



# TRAFFIC CRASH REPORT

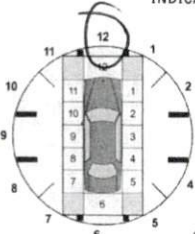
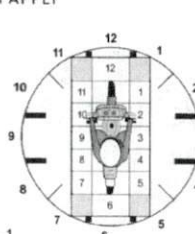
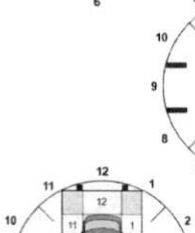
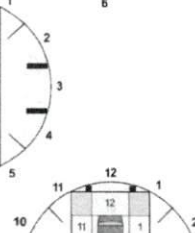
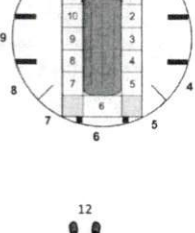
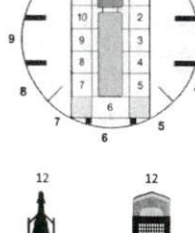

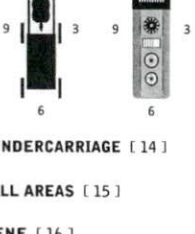
\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

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"/> PRIVATE PROPERTY   |  | LOCAL INFORMATION   |  | 2 2 0 5 6 2 8 2  |  |
| COUNTY* 0 9  |  | LOCALITY* 1 CITY  |  | LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield  |  | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED   |  |
| REPORTING AGENCY NAME* Fairfield Police Department   |  | NCIC* 0 0 9 0 1   |  | NUMBER OF UNITS 0 3   |  | UNIT IN ERROR<br>98 - ANIMAL<br>99 - UNKNOWN   |  |
| CRASH DATE / TIME* 0 8 0 6 2 0 2 2 1 6 3 0   |  | CRASH SEVERITY<br>3 1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY  |  |   |  |  |  |
| ROUTE TYPE LOCATION  |  | ROUTE NUMBER  |  | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   |  | LOCATION ROAD NAME River   |  |
| ROUTE TYPE REFERENCE   |  | ROUTE NUMBER  |  | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   |  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) St. Clair  |  |
| ROAD TYPE R D  |  | ROAD TYPE A V   |  |   |  |  |  |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #  |  | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  |  | ROUTE TYPE<br>IR - INTERSTATE ROUTE(TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE                          |  | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>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 2 0  |  | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS  |  | INTERSECTION RELATED<br><input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA                          |  | NUMBER OF APPROACHES 4   |  |
| 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  |  | 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 |  | 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<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN   |  |
| 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 - 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   |  | 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                                     |  | CONDITIONS<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>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 08-06-2022 at 1630 hours Unit 1 was traveling north on River Rd crossing over the intersection of River Rd and St. Clair Ave. Once Unit 1 crossed the intersection went left of center striking Unit 2 who was traveling south on River Rd approaching the intersection of River Rd and St. Clair Ave. Unit 3 who was traveling south on River Rd. swerved out from being hit by Unit 1 and struck the curb.<br><br>Unit 1 was also driving without a license. |  |   |  |   |  | SEE OH-2   |  |
| CRASH REPORTED DATE / TIME 0 8 0 6 2 0 2 2 1 6 3 0   |  | DISPATCH DATE / TIME 0 8 0 6 2 0 2 2 1 6 3 2  |  | ARRIVAL DATE / TIME 0 8 0 6 2 0 2 2 1 6 3 5   |  | SCENE CLEARED DATE / TIME 0 8 0 6 2 0 2 2 1 7 2 2  |  |
| TOTAL TIME ROADWAY CLOSED 2 0  |  | OTHER INVESTIGATION TIME 1 0  |  | TOTAL MINUTES 6 0   |  | OFFICER'S NAME* T. King  |  |
| OFFICER'S BADGE NUMBER* 1 6 1  |  | CHECKED BY OFFICER'S NAME* [Signature]  |  | CHECKED BY OFFICER'S BADGE NUMBER* 1 3 0  |  | 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 OEPS)   |  |



