



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

| | | | | LOCAL REPORT NUMBER* | | | |
|--|---|--|---|---|---|-------------|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY | | LOCAL INFORMATION REPORTING AGENCY NAME* NCIC* Fairfield Police Department 009,01 | | | | | |
| | | HIT/SKIP NUMBER OF UNITS UNIT IN ERROR 1 - SOLVED 0,1 9,9 - ANIMAL 2 - UNSOLVED 9,9 - UNKNOWN | | | | | |
| COUNTY* | LOCALITY* | LOCATION: CITY, VILLAGE, TOWNSHIP* | | | | | |
| 09 | 1 1 - CITY 2 - VILLAGE 3 - TOWNSHIP | City of Fairfield | | | | | |
| ROUTE TYPE | ROUTE NUMBER | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | LOCATION ROAD NAME | ROAD TYPE | LATITUDE DECIMAL DEGREES | | |
| | | | Busway | L A | 39.341713 | | |
| ROUTE TYPE | ROUTE NUMBER | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | ROAD TYPE | LONGITUDE DECIMAL DEGREES | | |
| | | | North Gilmore | R D | -84.520610 | | |
| REFERENCE POINT | DIRECTION FROM REFERENCE 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # | ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE | ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS | ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE | INTERSECTION RELATED | | |
| DISTANCE FROM REFERENCE | DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS | | | | <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES | | |
| 01 | 50 | | | | ROADWAY | | |
| 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 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT | 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - 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 <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE | WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER | LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA | CONTOUR 1 2 - STRAIGHT LEVEL 3 - STRAIGHT GRADE 4 - CURVE LEVEL 5 - CURVE GRADE 9 - OTHER/UNKNOWN | CONDITIONS 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN | SURFACE 2 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN | | |
| LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN | | WEATHER 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 On 07/08/22 at 6:01 P.M. Unit 1 was traveling south on North Gilmore Rd. Unit 1 made a right hand turn to travel west on Busway Ln. Right after Unit 1 made the turn, a passenger was ejected from the back passenger side of the vehicle, causing serious injury. There were 2 unidentified juvenile passengers in the vehicle. | | | | | | | |
| See OH-2 | | | | | | | |
| | | | | REPORT TAKEN BY | | | |
| CRASH REPORTED DATE / TIME 07082022 1801 | | DISPATCH DATE / TIME 07082022 1803 | | ARRIVAL DATE / TIME 07082022 1804 | | | |
| SCENE CLEARED DATE / TIME 07082022 1846 | | | | | | | |
| TOTAL TIME ROADWAY CLOSED 3 0 | | OTHER INVESTIGATION TIME 3 0 | | TOTAL MINUTES 7 3 | | | |
| OFFICER'S NAME* D. Miller | | | | CHECKED BY OFFICER'S NAME* | | | |
| | | | | OFFICER'S BADGE NUMBER* 1 6 7 | | | |
| | | | | CHECKED BY OFFICER'S BADGE NUMBER* | | | |
| <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO (DPS) | | | | | | | |

OWNER

UNIT # **0_1** OWNER NAME: LAST, FIRST, MIDDLE SAME AS DRIVER
Fresh Bakery Service

OWNER PHONE: INCLUDE AREA CODE SAME AS DRIVER

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

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE **O_H** LICENSE PLATE # **JEH1618** VEHICLE IDENTIFICATION # **1G N K R G E D 4 C J 2 5 7 8 0 3** VEHICLE YEAR **2011** VEHICLE MAKE **Chevy**

INSURANCE VERIFIED INSURANCE COMPANY **National General** INSURANCE POLICY # **2010228642** COLOR **Red** VEHICLE MODEL **Traverse**

TYPE OF USE COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE
 INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS **0_4**

US DOT #
VEHICLE WEIGHT GVWR/GCWR
1 - <10K LBS.
2 - 10,001 - 26K LBS.
3 - >26K LBS.

