



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

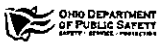
LOCAL REPORT NUMBER\*

|                                                                                                                                                                                           |                                                                    |                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                                                                                                                                                                                         |                        |                                                                                                                                                                                                                         |                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| <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 6 9 4 6 3                                                                                                                                                                         |                        |                                                                                                                                                                                                                         |                                                                                                                                      |
| 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>09232022 2312                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         | HIT/SKIP<br>1-SOLVED<br>2-UNSOLVED                                                                                                                                                      | NUMBER OF UNITS<br>0 3 | UNIT IN ERROR<br>98-ANIMAL<br>99-UNKNOWN<br>0 1                                                                                                                                                                         |                                                                                                                                      |
| 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>39.320124   | 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                                                                                                                                                                                | ROUTE NUMBER                                                       | PREFIX<br>1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST                                                                                                                                                                                                                                            | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>6641                                                                                                                                                                                                    | ROAD TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | LONGITUDE DECIMAL DEGREES<br>-84.498625 | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES                         |                        |                                                                                                                                                                                                                         |                                                                                                                                      |
| 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>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 | 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>9-CROSSOVER<br>10-DRIVEWAY/ALLEY ACCESS<br>11-RAILWAY GRADE CROSSING<br>12-SHARED USE PATHS OR TRAILS<br>13-BIKE LANE<br>14-TOLL BOOTH<br>99-OTHER / UNKNOWN<br>3 |                                                                                                                                                                                                                                                          | DIRECTION OF TRAVEL<br>1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         | MEDIAN TYPE<br>1-DIVIDED FLUSH MEDIAN (<4 FEET)<br>2-DIVIDED FLUSH MEDIAN (≥4 FEET)<br>3-DIVIDED, DEPRESSED MEDIAN (ANY TYPE)<br>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<br>1-STRAIGHT LEVEL<br>2-STRAIGHT GRADE<br>3-CURVE LEVEL<br>4-CURVE GRADE<br>9-OTHER/UNKNOWN                                                                               |                        | CONDITIONS<br>2<br>1-DRY<br>2-WET<br>3-SNOW<br>4-ICE<br>5-SAND, MUD, DIRT, OIL, GRAVEL<br>6-WATER (STANDING, MOVING)<br>7-SLUSH<br>9-OTHER/UNKNOWN                                                                      | SURFACE<br>2<br>1-CONCRETE<br>2-BLACKTOP, BITUMINOUS, ASPHALT<br>3-BRICK/BLOCK<br>4-SLAG, GRAVEL, STONE<br>5-DIRT<br>9-OTHER/UNKNOWN |
| LIGHT CONDITION<br>1-DAYLIGHT<br>2-DAWN/DUSK<br>3-DARK - LIGHTED ROADWAY<br>4-DARK - ROADWAY NOT LIGHTED<br>5-DARK - UNKNOWN ROADWAY LIGHTING<br>9-OTHER / UNKNOWN<br>3                   |                                                                    | WEATHER<br>1-CLEAR<br>2-CLOUDY<br>3-FOG, SMOG, SMOKE<br>4-RAIN<br>5-SLEET, HAIL<br>6-SNOW<br>7-SEVERE CROSSWINDS<br>8-BLOWING SAND, SOIL, DIRT, SNOW<br>9-FREEZING RAIN OR FREEZING DRIZZLE<br>99-OTHER / UNKNOWN<br>0 1                                                                    |                                                                                                                                                                                                                                                          | NARRATIVE<br>On September 23, 2022 at 11:12 p.m. Unit 1 and Unit 3 were traveling northbound on Dixie Hwy in the inside lane. Unit 2 was traveling southbound on Dixie Hwy in the inside lane. Unit 1 crossed left of center, went around Unit 3, entered into oncoming traffic. Unit 1 struck Unit 2, the vehicles separated and then Unit 2 was struck by Unit 3, which was unable to slow in time to avoid the collision.<br><br>The driver of Unit 1 was issued a citation for:<br>- Willful or Wanton Disregard: 333.02A F.C.O<br>- Passing Left of Center: 331.05 F.C.O |                                         |                                                                                                                                                                                         |                        |                                                                                                                                                                                                                         |                                                                                                                                      |
| CRASH REPORTED DATE / TIME<br>0 9 2 3 2 0 2 2 2 3 1 2                                                                                                                                     |                                                                    | DISPATCH DATE / TIME<br>0 9 2 3 2 0 2 2 2 3 1 2                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                          | ARRIVAL DATE / TIME<br>0 9 2 3 2 0 2 2 2 3 1 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | SCENE CLEARED DATE / TIME<br>0 9 2 3 2 0 2 2 0 0 4 9                                                                                                                                    |                        | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input checked="" type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DESK) |                                                                                                                                      |
| TOTAL TIME ROADWAY CLOSED<br>9 7                                                                                                                                                          |                                                                    | OTHER INVESTIGATION TIME<br>3 0                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                          | TOTAL MINUTES<br>1 2 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         | OFFICER'S NAME*<br>P.O. N. Cockfield                                                                                                                                                    |                        | Checked by OFFICER'S NAME*<br>Sgt. B. Larnes                                                                                                                                                                            |                                                                                                                                      |
|                                                                                                                                                                                           |                                                                    |                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                          | OFFICER'S BADGE NUMBER*<br>1 2 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         | Checked by OFFICER'S BADGE NUMBER*<br>1 3 9                                                                                                                                             |                        |                                                                                                                                                                                                                         |                                                                                                                                      |



Indicate the north direction with an "N" on the compass diagram.

See OH-2



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 2 0 6 9 4 6 3

|                                                                               |                                                     |                                       |                                                                    |                                                                                                                                                   |                                                  |                         |                                                |               |                                                            |  |
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| UNIT #<br>0 1                                                                 | NAME: LAST, FIRST, MIDDLE<br>Rodriguez, Rodolfo, A. | DATE OF BIRTH<br>1 0 2 9 1 9 9 2      |                                                                    | AGE<br>3 0                                                                                                                                        | GENDER<br>M                                      |                         |                                                |               |                                                            |  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>3923 Zinsle Avenue, Cincinnati, OH 45213 |                                                     | CONTACT PHONE - INCLUDE AREA CODE     |                                                                    |                                                                                                                                                   |                                                  |                         |                                                |               |                                                            |  |
| INJURIES<br>2                                                                 | INJURED TAKEN BY<br>2                               | EMS AGENCY (NAME)<br>Fairfield Medics | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)<br>UC West Chester | SAFETY EQUIPMENT USED<br>9 9                                                                                                                      | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 1 | AIR BAG USAGE<br>4                             | EJECTION<br>1 | TRAPPED<br>2                                               |  |
| OL STATE<br>OH                                                                | OPERATOR LICENSE NUMBER                             |                                       | OFFENSE CHARGED<br>333.02a                                         | LOCAL CODE<br><input checked="" type="checkbox"/>                                                                                                 | OFFENSE DESCRIPTION<br>Willful/Wanton Disregrd   |                         | CITATION NUMBER<br>254820                      |               |                                                            |  |
| 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 checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                                  | CONDITION<br>6          | ALCOHOL TEST<br>STATUS TYPE VALUE<br>4 2 0 4 5 |               | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4<br>4 2 8 |  |

|                                                                              |                                                     |                                       |                                                                    |                                                                                                                                        |                                                  |                         |                                          |               |                                                          |  |
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| UNIT #<br>0 2                                                                | NAME: LAST, FIRST, MIDDLE<br>Christian, William, L. | DATE OF BIRTH<br>0 7 2 9 1 9 5 6      |                                                                    | AGE<br>6 6                                                                                                                             | GENDER<br>M                                      |                         |                                          |               |                                                          |  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>9854 Kenwood Road, Cincinnati, OH 45242 |                                                     | CONTACT PHONE - INCLUDE AREA CODE     |                                                                    |                                                                                                                                        |                                                  |                         |                                          |               |                                                          |  |
| INJURIES<br>2                                                                | INJURED TAKEN BY<br>2                               | EMS AGENCY (NAME)<br>Fairfield Medics | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)<br>UC West Chester | SAFETY EQUIPMENT USED<br>0 4                                                                                                           | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 1 | AIR BAG USAGE<br>4                       | EJECTION<br>1 | TRAPPED<br>1                                             |  |
| OL STATE<br>OH                                                               | 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 |  |

