



*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

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LOCAL REPORT NUMBER*

HSY7001 OH1 1/19 [760-0820]

| | | | | | | |
|---|--|---|---|---|---|--|
| OWNER | UNIT # 01 | OWNER NAME: LAST, FIRST, MIDDLE () SAME AS DRIVER SPELLS, DIANNA, L | OWNER PHONE: INCLUDE AREA CODE () SAME AS DRIVER | | | |
| | OWNER ADDRESS: STREET, CITY, STATE, ZIP () SAME AS DRIVER 494 SMILEY AVENUE, CINCINNATI, OHIO, 45246 | | | | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE | | | | |
| VEHICLE | LP STATE OH | LICENSE PLATE # JHX3534 | VEHICLE IDENTIFICATION # JN18A Z1M W3B W16 6 8 3 8 | VEHICLE YEAR 2011 | VEHICLE MAKE NISSAN | |
| | <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY LIBERTY MUTUAL | INSURANCE POLICY # AOV28193958240 | COLOR BLACK | VEHICLE MODEL MURANO | |
| | <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 04 | VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. | HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # PLACARD ID # <input type="checkbox"/> PLACARD | |
| | UNIT TYPE 03 | | 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST 4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP | | | |
| | # OF TRAILING UNITS 0 | | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN 0 AUTONOMOUS MODE LEVEL | | | |
| | SPECIAL FUNCTION 01 | | 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION | | | |
| | CARGO BODY TYPE 01 | | 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL | | | |
| | VEHICLE DEFECTS | | 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER 7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE 11 - DUMP 99 - OTHER / UNKNOWN | | | |
| | NON-MOTORIST LOCATION AT IMPACT | | 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT 3 - TAIL LAMPS 6 - TIRE BLOWOUT | | | |
| EVENT(S) | ACTION 04 | | 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN | | | |
| | PRE-CRASH ACTIONS 01 | | 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST 4 - STRUCK 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS | | | |
| | CONTRIBUTING CIRCUMSTANCES 10 | | 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY 6 - IMPROPER TURN 12 - IMPROPER BACKING | | | |
| | SEQUENCE OF EVENTS | | 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY 6 - IMPROPER TURN 12 - IMPROPER BACKING | | | |
| | NON-COLLISION | | 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 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 MOTORVEHICLE 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE | | | |
| | COLLISION WITH FIXED OBJECT - STRUCK | | 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN 49 - FIRE HYDRANT | | | |
| | FIRST HARMFUL EVENT | | MOST HARMFUL EVENT | | | |

| | |
|--|--|
| LOCAL REPORT NUMBER 2 2 0 4 4 7 2 4 | |
| DAMAGE DAMAGE SCALE 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN | |
| DAMAGED AREA(S) INDICATE ALL THAT APPLY | |
| | |
| <input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16] | |
| INITIAL POINT OF CONTACT 0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN | |
| TRAFFIC TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY # OF THROUGH LANES ON ROAD 2 | |
| TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL | |
| RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING | |
| UNIT / NON-MOTORIST DIRECTION FROM 1 TO 2 | |
| UNIT SPEED 20 POSTED SPEED 25 | |
| DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED | |

| UNIT # | | OWNER NAME: LAST, FIRST, MIDDLE () SAME AS DRIVER | | OWNER PHONE: INCLUDE AREA CODE () SAME AS DRIVER | | LOCAL REPORT NUMBER | |
|--|--|--|--|---|--|--|--|
| 02 | | Mattingly, Lillian | | | | 22044724 | |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP () SAME AS DRIVER | | 5326 SOUTHGATE BLVD APT 4, FAIRFIELD, OHIO, 45014 | | | | DAMAGE | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE | | DAMAGE SCALE | |
| | | | | | | 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN | |
| LP STATE | | LICENSE PLATE # | | VEHICLE IDENTIFICATION # | | VEHICLE YEAR | |
| OH | | 731YYG | | 5NPE24AF8GH434500 | | 2016 | |
| INSURANCE VERIFIED | | INSURANCE COMPANY | | INSURANCE POLICY # | | COLOR | |
| Statefarm | | | | 9287445D1435A | | White | |
| TYPE OF USE | | IN EMERGENCY RESPONSE | | US DOT # | | TOWED BY: COMPANY NAME | |
| COMMERCIAL | | GOVERNMENT | | | | | |
| INTERLOCK DEVICE EQUIPPED | | HIT/SKIP UNIT | | #OCCUPANTS | | HAZARDOUS MATERIAL | |
| | | | | 02 | | CLASS # PLACARD ID # | |
| 1 - PASSENGER CAR | | 7 - MOTORCYCLE 2-WHEELED | | 12 - GOLF CART | | 18 - LIMO (LIVERY VEHICLE) | |
| 2 - PASSENGER VAN (MINIVAN) | | 8 - MOTORCYCLE 3-WHEELED | | 13 - SNOWMOBILE | | 19 - BUS (16+ PASSENGERS) | |
| 3 - SPORT UTILITY VEHICLE | | 9 - AUTOCYCLE | | 14 - SINGLE UNIT TRUCK | | 20 - OTHER VEHICLE | |
| 4 - PICK UP | | 10 - MOPED OR MOTORIZED BICYCLE | | 15 - SEMI-TRACTOR | | 21 - HEAVY EQUIPMENT | |
| 5 - CARGO VAN | | 11 - ALL TERRAIN VEHICLE (ATV / UTV) | | 16 - FARM EQUIPMENT | | 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE | |
| 6 - VAN (9-15 SEATS) | | | | 17 - MOTORHOME | | 99 - UNKNOWN OR HIT/SKIP | |
| UNIT TYPE | | # OF TRAILING UNITS | | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? | | AUTONOMOUS MODE LEVEL | |
| 01 | | 0 | | 1 - YES 2 - NO 9 - OTHER / UNKNOWN | | 0 | |
| SPECIAL FUNCTION | | 1 - NONE | | 6 - BUS - CHARTER/TOUR | | 11 - FIRE | |
| 2 - TAXI | | 7 - BUS - INTERCITY | | 12 - MILITARY | | 17 - MOWING | |
| 3 - ELECTRONIC RIDE SHARING | | 8 - BUS - SHUTTLE | | 13 - POLICE | | 18 - SNOW REMOVAL | |
| 4 - SCHOOL TRANSPORT | | 9 - BUS - OTHER | | 14 - PUBLIC UTILITY | | 19 - TOWING | |
| 5 - BUS - TRANSIT/COMMUTER | | 10 - AMBULANCE | | 15 - CONSTRUCTION EQUIPMENT | | 20 - SAFETY SERVICE PATROL | |
| CARGO BODY TYPE | | 1 - NO CARGO BODY TYPE / NOT APPLICABLE | | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE | | 5 - INTERMODAL CONTAINER CHASSIS | |
| 2 - BUS | | 4 - LOGGING | | 6 - CARGO VAN/ENCLOSED BOX | | 8 - POLE | |
| VEHICLE DEFECTS | | 1 - TURN SIGNALS | | 4 - BRAKES | | 7 - WORN OR SLICK TIRES | |
| 2 - HEAD LAMPS | | 5 - STEERING | | 8 - TRAILER EQUIPMENT DEFECTIVE | | 9 - MOTOR TROUBLE | |
| 3 - TAIL LAMPS | | 6 - TIRE BLOWOUT | | 10 - DISABLED FROM PRIOR ACCIDENT | | 99 - OTHER / UNKNOWN | |
