



## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

|  |   |  |                             | LOCAL INFORMATION  |  |  |   | LOCAL REPORT NUMBER*   |  |  |  |   |
|--|---|--|-----------------------------|--|--|--|---|--|--|--|--|---|
| <input checked="" type="checkbox"/> PHOTOS TAKEN   | <input checked="" type="checkbox"/> OH-2  | <input type="checkbox"/> OH-3  | REPORTING AGENCY NAME*      |  |  |  | NCIC*   |  |  |  |  |   |
| <input type="checkbox"/> SECONDARY CRASH   | <input checked="" type="checkbox"/> OH-1P | <input type="checkbox"/> OTHER   | Fairfield Police Department |  |  |  | 0,0,9,0,1   |  |  |  |  |   |
| COUNTY*<br>0 9   |   | LOCALITY*<br>1 - CITY<br>1 2 - VILLAGE<br>3 - TOWNSHIP   |                             | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>City of Fairfield  |  |  |   | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED   | NUMBER OF UNITS<br>0, 2  | UNIT IN ERROR<br>9 9 - ANIMAL<br>9 9 - UNKNOWN |  |   |
| ROUTE TYPE<br>L  |   | ROUTE NUMBER<br>L  |                             | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  |  | LOCATION ROAD NAME<br>Fairfield  |   | ROAD TYPE<br>A V   | CRASH DATE / TIME*<br>1,0,0,7,2,0,2,2, 1,7,5,5   |  | CRASH SEVERITY<br>5                              |   |
| ROUTE TYPE<br>L  |   | ROUTE NUMBER<br>L  |                             | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  |  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>Magie   |   | ROAD TYPE<br>A V   | LATITUDE DECIMAL DEGREES<br>3 9, 3 4, 5 2, 6 5   |  | LONGITUDE DECIMAL DEGREES<br>-8 4, 5 5, 0 5, 9 7 |   |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br>1   |   | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>2  |                             | ROUTE TYPE<br>IR - INTERSTATE ROUTE(TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE             |  | ROUTE TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS |   | ROAD TYPE<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE                  | INTERSECTION RELATED<br><input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA |  |  |   |
| DISTANCE FROM REFERENCE<br>1 0, 0  |   | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS<br>2  |                             |  |  |  |   |  | NUMBER OF APPROACHES<br>4  |  |  |   |
| LOCATION OF FIRST HARMFUL EVENT<br>0 1   |   |  |                             | MANNER OF CRASH COLLISION/IMPACT<br>9  |  |  |   | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED  |  |  | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (≥4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN    |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE  |   | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER |                             | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA |  | CONTOUR<br>1   | CONDITIONS<br>1   | SURFACE<br>2   |  |  |  |   |
| LIGHT CONDITION<br>1   |   | WEATHER<br>0 1   |                             | 1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL   |  | 1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/UNKNOWN                  | 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 | 1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/UNKNOWN |  |  |  |   |
| NARRATIVE  |   |  |                             |  |  |  |   |  |  |  |  | Indicate the north direction with an "N" on the compass diagram.  |
| On 10/07/22 at 5:55 P.M. Unit 1 claimed they were traveling north on Fairfield Ave. near Magie Ave. Unit 2 was parked on the side of the road and pulled out to travel south on Fairfield Ave. Unit 2 struck Unit 1 as Unit 2 pulled into the roadway. |   |  |                             |  |  |  |   |  |  |  |  |   |
| Unit 2 claimed Unit 1 was stopped at Fairfield Ave. and Magie Ave. and proceeded to back into Unit 1's vehicle on the front driver's side.   |   |  |                             |  |  |  |   |  |  |  |  | SEE OH-2  |
| Both parties denied fault and the at fault vehicle was unable to be determined.  |   |  |                             |  |  |  |   |  |  |  |  |   |
| Unit 1 was also arrested for OVI F.C.O. 333.01 (a) (1) (A)   |   |  |                             |  |  |  |   |  |  |  |  |   |
| CRASH REPORTED DATE / TIME<br>1,0,0,7,2,0,2,2, 1,7,5,5   |   | DISPATCH DATE / TIME<br>1,0,0,7,2,0,2,2, 1,7,5,6   |                             | ARRIVAL DATE / TIME<br>1,0,0,7,2,0,2,2, 1,7,5,9  |  | SCENE CLEARED DATE / TIME<br>1,0,0,7,2,0,2,2, 1,8,3,7  |   | REPORT TAKEN BY  |  |  |  |   |
| TOTAL TIME ROADWAY CLOSED<br>0   |   | OTHER INVESTIGATION TIME<br>6 0  |                             | TOTAL MINUTES<br>1, 0, 1   |  | OFFICER'S NAME*<br>D. Miller   |   | CHECKED BY OFFICER'S NAME*<br>J. Sons  |  |  |  |   |
|  |   |  |                             |  |  | OFFICER'S BADGE NUMBER*<br>1 6 7   |   | CHECKED BY OFFICER'S BADGE NUMBER*<br>1 5 0  |  |  |  |   |
|  |   |  |                             |  |  |  |   |  |  |  |  | <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 OOPS) |