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| UNIT #<br>0 3                                                                | NAME: LAST, FIRST, MIDDLE<br>Kadariya, Tek, N. | DATE OF BIRTH<br>0 4 2 9 1 9 9 6      |                                                                   | AGE<br>2 6                                                                                                                             | GENDER<br>M                                      |                         |                                          |               |                                                          |  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>53 Carousel Circle, Fairfield, OH 45014 |                                                | CONTACT PHONE - INCLUDE AREA CODE     |                                                                   |                                                                                                                                        |                                                  |                         |                                          |               |                                                          |  |
| INJURIES<br>4                                                                | INJURED TAKEN BY<br>2                          | EMS AGENCY (NAME)<br>Springdale Medic | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)<br>Mercy Hospital | 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>OH                                                               | 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 |  |

|                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                            |                                                                                                                                   |                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                |
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| 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 | 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 MOPEL ONLY<br>6-INVALID OL                                                                 | 1-ALCOHOL INTERLOCK DEVICE<br>2-COE 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                                                     | 1-HAZMAT<br>M-MOTORCYCLE<br>P-PASSENGER<br>N-TANKER<br>R-MOTOR SCOOTER<br>R-THREE-WHEEL MOTORCYCLE<br>S-SCHOOL BUS<br>T-DOUBLE & TRIPLE TRAILERS<br>X-TANKER / HAZMAT |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                              | 1-NONE<br>2-BLOOD<br>3-URINE<br>4-BREATH<br>5-OTHER                                                                                            |
| SAFETY EQUIPMENT                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                            | TRAPPED                                                                                                                           | GENDER                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                              | DRUG TEST TYPE                                                                                                                                 |
| 1-NONE USED<br>2-SHOULDER BELT ONLY USED<br>3-LAP BELT ONLY USED<br>4-SHOULDER & LAP BELT USED<br>5-CHILD RESTRAINT SYSTEM FORWARD FACING<br>6-CHILD RESTRAINT SYSTEM REAR FACING<br>7-BOOSTER SEAT<br>8-HELMET USED<br>9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10-REFLECTIVE CLOTHING<br>11-LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99-OTHER / UNKNOWN |                                                                                                                                                                                                                                                                                            | 1-NOT TRAPPED<br>2-EXTRICATED BY MECHANICAL MEANS<br>3-FREED BY NON-MECHANICAL MEANS                                              | F-FEMALE<br>M-MALE<br>U-OTHER / UNKNOWN                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                              | 1-NONE<br>2-BLOOD<br>3-URINE<br>4-OTHER                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                            |                                                                                                                                   |                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CONDITION                                                                                                                                                                                                                                                                                                                                                                    | DRUG TEST RESULT(S)                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                            |                                                                                                                                   |                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1-APPARENTLY NORMAL<br>2-PHYSICAL IMPAIRMENT<br>3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)<br>4-ILLNESS<br>5-FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9-OTHER / UNKNOWN                                                                                                                                        | 1-AMPHETAMINES<br>2-BARBITURATES<br>3-BENZODIAZEPINES<br>4-CANNABINOIDS<br>5-COCAINE<br>6-OPIATES / OPIOIDS<br>7-OTHER<br>8-NEGATIVE RESULTS   |



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LOCAL REPORT NUMBER\*

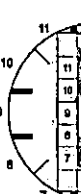
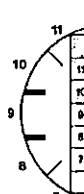
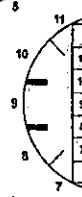
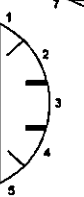
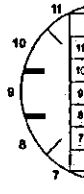
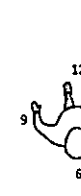
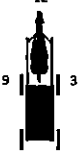
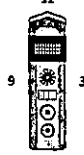
|                                                                                                                                                                                          |                                                                            |                                                                                                                                                                                                                                                                                |                                                                                                                                    |                                                                                                                                                                                                                                              |                                                                       |                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                   |                                                                                                                                                  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <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                                                                                                                                                                                                                            |                                                                       | 2 2 0 6 9 4 6 3                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                   |                                                                                                                                                  |  |
| REPORTING AGENCY NAME*<br>Fairfield Police Department                                                                                                                                    |                                                                            | NCIC*<br>0 0 9 0 1                                                                                                                                                                                                                                                             |                                                                                                                                    | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED                                                                                                                                                                                                       |                                                                       | NUMBER OF UNITS<br>0 3                                                                                                                                                                                                 |  | UNIT IN ERROR<br>98 - ANIMAL<br>99 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                   |                                                                                                                                                  |  |
| 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>0 9 2 3 2 0 2 2 2 3 1 2                                                                                                                                                                                                |                                                                       | 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>3 9 . 3 2 0 1 2 4                         | 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>6641                                                                              | ROAD TYPE                                                                                                                                                                                                                                    | LONGITUDE DECIMAL DEGREES<br>- 8 4 . 4 9 8 6 2 5                      |                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                   |                                                                                                                                                  |  |
| 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 | IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE                                                                                                                                          | ROUTE TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>PL - PLACE | ROAD TYPE<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>WA - WAY                                                                                                                                | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST |                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                              | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (≥4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN (ANY TYPE)<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN |                                                                                                                                                  |  |
| 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>3 |                                                                                                                                    | 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<br>1                                                                                                    |  | 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<br>2                                                                                                                                                                                                                                                           |                                                                                                                                                                                                   | 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<br>2 |  |
| WORK ZONE RELATED<br>WORKERS PRESENT<br>LAW ENFORCEMENT PRESENT<br>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                                                                                                                               |                                                                                                                                    | WEATHER<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN<br>0 1 |                                                                       | LIGHT CONDITION<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN<br>3                                    |  | NARRATIVE<br>On September 23, 2022 at 11:12 p.m. Unit 1 and Unit 3 were traveling northbound on Dixie Hwy in the inside lane. Unit 2 was traveling southbound on Dixie Hwy in the inside lane. Unit 1 crossed left of center, went around Unit 3, entered into oncoming traffic. Unit 1 struck Unit 2, the vehicles separated and then Unit 2 was struck by Unit 3, which was unable to slow in time to avoid the collision. |                                                                                                                                                                                                   |                                                                                                                                                  |  |
| CRASH REPORTED DATE / TIME<br>0 9 2 3 2 0 2 2 2 3 1 2                                                                                                                                    |                                                                            | DISPATCH DATE / TIME<br>0 9 2 3 2 0 2 2 2 3 1 2                                                                                                                                                                                                                                |                                                                                                                                    | ARRIVAL DATE / TIME<br>0 9 2 3 2 0 2 2 2 3 1 2                                                                                                                                                                                               |                                                                       | SCENE CLEARED DATE / TIME<br>0 9 2 3 2 0 2 2 0 0 4 9                                                                                                                                                                   |  | 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 ODP)                                                                                                                                                                                                                  |                                                                                                                                                                                                   |                                                                                                                                                  |  |
| TOTAL TIME ROADWAY CLOSED<br>9 7                                                                                                                                                         | OTHER INVESTIGATION TIME<br>3 0                                            | TOTAL MINUTES<br>1 2 7                                                                                                                                                                                                                                                         | OFFICER'S NAME*<br>P.O. N. Cockfield                                                                                               | CHECKED BY OFFICER'S NAME*<br>SGT. K. HARRINGTON                                                                                                                                                                                             | OFFICER'S BADGE NUMBER*<br>1 2 9                                      | CHECKED BY OFFICER'S BADGE NUMBER*<br>1 1 2                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                   |                                                                                                                                                  |  |



Indicate the north direction with an "N" on the compass diagram.

