



# TRAFFIC CRASH REPORT

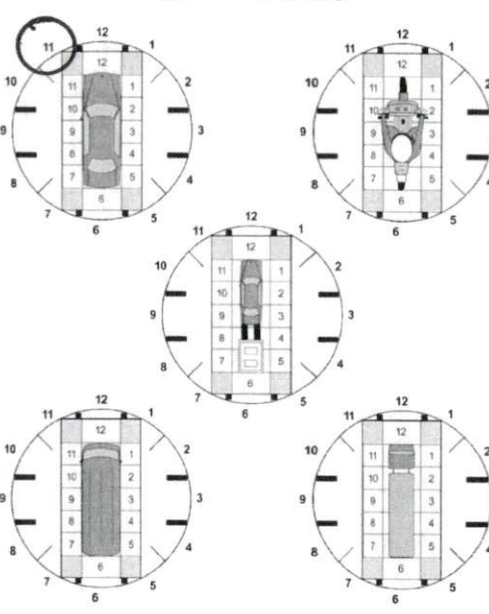
\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

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-3<br><input checked="" type="checkbox"/> OH-1P<br><input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY  | LOCAL INFORMATION<br>REPORTING AGENCY NAME*<br>Fairfield Police Department   |  | NCIC*<br>0 0 9 0 1                      | 2 2 0 5 6 4 7 2  |  |
| COUNTY*<br>0 9  | LOCALITY*<br>1-CITY<br>2-VILLAGE<br>3-TOWNSHIP<br>1                | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>City of Fairfield  |  | CRASH DATE / TIME*<br>08 07 2022 1355  |   | CRASH SEVERITY<br>1-FATAL<br>2-SERIOUS INJURY SUSPECTED<br>3-MINOR INJURY SUSPECTED<br>4-INJURY POSSIBLE<br>5-PROPERTY DAMAGE ONLY   |  |
| ROUTE TYPE<br>S R   | ROUTE NUMBER<br>4  | PREFIX<br>1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST   | LOCATION ROAD NAME<br>DIXIE  | ROAD TYPE<br>H W   | LATITUDE DECIMAL DEGREES<br>39.321152   | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES<br>ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED |  |
| ROUTE TYPE  | ROUTE NUMBER   | PREFIX<br>1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST   | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>6500  | ROAD TYPE  | LONGITUDE DECIMAL DEGREES<br>-84.500728 |  |  |
| REFERENCE POINT<br>1-INTERSECTION<br>2-MILE POST<br>3-HOUSE #<br>3  | 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 | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES<br>ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED |   |  |  |
| 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>7 |  | 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   |  |
| <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-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>Unit 2 Version<br>On August 7, 2022 at about 1:55 p.m. Unit 1 was traveling north on S.R. 4 (Dixie Hwy.) in the outer lane of traffic and when at 6500 Dixie Hwy. attempted to change lanes to the inside lane of traffic and in so doing collided with Unit 2 which was traveling north on Dixie Hwy. in the inner lane of traffic.<br><br>Unit 1 Version<br>On August 7, 2022 at about 1:55 p.m. Unit 2 was traveling north on S.R. 4 (Dixie Hwy.) in the inner lane of traffic and when at 6500 Dixie Hwy. attempted to change lanes to the outside lane of traffic, and in so doing collided with Unit 1 which was traveling north on Dixie Hwy. in the outer lane of traffic. |  |  |  | SEE OH-2   |   |  |  |
| CRASH REPORTED DATE / TIME<br>08 07 2022 1358   |  | DISPATCH DATE / TIME<br>08 07 2022 1401  |  | ARRIVAL DATE / TIME<br>08 07 2022 1405   |   | SCENE CLEARED DATE / TIME<br>08 07 2022 1441   |  |
| TOTAL TIME ROADWAY CLOSED<br>0  | OTHER INVESTIGATION TIME<br>0                                      | TOTAL MINUTES<br>40  | OFFICER'S NAME*<br>P.O. RYAN FLEENOR   | CHECKED BY OFFICER'S NAME*<br>103  |   | 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 (☐ SAME AS DRIVER)<br>BAKER, LISA K. | OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)<br>L  |   |   |  |
|   | OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)<br>11 OLINGER DR HAMILTON, OH 45011-5633                                   |  |   |   |   |  |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP |   |  | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE   |   |   |  |
| VEHICLE   | LP STATE<br>OH  | LICENSE PLATE #<br>HXT-3949  | VEHICLE IDENTIFICATION #<br>3GNAKNEV18LS528407  | VEHICLE YEAR<br>2020  | VEHICLE MAKE<br>CHEVROLET   |  |
|   | <input checked="" type="checkbox"/> INSURANCE VERIFIED  | INSURANCE COMPANY<br>ALLSTATE  | INSURANCE POLICY #<br>992659791   | COLOR<br>BLUE   | VEHICLE MODEL<br>EQUINOX  |  |
|   | 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  | VEHICLE WEIGHT GVWR/GCWR<br>1 - ≤10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS. | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED CLASS # PLACARD ID #<br><input type="checkbox"/> PLACARD |  |
|   | UNIT TYPE<br>03   |  | 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER<br>2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)<br>3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST<br>4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE<br>5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN<br>6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP                                      |   |   |  |
|   | # OF TRAILING UNITS   |  | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>0 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN   |   |   |  |
|   | AUTONOMOUS MODE LEVEL   |  | 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN<br>1 - HIGH ASSISTANCE 4 - HIGH AUTOMATION<br>2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION   |   |   |  |
|   | SPECIAL FUNCTION<br>01  |  | 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER<br>2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN<br>3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL<br>4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING<br>5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL   |   |   |  |
|   | CARGO BODY TYPE<br>01   |  | 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER<br>2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER<br>7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE<br>11 - DUMP 99 - OTHER / UNKNOWN   |   |   |  |
|   | VEHICLE DEFECTS   |  | 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN<br>2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT<br>3 - TAIL LAMPS 6 - TIRE BLOWOUT  |   |   |  |
| EVENT(S)  | 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<br>2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN<br>5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS   |   |   |  |
|   | ACTION<br>09  |  | 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE<br>2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING<br>3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST<br>4 - STRUCK 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE<br>5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 22 - PUSHING VEHICLE 99 - OTHER / UNKNOWN<br>9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS                               |   |   |  |
|   | CONTRIBUTING CIRCUMSTANCES<br>99  |  | 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY<br>2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE<br>3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY<br>4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION<br>5 - UNSAFE SPEED 11 - DROVE OFF ROAD<br>6 - IMPROPER TURN 12 - IMPROPER BACKING   |   |   |  |
|   | SEQUENCE OF EVENTS  |  | NON-COLLISION<br>1 2 0 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT<br>2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT<br>4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE            |   |   |  |
|   | COLLISION WITH FIXED OBJECT - STRUCK  |  | 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT<br>26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL<br>27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING<br>28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL<br>29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT<br>30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN<br>49 - FIRE HYDRANT |   |   |  |
|   | FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1  |  |   |   |   |  |