|   |   |  |  |   |   |   |                        |                            |                          |                             |                          |                     |                           |                            |                           |                             |                        |                    |                         |             |                                 |                   |                      |              |               |                                      |                     |  |                            |                      |  |                |  |                          |
|---|---|--|--|---|---|---|------------------------|----------------------------|--------------------------|-----------------------------|--------------------------|---------------------|---------------------------|----------------------------|---------------------------|-----------------------------|------------------------|--------------------|-------------------------|-------------|---------------------------------|-------------------|----------------------|--------------|---------------|--------------------------------------|---------------------|--|----------------------------|----------------------|--|----------------|--|--------------------------|
| UNIT # <u>011</u>   | OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER)   | OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER)   |  |   |   |   |                        |                            |                          |                             |                          |                     |                           |                            |                           |                             |                        |                    |                         |             |                                 |                   |                      |              |               |                                      |                     |  |                            |                      |  |                |  |                          |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER)   |   |  |  |   |   |   |                        |                            |                          |                             |                          |                     |                           |                            |                           |                             |                        |                    |                         |             |                                 |                   |                      |              |               |                                      |                     |  |                            |                      |  |                |  |                          |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP   |   | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE  |  |   |   |   |                        |                            |                          |                             |                          |                     |                           |                            |                           |                             |                        |                    |                         |             |                                 |                   |                      |              |               |                                      |                     |  |                            |                      |  |                |  |                          |
| LP STATE <u>O H</u>   | LICENSE PLATE # <u>HNH8321</u>  | VEHICLE IDENTIFICATION # <u>1B4HS28N71F5511742</u>   | VEHICLE YEAR <u>2001</u>   | VEHICLE MAKE <u>Dodge</u>   |   |   |                        |                            |                          |                             |                          |                     |                           |                            |                           |                             |                        |                    |                         |             |                                 |                   |                      |              |               |                                      |                     |  |                            |                      |  |                |  |                          |
| <input checked="" type="checkbox"/> INSURANCE VERIFIED  | INSURANCE COMPANY <u>Safeco</u>   | INSURANCE POLICY # <u>K3189342</u>   | COLOR <u>Red</u>   | VEHICLE MODEL <u>Durango</u>  |   |   |                        |                            |                          |                             |                          |                     |                           |                            |                           |                             |                        |                    |                         |             |                                 |                   |                      |              |               |                                      |                     |  |                            |                      |  |                |  |                          |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |   | US DOT #   | TOWED BY: COMPANY NAME   |   |   |   |                        |                            |                          |                             |                          |                     |                           |                            |                           |                             |                        |                    |                         |             |                                 |                   |                      |              |               |                                      |                     |  |                            |                      |  |                |  |                          |
| <input type="checkbox"/> INTERLOCK EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT  |   | #OCCUPANTS <u>0 1</u>  | VEHICLE WEIGHT GVWR/GCWR<br>1 - <10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS.  | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED<br><input type="checkbox"/> PLACARD  |   |   |                        |                            |                          |                             |                          |                     |                           |                            |                           |                             |                        |                    |                         |             |                                 |                   |                      |              |               |                                      |                     |  |                            |                      |  |                |  |                          |
| UNIT TYPE<br><u>0 3</u>   | <table border="0"> <tr> <td>1 - PASSENGER CAR</td> <td>7 - MOTORCYCLE 2-WHEELED</td> <td>12 - GOLF CART</td> <td>18 - LIMO (LIVERY VEHICLE)</td> <td>23 - PEDESTRIAN / SKATER</td> </tr> <tr> <td>2 - PASSENGER VAN (MINIVAN)</td> <td>8 - MOTORCYCLE 3-WHEELED</td> <td>13 - SNOWMOBILE</td> <td>19 - BUS (16+ PASSENGERS)</td> <td>24 - WHEELCHAIR (ANY TYPE)</td> </tr> <tr> <td>3 - SPORT UTILITY VEHICLE</td> <td>9 - AUTOCYCLE</td> <td>14 - SINGLE UNIT TRUCK</td> <td>20 - OTHER VEHICLE</td> <td>25 - OTHER NON-MOTORIST</td> </tr> <tr> <td>4 - PICK UP</td> <td>10 - MOPED OR MOTORIZED BICYCLE</td> <td>15 - SEMI-TRACTOR</td> <td>21 - HEAVY EQUIPMENT</td> <td>26 - BICYCLE</td> </tr> <tr> <td>5 - CARGO VAN</td> <td>11 - ALL-TERRAIN VEHICLE (ATV / UTV)</td> <td>16 - FARM EQUIPMENT</td> <td>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE</td> <td>27 - TRAIN</td> </tr> <tr> <td>6 - VAN (9-15 SEATS)</td> <td></td> <td>17 - MOTORHOME</td> <td></td> <td>99 - UNKNOWN OR HIT/SKIP</td> </tr> </table> |  |  |   | 1 - PASSENGER CAR   | 7 - MOTORCYCLE 2-WHEELED  | 12 - GOLF CART         | 18 - LIMO (LIVERY VEHICLE) | 23 - PEDESTRIAN / SKATER | 2 - PASSENGER VAN (MINIVAN) | 8 - MOTORCYCLE 3-WHEELED | 13 - SNOWMOBILE     | 19 - BUS (16+ PASSENGERS) | 24 - WHEELCHAIR (ANY TYPE) | 3 - SPORT UTILITY VEHICLE | 9 - AUTOCYCLE               | 14 - SINGLE UNIT TRUCK | 20 - OTHER VEHICLE | 25 - OTHER NON-MOTORIST | 4 - PICK UP | 10 - MOPED OR MOTORIZED BICYCLE | 15 - SEMI-TRACTOR | 21 - HEAVY EQUIPMENT | 26 - BICYCLE | 5 - CARGO VAN | 11 - ALL-TERRAIN VEHICLE (ATV / UTV) | 16 - FARM EQUIPMENT | 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE | 27 - TRAIN                 | 6 - VAN (9-15 SEATS) |  | 17 - MOTORHOME |  | 99 - UNKNOWN OR HIT/SKIP |
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| 3 - SPORT UTILITY VEHICLE   | 9 - AUTOCYCLE   | 14 - SINGLE UNIT TRUCK   | 20 - OTHER VEHICLE   | 25 - OTHER NON-MOTORIST   |   |   |                        |                            |                          |                             |                          |                     |                           |                            |                           |                             |                        |                    |                         |             |                                 |                   |                      |              |               |                                      |                     |  |                            |                      |  |                |  |                          |
| 4 - PICK UP   | 10 - MOPED OR MOTORIZED BICYCLE   | 15 - SEMI-TRACTOR  | 21 - HEAVY EQUIPMENT   | 26 - BICYCLE  |   |   |                        |                            |                          |                             |                          |                     |                           |                            |                           |                             |                        |                    |                         |             |                                 |                   |                      |              |               |                                      |                     |  |                            |                      |  |                |  |                          |
| 5 - CARGO VAN   | 11 - ALL-TERRAIN VEHICLE (ATV / UTV)  | 16 - FARM EQUIPMENT  | 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE   | 27 - TRAIN  |   |   |                        |                            |                          |                             |                          |                     |                           |                            |                           |                             |                        |                    |                         |             |                                 |                   |                      |              |               |                                      |                     |  |                            |                      |  |                |  |                          |
| 6 - VAN (9-15 SEATS)  |   | 17 - MOTORHOME   |  | 99 - UNKNOWN OR HIT/SKIP  |   |   |                        |                            |                          |                             |                          |                     |                           |                            |                           |                             |                        |                    |                         |             |                                 |                   |                      |              |               |                                      |                     |  |                            |                      |  |                |  |                          |
| 0   | # OF TRAILING UNITS   |  |  |   |   |   |                        |                            |                          |                             |                          |                     |                           |                            |                           |                             |                        |                    |                         |             |                                 |                   |                      |              |               |                                      |                     |  |                            |                      |  |                |  |                          |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br><u>1</u> YES <u>2</u> NO <u>9</u> OTHER / UNKNOWN                    |   | AUTONOMOUS MODE LEVEL<br><u>0</u>  | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION   | 3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION  |   |   |                        |                            |                          |                             |                          |                     |                           |                            |                           |                             |                        |                    |                         |             |                                 |                   |                      |              |               |                                      |                     |  |                            |                      |  |                |  |                          |
| SPECIAL FUNCTION<br><u>0 1</u><br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT/COMMUTER  |   | <table border="0"> <tr> <td>1 - NONE</td> <td>6 - BUS - CHARTER/TOUR</td> <td>11 - FIRE</td> <td>16 - FARM</td> <td>21 - MAIL CARRIER</td> </tr> <tr> <td>2 - TAXI</td> <td>7 - BUS - INTERCITY</td> <td>12 - MILITARY</td> <td>17 - MOWING</td> <td>99 - OTHER / UNKNOWN</td> </tr> <tr> <td>3 - ELECTRONIC RIDE SHARING</td> <td>8 - BUS - SHUTTLE</td> <td>13 - POLICE</td> <td>18 - SNOW REMOVAL</td> <td></td> </tr> <tr> <td></td> <td>9 - BUS - OTHER</td> <td>14 - PUBLIC UTILITY</td> <td>19 - TOWING</td> <td></td> </tr> <tr> <td></td> <td>10 - AMBULANCE</td> <td>15 - CONSTRUCTION EQUIPMENT</td> <td>20 - SAFETY SERVICE PATROL</td> <td></td> </tr> </table> |  |   |   | 1 - NONE  | 6 - BUS - CHARTER/TOUR | 11 - FIRE                  | 16 - FARM                | 21 - MAIL CARRIER           | 2 - TAXI                 | 7 - BUS - INTERCITY | 12 - MILITARY             | 17 - MOWING                | 99 - OTHER / UNKNOWN      | 3 - ELECTRONIC RIDE SHARING | 8 - BUS - SHUTTLE      | 13 - POLICE        | 18 - SNOW REMOVAL       |             |                                 | 9 - BUS - OTHER   | 14 - PUBLIC UTILITY  | 19 - TOWING  |               |                                      | 10 - AMBULANCE      | 15 - CONSTRUCTION EQUIPMENT                    | 20 - SAFETY SERVICE PATROL |                      |  |                |  |                          |
| 1 - NONE  | 6 - BUS - CHARTER/TOUR  | 11 - FIRE  | 16 - FARM  | 21 - MAIL CARRIER   |   |   |                        |                            |                          |                             |                          |                     |                           |                            |                           |                             |                        |                    |                         |             |                                 |                   |                      |              |               |                                      |                     |  |                            |                      |  |                |  |                          |
| 2 - TAXI  | 7 - BUS - INTERCITY   | 12 - MILITARY  | 17 - MOWING  | 99 - OTHER / UNKNOWN  |   |   |                        |                            |                          |                             |                          |                     |                           |                            |                           |                             |                        |                    |                         |             |                                 |                   |                      |              |               |                                      |                     |  |                            |                      |  |                |  |                          |
| 3 - ELECTRONIC RIDE SHARING   | 8 - BUS - SHUTTLE   | 13 - POLICE  | 18 - SNOW REMOVAL  |   |   |   |                        |                            |                          |                             |                          |                     |                           |                            |                           |                             |                        |                    |                         |             |                                 |                   |                      |              |               |                                      |                     |  |                            |                      |  |                |  |                          |
|   | 9 - BUS - OTHER   | 14 - PUBLIC UTILITY  | 19 - TOWING  |   |   |   |                        |                            |                          |                             |                          |                     |                           |                            |                           |                             |                        |                    |                         |             |                                 |                   |                      |              |               |                                      |                     |  |                            |                      |  |                |  |                          |
|   | 10 - AMBULANCE  | 15 - CONSTRUCTION EQUIPMENT  | 20 - SAFETY SERVICE PATROL   |   |   |   |                        |                            |                          |                             |                          |                     |                           |                            |                           |                             |                        |                    |                         |             |                                 |                   |                      |              |               |                                      |                     |  |                            |                      |  |                |  |                          |
| CARGO BODY TYPE<br><u>0 1</u><br>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 - GARBAGE/REFUSE<br>99 - OTHER / UNKNOWN   |   |                        |                            |                          |                             |                          |                     |                           |                            |                           |                             |                        |                    |                         |             |                                 |                   |                      |              |               |                                      |                     |  |                            |                      |  |                |  |                          |
| VEHICLE DEFECTS<br><u>1</u>   |   | 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  |   |                        |                            |                          |                             |                          |                     |                           |                            |                           |                             |                        |                    |                         |             |                                 |                   |                      |              |               |                                      |                     |  |                            |                      |  |                |  |                          |
| NON-MOTORIST LOCATION AT IMPACT<br><u>1</u>   |   | 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   |   |                        |                            |                          |                             |                          |                     |                           |                            |                           |                             |                        |                    |                         |             |                                 |                   |                      |              |               |                                      |                     |  |                            |                      |  |                |  |                          |
| ACTION<br><u>9</u><br>4 - STRUCK PRE-CRASH ACTIONS<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER / UNKNOWN                               |   | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING <u>1 9 9</u><br>4 - STRUCK PRE-CRASH ACTIONS<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       |                        |                            |                          |                             |                          |                     |                           |                            |                           |                             |                        |                    |                         |             |                                 |                   |                      |              |               |                                      |                     |  |                            |                      |  |                |  |                          |
| CONTRIBUTING CIRCUMSTANCES<br><u>1 2 2</u><br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN   |   | 1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN   | 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   |                        |                            |                          |                             |                          |                     |                           |                            |                           |                             |                        |                    |                         |             |                                 |                   |                      |              |               |                                      |                     |  |                            |                      |  |                |  |                          |
| SEQUENCE OF EVENTS<br><u>1 2 0</u>  |   | 1 - OVERTURN/ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION   | 6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN   | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE       | 16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT                                  | 22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOBILE OBJECT |                        |                            |                          |                             |                          |                     |                           |                            |                           |                             |                        |                    |                         |             |                                 |                   |                      |              |               |                                      |                     |  |                            |                      |  |                |  |                          |
| COLLISION WITH FIXED OBJECT - STRUCK<br><u>4 1</u>  |   | 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<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                    |                        |                            |                          |                             |                          |                     |                           |                            |                           |                             |                        |                    |                         |             |                                 |                   |                      |              |               |                                      |                     |  |                            |                      |  |                |  |                          |
| FIRST HARMFUL EVENT<br><u>1</u>   |   | 1 - MOST HARMFUL EVENT<br><u>1</u>   |  |   |   |   |                        |                            |                          |                             |                          |                     |                           |                            |                           |                             |                        |                    |                         |             |                                 |                   |                      |              |               |                                      |                     |  |                            |                      |  |                |  |                          |

