTHER/UNKNOWN

FIRST HARMFUL EVENT 2 MOST HARMFUL EVENT 2

LOCAL REPORT NUMBER
 2 2 0 3 9 5 7 1

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

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 - REFER TO UNIT DIAGRAM
 12 - 1-12 - REFER TO UNIT DIAGRAM
 14 - UNDERCARRIAGE
 15 - VEHICLE NOT AT SCENE
 16 - UNKNOWN
 13 - TOP

TRAFFIC
 TRAFFIC WAY FLOW
 1 - ONE WAY
 2 - TWO WAY
 # OF THROUGH LANES ON ROAD
 2

RAIL GRADE CROSSING
 1 - NOT INVOLVED
 2 - INVOLVED-ACTIVE CROSSING
 3 - INVOLVED-PASSIVE CROSSING

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

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



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

2 2 0 3 9 5 7 1

| | | | | | | | | | | | | |
|---|---|--|--|---|--|-------------------------|------------------|---------------|------------|-----------------|--------------|--------------|
| MOTORIST / NON-MOTORIST | UNIT # | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | AGE | GENDER | | | | |
| | 0 1 | | | | | 0 | M | | | | | |
| 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 | 9 | ALCOHOL | MARIJUANA | OTHER DRUG | CONDITION | ALCOHOL TEST | DRUG TEST(S) |
| 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 | 9 | ALCOHOL | MARIJUANA | OTHER DRUG | CONDITION | ALCOHOL TEST | DRUG TEST(S) |
| 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 | 9 | ALCOHOL | MARIJUANA | OTHER DRUG | CONDITION | ALCOHOL TEST | DRUG TEST(S) |
| 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 | 9 | ALCOHOL | MARIJUANA | OTHER DRUG | CONDITION | ALCOHOL TEST | DRUG TEST(S) |
| 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 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE | | | | | | | |
| 4 - POSSIBLE INJURY | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 4 - DEPLOYED BOTH FRONT / SIDE | 4 - REGULAR CLASS (OHIO = D) | 4 - FARM WAIVER | 4 - TEST GIVEN, RESULTS KNOWN | | | | | | | |
| 5 - NO APPARENT INJURY | 5 - SECOND - MIDDLE | 5 - NOT APPLICABLE | 5 - M/C MOPED ONLY | 5 - EXCEPT CLASS A BUS | 5 - TEST GIVEN, RESULTS UNKNOWN | | | | | | | |
| INJURED TAKEN BY | | 6 - SECOND - RIGHT SIDE | 9 - DEPLOYMENT UNKNOWN | 6 - NO VALID OL | 6 - EXCEPT CLASS A & CLASS B BUS | | | | | | | |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | 7 - NOT EJECTED | H - HAZMAT | 7 - EXCEPT TRACTOR-TRAILER | 7 - TALKING ON HAND-HELD COMMUNICATION DEVICE | | | | | | | |
| 2 - EMS | 8 - THIRD - MIDDLE | 2 - PARTIALLY EJECTED | M - MOTORCYCLE | 8 - INTERMEDIATE LICENSE RESTRICTIONS | 8 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE | | | | | | | |
| 3 - POLICE | 9 - THIRD - RIGHT SIDE | 3 - TOTALLY EJECTED | P - PASSENGER | 9 - LEARNER'S PERMIT RESTRICTIONS | 9 - PASSENGER | | | | | | | |
| 9 - OTHER / UNKNOWN | 10 - SLEEPER SECTION OF TRUCK CAB | 4 - NOT APPLICABLE | N - TANKER | 10 - LIMITED TO DAYLIGHT ONLY | 7 - OTHER DISTRACTION INSIDE THE VEHICLE | | | | | | | |
| SAFETY EQUIPMENT | | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | Q - MOTOR SCOOTER | 11 - LIMITED TO EMPLOYMENT | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE | | | | | | | |
| 1 - NONE USED | 12 - PASSENGER IN UNENCLOSED CARGO AREA | R - THREE-WHEEL MOTORCYCLE | 12 - LIMITED - OTHER | 9 - OTHER / UNKNOWN | 9 - OTHER / UNKNOWN | | | | | | | |
