



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

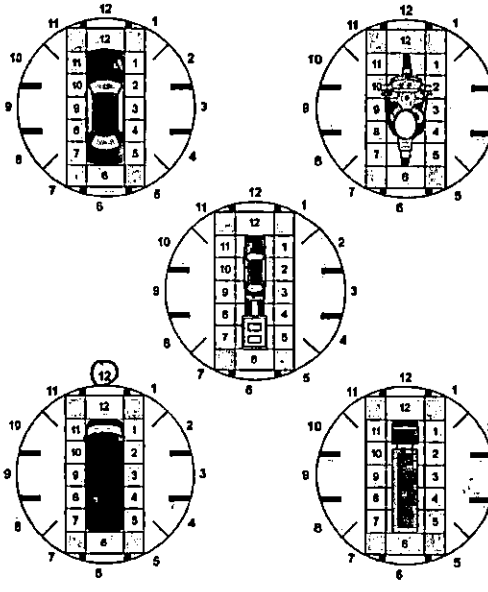
LOCAL REPORT NUMBER\*

|                                                                                                                                                                                           |                                                                    |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                       |                                             |                                                                                                                                                                              |  |                                                                                                                                                                                                              |  |                                                                                                                                      |  |
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| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH                                                                                              |                                                                    | <input checked="" type="checkbox"/> OH-2<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY                                                                                                    | LOCAL INFORMATION<br>REPORTING AGENCY NAME*<br>Fairfield Police Department                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                       | NCIC*<br>0,0,9,0,1                          | 2,2,0,8,7,3,3,8                                                                                                                                                              |  |                                                                                                                                                                                                              |  |                                                                                                                                      |  |
| 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>11,3,0,2,0,2,2,1,2,1,8                                                                                                                                                                                                                                                                                                                                          |                                             | CRASH SEVERITY<br>1-FATAL<br>2-SERIOUS INJURY<br>3-MINOR INJURY<br>4-INJURY POSSIBLE<br>5-PROPERTY DAMAGE ONLY<br>3                                                          |  |                                                                                                                                                                                                              |  |                                                                                                                                      |  |
| ROUTE TYPE<br>U,S                                                                                                                                                                         | ROUTE NUMBER<br>1,2,7                                              | PREFIX<br>1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST                                                                                                                                                                                                             | LOCATION ROAD NAME<br>CITY OF FAIRFIELD                                                                                                                                                                                                                                | ROAD TYPE<br>R,D                                                                                                                                                                                                                                                                                                                                                                      | LATITUDE DECIMAL DEGREES<br>3,9,3,1,7,1,0,6 | LONGITUDE DECIMAL DEGREES<br>-8,4,5,6,1,6,5,9                                                                                                                                |  |                                                                                                                                                                                                              |  |                                                                                                                                      |  |
| 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 | ROUTE TYPE<br>IR-INTERSTATE ROUTE(TP)<br>US-FEDERAL US ROUTE<br>SR-STATE ROUTE<br>CR-NUMBERED COUNTY ROUTE<br>TR-NUMBERED TOWNSHIP ROUTE                                                                                                                     | ROAD TYPE<br>AL-ALLEY<br>AV-AVENUE<br>BL-BOULEVARD<br>CR-CIRCLE<br>CT-COURT<br>DR-DRIVE<br>HE-HEIGHTS<br>HW-HIGHWAY<br>LA-LANE<br>MP-MILEPOST<br>OV-OVAL<br>PK-PARKWAY<br>PI-PIKE<br>PL-PLACE<br>RD-ROAD<br>SQ-SQUARE<br>ST-STREET<br>TE-TERRACE<br>TL-TRAIL<br>WA-WAY | INTERSECTION RELATED<br><input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED                                                                                                                                                                             |                                             | NUMBER OF APPROACHES<br>4                                                                                                                                                    |  |                                                                                                                                                                                                              |  |                                                                                                                                      |  |
| LOCATION OF FIRST HARMFUL EVENT<br>1-ON ROADWAY<br>2-ON SHOULDER<br>3-IN MEDIAN<br>4-ON ROADSIDE<br>5-ON GORE<br>6-OUTSIDE TRAFFIC WAY<br>7-ON RAMP<br>8-OFF RAMP<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>6 |                                                                                                                                                                                                                                                                        | DIRECTION OF TRAVEL<br>1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST                                                                                                                                                                                                                                                                                                                         |                                             | MEDIAN TYPE<br>1-DIVIDED FLUSH MEDIAN (<4 FEET)<br>2-DIVIDED FLUSH MEDIAN (>4 FEET)<br>3-DIVIDED, DEPRESSED MEDIAN<br>4-DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9-OTHER/UNKNOWN |  |                                                                                                                                                                                                              |  |                                                                                                                                      |  |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE |                                                                    | WORK ZONE TYPE<br>1-LANE CLOSURE<br>2-LANE SHIFT/CROSSOVER<br>3-WORK ON SHOULDER OR MEDIAN<br>4-INTERMITTENT OR MOVING WORK<br>5-OTHER                                                                                                                       |                                                                                                                                                                                                                                                                        | LOCATION OF CRASH IN WORK ZONE<br>1-BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2-ADVANCE WARNING AREA<br>3-TRANSITION AREA<br>4-ACTIVITY AREA<br>5-TERMINATION AREA                                                                                                                                                                                                                     |                                             | CONTOUR<br>1-STRAIGHT LEVEL<br>2-STRAIGHT GRADE<br>3-CURVE LEVEL<br>4-CURVE GRADE<br>9-OTHER/UNKNOWN<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>1                                                           |  | 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 |  |
| 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>1                   |                                                                    | 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 11-30-22 at 12:18 p.m., Unit 1 was traveling south on US 127 (Pleasant Ave) in the through lane. Unit 2 was traveling east on Hunter Rd in the left turn lane. Unit 2 attempted to turn left onto US 127 (Pleasant Ave) when Unit 1 ran the red light at the intersection of US 127 (Pleasant Ave / Hunter Rd, causing Unit 2 to strike the passenger side of Unit 1. |                                             | SEE OH-2                                                                                                                                                                     |  | Indicate the north direction with an "N" on the compass diagram.                                                                                                                                             |  |                                                                                                                                      |  |
| CRASH REPORTED DATE / TIME<br>1,1,3,0,2,0,2,2,1,2,1,9                                                                                                                                     |                                                                    | DISPATCH DATE / TIME<br>1,1,3,0,2,0,2,2,1,2,2,0                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                        | ARRIVAL DATE / TIME<br>1,1,3,0,2,0,2,2,1,2,2,7                                                                                                                                                                                                                                                                                                                                        |                                             | SCENE CLEARED DATE / TIME<br>1,1,3,0,2,0,2,2,1,3,2,0                                                                                                                         |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS) |  |                                                                                                                                      |  |
| TOTAL TIME ROADWAY CLOSED<br>3,0                                                                                                                                                          | OTHER INVESTIGATION TIME<br>3,0                                    | TOTAL MINUTES<br>9,0                                                                                                                                                                                                                                         | OFFICER'S NAME*<br>P.O. J DRAKE                                                                                                                                                                                                                                        | CHECKED BY OFFICER'S NAME*<br>Sgt. J Sprague                                                                                                                                                                                                                                                                                                                                          |                                             | OFFICER'S BADGE NUMBER*<br>8,8                                                                                                                                               |  | CHECKED BY OFFICER'S BADGE NUMBER*<br>8,4                                                                                                                                                                    |  |                                                                                                                                      |  |