|   |  |
|---|--|
| LOCAL REPORT NUMBER<br><u>2 2 0 7 3 2 9 1</u>   |  |
| DAMAGE<br>DAMAGE SCALE<br>2 - <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MINOR DAMAGE <input type="checkbox"/> FUNCTIONAL DAMAGE <input type="checkbox"/> DISABLING DAMAGE <input type="checkbox"/> UNKNOWN                    |  |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY  |  |
|   |  |
| <input type="checkbox"/> - NO DAMAGE <u>0</u> <input type="checkbox"/> - UNDERCARRIAGE <u>14</u><br><input type="checkbox"/> - TOP <u>13</u> <input type="checkbox"/> - ALL AREAS <u>15</u><br><input type="checkbox"/> - UNIT NOT AT SCENE <u>16</u> |  |
| INITIAL POINT OF CONTACT<br>0 - NO DAMAGE <u>14</u> - UNDERCARRIAGE<br>1 - REFER TO UNIT DIAGRAM <u>15</u> - VEHICLE NOT AT SCENE<br>99 - UNKNOWN<br>13 - TOP   |  |
| TRAFFIC<br>TRAFFIC WAY FLOW<br>1 - ONE-WAY <u>2</u> - TWO-WAY <u>4</u>  |  |
| RAIL GRADE CROSSING<br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING <u>1</u><br>3 - INVOLVED-PASSIVE CROSSING   |  |
| UNIT / NON-MOTORIST DIRECTION<br>1 - NORTH <u>5</u> - NORTHEAST<br>2 - SOUTH <u>6</u> - NORTHWEST<br>3 - EAST <u>7</u> - SOUTHEAST<br>4 - WEST <u>8</u> - SOUTHWEST<br>9 - OTHER / UNKNOWN  |  |
| UNIT SPEED<br>1 - STATED / ESTIMATED SPEED <u>1</u><br>2 - CALCULATED / EDR<br>3 - UNDETERMINED   |  |
| POSTED SPEED<br><u>2</u> - <u>5</u>   |  |

