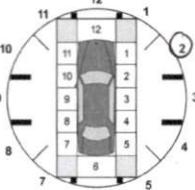
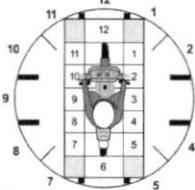
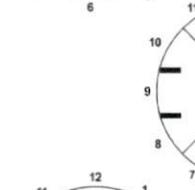
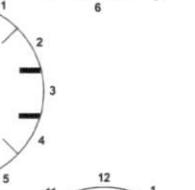
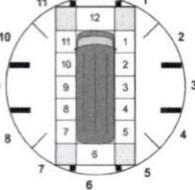
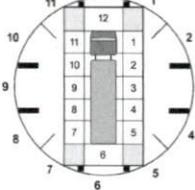
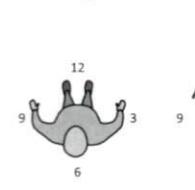
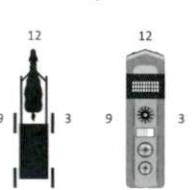


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

| | | | | | | | | | |
|--|------------|--|--|---|--|--|---|--|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN | | <input checked="" type="checkbox"/> OH-2 | <input type="checkbox"/> OH-3 | LOCAL INFORMATION | | LOCAL REPORT NUMBER* | | | |
| <input type="checkbox"/> SECONDARY CRASH | | <input checked="" type="checkbox"/> OH-1P | <input type="checkbox"/> OTHER | REPORTING AGENCY NAME* | | NCIC* | | | |
| | | | | Fairfield Police Department | | 00901 | | | |
| COUNTY* | | LOCALITY* | | LOCATION: CITY, VILLAGE, TOWNSHIP* | | HIT/SKIP | NUMBER OF UNITS | UNIT IN ERROR | |
| 09 | | 1-CITY 1-VILLAGE 3-TOWNSHIP | | City of Fairfield | | 1-SOLVED 2-UNRESOLVED | 02 | 01 98-ANIMAL 99-UNKNOWN | |
| REFERENCE LOCATION | ROUTE TYPE | ROUTE NUMBER | PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST | LOCATION ROAD NAME | | ROAD TYPE | CRASH DATE / TIME* | | |
| | S R | 4 | | Holden | | B L | 39 33 29 62 | 06/21/2022 1409 | |
| REFERENCE | ROUTE TYPE | ROUTE NUMBER | PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | | ROAD TYPE | LATITUDE DECIMAL DEGREES | | |
| | | | | | | | -84 52 1056 | | |
| REFERENCE POINT | | DIRECTION FROM REFERENCE | ROUTE TYPE | | ROAD TYPE | LONGITUDE DECIMAL DEGREES | | | |
| 1-INTERSECTION 2-MILE POST 3-HOUSE # | | 1-NORTH 2-SOUTH 3-EAST 4-WEST | IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE | | AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS | HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE | NUMBER OF APPROACHES | | |
| DISTANCE FROM REFERENCE | | DISTANCE UNIT OF MEASURE | | | RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY | ROADWAY | | | |
| 1 4 0 | | 1 - MILES 2 - FEET 3 - YARDS | | | | ROADWAY DIVIDED | | | |
| LOCATION OF FIRST HARMFUL EVENT | | | | MANNER OF CRASH COLLISION/IMPACT | | DIRECTION OF TRAVEL | MEDIAN TYPE | | |
| 1-ON ROADWAY 2-ON SHOULDER 3-IN MEDIAN 4-ON ROADSIDE 5-ON GORE 6-OUTSIDE TRAFFIC WAY 7-ON RAMP 8-OFF RAMP | | | | 9-CROSSOVER 10-DRIVEWAY/ALLEY ACCESS 11-RAILWAY GRADE CROSSING 12-SHARED USE PATHS OR TRAILS 13-BIKE LANE 14-TOLL BOOTH 99-OTHER/ UNKNOWN | | 1-NORTH 2-SOUTH 3-EAST 4-WEST | 1-DIVIDED FLUSH MEDIAN (<4 FEET) 2-DIVIDED FLUSH MEDIAN (≥4 FEET) 3-DIVIDED, DEPRESSED MEDIAN 4-DIVIDED, RAISED MEDIAN (ANY TYPE) 9-OTHER/UNKNOWN | | |
| <input type="checkbox"/> WORK ZONE RELATED | | WORK ZONE TYPE | | LOCATION OF CRASH IN WORK ZONE | | CONTOUR | CONDITIONS | SURFACE | |
| <input type="checkbox"/> WORKERS PRESENT | | 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER | | 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA | | 1 | 1 | 2 | |
| <input type="checkbox"/> LAW ENFORCEMENT PRESENT | | | | | | 1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-OTHER/UNKNOWN | 1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN | 1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN | |
| <input type="checkbox"/> ACTIVE SCHOOL ZONE | | | | | | | | | |
| LIGHT CONDITION | | | WEATHER | | | | | | |
| 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER/ UNKNOWN | | | 01 | | | 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL 6-SNOW 7-SEVERE CROSSWINDS 8-BLOWING SAND, SOIL, DIRT, SNOW 9-FREEZING RAIN OR FREEZING DRIZZLE 99-OTHER / UNKNOWN | | | |
| NARRATIVE | | | | | | | | | |
| <p>On 06/21/2022 at about 2:09 PM, Unit #1 was traveling northeast on Holden Blvd. and when at 140 feet north from S.R. 4, attempted to change to the curb lane and, in so doing, collided with Unit #2, which was traveling northeast on Holden Blvd. in the curb lane.</p> <p>See OH-2</p> | | | | | | | | | |
| CRASH REPORTED DATE / TIME | | | DISPATCH DATE / TIME | | ARRIVAL DATE / TIME | | SCENE CLEARED DATE / TIME | | |
| 06/21/2022 1409 | | | 06/21/2022 1412 | | 06/21/2022 1424 | | 06/21/2022 1451 | | |
| TOTAL TIME ROADWAY CLOSED | | OTHER INVESTIGATION TIME | TOTAL MINUTES | OFFICER'S NAME* | | REPORT TAKEN BY | | | |
| 5 1 | | 0 | 3 9 | S. Cook | | <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS) | | | |
| TOTAL TIME ROADWAY CLOSED | | OTHER INVESTIGATION TIME | TOTAL MINUTES | OFFICER'S NAME* | | CHECKED BY OFFICER'S NAME* | | | |
| 5 1 | | 0 | 3 9 | S. Cook | | Sgt. B. James | | | |
| TOTAL TIME ROADWAY CLOSED | | OTHER INVESTIGATION TIME | TOTAL MINUTES | OFFICER'S BADGE NUMBER* | | CHECKED BY OFFICER'S BADGE NUMBER* | | | |
| 5 1 | | 0 | 3 9 | 1 5 3 | | 1 3 9 | | | |