|  |  |  |   |   |               |
|--|--|--|---|---|---------------|
| OWNER  | UNIT #   | OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)                                   | OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)         |   |               |
|  | 01   | Figueroa, Rafael, V  |   |   |               |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)                           |  | COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                |   |   |               |
|  |  | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE  |   |   |               |
| VEHICLE  | LP STATE   | LICENSE PLATE #  | VEHICLE IDENTIFICATION #                                | VEHICLE YEAR  | VEHICLE MAKE  |
|  | OH   | JDF2051  | 19JUA56643A072195                                       | 2003  | Acura         |
|  | <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY  | INSURANCE POLICY #                                      | COLOR   | VEHICLE MODEL |
|  |  | Progressive  | 937340903   | Gold  | TL            |
|  | <input type="checkbox"/> COMMERCIAL                    | TYPE OF USE  | US DOT #  | TOWED BY: COMPANY NAME  |               |
|  |  | <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |   | Waynes  |               |
|  | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED     | HIT/SKIP UNIT  | #OCCUPANTS  | HAZARDOUS MATERIAL  |               |
|  |  |  | 01  | <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD |               |
|  | UNIT TYPE  |  | VEHICLE WEIGHT GVWR/GCWR                                |   |               |
|  | 0  |  | 1 - <10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS. |   |               |
| 1 - PASSENGER CAR  |  | 18 - LIMO (LIVERY VEHICLE)   |   |   |               |
| 2 - PASSENGER VAN (MINIVAN)  |  | 19 - BUS (16+ PASSENGERS)  |   |   |               |
| 3 - SPORT UTILITY VEHICLE  |  | 20 - OTHER VEHICLE   |   |   |               |
| 4 - PICK UP  |  | 21 - HEAVY EQUIPMENT   |   |   |               |
| 5 - CARGO VAN  |  | 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE                                     |   |   |               |
| 6 - VAN (9-15 SEATS)   |  | 23 - PEDESTRIAN / SKATER   |   |   |               |
| 7 - MOTORCYCLE 2-WHEELED   |  | 24 - WHEELCHAIR (ANY TYPE)   |   |   |               |
| 8 - MOTORCYCLE 3-WHEELED   |  | 25 - OTHER NON-MOTORIST  |   |   |               |
| 9 - AUTOCYCLE  |  | 26 - BICYCLE   |   |   |               |
| 10 - MOPED OR MOTORIZED BICYCLE  |  | 27 - TRAIN   |   |   |               |
| 11 - ALL TERRAIN VEHICLE (ATV / UTV)   |  | 99 - UNKNOWN OR HIT/SKIP   |   |   |               |
| # OF TRAILING UNITS  |  |  |   |   |               |
| 0  |  |  |   |   |               |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?                      |  | AUTONOMOUS MODE LEVEL  |   |   |               |
