



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

|   |  |  |  |  |  |   |   |
|---|--|--|--|--|--|---|---|
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH  |  | <input checked="" type="checkbox"/> OH-2<br><input type="checkbox"/> OH-3<br><input checked="" type="checkbox"/> OH-1P<br><input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY  | LOCAL INFORMATION<br>REPORTING AGENCY NAME*<br>Fairfield Police Department   |  | NCIC*<br>0 0 9 0 1   | 2 2 0 4 3 7 4 3   |   |
| COUNTY*<br>0 9  | LOCALITY*<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br>1                  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>City of Fairfield  |  | CRASH DATE / TIME*<br>0 6 2 1 2 0 2 2 0 6 4 8  |  | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY<br>3   |   |
| ROUTE TYPE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  | ROUTE NUMBER   | PREFIX   | LOCATION ROAD NAME<br>WINTON   | ROAD TYPE<br>R D   | LATITUDE DECIMAL DEGREES<br>3 9 . 3 1 4 8 3 4  | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY<br>3   |   |
| ROUTE TYPE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  | ROUTE NUMBER   | PREFIX   | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>MACK  | ROAD TYPE<br>R D   | LONGITUDE DECIMAL DEGREES<br>- 8 4 . 5 4 1 5 9 0   |   |   |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br>1  | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | 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<br>PL - PLACE<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY | INTERSECTION RELATED<br><input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES<br>3  |  |   |   |
| DISTANCE FROM REFERENCE<br>1 - MILES<br>2 - FEET<br>3 - YARDS   | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS             | LOCATION OF FIRST HARMFUL EVENT<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP<br>9 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12 - SHARED USE PATHS OR TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER / UNKNOWN<br>0 1 |  | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN<br>6                       |  | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>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>1<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/UNKNOWN  | CONDITIONS<br>1<br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN | SURFACE<br>2<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/UNKNOWN  |   |
| LIGHT CONDITION<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN<br>1       |  | WEATHER<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN<br>0 1   |  | NARRATIVE<br>On June 21, 2022 at about 6:48 A.M. Unit was turning left onto Mack Rd from Winton Rd and was struck by Unit 2. Unit 2 was northbound on Winton Rd and had the green light. The driver of Unit 1 was cited for failure to yield while turning left at an intersection.<br><br>SEE OH -2 |  |   |   |
| CRASH REPORTED DATE / TIME<br>0 6 2 1 2 0 2 2 0 6 4 8   |  | DISPATCH DATE / TIME<br>0 6 2 1 2 0 2 2 0 6 5 0  |  | ARRIVAL DATE / TIME<br>0 6 2 1 2 0 2 2 0 6 5 4   |  | SCENE CLEARED DATE / TIME<br>0 6 2 1 2 0 2 2 0 7 2 4  |   |
| TOTAL TIME ROADWAY CLOSED<br>0  | OTHER INVESTIGATION TIME<br>3 0  | TOTAL MINUTES<br>7 4   | OFFICER'S NAME*<br>R. CORNER   | CHECKED BY OFFICER'S NAME*<br>Sgt. J. Sprague  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST  |   | SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS) |
| OFFICER'S BADGE NUMBER*<br>8 5  |  | CHECKED BY OFFICER'S BADGE NUMBER*<br>8 4  |  |  |  |   |   |