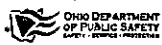
See OH-2

22-064403

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>LOCAL REPORT NUMBER</b><br><div style="display: flex; justify-content: space-between; width: 100%;"> <span>2</span><span>2</span><span>0</span><span>6</span><span>9</span><span>4</span><span>6</span><span>3</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>DAMAGE</b><br><b>DAMAGE SCALE</b><br><div style="display: flex; justify-content: space-around;"> <span>1 - NONE</span> <span>3 - FUNCTIONAL DAMAGE</span> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <span>4</span> <span>2 - MINOR DAMAGE</span> <span>4 - DISABLING DAMAGE</span> </div> <div style="text-align: center;">9 - UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>DAMAGED AREA(S)</b><br>INDICATE ALL THAT APPLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                    |
| <div style="display: grid; grid-template-columns: 1fr 1fr; gap: 20px;">         </div> <div style="display: flex; justify-content: space-around; margin-top: 20px;">     </div> |                                                                                                                                                                                                                                                                                                                                                                                                    |
| <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> - NO DAMAGE [ 0 ]</span> <span><input type="checkbox"/> - UNDERCARRIAGE [ 14 ]</span> </div> <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> - TOP [ 13 ]</span> <span><input type="checkbox"/> - ALL AREAS [ 15 ]</span> </div> <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ]     </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>INITIAL POINT OF CONTACT</b><br><div style="display: flex; justify-content: space-around;"> <span>0 - NO DAMAGE</span> <span>14 - UNDERCARRIAGE</span> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <span>1-12 - REFERTO UNIT DIAGRAM</span> <span>15 - VEHICLE NOT AT SCENE</span> </div> <div style="text-align: center;">99 - UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>TRAFFIC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>TRAFFICWAY FLOW</b><br><div style="display: flex; justify-content: space-around;"> <span>1 - ONE-WAY</span> <span>2 - TWO-WAY</span> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <span>1</span> <span>2</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>TRAFFIC CONTROL</b><br><div style="display: flex; justify-content: space-around;"> <span>1 - ROUNDABOUT</span> <span>4 - STOP SIGN</span> </div> <div style="display: flex; justify-content: space-around;"> <span>2 - SIGNAL</span> <span>5 - YIELD SIGN</span> </div> <div style="display: flex; justify-content: space-around;"> <span>3 - FLASHER</span> <span>6 - NO CONTROL</span> </div> |
| <b># OF THROUGH LANES ON ROAD</b><br><div style="text-align: center; margin-top: 10px;">4</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>RAIL GRADE CROSSING</b><br><div style="display: flex; justify-content: space-around;"> <span>1 - NOT INVOLVED</span> <span>2 - INVOLVED-ACTIVE CROSSING</span> </div> <div style="text-align: center; margin-top: 10px;">1</div>                                                                                                                                                                |
| <b>UNIT / NON-MOTORIST DIRECTION</b><br><div style="display: flex; justify-content: space-around;"> <span>1 - NORTH</span> <span>5 - NORTHEAST</span> </div> <div style="display: flex; justify-content: space-around;"> <span>2 - SOUTH</span> <span>6 - NORTHWEST</span> </div> <div style="display: flex; justify-content: space-around;"> <span>3 - EAST</span> <span>7 - SOUTHEAST</span> </div> <div style="display: flex; justify-content: space-around;"> <span>4 - WEST</span> <span>8 - SOUTHWEST</span> </div> <div style="text-align: center; margin-top: 10px;">9 - OTHER / UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>UNIT SPEED</b><br><div style="text-align: center; margin-top: 10px;">5 0</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>DETECTED SPEED</b><br><div style="display: flex; justify-content: space-around;"> <span>1</span> <span>2</span> </div>                                                                                                                                                                                                                                                                          |
| <b>POSTED SPEED</b><br><div style="text-align: center; margin-top: 10px;">5 0</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <div style="text-align: center; margin-top: 10px;">3</div>                                                                                                                                                                                                                                                                                                                                         |

|                                                                         |                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                     |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------|
| OWNER                                                                   | UNIT #<br>0, 2                                                                                                                        | OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)<br>Christian, William, L.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                     |
|                                                                         | OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)<br>9854 Kenwood Road, Cincinnati, OH 45242                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                     |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                     |                                                                                                                                       | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                     |
| VEHICLE                                                                 | LP STATE<br>O, H                                                                                                                      | LICENSE PLATE #<br>FAADPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | VEHICLE IDENTIFICATION #<br>WBXPC934118WJ2115217                                                                                                                                                                                                                                                                                                                                                                                                                 | VEHICLE YEAR<br>2008                       | VEHICLE MAKE<br>BMW |
|                                                                         | <input checked="" type="checkbox"/> INSURANCE VERIFIED                                                                                | INSURANCE COMPANY<br>Statefarm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | INSURANCE POLICY #<br>5005967F2235C                                                                                                                                                                                                                                                                                                                                                                                                                              | COLOR<br>Black                             | VEHICLE MODEL<br>X3 |
|                                                                         | TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | US DOT #                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TOWED BY: COMPANY NAME<br>Wayne's Towing   |                     |
|                                                                         | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | #OCCUPANTS<br>0, 1                                                                                                                                                                                                                                                                                                                                                                                                                                               | 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>0, 3                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                     |
|                                                                         | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>6 - VAN (9-15 SEATS) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 7 - MOTORCYCLE 2-WHEELED<br>8 - MOTORCYCLE 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV)                                                                                                                                                                                                                                                                                                                   |                                            |                     |
|                                                                         | # OF TRAILING UNITS                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                     |
|                                                                         | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | AUTONOMOUS MODE LEVEL<br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN                                                                                                                                                                                                                                                                         |                                            |                     |
|                                                                         | SPECIAL FUNCTION<br>0, 1                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT/COMMUTER<br>6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER/UNKNOWN |                                            |                     |
| CARGO BODY TYPE<br>0, 1                                                 |                                                                                                                                       | 1 - NO CARGO BODY TYPE /NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTORVEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ENCLOSED BOX<br>7 - GRAINCHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                     |
| VEHICLE DEFECTS                                                         |                                                                                                                                       | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                     |
| NON-MOTORIST LOCATION AT IMPACT                                         |                                                                                                                                       | 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER/ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                     |
| ACTION<br>4                                                             |                                                                                                                                       | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER/UNKNOWN<br>0, 1<br>PRE-CRASH ACTIONS<br>1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE<br>9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                     |
| CONTRIBUTING CIRCUMSTANCES<br>0, 1                                      |                                                                                                                                       | 1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE/ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                     |
| SEQUENCE OF EVENTS<br>1, 2, 0<br>0, 7<br>2, 0<br>3, 2, 0<br>4<br>5<br>6 |                                                                                                                                       | NON-COLLISION<br>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTORVEHICLE<br>24 - OTHER MOVABLE OBJECT<br>25 - IMPACT ATTENUATOR /CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER/UNKNOWN |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                     |
| 1 FIRST HARMFUL EVENT                                                   |                                                                                                                                       | 1 MOST HARMFUL EVENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                     |

