



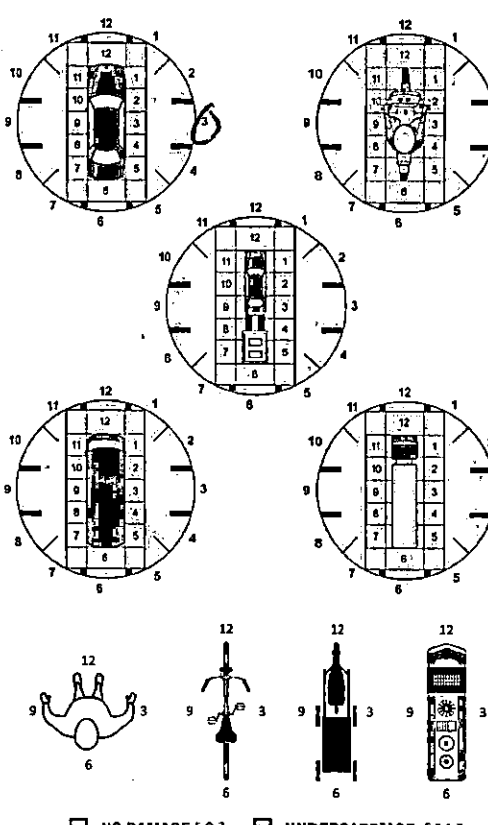
TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

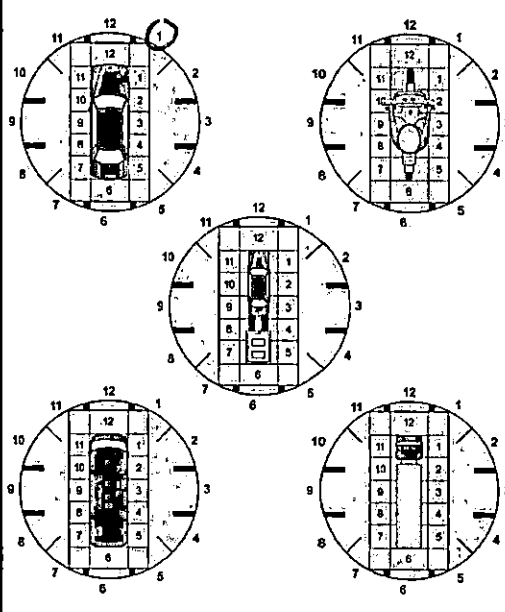
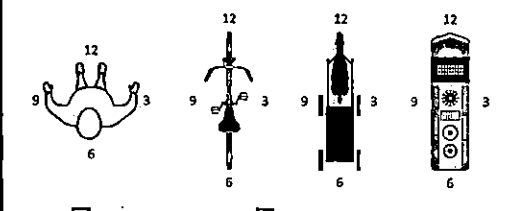
LOCAL REPORT NUMBER*

☒ PHOTOS TAKEN ☐ SECONDARY CRASH		☒ OH-2 ☐ OH-1P ☐ OTHER ☐ PRIVATE PROPERTY		LOCAL INFORMATION		2 2 0 7 4 5 2 4	
COUNTY* 0 9		LOCALITY* 1 CITY 2 VILLAGE 3 TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield		CRASH DATE / TIME* 1 0 1 2 2 0 2 2 0 9 4 5	
ROUTE TYPE U S		ROUTE NUMBER 1 2 7		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		ROAD TYPE R D	
REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) RESOR		REFERENCE ROAD TYPE R D		LATITUDE DECIMAL DEGREES 3 9 . 3 2 2 8 7 0		LONGITUDE DECIMAL DEGREES 8 4 . 5 6 1 1 9 1	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	
DISTANCE FROM REFERENCE 0 1		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS		MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN		CONDITIONS 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN	
NARRATIVE On 10-12-22 at 9:45 a.m., Unit 1 was traveling south on US 127 (Pleasant Ave) in the left turn lane. Unit 2 was traveling north on US 127 (Pleasant Ave) in the straight through lane. Unit 1 attempted to make a left turn on to east bound Resor Rd. in front of Unit 2, causing Unit 2 to strike the passenger side of Unit 1.							
SEE OH-2							
CRASH REPORTED DATE / TIME 1 0 1 2 2 0 2 2 0 9 4 6		DISPATCH DATE / TIME 1 0 1 2 2 0 2 2 0 9 4 8		ARRIVAL DATE / TIME 1 0 1 2 2 0 2 2 0 9 5 5		SCENE CLEARED DATE / TIME 1 0 1 2 2 0 2 2 1 0 2 8	
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 2 0		TOTAL MINUTES 6 0		OFFICER'S NAME* P.O. J. DRAKE	
OFFICER'S BADGE NUMBER* 8 8		CHECKED BY OFFICER'S NAME* 1 0 3		CHECKED BY OFFICER'S BADGE NUMBER* 1 0 3		REPORT TAKEN BY ☒ POLICE AGENCY ☐ MOTORIST ☐ SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP)	