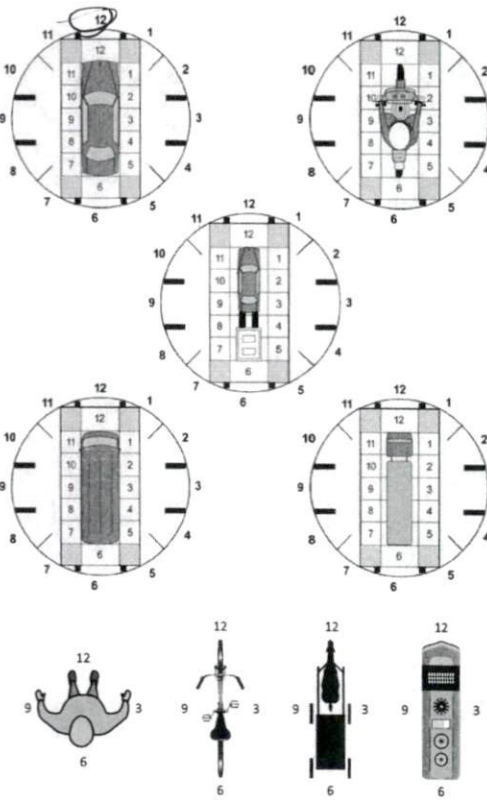


|   |   |  |   |   |   |
|---|---|--|---|---|---|
| OWNER   | UNIT #<br>01  | OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)   | OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)   |   |   |
|   | OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)  |  |   |   |   |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP |   | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE  |   |   |   |
| VEHICLE   | LP STATE<br>OH  | LICENSE PLATE #<br>BC99CZ  | VEHICLE IDENTIFICATION #<br>1GTEC114T252175618  | VEHICLE YEAR<br>2005  | VEHICLE MAKE<br>GMC   |
|   | <input checked="" type="checkbox"/> INSURANCE VERIFIED  | INSURANCE COMPANY<br>ERIE  | INSURANCE POLICY #<br>Q057108991  | COLOR<br>SILVER   | VEHICLE MODEL<br>SIERRA   |
|   | <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE                | TYPE OF USE  | US DOT #  | TOWED BY: COMPANY NAME<br>FOX   |   |
|   | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT   | #OCCUPANTS<br>01   | 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 <input type="checkbox"/> PLACARD   |   |
|   | 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 | 23 - PEDESTRIAN / SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP |
|   | # OF TRAILING UNITS<br>0  |  | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER / UNKNOWN   |   |   |
|   | AUTONOMOUS MODE LEVEL<br>01   |  | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN   |   |   |
|   | SPECIAL FUNCTION<br>01  |  | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT/COMMUTER<br>6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER / UNKNOWN  |   |   |
|   | CARGO BODY TYPE<br>01   |  | 1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER / UNKNOWN  |   |   |
|   | VEHICLE DEFECTS<br>01   |  | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER / UNKNOWN  |   |   |
| EVENT(S)  | NON-MOTORIST LOCATION AT IMPACT<br>01   |  | 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER / ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER / UNKNOWN   |   |   |
|   | ACTION<br>04  |  | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER / UNKNOWN<br>1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE<br>9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER / UNKNOWN                                     |   |   |
|   | CONTRIBUTING CIRCUMSTANCES<br>02  |  | 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<br>7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE / ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION   |   |   |
|   | SEQUENCE OF EVENTS<br>120   |  | 1 - OVERTURN/ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT  |   |   |
|   | COLLISION WITH FIXED OBJECT - STRUCK<br>41  |  | 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<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT / LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER / UNKNOWN |   |   |
|   | FIRST HARMFUL EVENT<br>1  |  | MOST HARMFUL EVENT<br>1   |   |   |

|  |  |
|--|--|
| LOCAL REPORT NUMBER<br>22073743  |  |
| DAMAGE<br>DAMAGE SCALE<br>4 1 - NONE 3 - FUNCTIONAL DAMAGE<br>2 - MINOR DAMAGE 4 - DISABLING DAMAGE<br>9 - UNKNOWN   |  |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY<br><br><input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14]<br><input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15]<br><input type="checkbox"/> - UNIT NOT AT SCENE [16] |  |
| INITIAL POINT OF CONTACT<br>01 0 - NO DAMAGE 14 - UNDERCARRIAGE<br>1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE<br>13 - TOP 99 - UNKNOWN   |  |
| TRAFFIC<br>TRAFFICWAY FLOW<br>2 1 - ONE-WAY<br>2 - TWO-WAY<br>TRAFFIC CONTROL<br>2 1 - ROUNDABOUT 4 - STOP SIGN<br>2 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 6 - NO CONTROL   |  |
| # OF THROUGH LANES ON ROAD<br>2  | RAIL GRADE CROSSING<br>1 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 1 TO 3<br>1 - NORTH 5 - NORTHEAST<br>2 - SOUTH 6 - NORTHWEST<br>3 - EAST 7 - SOUTHEAST<br>4 - WEST 8 - SOUTHWEST<br>9 - OTHER / UNKNOWN  |  |
| UNIT SPEED<br>15   | DETECTED SPEED<br>1 1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED               |
| POSTED SPEED<br>35   |  |