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| LOCAL REPORT NUMBER<br>2, 2, 0, 6, 9, 4, 6, 3                                                                                                                                                                      |  |
| 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>1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE<br>13 - TOP 99 - UNKNOWN                                                                    |  |
| TRAFFIC<br>TRAFFICWAY FLOW<br>2 1 - ONE-WAY 2 - TWO-WAY<br>TRAFFIC CONTROL<br>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 - 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>5, 0<br>POSTED SPEED<br>5, 0                                                                                                                                                                         |  |
| DETECTED SPEED<br>1 1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED                                                                                                                       |  |

**UNIT**

|                                                                                                               |                                                                                 |                                                        |
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| <b>UNIT #</b><br>013                                                                                          | <b>OWNER NAME:</b> LAST, FIRST, MIDDLE (SAME AS DRIVER)<br>Baskota, Krishna, P. | <b>OWNER PHONE:</b> INCLUDE AREA CODE (SAME AS DRIVER) |
| <b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP (SAME AS DRIVER)<br>333 Palm Springs Drive, Fairfield OH 45014 |                                                                                 |                                                        |
| <b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP                                                    |                                                                                 | <b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE     |

|                                                                                                                                             |                                    |                                                      |                                                                                                                        |                              |
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| <b>LP STATE</b><br>OH                                                                                                                       | <b>LICENSE PLATE #</b><br>JOP2164  | <b>VEHICLE IDENTIFICATION #</b><br>19UUA9F55EA012643 | <b>VEHICLE YEAR</b><br>2014                                                                                            | <b>VEHICLE MAKE</b><br>Acura |
| <input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>                                                                               | <b>INSURANCE COMPANY</b><br>Grange | <b>INSURANCE POLICY #</b><br>4407707                 | <b>COLOR</b><br>Silver                                                                                                 | <b>VEHICLE MODEL</b><br>TL   |
| <input type="checkbox"/> <b>COMMERCIAL</b> <input type="checkbox"/> <b>GOVERNMENT</b> <input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b> |                                    | <b>US DOT #</b>                                      | <b>TOWED BY:</b> COMPANY NAME<br>Marcell's Towing                                                                      |                              |
| <input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b> <input type="checkbox"/> <b>HIT/SKIP UNIT</b>                                     |                                    | <b>#OCCUPANTS</b><br>03                              | <b>HAZARDOUS MATERIAL</b><br><input type="checkbox"/> <b>MATERIAL RELEASED</b> <input type="checkbox"/> <b>PLACARD</b> |                              |

|                            |                                                                                                                                       |                                                                                                                                                |                                                                                                                           |                                                                                                                                                         |                                                                                                                                             |
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| <b>UNIT TYPE</b><br>01     | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>6 - VAN (9-15 SEATS) | 7 - MOTORCYCLE 2-WHEELED<br>8 - MOTORCYCLE 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV) | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME | 18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE | 23 - PEDESTRIAN / SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP |
| <b># OF TRAILING UNITS</b> |                                                                                                                                       |                                                                                                                                                |                                                                                                                           |                                                                                                                                                         |                                                                                                                                             |

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| <b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b><br>2 1-YES 2-NO 9-OTHER/UNKNOWN | <b>AUTONOMOUS MODE LEVEL</b><br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN |
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| <b>SPECIAL FUNCTION</b><br>01 | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT/COMMUTER | 6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE | 11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT | 16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL | 21 - MAIL CARRIER<br>99 - OTHER/UNKNOWN |
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| <b>CARGO BODY TYPE</b><br>01 | 1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING | 5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL | 8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP | 12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - CARGO/REFUSE<br>99 - OTHER/UNKNOWN |
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| <b>VEHICLE DEFECTS</b> | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS | 4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT | 7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE | 9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT | 99 - OTHER/UNKNOWN |
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| <b>NON-MOTORIST LOCATION AT IMPACT</b> | 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK | 3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION | 6 - BICYCLE LANE<br>7 - SHOULDER / ROADSIDE<br>8 - SIDEWALK | 9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS | 12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN |
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| <b>ACTION</b><br>3 | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER/UNKNOWN | 1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN | 7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE<br>9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS | 13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE | 18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER/UNKNOWN |
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| <b>CONTRIBUTING CIRCUMSTANCES</b><br>01 | 1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN | 7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE / ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING | 13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY | 17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/FALLING/SPILLING<br>20 - IMPROPER CROSSING | 21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

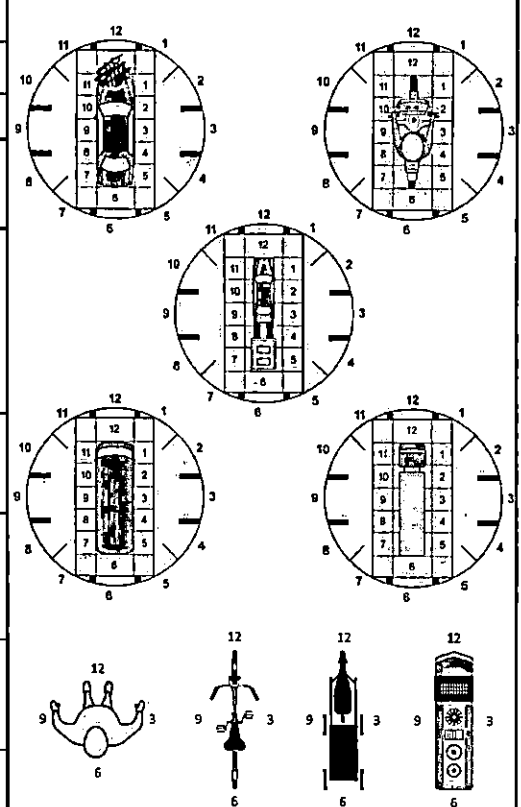
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| <b>SEQUENCE OF EVENTS</b> | 1 - OVERTURN/ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT LOSS OR SHIFT | 6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN | <b>NON-COLLISION</b><br>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDAL CYCLE | 16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE | 22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT |
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| <b>COLLISION WITH FIXED OBJECT, STRUCK</b>               | 25 - IMPACT ATTENUATOR / CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE | 31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER | 37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT / LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT | 43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT | 50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER/UNKNOWN |
| <b>FIRST HARMFUL EVENT</b> 1 <b>MOST HARMFUL EVENT</b> 1 |                                                                                                                                                                            |                                                                                                                                                                        |                                                                                                                                                               |                                                                                                            |                                                                                                                                    |

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| <b>LOCAL REPORT NUMBER</b><br>2, 2, 0, 6, 9, 4, 6, 3 |
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| <b>DAMAGE</b>                                                                                |
| <b>DAMAGE SCALE</b>                                                                          |
| 1 - NONE<br>2 - MINOR DAMAGE<br>3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE<br>9 - UNKNOWN |

|                                                   |
|---------------------------------------------------|
| <b>DAMAGED AREA(S)</b><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] |                                               |

|                                                                                                                              |
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| <b>INITIAL POINT OF CONTACT</b>                                                                                              |
| 0 - NO DAMAGE<br>1-12 - REFER TO UNIT DIAGRAM<br>13 - TOP<br>14 - UNDERCARRIAGE<br>15 - VEHICLE NOT AT SCENE<br>99 - UNKNOWN |

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| <b>TRAFFIC</b>                                       |                                                                                                                            |
| <b>TRAFFICWAY FLOW</b><br>1 - ONE-WAY<br>2 - TWO-WAY | <b>TRAFFIC CONTROL</b><br>1 - ROUNDABOUT<br>2 - SIGNAL<br>3 - FLASHER<br>4 - STOP SIGN<br>5 - YIELD SIGN<br>6 - NO CONTROL |

|                                        |                                                                                                                 |
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| <b># OF THROUGH LANES ON ROAD</b><br>4 | <b>RAIL GRADE CROSSING</b><br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING |
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| <b>UNIT / NON-MOTORIST DIRECTION</b>                                                                                                                   |
| FROM 2 TO 1<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - OTHER/UNKNOWN |