| NON-MOTORIST LOCATION AT IMPACT | | 1 - INTERSECTION - MARKED CROSSWALK | | 3 - INTERSECTION - OTHER | | 6 - BICYCLE LANE | |
| 2 - INTERSECTION - UNMARKED CROSSWALK | | 4 - MIDBLOCK - MARKED CROSSWALK | | 7 - SHOULDER / ROADSIDE | | 9 - MEDIAN/CROSSING ISLAND | |
| 5 - TRAVEL LANE - OTHER LOCATION | | 8 - SIDEWALK | | 10 - DRIVEWAY ACCESS | | 11 - SHARED USE PATHS OR TRAILS | |
| ACTION | | 1 - NON-CONTACT | | 7 - MAKING U-TURN | | 13 - NEGOTIATING A CURVE | |
| 2 - NON-COLLISION | | 8 - ENTERING TRAFFIC LANE | | 14 - ENTERING OR CROSSING SPECIFIED LOCATION | | 18 - APPROACHING OR LEAVING VEHICLE | |
| 3 - STRIKING | | 9 - LEAVING TRAFFIC LANE | | 15 - WALKING, RUNNING, JOGGING, PLAYING | | 19 - STANDING | |
| 4 - STRUCK | | 10 - PARKED | | 16 - WORKING | | 20 - OTHER NON-MOTORIST | |
| 5 - BOTH STRIKING & STRUCK | | 11 - SLOWING OR STOPPED IN TRAFFIC | | 17 - PUSHING VEHICLE | | 21 - STANDING OUTSIDE DISABLED VEHICLE | |
| 9 - OTHER / UNKNOWN | | 12 - DRIVERLESS | | | | 99 - OTHER / UNKNOWN | |
| CONTRIBUTING CIRCUMSTANCES | | 1 - NONE | | 7 - LEFT OF CENTER | | 13 - IMPROPER START FROM A PARKED POSITION | |
| 2 - FAILURE TO YIELD | | 8 - FOLLOWING TOO CLOSE / ACDA | | 14 - STOPPED OR PARKED ILLEGALLY | | 17 - VISION OBSTRUCTION | |
| 3 - RAN RED LIGHT | | 9 - IMPROPER LANE CHANGE | | 15 - SWERVING TO AVOID | | 18 - OPERATING DEFECTIVE EQUIPMENT | |
| 4 - RAN STOP SIGN | | 10 - IMPROPER PASSING | | 16 - WRONG WAY | | 19 - LOAD SHIFTING/FALLING/ SPILLING | |
| 5 - UNSAFE SPEED | | 11 - DROVE OFF ROAD | | | | 21 - LYING IN ROADWAY | |
| 6 - IMPROPER TURN | | 12 - IMPROPER BACKING | | | | 22 - NOT DISCERNIBLE | |
| SEQUENCE OF EVENTS | | NON-COLLISION | | COLLISION WITH FIXED OBJECT - STRUCK | | 23 - OPENING DOOR INTO ROADWAY | |
| 1 2 0 | | 1 - OVERTURN/ROLLOVER | | 31 - GUARDRAIL END | | 99 - OTHER IMPROPER ACTION | |
| 2 | | 2 - FIRE/EXPLOSION | | 32 - PORTABLE BARRIER | | | |
| 3 | | 3 - IMMERSION | | 33 - MEDIAN CABLE BARRIER | | | |
| 4 | | 4 - JACKKNIFE | | 34 - MEDIAN GUARDRAIL BARRIER | | | |
| 5 | | 5 - CARGO / EQUIPMENT LOSS OR SHIFT | | 35 - MEDIAN CONCRETE BARRIER | | | |
| 6 | | | | 36 - MEDIAN OTHER BARRIER | | | |
| FIRST HARMFUL EVENT | | MOST HARMFUL EVENT | | | | | |
| 1 | | 1 | | | | | |
| TRAFFICWAY FLOW | | TRAFFIC CONTROL | | UNIT / NON-MOTORIST DIRECTION | | DETECTED SPEED | |
| 1 - ONE-WAY | | 1 - ROUNDABOUT | | 1 - NORTH | | 1 - STATED / ESTIMATED SPEED | |
| 2 - TWO-WAY | | 4 - STOP SIGN | | 2 - SOUTH | | 2 - CALCULATED / EDR | |
| | | 5 - YIELD SIGN | | 3 - EAST | | 3 - UNDETERMINED | |
| | | 6 - NO CONTROL | | 4 - WEST | | | |
| | | | | 9 - OTHER / UNKNOWN | | | |
| # OF THROUGH LANES ON ROAD | | RAIL GRADE CROSSING | | UNIT SPEED | | POSTED SPEED | |
| 2 | | 1 - NOT INVOLVED | | 5 | | 2 5 | |
| | | 2 - INVOLVED-ACTIVE CROSSING | | | | | |
| | | 3 - INVOLVED-PASSIVE CROSSING | | | | | |
| | | | | | | | |