|   |  |  |   |   |  |
|---|--|--|---|---|--|
| OWNER   | UNIT #<br>012  | OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) | OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER) |   |  |
|   | OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)   |  |   |   |  |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP |  | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE        |   |   |  |
| VEHICLE   | LP STATE<br>OH   | LICENSE PLATE #<br>GLC5906                         | VEHICLE IDENTIFICATION #<br>1C14HJWE914E1219364   | VEHICLE YEAR<br>2014  | VEHICLE MAKE<br>JEEP   |
|   | <input checked="" type="checkbox"/> INSURANCE VERIFIED   | INSURANCE COMPANY<br>PROGRESSIVE                   | INSURANCE POLICY #<br>57800444                    | COLOR<br>RED  | VEHICLE MODEL<br>WRANGLER  |
|   | <input type="checkbox"/> COMMERCIAL  | <input type="checkbox"/> GOVERNMENT                | <input type="checkbox"/> IN EMERGENCY RESPONSE    | TOWED BY: COMPANY NAME<br>MARCELL'S   |  |
|   | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED   | <input type="checkbox"/> HIT/SKIP UNIT             | #OCCUPANTS<br>01                                  | 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<br><input type="checkbox"/> PLACARD |
|   | UNIT TYPE<br>03<br>1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER<br>2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)<br>3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST<br>4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE<br>5 - CARGO VAN 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN<br>6 - VAN (9-15 SEATS) 11 - ALL TERRAIN VEHICLE (ATV / UTV) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP  |  |   |   |  |
|   | # OF TRAILING UNITS<br>0   |  |   |   |  |
|   | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>2<br>1 - YES 2 - NO 9 - OTHER / UNKNOWN   |  |   |   |  |
|   | AUTONOMOUS MODE LEVEL<br>01<br>1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER<br>2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN<br>3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL<br>4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING<br>5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL   |  |   |   |  |
|   | CARGO BODY TYPE<br>01<br>1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER<br>2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER<br>7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE<br>99 - OTHER / UNKNOWN   |  |   |   |  |
|   | VEHICLE DEFECTS<br>1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN<br>2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT<br>3 - TAIL LAMPS 6 - TIRE BLOWOUT  |  |   |   |  |
| EVENT(S)  | NON-MOTORIST LOCATION AT IMPACT<br>1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE<br>2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 15 - VEHICLE NOT AT SCENE<br>5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN   |  |   |   |  |
|   | ACTION<br>3<br>1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE<br>2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING<br>3 - STRIKING 01 PRE-CRASH ACTIONS 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST<br>4 - STRUCK 5 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE<br>5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN<br>9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS   |  |   |   |  |
|   | CONTRIBUTING CIRCUMSTANCES<br>1<br>1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY<br>2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE<br>3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY<br>4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION<br>5 - UNSAFE SPEED 11 - DROVE OFF ROAD 21 - WORK ZONE MAINTENANCE EQUIPMENT<br>6 - IMPROPER TURN 12 - IMPROPER BACKING  |  |   |   |  |
|   | SEQUENCE OF EVENTS<br>20<br>1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT<br>2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT<br>4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE  |  |   |   |  |
|   | COLLISION WITH FIXED OBJECT - STRUCK<br>4<br>25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT<br>26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL<br>27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING<br>28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL<br>29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT<br>30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 55 - OTHER / UNKNOWN<br>49 - FIRE HYDRANT |  |   |   |  |
|   | FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1   |  |   |   |  |