|        |  |   |
|--------|--|---|
| UNIT # | OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER | OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER |
| 012    |  |   |

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

|   |  |   |
|---|--|---|
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP |  | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE |
|---|--|---|

|          |                 |                          |              |              |
|----------|-----------------|--------------------------|--------------|--------------|
| LP STATE | LICENSE PLATE # | VEHICLE IDENTIFICATION # | VEHICLE YEAR | VEHICLE MAKE |
| O, H     | GPB5252         | 2T1BU4EE8C1C784110       | 2012         | Toyota       |

|  |                   |                    |       |               |
|--|-------------------|--------------------|-------|---------------|
| <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY | INSURANCE POLICY # | COLOR | VEHICLE MODEL |
|  | Progressive       | 910450945          | Gray  | Corolla       |

|  |          |                        |  |  |
|--|----------|------------------------|--|--|
| <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | US DOT # | TOWED BY: COMPANY NAME |  |  |
|--|----------|------------------------|--|--|

|   |  |            |   |  |
|---|--|------------|---|--|
| <input type="checkbox"/> INTERLOCK EQUIPPED | <input type="checkbox"/> HIT/SKIP UNIT | #OCCUPANTS | VEHICLE WEIGHT GVWR/GCWR                                | HAZARDOUS MATERIAL   |
|   |  | 0 2        | 1 - <10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS. | <input type="checkbox"/> MATERIAL RELEASED<br><input type="checkbox"/> PLACARD |

|           |  |  |   |  |
|-----------|--|--|---|--|
| UNIT TYPE | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGOVAN<br>6 - VAN (9-15 SEATS) | 7 - MOTORCYCLE 2-WHEELED<br>8 - MOTORCYCLE 3-WHEELED<br>9 - AUTOCYCLE<br>10 - WHEELED 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<br>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 |
|-----------|--|--|---|--|

10 # OF TRAILING UNITS

|   |  |  |             |
|---|--|--|-------------|
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION | 3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION | 9 - UNKNOWN |
| 12  | 1 - YES<br>2 - NO<br>9 - OTHER / UNKNOWN                             | AUTONOMOUS MODE LEVEL  |             |

|                  |   |   |   |  |
|------------------|---|---|---|--|
| SPECIAL FUNCTION | 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 |
|------------------|---|---|---|--|

|                 |   |   |  |  |  |
|-----------------|---|---|--|--|--|
| CARGO BODY TYPE | 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 - AUTOTRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN |
|-----------------|---|---|--|--|--|

|                 |  |  |  |  |                    |
|-----------------|--|--|--|--|--------------------|
| VEHICLE DEFECTS | 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 |
|-----------------|--|--|--|--|--------------------|

|                                 |  |   |   |   |  |
|---------------------------------|--|---|---|---|--|
| NON-MOTORIST LOCATION AT IMPACT | 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 |
|---------------------------------|--|---|---|---|--|

|        |   |   |   |  |   |   |
|--------|---|---|---|--|---|---|
| ACTION | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER/UNKNOWN | 0, 8<br>6 - PRE-CRASH ACTIONS<br>7 - OVERTAKING/PASSING<br>8 - MAKING RIGHT TURN & STRUCK<br>9 - MAKING LEFT TURN | 1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/PASSING<br>5 - MAKING RIGHT TURN & STRUCK<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 |
|--------|---|---|---|--|---|---|

|                            |   |   |  |  |   |
|----------------------------|---|---|--|--|---|
| CONTRIBUTING CIRCUMSTANCES | 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 | 16 - VISION OBSTRUCTION<br>17 - OPERATING DEFECTIVE EQUIPMENT<br>18 - STOPPED OR PARKED ILLEGALLY<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 |
|----------------------------|---|---|--|--|---|

SEQUENCE OF EVENTS

|          |  |  |   |  |   |
|----------|--|--|---|--|---|
| 11, 2, 0 | 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 | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE | 16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT | 22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOBILE OBJECT |
|----------|--|--|---|--|---|

