



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

| | | | | | | | | | | |
|--|---------------------|--|---|---|--|--|---|---|---|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY | | | LOCAL INFORMATION REPORTING AGENCY NAME* Fairfield Police Department NCIC* 0 0 9 0 1 | | | LOCAL REPORT NUMBER* 2 2 0 4 3 3 5 3 | | | | |
| COUNTY* 0 9 | | | LOCALITY* 1-CITY 1 2-VILLAGE 3-TOWNSHIP | | | LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield | | | | |
| REFERENCE | ROUTE TYPE | ROUTE NUMBER | PREFIX | LOCATION ROAD NAME | | ROAD TYPE | LATITUDE DECIMAL DEGREES | | | |
| | | | | WINTON | | R D | 3 9 3 1 3 6 6 2 | | | |
| ROUTE TYPE | ROUTE NUMBER | PREFIX | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | | ROAD TYPE | LONGITUDE DECIMAL DEGREES | | | | |
| | | | | 6120 | | | -8 4 5 4 1 7 0 5 | | | |
| REFERENCE POINT | | DIRECTION FROM REFERENCE | ROUTE TYPE | | ROAD TYPE | INTERSECTION RELATED | | | | |
| 1-INTERSECTION 3 2-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 | | |
| DISTANCE FROM REFERENCE | | DISTANCE UNIT OF MEASURE | | | | | NUMBER OF APPROACHES | | | |
| | | 1-MILES 2-FEET 3-YARDS | | | | | | | | |
| LOCATION OF FIRST HARMFUL EVENT | | | MANNER OF CRASH COLLISION/IMPACT | | | DIRECTION OF TRAVEL | MEDIAN TYPE | | | |
| 1-ON ROADWAY 0 1 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 | | | 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 <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE | | 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-STRaight LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-OTHER/UNKNOWN | 1 1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN | 2 1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN | |
| LIGHT CONDITION | | | WEATHER | | | | | | | |
| 1-DAYLIGHT 1 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN | | | 1-CLEAR 0 1 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL 6-SNOW 7-SEVERE CROSSWINDS 8-BLOWING SAND, SOIL, DIRT, SNOW 9-FREEZING RAIN OR FREEZING DRIZZLE 99-OTHER / UNKNOWN | | | | | | | |
| NARRATIVE <p>On June 19, 2022 at 4:07 P.M., Unit 1 stated he was traveling north on Winton Road and when in front of 6120 Winton Road, Unit 2 pulled out in front of him, causing him to strike unit 2. Unit 1 failed to stop after the crash and left the scene of the accident. Unit 2 stated he was traveling north on Winton Road and when in front of 6120 Winton Road, Unit 1 attempted to pass him on the left side of his vehicle and when doing so, Unit 2 stated Unit 1 struck his vehicle.</p> | | | | | | | | |  Indicate the north direction with an "N" on the compass diagram. | |
| | | | | | | | | | SEE OH-2 | |
| CRASH REPORTED DATE / TIME | | DISPATCH DATE / TIME | | ARRIVAL DATE / TIME | | SCENE CLEARED DATE / TIME | | REPORT TAKEN BY | | |
| 0 6 1 9 2 0 2 2 1 6 0 7 | | 0 6 1 9 2 0 2 2 1 6 0 9 | | 0 6 1 9 2 0 2 2 1 6 1 2 | | 0 6 1 9 2 0 2 2 1 6 3 7 | | <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS) | | |
| TOTAL TIME ROADWAY CLOSED | | OTHER INVESTIGATION TIME | | TOTAL MINUTES | | OFFICER'S NAME* | | CHECKED BY OFFICER'S NAME* | | |
| 0 | | 0 | | 2 8 | | J. TAYLOR | | Sgt. B. Barnes | | |
| | | | | | | OFFICER'S BADGE NUMBER* | | CHECKED BY OFFICER'S BADGE NUMBER* | | |
| | | | | | | 1 5 7 | | 1 3 9 | | |