| | | | | | |
|---|--|--|---|---|---|
| OWNER | UNIT # <u>0 1</u> | OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) | OWNER PHONE: INCLUDE AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER) | | |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER) | | | | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE | | | |
| LP STATE <u>O H</u> | LICENSE PLATE # <u>JNJ5888</u> | VEHICLE IDENTIFICATION # <u>2G1WD57C691131505</u> | VEHICLE YEAR <u>2009</u> VEHICLE MAKE <u>Chevrolet</u> | | |
| <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY <u>Grange</u> | INSURANCE POLICY # <u>491839</u> | COLOR <u>Red</u> VEHICLE MODEL <u>Impala</u> | | |
| TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | | US DOT # | TOWED BY: COMPANY NAME | | |
| <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT #OCCUPANTS <u>0 1</u> | | VEHICLE WEIGHT GVWR/GCW 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. | HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # <u></u> PLACARD ID # <u></u> | | |
| UNIT TYPE <u>0 1</u> | 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) | 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOVED OR MOTORIZED 11 - ALL-TERRAIN VEHICLE (ATV / UTV) | 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME | 18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE | 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANYTYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP |
| 0 | # OF TRAILING UNITS | | | | |
| W/ VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>2</u> 1-YES 2-NO 9-OTHER/UNKNOWN | | 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - AUTONOMOUS MODE LEVEL <u>0</u> | 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION | 9 - UNKNOWN | |
| SPECIAL FUNCTION 1 - ELECTRONIC RIDE SHARING 2 - SCHOOL TRANSPORT 3 - BUS-TRANSIT/COMMUTER | | 1 - NONE 2 - TAXI 3 - BUS - SHUTTLE 4 - PUBLIC UTILITY 5 - BUS - TRANSIT/COMMUTER | 6 - BUS - CHARTERTOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE | 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT | 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL |
| CARGO BODY TYPE <u>0 1</u> | | 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - CARGO VAN/ENCLOSED BOX 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL | 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP | 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN |
| VEHICLE DEFECTS | | 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS | 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT | 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE | 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT |
| NON-MOTORIST LOCATION AT IMPACT | | 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK | 3 - INTERSECTION - OTHER CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION | 6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK | 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS |
| ACTION | | 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING <u>0 3</u> 4 - STRUCK PRE-CRASH ACTIONS 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN | 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN | 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS | 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE |
| CONTRIBUTING CIRCUMSTANCES | | 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN | 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ADOA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING | 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY | 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING |
| EVENT(S) | SEQUENCE OF EVENTS | | | | |
| 1 2 0 | 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNSHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE | 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT | 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT |
| 4 1 | 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE | 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL SUPPORT 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER | 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT | 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT | 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN |
| 1 | FIRST HARMFUL EVENT <u>1</u> MOST HARMFUL EVENT <u>1</u> | | | | |