| 2  |  | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION               |   |   |               |
| 1 - NONE   |  | 6 - BUS - CHARTER/TOUR   |   |   |               |
| 2 - TAXI   |  | 7 - BUS - INTERCITY  |   |   |               |
| 3 - ELECTRONIC RIDE SHARING  |  | 8 - BUS - SHUTTLE  |   |   |               |
| 4 - SCHOOL TRANSPORT   |  | 9 - BUS - OTHER  |   |   |               |
| 5 - BUS - TRANSIT/COMMUTER   |  | 10 - AMBULANCE   |   |   |               |
| 1 - NO CARGO BODY TYPE / NOT APPLICABLE  |  | 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE  |   |   |               |
| 2 - BUS  |  | 4 - LOGGING  |   |   |               |
| 1 - TURN SIGNALS   |  | 4 - BRAKES   |   |   |               |
| 2 - HEAD LAMPS   |  | 5 - STEERING   |   |   |               |
| 3 - TAIL LAMPS   |  | 6 - TIRE BLOWOUT   |   |   |               |
| 1 - INTERSECTION - MARKED CROSSWALK  |  | 3 - INTERSECTION - OTHER   |   |   |               |
| 2 - INTERSECTION - UNMARKED 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  |  | 12 - FIRST RESPONDER AT INCIDENT SCENE   |   |   |               |
| 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   |  | 22 - WORK ZONE MAINTENANCE EQUIPMENT   |   |   |               |
| 23 - OPENING DOOR INTO ROADWAY   |  | 24 - OTHER MOVABLE OBJECT  |   |   |               |
| 25 - IMPACT ATTENUATOR / CRASH CUSHION   |  | 31 - GUARDRAIL END   |   |   |               |
| 26 - BRIDGE OVERHEAD STRUCTURE   |  | 32 - PORTABLE BARRIER  |   |   |               |
| 27 - BRIDGE PIER OR ABUTMENT   |  | 33 - MEDIAN CABLE BARRIER  |   |   |               |
| 28 - BRIDGE PARAPET  |  | 34 - MEDIAN GUARDRAIL BARRIER  |   |   |               |
| 29 - BRIDGE RAIL   |  | 35 - MEDIAN CONCRETE BARRIER   |   |   |               |
| 30 - GUARDRAIL FACE  |  | 36 - MEDIAN OTHER BARRIER  |   |   |               |
| 1 - OVERTURN/ROLLOVER  |  | 6 - EQUIPMENT FAILURE  |   |   |               |
| 2 - FIRE/EXPLOSION   |  | 7 - SEPARATION OF UNITS  |   |   |               |
| 3 - IMMERSION  |  | 8 - RAN OFF ROAD RIGHT   |   |   |               |
| 4 - JACKKNIFE  |  | 9 - RAN OFF ROAD LEFT  |   |   |               |
| 5 - CARGO / EQUIPMENT LOSS OR SHIFT  |  | 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 MOTORVEHICLE |  | 24 - OTHER MOVABLE OBJECT  |   |   |               |
| 25 - IMPACT ATTENUATOR / CRASH CUSHION   |  | 31 - GUARDRAIL END   |   |   |               |
| 26 - BRIDGE OVERHEAD STRUCTURE   |  | 32 - PORTABLE BARRIER  |   |   |               |
| 27 - BRIDGE PIER OR ABUTMENT   |  | 33 - MEDIAN CABLE BARRIER  |   |   |               |
| 28 - BRIDGE PARAPET  |  | 34 - MEDIAN GUARDRAIL BARRIER  |   |   |               |
| 29 - BRIDGE RAIL   |  | 35 - MEDIAN CONCRETE BARRIER   |   |   |               |
| 30 - GUARDRAIL FACE  |  | 36 - MEDIAN OTHER BARRIER  |   |   |               |
| 1 - FIRST HARMFUL EVENT  |  | 1 - MOST HARMFUL EVENT   |   |   |               |