| | | | |
|---|---|--|--|
| OWNER | UNIT # <u>0 1</u> | OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) | OWNER PHONE: INCLUDE AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER) |
| | OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER) | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE | |
| LP STATE <u>O H</u> | LICENSE PLATE # <u>HZK2517</u> | VEHICLE IDENTIFICATION # <u>3 G T U 9 D E L 8 L G 2 4 8 4 9 6</u> | VEHICLE YEAR <u>2020</u> VEHICLE MAKE <u>GMC</u> |
| <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY <u>ALL STATE</u> | INSURANCE POLICY # <u>992316849</u> | COLOR <u>BLUE</u> VEHICLE MODEL <u>SIERRA</u> |
| 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 checked="" type="checkbox"/> HIT/SKIP UNIT | | # OCCUPANTS <u>0 1</u> | VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. |
| UNIT TYPE <u>0 4</u> | | HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD | |
| 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? <u>2</u> | | 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN | |
| AUTONOMOUS MODE LEVEL | | | |
| SPECIAL FUNCTION <u>0 1</u> | | 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER | |
| 1 - BUS - CHARTER/TOUR 2 - BUS - INTERCITY 3 - BUS - SHUTTLE 4 - BUS - OTHER | | 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 21 - MAIL CARRIER 99 - OTHER / UNKNOWN | |
| CARGO BODY TYPE <u>0 1</u> | | 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS | |
| 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS | | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - STEERING 6 - TIRE BLOWOUT 7 - POLE 9 - CARGO TANK 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 8 - FARM 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 15 - CONSTRUCTION EQUIPMENT 16 - MAIL CARRIER 17 - SNOW REMOVAL 18 - TOWING 19 - OTHER / UNKNOWN | |
| VEHICLE DEFECTS | | 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - TRAVEL LANE - OTHER LOCATION | |
| NON-MOTORIST LOCATION AT IMPACT | | 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION | |
| 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - 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 <u>9</u> | | 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING <u>0 1</u> 4 - STRUCK PRE-CRASH 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN | |
| CONTRIBUTING CIRCUMSTANCES <u>2 2</u> | | 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVING ON THE WRONG SIDE 13 - SWERVING TO AVOID 14 - WORKING 15 - PUSHING VEHICLE 16 - APPROACHING OR LEAVING VEHICLE 17 - STANDING 18 - STANDING OUTSIDE DISABLED VEHICLE 19 - STANDING ON THE WRONG SIDE 20 - SWERVING TO AVOID 21 - SWERVING TO AVOID 22 - SWERVING TO AVOID 23 - SWERVING TO AVOID 24 - SWERVING TO AVOID 25 - SWERVING TO AVOID 26 - SWERVING TO AVOID 27 - SWERVING TO AVOID 28 - SWERVING TO AVOID 29 - SWERVING TO AVOID 30 - SWERVING TO AVOID 31 - SWERVING TO AVOID 32 - SWERVING TO AVOID 33 - SWERVING TO AVOID 34 - SWERVING TO AVOID 35 - SWERVING TO AVOID 36 - SWERVING TO AVOID 37 - SWERVING TO AVOID 38 - SWERVING TO AVOID 39 - SWERVING TO AVOID 40 - SWERVING TO AVOID 41 - SWERVING TO AVOID 42 - SWERVING TO AVOID 43 - SWERVING TO AVOID 44 - SWERVING TO AVOID 45 - SWERVING TO AVOID 46 - SWERVING TO AVOID 47 - SWERVING TO AVOID 48 - SWERVING TO AVOID 49 - SWERVING TO AVOID 50 - SWERVING TO AVOID 51 - SWERVING TO AVOID 52 - SWERVING TO AVOID 53 - SWERVING TO AVOID 54 - SWERVING TO AVOID 55 - SWERVING TO AVOID 56 - SWERVING TO AVOID 57 - SWERVING TO AVOID 58 - SWERVING TO AVOID 59 - SWERVING TO AVOID 60 - SWERVING TO AVOID 61 - SWERVING TO AVOID 62 - SWERVING TO AVOID 63 - SWERVING TO AVOID 64 - SWERVING TO AVOID 65 - SWERVING TO AVOID 66 - SWERVING TO AVOID 67 - SWERVING TO AVOID 68 - SWERVING TO AVOID 69 - SWERVING TO AVOID 70 - SWERVING TO AVOID 71 - SWERVING TO AVOID 72 - SWERVING TO AVOID 73 - SWERVING TO AVOID 74 - SWERVING TO AVOID 75 - SWERVING TO AVOID 76 - SWERVING TO AVOID 77 - SWERVING TO AVOID 78 - SWERVING TO AVOID 79 - SWERVING TO AVOID 80 - SWERVING TO AVOID 81 - SWERVING TO AVOID 82 - SWERVING TO AVOID 83 - SWERVING TO AVOID 84 - SWERVING TO AVOID 85 - SWERVING TO AVOID 86 - SWERVING TO AVOID 87 - SWERVING TO AVOID 88 - SWERVING TO AVOID 89 - SWERVING TO AVOID 90 - SWERVING TO AVOID 91 - SWERVING TO AVOID 92 - SWERVING TO AVOID 93 - SWERVING TO AVOID 94 - SWERVING TO AVOID 95 - SWERVING TO AVOID 96 - SWERVING TO AVOID 97 - SWERVING TO AVOID 98 - SWERVING TO AVOID 99 - SWERVING TO AVOID | |
| SEQUENCE OF EVENTS | | | |
| 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - IMPROPER TURN | | 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 25 - GUARDRAIL END 26 - PORTABLE BARRIER 27 - MEDIAN CABLE BARRIER 28 - MEDIAN GUARDRAIL 29 - MEDIAN CONCRETE BARRIER 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - GUARDRAIL FACE 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 55 - OTHER / UNKNOWN | |
| 1 - FIRST HARMFUL EVENT <u>1</u> | | 1 - MOST HARMFUL EVENT <u>1</u> | |