| 2 - SHOULDER BELT ONLY USED | 13 - TRAILING UNIT | S - SCHOOL BUS | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | ALCOHOL TEST TYPE | | | | | | | | |
| 3 - LAP BELT ONLY USED | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | T - DOUBLE & TRIPLE TRAILERS | 14 - MILITARY VEHICLES ONLY | 1 - NONE | | | | | | | | |
| 4 - SHOULDER & LAP BELT USED | 15 - NON-MOTORIST | X - TANKER / HAZMAT | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES | 2 - BLOOD | | | | | | | | |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | 99 - OTHER / UNKNOWN | | 16 - OUTSIDE MIRROR | 3 - URINE | | | | | | | | |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING | | | 17 - PROSTHETIC AID | 4 - BREATH | | | | | | | | |
| 7 - BOOSTER SEAT | | | 18 - OTHER | 5 - OTHER | | | | | | | | |
| 8 - HELMET USED | | | | | | | | | | | | |
| 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | | | | | | | | | | | |
| 10 - REFLECTIVE CLOTHING | | | | | | | | | | | | |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | | | | | | | | | | | | |
| 99 - OTHER / UNKNOWN | | | | | | | | | | | | |
| INJURIES | | EJECTION | OL ENDORSEMENT | CONDITION | DRUG TEST TYPE | | | | | | | |
| 1 - NOT EJECTED | H - HAZMAT | 1 - APPARENTLY NORMAL | 1 - NONE | | | | | | | | | |
| 2 - PARTIALLY EJECTED | M - MOTORCYCLE | 2 - PHYSICAL IMPAIRMENT | 2 - BLOOD | | | | | | | | | |
| 3 - TOTALLY EJECTED | P - PASSENGER | 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) | 3 - URINE | | | | | | | | | |
| 4 - NOT APPLICABLE | N - TANKER | 4 - ILLNESS | 4 - OTHER | | | | | | | | | |
| TRAPPED | | Q - MOTOR SCOOTER | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. | | | | | | | | | |
| 1 - NOT TRAPPED | R - THREE-WHEEL MOTORCYCLE | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL | | | | | | | | | | |
| 2 - EXTRICATED BY MECHANICAL MEANS | S - SCHOOL BUS | 7 - OTHER / UNKNOWN | | | | | | | | | | |
| 3 - FREED BY NON-MECHANICAL MEANS | T - DOUBLE & TRIPLE TRAILERS | 8 - OPIATES / OPIOIDS | | | | | | | | | | |
| GENDER | | X - TANKER / HAZMAT | 9 - COCAINE | | | | | | | | | |
| F - FEMALE | | | 10 - OTHER | | | | | | | | | |
| M - MALE | | | 11 - NEGATIVE RESULTS | | | | | | | | | |
| U - OTHER / UNKNOWN | | | | | | | | | | | | |
| INJURIES | | EJECTION | OL ENDORSEMENT | CONDITION | DRUG TEST RESULT(S) | | | | | | | |
| 1 - NOT EJECTED | H - HAZMAT | 1 - APPARENTLY NORMAL | 1 - AMPHETAMINES | | | | | | | | | |
| 2 - PARTIALLY EJECTED | M - MOTORCYCLE | 2 - PHYSICAL IMPAIRMENT | 2 - BARBITURATES | | | | | | | | | |
| 3 - TOTALLY EJECTED | P - PASSENGER | 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) | 3 - BENZODIAZEPINES | | | | | | | | | |
| 4 - NOT APPLICABLE | N - TANKER | 4 - ILLNESS | 4 - CANNABINOID | | | | | | | | | |
| TRAPPED | | Q - MOTOR SCOOTER | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. | | | | | | | | | |
| 1 - NOT TRAPPED | R - THREE-WHEEL MOTORCYCLE | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL | | | | | | | | | | |
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| GENDER | | X - TANKER / HAZMAT | 9 - COCAINE | | | | | | | | | |
| F - FEMALE | | | 10 - OTHER | | | | | | | | | |
| M - MALE | | | 11 - NEGATIVE RESULTS | | | | | | | | | |
| U - OTHER / UNKNOWN | | | | | | | | | | | | |