MOTORIST / Non-MOTORIST

| | | | | | | | | | |
|---------------------|---|---|---|---|---|---|---|--|--|
| LOCAL REPORT NUMBER | | | | | | | | | |
| 2 | 2 | 0 | 4 | 4 | 7 | 2 | 4 | | |

| | | | | | | | | | |
|--|-----------------------------------|---|--|---|--|--------------------------------|---|----------------------|---|
| UNIT # 0 1 | | NAME: LAST, FIRST, MIDDLE Spells, Jocelyn | | DATE OF BIRTH 0 9 2 0 1 9 9 2 | | AGE 2 9 | GENDER F | | |
| ADDRESS: STREET, CITY, STATE, ZIP 5467 Southgate Blvd, Fairfield, OH 45014 Apt 4 | | | | 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 1 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
| OL STATE O H | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED 331.05A | LOCAL CODE <input checked="" type="checkbox"/> | OFFENSE DESCRIPTION Passing to left | | CITATION NUMBER 251976 | | |
| OL CLASS 4 | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY 1 | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION 1 | ALCOHOL TEST STATUS: 1 TYPE: 1 VALUE: . | | DRUG TEST(S) STATUS: 1 TYPE: 1 RESULT: SELECT UP TO 4 |

| | | | | | | | | | |
|--|-----------------------------------|--|--|---|--|--------------------------------|---|----------------------|---|
| UNIT # 0 2 | | NAME: LAST, FIRST, MIDDLE Lamb, Teresa | | DATE OF BIRTH 1 2 0 6 1 9 6 7 | | AGE 5 4 | GENDER F | | |
| ADDRESS: STREET, CITY, STATE, ZIP 5326 Southgate Blvd, Fairfield, OH 45014 Apt 104 | | | | 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 1 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
| OL STATE O H | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | CITATION NUMBER | | |
| OL CLASS 4 | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY 1 | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION 1 | ALCOHOL TEST STATUS: 1 TYPE: 1 VALUE: . | | DRUG TEST(S) STATUS: 1 TYPE: 1 RESULT: SELECT UP TO 4 |

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



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
2 2 0 4 4 7 2 4

| | | | | | |
|-----------------|--------------------|---|---|-----------------|--------------------|
| OCCUPANT | UNIT # 1 | NAME: LAST, FIRST, MIDDLE BOGLIN, NYA | DATE OF BIRTH 0 3 0 4 2 0 1 3 | AGE 9 | GENDER F |
|-----------------|--------------------|---|---|-----------------|--------------------|

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|---|--|--|--|--|--|
| ADDRESS: STREET, CITY, STATE, ZIP 5467 SOUTHGATE BLVD APT 4, FAIRFIELD, OHIO, 45014 | | | CONTACT PHONE - INCLUDE AREA CODE | | |
|---|--|--|--|--|--|

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

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|-----------------|--------------------|---|---|-----------------|--------------------|
| OCCUPANT | UNIT # 1 | NAME: LAST, FIRST, MIDDLE HARRIS, RYLAN | DATE OF BIRTH 0 9 0 8 2 0 1 9 | AGE 2 | GENDER F |
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|---|--|--|--|--|--|
| ADDRESS: STREET, CITY, STATE, ZIP 5467 SOUTHGATE BLVD APT 4, FAIRFIELD, OHIO, 45014 | | | CONTACT PHONE - INCLUDE AREA CODE | | |
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| 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 5 | AIR BAG USAGE 0 1 | EJECTION 1 | TRAPPED 1 |
|----------------------|-------------------------|--------------------------|--|-------------------------------------|--|--------------------------------|-----------------------------|----------------------|---------------------|