|  |                               |
|--|-------------------------------|
| LOCAL REPORT NUMBER  |                               |
| 2 2 0 5 6 2 8 2  |                               |
| DAMAGE   |                               |
| DAMAGE SCALE   |                               |
| 4 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  | TRAFFIC CONTROL               |
| 1 - ONE-WAY  | 1 - ROUNDABOUT 4 - STOP SIGN  |
| 2 - TWO-WAY  | 2 - SIGNAL 5 - YIELD SIGN     |
|  | 3 - FLASHER 6 - NO CONTROL    |
| # OF THROUGH LANES ON ROAD   | RAIL GRADE CROSSING           |
| 2  | 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  |                               |
| UNIT SPEED   | DETECTED SPEED                |
| 3 5  | 1 - STATED / ESTIMATED SPEED  |
|  | 2 - CALCULATED / EDR          |
|  | 3 - UNDETERMINED              |
| POSTED SPEED   |                               |
| 3 5  |                               |

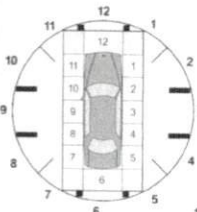
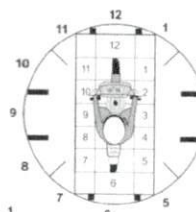
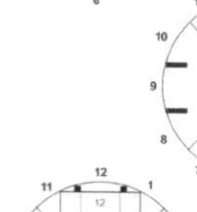
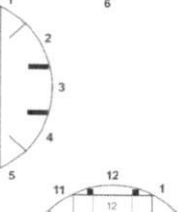
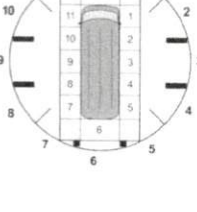
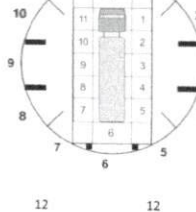
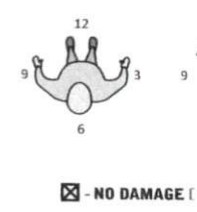
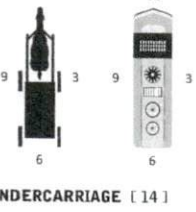


|   |   |  |   |  |                            |
|---|---|--|---|--|----------------------------|
| OWNER   | UNIT #<br>02  | OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) | OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER) |  |                            |
|   | OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)  |  |   |  |                            |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP |   | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE        |   |  |                            |
| VEHICLE   | LP STATE<br>OH  | LICENSE PLATE #<br>DGF4668                         | VEHICLE IDENTIFICATION #<br>1GCEC14V51Z204119     | VEHICLE YEAR<br>2001                       | VEHICLE MAKE<br>Chevy      |
|   | INSURANCE VERIFIED<br>X   | INSURANCE COMPANY<br>Allstate                      | INSURANCE POLICY #<br>926096234                   | COLOR<br>Green                             | VEHICLE MODEL<br>Silverado |
|   | TYPE OF USE<br>COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE <input type="checkbox"/> |  | US DOT #  | TOWED BY: COMPANY NAME<br>Fox              |                            |
|   | INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>  | HIT/SKIP UNIT <input type="checkbox"/>             | #OCCUPANTS<br>02                                  | HAZARDOUS MATERIAL<br>CLASS # PLACARD ID # |                            |
|   | VEHICLE WEIGHT GVWR/GCWR<br>1 - <10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS.   |  |   |  |                            |
|   | UNIT TYPE<br>04   |  |   |  |                            |
|   | # OF TRAILING UNITS<br>0  |  |   |  |                            |
|   | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>0  |  |   |  |                            |
|   | AUTONOMOUS MODE LEVEL<br>0  |  |   |  |                            |
|   | SPECIAL FUNCTION<br>01  |  |   |  |                            |
| CARGO BODY TYPE<br>01                               |   |  |   |  |                            |
| VEHICLE DEFECTS                                     |   |  |   |  |                            |
| NON-MOTORIST LOCATION AT IMPACT                     |   |  |   |  |                            |
| ACTION<br>04  |   |  |   |  |                            |
| CONTRIBUTING CIRCUMSTANCES<br>01                    |   |  |   |  |                            |
| SEQUENCE OF EVENTS                                  |   |  |   |  |                            |
| FIRST HARMFUL EVENT<br>1                            |   |  |   |  |                            |
| MOST HARMFUL EVENT<br>1                             |   |  |   |  |                            |

|  |  |
|--|--|
| LOCAL REPORT NUMBER<br>22056282  |  |
| DAMAGE<br>DAMAGE SCALE<br>4 1 - NONE 3 - FUNCTIONAL DAMAGE<br>2 - MINOR DAMAGE 4 - DISABLING DAMAGE<br>9 - UNKNOWN   |  |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY   |  |
|  |  |
| <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>08 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE<br>13 - TOP 99 - UNKNOWN   |  |
| TRAFFIC<br>TRAFFICWAY FLOW<br>2 1 - ONE-WAY<br>2 2 - TWO-WAY   |  |
| TRAFFIC CONTROL<br>2 1 - ROUNDABOUT 4 - STOP SIGN<br>2 2 - SIGNAL 6 - NORTHWEST<br>3 - FLASHER 6 - NO CONTROL  |  |
| # OF THROUGH LANES ON ROAD<br>2  |  |
| RAIL GRADE CROSSING<br>1 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING   |  |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 1 TO 2<br>1 - NORTH 5 - NORTHEAST<br>2 - SOUTH 6 - NORTHWEST<br>3 - EAST 7 - SOUTHEAST<br>4 - WEST 8 - SOUTHWEST<br>9 - OTHER / UNKNOWN  |  |
| UNIT SPEED<br>15   |  |
| DETECTED SPEED<br>1 1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED   |  |
| POSTED SPEED<br>35   |  |