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)	
01				
OWNER ADDRESS: STREET, CITY, STATE, ZIP (X 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
OH	JAA8193	KM18J23A141L1U1164254	2020	HYUNDAI
INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
X	SAFECO	X3973598	BLUE	TUCSON
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	
☐ COMMERCIAL	☐ GOVERNMENT	☐ IN EMERGENCY RESPONSE		
☐ INTERLOCK DEVICE EQUIPPED	☐ HIT/SKIP UNIT	#OCCUPANTS	HAZARDOUS MATERIAL	
		01	☐ MATERIAL RELEASED	
			☐ PLACARD	
UNIT TYPE		VEHICLE WEIGHT GVWR/GCWR		
03		1 - <10K LBS.		
		2 - 10,001 - 26K LBS.		
		3 - >26K LBS.		
# OF TRAILING UNITS		12 - GOLF CART		
0		13 - SNOWMOBILE		
		14 - SINGLE UNIT TRUCK		
		15 - SEMI-TRACTOR		
		16 - FARM EQUIPMENT		
		17 - MOTORHOME		
		18 - LIMO (LIVERY VEHICLE)		
		19 - BUS (16+ PASSENGERS)		
		20 - OTHER VEHICLE		
		21 - HEAVY EQUIPMENT		
		22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE		
		23 - PEDESTRIAN / SKATER		
		24 - WHEELCHAIR (ANY TYPE)		
		25 - OTHER NON-MOTORIST		
		26 - BICYCLE		
		27 - TRAIN		
		99 - UNKNOWN OR HIT/SKIP		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION		
2		1 - DRIVER ASSISTANCE		
		2 - PARTIAL AUTOMATION		
		3 - CONDITIONAL AUTOMATION		
		4 - HIGH AUTOMATION		
		5 - FULL AUTOMATION		
SPECIAL FUNCTION		11 - FIRE		
01		12 - MILITARY		
		13 - POLICE		
		14 - PUBLIC UTILITY		
		15 - CONSTRUCTION EQUIPMENT		
		16 - FARM		
		17 - MOWING		
		18 - SNOW REMOVAL		
		19 - TOWING		
		20 - SAFETY SERVICE PATROL		
CARGO BODY TYPE		5 - INTERMODAL CONTAINER CHASSIS		
01		6 - CARGO VAN/ENCLOSED BOX		
		7 - GRAINCHIPS/GRAVEL		
		8 - POLE		
		9 - CARGO TANK		
		10 - FLAT BED		
		11 - DUMP		
		12 - CONCRETE MIXER		
		13 - AUTO TRANSPORTER		
		14 - GARBAGE/REFUSE		
		99 - OTHER / UNKNOWN		
VEHICLE DEFECTS		7 - WORN OR SLICK TIRES		
		8 - TRAILER EQUIPMENT DEFECTIVE		
		9 - MOTOR TROUBLE		
		10 - DISABLED FROM PRIOR ACCIDENT		
		99 - OTHER / UNKNOWN		
NON-MOTORIST LOCATION AT IMPACT		1 - INTERSECTION - MARKED CROSSWALK		
		2 - INTERSECTION - UNMARKED CROSSWALK		
		3 - INTERSECTION - OTHER		
		4 - MIDBLOCK - MARKED CROSSWALK		
		5 - TRAVEL LANE - OTHER LOCATION		
		6 - BICYCLE LANE		
		7 - SHOULDER / ROADSIDE		
		8 - SIDEWALK		
		9 - MEDIAN/CROSSING ISLAND		
		10 - DRIVEWAY ACCESS		
		11 - SHARED USE PATHS OR TRAILS		
		12 - FIRST RESPONDER AT INCIDENT SCENE		
		99 - OTHER / UNKNOWN		
ACTION		1 - NON-CONTACT		
04		2 - NON-COLLISION		
		3 - STRIKING		
		4 - STRUCK		
		5 - BOTH STRIKING & STRUCK		
		9 - OTHER / UNKNOWN		
		1 - STRAIGHT AHEAD		
		2 - BACKING		
		3 - CHANGING LANES		
		4 - OVERTAKING/PASSING		
		5 - MAKING RIGHT TURN		
		6 - MAKING LEFT TURN		
		7 - MAKING U-TURN		