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|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------|-------------------------|
| OWNER                                                         | UNIT #<br>01                                                                                                           | OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)<br>SEARS, CHRISTOPHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)<br>2087338 |                                            |                         |
|                                                               | OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                            |                                            |                         |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP           |                                                                                                                        | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                            |                                            |                         |
| VEHICLE                                                       | LP STATE<br>OH                                                                                                         | LICENSE PLATE #<br>HVA8475                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | VEHICLE IDENTIFICATION #<br>KMH C7151C12K1U136424          | VEHICLE YEAR<br>2019                       | VEHICLE MAKE<br>HYUNDAI |
|                                                               | <input checked="" type="checkbox"/> INSURANCE VERIFIED                                                                 | INSURANCE COMPANY<br>ALLSTATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | INSURANCE POLICY #<br>992856377                            | COLOR<br>WHITE                             | VEHICLE MODEL<br>IONIQ  |
|                                                               | <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | US DOT #                                                   | TOWED BY: COMPANY NAME<br>FOX              |                         |
|                                                               | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED                                                                     | <input type="checkbox"/> HIT/SKIP UNIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | #OCCUPANTS<br>01                                           | HAZARDOUS MATERIAL<br>CLASS # PLACARD ID # |                         |
|                                                               | TYPE OF USE                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | VEHICLE WEIGHT GVWR/GCWR                                   | MATERIAL RELEASED                          |                         |
|                                                               | 1 - PASSENGER CAR                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1 - <10K LBS.                                              | <input type="checkbox"/> PLACARD           |                         |
|                                                               | 2 - PASSENGER VAN (MINIVAN)                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2 - 10,001 - 26K LBS.                                      |                                            |                         |
|                                                               | 3 - SPORT UTILITY VEHICLE                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3 - >26K LBS.                                              |                                            |                         |
|                                                               | 4 - PICK UP                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                            |                                            |                         |
|                                                               | 5 - CARGO VAN                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                            |                                            |                         |
| 6 - VAN (9-15 SEATS)                                          |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                            |                                            |                         |
| # OF TRAILING UNITS<br>0                                      |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                            |                                            |                         |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? |                                                                                                                        | AUTONOMOUS MODE LEVEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                            |                                            |                         |
| 1 - YES 2 - NO 9 - OTHER / UNKNOWN                            |                                                                                                                        | 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                            |                                            |                         |
| SPECIAL FUNCTION                                              |                                                                                                                        | 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                               |                                                            |                                            |                         |
| CARGO BODY TYPE                                               |                                                                                                                        | 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/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                                               |                                                                                                                        | 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 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 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 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 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 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT                               |                                                            |                                            |                         |
| COLLISION WITH FIXED OBJECT/STRUCK                            |                                                                                                                        | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                            |                         |

