



## TRAFFIC CRASH REPORT

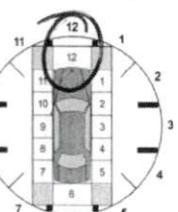
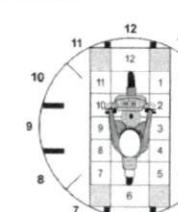
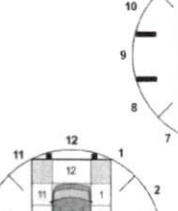
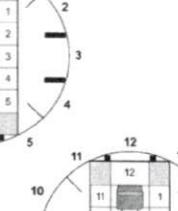
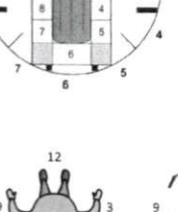
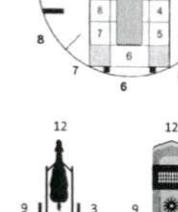
\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

| LOCAL INFORMATION  |   |  |   | LOCAL REPORT NUMBER*  |  |  |  |
|--|---|--|---|---|--|--|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3<br><input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY <input type="checkbox"/> NCIC* |   | Fairfield Police Department    0 0 9 0 1   |   |   |  |  |  |
| COUNTY*<br>0 9   |   | LOCALITY*<br>1-CITY<br>1 2-VILLAGE<br>3-TOWNSHIP   |   | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>City of Fairfield   |  |  |  |
|  |   |  |   | CRASH DATE / TIME*<br>0 6 2 0 2 0 2 2 1 6 3 3   |  |  |  |
| REFERENCE<br>LOCATION  | ROUTE TYPE  | ROUTE NUMBER   | PREFIX<br>1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST  | LOCATION ROAD NAME<br>Nilles  | ROAD TYPE<br>R D   | LATITUDE DECIMAL DEGREES<br>3 9 3 3 7 3 4 0  |  |
|  | ROUTE TYPE  | ROUTE NUMBER   | PREFIX<br>1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>822  | ROAD TYPE  | LONGITUDE DECIMAL DEGREES<br>-8 4 5 5 4 1 7 5  |  |
| REFERENCE POINT<br>3   | DIRECTION<br>FROM REFERENCE<br>1-INTERSECTION<br>2-MILE POST<br>3-HOUSE # | ROUTE TYPE<br>IR - INTERSTATE ROUTE(TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS   | ROAD TYPE<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE                 | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA    NUMBER OF APPROACHES  |  |  |
| DISTANCE<br>FROM REFERENCE   | DISTANCE<br>UNIT OF MEASURE<br>1-MILES<br>2-FEET<br>3-YARDS               |  |   |   | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED  |  |  |
| LOCATION OF FIRST HARMFUL EVENT<br>0 1   |   |  | MANNER OF CRASH COLLISION/IMPACT<br>2   |   | DIRECTION OF TRAVEL<br>1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST  | MEDIAN TYPE<br>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<br>1-LANE CLOSURE<br>2-LANE SHIFT/CROSSOVER<br>3-WORK ON SHOULDER OR MEDIAN<br>4-INTERMITTENT OR MOVING WORK<br>5-OTHER             | LOCATION OF CRASH IN WORK ZONE<br>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 | CONTOUR<br>2  | CONDITIONS<br>1  | SURFACE<br>2   |  |
| LIGHT CONDITION<br>1   |   | WEATHER<br>0 1   | 1-CLEAR<br>2-CLOUDY<br>3-FOG, SMOG, SMOKE<br>4-RAIN<br>5-SLEET, HAIL  | 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 |  | 1-CONCRETE<br>2-BLACKTOP, BITUMINOUS, ASPHALT<br>3-BRICK/BLOCK<br>4-SLAG, GRAVEL, STONE<br>5-DIRT<br>9-OTHER/UNKNOWN   |  |
| NARRATIVE<br>On 06-20-2022 at 4:33 PM Unit 1 was traveling eastbound on Nilles Rd and when at 822 Nilles Rd failed to stop within the assured clear distance ahead and collided with Unit 2 who was also eastbound on Nilles Rd stopped in traffic.<br>Unit 1 was cited for no seatbelt FCO-337.27B1                     |   |  |   |   |  |  |  |
| SEE OH-2   |   |  |   |   |  |  |  |
| CRASH REPORTED DATE / TIME<br>0 6 2 0 2 0 2 2 1 6 3 3  |   | DISPATCH DATE / TIME<br>0 6 2 0 2 0 2 2 1 6 3 4  |   | ARRIVAL DATE / TIME<br>0 6 2 0 2 0 2 2 1 6 3 7  |  | SCENE CLEARED DATE / TIME<br>0 6 2 0 2 0 2 2 1 7 0 5   |  |
| TOTAL TIME<br>ROADWAY CLOSED   | OTHER<br>INVESTIGATION TIME   | TOTAL<br>MINUTES   | OFFICER'S NAME*<br>T. King  |   | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OGPS) |  |  |
|  |   |  | OFFICER'S BADGE NUMBER*<br>1 6 1  |   | CHECKED BY OFFICER'S NAME*<br>Sgt. Aaron Meyer<br>1 3 2  |  |  |
|  |   |  |   |   | CHECKED BY OFFICER'S BADGE NUMBER*<br>1 3 2  |  |  |



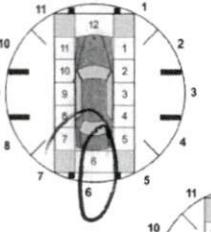
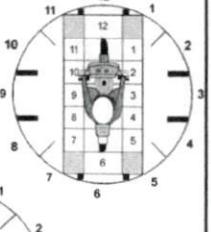
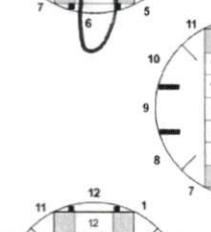
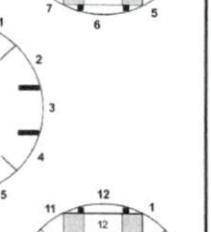
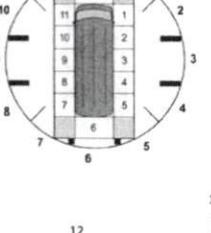
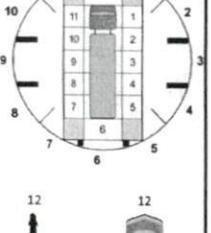
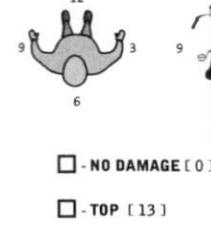
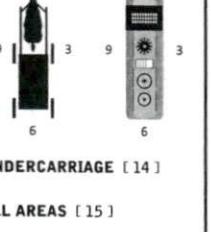
Indicate the north direction with an "N" on the compass diagram.