|          |  |  |  |  |               |
|----------|--|--|--|--|---------------|
| OWNER    | UNIT #   | OWNER NAME: LAST, FIRST, MIDDLE ( ) SAME AS DRIVER |  | OWNER PHONE: ( ) INCLUDE AREA CODE ( ) NAME AND NUMBER   |               |
|          | 03   | Clemons, Justin, K                                 |  |  |               |
| VEHICLE  | OWNER ADDRESS: STREET, CITY, STATE, ZIP ( ) SAME AS DRIVER   |  |  |  |               |
|          | 10 Elvin Ave, Hamilton OH 45013  |  |  |  |               |
| EVENT(S) | COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  |  | COMMERCIAL CARRIER PHONE: ( ) INCLUDE AREA CODE  |  |               |
|          |  |  |  |  |               |
| VEHICLE  | LP STATE   | LICENSE PLATE #                                    | VEHICLE IDENTIFICATION #   | VEHICLE YEAR   | VEHICLE MAKE  |
|          | OH   | GSM6212  | 5NPDH14A1E3BH0114833   | 2011   | Hyundai       |
| VEHICLE  | <input checked="" type="checkbox"/> INSURANCE VERIFIED   | INSURANCE COMPANY                                  | INSURANCE POLICY #   | COLOR  | VEHICLE MODEL |
|          |  | Lighthouse   | PAP0279028   | Silver   | Elantra       |
| VEHICLE  | TYPE OF USE  |  | US DOT #   | TOWED BY: COMPANY NAME   |               |
|          | <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |  |  |  |               |
| VEHICLE  | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED   | <input type="checkbox"/> HIT/SKIP UNIT             | #OCCUPANTS   | HAZARDOUS MATERIAL   |               |
|          |  |  | 01   | <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID # |               |
| VEHICLE  | UNIT TYPE  |  | VEHICLE WEIGHT GVWR/GCWR   |  |               |
|          | 01   |  | 1 - <10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS.  |  |               |
| VEHICLE  | # OF TRAILING UNITS  |  | 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER  |  |               |
|          | 0  |  | 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  |  |               |
| VEHICLE  | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?  |  | 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN   |  |               |
|          | 02   |  | 2 - PARTIAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION   |  |               |
| VEHICLE  | SPECIAL FUNCTION   |  | 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  |  |               |
|          | 01   |  | 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL  |  |               |
| VEHICLE  | CARGO BODY TYPE  |  | 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER   |  |               |
|          | 01   |  | 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER  |  |               |
| VEHICLE  | VEHICLE DEFECTS  |  | 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN   |  |               |
|          | 01   |  | 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT  |  |               |
| VEHICLE  | NON-MOTORIST LOCATION AT IMPACT  |  | 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE  |  |               |
|          | 02   |  | 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 8 - SIDEWALK 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 19 - OTHER / UNKNOWN                             |  |               |
| VEHICLE  | ACTION   |  | 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE  |  |               |
|          | 02   |  | 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING   |  |               |
| VEHICLE  | PRE-CRASH ACTIONS  |  | 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST   |  |               |
|          | 09   |  | 4 - STRUCK 4 - OVERTAKING/PASSING 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE   |  |               |
| VEHICLE  | CONTRIBUTING CIRCUMSTANCES   |  | 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY   |  |               |
|          | 15   |  | 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE   |  |               |
| VEHICLE  | SEQUENCE OF EVENTS   |  | 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING   |  |               |
|          | 08   |  | 4 - RAN STOP SIGN 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING  |  |               |
| VEHICLE  | NON-COLLISION  |  | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE  |  |               |
|          | 08   |  | 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 22 - WORK ZONE MAINTENANCE EQUIPMENT  |  |               |
| VEHICLE  | COLLISION WITH FIXED OBJECT - STRUCK   |  | 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  |  |               |
|          | 08   |  | 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 |  |               |
| VEHICLE  | FIRST HARMFUL EVENT  |  | 2 MOST HARMFUL EVENT   |  |               |
|          | 1  |  | 2  |  |               |