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



## MOTORIST / Non-MOTORIST

| LOCAL REPORT NUMBER  |  |                            |  |  |  |                         |  |               |  |
|--|--|----------------------------|--|--|--|-------------------------|--|---------------|--|
| 2 2 0 4 3 7 4 3  |  |                            |  |  |  |                         |  |               |  |
| UNIT #<br>0 1  | NAME: LAST, FIRST, MIDDLE<br>JOHNSON, KATHLEEN L |                            |  |  |  |                         |  |               |  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>1460 CORYDALE DR FAIRFIELD, OH 45014              |  |                            |  |  | DATE OF BIRTH<br>1 1 0 5 1 9 4 4                 |                         | AGE<br>7 7                               | GENDER<br>F   |  |
| CONTACT PHONE - INCLUDE AREA CODE  |  |                            |  |  |  |                         |  |               |  |
| INJURIES<br>3  | INJURED TAKEN BY<br>2                            | EMS AGENCY (NAME)<br>CFFD  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)<br>MERCY | SAFETY EQUIPMENT USED<br>0 4   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 1 | AIR BAG USAGE<br>2                       | EJECTION<br>1 | TRAPPED<br>1   |
| OL STATE<br>O H  | OPERATOR LICENSE NUMBER                          |                            | OFFENSE CHARGED<br>331.10A2                              | LOCAL CODE<br><input checked="" type="checkbox"/>  | OFFENSE DESCRIPTION<br>FTY TURNING LEFT          |                         | CITATION NUMBER<br>248186                |               |  |
| OL CLASS<br>4  | ENDORSEMENT<br>SELECT UP TO 2                    | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY<br>9                                | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | CONDITION<br>1          | ALCOHOL TEST<br>STATUS TYPE VALUE<br>1 1 |               | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4<br>1 1 |
| UNIT #<br>0 2  | NAME: LAST, FIRST, MIDDLE<br>RUSH, JENNIFER L    |                            |  |  |  |                         |  |               |  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>12031 WESTERLY DR CINCINNATI, OH 45231            |  |                            |  |  | DATE OF BIRTH<br>0 2 0 3 1 9 6 0                 |                         | AGE<br>6 2                               | GENDER<br>F   |  |
| CONTACT PHONE - INCLUDE AREA CODE  |  |                            |  |  |  |                         |  |               |  |
| INJURIES<br>3  | INJURED TAKEN BY<br>2                            | EMS AGENCY (NAME)<br>CFFD  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)<br>MERCY | SAFETY EQUIPMENT USED<br>0 4   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 1 | AIR BAG USAGE<br>2                       | EJECTION<br>1 | TRAPPED<br>1   |
| OL STATE<br>O H  | OPERATOR LICENSE NUMBER                          |                            | OFFENSE CHARGED  | LOCAL CODE<br><input type="checkbox"/>   | OFFENSE DESCRIPTION                              |                         | CITATION NUMBER                          |               |  |
| OL CLASS<br>4  | ENDORSEMENT<br>SELECT UP TO 2                    | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY<br>9                                | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | CONDITION<br>1          | ALCOHOL TEST<br>STATUS TYPE VALUE<br>1 1 |               | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4<br>1 1 |
| UNIT #   | NAME: LAST, FIRST, MIDDLE                        |                            |  |  |  |                         |  |               |  |
| ADDRESS: STREET, CITY, STATE, ZIP  |  |                            |  |  | DATE OF BIRTH                                    |                         | AGE<br>0                                 | GENDER        |  |
| CONTACT PHONE - INCLUDE AREA CODE  |  |                            |  |  |  |                         |  |               |  |
| INJURIES   | INJURED TAKEN BY                                 | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)          | SAFETY EQUIPMENT USED  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION        | AIR BAG USAGE                            | EJECTION      | TRAPPED  |
| OL STATE   | OPERATOR LICENSE NUMBER                          |                            | OFFENSE CHARGED  | LOCAL CODE<br><input type="checkbox"/>   | OFFENSE DESCRIPTION                              |                         | CITATION NUMBER                          |               |  |
| OL CLASS   | ENDORSEMENT<br>SELECT UP TO 2                    | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY                                     | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | CONDITION               | ALCOHOL TEST<br>STATUS TYPE VALUE        |               | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4        |
| INJURIES   |  |                            |  |  |  |                         |  |               |  |