|   |   |  |   |
|---|---|--|---|
| OWNER   | UNIT # <input type="text" value="0_1"/> OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> SAME AS DRIVER <input type="text" value="Shaffer, Tobie"/>   | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER <input type="text"/>  |   |
|   | OWNER ADDRESS: STREET, CITY, STATE, ZIP <input type="checkbox"/> SAME AS DRIVER <input type="text"/>  |  |   |
| VEHICLE   | COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP <input type="text"/>  |  | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE <input type="text"/>  |
|   | LP STATE <input type="text" value="O_H"/> LICENSE PLATE # <input type="text" value="JKA7908"/> VEHICLE IDENTIFICATION # <input type="text" value="2T3RFREV6DW045024"/> VEHICLE YEAR <input type="text" value="2013"/> VEHICLE MAKE <input type="text" value="Toyota"/>  | INSURANCE VERIFIED <input checked="" type="checkbox"/> Geico INSURANCE COMPANY INSURANCE POLICY # <input type="text" value="4022282604"/> COLOR <input type="text" value="Blue"/> VEHICLE MODEL <input type="text" value="RAV4"/>  | TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE <input type="text"/> US DOT # <input type="text"/> TOWED BY: COMPANY NAME <input type="text" value="Marcells"/> HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # <input type="text"/> PLACARD ID # <input type="text"/>  |
| UNIT TYPE   | INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <input type="checkbox"/> # OCCUPANTS <input type="text" value="0_1"/> <input type="text"/>   | VEHICLE WEIGHT GVWR/GCW <input type="checkbox"/> 1 - <10K LBS. <input type="checkbox"/> 2 - 10,001 - 26K LBS. <input type="checkbox"/> 3 - >26K LBS.   | 1 - PASSENGER CAR <input type="checkbox"/> 2 - PASSENGER VAN (MINIVAN) <input type="checkbox"/> 3 - SPORT UTILITY VEHICLE <input type="checkbox"/> 4 - PICK UP <input type="checkbox"/> 5 - CARGO VAN <input type="checkbox"/> 6 - VAN (9-15 SEATS) <input type="checkbox"/> 7 - MOTORCYCLE 2-WHEELED <input type="checkbox"/> 8 - MOTORCYCLE 3-WHEELED <input type="checkbox"/> 9 - AUTOCYCLE <input type="checkbox"/> 10 - MOPED OR MOTORIZED BICYCLE <input type="checkbox"/> 11 - ALL TERRAIN VEHICLE (ATV / UTV) <input type="checkbox"/> 12 - GOLF CART <input type="checkbox"/> 13 - SNOWMOBILE <input type="checkbox"/> 14 - SINGLE UNITTRUCK <input type="checkbox"/> 15 - SEMI-TRACTOR BICYCLE <input type="checkbox"/> 16 - FARM EQUIPMENT <input type="checkbox"/> 17 - MOTORHOME <input type="checkbox"/> 18 - LIMO (LIVERY VEHICLE) <input type="checkbox"/> 19 - BUS (16+ PASSENGERS) <input type="checkbox"/> 20 - OTHER VEHICLE <input type="checkbox"/> 21 - HEAVY EQUIPMENT <input type="checkbox"/> 22 - ANIMAL WITH RIDER <input type="checkbox"/> 23 - PEDESTRIAN / SKATER <input type="checkbox"/> 24 - WHEELCHAIR (ANY TYPE) <input type="checkbox"/> 25 - OTHER NON-MOTORIST <input type="checkbox"/> 26 - BICYCLE <input type="checkbox"/> 27 - TRAIN <input type="checkbox"/> 28 - ANIMAL DRAWN VEHICLE <input type="checkbox"/> 29 - UNKNOWN OR HIT/SKIP <input type="checkbox"/> |
|   | <input type="text" value="0_3"/> # OF TRAILING UNITS <input type="text"/>   | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <input type="checkbox"/> 1 - YES <input type="checkbox"/> 2 - NO <input type="checkbox"/> 9 - OTHER / UNKNOWN <input type="text"/> AUTONOMOUS MODE LEVEL <input type="text" value="0"/> 0 - NO AUTOMATION <input type="checkbox"/> 1 - DRIVER ASSISTANCE <input type="checkbox"/> 2 - PARTIAL AUTOMATION <input type="checkbox"/> 3 - CONDITIONAL AUTOMATION <input type="checkbox"/> 4 - HIGH AUTOMATION <input type="checkbox"/> 5 - FULL AUTOMATION <input type="checkbox"/> 9 - UNKNOWN <input type="checkbox"/> |   |