|   |                               |
|---|-------------------------------|
| LOCAL REPORT NUMBER   |                               |
| 2 2 0 5 6 2 8 2   |                               |
| DAMAGE  |                               |
| DAMAGE SCALE  |                               |
| 1 - NONE 3 - FUNCTIONAL DAMAGE  |                               |
| 2 - MINOR DAMAGE 4 - DISABLING DAMAGE   |                               |
| 9 - UNKNOWN   |                               |
| DAMAGED AREA(S)   |                               |
| INDICATE ALL THAT APPLY   |                               |
|            |                               |
|            |                               |
|            |                               |
|            |                               |
|            |                               |
|            |                               |
|           |                               |
|           |                               |
| <input checked="" 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   | TRAFFIC CONTROL               |
| 1 - ONE-WAY   | 1 - ROUNDABOUT 4 - STOP SIGN  |
| 2 - TWO-WAY   | 2 - SIGNAL 5 - YIELD SIGN     |
|   | 3 - FLASHER 6 - NO CONTROL    |
| # OF THROUGH LANES ON ROAD  | RAIL GRADE CROSSING           |
| 2   | 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   |                               |
| UNIT SPEED  | DETECTED SPEED                |
| 1 5   | 1 - STATED / ESTIMATED SPEED  |
|   | 2 - CALCULATED / EDR          |
|   | 3 - UNDETERMINED              |
| POSTED SPEED  |                               |
| 3 5   |                               |





# MOTORIST / Non-MOTORIST

| LOCAL REPORT NUMBER |
|---------------------|
| 2 2 0 5 6 2 8 2     |

|   |  |                                   |            |             |
|---|--|-----------------------------------|------------|-------------|
| UNIT #<br>0 1   | NAME: LAST, FIRST, MIDDLE<br>Santos-Mazariegos, Arber, F | DATE OF BIRTH<br>0 8 2 8 1 9 7 8  | AGE<br>4 3 | GENDER<br>M |
| ADDRESS: STREET, CITY, STATE, ZIP<br>1364 Carriage Hill LN Apt 61, Hamilton, OH 45013 |  | CONTACT PHONE - INCLUDE AREA CODE |            |             |

|                 |                            |  |   |  |  |                         |  |               |  |
|-----------------|----------------------------|--|---|--|--|-------------------------|--|---------------|--|
| INJURIES<br>3   | INJURED TAKEN BY<br>1      | EMS AGENCY (NAME)<br>City of Fairifeld | INJURED TAKEN TO: 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>2                       | EJECTION<br>1 | TRAPPED<br>1   |
| OL STATE<br>O H | OPERATOR LICENSE NUMBER    |  | OFFENSE CHARGED<br>331.34A                      | LOCAL CODE<br><input checked="" type="checkbox"/>  | OFFENSE DESCRIPTION<br>Failure to Control        |                         | CITATION NUMBER<br>252120                |               |  |
| OL CLASS<br>I   | 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>5          | ALCOHOL TEST<br>STATUS TYPE VALUE<br>1 1 |               | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4<br>1 1 |