| 1 - FATAL  |  |                            |  |  |  |                         |  |               |  |
| 2 - SUSPECTED SERIOUS INJURY   |  |                            |  |  |  |                         |  |               |  |
| 3 - SUSPECTED MINOR INJURY   |  |                            |  |  |  |                         |  |               |  |
| 4 - POSSIBLE INJURY  |  |                            |  |  |  |                         |  |               |  |
| 5 - NO APPARENT INJURY   |  |                            |  |  |  |                         |  |               |  |
| INJURED TAKEN BY   |  |                            |  |  |  |                         |  |               |  |
| 1 - NOT TRANSPORTED / TREATED AT SCENE   |  |                            |  |  |  |                         |  |               |  |
| 2 - EMS  |  |                            |  |  |  |                         |  |               |  |
| 3 - POLICE   |  |                            |  |  |  |                         |  |               |  |
| 9 - OTHER / UNKNOWN  |  |                            |  |  |  |                         |  |               |  |
| SAFETY EQUIPMENT   |  |                            |  |  |  |                         |  |               |  |
| 1 - NONE USED  |  |                            |  |  |  |                         |  |               |  |
| 2 - SHOULDER BELT ONLY USED  |  |                            |  |  |  |                         |  |               |  |
| 3 - LAP BELT ONLY USED   |  |                            |  |  |  |                         |  |               |  |
| 4 - SHOULDER & LAP BELT USED   |  |                            |  |  |  |                         |  |               |  |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING  |  |                            |  |  |  |                         |  |               |  |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING   |  |                            |  |  |  |                         |  |               |  |
| 7 - BOOSTER SEAT   |  |                            |  |  |  |                         |  |               |  |
| 8 - HELMET USED  |  |                            |  |  |  |                         |  |               |  |
| 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)  |  |                            |  |  |  |                         |  |               |  |
| 10 - REFLECTIVE CLOTHING   |  |                            |  |  |  |                         |  |               |  |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY  |  |                            |  |  |  |                         |  |               |  |
| 99 - OTHER / UNKNOWN   |  |                            |  |  |  |                         |  |               |  |
| SEATING POSITION   |  |                            |  |  |  |                         |  |               |  |
| 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)  |  |                            |  |  |  |                         |  |               |  |
| 2 - FRONT - MIDDLE   |  |                            |  |  |  |                         |  |               |  |
| 3 - FRONT - RIGHT SIDE   |  |                            |  |  |  |                         |  |               |  |
| 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)  |  |                            |  |  |  |                         |  |               |  |
| 5 - SECOND - MIDDLE  |  |                            |  |  |  |                         |  |               |  |
| 6 - SECOND - RIGHT SIDE  |  |                            |  |  |  |                         |  |               |  |
| 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  |  |                            |  |  |  |                         |  |               |  |
| 8 - THIRD - MIDDLE   |  |                            |  |  |  |                         |  |               |  |
| 9 - THIRD - RIGHT SIDE   |  |                            |  |  |  |                         |  |               |  |
| 10 - SLEEPER SECTION OF TRUCK CAB  |  |                            |  |  |  |                         |  |               |  |
| 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) |  |                            |  |  |  |                         |  |               |  |
| 12 - PASSENGER IN UNENCLOSED CARGO AREA  |  |                            |  |  |  |                         |  |               |  |
| 13 - TRAILING UNIT   |  |                            |  |  |  |                         |  |               |  |
| 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    |  |                            |  |  |  |                         |  |               |  |
| 15 - NON-MOTORIST  |  |                            |  |  |  |                         |  |               |  |
| 99 - OTHER / UNKNOWN   |  |                            |  |  |  |                         |  |               |  |
| AIR BAG  |  |                            |  |  |  |                         |  |               |  |