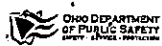
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| <b>UNIT SPEED</b><br>50   | <b>DETECTED SPEED</b><br>1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED |
| <b>POSTED SPEED</b><br>50 |                                                                                                   |



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 2 0 6 9 4 6 3

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

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| OCCUPANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | UNIT #                                        | NAME: LAST, FIRST, MIDDLE                                                              |                                                 |                       |                          | DATE OF BIRTH                     |               | AGE      | GENDER  |          |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                              |                        |                                             |                     |                    |  |                                          |                         |                        |                  |  |          |  |                                        |                                          |                                             |                 |         |                  |                    |                       |            |                 |                        |                     |                     |                                               |                                   |                    |        |  |         |  |            |                          |                                                                                        |                 |          |                                           |                                         |                                    |                     |                      |                    |                                   |  |  |                                                     |  |  |  |                   |  |  |  |                      |  |
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| 3716 Zinsle Ave Cincinnati, OH 45213                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                                                                        |                                                 |                       |                          |                                   |               |          |         |          |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                              |                        |                                             |                     |                    |  |                                          |                         |                        |                  |  |          |  |                                        |                                          |                                             |                 |         |                  |                    |                       |            |                 |                        |                     |                     |                                               |                                   |                    |        |  |         |  |            |                          |                                                                                        |                 |          |                                           |                                         |                                    |                     |                      |                    |                                   |  |  |                                                     |  |  |  |                   |  |  |  |                      |  |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | INJURED TAKEN BY                              | EMS AGENCY (NAME)                                                                      | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | DOT-COMPLIANT MC HELMET  | SEATING POSITION                  | AIR BAG USAGE | EJECTION | TRAPPED |          |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                              |                        |                                             |                     |                    |  |                                          |                         |                        |                  |  |          |  |                                        |                                          |                                             |                 |         |                  |                    |                       |            |                 |                        |                     |                     |                                               |                                   |                    |        |  |         |  |            |                          |                                                                                        |                 |          |                                           |                                         |                                    |                     |                      |                    |                                   |  |  |                                                     |  |  |  |                   |  |  |  |                      |  |
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| OCCUPANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | UNIT #                                        | NAME: LAST, FIRST, MIDDLE                                                              |                                                 |                       |                          | DATE OF BIRTH                     |               | AGE      | GENDER  |          |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                              |                        |                                             |                     |                    |  |                                          |                         |                        |                  |  |          |  |                                        |                                          |                                             |                 |         |                  |                    |                       |            |                 |                        |                     |                     |                                               |                                   |                    |        |  |         |  |            |                          |                                                                                        |                 |          |                                           |                                         |                                    |                     |                      |                    |                                   |  |  |                                                     |  |  |  |                   |  |  |  |                      |  |
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| 5900 Gilmore Drive, Fairfield, OH 45014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               |                                                                                        |                                                 |                       |                          |                                   |               |          |         |          |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                              |                        |                                             |                     |                    |  |                                          |                         |                        |                  |  |          |  |                                        |                                          |                                             |                 |         |                  |                    |                       |            |                 |                        |                     |                     |                                               |                                   |                    |        |  |         |  |            |                          |                                                                                        |                 |          |                                           |                                         |                                    |                     |                      |                    |                                   |  |  |                                                     |  |  |  |                   |  |  |  |                      |  |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | INJURED TAKEN BY                              | EMS AGENCY (NAME)                                                                      | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | DOT-COMPLIANT MC HELMET  | SEATING POSITION                  | AIR BAG USAGE | EJECTION | TRAPPED |          |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                              |                        |                                             |                     |                    |  |                                          |                         |                        |                  |  |          |  |                                        |                                          |                                             |                 |         |                  |                    |                       |            |                 |                        |                     |                     |                                               |                                   |                    |        |  |         |  |            |                          |                                                                                        |                 |          |                                           |                                         |                                    |                     |                      |                    |                                   |  |  |                                                     |  |  |  |                   |  |  |  |                      |  |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               |                                                                                        |                                                 | 0 4                   | <input type="checkbox"/> | 0 3                               | 0 2           | 1        | 1       |          |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                              |                        |                                             |                     |                    |  |                                          |                         |                        |                  |  |          |  |                                        |                                          |                                             |                 |         |                  |                    |                       |            |                 |                        |                     |                     |                                               |                                   |                    |        |  |         |  |            |                          |                                                                                        |                 |          |                                           |                                         |                                    |                     |                      |                    |                                   |  |  |                                                     |  |  |  |                   |  |  |  |                      |  |
| OCCUPANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | UNIT #                                        | NAME: LAST, FIRST, MIDDLE                                                              |                                                 |                       |                          | DATE OF BIRTH                     |               | AGE      | GENDER  |          |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                              |                        |                                             |                     |                    |  |                                          |                         |                        |                  |  |          |  |                                        |                                          |                                             |                 |         |                  |                    |                       |            |                 |                        |                     |                     |                                               |                                   |                    |        |  |         |  |            |                          |                                                                                        |                 |          |                                           |                                         |                                    |                     |                      |                    |                                   |  |  |                                                     |  |  |  |                   |  |  |  |                      |  |
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| 333 Palm Springs Drive, Fairfield, OH 45014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                               |                                                                                        |                                                 |                       |                          |                                   |               |          |         |          |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                              |                        |                                             |                     |                    |  |                                          |                         |                        |                  |  |          |  |                                        |                                          |                                             |                 |         |                  |                    |                       |            |                 |                        |                     |                     |                                               |                                   |                    |        |  |         |  |            |                          |                                                                                        |                 |          |                                           |                                         |                                    |                     |                      |                    |                                   |  |  |                                                     |  |  |  |                   |  |  |  |                      |  |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | INJURED TAKEN BY                              | EMS AGENCY (NAME)                                                                      | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | DOT-COMPLIANT MC HELMET  | SEATING POSITION                  | AIR BAG USAGE | EJECTION | TRAPPED |          |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                              |                        |                                             |                     |                    |  |                                          |                         |                        |                  |  |          |  |                                        |                                          |                                             |                 |         |                  |                    |                       |            |                 |                        |                     |                     |                                               |                                   |                    |        |  |         |  |            |                          |                                                                                        |                 |          |                                           |                                         |                                    |                     |                      |                    |                                   |  |  |                                                     |  |  |  |                   |  |  |  |                      |  |
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| OCCUPANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | UNIT #                                        | NAME: LAST, FIRST, MIDDLE                                                              |                                                 |                       |                          | DATE OF BIRTH                     |               | AGE      | GENDER  |          |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                              |                        |                                             |                     |                    |  |                                          |                         |                        |                  |  |          |  |                                        |                                          |                                             |                 |         |                  |                    |                       |            |                 |                        |                     |                     |                                               |                                   |                    |        |  |         |  |            |                          |                                                                                        |                 |          |                                           |                                         |                                    |                     |                      |                    |                                   |  |  |                                                     |  |  |  |                   |  |  |  |                      |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ADDRESS: STREET, CITY, STATE, ZIP             |                                                                                        |                                                 |                       |                          | CONTACT PHONE - INCLUDE AREA CODE |               |          |         |          |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                              |                        |                                             |                     |                    |  |                                          |                         |                        |                  |  |          |  |                                        |                                          |                                             |                 |         |                  |                    |                       |            |                 |                        |                     |                     |                                               |                                   |                    |        |  |         |  |            |                          |                                                                                        |                 |          |                                           |                                         |                                    |                     |                      |                    |                                   |  |  |                                                     |  |  |  |                   |  |  |  |                      |  |
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| INJURIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | INJURED TAKEN BY                              | EMS AGENCY (NAME)                                                                      | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | DOT-COMPLIANT MC HELMET  | SEATING POSITION                  | AIR BAG USAGE | EJECTION | TRAPPED |          |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                              |                        |                                             |                     |                    |  |                                          |                         |                        |                  |  |          |  |                                        |                                          |                                             |                 |         |                  |                    |                       |            |                 |                        |                     |                     |                                               |                                   |                    |        |  |         |  |            |                          |                                                                                        |                 |          |                                           |                                         |                                    |                     |                      |                    |                                   |  |  |                                                     |  |  |  |                   |  |  |  |                      |  |