|  |  |
|--|--|
| LOCAL REPORT NUMBER<br>2 2 0 5 6 4 7 2   |  |
| DAMAGE<br>DAMAGE SCALE<br>2 1 - NONE 3 - FUNCTIONAL DAMAGE<br>2 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 1 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE<br>13 - TOP 99 - UNKNOWN  |  |
| TRAFFIC  |  |
| TRAFFICWAY FLOW<br>2 1 - ONE-WAY<br>2 2 - TWO-WAY  | TRAFFIC CONTROL<br>6 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 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>3 5  | DETECTED SPEED<br>1 1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED                 |
| POSTED SPEED<br>3 5  |  |



|          |  |   |   |  |               |
|----------|--|---|---|--|---------------|
| OWNER    | UNIT #   | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) |   | OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )                       |               |
|          | 02   | LY, VANNAK  |   | L  |               |
| VEHICLE  | OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )                                    |   |   |  |               |
|          | 6763 SEQUOIA CT MASON, OH 45040-9304   |   |   |  |               |
| 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   | HBW-1773  | 5FN1YF4H63DB076238  | 2013   | HONDA         |
| VEHICLE  | <input checked="" type="checkbox"/> INSURANCE VERIFIED   | INSURANCE COMPANY   | INSURANCE POLICY #  | COLOR  | VEHICLE MODEL |
|          |  | STATE FARM  | 8700594C1835B   | SILVER   | PILOT         |
| 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   |               |
|          |  |   | 05  | <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID # |               |
| VEHICLE  | UNIT TYPE  |   | VEHICLE WEIGHT GVWR/GCWR  |  |               |
|          | 03   |   | 1 - ≤10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS.                             |  |               |
| VEHICLE  | 1 - PASSENGER CAR  |   | 12 - GOLF CART  |  |               |
|          | 2 - PASSENGER VAN (MINIVAN)  |   | 13 - SNOWMOBILE   |  |               |
| VEHICLE  | 3 - SPORT UTILITY VEHICLE  |   | 14 - SINGLE UNIT TRUCK  |  |               |
|          | 4 - PICK UP  |   | 15 - SEMI-TRACTOR   |  |               |
| VEHICLE  | 5 - CARGO VAN  |   | 16 - FARM EQUIPMENT   |  |               |
|          | 6 - VAN (9-15 SEATS)   |   | 17 - MOTORHOME  |  |               |
| VEHICLE  | # OF TRAILING UNITS  |   | 18 - LIMO (LIVERY VEHICLE)  |  |               |
|          |  |   | 23 - PEDESTRIAN / SKATER  |  |               |
| VEHICLE  | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?  |   | 0 - NO AUTOMATION   |  |               |
|          | 02   |   | 1 - DRIVER ASSISTANCE   |  |               |
| VEHICLE  | 1 - YES 2 - NO 9 - OTHER / UNKNOWN   |   | 2 - PARTIAL AUTOMATION  |  |               |
|          |  |   | 3 - CONDITIONAL AUTOMATION  |  |               |
| VEHICLE  | SPECIAL FUNCTION   |   | 4 - HIGH AUTOMATION   |  |               |
|          | 01   |   | 5 - FULL AUTOMATION   |  |               |
| VEHICLE  | 1 - NONE   |   | 6 - BUS - CHARTER/TOUR  |  |               |
|          | 2 - TAXI   |   | 7 - BUS - INTERCITY   |  |               |
| VEHICLE  | 3 - ELECTRONIC RIDE SHARING  |   | 8 - BUS - SHUTTLE   |  |               |
|          | 4 - SCHOOL TRANSPORT   |   | 9 - BUS - OTHER   |  |               |
| VEHICLE  | 5 - BUS - TRANSIT/COMMUTER   |   | 10 - AMBULANCE  |  |               |
|          |  |   | 11 - FIRE   |  |               |
| VEHICLE  | 1 - NO CARGO BODY TYPE / NOT APPLICABLE  |   | 2 - VEHICLE TOWING ANOTHER MOTOR VEHICLE  |  |               |
|          | 2 - BUS  |   | 3 - LOGGING   |  |               |
| VEHICLE  | 4 - LOGGING  |   | 5 - INTERMODAL CONTAINER CHASSIS  |  |               |
|          |  |   | 6 - CARGO VAN/ENCLOSED BOX  |  |               |
| VEHICLE  | 1 - TURN SIGNALS   |   | 2 - WORN OR SLICK TIRES   |  |               |
|          | 2 - HEAD LAMPS   |   | 3 - TRAILER EQUIPMENT DEFECTIVE   |  |               |
| VEHICLE  | 3 - TAIL LAMPS   |   | 4 - MOTOR TROUBLE   |  |               |
|          |  |   | 5 - OTHER / UNKNOWN   |  |               |
| VEHICLE  | 1 - INTERSECTION - MARKED CROSSWALK  |   | 2 - INTERSECTION - OTHER  |  |               |