| SPECIAL FUNCTION  | 1 - NONE <input type="checkbox"/> 2 - TAXI <input type="checkbox"/> 3 - ELECTRONIC RIDE SHARING <input type="checkbox"/> 4 - SCHOOL TRANSPORT <input type="checkbox"/> 5 - BUS - TRANSIT/COMMUTER <input type="checkbox"/> 6 - BUS - CHARTER/TOUR <input type="checkbox"/> 7 - BUS - INTERCITY <input type="checkbox"/> 8 - BUS - SHUTTLE <input type="checkbox"/> 9 - BUS - OTHER <input type="checkbox"/> 10 - AMBULANCE <input type="checkbox"/> 11 - FIRE <input type="checkbox"/> 12 - MILITARY <input type="checkbox"/> 13 - POLICE <input type="checkbox"/> 14 - PUBLIC UTILITY <input type="checkbox"/> 15 - CONSTRUCTION EQUIPMENT <input type="checkbox"/> 16 - FARM <input type="checkbox"/> 17 - MOWING <input type="checkbox"/> 18 - SNOW REMOVAL <input type="checkbox"/> 19 - TOWING <input type="checkbox"/> 20 - SAFETY SERVICE PATROL <input type="checkbox"/>  |  |   |
|   | <input type="text" value="0_1"/> CARGO BODY TYPE <input type="checkbox"/> 1 - NO CARGO BODY TYPE / NOT APPLICABLE <input type="checkbox"/> 2 - BUS <input type="checkbox"/> 3 - LOGGING <input type="checkbox"/> 4 - CARGO VAN/ENCLOSED BOX <input type="checkbox"/> 5 - GRAIN/CHIPS/GRAVEL <input type="checkbox"/> 6 - POLE <input type="checkbox"/> 7 - CARGO TANK <input type="checkbox"/> 8 - FLAT BED <input type="checkbox"/> 9 - DUMP <input type="checkbox"/> 10 - CONCRETE MIXER <input type="checkbox"/> 11 - AUTO TRANSPORTER <input type="checkbox"/> 12 - GARBAGE/REFUSE <input type="checkbox"/> 13 - OTHER / UNKNOWN <input type="checkbox"/>   |  |   |
| VEHICLE DEFECTS   | 1 - TURN SIGNALS <input type="checkbox"/> 2 - HEAD LAMPS <input type="checkbox"/> 3 - TAIL LAMPS <input type="checkbox"/> 4 - BRAKES <input type="checkbox"/> 5 - STEERING <input type="checkbox"/> 6 - TIRE BLOWOUT <input type="checkbox"/> 7 - WORN OR SLICK TIRES <input type="checkbox"/> 8 - TRAILER EQUIPMENT DEFECTIVE <input type="checkbox"/> 9 - MOTOR TROUBLE <input type="checkbox"/> 10 - DISABLED FROM PRIOR ACCIDENT <input type="checkbox"/> 99 - OTHER / UNKNOWN <input type="checkbox"/>   |  |   |
|   | <input type="text"/> NON-MOTORIST LOCATION AT IMPACT <input type="checkbox"/> 1 - INTERSECTION - MARKED CROSSWALK <input type="checkbox"/> 2 - INTERSECTION - UNMARKED CROSSWALK <input type="checkbox"/> 3 - TURN SIGNALS <input type="checkbox"/> 4 - BACKING <input type="checkbox"/> 5 - CHANGING LANES <input type="checkbox"/> 6 - MIDBLOCK - MARKED CROSSWALK <input type="checkbox"/> 7 - SHOULDER / ROADSIDE <input type="checkbox"/> 8 - SIDEWALK <input type="checkbox"/> 9 - BICYCLE LANE <input type="checkbox"/> 10 - MEDIAN/CROSSING ISLAND <input type="checkbox"/> 11 - DRIVEWAY ACCESS <input type="checkbox"/> 12 - FIRST RESPONDER AT INCIDENT SCENE <input type="checkbox"/> 13 - SHARED USE PATHS OR TRAILS <input type="checkbox"/> 14 - MEDIAN/CROSSING ISLAND <input type="checkbox"/> 15 - DRIVEWAY ACCESS <input type="checkbox"/> 16 - SHOULDER / ROADSIDE <input type="checkbox"/> 17 - SIDEWALK <input type="checkbox"/> 18 - BICYCLE LANE <input type="checkbox"/> 19 - MEDIAN/CROSSING ISLAND <input type="checkbox"/> 20 - DRIVEWAY ACCESS <input type="checkbox"/> 21 - SHARED USE PATHS OR TRAILS <input type="checkbox"/> 22 - FIRST RESPONDER AT INCIDENT SCENE <input type="checkbox"/>   |  |   |
| ACTION  | 1 - NON-CONTACT <input type="checkbox"/> 2 - NON-COLLISION <input type="checkbox"/> 3 - STRIKING <input type="checkbox"/> 4 - STRUCK <input type="checkbox"/> 5 - BOTH STRIKING & STRUCK <input type="checkbox"/> 6 - PRE-CRASH ACTIONS <input type="checkbox"/> 7 - OVERTAKING/PASSING <input type="checkbox"/> 8 - MAKING RIGHT TURN <input type="checkbox"/> 9 - MAKING LEFT TURN <input type="checkbox"/> 10 - PARKED <input type="checkbox"/> 11 - SLOWING OR STOPPED IN TRAFFIC <input type="checkbox"/> 12 - DRIVINGLESS <input type="checkbox"/> 13 - MAKING A TURN <input type="checkbox"/> 14 - ENTERING TRAFFIC LANE <input type="checkbox"/> 15 - WALKING, RUNNING, JOGGING, PLAYING <input type="checkbox"/> 16 - WORKING <input type="checkbox"/> 17 - PUSHING VEHICLE <input type="checkbox"/> 18 - APPROACHING OR LEAVING VEHICLE <input type="checkbox"/> 19 - STANDING <input type="checkbox"/> 20 - OTHER NON-MOTORIST <input type="checkbox"/> 21 - STANDING OUTSIDE DISABLED VEHICLE <input type="checkbox"/> 22 - DRIVING <input type="checkbox"/> 23 - DRIVINGLESS <input type="checkbox"/> 24 - OTHER UNKNOWN <input type="checkbox"/>  |  |   |