		8 - ENTERING TRAFFIC LANE		
		9 - LEAVING TRAFFIC LANE		
		10 - PARKED		
		11 - SLOWING OR STOPPED IN TRAFFIC		
		12 - DRIVERLESS		
		13 - NEGOTIATING A CURVE		
		14 - ENTERING OR CROSSING SPECIFIED LOCATION		
		15 - WALKING, RUNNING, JOGGING, PLAYING		
		16 - WORKING		
		17 - PUSHING VEHICLE		
		18 - APPROACHING OR LEAVING VEHICLE		
		19 - STANDING		
		20 - OTHER NON-MOTORIST		
		21 - STANDING OUTSIDE DISABLED VEHICLE		
		99 - OTHER / UNKNOWN		
CONTRIBUTING CIRCUMSTANCES		1 - NONE		
02		2 - FAILURE TO YIELD		
		3 - RAN RED LIGHT		
		4 - RAN STOP SIGN		
		5 - UNSAFE SPEED		
		6 - IMPROPER TURN		
		7 - LEFT OF CENTER		
		8 - FOLLOWING TOO CLOSE / ACDA		
		9 - IMPROPER LANE CHANGE		
		10 - IMPROPER PASSING		
		11 - DROVE OFF ROAD		
		12 - IMPROPER BACKING		
		13 - IMPROPER START FROM A PARKED POSITION		
		14 - STOPPED OR PARKED ILLEGALLY		
		15 - SWERVING TO AVOID		
		16 - WRONG WAY		
		17 - VISION OBSTRUCTION		
		18 - OPERATING DEFECTIVE EQUIPMENT		
		19 - LOAD SHIFTING/FALLING/SPILLING		
		20 - IMPROPER CROSSING		
		21 - LYING IN ROADWAY		
		22 - NOT DISCERNIBLE		
		23 - OPENING DOOR INTO ROADWAY		
		99 - OTHER IMPROPER ACTION		
SEQUENCE OF EVENTS		1 - OVERTURN/ROLLOVER		
20		2 - FIRE/EXPLOSION		
		3 - IMMERSION		
		4 - JACKKNIFE		
		5 - CARGO / EQUIPMENT LOSS OR SHIFT		
		6 - EQUIPMENT FAILURE		
		7 - SEPARATION OF UNITS		
		8 - RAN OFF ROAD RIGHT		
		9 - RAN OFF ROAD LEFT		
		10 - CROSS MEDIAN		
		11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL		
		12 - DOWNHILL RUNAWAY		
		13 - OTHER NON-COLLISION		
		14 - PEDESTRIAN		
		15 - PEDAL CYCLE		
		16 - RAILWAY VEHICLE		
		17 - ANIMAL - FARM		
		18 - ANIMAL - DEER		
		19 - ANIMAL - OTHER		
		20 - MOTOR VEHICLE IN TRANSPORT		
		21 - PARKED MOTOR VEHICLE		
		22 - WORK ZONE MAINTENANCE EQUIPMENT		
		23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE		
		24 - OTHER MOVABLE OBJECT		
		25 - IMPACT ATTENUATOR / CRASH CUSHION		
		26 - BRIDGE OVERHEAD STRUCTURE		
		27 - BRIDGE PIER OR ABUTMENT		
		28 - BRIDGE PARAPET		
		29 - BRIDGE RAIL		
		30 - GUARDRAIL FACE		
		31 - GUARDRAIL END		
		32 - PORTABLE BARRIER		
		33 - MEDIAN CABLE BARRIER		
		34 - MEDIAN GUARDRAIL BARRIER		
		35 - MEDIAN CONCRETE BARRIER		
		36 - MEDIAN OTHER BARRIER		
		37 - TRAFFIC SIGN POST		
		38 - OVERHEAD SIGN POST		
		39 - LIGHT / LUMINARIES SUPPORT		
		40 - UTILITY POLE		
		41 - OTHER POST, POLE OR SUPPORT		
		42 - CULVERT		
		43 - CURB		
		44 - DITCH		
		45 - EMBANKMENT		
		46 - FENCE		
		47 - MAILBOX		
		48 - TREE		
		49 - FIRE HYDRANT		
		50 - WORK ZONE MAINTENANCE EQUIPMENT		
		51 - WALL		
		52 - BUILDING		
		53 - TUNNEL		
		54 - OTHER FIXED OBJECT		
		99 - OTHER / UNKNOWN		
FIRST HARMFUL EVENT		MOST HARMFUL EVENT		
1		1		