|          | 2 - INTERSECTION - UNMARKED CROSSWALK  |   | 3 - SHOULDER / ROADSIDE   |  |               |
| VEHICLE  | 3 - BICYCLE LANE   |   | 4 - SIDEWALK  |  |               |
|          | 4 - MEDIAN/CROSSING ISLAND   |   | 5 - DRIVEWAY ACCESS   |  |               |
| VEHICLE  | 5 - SHARED USE PATHS OR TRAILS   |   | 6 - FIRST RESPONDER AT INCIDENT SCENE   |  |               |
|          |  |   | 7 - OTHER / UNKNOWN   |  |               |
| VEHICLE  | 1 - NON-CONTACT  |   | 2 - STRAIGHT AHEAD  |  |               |
|          | 2 - NON-COLLISION  |   | 3 - BACKING   |  |               |
| VEHICLE  | 3 - STRIKING   |   | 4 - CHANGING LANES  |  |               |
|          | 4 - STRUCK   |   | 5 - OVERTAKING/PASSING  |  |               |
| VEHICLE  | 5 - BOTH STRIKING & STRUCK   |   | 6 - MAKING RIGHT TURN   |  |               |
|          | 9 - OTHER / UNKNOWN  |   | 7 - MAKING LEFT TURN  |  |               |
| VEHICLE  | 1 - NONE   |   | 2 - LEFT OF CENTER  |  |               |
|          | 2 - FAILURE TO YIELD   |   | 3 - FOLLOWING TOO CLOSE / ACDA  |  |               |
| VEHICLE  | 3 - RAN RED LIGHT  |   | 4 - IMPROPER LANE CHANGE  |  |               |
|          | 4 - RAN STOP SIGN  |   | 5 - IMPROPER PASSING  |  |               |
| VEHICLE  | 5 - UNSAFE SPEED   |   | 6 - DROVE OFF ROAD  |  |               |
|          | 6 - IMPROPER TURN  |   | 7 - IMPROPER BACKING  |  |               |
| VEHICLE  | SEQUENCE OF EVENTS   |   | NON-COLLISION   |  |               |
|          | 1 2 0  |   | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL                                |  |               |
| VEHICLE  | 2 1 1  |   | 12 - DOWNHILL RUNAWAY   |  |               |
|          | 3 1 1  |   | 13 - OTHER NON-COLLISION  |  |               |
| VEHICLE  | 4 1 1  |   | 14 - PEDESTRIAN   |  |               |
|          | 5 1 1  |   | 15 - PEDALCYCLE   |  |               |
| VEHICLE  | 6 1 1  |   | 16 - RAILWAY VEHICLE  |  |               |
|          |  |   | 17 - ANIMAL - FARM  |  |               |
| VEHICLE  |  |   | 18 - ANIMAL - DEER  |  |               |
|          |  |   | 19 - ANIMAL - OTHER   |  |               |
| VEHICLE  |  |   | 20 - MOTOR VEHICLE IN TRANSPORT   |  |               |
|          |  |   | 21 - PARKED MOTOR VEHICLE   |  |               |
| VEHICLE  |  |   | 22 - WORK ZONE MAINTENANCE EQUIPMENT  |  |               |
|          |  |   | 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE |  |               |
| VEHICLE  |  |   | 24 - OTHER MOVABLE OBJECT   |  |               |
|          |  |   |   |  |               |
| VEHICLE  | 25 - IMPACT ATTENUATOR / CRASH CUSHION   |   | 31 - GUARDRAIL END  |  |               |
|          | 26 - BRIDGE OVERHEAD STRUCTURE   |   | 32 - PORTABLE BARRIER   |  |               |
| VEHICLE  | 27 - BRIDGE PIER OR ABUTMENT   |   | 33 - MEDIAN CABLE BARRIER   |  |               |
|          | 28 - BRIDGE PARAPET  |   | 34 - MEDIAN GUARDRAIL BARRIER   |  |               |
| VEHICLE  | 29 - BRIDGE RAIL   |   | 35 - MEDIAN CONCRETE BARRIER  |  |               |
|          | 30 - GUARDRAIL FACE  |   | 36 - MEDIAN OTHER BARRIER   |  |               |
| VEHICLE  | 37 - TRAFFIC SIGN POST   |   | 43 - CURB   |  |               |
|          | 38 - OVERHEAD SIGN POST  |   | 44 - DITCH  |  |               |
| VEHICLE  | 39 - LIGHT / LUMINARIES SUPPORT  |   | 45 - EMBANKMENT   |  |               |
|          | 40 - UTILITY POLE  |   | 46 - FENCE  |  |               |
| VEHICLE  | 41 - OTHER POST, POLE OR SUPPORT   |   | 47 - MAILBOX  |  |               |
|          | 42 - CULVERT   |   | 48 - TREE   |  |               |
| VEHICLE  |  |   | 49 - FIRE HYDRANT   |  |               |
|          |  |   | 50 - WORK ZONE MAINTENANCE EQUIPMENT  |  |               |
| VEHICLE  |  |   | 51 - WALL   |  |               |
|          |  |   | 52 - BUILDING   |  |               |
| VEHICLE  |  |   | 53 - TUNNEL   |  |               |
|          |  |   | 54 - OTHER FIXED OBJECT   |  |               |
| VEHICLE  |  |   | 99 - OTHER / UNKNOWN  |  |               |
|          |  |   |   |  |               |
| VEHICLE  | FIRST HARMFUL EVENT  |   | MOST HARMFUL EVENT  |  |               |
|          | 1  |   | 1   |  |               |