|   |   |                                   |            |             |
|---|---|-----------------------------------|------------|-------------|
| UNIT #<br>0 2   | NAME: LAST, FIRST, MIDDLE<br>Saylor, Jerry, L | DATE OF BIRTH<br>0 1 2 5 1 9 7 3  | AGE<br>4 9 | GENDER<br>M |
| ADDRESS: STREET, CITY, STATE, ZIP<br>430 Millville Ave, Hamilton OH 45013 |   | CONTACT PHONE - INCLUDE AREA CODE |            |             |

|                 |                            |                            |   |  |  |                         |  |               |  |
|-----------------|----------------------------|----------------------------|---|--|--|-------------------------|--|---------------|--|
| INJURIES<br>5   | INJURED TAKEN BY           | EMS AGENCY (NAME)          | INJURED TAKEN TO: 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 |

|  |   |                                   |            |             |
|--|---|-----------------------------------|------------|-------------|
| UNIT #<br>0 3  | NAME: LAST, FIRST, MIDDLE<br>Clemons, Makenzie, Pauline | DATE OF BIRTH<br>1 2 0 7 2 0 0 0  | AGE<br>2 1 | GENDER<br>F |
| ADDRESS: STREET, CITY, STATE, ZIP<br>10 Elvin Ave, Hamilton OH 45013 |   | CONTACT PHONE - INCLUDE AREA CODE |            |             |

|                 |                            |                            |   |  |  |                         |  |               |  |
|-----------------|----------------------------|----------------------------|---|--|--|-------------------------|--|---------------|--|
| INJURIES<br>5   | INJURED TAKEN BY           | EMS AGENCY (NAME)          | INJURED TAKEN TO: 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 |