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| <table border="1"><thead><tr><th>INJURIES</th><th>SAFETY EQUIPMENT USED</th><th>SEATING POSITION</th><th>AIR BAG USAGE</th></tr></thead><tbody><tr><td>1 - FATAL</td><td>1 - NONE USED - VEHICLE OCCUPANT</td><td>1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)</td><td>1 - NOT DEPLOYED</td></tr><tr><td>2 - SUSPECTED SERIOUS INJURY</td><td>2 - SHOULDER BELT ONLY USED</td><td>2 - FRONT - MIDDLE</td><td>2 - DEPLOYED FRONT</td></tr><tr><td>3 - SUSPECTED MINOR INJURY</td><td>3 - LAP BELT ONLY USED</td><td>3 - FRONT - RIGHT SIDE</td><td>3 - DEPLOYED SIDE</td></tr><tr><td>4 - POSSIBLE INJURY</td><td>4 - SHOULDER &amp; LAP BELT USED</td><td>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)</td><td>4 - DEPLOYED BOTH FRONT/SIDE</td></tr><tr><td>5 - NO APPARENT INJURY</td><td>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING</td><td>5 - SECOND - MIDDLE</td><td>5 - NOT APPLICABLE</td></tr><tr><td></td><td>6 - CHILD RESTRAINT SYSTEM - REAR FACING</td><td>6 - SECOND - RIGHT SIDE</td><td>9 - DEPLOYMENT UNKNOWN</td></tr><tr><td colspan="2">INJURED TAKEN BY</td><td colspan="2">EJECTION</td></tr><tr><td>1 - NOT TRANSPORTED / TREATED AT SCENE</td><td>6 - CHILD RESTRAINT SYSTEM - REAR FACING</td><td>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</td><td>1 - NOT EJECTED</td></tr><tr><td>2 - EMS</td><td>7 - BOOSTER SEAT</td><td>8 - THIRD - MIDDLE</td><td>2 - PARTIALLY EJECTED</td></tr><tr><td>3 - POLICE</td><td>8 - HELMET USED</td><td>9 - THIRD - RIGHT SIDE</td><td>3 - TOTALLY EJECTED</td></tr><tr><td>9 - OTHER / UNKNOWN</td><td>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)</td><td>10 - SLEEPER SECTION OF TRUCK CAB</td><td>4 - NOT APPLICABLE</td></tr><tr><td colspan="2">GENDER</td><td colspan="2">TRAPPED</td></tr><tr><td>F - FEMALE</td><td>10 - REFLECTIVE CLOTHING</td><td>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)</td><td>1 - NOT TRAPPED</td></tr><tr><td>M - MALE</td><td>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY</td><td>12 - PASSENGER IN UNENCLOSED CARGO AREA</td><td>2 - EXTRICATED BY MECHANICAL MEANS</td></tr><tr><td>U - OTHER / UNKNOWN</td><td>99 - OTHER / UNKNOWN</td><td>13 - TRAILING UNIT</td><td>3 - FREED BY NON-MECHANICAL MEANS</td></tr><tr><td></td><td></td><td>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)</td><td></td></tr><tr><td></td><td></td><td>15 - NON-MOTORIST</td><td></td></tr><tr><td></td><td></td><td>99 - OTHER / UNKNOWN</td><td></td></tr></tbody></table> |                                               |                                                                                        |                                                 |                       |                          |                                   |               |          |         | INJURIES | SAFETY EQUIPMENT USED | SEATING POSITION | AIR BAG USAGE | 1 - FATAL | 1 - NONE USED - VEHICLE OCCUPANT | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | 1 - NOT DEPLOYED | 2 - SUSPECTED SERIOUS INJURY | 2 - SHOULDER BELT ONLY USED | 2 - FRONT - MIDDLE | 2 - DEPLOYED FRONT | 3 - SUSPECTED MINOR INJURY | 3 - LAP BELT ONLY USED | 3 - FRONT - RIGHT SIDE | 3 - DEPLOYED SIDE | 4 - POSSIBLE INJURY | 4 - SHOULDER & LAP BELT USED | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 4 - DEPLOYED BOTH FRONT/SIDE | 5 - NO APPARENT INJURY | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | 5 - SECOND - MIDDLE | 5 - NOT APPLICABLE |  | 6 - CHILD RESTRAINT SYSTEM - REAR FACING | 6 - SECOND - RIGHT SIDE | 9 - DEPLOYMENT UNKNOWN | INJURED TAKEN BY |  | EJECTION |  | 1 - NOT TRANSPORTED / TREATED AT SCENE | 6 - CHILD RESTRAINT SYSTEM - REAR FACING | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | 1 - NOT EJECTED | 2 - EMS | 7 - BOOSTER SEAT | 8 - THIRD - MIDDLE | 2 - PARTIALLY EJECTED | 3 - POLICE | 8 - HELMET USED | 9 - THIRD - RIGHT SIDE | 3 - TOTALLY EJECTED | 9 - OTHER / UNKNOWN | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 10 - SLEEPER SECTION OF TRUCK CAB | 4 - NOT APPLICABLE | GENDER |  | TRAPPED |  | F - FEMALE | 10 - REFLECTIVE CLOTHING | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 1 - NOT TRAPPED | M - MALE | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | 12 - PASSENGER IN UNENCLOSED CARGO AREA | 2 - EXTRICATED BY MECHANICAL MEANS | U - OTHER / UNKNOWN | 99 - OTHER / UNKNOWN | 13 - TRAILING UNIT | 3 - FREED BY NON-MECHANICAL MEANS |  |  | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) |  |  |  | 15 - NON-MOTORIST |  |  |  | 99 - OTHER / UNKNOWN |  |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SAFETY EQUIPMENT USED                         | SEATING POSITION                                                                       | AIR BAG USAGE                                   |                       |                          |                                   |               |          |         |          |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                              |                        |                                             |                     |                    |  |                                          |                         |                        |                  |  |          |  |                                        |                                          |                                             |                 |         |                  |                    |                       |            |                 |                        |                     |                     |                                               |                                   |                    |        |  |         |  |            |                          |                                                                                        |                 |          |                                           |                                         |                                    |                     |                      |                    |                                   |  |  |                                                     |  |  |  |                   |  |  |  |                      |  |
| 1 - FATAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1 - NONE USED - VEHICLE OCCUPANT              | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)                                              | 1 - NOT DEPLOYED                                |                       |                          |                                   |               |          |         |          |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                              |                        |                                             |                     |                    |  |                                          |                         |                        |                  |  |          |  |                                        |                                          |                                             |                 |         |                  |                    |                       |            |                 |                        |                     |                     |                                               |                                   |                    |        |  |         |  |            |                          |                                                                                        |                 |          |                                           |                                         |                                    |                     |                      |                    |                                   |  |  |                                                     |  |  |  |                   |  |  |  |                      |  |
| 2 - SUSPECTED SERIOUS INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2 - SHOULDER BELT ONLY USED                   | 2 - FRONT - MIDDLE                                                                     | 2 - DEPLOYED FRONT                              |                       |                          |                                   |               |          |         |          |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                              |                        |                                             |                     |                    |  |                                          |                         |                        |                  |  |          |  |                                        |                                          |                                             |                 |         |                  |                    |                       |            |                 |                        |                     |                     |                                               |                                   |                    |        |  |         |  |            |                          |                                                                                        |                 |          |                                           |                                         |                                    |                     |                      |                    |                                   |  |  |                                                     |  |  |  |                   |  |  |  |                      |  |
| 3 - SUSPECTED MINOR INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3 - LAP BELT ONLY USED                        | 3 - FRONT - RIGHT SIDE                                                                 | 3 - DEPLOYED SIDE                               |                       |                          |                                   |               |          |         |          |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                              |                        |                                             |                     |                    |  |                                          |                         |                        |                  |  |          |  |                                        |                                          |                                             |                 |         |                  |                    |                       |            |                 |                        |                     |                     |                                               |                                   |                    |        |  |         |  |            |                          |                                                                                        |                 |          |                                           |                                         |                                    |                     |                      |                    |                                   |  |  |                                                     |  |  |  |                   |  |  |  |                      |  |
| 4 - POSSIBLE INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 4 - SHOULDER & LAP BELT USED                  | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)                                          | 4 - DEPLOYED BOTH FRONT/SIDE                    |                       |                          |                                   |               |          |         |          |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                              |                        |                                             |                     |                    |  |                                          |                         |                        |                  |  |          |  |                                        |                                          |                                             |                 |         |                  |                    |                       |            |                 |                        |                     |                     |                                               |                                   |                    |        |  |         |  |            |                          |                                                                                        |                 |          |                                           |                                         |                                    |                     |                      |                    |                                   |  |  |                                                     |  |  |  |                   |  |  |  |                      |  |
| 5 - NO APPARENT INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING   | 5 - SECOND - MIDDLE                                                                    | 5 - NOT APPLICABLE                              |                       |                          |                                   |               |          |         |          |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                              |                        |                                             |                     |                    |  |                                          |                         |                        |                  |  |          |  |                                        |                                          |                                             |                 |         |                  |                    |                       |            |                 |                        |                     |                     |                                               |                                   |                    |        |  |         |  |            |                          |                                                                                        |                 |          |                                           |                                         |                                    |                     |                      |                    |                                   |  |  |                                                     |  |  |  |                   |  |  |  |                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 6 - CHILD RESTRAINT SYSTEM - REAR FACING      | 6 - SECOND - RIGHT SIDE                                                                | 9 - DEPLOYMENT UNKNOWN                          |                       |                          |                                   |               |          |         |          |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                              |                        |                                             |                     |                    |  |                                          |                         |                        |                  |  |          |  |                                        |                                          |                                             |                 |         |                  |                    |                       |            |                 |                        |                     |                     |                                               |                                   |                    |        |  |         |  |            |                          |                                                                                        |                 |          |                                           |                                         |                                    |                     |                      |                    |                                   |  |  |                                                     |  |  |  |                   |  |  |  |                      |  |
| INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                               | EJECTION                                                                               |                                                 |                       |                          |                                   |               |          |         |          |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                              |                        |                                             |                     |                    |  |                                          |                         |                        |                  |  |          |  |                                        |                                          |                                             |                 |         |                  |                    |                       |            |                 |                        |                     |                     |                                               |                                   |                    |        |  |         |  |            |                          |                                                                                        |                 |          |                                           |                                         |                                    |                     |                      |                    |                                   |  |  |                                                     |  |  |  |                   |  |  |  |                      |  |
| 1 - NOT TRANSPORTED / TREATED AT SCENE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 6 - CHILD RESTRAINT SYSTEM - REAR FACING      | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)                                            | 1 - NOT EJECTED                                 |                       |                          |                                   |               |          |         |          |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                              |                        |                                             |                     |                    |  |                                          |                         |                        |                  |  |          |  |                                        |                                          |                                             |                 |         |                  |                    |                       |            |                 |                        |                     |                     |                                               |                                   |                    |        |  |         |  |            |                          |                                                                                        |                 |          |                                           |                                         |                                    |                     |                      |                    |                                   |  |  |                                                     |  |  |  |                   |  |  |  |                      |  |
| 2 - EMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 7 - BOOSTER SEAT                              | 8 - THIRD - MIDDLE                                                                     | 2 - PARTIALLY EJECTED                           |                       |                          |                                   |               |          |         |          |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                              |                        |                                             |                     |                    |  |                                          |                         |                        |                  |  |          |  |                                        |                                          |                                             |                 |         |                  |                    |                       |            |                 |                        |                     |                     |                                               |                                   |                    |        |  |         |  |            |                          |                                                                                        |                 |          |                                           |                                         |                                    |                     |                      |                    |                                   |  |  |                                                     |  |  |  |                   |  |  |  |                      |  |
| 3 - POLICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 8 - HELMET USED                               | 9 - THIRD - RIGHT SIDE                                                                 | 3 - TOTALLY EJECTED                             |                       |                          |                                   |               |          |         |          |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                              |                        |                                             |                     |                    |  |                                          |                         |                        |                  |  |          |  |                                        |                                          |                                             |                 |         |                  |                    |                       |            |                 |                        |                     |                     |                                               |                                   |                    |        |  |         |  |            |                          |                                                                                        |                 |          |                                           |                                         |                                    |                     |                      |                    |                                   |  |  |                                                     |  |  |  |                   |  |  |  |                      |  |
| 9 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 10 - SLEEPER SECTION OF TRUCK CAB                                                      | 4 - NOT APPLICABLE                              |                       |                          |                                   |               |          |         |          |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                              |                        |                                             |                     |                    |  |                                          |                         |                        |                  |  |          |  |                                        |                                          |                                             |                 |         |                  |                    |                       |            |                 |                        |                     |                     |                                               |                                   |                    |        |  |         |  |            |                          |                                                                                        |                 |          |                                           |                                         |                                    |                     |                      |                    |                                   |  |  |                                                     |  |  |  |                   |  |  |  |                      |  |