|  |                               |
|--|-------------------------------|
| LOCAL REPORT NUMBER  |                               |
| 2 2 0 5 6 4 7 2  |                               |
| DAMAGE   |                               |
| DAMAGE SCALE   |                               |
| 2 1 - NONE 3 - FUNCTIONAL DAMAGE   |                               |
| 2 - MINOR DAMAGE 4 - DISABLING DAMAGE  |                               |
| 9 - UNKNOWN  |                               |
| DAMAGED AREA(S)<br>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               |
| 2 1 - ONE-WAY 2 - TWO-WAY  | 1 - ROUNDABOUT 4 - STOP SIGN  |
|  | 2 - SIGNAL 5 - YIELD SIGN     |
|  | 3 - FLASHER 6 - NO CONTROL    |
| # OF THROUGH LANES ON ROAD   | RAIL GRADE CROSSING           |
| 4  | 1 - NOT INVOLVED              |
|  | 2 - INVOLVED-ACTIVE CROSSING  |
|  | 3 - INVOLVED-PASSIVE CROSSING |
| UNIT / NON-MOTORIST DIRECTION  |                               |
| FROM 2 TO 1  |                               |
| 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          |
| POSTED SPEED   | 3 - UNDETERMINED              |
| 3 5  |                               |





# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 2 0 5 6 4 7 2

|   |  |  |                                   |   |  |  |                         |  |               |  |  |  |  |
|---|--|--|-----------------------------------|---|--|--|-------------------------|--|---------------|--|--|--|--|
| MOTORIST / NON-MOTORIST                       | UNIT #<br>0 1  | NAME: LAST, FIRST, MIDDLE<br>KOONS, RONALD GALEN                                       |                                   |   |  | DATE OF BIRTH<br>0 9 1 2 1 9 5 9                 |                         | AGE<br>6 2   | GENDER<br>M   |  |  |  |  |
|   | ADDRESS: STREET, CITY, STATE, ZIP<br>3300 PLEASANT AVE. HAMILTON, OH 45015-1745            |  |                                   |   |  | 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  |               |  |  |  |  |
| MOTORIST / NON-MOTORIST                       | OL CLASS<br>4  | ENDORSEMENT<br>SELECT UP TO 2  | RESTRICTION SELECT UP TO 3<br>0 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 2  | NAME: LAST, FIRST, MIDDLE<br>SAVY, RICHMOND  |                                   |   |  | DATE OF BIRTH<br>0 4 2 4 1 9 8 1                 |                         | AGE<br>4 1   | GENDER<br>F   |  |  |  |  |
|   | ADDRESS: STREET, CITY, STATE, ZIP<br>3424 SOCIALVILLE FOSTER RD. MAINEVILLE, OH 45039-9363 |  |                                   |   |  | 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   |  |  |  |
| MOTORIST / NON-MOTORIST                       | 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<br>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 #   | NAME: LAST, FIRST, MIDDLE  |                                   |   |  | DATE OF BIRTH                                    |                         | AGE<br>0   | GENDER        |  |  |  |  |
|   | ADDRESS: STREET, CITY, STATE, ZIP  |  |                                   |   |  | CONTACT PHONE - INCLUDE AREA CODE                |                         |  |               |  |  |  |  |
| MOTORIST / NON-MOTORIST                       | INJURIES   | INJURED TAKEN BY   | EMS AGENCY (NAME)                 | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION        | AIR BAG USAGE  | EJECTION      | TRAPPED  |  |  |  |
|   | OL STATE   | OPERATOR LICENSE NUMBER  |                                   | OFFENSE CHARGED                                 | LOCAL CODE<br><input type="checkbox"/>   | OFFENSE DESCRIPTION                              |                         | CITATION NUMBER  |               |  |  |  |  |
|   | OL CLASS   | ENDORSEMENT<br>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<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                                     |  | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)  |                                   | 1 - NOT DEPLOYED                                |  | 1 - CLASS A                                      |                         | 1 - ALCOHOL INTERLOCK DEVICE   |               | 1 - NOT DISTRACTED   |  | 1 - NONE GIVEN                                 |  |
| 2 - SUSPECTED SERIOUS INJURY                  |  | 2 - FRONT - MIDDLE   |                                   | 2 - DEPLOYED FRONT                              |  | 2 - CLASS B                                      |                         | 2 - CDL INTRASTATE ONLY  |               | 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) |  | 2 - TEST REFUSED                               |  |
| 3 - SUSPECTED MINOR INJURY                    |  | 3 - FRONT - RIGHT SIDE   |                                   | 3 - DEPLOYED SIDE                               |  | 3 - CLASS C                                      |                         | 3 - CORRECTIVE LENSES  |               | 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE                                       |  | 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE |  |
| 4 - POSSIBLE INJURY                           |  | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)  |                                   | 4 - DEPLOYED BOTH FRONT / SIDE                  |  | 4 - REGULAR CLASS (OHIO = D)                     |                         | 4 - FARM WAIVER  |               | 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE  |  | 4 - TEST GIVEN, RESULTS KNOWN                  |  |
| 5 - NO APPARENT INJURY                        |  | 5 - SECOND - MIDDLE  |                                   | 5 - NOT APPLICABLE                              |  | 5 - M/C MOPED ONLY                               |                         | 5 - EXCEPT CLASS A BUS   |               | 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE   |  | 5 - TEST GIVEN, RESULTS UNKNOWN                |  |