| 1 - NOT DEPLOYED   |  |                            |  |  |  |                         |  |               |  |
| 2 - DEPLOYED FRONT   |  |                            |  |  |  |                         |  |               |  |
| 3 - DEPLOYED SIDE  |  |                            |  |  |  |                         |  |               |  |
| 4 - DEPLOYED BOTH FRONT / SIDE   |  |                            |  |  |  |                         |  |               |  |
| 5 - NOT APPLICABLE   |  |                            |  |  |  |                         |  |               |  |
| 9 - DEPLOYMENT UNKNOWN   |  |                            |  |  |  |                         |  |               |  |
| EJECTION   |  |                            |  |  |  |                         |  |               |  |
| 1 - NOT EJECTED  |  |                            |  |  |  |                         |  |               |  |
| 2 - PARTIALLY EJECTED  |  |                            |  |  |  |                         |  |               |  |
| 3 - TOTALLY EJECTED  |  |                            |  |  |  |                         |  |               |  |
| 4 - NOT APPLICABLE   |  |                            |  |  |  |                         |  |               |  |
| TRAPPED  |  |                            |  |  |  |                         |  |               |  |
| 1 - NOT TRAPPED  |  |                            |  |  |  |                         |  |               |  |
| 2 - EXTRICATED BY MECHANICAL MEANS   |  |                            |  |  |  |                         |  |               |  |
| 3 - FREED BY NON-MECHANICAL MEANS  |  |                            |  |  |  |                         |  |               |  |
| OL CLASS   |  |                            |  |  |  |                         |  |               |  |
| 1 - CLASS A  |  |                            |  |  |  |                         |  |               |  |
| 2 - CLASS B  |  |                            |  |  |  |                         |  |               |  |
| 3 - CLASS C  |  |                            |  |  |  |                         |  |               |  |
| 4 - REGULAR CLASS (OHIO = D)   |  |                            |  |  |  |                         |  |               |  |
| 5 - M/C MOPED ONLY   |  |                            |  |  |  |                         |  |               |  |
| 6 - NO VALID OL  |  |                            |  |  |  |                         |  |               |  |
| OL RESTRICTION(S)  |  |                            |  |  |  |                         |  |               |  |
| 1 - ALCOHOL INTERLOCK DEVICE   |  |                            |  |  |  |                         |  |               |  |
| 2 - CDL INTRASTATE ONLY  |  |                            |  |  |  |                         |  |               |  |
| 3 - CORRECTIVE LENSES  |  |                            |  |  |  |                         |  |               |  |
| 4 - FARM WAIVER  |  |                            |  |  |  |                         |  |               |  |
| 5 - EXCEPT CLASS A BUS   |  |                            |  |  |  |                         |  |               |  |
| 6 - EXCEPT CLASS A & CLASS B BUS   |  |                            |  |  |  |                         |  |               |  |
| 7 - EXCEPT TRACTOR-TRAILER   |  |                            |  |  |  |                         |  |               |  |
| 8 - INTERMEDIATE LICENSE RESTRICTIONS  |  |                            |  |  |  |                         |  |               |  |
| 9 - LEARNER'S PERMIT RESTRICTIONS  |  |                            |  |  |  |                         |  |               |  |
| 10 - LIMITED TO DAYLIGHT ONLY  |  |                            |  |  |  |                         |  |               |  |
| 11 - LIMITED TO EMPLOYMENT   |  |                            |  |  |  |                         |  |               |  |
| 12 - LIMITED - OTHER   |  |                            |  |  |  |                         |  |               |  |
| 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)     |  |                            |  |  |  |                         |  |               |  |
| 14 - MILITARY VEHICLES ONLY  |  |                            |  |  |  |                         |  |               |  |
| 15 - MOTOR VEHICLES WITHOUT AIR BRAKES   |  |                            |  |  |  |                         |  |               |  |
| 16 - OUTSIDE MIRROR  |  |                            |  |  |  |                         |  |               |  |
| 17 - PROSTHETIC AID  |  |                            |  |  |  |                         |  |               |  |
| 18 - OTHER   |  |                            |  |  |  |                         |  |               |  |
| DRIVER DISTRACTION   |  |                            |  |  |  |                         |  |               |  |
| 1 - NOT DISTRACTED   |  |                            |  |  |  |                         |  |               |  |