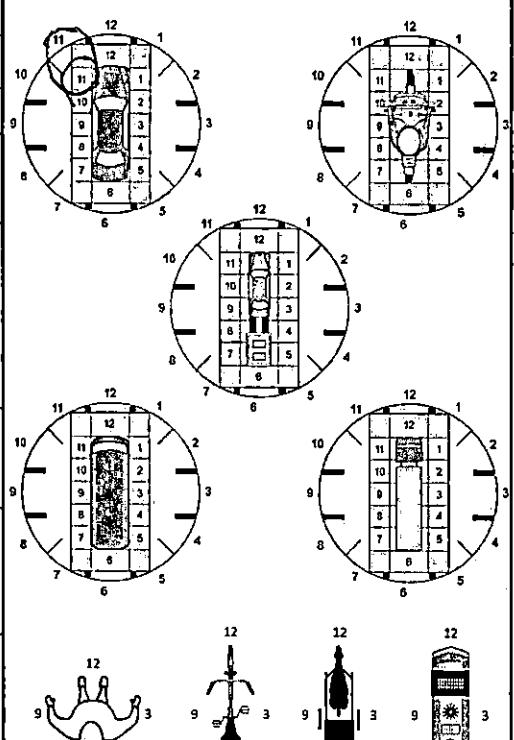
|      |  |  |   |  |  |
|------|--|--|---|--|--|
| 4, 1 | 25 - IMPACT ATTENUATOR / CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE | 31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER | 37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES<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 |
|------|--|--|---|--|--|

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER  
2 2 0 7 3 2 9 1

DAMAGE  
DAMAGE SCALE  
3 - NONE  
2 - MINOR DAMAGE  
1 - UNKNOWN  
3 - FUNCTIONAL DAMAGE  
4 - DISABLING DAMAGE  
9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY



- NO DAMAGE [0]  - UNDERCARRIAGE [14]

- TOP [13]  - ALL AREAS [15]

- UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT  
0 - NO DAMAGE 14 - UNDERCARRIAGE  
1 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE  
DIAGRAM 99 - UNKNOWN  
13 - TOP