| INJURED TAKEN BY                              |  | 6 - SECOND - RIGHT SIDE  |                                   | 9 - DEPLOYMENT UNKNOWN                          |  | 6 - NO VALID OL                                  |                         | 6 - EXCEPT CLASS A & CLASS B BUS   |               | 6 - PASSENGER  |  | ALCOHOL TEST TYPE                              |  |
| 1 - NOT TRANSPORTED / TREATED AT SCENE        |  | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  |                                   | EJECTION  |  | OL ENDORSEMENT                                   |                         | 7 - EXCEPT TRACTOR-TRAILER   |               | 7 - OTHER DISTRACTION INSIDE THE VEHICLE   |  | 1 - NONE                                       |  |
| 2 - EMS                                       |  | 8 - THIRD - MIDDLE   |                                   | 1 - NOT EJECTED                                 |  | H - HAZMAT                                       |                         | 8 - INTERMEDIATE LICENSE RESTRICTIONS  |               | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE  |  | 2 - BLOOD                                      |  |
| 3 - POLICE                                    |  | 9 - THIRD - RIGHT SIDE   |                                   | 2 - PARTIALLY EJECTED                           |  | M - MOTORCYCLE                                   |                         | 9 - LEARNER'S PERMIT RESTRICTIONS  |               | 9 - OTHER / UNKNOWN  |  | 3 - URINE                                      |  |
| 9 - OTHER / UNKNOWN                           |  | 10 - SLEEPER SECTION OF TRUCK CAB  |                                   | 3 - TOTALLY EJECTED                             |  | P - PASSENGER                                    |                         | 10 - LIMITED TO DAYLIGHT ONLY  |               | CONDITION  |  | 4 - BREATH                                     |  |
| SAFETY EQUIPMENT                              |  | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) |                                   | 4 - NOT APPLICABLE                              |  | N - TANKER                                       |                         | 11 - LIMITED TO EMPLOYMENT   |               | 1 - APPARENTLY NORMAL  |  | 5 - OTHER                                      |  |
| 1 - NONE USED                                 |  | 12 - PASSENGER IN UNENCLOSED CARGO AREA  |                                   | TRAPPED   |  | Q - MOTOR SCOOTER                                |                         | 12 - LIMITED - OTHER   |               | 2 - PHYSICAL IMPAIRMENT  |  | DRUG TEST TYPE                                 |  |
| 2 - SHOULDER BELT ONLY USED                   |  | 13 - TRAILING UNIT   |                                   | 1 - NOT TRAPPED                                 |  | R - THREE-WHEEL MOTORCYCLE                       |                         | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) |               | 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)                                     |  | 1 - NONE                                       |  |
| 3 - LAP BELT ONLY USED                        |  | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    |                                   | 2 - EXTRICATED BY MECHANICAL MEANS              |  | S - SCHOOL BUS                                   |                         | 14 - MILITARY VEHICLES ONLY  |               | 4 - ILLNESS  |  | 2 - BLOOD                                      |  |
| 4 - SHOULDER & LAP BELT USED                  |  | 15 - NON-MOTORIST  |                                   | 3 - FREED BY NON-MECHANICAL MEANS               |  | T - DOUBLE & TRIPLE TRAILERS                     |                         | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES   |               | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.   |  | 3 - URINE                                      |  |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING   |  | 99 - OTHER / UNKNOWN   |                                   |   |  | X - TANKER / HAZMAT                              |                         | 16 - OUTSIDE MIRROR  |               | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             |  | 4 - OTHER                                      |  |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING      |  |  |                                   |   |  |  |                         | 17 - PROSTHETIC AID  |               | 9 - OTHER / UNKNOWN  |  | DRUG TEST RESULT(S)                            |  |
| 7 - BOOSTER SEAT                              |  |  |                                   |   |  |  |                         | 18 - OTHER   |               |  |  | 1 - AMPHETAMINES                               |  |
| 8 - HELMET USED                               |  |  |                                   |   |  |  |                         |  |               |  |  | 2 - BARBITURATES                               |  |
| 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) |  |  |                                   |   |  |  |                         |  |               |  |  | 3 - BENZODIAZEPINES                            |  |
| 10 - REFLECTIVE CLOTHING                      |  |  |                                   |   |  |  |                         |  |               |  |  | 4 - CANNABINOIDS                               |  |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     |  |  |                                   |   |  |  |                         |  |               |  |  | 5 - COCAINE                                    |  |
| 99 - OTHER / UNKNOWN                          |  |  |                                   |   |  |  |                         |  |               |  |  | 6 - OPIATES / OPIOIDS                          |  |
|   |  |  |                                   |   |  |  |                         |  |               |  |  | 7 - OTHER                                      |  |
|   |  |  |                                   |   |  |  |                         |  |               |  |  | 8 - NEGATIVE RESULTS                           |  |