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|---|--|
| LOCAL REPORT NUMBER <u>2 2 0 4 3 3 5 3</u> | |
| DAMAGE DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN | |
| DAMAGED AREA(S) INDICATE ALL THAT APPLY | |
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| <img alt="Diagram of a vehicle showing 12 numbered areas for damage assessment. Areas 1-12 are arranged in a circle around the vehicle, with 1 at the front, 2 at the front-left, 3 at the front-right, 4 at the rear-right, 5 at the rear-left, 6 at the rear, 7 at the rear-left, 8 at the rear-right, 9 at the front-left, 10 at the front-right, 11 at the front, and | |

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 2 | | |

OWNER ADDRESS: STREET, CITY, STATE, ZIP (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 | NWOM103 | 4T4BE46K39R0912500 | 2009 | TOYOTA |
| <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY NATIONWIDE | INSURANCE POLICY # 9234J207515 | COLOR GREEN | VEHICLE MODEL CAMRY |
| 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 0 5 | 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 |

| | | | |
|---|--|---|--|
| 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) | 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED 11 - ALL-TERRAIN VEHICLE (ATV / UTV) | 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME | 18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP |
|---|--|---|--|

| | | | | |
|---|--|--|--|-------------|
| # OF TRAILING UNITS | | | | |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? | | 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION | 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION | 9 - UNKNOWN |
| 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN | | AUTONOMOUS MODE LEVEL | | |

| | | | | |
|---|---|---|--|---|
| 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 | 21 - MAIL CARRIER 99 - OTHER / UNKNOWN |
|---|---|---|--|---|

| | | | | |
|--|---|--|---|---|
| 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - CARGO VAN/ENCLOSED BOX 6 - GRAIN/CHIPS/GRAVEL | 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL | 8 - POLE 9 - CARGOTANK 10 - FLAT BED 11 - DUMP | 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN |
|--|---|--|---|---|