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

OWNER

| | | |
|--------|---|--|
| UNIT # | OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER) | OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER) |
| 0 2 | | |

OWNER ADDRESS: STREET, CITY, STATE, ZIP SAME AS DRIVER)

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

| | | | | |
|----------|-----------------|--------------------------|--------------|--------------|
| LP STATE | LICENSE PLATE # | VEHICLE IDENTIFICATION # | VEHICLE YEAR | VEHICLE MAKE |
| O H | HUH3472 | 1HGC12F59GA171403 | 2016 | Honda |

| | | | | |
|--|-------------------|--------------------|-------|---------------|
| <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY | INSURANCE POLICY # | COLOR | VEHICLE MODEL |
| | Statefarm | 1528224B0735K | Black | Accord |

| | | |
|--|----------|------------------------|
| TYPE OF USE | US DOT # | TOWED BY: COMPANY NAME |
| <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | | |

| | | | | | | |
|---------------------------|--------------------------|------------|---|--------------------------|---------|--------------|
| INTERLOCK DEVICE EQUIPPED | HIT/SKIP UNIT | #OCCUPANTS | VEHICLE WEIGHT GVWR/GCWR | MATERIAL RELEASED | CLASS # | PLACARD ID # |
| <input type="checkbox"/> | <input type="checkbox"/> | 0 4 | 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. | <input type="checkbox"/> | | |

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

0 1 # OF TRAILING UNITS

| | | | |
|---|--|--|-------------|
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? | 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION | 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION | 9 - UNKNOWN |
| <input type="checkbox"/> 1 - YES 2 - NO 9 - OTHER / UNKNOWN | 0 | AUTONOMOUS MODE LEVEL | |

| | | | | | |
|------------------|---|---|---|--|---|
| SPECIAL FUNCTION | 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER | 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE | 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT | 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL | 21 - MAIL CARRIER 99 - OTHER / UNKNOWN |
|------------------|---|---|---|--|---|

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

| | | | | | |
|-----------------|--|--|--|--|----------------------|
| VEHICLE DEFECTS | 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS | 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT | 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE | 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT | 99 - OTHER / UNKNOWN |
|-----------------|--|--|--|--|----------------------|

| | | | | | |
|---------------------------------|--|---|---|---|--|
| NON-MOTORIST LOCATION AT IMPACT | 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK | 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED 5 - TRAVEL LANE - OTHER LOCATION | 6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK | 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS | 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN |
|---------------------------------|--|---|---|---|--|