| 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  |   |   |   |   |  |  |
| 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  |   |   |   |   |  |  |
| DRUG TEST RESULT(S)  |   |   |   |   |  |  |
| 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               |   |  |                              |  |  |  |                         |  |                      |  |               |  |              |  |
|---|--|---|--|--|-----------------------------------|---|--|------------------------------|--|--|--|-------------------------|--|----------------------|--|---------------|--|--------------|--|
| UNIT # <b>2</b> NAME: LAST, FIRST, MIDDLE<br>Saylor, Ashton         |  |   |  |  | DATE OF BIRTH<br>0 4 1 1 2 0 1 4  |   |  |                              |  | AGE<br>8   |  | GENDER<br>M             |  |                      |  |               |  |              |  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>1113 N.B.St. Hamilton OH 45013 |  |   |  |  | CONTACT PHONE - INCLUDE AREA CODE |   |  |                              |  |  |  |                         |  |                      |  |               |  |              |  |
| INJURIES<br>5   |  | INJURED TAKEN BY                              |  | EMS AGENCY (NAME)  |                                   | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |  | SAFETY EQUIPMENT USED<br>0 4 |  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET |  | SEATING POSITION<br>0 3 |  | AIR BAG USAGE<br>0 1 |  | EJECTION<br>1 |  | TRAPPED<br>1 |  |
| 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: 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<br>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      |  |
| 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: 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<br>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      |  |
| <b>INJURIES</b>   |  | <b>SAFETY EQUIPMENT USED</b>                  |  | <b>SEATING POSITION</b>  |                                   | <b>AIR BAG USAGE</b>                            |  |                              |  |  |  |                         |  |                      |  |               |  |              |  |
| 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                              |  |                              |  |  |  |                         |  |                      |  |               |  |              |  |
| <b>INJURED TAKEN BY</b>   |  | 6 - CHILD RESTRAINT SYSTEM - REAR FACING      |  | 6 - SECOND - RIGHT SIDE  |                                   | 9 - DEPLOYMENT UNKNOWN                          |  |                              |  |  |  |                         |  |                      |  |               |  |              |  |
| 1 - NOT TRANSPORTED / TREATED AT SCENE                              |  | 7 - BOOSTER SEAT                              |  | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  |                                   | <b>EJECTION</b>                                 |  |                              |  |  |  |                         |  |                      |  |               |  |              |  |
| 2 - EMS   |  | 8 - HELMET USED                               |  | 8 - THIRD - MIDDLE   |                                   | 1 - NOT EJECTED                                 |  |                              |  |  |  |                         |  |                      |  |               |  |              |  |
| 3 - POLICE  |  | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) |  | 9 - THIRD - RIGHT SIDE   |                                   | 2 - PARTIALLY EJECTED                           |  |                              |  |  |  |                         |  |                      |  |               |  |              |  |
| 9 - OTHER / UNKNOWN   |  | 10 - REFLECTIVE CLOTHING                      |  | 10 - SLEEPER SECTION OF TRUCK CAB  |                                   | 3 - TOTALLY EJECTED                             |  |                              |  |  |  |                         |  |                      |  |               |  |              |  |
| <b>GENDER</b>   |  | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     |  | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) |                                   | 4 - NOT APPLICABLE                              |  |                              |  |  |  |                         |  |                      |  |               |  |              |  |
| F - FEMALE  |  | 99 - OTHER / UNKNOWN                          |  | 12 - PASSENGER IN UNENCLOSED CARGO AREA  |                                   | <b>TRAPPED</b>                                  |  |                              |  |  |  |                         |  |                      |  |               |  |              |  |
| M - MALE  |  |   |  | 13 - TRAILING UNIT   |                                   | 1 - NOT TRAPPED                                 |  |                              |  |  |  |                         |  |                      |  |               |  |              |  |
| U - OTHER / UNKNOWN   |  |   |  | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    |                                   | 2 - EXTRICATED BY MECHANICAL MEANS              |  |                              |  |  |  |                         |  |                      |  |               |  |              |  |
|   |  |   |  | 15 - NON-MOTORIST  |                                   | 3 - FREED BY NON-MECHANICAL MEANS               |  |                              |  |  |  |                         |  |                      |  |               |  |              |  |
|   |  |   |  | 99 - OTHER / UNKNOWN   |                                   |   |  |                              |  |  |  |                         |  |                      |  |               |  |              |  |
| NAME: LAST, FIRST, MIDDLE   |  |   |  |  | DATE OF BIRTH                     |   |  |                              |  | AGE<br>0   |  | GENDER                  |  |                      |  |               |  |              |  |
| ADDRESS: STREET, CITY, STATE, ZIP                                   |  |   |  |  | CONTACT PHONE - INCLUDE AREA CODE |   |  |                              |  |  |  |                         |  |                      |  |               |  |              |  |
| NAME: LAST, FIRST, MIDDLE   |  |   |  |  | DATE OF BIRTH                     |   |  |                              |  | AGE<br>0   |  | GENDER                  |  |                      |  |               |  |              |  |
| ADDRESS: STREET, CITY, STATE, ZIP                                   |  |   |  |  | CONTACT PHONE - INCLUDE AREA CODE |   |  |                              |  |  |  |                         |  |                      |  |               |  |              |  |
| NAME: LAST, FIRST, MIDDLE   |  |   |  |  | DATE OF BIRTH                     |   |  |                              |  | AGE<br>0   |  | GENDER                  |  |                      |  |               |  |              |  |
| ADDRESS: STREET, CITY, STATE, ZIP                                   |  |   |  |  | CONTACT PHONE - INCLUDE AREA CODE |   |  |                              |  |  |  |                         |  |                      |  |               |  |              |  |

## OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

|  |   |                               |
|--|---|-------------------------------|
| LOCAL<br>REPORT<br>NUMBER<br>22-0562PZ | REPORTING<br>AGENCY<br>FAIRFIELD. P.D.    | DATE OF CRASH<br>M 8 D 6 Y 22 |
| IN COUNTY OF<br>BUTLER                 | CRASH<br>LOCATION<br>River Rd / St. Clair |                               |

Diagram illustrating the crash location at the intersection of River Rd and St. Clair Ave. The diagram shows the layout of the roads, including lanes and turn arrows. A north arrow indicates the orientation. The crash location is marked with a box labeled '3' on River Rd, near the intersection with St. Clair Ave. The diagram is labeled 'NOT TO SCALE'.

NOT TO SCALE

OFFICER'S SIGNATURE  
X J. King

BADGE NUMBER  
141

7067