|   | <input type="text" value="0_8"/> CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> 1 - NONE <input type="checkbox"/> 2 - FAILURE TO YIELD <input type="checkbox"/> 3 - RAN RED LIGHT <input type="checkbox"/> 4 - RAN STOP SIGN <input type="checkbox"/> 5 - UNSAFE SPEED <input type="checkbox"/> 6 - IMPROPER TURN <input type="checkbox"/> 7 - LEFT OF CENTER <input type="checkbox"/> 8 - FOLLOWING TOO CLOSE / ACCA <input type="checkbox"/> 9 - IMPROPER LANE CHANGE <input type="checkbox"/> 10 - IMPROPER PASSING <input type="checkbox"/> 11 - DROVE OFF ROAD <input type="checkbox"/> 12 - IMPROPER BACKING <input type="checkbox"/> 13 - IMPROPER START FROM A PARKED POSITION <input type="checkbox"/> 14 - STOPPED OR PARKED ILLEGALLY <input type="checkbox"/> 15 - SWERVING TO AVOID <input type="checkbox"/> 16 - WRONG WAY <input type="checkbox"/> 17 - VISION OBSTRUCTION <input type="checkbox"/> 18 - OPERATING DEFECTIVE EQUIPMENT <input type="checkbox"/> 19 - SWERVING TO AVOID <input type="checkbox"/> 20 - IMPROPER CROSSING <input type="checkbox"/> 21 - LYING IN ROADWAY <input type="checkbox"/> 22 - NOT DISCERNIBLE <input type="checkbox"/> 23 - OPENING DOOR INTO ROADWAY <input type="checkbox"/> 24 - LOAD SHIFTING/FALLING/SPILLING <input type="checkbox"/> 25 - OTHER IMPROPER ACTION <input type="checkbox"/> |  |   |
| SEQUENCE OF EVENTS  |   |  |   |
| <input type="text" value="1_2_0"/> 1 - OVERTURN/ROLLOVER <input type="checkbox"/> 2 - FIRE/EXPLOSION <input type="checkbox"/> 3 - IMMERSION <input type="checkbox"/> 4 - JACKKNIFE <input type="checkbox"/> 5 - CARGO / EQUIPMENT LOSS OR SHIFT <input type="checkbox"/> 6 - EQUIPMENT FAILURE <input type="checkbox"/> 7 - SEPARATION OF UNITS <input type="checkbox"/> 8 - RAN OFF ROAD RIGHT <input type="checkbox"/> 9 - RAN OFF ROAD LEFT <input type="checkbox"/> 10 - CROSS MEDIAN <input type="checkbox"/> 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL <input type="checkbox"/> 12 - DOWNHILL RUNAWAY <input type="checkbox"/> 13 - OTHER NON-COLLISION <input type="checkbox"/> 14 - PEDESTRIAN <input type="checkbox"/> 15 - PEDALCYCLE <input type="checkbox"/> 16 - RAILWAY VEHICLE <input type="checkbox"/> 17 - ANIMAL - FARM <input type="checkbox"/> 18 - ANIMAL - DEER <input type="checkbox"/> 19 - ANIMAL - OTHER <input type="checkbox"/> 20 - MOTOR VEHICLE IN TRANSPORT <input type="checkbox"/> 21 - PARKED MOTOR VEHICLE <input type="checkbox"/> 22 - WORK ZONE MAINTENANCE EQUIPMENT <input type="checkbox"/> 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE <input type="checkbox"/> 24 - OTHER MOVABLE OBJECT <input type="checkbox"/>  |   |  |   |
| <input type="text" value="4_5_6"/> 25 - IMPACT ATTENUATOR / CRASH CUSHION <input type="checkbox"/> 26 - BRIDGE OVERHEAD STRUCTURE <input type="checkbox"/> 27 - BRIDGE PIER OR ABUTMENT <input type="checkbox"/> 28 - BRIDGE PARAPET <input type="checkbox"/> 29 - BRIDGE RAIL <input type="checkbox"/> 30 - GUARDRAIL FACE <input type="checkbox"/> 31 - GUARDRAIL END <input type="checkbox"/> 32 - PORTABLE BARRIER <input type="checkbox"/> 33 - MEDIAN CABLE BARRIER <input type="checkbox"/> 34 - MEDIAN GUARDRAIL BARRIER <input type="checkbox"/> 35 - MEDIAN CONCRETE BARRIER <input type="checkbox"/> 36 - MEDIAN OTHER BARRIER <input type="checkbox"/> 37 - TRAFFIC SIGN POST <input type="checkbox"/> 38 - OVERHEAD SIGN POST <input type="checkbox"/> 39 - LIGHT / LUMINARIES SUPPORT <input type="checkbox"/> 40 - UTILITY POLE <input type="checkbox"/> 41 - OTHER POST, POLE OR SUPPORT <input type="checkbox"/> 42 - CULVERT <input type="checkbox"/> 43 - CURB <input type="checkbox"/> 44 - DITCH <input type="checkbox"/> 45 - EMBANKMENT <input type="checkbox"/> 46 - FENCE <input type="checkbox"/> 47 - MAILBOX <input type="checkbox"/> 48 - TREE <input type="checkbox"/> 49 - FIRE HYDRANT <input type="checkbox"/> 50 - WORK ZONE MAINTENANCE EQUIPMENT <input type="checkbox"/> 51 - WALL <input type="checkbox"/> 52 - BUILDING <input type="checkbox"/> 53 - TUNNEL <input type="checkbox"/> 54 - OTHER FIXED OBJECT <input type="checkbox"/> 55 - OTHER UNKNOWN <input type="checkbox"/> |   |  |   |
| <input type="text" value="1"/> FIRST HARMFUL EVENT <input type="checkbox"/> 1 - MOST HARMFUL EVENT <input type="checkbox"/>   |   |  |   |