OHIO DEPARTMENT  
OF PUBLIC SAFETY  
SAFETY • SERVICE • PROTECTION

# OCCUPANT / WITNESS ADDENDUM

| LOCAL REPORT NUMBER |   |   |   |   |   |   |   |  |  |
|---------------------|---|---|---|---|---|---|---|--|--|
| 2                   | 2 | 0 | 5 | 6 | 4 | 7 | 2 |  |  |

|                 |   |  |  |  |                   |                    |
|-----------------|---|--|--|--|-------------------|--------------------|
| <b>OCCUPANT</b> | <b>UNIT #</b><br>2  | <b>NAME: LAST, FIRST, MIDDLE</b><br>SUNG, HAROLD | <b>DATE OF BIRTH</b><br>0 5 2 2 1 9 8 6      |  | <b>AGE</b><br>3 6 | <b>GENDER</b><br>M |
|                 | <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>3424 SOCIALVILLE FOSTER RD. MAINEVILLE, OH 45039-9363 |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br> |  |                   |                    |

|                      |                             |                              |  |                                     |  |                                |                             |                      |                     |
|----------------------|-----------------------------|------------------------------|--|-------------------------------------|--|--------------------------------|-----------------------------|----------------------|---------------------|
| <b>INJURIES</b><br>5 | <b>INJURED TAKEN BY</b><br> | <b>EMS AGENCY (NAME)</b><br> | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b><br> | <b>SAFETY EQUIPMENT USED</b><br>0 4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b><br>0 3 | <b>AIR BAG USAGE</b><br>0 1 | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1 |
|----------------------|-----------------------------|------------------------------|--|-------------------------------------|--|--------------------------------|-----------------------------|----------------------|---------------------|

|                 |   |  |  |  |                   |                    |
|-----------------|---|--|--|--|-------------------|--------------------|
| <b>OCCUPANT</b> | <b>UNIT #</b><br>2  | <b>NAME: LAST, FIRST, MIDDLE</b><br>MIL, TEV | <b>DATE OF BIRTH</b><br>1 0 0 7 1 9 4 7      |  | <b>AGE</b><br>7 4 | <b>GENDER</b><br>F |
|                 | <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>3424 SOCIALVILLE FOSTER RD. MAINEVILLE, OH 45039-9363 |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br> |  |                   |                    |

|                      |                             |                              |  |                                     |  |                                |                             |                      |                     |
|----------------------|-----------------------------|------------------------------|--|-------------------------------------|--|--------------------------------|-----------------------------|----------------------|---------------------|
| <b>INJURIES</b><br>5 | <b>INJURED TAKEN BY</b><br> | <b>EMS AGENCY (NAME)</b><br> | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b><br> | <b>SAFETY EQUIPMENT USED</b><br>0 4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b><br>0 4 | <b>AIR BAG USAGE</b><br>0 1 | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1 |
|----------------------|-----------------------------|------------------------------|--|-------------------------------------|--|--------------------------------|-----------------------------|----------------------|---------------------|

|                 |   |  |  |  |                 |                    |
|-----------------|---|--|--|--|-----------------|--------------------|
| <b>OCCUPANT</b> | <b>UNIT #</b><br>2  | <b>NAME: LAST, FIRST, MIDDLE</b><br>THEANG, CHEN | <b>DATE OF BIRTH</b><br>0 1 0 1 2 0 2 0      |  | <b>AGE</b><br>2 | <b>GENDER</b><br>M |
|                 | <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>3424 SOCIALVILLE FOSTER RD. MAINEVILLE, OH 45039-9363 |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br> |  |                 |                    |

|                      |                             |                              |  |                                  |  |                             |                          |                     |                    |
|----------------------|-----------------------------|------------------------------|--|----------------------------------|--|-----------------------------|--------------------------|---------------------|--------------------|
| <b>INJURIES</b><br>5 | <b>INJURED TAKEN BY</b><br> | <b>EMS AGENCY (NAME)</b><br> | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b><br> | <b>SAFETY EQUIPMENT USED</b><br> | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b><br> | <b>AIR BAG USAGE</b><br> | <b>EJECTION</b><br> | <b>TRAPPED</b><br> |
|----------------------|-----------------------------|------------------------------|--|----------------------------------|--|-----------------------------|--------------------------|---------------------|--------------------|