HAZARDOUS MATERIAL
 MATERIAL RELEASED CLASS # **UNSPECIFIED** PLACARD ID # **UNSPECIFIED**
 PLACARD

UNIT TYPE **0_3**
1 - PASSENGER CAR
2 - PASSENGER VAN (MINIVAN)
3 - SPORT UTILITY VEHICLE
4 - PICK UP
5 - CARGO VAN
6 - VAN (9-15 SEATS)

1 - MOTORCYCLE 2-WHEELED
8 - MOTORCYCLE 3-WHEELED
9 - AUTOCYCLE
10 - MOPED OR MOTORIZED
11 - ALL TERRAIN VEHICLE (ATV / UTV)
12 - GOLF CART
13 - SNOWMOBILE
14 - SINGLE UNIT TRUCK
15 - SEMI-TRACTOR
16 - FARM EQUIPMENT
17 - MOTORHOME

18 - LIMO (LIVERY VEHICLE)
19 - BUS (16+ PASSENGERS)
20 - OTHER VEHICLE
21 - HEAVY EQUIPMENT
22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE
23 - PEDESTRIAN / SKATER
24 - WHEELCHAIR (ANY TYPE)
25 - OTHER NON-MOTORIST
26 - BICYCLE
27 - TRAIN
99 - UNKNOWN OR HIT/SKIP

OF TRAILING UNITS **0**

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? **0**
1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL
0 - NO AUTOMATION
1 - DRIVER ASSISTANCE
2 - PARTIAL AUTOMATION
3 - CONDITIONAL AUTOMATION
4 - HIGH AUTOMATION
5 - FULL AUTOMATION
9 - UNKNOWN

SPECIAL FUNCTION **0_1**
1 - NONE
2 - TAXI
3 - ELECTRONIC RIDE SHARING
4 - SCHOOL TRANSPORT
5 - BUS - TRANSIT/COMMUTER

1 - 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

CARGO BODY TYPE **0_1**
1 - NO CARGO BODY TYPE / NOT APPLICABLE
2 - BUS

1 - VEHICLE TOWING ANOTHER MOTOR VEHICLE
3 - LOGGING
4 - CARGO VAN/ENCLOSED BOX
5 - GRAIN/CHIPS/GRAVEL

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 CROSSWALK
5 - TRAVEL LANE - OTHER LOCATION

6 - BICYCLE LANE
7 - SHOULDER / ROADSIDE
8 - SIDEWALK

9 - MEDIAN/CROSSING ISLAND
10 - DRIVEWAY ACCESS
11 - SHARED USE PATHS OR TRAILS

12 - FIRST RESPONDER AT INCIDENT SCENE
99 - OTHER / UNKNOWN

ACTION **2**
1 - NON-CONTACT
2 - NON-COLLISION
3 - STRIKING **0_5**
4 - STRUCK PRE-CRASH
5 - BOTH STRIKING & STRUCK ACTIONS
9 - OTHER / UNKNOWN

1 - STRAIGHT AHEAD
2 - BACKING
3 - CHANGING LANES
4 - OVERTAKING/PASSING
5 - MAKING RIGHT TURN
6 - MAKING LEFT TURN
7 - MAKING U-TURN
8 - ENTERING TRAFFIC LANE
9 - LEAVING TRAFFIC LANE
10 - PARKED
11 - SLOWING OR STOPPED IN TRAFFIC
12 - DRIVERLESS

13 - NEGOTIATING A CURVE
14 - ENTERING OR CROSSING SPECIFIED LOCATION
15 - WALKING, RUNNING, JOGGING, PLAYING
16 - WORKING
17 - PUSHING VEHICLE

18 - APPROACHING OR LEAVING VEHICLE
19 - STANDING
20 - OTHER NON-MOTORIST
21 - STANDING OUTSIDE DISABLED VEHICLE
99 - OTHER / UNKNOWN

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_1_3
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