| 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)   |  |                            |  |  |  |                         |  |               |  |
| 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE   |  |                            |  |  |  |                         |  |               |  |
| 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE  |  |                            |  |  |  |                         |  |               |  |
| 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE   |  |                            |  |  |  |                         |  |               |  |
| 6 - PASSENGER  |  |                            |  |  |  |                         |  |               |  |
| 7 - OTHER DISTRACTION INSIDE THE VEHICLE   |  |                            |  |  |  |                         |  |               |  |
| 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE  |  |                            |  |  |  |                         |  |               |  |
| 9 - OTHER / UNKNOWN  |  |                            |  |  |  |                         |  |               |  |
| TEST STATUS  |  |                            |  |  |  |                         |  |               |  |
| 1 - NONE GIVEN   |  |                            |  |  |  |                         |  |               |  |
| 2 - TEST REFUSED   |  |                            |  |  |  |                         |  |               |  |
| 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE   |  |                            |  |  |  |                         |  |               |  |
| 4 - TEST GIVEN, RESULTS KNOWN  |  |                            |  |  |  |                         |  |               |  |
| 5 - TEST GIVEN, RESULTS UNKNOWN  |  |                            |  |  |  |                         |  |               |  |
| ALCOHOL TEST TYPE  |  |                            |  |  |  |                         |  |               |  |
| 1 - NONE   |  |                            |  |  |  |                         |  |               |  |
| 2 - BLOOD  |  |                            |  |  |  |                         |  |               |  |
| 3 - URINE  |  |                            |  |  |  |                         |  |               |  |
| 4 - BREATH   |  |                            |  |  |  |                         |  |               |  |
| 5 - OTHER  |  |                            |  |  |  |                         |  |               |  |
| DRUG TEST TYPE   |  |                            |  |  |  |                         |  |               |  |
| 1 - NONE   |  |                            |  |  |  |                         |  |               |  |
| 2 - BLOOD  |  |                            |  |  |  |                         |  |               |  |
| 3 - URINE  |  |                            |  |  |  |                         |  |               |  |
| 4 - OTHER  |  |                            |  |  |  |                         |  |               |  |
| CONDITION  |  |                            |  |  |  |                         |  |               |  |
| 1 - APPARENTLY NORMAL  |  |                            |  |  |  |                         |  |               |  |
| 2 - PHYSICAL IMPAIRMENT  |  |                            |  |  |  |                         |  |               |  |
| 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)                                       |  |                            |  |  |  |                         |  |               |  |
| 4 - ILLNESS  |  |                            |  |  |  |                         |  |               |  |
| 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.   |  |                            |  |  |  |                         |  |               |  |
| 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                               |  |                            |  |  |  |                         |  |               |  |
| 9 - OTHER / UNKNOWN  |  |                            |  |  |  |                         |  |               |  |
| DRUG TEST RESULT(S)  |  |                            |  |  |  |                         |  |               |  |
| 1 - AMPHETAMINES   |  |                            |  |  |  |                         |  |               |  |
| 2 - BARBITURATES   |  |                            |  |  |  |                         |  |               |  |
| 3 - BENZODIAZEPINES  |  |                            |  |  |  |                         |  |               |  |
| 4 - CANNABINOIDS   |  |                            |  |  |  |                         |  |               |  |
| 5 - COCAINE  |  |                            |  |  |  |                         |  |               |  |
| 6 - OPIATES / OPIOIDS  |  |                            |  |  |  |                         |  |               |  |
| 7 - OTHER  |  |                            |  |  |  |                         |  |               |  |
| 8 - NEGATIVE RESULTS   |  |                            |  |  |  |                         |  |               |  |





# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
2 2 0 4 3 7 4 3

|          |                                   |                           |                   |   |                                   |  |                  |               |          |         |
|----------|-----------------------------------|---------------------------|-------------------|---|-----------------------------------|--|------------------|---------------|----------|---------|
| OCCUPANT | UNIT #                            | NAME: LAST, FIRST, MIDDLE |                   |   | DATE OF BIRTH                     |  | AGE              | GENDER        |          |         |
|          | ADDRESS: STREET, CITY, STATE, ZIP |                           |                   |   | CONTACT PHONE - INCLUDE AREA CODE |  |                  |               |          |         |
| OCCUPANT | INJURIES                          | INJURED TAKEN BY          | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED             | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|          | ADDRESS: STREET, CITY, STATE, ZIP |                           |                   |   | CONTACT PHONE - INCLUDE AREA CODE |  |                  |               |          |         |
| OCCUPANT | UNIT #                            | NAME: LAST, FIRST, MIDDLE |                   |   | DATE OF BIRTH                     |  | AGE              | GENDER        |          |         |
|          | ADDRESS: STREET, CITY, STATE, ZIP |                           |                   |   | CONTACT PHONE - INCLUDE AREA CODE |  |                  |               |          |         |
| OCCUPANT | INJURIES                          | INJURED TAKEN BY          | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED             | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|          | ADDRESS: STREET, CITY, STATE, ZIP |                           |                   |   | CONTACT PHONE - INCLUDE AREA CODE |  |                  |               |          |         |
| OCCUPANT | UNIT #                            | NAME: LAST, FIRST, MIDDLE |                   |   | DATE OF BIRTH                     |  | AGE              | GENDER        |          |         |
|          | ADDRESS: STREET, CITY, STATE, ZIP |                           |                   |   | CONTACT PHONE - INCLUDE AREA CODE |  |                  |               |          |         |
| OCCUPANT | INJURIES                          | INJURED TAKEN BY          | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED             | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|          | ADDRESS: STREET, CITY, STATE, ZIP |                           |                   |   | CONTACT PHONE - INCLUDE AREA CODE |  |                  |               |          |         |

| 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             |
|                              | 7 - BOOSTER SEAT                              | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  | EJECTION                           |
|                              | 8 - HELMET USED                               | 8 - THIRD - MIDDLE   |                                    |
|                              | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT SIDE   |                                    |
| 10 - REFLECTIVE CLOTHING     | 10 - SLEEPER SECTION OF TRUCK CAB             |  |                                    |
| GENDER                       | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 1 - NOT EJECTED                    |
|                              | 99 - OTHER / UNKNOWN                          | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | 2 - PARTIALLY EJECTED              |
|                              |   | 13 - TRAILING UNIT   | 3 - TOTALLY EJECTED                |
|                              |   | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 4 - NOT APPLICABLE                 |
|                              |   | 15 - NON-MOTORIST  | TRAPPED                            |
|                              |   | 99 - OTHER / UNKNOWN   |                                    |
|                              |   |  | 1 - NOT TRAPPED                    |
|                              |   |  | 2 - EXTRICATED BY MECHANICAL MEANS |
|                              |   |  | 3 - FREED BY NON-MECHANICAL MEANS  |

|         |                                     |                                   |  |     |        |
|---------|-------------------------------------|-----------------------------------|--|-----|--------|
| WITNESS | NAME: LAST, FIRST, MIDDLE           | DATE OF BIRTH                     |  | AGE | GENDER |
|         | CORCORAN, MYRANDA                   | 0 3 1 1 1 9 9 7                   |  | 2 5 | F      |
| WITNESS | ADDRESS: STREET, CITY, STATE, ZIP   | CONTACT PHONE - INCLUDE AREA CODE |  |     |        |
|         | 6615 BETTS AVE CINCINNATI, OH 45239 |                                   |  |     |        |
| WITNESS | NAME: LAST, FIRST, MIDDLE           | DATE OF BIRTH                     |  | AGE | GENDER |
|         | MUENCH, MARY                        | 0 1 3 1 1 9 6 8                   |  | 5 4 | F      |
| WITNESS | ADDRESS: STREET, CITY, STATE, ZIP   | CONTACT PHONE - INCLUDE AREA CODE |  |     |        |
|         | 6131 RICKY DR FAIRFIELD, OH 45014   |                                   |  |     |        |
| WITNESS | NAME: LAST, FIRST, MIDDLE           | DATE OF BIRTH                     |  | AGE | GENDER |
|         |                                     |                                   |  | 0   |        |
| WITNESS | ADDRESS: STREET, CITY, STATE, ZIP   | CONTACT PHONE - INCLUDE AREA CODE |  |     |        |
|         |                                     |                                   |  |     |        |

NUMBER 22-043743

FAIRFIELD P.D. 00901

M 6 ID 21 Y 22

COUNTY OF

BUTLER

ACCIDENT LOCATION

WINTON AT MACK

ONLY

ONLY

WINTON ROAD

NOT TO SCALE

MACK ROAD

ONLY

ONLY

ONLY

ONLY

OFFICERS SIGNATURE

R. CORNER

BADGE NO.

85

Y 0002