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

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

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

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

SEQUENCE OF EVENTS

| | | | | | |
|-------|--|--|---|---|--|
| 1 2 0 | 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE | 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM EQUIPMENT 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE | 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT |
|-------|--|--|---|---|--|

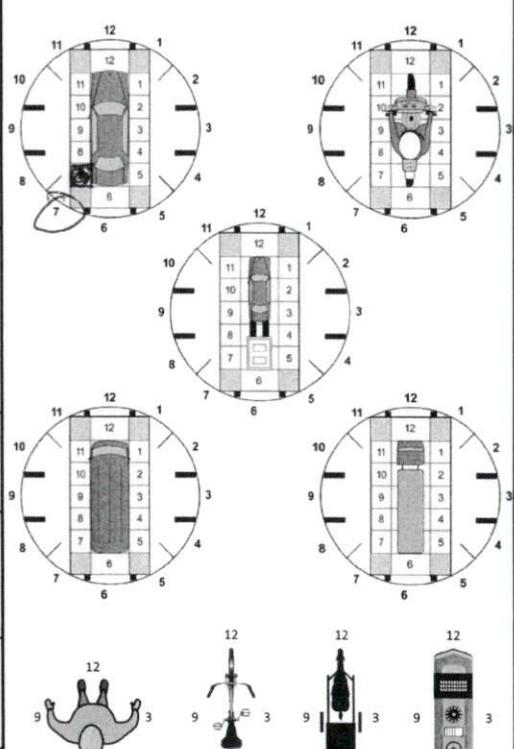
| | | | | | |
|-----|--|--|--|--|--|
| 4 1 | 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE | 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - 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 4 3 3 5 3

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

TRAFFIC
TRAFFIC FLOW
1 - ONE-WAY 2 - TWO-WAY
6

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 5 - NORTHEAST
2 - SOUTH 6 - NORTHWEST
3 - EAST 7 - SOUTHEAST
4 - WEST 8 - SOUTHWEST
9 - OTHER / UNKNOWN