TRAFFIC  
TRAFFIC FLOW  
1 - ONE-WAY  
2 - TWO-WAY  
6

TRAFFIC CONTROL  
1 - ROUNDABOUT 4 - STOP SIGN  
2 - SIGNAL 5 - YIELD SIGN  
3 - FLASHER 6 - NO CONTROL

# OF THROUGH LANES ON ROAD  
2

RAIL GRADE CROSSING  
1 - NOT INVOLVED  
2 - INVOLVED-ACTIVE CROSSING  
3 - INVOLVED-PASSIVE CROSSING

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

UNIT SPEED  
1 - 0

DETECTED SPEED  
1 - STATED / ESTIMATED SPEED  
2 - CALCULATED / EDR  
3 - UNDETERMINED

POSTED SPEED  
2 1 5

## MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

2 2 0 7 3 2 9 1

|   |   |  |   |   |   |                             |                    |                 |                             |           |                          |
|---|---|--|---|---|---|-----------------------------|--------------------|-----------------|-----------------------------|-----------|--------------------------|
| MOTORIST / NON-MOTORIST   | UNIT #  | NAME: LAST, FIRST, MIDDLE                |   |   |   | DATE OF BIRTH               | AGE                | GENDER          |                             |           |                          |
|   | 0 1   | Vonhagen, Herbert                        |   |   |   | 0 6 2 6 1 9 5 0             | 7 2                | M               |                             |           |                          |
| ADDRESS: STREET, CITY, STATE, ZIP<br>963 Walter Ave., Fairfield, OH 45014 |   |  |   |   | CONTACT PHONE - INCLUDE AREA CODE                   |                             |                    |                 |                             |           |                          |
| INJURIES<br>5   | INJURED<br>TAKEN<br>BY  | EMS AGENCY (NAME)                        | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)   | SAFETY EQUIPMENT<br>USED<br>0 4   | <input type="checkbox"/> DOT-COMPLIANT<br>MC HELMET | SEATING POSITION<br>0 1     | AIR BAG USAGE<br>1 | EJECTION<br>1   | TRAPPED<br>1                |           |                          |
| OL STATE<br>O H   | OPERATOR LICENSE NUMBER   |  | OFFENSE CHARGED   | LOCAL<br>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<br>DISTRACTED<br>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<br>4 | TYPE<br>4          | VALUE<br>1 4 1  | DRUG TEST(S)<br>STATUS<br>1 | TYPE<br>1 | RESULT<br>SELECT UP TO 4 |
| UNIT #<br>0 2   | NAME: LAST, FIRST, MIDDLE<br>Mieryteran, Raul   |  |   |   | DATE OF BIRTH                                       | AGE                         | GENDER             | 0 1 0 2 1 9 6 1 | 6 1                         | M         |                          |
| ADDRESS: STREET, CITY, STATE, ZIP<br>180 Sammy Dr., Fairfield, OH 45014   |   |  |   |   | CONTACT PHONE - INCLUDE AREA CODE                   |                             |                    |                 |                             |           |                          |
| INJURIES<br>5   | INJURED<br>TAKEN<br>BY  | EMS AGENCY (NAME)                        | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)   | SAFETY EQUIPMENT<br>USED<br>0 4   | <input type="checkbox"/> DOT-COMPLIANT<br>MC HELMET | SEATING POSITION<br>0 1     | AIR BAG USAGE<br>1 | EJECTION<br>1   | TRAPPED<br>1                |           |                          |
| OL STATE<br>O H   | OPERATOR LICENSE NUMBER   |  | OFFENSE CHARGED   | LOCAL<br>CODE<br><input type="checkbox"/>   | OFFENSE DESCRIPTION                                 |                             | CITATION NUMBER    |                 |                             |           |                          |
| OL CLASS<br>1   | ENDORSEMENT<br>SELECT UP TO 2   | RESTRICTION SELECT UP TO 3               | DRIVER<br>DISTRACTED<br>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<br>1 | TYPE<br>1          | VALUE<br>1      | DRUG TEST(S)<br>STATUS<br>1 | TYPE<br>1 | RESULT<br>SELECT UP TO 4 |
| UNIT #  | NAME: LAST, FIRST, MIDDLE   |  |   |   | DATE OF BIRTH                                       | AGE                         | GENDER             | 0               |                             |           |                          |
| ADDRESS: STREET, CITY, STATE, ZIP   |   |  |   |   | CONTACT PHONE - INCLUDE AREA CODE                   |                             |                    |                 |                             |           |                          |
| INJURIES  | INJURED<br>TAKEN<br>BY  | EMS AGENCY (NAME)                        | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)   | SAFETY EQUIPMENT<br>USED  | <input type="checkbox"/> DOT-COMPLIANT<br>MC HELMET | SEATING POSITION            | AIR BAG USAGE      | EJECTION        | TRAPPED                     |           |                          |
| OL STATE  | OPERATOR LICENSE NUMBER   |  | OFFENSE CHARGED   | LOCAL<br>CODE<br><input type="checkbox"/>   | OFFENSE DESCRIPTION                                 |                             | CITATION NUMBER    |                 |                             |           |                          |
| OL CLASS  | ENDORSEMENT<br>SELECT UP TO 2   | RESTRICTION SELECT UP TO 3               | DRIVER<br>DISTRACTED<br>BY  | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG            | CONDITION   | ALCOHOL TEST<br>STATUS<br>1 | TYPE<br>1          | VALUE<br>1      | DRUG TEST(S)<br>STATUS<br>1 | TYPE<br>1 | RESULT<br>SELECT UP TO 4 |
| INJURIES  |   | SEATING POSITION                         | AIR BAG   | OL CLASS  | OL RESTRICTION(S)                                   | DRIVER DISTRACTION          | TEST STATUS        |                 |                             |           |                          |
| 1-FATAL   | 1-FRONT-LEFT SIDE<br>(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-COL INTRASTATE ONLY   | 2-TEST REFUSED                                      |                             |                    |                 |                             |           |                          |
| 3-SUSPECTED MINOR INJURY  | 3-FRONT- RIGHT SIDE   | 3-DEPLOYED SIDE                          | 3-CLASS C   | 3-CORRECTIVE LENSES   | 3-TEST GIVEN, CONTAMINATED<br>SAMPLE / UNUSABLE     |                             |                    |                 |                             |           |                          |
| 4-POSSIBLE INJURY   | 4-SECOND-LEFT SIDE<br>(MOTORCYCLE PASSENGER)  | 4-DEPLOYED BOTH FRONT / SIDE             | 4-REGULAR CLASS<br>(OHIO = D)   | 4-FARM WAIVER   | 4-TEST GIVEN, RESULTS KNOWN                         |                             |                    |                 |                             |           |                          |
| 5-NO APPARENT INJURY  | 5-SECOND- MIDDLE  | 5-NOT APPLICABLE                         | 5-EXCEPT CLASS A BUS  | 5-EXCEPT CLASS A<br>& CLASS B BUS   | 5-TEST GIVEN, RESULTS<br>UNKNOWN                    |                             |                    |                 |                             |           |                          |
| INJURED TAKEN BY  |   | 6-SECOND- RIGHT SIDE                     | 9-DEPLOYMENT UNKNOWN  | 6-EXCEPT CLASS A<br>& CLASS B BUS   |   |                             |                    |                 |                             |           |                          |
| 1-NOT TRANSPORTED<br>/TREATED AT SCENE                                    | 7-THIRD- LEFT SIDE<br>(MOTORCYCLE SIDE CAR)   | 7-THIRD- MIDDLE                          | 7-NO VALID OL   | 7-EXCEPT TRACTOR-TRAILER  |   |                             |                    |                 |                             |           |                          |
| 2-EMS   | 8-THIRD- MIDDLE   | 8-THIRD- RIGHT SIDE                      | 8-INTERMEDIATE LICENSE<br>RESTRICTIONS  | 8-OTHER ACTIVITY WITH AN<br>ELECTRONIC DEVICE   |   |                             |                    |                 |                             |           |                          |
| 3-POLICE  | 9-THIRD- RIGHT SIDE   | 10-SLEEPER SECTION<br>OF TRUCK CAB       | 9-TOTALLY EJECTED   | 9-PASSENGER   |   |                             |                    |                 |                             |           |                          |
| 9-OTHER/UNKNOWN   | 11-PASSENGER IN OTHER<br>ENCLOSED CARGO AREA<br>(NON-TRAILING UNIT, BUS,<br>PICK-UP WITH CAP) | 11-PASSENGER IN UNENCLOSED<br>CARGO AREA | 10-NOT APPLICABLE   | 10-LIMITED TO DAYLIGHT ONLY   |   |                             |                    |                 |                             |           |                          |
| SAFETY EQUIPMENT  |   | 12-PASSENGER IN UNENCLOSED<br>CARGO AREA | 12-FREED BY<br>NON-MECHANICAL MEANS   | 11-LIMITED TO EMPLOYMENT  |   |                             |                    |                 |                             |           |                          |
| 1-NONE USED   | 13-TRAILING UNIT  | 13-FREED BY<br>NON-MECHANICAL MEANS      | 12-LIMITED- OTHER   | 12-LIMITED- OTHER   |   |                             |                    |                 |                             |           |                          |
| 2-SHOULDER BELT ONLY USED   | 14-RIDING ON VEHICLE EXTERIOR<br>(NON-TRAILING UNIT)  | 14-NOT TRAPPED                           | 13-MECHANICAL DEVICES<br>(SPECIAL BRAKES, HAND<br>CONTROLS, OR OTHER<br>ADAPTIVE DEVICES) | 13-MECHANICAL DEVICES<br>(SPECIAL BRAKES, HAND<br>CONTROLS, OR OTHER<br>ADAPTIVE DEVICES)   |   |                             |                    |                 |                             |           |                          |
| 3-LAP BELT ONLY USED  | 15-NON-MOTORIST   | 15-EXTRICATED BY<br>MECHANICAL MEANS     | 14-MILITARY VEHICLES ONLY   | 14-MILITARY VEHICLES ONLY   |   |                             |                    |                 |                             |           |                          |
| 4-SHOULDER & LAP BELT USED  | 99- OTHER / UNKNOWN   | 16-FREED BY<br>NON-MECHANICAL MEANS      | 15-MOTOR VEHICLES WITHOUT<br>AIR BRAKES   | 15-MOTOR VEHICLES WITHOUT<br>AIR BRAKES   |   |                             |                    |                 |                             |           |                          |
| 5-CHILD RESTRAINT SYSTEM-<br>FORWARD FACING                               |   |  | 16-OUTSIDE MIRROR   | 16-OUTSIDE MIRROR   |   |                             |                    |                 |                             |           |                          |
| 6-CHILD RESTRAINT SYSTEM-<br>REAR FACING                                  |   |  | 17-PROSTHETIC AID   | 17-PROSTHETIC AID   |   |                             |                    |                 |                             |           |                          |
| 7-BOOSTER SEAT  |   |  | 18-OTHER  | 18-OTHER  |   |                             |                    |                 |                             |           |                          |
| 8-HELMET USED   |   |  |   |   |   |                             |                    |                 |                             |           |                          |
| 9-PROTECTIVE PADS USED<br>(ELBOW, KNEES, ETC.)                            |   |  |   |   |   |                             |                    |                 |                             |           |                          |
| 10-REFLECTIVE CLOTHING  |   |  |   |   |   |                             |                    |                 |                             |           |                          |
| 11-LIGHTING - PEDESTRIAN<br>/ BICYCLE ONLY                                |   |  |   |   |   |                             |                    |                 |                             |           |                          |
| 99- OTHER / UNKNOWN   |   |  |   |   |   |                             |                    |                 |                             |           |                          |
| EJECTION  |   | OL ENDORSEMENT                           | TEST STATUS   |   |   |                             |                    |                 |                             |           |                          |
| TRAPPED   |   |  | TEST STATUS   |   |   |                             |                    |                 |                             |           |                          |
| GENDER  |   |  | TEST STATUS   |   |   |                             |                    |                 |                             |           |                          |
| CONDITION   |   |  | TEST STATUS   |   |   |                             |                    |                 |                             |           |                          |
| DRUG TEST TYPE  |   |  | TEST STATUS   |   |   |                             |                    |                 |                             |           |                          |
| DRUG TEST RESULT(S)   |   |  | TEST STATUS   |   |   |                             |                    |                 |                             |           |                          |