|                 |   |  |  |  |                 |                    |
|-----------------|---|--|--|--|-----------------|--------------------|
| <b>OCCUPANT</b> | <b>UNIT #</b><br>2  | <b>NAME: LAST, FIRST, MIDDLE</b><br>RICHMOND, THOMAS | <b>DATE OF BIRTH</b><br>0 7 0 8 2 0 1 7      |  | <b>AGE</b><br>5 | <b>GENDER</b><br>M |
|                 | <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>3424 SOCIALVILLE FOSTER RD. MAINEVILLE, OH 45039-9363 |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br> |  |                 |                    |

|                      |                             |                              |  |                                  |  |                             |                          |                     |                    |
|----------------------|-----------------------------|------------------------------|--|----------------------------------|--|-----------------------------|--------------------------|---------------------|--------------------|
| <b>INJURIES</b><br>5 | <b>INJURED TAKEN BY</b><br> | <b>EMS AGENCY (NAME)</b><br> | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b><br> | <b>SAFETY EQUIPMENT USED</b><br> | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b><br> | <b>AIR BAG USAGE</b><br> | <b>EJECTION</b><br> | <b>TRAPPED</b><br> |
|----------------------|-----------------------------|------------------------------|--|----------------------------------|--|-----------------------------|--------------------------|---------------------|--------------------|

| INJURIES   | SAFETY EQUIPMENT USED   | SEATING POSITION  | AIR BAG USAGE   |
|--|---|---|---|
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY | 1 - NONE USED - VEHICLE OCCUPANT<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 - 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<br><br><b>EJECTION</b><br>1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE<br><br><b>TRAPPED</b><br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS |
| INJURED TAKEN BY   |   |   |   |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN                                   |   |   |   |
| GENDER   |   |   |   |
| F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN  |   |   |   |

