




# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

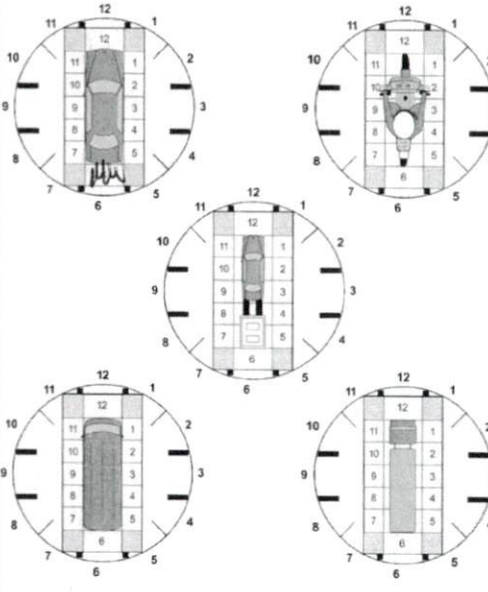
LOCAL REPORT NUMBER\*

|  |  |   |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH   |  | <input checked="" type="checkbox"/> OH-2<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY   |  | LOCAL INFORMATION  |  | 2 2 0 5 2 0 8 8  |  |
| COUNTY*<br>0 9   |  | LOCALITY*<br>1 CITY<br>2 VILLAGE<br>3 TOWNSHIP  |  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>City of Fairfield  |  | CRASH DATE / TIME*<br>0 7 2 1 2 0 2 2 1 6 3 9  |  |
| ROUTE TYPE<br>S R  |  | ROUTE NUMBER<br>4 B   |  | PREFIX<br>1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST   |  | LOCATION ROAD NAME<br>City of Fairfield  |  |
| ROUTE TYPE<br>S R  |  | ROUTE NUMBER<br>4 B   |  | PREFIX<br>1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST   |  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>Port Union  |  |
| 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<br>2   |  | 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>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 |  |
| DISTANCE FROM REFERENCE<br>2 0 0   |  | DISTANCE UNIT OF MEASURE<br>1-MILES<br>2- FEET<br>3-YARDS<br>2  |  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>Port Union  |  | ROAD TYPE<br>R D   |  |
| 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>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>2 |  | DIRECTION OF TRAVEL<br>1- NORTH<br>2- SOUTH<br>3- EAST<br>4- WEST  |  | MEDIAN TYPE<br>1- DIVIDED FLUSH MEDIAN (<4 FEET)<br>2- DIVIDED FLUSH MEDIAN (≥4 FEET)<br>3- DIVIDED, DEPRESSED MEDIAN (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   |  |
| 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                                    |  | 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   |  |
| NARRATIVE<br>On 7/21/22 at 4:39 P.M. unit 1 was traveling northbound on By Pass 4 approaching Port Union Road. Unit 2 was also northbound on By Pass 4 approaching Port Union Road. Unit 1 failed to maintain an assured clear distance ahead and struck the rear of unit 2. |  |   |  |  |  | <br>Indicate the north direction with an "N" on the compass diagram.  |  |
| CRASH REPORTED DATE / TIME<br>0 7 2 1 2 0 2 2 1 6 3 9  |  |   |  |  |  | DISPATCH DATE / TIME<br>0 7 2 1 2 0 2 2 1 6 4 2  |  |
| ARRIVAL DATE / TIME<br>0 7 2 1 2 0 2 2 1 6 4 6   |  |   |  |  |  | SCENE CLEARED DATE / TIME<br>0 7 2 1 2 0 2 2 1 7 2 1   |  |
| TOTAL TIME ROADWAY CLOSED<br>0 0   |  | OTHER INVESTIGATION TIME<br>2 0   |  | TOTAL MINUTES<br>5 9   |  | OFFICER'S NAME*<br>N. Davis  |  |
| OFFICER'S BADGE NUMBER*<br>1 6 9   |  | CHECKED BY OFFICER'S NAME*<br>SA. Aaron Meyer   |  | CHECKED BY OFFICER'S BADGE NUMBER*<br>1 3 2  |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)   |  |