| GENDER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               | TRAPPED                                                                                |                                                 |                       |                          |                                   |               |          |         |          |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                              |                        |                                             |                     |                    |  |                                          |                         |                        |                  |  |          |  |                                        |                                          |                                             |                 |         |                  |                    |                       |            |                 |                        |                     |                     |                                               |                                   |                    |        |  |         |  |            |                          |                                                                                        |                 |          |                                           |                                         |                                    |                     |                      |                    |                                   |  |  |                                                     |  |  |  |                   |  |  |  |                      |  |
| F - FEMALE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 10 - REFLECTIVE CLOTHING                      | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 1 - NOT TRAPPED                                 |                       |                          |                                   |               |          |         |          |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                              |                        |                                             |                     |                    |  |                                          |                         |                        |                  |  |          |  |                                        |                                          |                                             |                 |         |                  |                    |                       |            |                 |                        |                     |                     |                                               |                                   |                    |        |  |         |  |            |                          |                                                                                        |                 |          |                                           |                                         |                                    |                     |                      |                    |                                   |  |  |                                                     |  |  |  |                   |  |  |  |                      |  |
| M - MALE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     | 12 - PASSENGER IN UNENCLOSED CARGO AREA                                                | 2 - EXTRICATED BY MECHANICAL MEANS              |                       |                          |                                   |               |          |         |          |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                              |                        |                                             |                     |                    |  |                                          |                         |                        |                  |  |          |  |                                        |                                          |                                             |                 |         |                  |                    |                       |            |                 |                        |                     |                     |                                               |                                   |                    |        |  |         |  |            |                          |                                                                                        |                 |          |                                           |                                         |                                    |                     |                      |                    |                                   |  |  |                                                     |  |  |  |                   |  |  |  |                      |  |
| U - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 99 - OTHER / UNKNOWN                          | 13 - TRAILING UNIT                                                                     | 3 - FREED BY NON-MECHANICAL MEANS               |                       |                          |                                   |               |          |         |          |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                              |                        |                                             |                     |                    |  |                                          |                         |                        |                  |  |          |  |                                        |                                          |                                             |                 |         |                  |                    |                       |            |                 |                        |                     |                     |                                               |                                   |                    |        |  |         |  |            |                          |                                                                                        |                 |          |                                           |                                         |                                    |                     |                      |                    |                                   |  |  |                                                     |  |  |  |                   |  |  |  |                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                               | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    |                                                 |                       |                          |                                   |               |          |         |          |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                              |                        |                                             |                     |                    |  |                                          |                         |                        |                  |  |          |  |                                        |                                          |                                             |                 |         |                  |                    |                       |            |                 |                        |                     |                     |                                               |                                   |                    |        |  |         |  |            |                          |                                                                                        |                 |          |                                           |                                         |                                    |                     |                      |                    |                                   |  |  |                                                     |  |  |  |                   |  |  |  |                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                               | 15 - NON-MOTORIST                                                                      |                                                 |                       |                          |                                   |               |          |         |          |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                              |                        |                                             |                     |                    |  |                                          |                         |                        |                  |  |          |  |                                        |                                          |                                             |                 |         |                  |                    |                       |            |                 |                        |                     |                     |                                               |                                   |                    |        |  |         |  |            |                          |                                                                                        |                 |          |                                           |                                         |                                    |                     |                      |                    |                                   |  |  |                                                     |  |  |  |                   |  |  |  |                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                               | 99 - OTHER / UNKNOWN                                                                   |                                                 |                       |                          |                                   |               |          |         |          |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                              |                        |                                             |                     |                    |  |                                          |                         |                        |                  |  |          |  |                                        |                                          |                                             |                 |         |                  |                    |                       |            |                 |                        |                     |                     |                                               |                                   |                    |        |  |         |  |            |                          |                                                                                        |                 |          |                                           |                                         |                                    |                     |                      |                    |                                   |  |  |                                                     |  |  |  |                   |  |  |  |                      |  |
| WITNESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NAME: LAST, FIRST, MIDDLE                     |                                                                                        |                                                 |                       | DATE OF BIRTH            |                                   | AGE           | GENDER   |         |          |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                              |                        |                                             |                     |                    |  |                                          |                         |                        |                  |  |          |  |                                        |                                          |                                             |                 |         |                  |                    |                       |            |                 |                        |                     |                     |                                               |                                   |                    |        |  |         |  |            |                          |                                                                                        |                 |          |                                           |                                         |                                    |                     |                      |                    |                                   |  |  |                                                     |  |  |  |                   |  |  |  |                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ADDRESS: STREET, CITY, STATE, ZIP             |                                                                                        |                                                 |                       |                          |                                   | 0             |          |         |          |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                              |                        |                                             |                     |                    |  |                                          |                         |                        |                  |  |          |  |                                        |                                          |                                             |                 |         |                  |                    |                       |            |                 |                        |                     |                     |                                               |                                   |                    |        |  |         |  |            |                          |                                                                                        |                 |          |                                           |                                         |                                    |                     |                      |                    |                                   |  |  |                                                     |  |  |  |                   |  |  |  |                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CONTACT PHONE - INCLUDE AREA CODE             |                                                                                        |                                                 |                       |                          |                                   |               |          |         |          |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                              |                        |                                             |                     |                    |  |                                          |                         |                        |                  |  |          |  |                                        |                                          |                                             |                 |         |                  |                    |                       |            |                 |                        |                     |                     |                                               |                                   |                    |        |  |         |  |            |                          |                                                                                        |                 |          |                                           |                                         |                                    |                     |                      |                    |                                   |  |  |                                                     |  |  |  |                   |  |  |  |                      |  |
| WITNESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NAME: LAST, FIRST, MIDDLE                     |                                                                                        |                                                 |                       | DATE OF BIRTH            |                                   | AGE           | GENDER   |         |          |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                              |                        |                                             |                     |                    |  |                                          |                         |                        |                  |  |          |  |                                        |                                          |                                             |                 |         |                  |                    |                       |            |                 |                        |                     |                     |                                               |                                   |                    |        |  |         |  |            |                          |                                                                                        |                 |          |                                           |                                         |                                    |                     |                      |                    |                                   |  |  |                                                     |  |  |  |                   |  |  |  |                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ADDRESS: STREET, CITY, STATE, ZIP             |                                                                                        |                                                 |                       |                          |                                   | 0             |          |         |          |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                              |                        |                                             |                     |                    |  |                                          |                         |                        |                  |  |          |  |                                        |                                          |                                             |                 |         |                  |                    |                       |            |                 |                        |                     |                     |                                               |                                   |                    |        |  |         |  |            |                          |                                                                                        |                 |          |                                           |                                         |                                    |                     |                      |                    |                                   |  |  |                                                     |  |  |  |                   |  |  |  |                      |  |
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| WITNESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NAME: LAST, FIRST, MIDDLE                     |                                                                                        |                                                 |                       | DATE OF BIRTH            |                                   | AGE           | GENDER   |         |          |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                              |                        |                                             |                     |                    |  |                                          |                         |                        |                  |  |          |  |                                        |                                          |                                             |                 |         |                  |                    |                       |            |                 |                        |                     |                     |                                               |                                   |                    |        |  |         |  |            |                          |                                                                                        |                 |          |                                           |                                         |                                    |                     |                      |                    |                                   |  |  |                                                     |  |  |  |                   |  |  |  |                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ADDRESS: STREET, CITY, STATE, ZIP             |                                                                                        |                                                 |                       |                          |                                   | 0             |          |         |          |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                              |                        |                                             |                     |                    |  |                                          |                         |                        |                  |  |          |  |                                        |                                          |                                             |                 |         |                  |                    |                       |            |                 |                        |                     |                     |                                               |                                   |                    |        |  |         |  |            |                          |                                                                                        |                 |          |                                           |                                         |                                    |                     |                      |                    |                                   |  |  |                                                     |  |  |  |                   |  |  |  |                      |  |
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OHIO TRAFFIC CRASH REPORT  
DIAGRAM / NARRATIVE CONTINUATION