LOCAL REPORT NUMBER	
22074524	
DAMAGE	
DAMAGE SCALE	
1 - NONE	
2 - MINOR DAMAGE	
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	
1-12 - REFER TO UNIT DIAGRAM	
13 - TOP	
14 - UNDERCARRIAGE	
15 - VEHICLE NOT AT SCENE	
99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY	1 - ROUNDABOUT
2 - TWO-WAY	4 - STOP SIGN
	2 - SIGNAL
	5 - YIELD SIGN
	3 - FLASHER
	6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	1 - NOT INVOLVED
	2 - INVOLVED-ACTIVE CROSSING
	3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM 2 TO 3	
1 - NORTH	
2 - SOUTH	
3 - EAST	
4 - WEST	
5 - NORTHEAST	
6 - NORTHWEST	
7 - SOUTHEAST	
8 - SOUTHWEST	
9 - OTHER / UNKNOWN	
UNIT SPEED	DETECTED SPEED
10	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED
POSTED SPEED	
35	

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)
	0 2		
VEHICLE	OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)		
	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #
	OH	JBR8556	2T1LBUH1E1HC909772
	INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #
	X	PROGRESSIVE	960194466
	TYPE OF USE	US DOT #	TOWED BY: COMPANY NAME
	COMMERCIAL		
	GOVERNMENT		
	IN EMERGENCY RESPONSE		
INTERLOCK DEVICE EQUIPPED	HIT/SKIP UNIT	#OCCUPANTS	
		0 1	
UNIT TYPE	VEHICLE WEIGHT GVWR/GCWR		
0 1	1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		
0	# OF TRAILING UNITS		
0	0		
0 1	SPECIAL FUNCTION		
0 1	CARGO BODY TYPE		
0 1	VEHICLE DEFECTS		
0 1	NON-MOTORIST LOCATION AT IMPACT		
3	ACTION		
0 1	CONTRIBUTING CIRCUMSTANCES		
2 0	SEQUENCE OF EVENTS		
2	NON-COLLISION		
3	COLLISION WITH FIXED OBJECT		
4	STUCK		
5	STUCK		
6	STUCK		
1	FIRST HARMFUL EVENT		
1	MOST HARMFUL EVENT		