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

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

SEQUENCE OF EVENTS

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

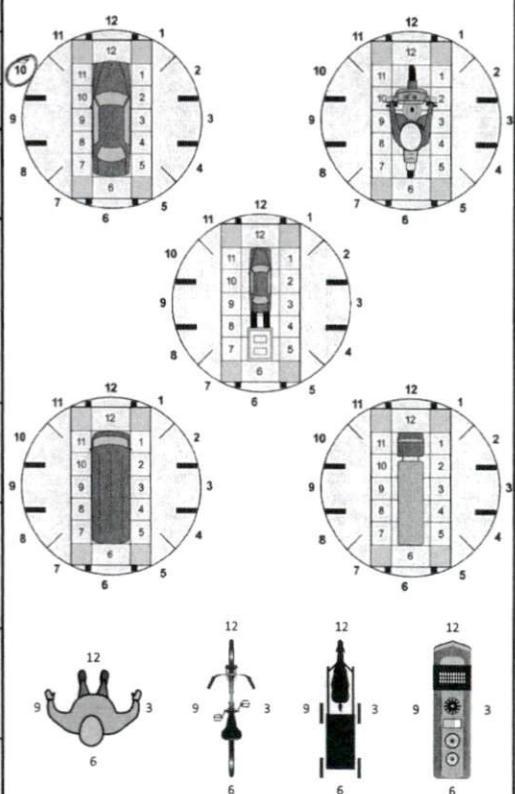
| | | | | | |
|-----|--|--|---|--|--|
| 4 1 | 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE | 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER | 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT | 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT | 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN |
|-----|--|--|---|--|--|

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER
2 2 0 4 3 8 3 2

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

DAMAGED AREA(S)
INDICATE ALL THAT APPLY



- NO DAMAGE [0] - UNDERCARRIAGE [14]

- TOP [13] - ALL AREAS [15]

- UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT
0 - NO DAMAGE 14 - UNDERCARRIAGE
1 - 12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE
DIAGRAM 99 - UNKNOWN
13 - TOP

TRAFFIC
TRAFFIC WAY FLOW
1 - ONE-WAY 2 - TWO-WAY
2
TRAFFIC CONTROL
1 - ROUNDABOUT 4 - STOP SIGN
2 - SIGNAL 5 - YIELD SIGN
3 - FLASHER 6 - NO CONTROL

OF THROUGH LANES ON ROAD
4
RAIL GRADE CROSSING
1 - NOT INVOLVED
2 - INVOLVED-ACTIVE CROSSING
1
3 - INVOLVED-PASSIVE CROSSING