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| OCCUPANT | UNIT # 1 | NAME: LAST, FIRST, MIDDLE HARRIS, REBIMAUD | DATE OF BIRTH 0 6 0 1 2 0 2 1 | AGE 1 | GENDER M |
|-----------------|--------------------|--|---|-----------------|--------------------|

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|---|--|--|--|--|--|
| ADDRESS: STREET, CITY, STATE, ZIP 5467 SOUTHGATE BLVD APT 4, FAIRFIELD, OHIO, 45014 | | | CONTACT PHONE - INCLUDE AREA CODE | | |
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| INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 0 6 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0 6 | AIR BAG USAGE 0 1 | EJECTION 1 | TRAPPED 1 |
|----------------------|-------------------------|--------------------------|--|-------------------------------------|--|--------------------------------|-----------------------------|----------------------|---------------------|

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|-----------------|--------------------|---|---|-------------------|--------------------|
| OCCUPANT | UNIT # 2 | NAME: LAST, FIRST, MIDDLE DAWSON, THERESA | DATE OF BIRTH 0 6 1 3 1 9 6 1 | AGE 6 1 | GENDER F |
|-----------------|--------------------|---|---|-------------------|--------------------|

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|--|--|--|--|--|--|
| ADDRESS: STREET, CITY, STATE, ZIP 125 DANUBE DRIVE, FAIRFIELD, OHIO, 45014 | | | CONTACT PHONE - INCLUDE AREA CODE | | |
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| 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 |
|----------------------|-------------------------|--------------------------|--|-------------------------------------|--|--------------------------------|-----------------------------|----------------------|---------------------|

| 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 |
| | 6 - CHILD RESTRAINT SYSTEM - REAR FACING | 6 - SECOND - RIGHT SIDE | 9 - DEPLOYMENT UNKNOWN |
| INJURED TAKEN BY | 7 - BOOSTER SEAT | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | 8 - HELMET USED | 8 - THIRD - MIDDLE | EJECTION |
| 2 - EMS | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT SIDE | 1 - NOT EJECTED |
| 3 - POLICE | 10 - REFLECTIVE CLOTHING | 10 - SLEEPER SECTION OF TRUCK CAB | 2 - PARTIALLY EJECTED |
| 9 - OTHER / UNKNOWN | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 3 - TOTALLY EJECTED |
| GENDER | 99 - OTHER / UNKNOWN | 12 - PASSENGER IN UNENCLOSED CARGO AREA | 4 - NOT APPLICABLE |
| F - FEMALE | | 13 - TRAILING UNIT | TRAPPED |
| M - MALE | | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 1 - NOT TRAPPED |
| U - OTHER / UNKNOWN | | 15 - NON-MOTORIST | 2 - EXTRICATED BY MECHANICAL MEANS |
| | | 99 - OTHER / UNKNOWN | 3 - FREED BY NON-MECHANICAL MEANS |

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| WITNESS | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE 0 | GENDER |
| | ADDRESS: STREET, CITY, STATE, ZIP | | CONTACT PHONE - INCLUDE AREA CODE | |

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|----------------|--|----------------------|--|---------------|
| WITNESS | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE 0 | GENDER |
| | ADDRESS: STREET, CITY, STATE, ZIP | | CONTACT PHONE - INCLUDE AREA CODE | |

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|----------------|--|----------------------|--|---------------|
| WITNESS | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE 0 | GENDER |
| | ADDRESS: STREET, CITY, STATE, ZIP | | CONTACT PHONE - INCLUDE AREA CODE | |

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| LOCAL REPORT NUMBER PD22044724 | REPORTING AGENCY Fairfield Police Department | DATE OF ACCIDENT 6/24/22 |
| IN COUNTY OF Butler | ACCIDENT LOCATION 5326 Southgate Blvd | |

Southgate Blvd →

5326 Southgate Blvd

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NOT TO Scale

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|---|------------------------|
| OFFICER'S SIGNATURE C.Frazier | BADGE NO 158 |
|---|------------------------|