|   |  |  |  |   |                        |
|---|--|--|--|---|------------------------|
| 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>IN   | LICENSE PLATE #<br>W217                            | VEHICLE IDENTIFICATION #<br>1H1D1F1C1W1145Y167157719 | VEHICLE YEAR<br>2005  | VEHICLE MAKE<br>Harley |
|   | <input checked="" type="checkbox"/> INSURANCE VERIFIED   | INSURANCE COMPANY<br>Progressive                   | INSURANCE POLICY #<br>947425106                      | COLOR<br>Blue   | VEHICLE MODEL<br>FLH   |
|   | TYPE OF USE<br><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<br>01                                     | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD |                        |
|   | VEHICLE WEIGHT GVWR/GCWR<br>1 - <10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS.  |  |  |   |                        |
|   | UNIT TYPE<br>07  |  |  |   |                        |
|   | #OF TRAILING UNITS<br>0  |  |  |   |                        |
|   | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>2   |  |  |   |                        |
|   | SPECIAL FUNCTION<br>01   |  |  |   |                        |
|   | CARGO BODY TYPE<br>01  |  |  |   |                        |
| EVENT(S)  | VEHICLE DEFECTS<br>1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS  |  |  |   |                        |
|   | NON-MOTORIST LOCATION AT IMPACT<br>1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK  |  |  |   |                        |
|   | ACTION<br>3  |  |  |   |                        |
|   | CONTRIBUTING CIRCUMSTANCES<br>08   |  |  |   |                        |
|   | SEQUENCE OF EVENTS<br>120  |  |  |   |                        |
|   | NON-COLLISION<br>11  |  |  |   |                        |
|   | COLLISION WITH FIXED OBJECT - STRUCK<br>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 |  |  |   |                        |
|   | FIRST HARMFUL EVENT<br>1   |  |  |   |                        |
|   | MOST HARMFUL EVENT<br>1  |  |  |   |                        |

|  |  |
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| LOCAL REPORT NUMBER<br>22052088  |  |
| DAMAGE<br>DAMAGE SCALE<br>2 1 - NONE 3 - FUNCTIONAL DAMAGE<br>2 - MINOR DAMAGE 4 - DISABLING DAMAGE<br>9 - UNKNOWN   |  |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY   |  |
|  |  |
| <input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14]<br><input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15]<br><input type="checkbox"/> - UNIT NOT AT SCENE [16] |  |
| INITIAL POINT OF CONTACT<br>0 - NO DAMAGE 14 - UNDERCARRIAGE<br>1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE<br>13 - TOP 99 - UNKNOWN  |  |
| TRAFFICWAY FLOW<br>2 1 - ONE-WAY<br>2 - TWO-WAY  | 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>4  | 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   |  |
| UNIT SPEED<br>15   | DETECTED SPEED<br>1 1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED                 |
| POSTED SPEED<br>50   |  |

|          |   |   |   |
|----------|---|---|---|
| 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)  |   |   |
| VEHICLE  | COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP   |   | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE   |
|          | LP STATE<br>OH  | LICENSE PLATE #<br>3766676  | VEHICLE IDENTIFICATION #<br>3N11CN18E1V7L1L181018633  |
| EVENT(S) | INSURANCE VERIFIED<br>X   | INSURANCE COMPANY<br>Geico  | INSURANCE POLICY #<br>4204326617  |
|          | TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | US DOT #  | VEHICLE YEAR<br>2020  |
| VEHICLE  | INTERLOCK DEVICE EQUIPPED<br><input type="checkbox"/>   | HIT/SKIP UNIT<br><input type="checkbox"/>   | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD |
|          | #OCCUPANTS<br>01  | VEHICLE WEIGHT GVWR/GCWR<br>1 - <10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS.   | VEHICLE MAKE<br>Nissan  |
| VEHICLE  | UNIT TYPE<br>01   | VEHICLE MODEL<br>Versa  | VEHICLE YEAR<br>2020  |
|          | # OF TRAILING UNITS<br>0  | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER / UNKNOWN                                   | HAZARDOUS MATERIAL CLASS # PLACARD ID #   |
| VEHICLE  | SPECIAL FUNCTION<br>01  | VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER | HAZARDOUS MATERIAL CLASS # PLACARD ID #   |
|          | CARGO BODY TYPE<br>01   | VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER | HAZARDOUS MATERIAL CLASS # PLACARD ID #   |
| VEHICLE  | VEHICLE DEFECTS<br>01   | VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER | HAZARDOUS MATERIAL CLASS # PLACARD ID #   |
|          | NON-MOTORIST LOCATION AT IMPACT<br>01   | VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER | HAZARDOUS MATERIAL CLASS # PLACARD ID #   |
| VEHICLE  | ACTION<br>01  | VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER | HAZARDOUS MATERIAL CLASS # PLACARD ID #   |
|          | CONTRIBUTING CIRCUMSTANCES<br>01  | VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER | HAZARDOUS MATERIAL CLASS # PLACARD ID #   |
| VEHICLE  | SEQUENCE OF EVENTS<br>1 2 0   | VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER | HAZARDOUS MATERIAL CLASS # PLACARD ID #   |
|          | FIRST HARMFUL EVENT<br>1  | MOST HARMFUL EVENT<br>1   | HAZARDOUS MATERIAL CLASS # PLACARD ID #   |