UNIT SPEED
4 0

DETECTED SPEED
1 - STATED / ESTIMATED SPEED
2 - CALCULATED / EDR
3 - UNDETERMINED

POSTED SPEED
3 5



MOTORIST / Non-MOTORIST

| MOTORIST / NON-MOTORIST | LOCAL REPORT NUMBER | | | | | | | | | | | | | |
|---|---|----------------------------|--|---|--|-------------------------------------|--|--|------------------|-----------------------------------|-----------------|-------------|---------|---|
| | 2 2 0 4 3 3 5 3 | | | | | | | | | | | | | |
| | UNIT # | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | | AGE | GENDER | | | | | |
| | 0 1 | SCHNEIDER, ERIC, MICHAEL | | | | 1 2 2 2 1 9 7 3 | | 4 8 | M | | | | | |
| | ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | | | | |
| | 419 N. MIAMI STREET, TRENTON, OHIO, 45067 | | | | | | | | | | | | | |
| | INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED | DOT-COMPLIANT MC HELMET | | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | |
| | 5 | | | | | | 0 4 | <input type="checkbox"/> | | 0 1 | 1 | 1 | 1 | |
| | OL STATE | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | | LOCAL CODE | OFFENSE DESCRIPTION | | | CITATION NUMBER | | | |
| | O H | | | | 335.12A | | <input checked="" type="checkbox"/> | LEAVING THE SCENE | | | 251541 | | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | | CONDITION | ALCOHOL TEST | | DRUG TEST(S) | | | | |
| 1 | M | 2 | | 1 | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | 1 | 1 | 1 | 1 | 1 | 1 | | | |
| UNIT # NAME: LAST, FIRST, MIDDLE | | | | | | | | | | DATE OF BIRTH | | AGE | GENDER | |
| 0 2 | BOAMAH, VICTOR, OWUSU | | | | | | | | | | 0 5 3 1 1 9 8 1 | | 4 1 | M |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | |
| 4 RANDOLPH CT., APT 104, FAIRFIELD, OHIO, 45014 | | | | | | | | | | | | | | |
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED | DOT-COMPLIANT MC HELMET | | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | |
| 5 | | | | | | 0 4 | <input type="checkbox"/> | | 0 1 | 1 | 1 | 1 | | |
| OL STATE | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | | LOCAL CODE | OFFENSE DESCRIPTION | | | CITATION NUMBER | | | | |
| O H | | | | | | <input checked="" type="checkbox"/> | | | | | | | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | | CONDITION | ALCOHOL TEST | | DRUG TEST(S) | | | | |
| 4 | | | | 1 | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | 1 | 1 | 1 | 1 | 1 | 1 | | | |
| UNIT # NAME: LAST, FIRST, MIDDLE | | | | | | | | | | DATE OF BIRTH | | AGE | GENDER | |
| 0 | | | | | | | | | | | 0 | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | |
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED | DOT-COMPLIANT MC HELMET | | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | |
| | | | | | | | <input type="checkbox"/> | | | | | | | |
| OL STATE | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | | LOCAL CODE | OFFENSE DESCRIPTION | | | CITATION NUMBER | | | | |
| | | | | | | <input checked="" type="checkbox"/> | | | | | | | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | | CONDITION | ALCOHOL TEST | | DRUG TEST(S) | | | | |
| | | | | 1 | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | 1 | 1 | 1 | 1 | 1 | 1 | | | |
| 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 | | 3 - TEST GIVEN, RESULTS KNOWN | | | | |