4_5_6
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

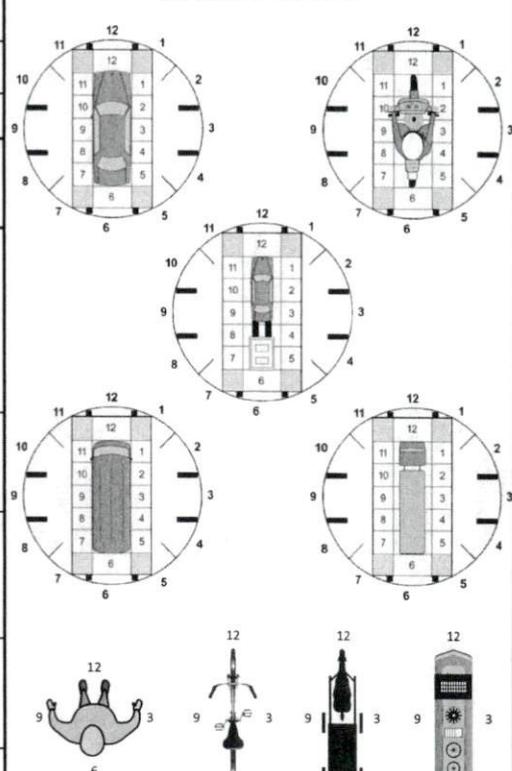
50 - WORK ZONE MAINTENANCE EQUIPMENT
51 - WALL
52 - BUILDING
53 - TUNNEL
54 - OTHER FIXED OBJECT
99 - OTHER / UNKNOWN

1 FIRST HARMFUL EVENT **1** MOST HARMFUL EVENT

LOCAL REPORT NUMBER
2 2 0 4 8 6 5 8

DAMAGE
DAMAGE SCALE
1 - 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 WAY FLOW **2** TRAFFIC CONTROL
1 - ONE-WAY 4 - STOP SIGN
2 - TWO-WAY 5 - YIELD SIGN
6 - NO CONTROL