LOCAL REPORT NUMBER	
2 2 0 7 4 5 2 4	
DAMAGE	
DAMAGE SCALE	
1 - NONE 3 - FUNCTIONAL DAMAGE	
2 - MINOR DAMAGE 4 - DISABLING DAMAGE	
9 - UNKNOWN	
2	
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	
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE	
13 - TOP 99 - UNKNOWN	
0 1	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN
2 - TWO-WAY	2 - SIGNAL 5 - YIELD SIGN
2	3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	1 - NOT INVOLVED
1	2 - INVOLVED-ACTIVE CROSSING
1	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	
FROM 2 TO 1	
UNIT SPEED	DETECTED SPEED
1 5	1 - STATED / ESTIMATED SPEED
1	2 - CALCULATED / EDR
POSTED SPEED	3 - UNDETERMINED
3 5	



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER											
2 2 0 7 4 5 2 4											
UNIT #		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER		
0 1		RINEHART, ANNE E				0 8 2 9 1 9 5 9		6 3	F		
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE					
1237 DALTON DR FAIRFIELD, OHIO 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	☐	0 1	1	1	1	
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER			
0 H			331.17A		☒	FAIL TO YIELD LEFT TURN		254872			
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST		DRUG TEST(S)			
4			1	☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG	1	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4
						1	1		1	1	
UNIT #						DATE OF BIRTH		AGE	GENDER		
0 2						0 9 1 2 1 9 9 7		2 5	F		
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE					
1401 WEST AVE CINCINNATI, OHIO 45215											
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	☐	0 1	1	1	1	
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER			
0 H					☐						
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST		DRUG TEST(S)			
4		0 3	1	☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG	1	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4
						1	1		1	1	
UNIT #						DATE OF BIRTH		AGE	GENDER		
								0			
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
						☐					
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER			
					☐						
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST		DRUG TEST(S)			
				☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4
INJURIES											
1-FATAL											
2-SUSPECTED SERIOUS INJURY											
3-SUSPECTED MINOR INJURY											
4-POSSIBLE INJURY											
5-NO APPARENT INJURY											
INJURED TAKEN BY											
1-NOT TRANSPORTED / TREATED AT SCENE											
2-EMS											
3-POLICE											
9-OTHER / UNKNOWN											
SAFETY EQUIPMENT											
1-NONE USED											
2-SHOULDER BELT ONLY USED											
3-LAP BELT ONLY USED											
4-SHOULDER & LAP BELT USED											
5-CHILD RESTRAINT SYSTEM - FORWARD FACING											
6-CHILD RESTRAINT SYSTEM - REAR FACING											
7-BOOSTER SEAT											
8-HELMET USED											
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)											
10-REFLECTIVE CLOTHING											
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY											
99-OTHER / UNKNOWN											
SEATING POSITION											
1-FRONT - LEFT SIDE (MOTORCYCLE DRIVER)											
2-FRONT - MIDDLE											
3-FRONT - RIGHT SIDE											
4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)											
5-SECOND - MIDDLE											
6-SECOND - RIGHT SIDE											
7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)											
8-THIRD - MIDDLE											
9-THIRD - RIGHT SIDE											
10-SLEEPER SECTION OF TRUCK CAB											
11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)											
12-PASSENGER IN UNENCLOSED CARGO AREA											
13-TRAILING UNIT											
14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)											
15-NON-MOTORIST											
99-OTHER / UNKNOWN											
AIR BAG											
1-NOT DEPLOYED											
2-DEPLOYED FRONT											
3-DEPLOYED SIDE											
4-DEPLOYED BOTH FRONT / SIDE											
5-NOT APPLICABLE											
9-DEPLOYMENT UNKNOWN											
EJECTION											
1-NOT EJECTED											
2-PARTIALLY EJECTED											
3-TOTALLY EJECTED											
4-NOT APPLICABLE											