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

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



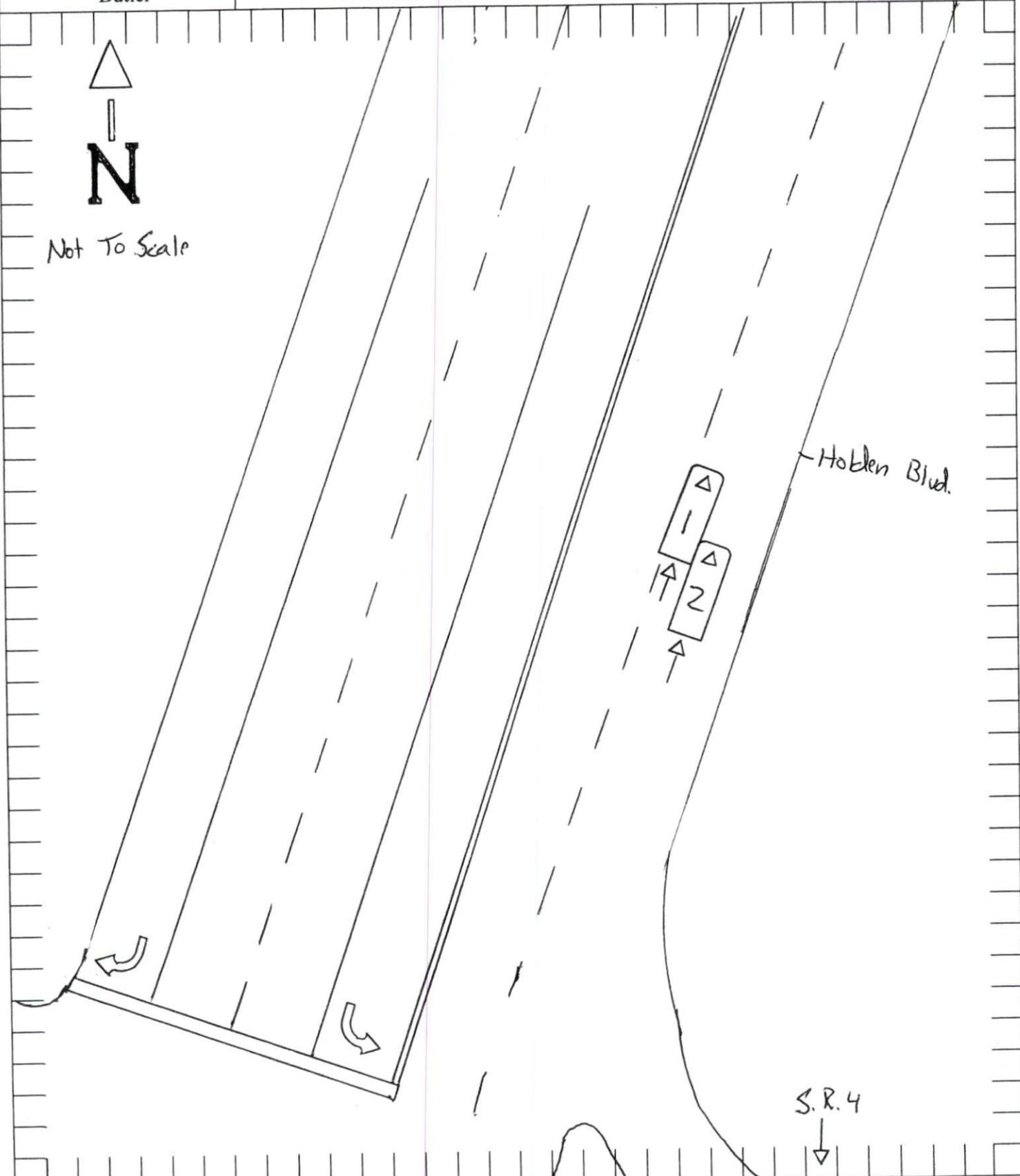
MOTORIST / Non-MOTORIST

| MOTORIST / NON-MOTORIST | LOCAL REPORT NUMBER | | | | | | | | | | | | | |
|---|---|----------------------------|---|---|--|---|--|--------------|--|---|-----------------------------------|---------------|----------------|---------|
| | 2 2 0 4 3 8 3 2 | | | | | DATE OF BIRTH | | AGE | GENDER | | | | | |
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | | | | | | | | | |
| 0 1 | Nieman, John | | | | | | | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | | | | | |
| 3215 Hamilton New London Rd, Hamilton, OH 45013 | | | | | | | | | | | | | | |
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED | DOT-Compliant MC HELMET | | | | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| 5 | | | | | | 0 4 | <input type="checkbox"/> | | | | 0 1 | 1 | 1 | 1 |
| DL STATE | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | | LOCAL CODE | OFFENSE DESCRIPTION | | | | CITATION NUMBER | | | |
| O H | | | | 331.08A1 | | X | Lane Change | | | | 251293 | | | |
| DL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | | CONDITION | ALCOHOL TEST | | | DRUG TEST(S) | | | |
| 4 | | | | 1 | <input type="checkbox"/> ALCOHOL | <input type="checkbox"/> MARIJUANA | 1 | 1 | 1 | 1 | 1 | 1 | SELECT UP TO 4 | |
| NAME: LAST, FIRST, MIDDLE | | | | | | | | | | | DATE OF BIRTH | | AGE | GENDER |
| UNIT # | 0 2 Kuhlmann, Raechelle | | | | | | | | | | 0 2 0 4 1 9 8 8 | | 3 4 | F |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | |
| 6161 Ricky Dr, Fairfield, OH 45014 | | | | | | | | | | | | | | |
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED | DOT-Compliant MC HELMET | | | | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| 5 | | | | | | 0 4 | <input type="checkbox"/> | | | | 0 1 | 1 | 1 | 1 |
| DL STATE | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | | LOCAL CODE | OFFENSE DESCRIPTION | | | | CITATION NUMBER | | | |
| O H | | | | | | | | | | | | | | |
| DL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | | CONDITION | ALCOHOL TEST | | | DRUG TEST(S) | | | |
| 4 | | | | 1 | <input type="checkbox"/> ALCOHOL | <input type="checkbox"/> MARIJUANA | 1 | 1 | 1 | 1 | 1 | 1 | SELECT UP TO 4 | |
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | | | | | | DATE OF BIRTH | | AGE | GENDER |
| | | | | | | | | | | | | | 0 | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | |
| 6161 Ricky Dr, Fairfield, OH 45014 | | | | | | | | | | | | | | |
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED | DOT-Compliant MC HELMET | | | | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| | | | | | | | <input type="checkbox"/> | | | | | | | |
| DL STATE | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | | LOCAL CODE | OFFENSE DESCRIPTION | | | | CITATION NUMBER | | | |
| | | | | | | | | | | | | | | |
| DL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | | CONDITION | ALCOHOL TEST | | | DRUG TEST(S) | | | |