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

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

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

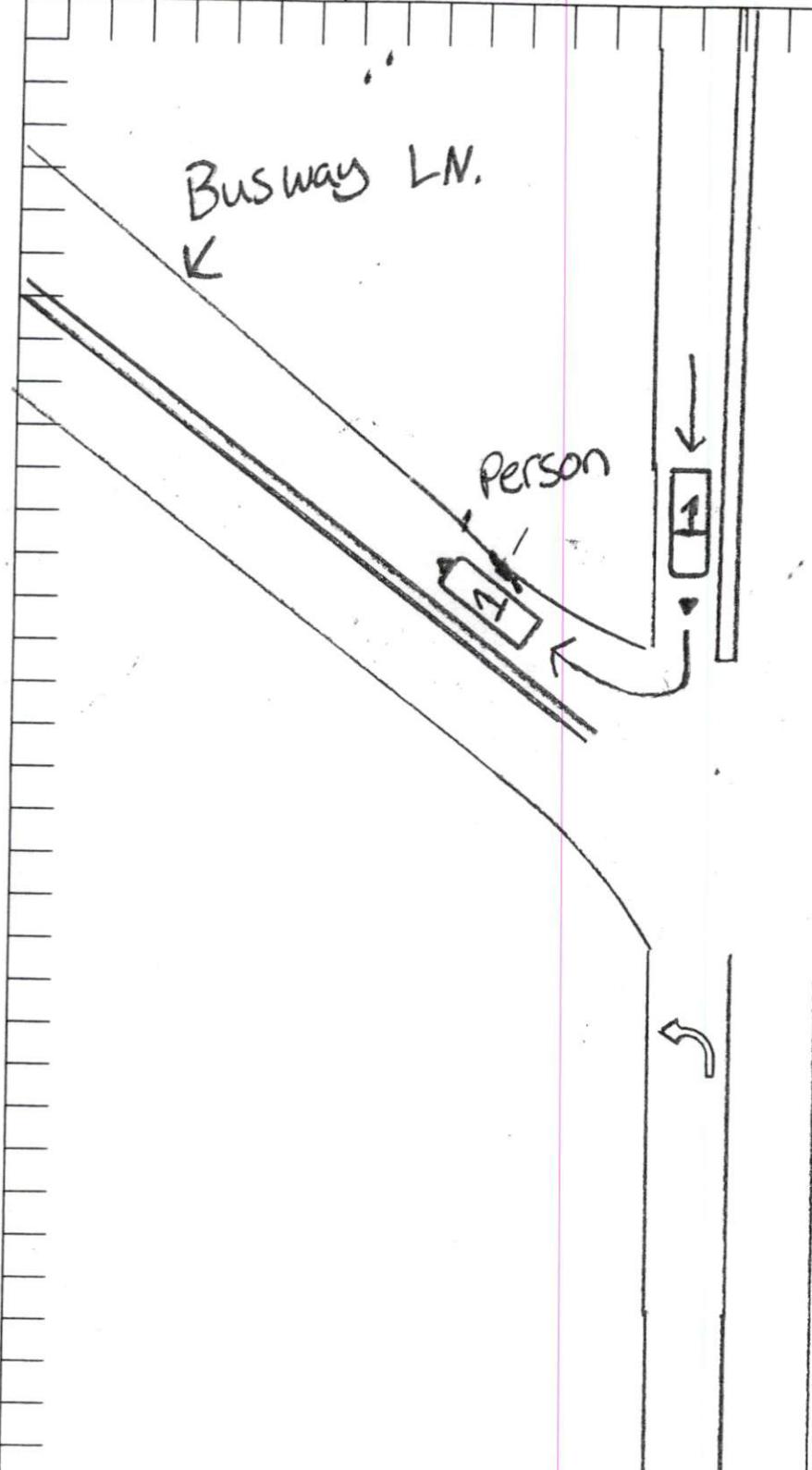
MOTORIST / Non-MOTORIST

| | | | | | | | | | | LOCAL REPORT NUMBER | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|---|--|---|--|---|--|---|--|--|--|---|--|--|--|--|--|---|--|--|--|--|--|
| | | | | | | | | | | 2 2 0 4 8 6 5 8 | | | | DATE OF BIRTH | | AGE | | GENDER | | | | | | | | | |
| UNIT # NAME: LAST, FIRST, MIDDLE 0 1 Perez Lopez, Karla, Maria | | | | | | | | | | 0 1 1 7 1 9 8 8 | | 3 4 | | F | | | | | | | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 1500 Sherwood Dr. Apt. 5A, 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 | | DOT-Compliant MC HELMET <input type="checkbox"/> | | SEATING POSITION 0 1 | | AIR BAG USAGE 1 | | EJECTION 1 | | TRAPPED 1 | | | | | | | | | |
| OL STATE _____ | | OPERATOR LICENSE NUMBER _____ | | OFFENSE CHARGED _____ | | LOCAL CODE <input type="checkbox"/> | | OFFENSE DESCRIPTION _____ | | | | | | CITATION NUMBER _____ | | | | | | | | | | | | | |
| OL CLASS 6 | | 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 | | GENDER | | 0 | | | | | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP _____ | | | | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | | | | | | | | |
| INJURIES _____ | | INJURED TAKEN BY _____ | | EMS AGENCY (NAME) _____ | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) _____ | | SAFETY EQUIPMENT USED _____ | | DOT-Compliant MC HELMET <input type="checkbox"/> | | 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 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 | | GENDER | | 0 | | | | | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP _____ | | | | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | | | | | | | | |
| INJURIES _____ | | INJURED TAKEN BY _____ | | EMS AGENCY (NAME) _____ | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) _____ | | SAFETY EQUIPMENT USED _____ | | DOT-Compliant MC HELMET <input type="checkbox"/> | | 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 1 TYPE 1 VALUE | | DRUG TEST(S) STATUS 1 TYPE 1 RESULT | | SELECT UP TO 4 _____ | | | | | | | | | | | |
| INJURIES _____ | | | | | | | | | | SEATING POSITION _____ | | AIR BAG _____ | | OL CLASS _____ | | OL RESTRICTION(S) _____ | | DRIVER DISTRACTION _____ | | TEST STATUS _____ | | | | | | | |
| 1-FATAL 2-SUSPECTED SERIOUS INJURY 3-SUSPECTED MINOR INJURY 4-POSSIBLE INJURY 5-NO APPARENT INJURY | | | | | | | | | | 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) | | 1-NOT DEPLOYED 2-DEPLOYED FRONT 3-DEPLOYED SIDE 4-DEPLOYED BOTH FRONT/SIDE 5-NOT APPLICABLE 9-DEPLOYMENT UNKNOWN | | 1-CLASS A 2-CLASS B 3-CLASS C 4-REGULAR CLASS (OHIO=D) 5-M/C MOPED ONLY 6-NO VALID OL 7-EXCEPT TRACTOR-TRAILER | | 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 | | 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 | | 1-NONE GIVEN 2-TEST REFUSED 3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4-TEST GIVEN, RESULTS KNOWN 5-TEST GIVEN, RESULTS UNKNOWN | | | | | | | |
| INJURED TAKEN BY 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 | | EJECTION _____ | | OL ENDORSEMENT _____ | | TRAPPED 1-NOT TRAPPED 2-EXTRICATED BY MECHANICAL MEANS 3-FREED BY NON-MECHANICAL MEANS | | R H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT | | 1-APPENDICULAR 2-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 | | ALCOHOL TEST TYPE 1-NONE 2-BLOOD 3-URINE 4-BREATH 5-OTHER | | | | | |
| 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 | | | | | | | | | | TRAPPED 1-NOT TRAPPED 2-EXTRICATED BY MECHANICAL MEANS 3-FREED BY NON-MECHANICAL MEANS | | GENDER F-FEMALE M-MALE U-OTHER / UNKNOWN | | COND 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 TYPE 1-NONE 2-BLOOD 3-URINE 4-OTHER | | DRUG TEST RESULT(S) 1-AMPHETAMINES 2-BARBITURATES 3-BENZODIAZEPINES 4-CANNABINOID 5-COCAIN 6-OPIATES / OPIOIDS 7-OTHER 8-NEGATIVE RESULTS | | | | | | | | | |