|   |  |
|---|--|
| LOCAL REPORT NUMBER <input type="text" value="22043588"/>   |  |
| DAMAGE  |  |
| 4   | DAMAGE SCALE <input type="checkbox"/> 1 - NONE <input type="checkbox"/> 2 - MINOR DAMAGE <input type="checkbox"/> 3 - FUNCTIONAL DAMAGE <input type="checkbox"/> 4 - DISABLING DAMAGE <input type="checkbox"/> 9 - UNKNOWN <input type="checkbox"/>  |
| DAMAGED AREA(S) INDICATE ALL THAT APPLY   |  |
|       |  |
| <input type="checkbox"/> - NO DAMAGE <input type="checkbox"/> 1 - NO DAMAGE <input type="checkbox"/> 2 - REFER TO UNIT DIAGRAM <input type="checkbox"/> 3 - TOP <input type="checkbox"/> 4 - UNDERCARRIAGE <input type="checkbox"/> 5 - TOP <input type="checkbox"/> 6 - ALL AREAS <input type="checkbox"/> 7 - UNIT NOT AT SCENE <input type="checkbox"/> 8 - UNIT AT SCENE <input type="checkbox"/> 9 - OTHER / UNKNOWN <input type="checkbox"/>  |  |
| INITIAL POINT OF CONTACT  |  |
| 1_2   | 0 - NO DAMAGE <input type="checkbox"/> 1 - NO DAMAGE <input type="checkbox"/> 2 - REFER TO UNIT DIAGRAM <input type="checkbox"/> 3 - TOP <input type="checkbox"/> 4 - UNDERCARRIAGE <input type="checkbox"/> 5 - VEHICLE NOT AT SCENE <input type="checkbox"/> 6 - OTHER / UNKNOWN <input type="checkbox"/>  |
| TRAFFIC   |  |
| TRAFFICWAY FLOW <input type="checkbox"/> 1 - ONE WAY <input type="checkbox"/> 2 - TWO WAY <input type="checkbox"/> 6  | TRAFFIC CONTROL <input type="checkbox"/> 1 - ROUNDABOUT <input type="checkbox"/> 2 - SIGNAL <input type="checkbox"/> 3 - FLASHER <input type="checkbox"/> 4 - STOP SIGN <input type="checkbox"/> 5 - YIELD SIGN <input type="checkbox"/> 6 - NO CONTROL <input type="checkbox"/>   |
| # OF THROUGH LANES ON ROAD <input type="checkbox"/> 4   | RAIL GRADE CROSSING <input type="checkbox"/> 1 - NOT INVOLVED <input type="checkbox"/> 2 - INVOLVED-ACTIVE CROSSING <input type="checkbox"/> 3 - INVOLVED-PASSIVE CROSSING <input type="checkbox"/>  |
| UNIT / NON-MOTORIST DIRECTION   |  |
| FROM <input type="text" value="4"/> TO <input type="text" value="3"/>   | 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST <input type="checkbox"/> 5 - NORTHEAST <input type="checkbox"/> 6 - NORTHWEST <input type="checkbox"/> 7 - SOUTHEAST <input type="checkbox"/> 8 - SOUTHWEST <input type="checkbox"/> 9 - OTHER / UNKNOWN <input type="checkbox"/> |
| UNIT SPEED  |  |
| <input type="text" value="3_5"/> 1 - STATED / ESTIMATED SPEED <input type="checkbox"/> 2 - CALCULATED / EDR <input type="checkbox"/> 3 - UNDETERMINED <input type="checkbox"/>  |  |
| POSTED SPEED  |  |
| <input type="text" value="3_5"/> 1 - STATED / ESTIMATED SPEED <input type="checkbox"/> 2 - CALCULATED / EDR <input type="checkbox"/> 3 - UNDETERMINED <input type="checkbox"/>  |  |