|  |  |
|--|--|
| LOCAL REPORT NUMBER<br>22052088  |  |
| DAMAGE<br>DAMAGE SCALE<br>2 1 - NONE 3 - FUNCTIONAL DAMAGE<br>2 - MINOR DAMAGE 4 - DISABLING DAMAGE<br>9 - UNKNOWN   |  |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY   |  |
|   |  |
| <input type="checkbox"/> NO DAMAGE [0] <input type="checkbox"/> UNDERCARRIAGE [14]<br><input type="checkbox"/> TOP [13] <input type="checkbox"/> ALL AREAS [15]<br><input type="checkbox"/> UNIT NOT AT SCENE [16] |  |
| INITIAL POINT OF CONTACT<br>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 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>4  |  |
| 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>10<br>POSTED SPEED<br>50   |  |
| DETECTED SPEED<br>1<br>1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED  |  |



# MOTORIST / Non-MOTORIST

| LOCAL REPORT NUMBER |   |   |   |   |   |   |   |  |  |
|---------------------|---|---|---|---|---|---|---|--|--|
| 2                   | 2 | 0 | 5 | 2 | 0 | 8 | 8 |  |  |

|                         |   |  |                            |  |  |  |                         |  |               |  |                                   |  |  |  |
|-------------------------|---|--|----------------------------|--|--|--|-------------------------|--|---------------|--|-----------------------------------|--|--|--|
| MOTORIST / NON-MOTORIST | UNIT #<br>0 1   | NAME: LAST, FIRST, MIDDLE<br>Weldy, Robert Allen |                            |  |  | DATE OF BIRTH<br>1 1 1 3 1 9 6 8                 |                         |  |               | AGE<br>5 3   | GENDER<br>M                       |  |  |  |
|                         | ADDRESS: STREET, CITY, STATE, ZIP<br>7550 N. Decker St. Wawaka, Indiana 46794 |  |                            |  |  |  |                         |  |               |  | CONTACT PHONE - INCLUDE AREA CODE |  |  |  |
|                         | INJURIES<br>3   | INJURED TAKEN BY<br>1                            | EMS AGENCY (NAME)<br>COFFD | INJURED TAKEN TO:<br>MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0 1   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 1 | AIR BAG USAGE<br>1                         | EJECTION<br>1 | TRAPPED<br>1   |                                   |  |  |  |
|                         | OL STATE<br>I N   | OPERATOR LICENSE NUMBER                          |                            | OFFENSE CHARGED<br>333.03a                         | LOCAL CODE<br><input checked="" type="checkbox"/>  | OFFENSE DESCRIPTION<br>ACDA                      |                         | CITATION NUMBER<br>254700                  |               |  |                                   |  |  |  |
| OL CLASS<br>A           | ENDORSEMENT SELECT UP TO 2<br>T H   | RESTRICTION SELECT UP TO 3                       |                            | DRIVER DISTRACTED BY<br>1                          | 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 |                                   |  |  |  |

|                         |   |  |                   |  |  |  |                         |  |               |  |                                   |  |  |  |
|-------------------------|---|--|-------------------|--|--|--|-------------------------|--|---------------|--|-----------------------------------|--|--|--|
| MOTORIST / NON-MOTORIST | UNIT #<br>0 2   | NAME: LAST, FIRST, MIDDLE<br>Whitaker, Katie Elizabeth |                   |  |  | DATE OF BIRTH<br>1 2 2 1 1 9 8 5                 |                         |  |               | AGE<br>3 6   | GENDER<br>F                       |  |  |  |
|                         | ADDRESS: STREET, CITY, STATE, ZIP<br>315 Dayton St. Apt. 624 Hamilton, OH 45011 |  |                   |  |  |  |                         |  |               |  | CONTACT PHONE - INCLUDE AREA CODE |  |  |  |
|                         | INJURIES<br>5   | INJURED TAKEN BY                                       | EMS AGENCY (NAME) | INJURED TAKEN TO:<br>MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0 4   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 1 | AIR BAG USAGE<br>1                         | 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 SELECT UP TO 2  | RESTRICTION SELECT UP TO 3                             |                   | DRIVER DISTRACTED BY<br>1                          | 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 |                                   |  |  |  |