TRAPPED											
1-NOT TRAPPED											
2-EXTRICATED BY MECHANICAL MEANS											
3-FREED BY NON-MECHANICAL MEANS											
OL CLASS											
1-CLASS A											
2-CLASS B											
3-CLASS C											
4-REGULAR CLASS (OHIO = D)											
5-MC MOPED ONLY											
6-NO VALID OL											
OL RESTRICTION(S)											
1-ALCOHOL INTERLOCK DEVICE											
2-CDL INTRASTATE ONLY											
3-CORRECTIVE LENSES											
4-FARM WAIVER											
5-EXCEPT CLASS A BUS											
6-EXCEPT CLASS A & CLASS B BUS											
7-EXCEPT TRACTOR-TRAILER											
8-INTERMEDIATE LICENSE RESTRICTIONS											
9-LEARNER'S PERMIT RESTRICTIONS											
10-LIMITED TO DAYLIGHT ONLY											
11-LIMITED TO EMPLOYMENT											
12-LIMITED - OTHER											
13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)											
14-MILITARY VEHICLES ONLY											
15-MOTOR VEHICLES WITHOUT AIR BRAKES											
16-OUTSIDE MIRROR											
17-PROSTHETIC AID											
18-OTHER											
DRIVER DISTRACTION											
1-NOT DISTRACTED											
2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)											
3-TALKING ON HANDS-FREE COMMUNICATION DEVICE											
4-TALKING ON HAND-HELD COMMUNICATION DEVICE											
5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE											
6-PASSENGER											
7-OTHER DISTRACTION INSIDE THE VEHICLE											
8-OTHER DISTRACTION OUTSIDE THE VEHICLE											
9-OTHER / UNKNOWN											
TEST STATUS											
1-NONE GIVEN											
2-TEST REFUSED											
3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE											
4-TEST GIVEN, RESULTS KNOWN											
5-TEST GIVEN, RESULTS UNKNOWN											
ALCOHOL TEST TYPE											
1-NONE											
2-BLOOD											
3-URINE											
4-BREATH											
5-OTHER											
DRUG TEST TYPE											
1-NONE											
2-BLOOD											
3-URINE											
4-OTHER											
CONDITION											
1-APPARENTLY NORMAL											
2-PHYSICAL IMPAIRMENT											
3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)											
4-ILLNESS											
5-FELL ASLEEP, FAINTED, FATIGUED, ETC.											
6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL											
9-OTHER / UNKNOWN											
DRUG TEST RESULT(S)											
1-AMPHETAMINES											
2-BARBITURATES											
3-BENZODIAZEPINES											
4-CANNABINOIDS											
5-COCAINE											
6-OPiates / OPIOIDS											
7-OTHER											
8-NEGATIVE RESULTS											

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER									
2	2	0	7	4	5	2	4		

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED

INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE
4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE
5 - NO APPARENT INJURY	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	5 - SECOND - MIDDLE	5 - NOT APPLICABLE
	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
INJURED TAKEN BY	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION
1 - NOT TRANSPORTED / TREATED AT SCENE	8 - HELMET USED	8 - THIRD - MIDDLE	1 - NOT EJECTED
2 - EMS	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED
3 - POLICE	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED
9 - OTHER / UNKNOWN	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE
GENDER	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED
F - FEMALE		13 - TRAILING UNIT	1 - NOT TRAPPED
M - MALE		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS
U - OTHER / UNKNOWN		15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS
		99 - OTHER / UNKNOWN	

WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER
	SCHREIBER, DAVID M	0 3 1 4 1 9 7 9		4 3	m
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE			
WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER
				0	
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE			
WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER
				0	
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE			

NUMBER 22-074524

FAIRFIELD P.D. 00901

M 10 10 12 Y 2022

IN COUNTY OF

BUTLER

ACCIDENT
LOCATION

US 127 (PLEASANT AVE) / RESOR RD.