OCCUPANT / WITNESS ADDENDUM

| | | | | | LOCAL REPORT NUMBER | | | | | | | |
|--|---------------------------|--|---|--|---|------------------------------|---|--------|-------------------------|----------------------|---------------|--------------|
| | | | | | 2 2 0 4 8 6 5 8 | | | | | | | |
| OCCUPANT | UNIT # | NAME: LAST, FIRST, MIDDLE 1 Dominguez, Margaritta | | | DATE OF BIRTH | | AGE | GENDER | | | | |
| | | | | | 1 0 0 8 2 0 0 6 | 1 5 | F | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 1500 Sherwood Dr. Apt. 5A, Fairfield, OH 45014 | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | |
| INJURIES INJURED TAKEN BY EMS AGENCY (NAME) 2 2 Fairfield EMS | | | | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) Cincinnati Children + | SAFETY EQUIPMENT USED 0 1 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | | SEATING POSITION 0 6 | AIR BAG USAGE 0 1 | EJECTION 3 | TRAPPED 1 |
| OCCUPANT | UNIT # | NAME: LAST, FIRST, MIDDLE | | | DATE OF BIRTH | | AGE | GENDER | | | | |
| | | | | | | 0 | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | |
| INJURIES INJURED TAKEN BY EMS AGENCY (NAME) | | | | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| OCCUPANT | UNIT # | NAME: LAST, FIRST, MIDDLE | | | DATE OF BIRTH | | AGE | GENDER | | | | |
| | | | | | | 0 | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | |
| INJURIES INJURED TAKEN BY EMS AGENCY (NAME) | | | | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| OCCUPANT | UNIT # | NAME: LAST, FIRST, MIDDLE | | | DATE OF BIRTH | | AGE | GENDER | | | | |
| | | | | | | 0 | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | |
| 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 | | | 1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN | | 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 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE | | | | | |
| GENDER | | | F - FEMALE M - MALE U - OTHER / UNKNOWN | | 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 TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS | | | | | |
| WITNESS | NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | | AGE | GENDER | | | |
| | | | | | | | 0 | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | |
| WITNESS | NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | | AGE | GENDER | | | |
| | | | | | | | 0 | | | | | |
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| WITNESS | NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | | AGE | GENDER | | | |
| | | | | | | | 0 | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | |

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| LOCAL REPORT NUMBER | PD-22-048658 | REPORTING AGENCY | Fairfield Police Department | DATE OF ACCIDENT |
| IN COUNTY OF | Butler | ACCIDENT LOCATION | Busway Ln. // N. Gilmore Rd. | 7/8/22 |
|  | | | | |
| <p>Busway LN.</p> <p>Person</p> <p>1</p> <p>North Gilmore Rd.</p> <p>NOT TO SCALE</p> <p>N</p> | | | | |
| <p>OFFICER'S SIGNATURE</p> <p>D. Miller</p> <p>BADGE NO.</p> <p>167</p> | | | | |