|                         |                                   |                            |                   |  |  |  |                  |                                   |          |   |                                   |  |  |  |
|-------------------------|-----------------------------------|----------------------------|-------------------|--|--|--|------------------|-----------------------------------|----------|---|-----------------------------------|--|--|--|
| MOTORIST / NON-MOTORIST | UNIT #                            | NAME: LAST, FIRST, MIDDLE  |                   |  |  | DATE OF BIRTH                                    |                  |                                   |          | AGE<br>0  | GENDER                            |  |  |  |
|                         | ADDRESS: STREET, CITY, STATE, ZIP |                            |                   |  |  |  |                  |                                   |          |   | CONTACT PHONE - INCLUDE AREA CODE |  |  |  |
|                         | INJURIES                          | INJURED TAKEN BY           | EMS AGENCY (NAME) | INJURED TAKEN TO:<br>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 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   | SEATING POSITION  | AIR BAG   | OL CLASS  | OL RESTRICTION(S)   | DRIVER DISTRACTION   | TEST STATUS  |
|--|---|---|---|---|--|--|
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY   | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT / SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO = D)<br>5 - M/C MOPED ONLY<br>6 - NO VALID OL  | 1 - ALCOHOL INTERLOCK DEVICE<br>2 - CDL INTRASTATE ONLY<br>3 - CORRECTIVE LENSES<br>4 - FARM WAIVER<br>5 - EXCEPT CLASS A BUS<br>6 - EXCEPT CLASS A & CLASS B BUS<br>7 - EXCEPT TRACTOR-TRAILER<br>8 - INTERMEDIATE LICENSE RESTRICTIONS<br>9 - LEARNER'S PERMIT RESTRICTIONS<br>10 - LIMITED TO DAYLIGHT ONLY<br>11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED - OTHER<br>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)<br>14 - MILITARY VEHICLES ONLY<br>15 - MOTOR VEHICLES WITHOUT AIR BRAKES<br>16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID<br>18 - OTHER | 1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)<br>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE<br>9 - OTHER / UNKNOWN | 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN     |
| INJURED TAKEN BY   | EJECTION  |   | OL ENDORSEMENT  |   | ALCOHOL TEST TYPE  |  |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN   | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE   |   | H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL MOTORCYCLE<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT |   | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER  |  |
| SAFETY EQUIPMENT   | TRAPPED   |   | GENDER  |   | DRUG TEST TYPE   |  |
| 1 - NONE USED<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS  |   | F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN   |   | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER  |  |
|  |   |   |   | CONDITION   |  | DRUG TEST RESULT(S)  |
|  |   |   |   | 1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (e.g., DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9 - OTHER / UNKNOWN   |  | 1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOIDS<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS |



# OCCUPANT / WITNESS ADDENDUM

| LOCAL REPORT NUMBER               |                  |                                   |   |                       |  |                  |               |          |         |
|-----------------------------------|------------------|-----------------------------------|---|-----------------------|--|------------------|---------------|----------|---------|
| 2 2 0 5 2 0 8 8                   |                  |                                   |   |                       |  |                  |               |          |         |
| 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 |
|                                   |                  |                                   |   |                       |  |                  |               |          |         |
| 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 |
|                                   |                  |                                   |   |                       |  |                  |               |          |         |
| 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 |
|                                   |                  |                                   |   |                       |  |                  |               |          |         |
| 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 |
|                                   |                  |                                   |   |                       |  |                  |               |          |         |
| 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 |
|                                   |                  |                                   |   |                       |  |                  |               |          |         |

| 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       |
|                              | 7 - BOOSTER SEAT                              | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  |                              |
|                              | 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  |                              |
|                              | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) |                              |
|                              | 99 - 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   |                              |

| INJURED TAKEN BY                       | EJECTION              | TRAPPED                            |
|--|-----------------------|------------------------------------|
| 1 - NOT TRANSPORTED / TREATED AT SCENE | 1 - NOT EJECTED       | 1 - NOT TRAPPED                    |
| 2 - EMS                                | 2 - PARTIALLY EJECTED | 2 - EXTRICATED BY MECHANICAL MEANS |
| 3 - POLICE                             | 3 - TOTALLY EJECTED   | 3 - FREED BY NON-MECHANICAL MEANS  |
| 9 - OTHER / UNKNOWN                    | 4 - NOT APPLICABLE    |                                    |

| GENDER              |
|---------------------|
| F - FEMALE          |
| M - MALE            |
| U - OTHER / UNKNOWN |

OCCUPANT

OCCUPANT

OCCUPANT

OCCUPANT

WITNESS

WITNESS

WITNESS

|                           |           |                      |                             |                  |         |
|---------------------------|-----------|----------------------|-----------------------------|------------------|---------|
| LOCAL<br>REPORT<br>NUMBER | 22-052088 | REPORTING<br>AGENCY  | Fairfield Police Department | DATE OF ACCIDENT | 7/21/22 |
| IN COUNTY OF              | Butler    | ACCIDENT<br>LOCATION | By Pass 4/ Port Union Rd.   |                  |         |

Port Union Rd.

By-Pass 4

North  
Side

2

1

OFFICER'S SIGNATURE

BADGE NO  
169