| | | | | 1 | <input type="checkbox"/> ALCOHOL | <input type="checkbox"/> MARIJUANA | 1 | 1 | 1 | 1 | 1 | 1 | SELECT UP TO 4 | |
| INJURIES | SEATING POSITION | | AIR BAG | | DL CLASS | OL RESTRICTION(S) | DRIVER DISTRACTION | | TEST STATUS | | | | | |
| 1-FATAL | 1-FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | | 1-NOT DEPLOYED | | 1-CLASS A | 1-ALCOHOL INTERLOCK DEVICE | 1-NOT DISTRACTED | | 1-NONE GIVEN | | | | | |
| 2-SUSPECTED SERIOUS INJURY | 2-FRONT - MIDDLE | | 2-DEPLOYED FRONT | | 2-CLASS B | 2-CDL INTRASTATE ONLY | 2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) | | 2-TEST REFUSED | | | | | |
| 3-SUSPECTED MINOR INJURY | 3-FRONT - RIGHT SIDE | | 3-DEPLOYED SIDE | | 3-CLASS C | 3-CORRECTIVE LENSES | 3-TALKING ON HAND-HELD COMMUNICATION DEVICE | | 3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE | | | | | |
| 4-POSSIBLE INJURY | 4-SECOND - LEFT SIDE | | 4-DEPLOYED BOTH FRONT / SIDE | | 4-REGULAR CLASS (OHIO = D) | 4-FARM WAIVER | 4-TALKING ON HAND-HELD COMMUNICATION DEVICE | | 4-TEST GIVEN, RESULTS KNOWN | | | | | |
| 5-NO APPARENT INJURY | 4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | | 5-NOT APPLICABLE | | 5-M/C MOPED ONLY | 5-EXCEPT CLASS A BUS | 5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE | | 5-TEST GIVEN, RESULTS UNKNOWN | | | | | |
| INJURED TAKEN BY | 5-SECOND - MIDDLE | | 9-DEPLOYMENT UNKNOWN | | 6-NO VALID OL | 6-EXCEPT CLASS A & CLASS B BUS | 6-PASSENGER | | 6-BLOOD | | | | | |
| 1-NOT TRANSPORTED /TREATED AT SCENE | 6-SECOND - RIGHT SIDE | | 7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | | 7-EXCEPTTRACTOR-TRAILER | 7-INTERMEDIATE LICENSE RESTRICTIONS | 7-OTHER DISTRACTION INSIDE THE VEHICLE | | 7-URINE | | | | | |
| 2-EMS | 7-THIRD - MIDDLE | | 8-THIRD - RIGHT SIDE | | 8-LEARNER'S PERMIT RESTRICTIONS | 8-OTHER DISTRACTION OUTSIDE THE VEHICLE | 8-OTHER / UNKNOWN | | 8-BREATH | | | | | |
| 3-POLICE | 9-THIRD - RIGHT SIDE | | 10-SLEEPER SECTION OF TRUCK CAB | | 10-LIMITED TO DAYLIGHT ONLY | 9-OTHER / UNKNOWN | 9-OTHER / UNKNOWN | | 9-OTHER | | | | | |
| 9-OTHER/UNKNOWN | | | | | 11-LIMITED TO EMPLOYMENT | | | | | | | | | |
| SAFETY EQUIPMENT | | | | | 12-LIMITED - OTHER | | | | | | | | | |
| 1-NONE USED | | | | | 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | | | | | | | | | |
| 2-SHOULDER BELT ONLY USED | | | | | 14-MILITARY VEHICLES ONLY | | | | | | | | | |
| 3-LAP BELT ONLY USED | | | | | 15-MOTOR VEHICLES WITHOUT AIR BRAKES | | | | | | | | | |
| 4-SHOULDER & LAP BELT USED | | | | | 16-OUTSIDE MIRROR | | | | | | | | | |
| 5-CHILD RESTRAINT SYSTEM - FORWARD FACING | | | | | 17-PROSTHETIC AID | | | | | | | | | |
| 6-CHILD RESTRAINT SYSTEM - REAR FACING | | | | | 18-OTHER | | | | | | | | | |
| 7-BOOSTER SEAT | | | | | | | | | | | | | | |
| 8-HELMET USED | | | | | | | | | | | | | | |
| 9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | | | | | | | | | | | | | |
| 10-REFLECTIVE CLOTHING | | | | | | | | | | | | | | |
| 11-LIGHTING - PEDESTRIAN / BICYCLE ONLY | | | | | | | | | | | | | | |
| 99-OTHER / UNKNOWN | | | | | | | | | | | | | | |