| 4 - POSSIBLE INJURY | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | | 4 - DEPLOYED BOTH FRONT / SIDE | | 4 - REGULAR CLASS (OHIO = D) | | 4 - FARM WAIVER | 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE | | 4 - TEST GIVEN, RESULTS UNKNOWN | | | | |
| 5 - NO APPARENT INJURY | 5 - SECOND - MIDDLE | | 5 - NOT APPLICABLE | | 5 - M/C MOPED ONLY | | 5 - EXCEPT CLASS A BUS | 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE | | 5 - TEST GIVEN, RESULTS UNKNOWN | | | | |
| INJURED TAKEN BY | | | 6 - SECOND - RIGHT SIDE | | 6 - DEPLOYMENT UNKNOWN | | 6 - EXCEPT CLASS A & CLASS B BUS | 6 - PASSENGER | | 6 - BLOOD | | | | |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | | 7 - NOT EJECTED | | 7 - HAZMAT | | 7 - EXCEPT TRACTOR-TRAILER | 7 - OTHER DISTRACTION INSIDE THE VEHICLE | | 3 - URINE | | | | |
| 2 - EMS | 8 - THIRD - MIDDLE | | 8 - PARTIALLY EJECTED | | 8 - MOTORCYCLE | | 8 - INTERMEDIATE LICENSE RESTRICTIONS | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE | | 4 - BREATH | | | | |
| 3 - POLICE | 9 - THIRD - RIGHT SIDE | | 9 - TOTALLY EJECTED | | 9 - PASSENGER | | 9 - LEARNER'S PERMIT RESTRICTIONS | 9 - OTHER / UNKNOWN | | 5 - OTHER | | | | |
| 9 - OTHER / UNKNOWN | 10 - SLEEPER SECTION OF TRUCK CAB | | 4 - NOT APPLICABLE | | 10 - TANKER | | 10 - LIMITED TO DAYLIGHT ONLY | 10 - APPARENTLY NORMAL | | 1 - NONE | | | | |
| SAFETY EQUIPMENT | | | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | | 11 - MOTOR SCOOTER | | 11 - LIMITED TO EMPLOYMENT | 11 - PHYSICAL IMPAIRMENT | | 2 - BLOOD | | | | |
| 1 - NONE USED | 12 - PASSENGER IN UNENCLOSED CARGO AREA | | 12 - THREE-WHEEL MOTORCYCLE | | 12 - LIMITED - OTHER | | 12 - LIMITED - OTHER | 12 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) | | 3 - URINE | | | | |
| 2 - SHOULDER BELT ONLY USED | 13 - TRAILING UNIT | | 13 - SCHOOL BUS | | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 13 - ILLNESS | | 4 - OTHER | | | | |
| 3 - LAP BELT ONLY USED | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | | 14 - DOUBLE & TRIPLE TRAILERS | | 14 - MILITARY VEHICLES ONLY | | 14 - MILITARY VEHICLES ONLY | 14 - FELL ASLEEP, FAINTED, FATIGUED, ETC. | | 1 - AMPHETAMINES | | | | |
| 4 - SHOULDER & LAP BELT USED | 15 - NON-MOTORIST | | 15 - T - TANKER / HAZMAT | | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES | | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES | 15 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL | | 2 - BARBITURATES | | | | |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | 99 - OTHER / UNKNOWN | | 16 - OUTSIDE MIRROR | | 16 - OUTSIDE MIRROR | | 16 - OUTSIDE MIRROR | 16 - COCAINE | | 3 - BENZODIAZEPINES | | | | |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING | | | 17 - PROSTHETIC AID | | 17 - PROSTHETIC AID | | 17 - PROSTHETIC AID | 17 - OPIATES / OPIOIDS | | 4 - CANNABINOID | | | | |
| 7 - BOOSTER SEAT | | | 18 - OTHER | | 18 - OTHER | | 18 - OTHER | 18 - OTHER | | 5 - OTHER | | | | |
| 8 - HELMET USED | | | | | | | | | | 8 - NEGATIVE RESULTS | | | | |
| 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | | | | | | | | | | | | | |
| 10 - REFLECTIVE CLOTHING | | | | | | | | | | | | | | |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | | | | | | | | | | | | | | |
| 99 - OTHER / UNKNOWN | | | | | | | | | | | | | | |