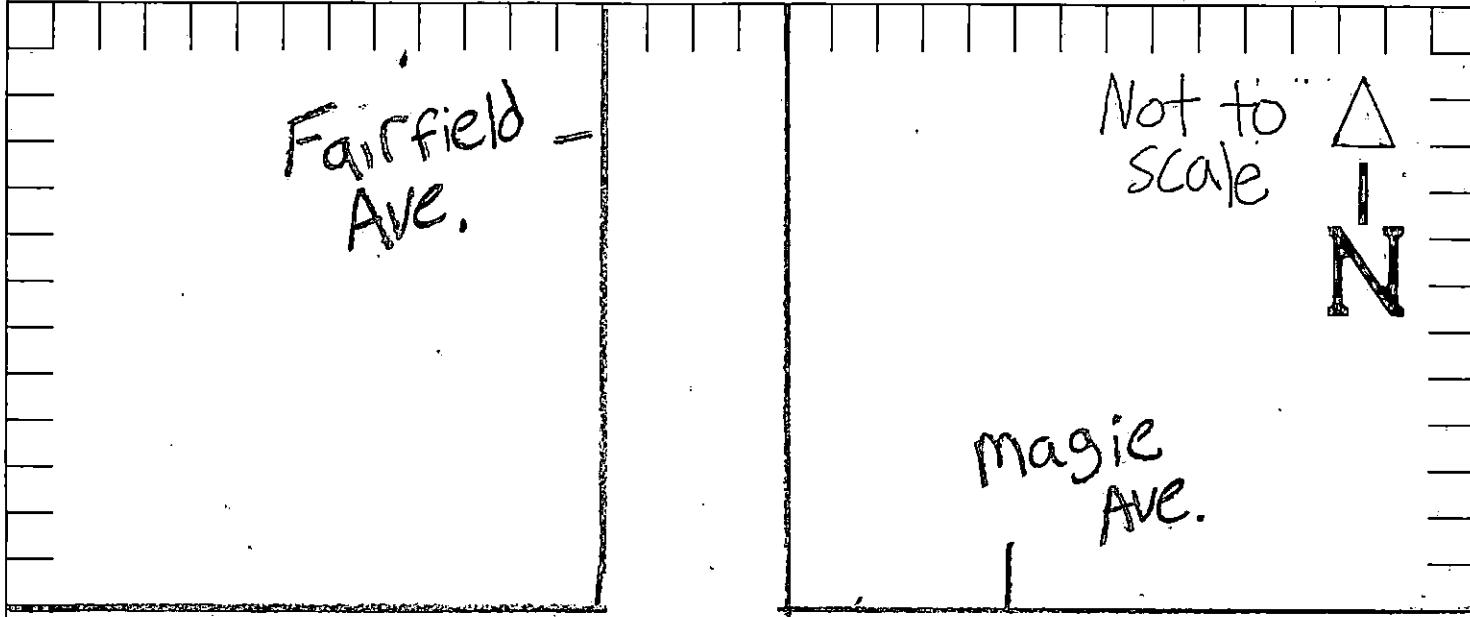
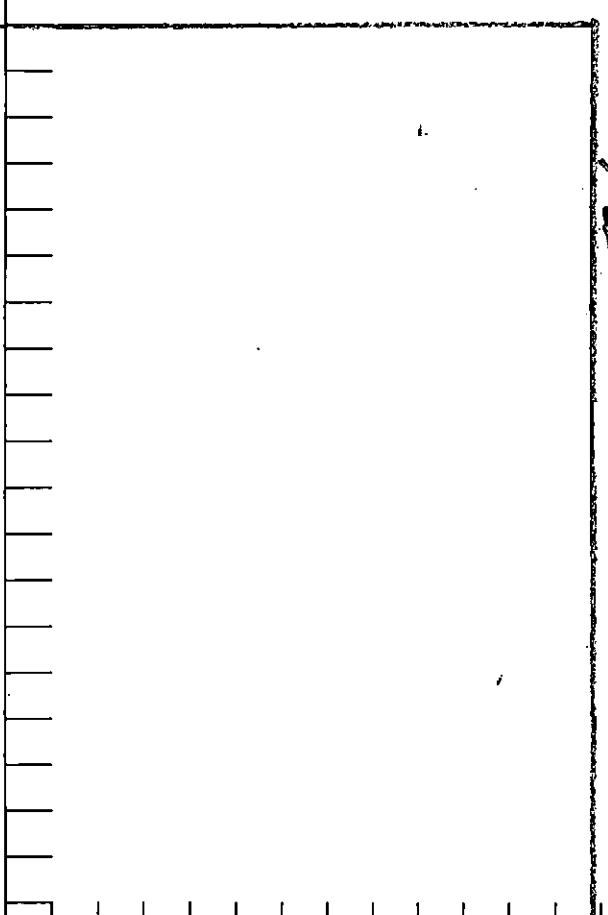
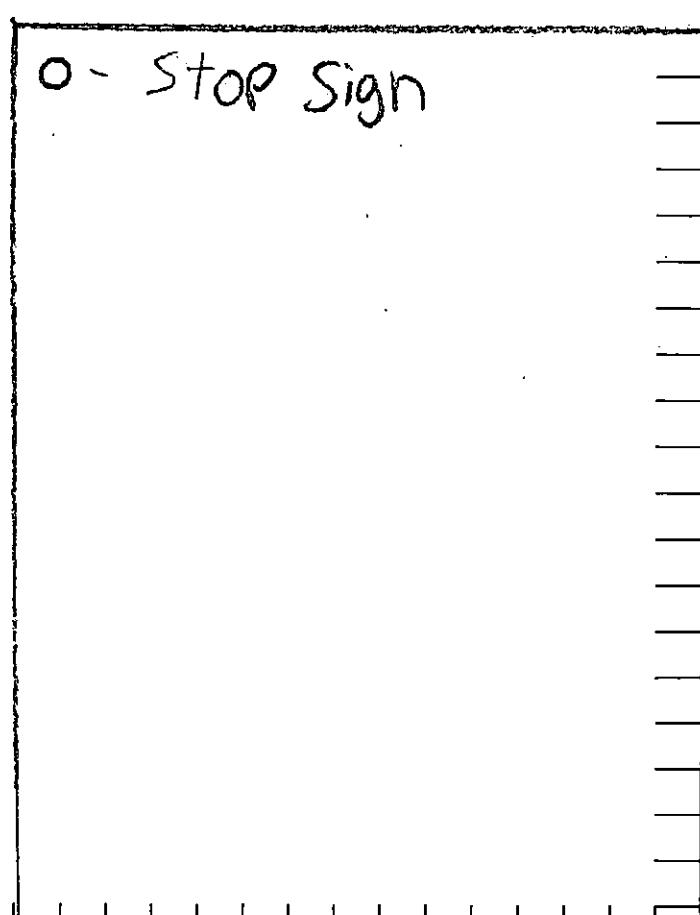


# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

2 2 0 7 3 2 9 1

|  |                                   |  |                   |   |   |   |   |   |          |         |
|--|-----------------------------------|--|-------------------|---|---|---|---|---|----------|---------|
| OCCUPANT   | UNIT #                            | NAME: LAST, FIRST, MIDDLE<br>2 Diaz, Irlanda |                   |   |   | DATE OF BIRTH   | AGE   | GENDER  |          |         |
|  |                                   |  |                   |   | 0 6 0 6 1 9 7 5   | 4 7   | F   |   |          |         |
| ADDRESS: STREET, CITY, STATE, ZIP<br>180 Sammy Dr., Fairfield, OH 45014  |                                   |  |                   |   | CONTACT PHONE - INCLUDE AREA CODE   |   |   |   |          |         |
| OCCUPANT   | INJURIES                          | INJURED TAKEN BY                             | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED   | <input type="checkbox"/> DOT-COMPLIANT<br>MC HELMET   | SEATING POSITION  | AIR BAG USAGE   | EJECTION | TRAPPED |
|  | 5                                 |  |                   |   | 0 4   | 0 3   | 0 1   | 1   | 1        |         |
| OCCUPANT   | UNIT #                            | NAME: LAST, FIRST, MIDDLE                    |                   |   |   | DATE OF BIRTH   | AGE   | GENDER  |          |         |
|  |                                   |  |                   |   |   |   | 0   |   |          |         |
| ADDRESS: STREET, CITY, STATE, ZIP  |                                   |  |                   |   | CONTACT PHONE - INCLUDE AREA CODE   |   |   |   |          |         |
| OCCUPANT   | INJURIES                          | INJURED TAKEN BY                             | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED   | <input type="checkbox"/> DOT-COMPLIANT<br>MC HELMET   | SEATING POSITION  | AIR BAG USAGE   | EJECTION | TRAPPED |
|  |                                   |  |                   |   |   |   |   |   |          |         |
| OCCUPANT   | UNIT #                            | NAME: LAST, FIRST, MIDDLE                    |                   |   |   | DATE OF BIRTH   | AGE   | GENDER  |          |         |
|  |                                   |  |                   |   |   |   | 0   |   |          |         |
| ADDRESS: STREET, CITY, STATE, ZIP  |                                   |  |                   |   | CONTACT PHONE - INCLUDE AREA CODE   |   |   |   |          |         |
| OCCUPANT   | INJURIES                          | INJURED TAKEN BY                             | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED   | <input type="checkbox"/> DOT-COMPLIANT<br>MC HELMET   | SEATING POSITION  | AIR BAG USAGE   | EJECTION | TRAPPED |
|  |                                   |  |                   |   |   |   |   |   |          |         |
| OCCUPANT   | INJURIES                          | INJURED TAKEN BY                             | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED   | <input type="checkbox"/> DOT-COMPLIANT<br>MC HELMET   | SEATING POSITION  | AIR BAG USAGE   | EJECTION | TRAPPED |
|  |                                   |  |                   |   |   |   |   |   |          |         |
| INJURIES   |                                   |  |                   |   | SAFETY EQUIPMENT USED   | SEATING POSITION  | AIR BAG USAGE   |   |          |         |
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY |                                   |  |                   |   | 1 - NONE USED - VEHICLE OCCUPANT<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT/SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN | 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 |          |         |
| INJURED TAKEN BY   |                                   |  |                   |   |   |   | EJECTION  |   |          |         |
| 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   |   |          |         |
| GENDER   |                                   |  |                   |   |   |   | TRAPPED   |   |          |         |
| F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN  |                                   |  |                   |   |   |   | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS  |   |          |         |
| WITNESS  | NAME: LAST, FIRST, MIDDLE         |  |                   |   |   | DATE OF BIRTH   | AGE   | GENDER  |          |         |
|  |                                   |  |                   |   |   |   | 0   |   |          |         |
| WITNESS  | ADDRESS: STREET, CITY, STATE, ZIP |  |                   |   |   | CONTACT PHONE - INCLUDE AREA CODE   |   |   |          |         |
|  |                                   |  |                   |   |   |   |   |   |          |         |
| WITNESS  | NAME: LAST, FIRST, MIDDLE         |  |                   |   |   | DATE OF BIRTH   | AGE   | GENDER  |          |         |
|  |                                   |  |                   |   |   |   | 0   |   |          |         |
| WITNESS  | ADDRESS: STREET, CITY, STATE, ZIP |  |                   |   |   | CONTACT PHONE - INCLUDE AREA CODE   |   |   |          |         |
|  |                                   |  |                   |   |   |   |   |   |          |         |
| WITNESS  | NAME: LAST, FIRST, MIDDLE         |  |                   |   |   | DATE OF BIRTH   | AGE   | GENDER  |          |         |
|  |                                   |  |                   |   |   |   | 0   |   |          |         |
| WITNESS  | ADDRESS: STREET, CITY, STATE, ZIP |  |                   |   |   | CONTACT PHONE - INCLUDE AREA CODE   |   |   |          |         |
|  |                                   |  |                   |   |   |   |   |   |          |         |

|  |              |                   |                             |                  |
|--|--------------|-------------------|-----------------------------|------------------|
| LOCAL REPORT NUMBER  | PD-22-073291 | REPORTING AGENCY  | Fairfield Police Department | DATE OF ACCIDENT |
| IN COUNTY OF   | Butler       | ACCIDENT LOCATION | Fairfield Ave./Magie Ave.   | 10/7/22          |
|     |              |                   |                             |                  |
|    |              |                   |                             |                  |
|  |              |                   |                             |                  |
| <p>OFFICER'S SIGNATURE</p> <p>D. Miller</p> <p>BADGE NO.</p> <p>167</p>              |              |                   |                             |                  |