**UNIT**

|   |   |  |  |  |   |
|---|---|--|--|--|---|
| OWNER   | UNIT # <u>0 1 2</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>HYU6519</u>  | VEHICLE IDENTIFICATION # <u>5GZCZ53466S1827706</u>   | VEHICLE YEAR <u>2006</u> VEHICLE MAKE <u>Strn</u>  |  |   |
| <input checked="" type="checkbox"/> INSURANCE VERIFIED  | INSURANCE COMPANY <u>Farmer's</u>   | INSURANCE POLICY # <u>192331278</u>  | COLOR <u>Silver</u> VEHICLE MODEL <u>Vue</u>   |  |   |
| 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 <u>0 2</u>  | VEHICLE WEIGHT GVWR/GCWR<br>1 - <10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS.  | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED CLASS # <u></u> PLACARD ID # <u></u><br><input type="checkbox"/> PLACARD          |  |   |
| UNIT TYPE <u>0 3</u>  | 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)                                     | 7 - MOTORCYCLE 2-WHEELED<br>8 - MOTORCYCLE 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL-TERRAIN VEHICLE (ATV/UTV)                         | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME                          | 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 |   |
| VEHICLE # OF TRAILING UNITS <u>0</u>  | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br><u>1 2</u> 1 - YES 2 - NO 9 - OTHER / UNKNOWN  |  |  | AUTONOMOUS MODE LEVEL<br><u>0</u> 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 <u>0 1</u>   | 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  | 11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT  | 16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>21 - MAIL CARRIER<br>99 - OTHER / UNKNOWN  |   |
| CARGO BODY TYPE <u>0 1</u>  | 1 - NO CARGO BODY TYPE /NOT APPLICABLE<br>2 - BUS   | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING  | 5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL   | 8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP   | 12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER / UNKNOWN   |
| VEHICLE DEFECTS   | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS  | 4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT   | 7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE   | 9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT   | 99 - OTHER / UNKNOWN  |
| NON-MOTORIST LOCATION AT IMPACT   | 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK  | 3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION  | 6 - BICYCLE LANE<br>7 - SHOULDER / ROADSIDE<br>8 - SIDEWALK  | 9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS  | 12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER / UNKNOWN  |
| ACTION <u>0 4</u>   | 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                                     | 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 | 13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE  | 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  | 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              | 13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY                         | 17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/FALLING/SPILLING<br>20 - IMPROPER CROSSING   | 21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION   |
| SEQUENCE OF EVENTS  | NON-COLLISION   |  |  |  |   |
| <u>1 2 0</u>  | 1 - OVERTURN/ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT  | 6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN   | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE    | 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  | 22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOBILE OBJECT |
| 4   | 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 | 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      | 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   | 55 - TIRE<br>99 - OTHER / UNKNOWN   |
| 5   | 1 - FIRST HARMFUL EVENT   | 1 - MOST HARMFUL EVENT   | COLLISION WITH FIXED OBJECT - STRUCK   |  |   |

|   |  |
|---|--|
| LOCAL REPORT NUMBER<br><u>2 2 0 4 3 5 8 8</u>   |  |
| DAMAGE  |  |
| DAMAGE SCALE<br><u>2</u> 1 - NONE 3 - FUNCTIONAL DAMAGE<br>2 - MINOR DAMAGE 4 - DISABLING DAMAGE<br>9 - UNKNOWN   |  |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY  |  |
|         |  |
| <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  |  |
| 0 - NO DAMAGE 14 - UNDERCARRIAGE<br>1 - 12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE<br>DIAGRAM 99 - UNKNOWN<br>13 - TOP  |  |
| TRAFFIC   |  |
| TRAFFICWAY FLOW <u>2</u>  | TRAFFIC CONTROL<br>1 - ONE-WAY<br>2 - TWO-WAY  |
| # OF THROUGH LANES ON ROAD <u>4</u>   | RAIL GRADE CROSSING<br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING |
| UNIT / NON-MOTORIST DIRECTION<br>FROM <u>4</u> TO <u>3</u><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 <u>0</u>   | DETECTED SPEED<br>1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED               |
| POSTED SPEED <u>3 5</u>   |  |