OCCUPANT / WITNESS ADDENDUM

| OCCUPANT | LOCAL REPORT NUMBER 2 2 0 3 9 5 7 1 | | | | | | | | | | | | | | | | | |
|-----------------------------------|--|---------------------------|-------------------|---|-----------------------|---|--|-----|---|--|-----------------------------------|--------|---------------|-----|----------|---|---------|---|
| | UNIT # | NAME: LAST, FIRST, MIDDLE | | | DATE OF BIRTH | | | AGE | GENDER | | | | | | | | | |
| | 1 | | | | 0 | | | 0 | M | | | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | | | | | | | | | |
| | INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET <table border="1"> <tr><td>SEATING POSITION</td><td>0 3</td></tr> <tr><td>AIR BAG USAGE</td><td>0 3</td></tr> <tr><td>EJECTION</td><td>1</td></tr> <tr><td>TRAPPED</td><td>1</td></tr> </table> | | | | | SEATING POSITION | 0 3 | AIR BAG USAGE | 0 3 | EJECTION | 1 | TRAPPED | 1 |
| SEATING POSITION | 0 3 | | | | | | | | | | | | | | | | | |
| AIR BAG USAGE | 0 3 | | | | | | | | | | | | | | | | | |
| EJECTION | 1 | | | | | | | | | | | | | | | | | |
| TRAPPED | 1 | | | | | | | | | | | | | | | | | |
| | UNIT # | NAME: LAST, FIRST, MIDDLE | | | DATE OF BIRTH | | | AGE | GENDER | | | | | | | | | |
| | ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | | | | | | | | |
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| SEATING POSITION | | | | | | | | | | | | | | | | | | |
| AIR BAG USAGE | | | | | | | | | | | | | | | | | | |
| EJECTION | | | | | | | | | | | | | | | | | | |
| TRAPPED | | | | | | | | | | | | | | | | | | |
| | UNIT # | NAME: LAST, FIRST, MIDDLE | | | DATE OF BIRTH | | | AGE | GENDER | | | | | | | | | |
| | ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | | | | | | | | |
| | INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET <table border="1"> <tr><td>SEATING POSITION</td><td></td></tr> <tr><td>AIR BAG USAGE</td><td></td></tr> <tr><td>EJECTION</td><td></td></tr> <tr><td>TRAPPED</td><td></td></tr> </table> | | | | | SEATING POSITION | | AIR BAG USAGE | | EJECTION | | TRAPPED | |
| SEATING POSITION | | | | | | | | | | | | | | | | | | |
| AIR BAG USAGE | | | | | | | | | | | | | | | | | | |
| EJECTION | | | | | | | | | | | | | | | | | | |
| TRAPPED | | | | | | | | | | | | | | | | | | |
| | UNIT # | NAME: LAST, FIRST, MIDDLE | | | DATE OF BIRTH | | | AGE | GENDER | | | | | | | | | |
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| SEATING POSITION | | | | | | | | | | | | | | | | | | |
| AIR BAG USAGE | | | | | | | | | | | | | | | | | | |
| EJECTION | | | | | | | | | | | | | | | | | | |
| TRAPPED | | | | | | | | | | | | | | | | | | |
| | UNIT # | NAME: LAST, FIRST, MIDDLE | | | DATE OF BIRTH | | | AGE | GENDER | | | | | | | | | |
| | ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | | | | | | | | |
| | INJURIES | | | SAFETY EQUIPMENT USED | | SEATING POSITION | | | AIR BAG USAGE | | | | | | | | | |
| | 1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY | | | 1 - NONE USED - VEHICLE OCCUPANT 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 | | 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 | | | 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN | | | | | | | | | |
| | INJURED TAKEN BY | | | | | | | | EJECTION | | | | | | | | | |
| | 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN | | | | | | | | 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE | | | | | | | | | |
| | GENDER | | | | | | | | TRAPPED | | | | | | | | | |
| | F - FEMALE M - MALE U - OTHER / UNKNOWN | | | | | | | | 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS | | | | | | | | | |
| | NAME: LAST, FIRST, MIDDLE | | | | | | | | | | DATE OF BIRTH | | | | | | | |
| | MURRISON, PETER, C | | | | | | | | | | 0 7 1 3 1 9 8 9 | 3 2 | | | | | | |
| | ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | |
| | 4749 DEER VALLEY LIBERTY TWP, OH 45011 | | | | | | | | | | | | | | | | | |
| | NAME: LAST, FIRST, MIDDLE | | | | | | | | | | DATE OF BIRTH | | | | | | | |
| | | | | | | | | | | | 0 | GENDER | | | | | | |
| | ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | |
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| | | | | | | | | | | | 0 | GENDER | | | | | | |
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NUMBER PD-22-039571

COUNTY OF

BUTLER

FAIRFIELD P.D. 00901

M 6 10 4 1922

ACCIDENT
LOCATION

WINTON RD/MACK RD

ONLY ONLY

WINTON ROAD

2

NOT TO SCALE

MACK ROAD

ONLY

ONLY

1

ONLY

ONLY

OFFICERS SIGNATURE

Andy McGaugh

BADGE NO.

172

Y 0002

5 OF 5