|                                            |                                                        |                                              |
|--------------------------------------------|--------------------------------------------------------|----------------------------------------------|
| LOCAL REPORT NUMBER<br><b>PD-22-069463</b> | REPORTING AGENCY<br><b>Fairfield P.D. 00901</b>        | DATE OF CRASH<br><b>M 09   D 23   Y 2022</b> |
| IN COUNTY OF<br><b>Butler</b>              | CRASH LOCATION<br><b>6641 Dixie Hwy. Fairfield, OH</b> |                                              |

Diagram illustrating the crash location on a grid. The diagram shows a vertical road labeled **6641 Dixie Hwy** and a horizontal road labeled **Boymel Drive**. A dashed line indicates the **S.R 4 (Dixie Hwy)** alignment. Arrows indicate traffic flow: northbound on Dixie Hwy (lanes 1, 2, 3) and southbound (lanes 1, 2, 3). Boymel Drive has two lanes with arrows pointing left and right. A north arrow is located in the upper right corner, labeled **N** and **Not to Scale**. The diagram includes numbered markers (1, 2, 3) and dashed boxes indicating vehicle positions or crash sites. Specifically, a dashed box labeled '1' is on the left side of Dixie Hwy, and another dashed box labeled '3' is on the right side of Dixie Hwy near the intersection with Boymel Drive.

OFFICER'S SIGNATURE  
**X P.O. N. Cockfield**

BADGE NUMBER  
**129**