# MOTORIST / Non-MOTORIST

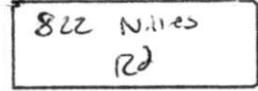
| MOTORIST / NON-MOTORIST   | LOCAL REPORT NUMBER   |  |  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|--|
|   | 2 2 0 4 3 5 8 8   |  |  |  |  |  |  |  |  |  |
|   | DATE OF BIRTH   |  |  |  |  |  |  |  |  |  |
|   | 1 1 0 1 1 9 7 0 5 1 M   |  |  |  |  |  |  |  |  |  |
|   | CONTACT PHONE - INCLUDE AREA CODE   |  |  |  |  |  |  |  |  |  |
|   | ADDRESS: STREET, CITY, STATE, ZIP   |  |  |  |  |  |  |  |  |  |
|   | 544 Wyoming Ave, Fairfield OH 45014   |  |  |  |  |  |  |  |  |  |
|   | INJURIES INJURED TAKEN BY EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED |  |  |  |  |  |  |  |  |  |
|   | 0 1 Shaffer, Robert, L 0 1 DOT-COMPLIANT MC HELMET SEATING POSITION AIR BAG USAGE EJECTION TRAPPED                |  |  |  |  |  |  |  |  |  |
| OL STATE OPERATOR LICENSE NUMBER OFFENSE CHARGED LOCAL CODE   |   |  |  |  |  |  |  |  |  |  |
| O H 333.03A X OFFENSE DESCRIPTION CITATION NUMBER   |   |  |  |  |  |  |  |  |  |  |
| ACDA 251643   |   |  |  |  |  |  |  |  |  |  |
| OL CLASS ENDORSEMENT RESTRICTION SELECT UP TO 3 DRIVER DISTRACTED BY ALCOHOL / DRUG SUSPECTED   |   |  |  |  |  |  |  |  |  |  |
| 4 1 <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG   |   |  |  |  |  |  |  |  |  |  |
| CONDITION ALCOHOL TEST DRUG TEST(S)   |   |  |  |  |  |  |  |  |  |  |
| 1 1 1 1 1 1 STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4   |   |  |  |  |  |  |  |  |  |  |
| UNIT # NAME: LAST, FIRST, MIDDLE DATE OF BIRTH  |   |  |  |  |  |  |  |  |  |  |
| 0 2 Kreiner, Kirstyn 0 8 1 5 1 9 9 6 2 5 F  |   |  |  |  |  |  |  |  |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP   |   |  |  |  |  |  |  |  |  |  |
| 3517 Cheviot Ave apt 1, Cincinnati OH 45211   |   |  |  |  |  |  |  |  |  |  |
| INJURIES INJURED TAKEN BY EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED   |   |  |  |  |  |  |  |  |  |  |
| 5 0 4 DOT-COMPLIANT MC HELMET SEATING POSITION AIR BAG USAGE EJECTION TRAPPED   |   |  |  |  |  |  |  |  |  |  |
| OL STATE OPERATOR LICENSE NUMBER OFFENSE CHARGED LOCAL CODE   |   |  |  |  |  |  |  |  |  |  |
| O H OFFENSE DESCRIPTION CITATION NUMBER   |   |  |  |  |  |  |  |  |  |  |
| OL CLASS ENDORSEMENT RESTRICTION SELECT UP TO 3 DRIVER DISTRACTED BY ALCOHOL / DRUG SUSPECTED   |   |  |  |  |  |  |  |  |  |  |
| 4 1 <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG   |   |  |  |  |  |  |  |  |  |  |
| CONDITION ALCOHOL TEST DRUG TEST(S)   |   |  |  |  |  |  |  |  |  |  |
| 1 1 1 1 1 1 STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4   |   |  |  |  |  |  |  |  |  |  |
| UNIT # NAME: LAST, FIRST, MIDDLE DATE OF BIRTH  |   |  |  |  |  |  |  |  |  |  |
| 0 0 AGE 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   |   |  |  |  |  |  |  |  |  |  |
| 0 0 DOT-COMPLIANT MC HELMET SEATING POSITION AIR BAG USAGE EJECTION TRAPPED   |   |  |  |  |  |  |  |  |  |  |
| OL STATE OPERATOR LICENSE NUMBER OFFENSE CHARGED LOCAL CODE   |   |  |  |  |  |  |  |  |  |  |
| 0 0 OFFENSE DESCRIPTION CITATION NUMBER   |   |  |  |  |  |  |  |  |  |  |
| OL CLASS ENDORSEMENT RESTRICTION SELECT UP TO 3 DRIVER DISTRACTED BY ALCOHOL / DRUG SUSPECTED   |   |  |  |  |  |  |  |  |  |  |
| 0 0 <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG   |   |  |  |  |  |  |  |  |  |  |
| CONDITION ALCOHOL TEST DRUG TEST(S)   |   |  |  |  |  |  |  |  |  |  |
| 0 0 0 0 0 0 STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4   |   |  |  |  |  |  |  |  |  |  |
| INJURIES SEATING POSITION AIR BAG OL CLASS OL RESTRICTION(S) DRIVER DISTRACTION TEST STATUS   |   |  |  |  |  |  |  |  |  |  |
| 1-FATAL 1-FRONT - LEFT SIDE 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)             |   |  |  |  |  |  |  |  |  |  |
| 3-SUSPECTED MINOR INJURY 3-FRONT - RIGHT SIDE 3-DEPLOYED SIDE 3-CLASS C 3-CORRECTIVE LENSES   |   |  |  |  |  |  |  |  |  |  |
| 4-POSSIBLE INJURY 4-SECOND - LEFT SIDE 4-DEPLOYED BOTH FRONT / SIDE 4-REGULAR CLASS (OHIO-D) 4-FARM WAIVER  |   |  |  |  |  |  |  |  |  |  |
| 5-NO APPARENT INJURY 5-SECOND - MIDDLE 5-NOT APPLICABLE 5-M/C MOPED ONLY 5-EXCEPT CLASS A BUS   |   |  |  |  |  |  |  |  |  |  |
| 5-NO APPARENT INJURY 5-SECOND - MIDDLE 5-SECOND - MIDDLE 6-NO VALID OL 6-EXCEPT CLASS A & CLASS B BUS   |   |  |  |  |  |  |  |  |  |  |
| 6-NO VALID OL 6-NO VALID OL 7-EXCEPT TRACTOR-TRAILER  |   |  |  |  |  |  |  |  |  |  |
| 7-EXCEPT TRACTOR-TRAILER 7-EXCEPT TRACTOR-TRAILER 8-INTERMEDIATE LICENSE RESTRICTIONS   |   |  |  |  |  |  |  |  |  |  |
| 8-INTERMEDIATE LICENSE RESTRICTIONS 8-INTERMEDIATE LICENSE RESTRICTIONS 9-LEARNER'S PERMIT RESTRICTIONS   |   |  |  |  |  |  |  |  |  |  |
| 9-LEARNER'S PERMIT RESTRICTIONS 9-LEARNER'S PERMIT RESTRICTIONS 10-LIMITED TO DAYLIGHT ONLY   |   |  |  |  |  |  |  |  |  |  |
| 10-LIMITED TO DAYLIGHT ONLY 10-LIMITED TO DAYLIGHT ONLY 11-LIMITED TO EMPLOYMENT  |   |  |  |  |  |  |  |  |  |  |
| 11-LIMITED TO EMPLOYMENT 11-LIMITED TO EMPLOYMENT 12-LIMITED - OTHER  |   |  |  |  |  |  |  |  |  |  |
| 12-LIMITED - OTHER 12-LIMITED - OTHER 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)  |   |  |  |  |  |  |  |  |  |  |
| 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14-MILITARY VEHICLES ONLY |   |  |  |  |  |  |  |  |  |  |
| 14-MILITARY VEHICLES ONLY 14-MILITARY VEHICLES ONLY 15-MOTOR VEHICLES WITHOUT AIR BRAKES  |   |  |  |  |  |  |  |  |  |  |
| 15-MOTOR VEHICLES WITHOUT AIR BRAKES 15-MOTOR VEHICLES WITHOUT AIR BRAKES 16-OUTSIDE MIRROR   |   |  |  |  |  |  |  |  |  |  |
| 16-OUTSIDE MIRROR 16-OUTSIDE MIRROR 17-PROSTHETIC AID   |   |  |  |  |  |  |  |  |  |  |
| 17-PROSTHETIC AID 17-PROSTHETIC AID 18-OTHER  |   |  |  |  |  |  |  |  |  |  |
| 18-OTHER 18-OTHER   |   |  |  |  |  |  |  |  |  |  |
| GENDER  |   |  |  |  |  |  |  |  |  |  |
| F-FEMALE  |   |  |  |  |  |  |  |  |  |  |
| M-MALE  |   |  |  |  |  |  |  |  |  |  |
| U-OTHER / 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 RESULTS   |   |  |  |  |  |  |  |  |  |  |
| 1-AMPHETAMINES  |   |  |  |  |  |  |  |  |  |  |
| 2-BARBITURATES  |   |  |  |  |  |  |  |  |  |  |
| 3-BENZODIAZEPINES   |   |  |  |  |  |  |  |  |  |  |
| 4-CANNABINOID   |   |  |  |  |  |  |  |  |  |  |
| 5-COCAIN  |   |  |  |  |  |  |  |  |  |  |
| 6-OPIATES / OPIOIDS   |   |  |  |  |  |  |  |  |  |  |
| 7-OTHER   |   |  |  |  |  |  |  |  |  |  |
| 8-NEGATIVE RESULTS  |   |  |  |  |  |  |  |  |  |  |
| 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-REFL. EITIVE CLOTHING  |   |  |  |  |  |  |  |  |  |  |
| 11-LIGH TING - PEDESTRIAN / BICYCLE ONLY  |   |  |  |  |  |  |  |  |  |  |
| 99-OTHER / UNKNOWN  |   |  |  |  |  |  |  |  |  |  |