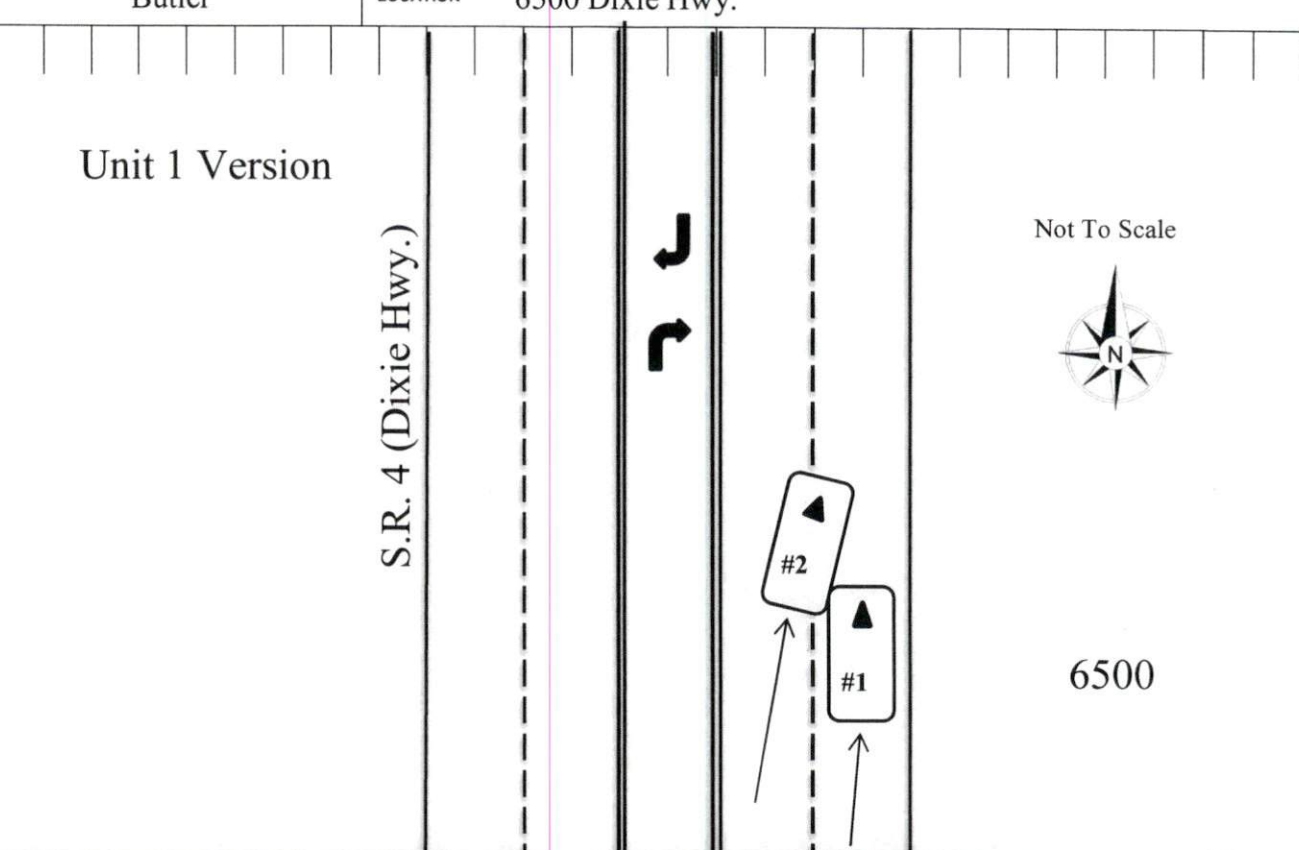
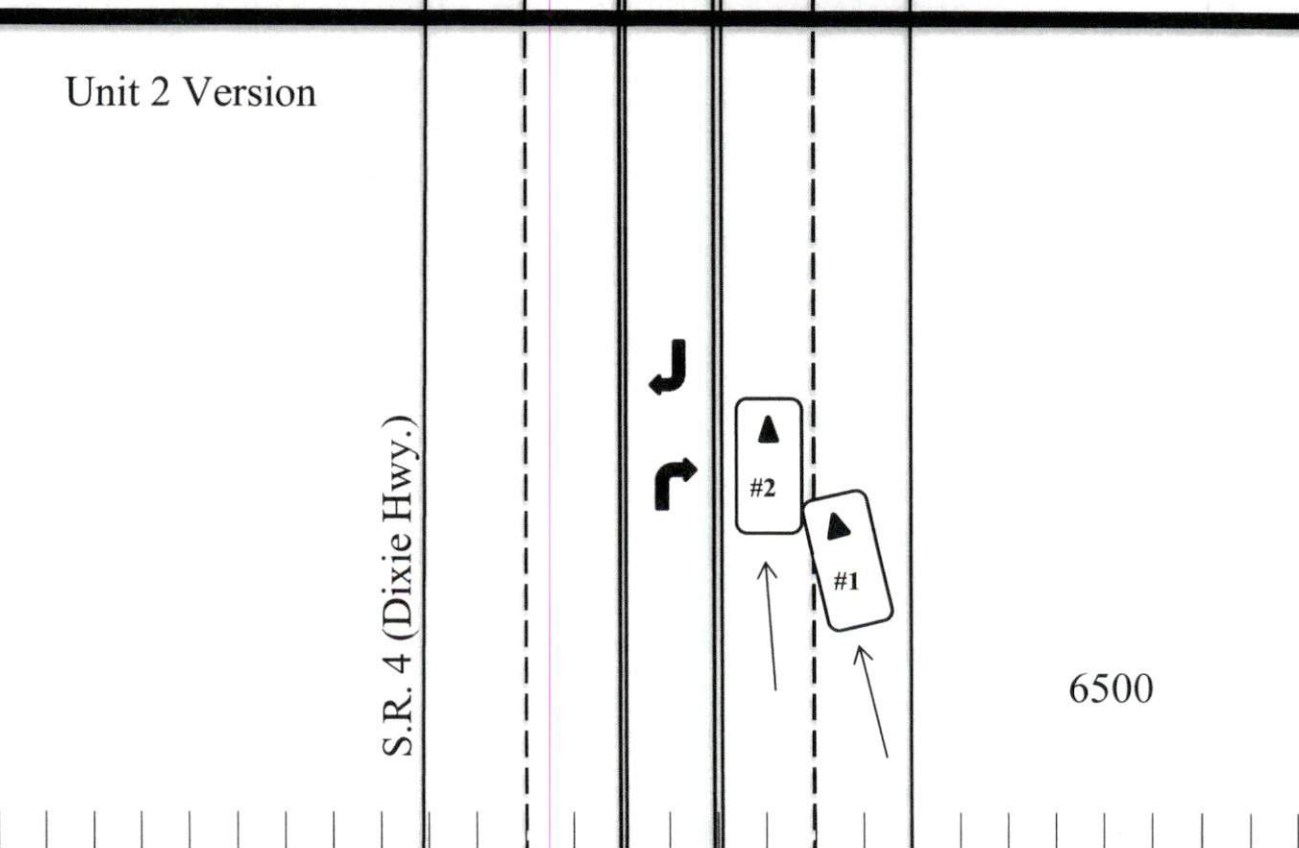
|                |  |  |                 |               |
|----------------|--|--|-----------------|---------------|
| <b>WITNESS</b> | <b>NAME: LAST, FIRST, MIDDLE</b>         | <b>DATE OF BIRTH</b>                     | <b>AGE</b><br>0 | <b>GENDER</b> |
|                | <b>ADDRESS: STREET, CITY,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

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

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

|                           |           |                      |                             |                  |          |
|---------------------------|-----------|----------------------|-----------------------------|------------------|----------|
| LOCAL<br>REPORT<br>NUMBER | 22-056472 | REPORTING<br>AGENCY  | Fairfield Police Department | DATE OF ACCIDENT | 08-07-22 |
| IN COUNTY OF              | Butler    | ACCIDENT<br>LOCATION | 6500 Dixie Hwy.             |                  |          |

|                |                     |  |      |
|----------------|---------------------|--|------|
| Unit 1 Version | S.R. 4 (Dixie Hwy.) |   | 6500 |
| Unit 2 Version | S.R. 4 (Dixie Hwy.) |  | 6500 |

|                     |           |
|---------------------|-----------|
| OFFICER'S SIGNATURE | BADGE NO. |
| P.O. RYAN FLEENOR   | 117       |