OCCUPANT / WITNESS ADDENDUM

| OCCUPANT | LOCAL REPORT NUMBER | | | | | | | | | |
|--|---|---|---|--|---|--|----------------------|---------------|--------------|--|
| | 2 2 0 4 3 8 3 2 | DATE OF BIRTH | AGE | GENDER | | | | | | |
| UNIT # 2 | NAME: LAST, FIRST, MIDDLE Kuhlmann, Cheyenne | | | | 0 4 0 3 2 0 1 0 | 1 2 | F | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 6161 Ricky Dr, Fairfield, OH 45014 | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | |
| INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 0 4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0 3 | AIR BAG USAGE 0 1 | EJECTION 1 | TRAPPED 1 | |
| UNIT # 2 | NAME: LAST, FIRST, MIDDLE Fry, Colton | | | | 0 8 0 8 2 0 1 7 | 4 | M | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 6161 Ricky Dr, Fairfield, OH 45014 | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | |
| INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 0 5 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0 4 | AIR BAG USAGE 0 1 | EJECTION 1 | TRAPPED 1 | |
| UNIT # 2 | NAME: LAST, FIRST, MIDDLE Fry, Caralina | | | | 0 1 2 9 2 0 2 0 | 2 | F | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 6161 Ricky Dr, Fairfield, OH 45014 | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | |
| INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 0 5 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0 6 | AIR BAG USAGE 0 1 | EJECTION 1 | TRAPPED 1 | |
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | AGE 0 | 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 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | |
| INJURIES | | SAFETY EQUIPMENT USED | | SEATING POSITION | | AIR BAG USAGE | | | | |
| 1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY | | 1 - NONE USED - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY 99 - OTHER / UNKNOWN | | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN | | 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN | | | | |
| INJURED TAKEN BY | | | | | | EJECTION | | | | |
| 1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN | | | | | | 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE | | | | |
| GENDER | | | | | | TRAPPED | | | | |
| F - FEMALE M - MALE U - OTHER / UNKNOWN | | | | | | 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS | | | | |
| NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | AGE 0 | GENDER | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | AGE 0 | GENDER | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | AGE 0 | GENDER | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |

| | | | | | |
|--|-----------|-------------------|-----------------------------|------------------|-----------------|
| LOCAL REPORT NUMBER | 22-043832 | REPORTING AGENCY | Fairfield Police Department | DATE OF ACCIDENT | 6/21/22 |
| IN COUNTY OF | Butler | ACCIDENT LOCATION | Holden Blvd. // S.R. 4 | | |
|  | | | | | |
| OFFICER'S SIGNATURE | | | <i>S. Cook</i> | | BADGE NO 153 |