OCCUPANT / WITNESS ADDENDUM

| | | | | LOCAL REPORT NUMBER | | | | | | | | |
|--|---|---|--|--|------------------------|---|------------------------------|--|-------------------------|----------------------|---------------|--------------|
| | | | | 2 2 0 4 3 3 5 3 | | | | | | | | |
| OCCUPANT | UNIT # | NAME: LAST, FIRST, MIDDLE BEMMAH, ESTHER | | | DATE OF BIRTH | | AGE | GENDER | | | | |
| | | 2 | | | | 0 4 1 4 1 9 8 1 | 4 1 | F | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 4 RANDOLPH CT., APT 104, 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 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0 3 | AIR BAG USAGE 0 1 | EJECTION 1 | TRAPPED 1 |
| OCCUPANT | UNIT # | NAME: LAST, FIRST, MIDDLE BOAMAH, VICTOR JR. | | | DATE OF BIRTH | | AGE | GENDER | | | | |
| | | 2 | | | | 0 7 2 0 2 0 1 5 | 6 | M | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 4 RANDOLPH CT., APT 104, 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 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0 4 | AIR BAG USAGE 0 1 | EJECTION 1 | TRAPPED 1 |
| OCCUPANT | UNIT # | NAME: LAST, FIRST, MIDDLE BOAMAH, BENJAMIN | | | DATE OF BIRTH | | AGE | GENDER | | | | |
| | | 2 | | | | 1 2 0 7 2 0 1 0 | 1 1 | M | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 4 RANDOLPH CT., APT 104, 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 3 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0 5 | AIR BAG USAGE 0 1 | EJECTION 1 | TRAPPED 1 |
| OCCUPANT | UNIT # | NAME: LAST, FIRST, MIDDLE BOAMAH, ESTHER, MARY | | | DATE OF BIRTH | | AGE | GENDER | | | | |
| | | 2 | | | | 0 7 0 6 2 0 1 7 | 4 | F | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 4 RANDOLPH CT., APT 104, 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 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0 6 | AIR BAG USAGE 0 1 | EJECTION 1 | TRAPPED 1 |
| INJURIES | | | SAFETY EQUIPMENT USED | | | SEATING POSITION | | | AIR BAG USAGE | | | |
| 1 - FATAL | 1 - NONE USED - VEHICLE OCCUPANT | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | 1 - NOT DEPLOYED | | | | | | | | | |
| 2 - SUSPECTED SERIOUS INJURY | 2 - SHOULDER BELT ONLY USED | 2 - FRONT - MIDDLE | 2 - DEPLOYED FRONT | | | | | | | | | |
| 3 - SUSPECTED MINOR INJURY | 3 - LAP BELT ONLY USED | 3 - FRONT - RIGHT SIDE | 3 - DEPLOYED SIDE | | | | | | | | | |
| 4 - POSSIBLE INJURY | 4 - SHOULDER & LAP BELT USED | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 4 - DEPLOYED BOTH FRONT/SIDE | | | | | | | | | |
| 5 - NO APPARENT INJURY | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | 5 - SECOND - MIDDLE | 5 - NOT APPLICABLE | | | | | | | | | |
| INJURED TAKEN BY | | | 6 - CHILD RESTRAINT SYSTEM - REAR FACING | 6 - SECOND - RIGHT SIDE | 9 - DEPLOYMENT UNKNOWN | | | | | | | |
| 1 - NOT TRANSPORTED /TREATED AT SCENE | 7 - BOOSTER SEAT | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | EJECTION | | | | | | | | | |
| 2 - EMS | 8 - HELMET USED | 8 - THIRD - MIDDLE | 1 - NOT EJECTED | | | | | | | | | |
| 3 - POLICE | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT SIDE | 2 - PARTIALLY EJECTED | | | | | | | | | |
| 9 - OTHER / UNKNOWN | 10 - REFLECTIVE CLOTHING | 10 - SLEEPER SECTION OF TRUCK CAB | 3 - TOTALLY EJECTED | | | | | | | | | |
| GENDER | | | 11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE | | | | | | | |
| F - FEMALE | 99 - OTHER / UNKNOWN | 12 - PASSENGER IN UNENCLOSED CARGO AREA | TRAPPED | | | | | | | | | |
| M - MALE | | 13 - TRAILING UNIT | 1 - NOT TRAPPED | | | | | | | | | |
| U - OTHER / UNKNOWN | | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 2 - EXTRICATED BY MECHANICAL MEANS | | | | | | | | | |
| | | 15 - NON-MOTORIST | 3 - FREED BY NON-MECHANICAL MEANS | | | | | | | | | |
| | | 99 - OTHER / UNKNOWN | | | | | | | | | | |
| NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | | AGE | GENDER | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | |
| NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | | AGE | GENDER | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | |
| NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | | AGE | GENDER | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | |

NUMBER PD-22-043353

CO. OF

BUTLER

FAIRFIELD P.D. 00901

6 19 22

ACCIDENT
LOCATION

6120 Winton Road

ONLY
ONLY

WINTON ROAD

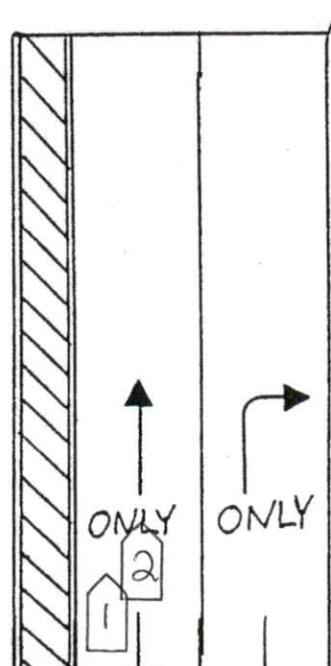


NOT TO SCALE

MACK ROAD

ONLY

ONLY



6120

OFFICERS SIGNATURE

J. Taylor

BADGE NO.
157

Y 0002

6 of 6