# OCCUPANT / WITNESS ADDENDUM

| OCCUPANT   | LOCAL REPORT NUMBER       |                           |   |                       |   |   |   |                                   |   |   |                                   |     |        |   |                  |               |          |         |   |   |   |   |
|--|---------------------------|---------------------------|---|-----------------------|---|---|---|-----------------------------------|---|---|-----------------------------------|-----|--------|---|------------------|---------------|----------|---------|---|---|---|---|
|  | UNIT #                    | NAME: LAST, FIRST, MIDDLE |   |                       | DATE OF BIRTH   |   |   | AGE                               | GENDER  |   |                                   |     |        |   |                  |               |          |         |   |   |   |   |
|  | 2                         | Kreiner, Kayla            |   |                       | 0   | 5 | 2   | 6                                 | 1   | 9 | 9                                 | 5   | 2      | 7 | F                |               |          |         |   |   |   |   |
| ADDRESS: STREET, CITY, STATE, ZIP  |                           |                           |   |                       |   |   |   |                                   |   |   | CONTACT PHONE - INCLUDE AREA CODE |     |        |   |                  |               |          |         |   |   |   |   |
| 6642 Lakeside Dr. Apt 301G, West Chester, OH 45069   |                           |                           |   |                       |   |   |   |                                   |   |   |                                   |     |        |   |                  |               |          |         |   |   |   |   |
| 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>AIR BAG USAGE</td> <td>EJECTION</td> <td>TRAPPED</td> </tr> <tr> <td>0</td> <td>3</td> <td>0</td> <td>1</td> </tr> </table>  |   |   |                                   |   |   |                                   |     |        |   | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | 0 | 3 | 0 | 1 |
| SEATING POSITION   | AIR BAG USAGE             | EJECTION                  | TRAPPED   |                       |   |   |   |                                   |   |   |                                   |     |        |   |                  |               |          |         |   |   |   |   |
| 0  | 3                         | 0                         | 1   |                       |   |   |   |                                   |   |   |                                   |     |        |   |                  |               |          |         |   |   |   |   |
| 5  | 1                         | 0 4                       | 0 4   |                       |   |   |   |                                   |   |   |                                   |     |        |   |                  |               |          |         |   |   |   |   |
| OCCUPANT   | 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 | <input type="checkbox"/> DOT-Compliant MC HELMET <table border="1"> <tr> <td>SEATING POSITION</td> <td>AIR BAG USAGE</td> <td>EJECTION</td> <td>TRAPPED</td> </tr> <tr> <td>0</td> <td>4</td> <td>0</td> <td>1</td> </tr> </table>  |   |   |                                   |   |   |                                   |     |        |   | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | 0 | 4 | 0 | 1 |
| SEATING POSITION   | AIR BAG USAGE             | EJECTION                  | TRAPPED   |                       |   |   |   |                                   |   |   |                                   |     |        |   |                  |               |          |         |   |   |   |   |
| 0  | 4                         | 0                         | 1   |                       |   |   |   |                                   |   |   |                                   |     |        |   |                  |               |          |         |   |   |   |   |
| 5  | 1                         | 0 4                       | 0 4   |                       |   |   |   |                                   |   |   |                                   |     |        |   |                  |               |          |         |   |   |   |   |
| OCCUPANT   | 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 | <input type="checkbox"/> DOT-Compliant MC HELMET <table border="1"> <tr> <td>SEATING POSITION</td> <td>AIR BAG USAGE</td> <td>EJECTION</td> <td>TRAPPED</td> </tr> <tr> <td>0</td> <td>4</td> <td>0</td> <td>1</td> </tr> </table>  |   |   |                                   |   |   |                                   |     |        |   | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | 0 | 4 | 0 | 1 |
| SEATING POSITION   | AIR BAG USAGE             | EJECTION                  | TRAPPED   |                       |   |   |   |                                   |   |   |                                   |     |        |   |                  |               |          |         |   |   |   |   |
| 0  | 4                         | 0                         | 1   |                       |   |   |   |                                   |   |   |                                   |     |        |   |                  |               |          |         |   |   |   |   |
| 5  | 1                         | 0 4                       | 0 4   |                       |   |   |   |                                   |   |   |                                   |     |        |   |                  |               |          |         |   |   |   |   |
| OCCUPANT   | 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 | <input type="checkbox"/> DOT-Compliant MC HELMET <table border="1"> <tr> <td>SEATING POSITION</td> <td>AIR BAG USAGE</td> <td>EJECTION</td> <td>TRAPPED</td> </tr> <tr> <td>0</td> <td>4</td> <td>0</td> <td>1</td> </tr> </table>  |   |   |                                   |   |   |                                   |     |        |   | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | 0 | 4 | 0 | 1 |
| SEATING POSITION   | AIR BAG USAGE             | EJECTION                  | TRAPPED   |                       |   |   |   |                                   |   |   |                                   |     |        |   |                  |               |          |         |   |   |   |   |
| 0  | 4                         | 0                         | 1   |                       |   |   |   |                                   |   |   |                                   |     |        |   |                  |               |          |         |   |   |   |   |
| 5  | 1                         | 0 4                       | 0 4   |                       |   |   |   |                                   |   |   |                                   |     |        |   |                  |               |          |         |   |   |   |   |
| INJURIES   |                           |                           |   |                       | SAFETY EQUIPMENT USED   |   | SEATING POSITION  |                                   | AIR BAG USAGE   |   |                                   |     |        |   |                  |               |          |         |   |   |   |   |
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY |                           |                           |   |                       | 1 - NONE USED - VEHICLE OCCUPANT<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 |   | 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 |                                   | 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 |   |                                   |     |        |   |                  |               |          |         |   |   |   |   |
| INJURED TAKEN BY   |                           |                           |   |                       |   |   |   |                                   | EJECTION  |   |                                   |     |        |   |                  |               |          |         |   |   |   |   |
| 1 - NOT TRANSPORTED /TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN                                    |                           |                           |   |                       |   |   |   |                                   | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE   |   |                                   |     |        |   |                  |               |          |         |   |   |   |   |
| GENDER   |                           |                           |   |                       |   |   |   |                                   | TRAPPED   |   |                                   |     |        |   |                  |               |          |         |   |   |   |   |
| F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN  |                           |                           |   |                       |   |   |   |                                   | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS  |   |                                   |     |        |   |                  |               |          |         |   |   |   |   |
| WITNESS  | NAME: LAST, FIRST, MIDDLE |                           |   |                       |   |   |   |                                   | DATE OF BIRTH   |   |                                   | AGE | GENDER |   |                  |               |          |         |   |   |   |   |
|  |                           |                           |   |                       |   |   |   |                                   | 0   |   |                                   |     |        |   |                  |               |          |         |   |   |   |   |
| ADDRESS: STREET, CITY, STATE, ZIP  |                           |                           |   |                       |   |   |   | CONTACT PHONE - INCLUDE AREA CODE |   |   |                                   |     |        |   |                  |               |          |         |   |   |   |   |
| WITNESS  | NAME: LAST, FIRST, MIDDLE |                           |   |                       |   |   |   |                                   | DATE OF BIRTH   |   |                                   | AGE | GENDER |   |                  |               |          |         |   |   |   |   |
|  |                           |                           |   |                       |   |   |   |                                   | 0   |   |                                   |     |        |   |                  |               |          |         |   |   |   |   |
| ADDRESS: STREET, CITY, STATE, ZIP  |                           |                           |   |                       |   |   |   | CONTACT PHONE - INCLUDE AREA CODE |   |   |                                   |     |        |   |                  |               |          |         |   |   |   |   |
| WITNESS  | NAME: LAST, FIRST, MIDDLE |                           |   |                       |   |   |   |                                   | DATE OF BIRTH   |   |                                   | AGE | GENDER |   |                  |               |          |         |   |   |   |   |
|  |                           |                           |   |                       |   |   |   |                                   | 0   |   |                                   |     |        |   |                  |               |          |         |   |   |   |   |
| ADDRESS: STREET, CITY, STATE, ZIP  |                           |                           |   |                       |   |   |   | CONTACT PHONE - INCLUDE AREA CODE |   |   |                                   |     |        |   |                  |               |          |         |   |   |   |   |

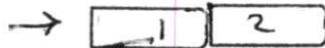
|                     |           |                   |                             |                  |
|---------------------|-----------|-------------------|-----------------------------|------------------|
| LOCAL REPORT NUMBER | 22-043588 | REPORTING AGENCY  | Fairfield Police Department | DATE OF ACCIDENT |
| IN COUNTY OF        | Butler    | ACCIDENT LOCATION | 822 Nilles Rd               | 6/20/22          |
|                     |           |                   |                             |                  |

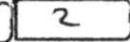


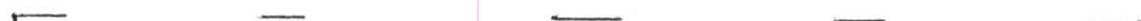
822 Nilles  
Rd



Nilles Rd



→  



Not to  
scale

OFFICER'S SIGNATURE

T.King

BADGE NO

161