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| LOCAL REPORT NUMBER<br>2 2 0 8 7 3 3 8                                                                                                                                                                                       |                                                                                                      |
| DAMAGE                                                                                                                                                                                                                       |                                                                                                      |
| DAMAGE SCALE<br>1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN                                                                                                                             |                                                                                                      |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY                                                                                                                                                                                   |                                                                                                      |
|                                                                                                                                                                                                                              |                                                                                                      |
| <input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14]<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 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN                                                                                                                          |                                                                                                      |
| TRAFFIC                                                                                                                                                                                                                      |                                                                                                      |
| TRAFFICWAY FLOW<br>1 - ONE-WAY 2 - TWO-WAY                                                                                                                                                                                   | TRAFFIC CONTROL<br>1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD<br>4                                                                                                                                                                                              | RAIL GRADE CROSSING<br>1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING   |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 1 TO 2                                                                                                                                                                                 |                                                                                                      |
| UNIT SPEED<br>3 5                                                                                                                                                                                                            | DETECTED SPEED<br>1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED                 |
| POSTED SPEED<br>3 5                                                                                                                                                                                                          |                                                                                                      |

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| OWNER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | UNIT #<br>012                                                                                  | OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)<br>FAIRFIELD CITY SCHOOL DISTRICT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)<br>L |                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)<br>4641 BACH LN FAIRFIELD, OHIO 45014 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                      |                                                                                                                     |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                      |                                                                                                                     |
| LP STATE<br>OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | LICENSE PLATE #<br>Q09112                                                                      | VEHICLE IDENTIFICATION #<br>4DRBUC8N6L1B606955                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | VEHICLE YEAR<br>2020                                 |                                                                                                                     |
| INSURANCE<br>VERIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | INSURANCE COMPANY<br>LIBERTY                                                                   | INSURANCE POLICY #<br>AS7-251-292829-012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | VEHICLE MAKE<br>INTERNATI                            |                                                                                                                     |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                | US DOT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TOWED BY: COMPANY NAME                               |                                                                                                                     |
| INTERLOCK<br>DEVICE<br>EQUIPPED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                | #OCCUPANTS<br>09                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | HAZARDOUS MATERIAL<br>CLASS # PLACARD ID #           |                                                                                                                     |
| VEHICLE WEIGHT GVWR/GCWR<br>1 - <10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                | VEHICLE MODEL<br>ICBU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                      |                                                                                                                     |
| UNIT TYPE<br>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)<br>1 - 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                | 2 - MOTORCYCLE 2-WHEELED<br>3 - MOTORCYCLE 3-WHEELED<br>4 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV)<br>12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME<br>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                                                                                                                                                            |                                                      |                                                                                                                     |
| # OF TRAILING UNITS<br>0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER / UNKNOWN<br>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>1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT/COMMUTER<br>0, 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                | 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>1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>0, 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                | 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ENCLOSED BOX<br>7 - GRAIN/CHIPS/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<br>1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                | 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<br>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                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER / UNKNOWN<br>0, 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                      |                                                                                                                     |
| ACTION<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                                                                                                                                                                                              |                                                                                                | 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 / AGDA<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                                                                                |                                                      |                                                                                                                     |
| CONTRIBUTING CIRCUMSTANCES<br>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>0, 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                | SEQUENCE OF EVENTS<br>1 - OVERTURN/ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<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 MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT |                                                      |                                                                                                                     |
| COLLISION WITH FIXED OBJECT / STRUCK<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 |                                                                                                | TRAFFICWAY FLOW<br>1 - ONE-WAY<br>2 - TWO-WAY<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                      | TRAFFIC CONTROL<br>1 - ROUNDABOUT<br>2 - SIGNAL<br>3 - FLASHER<br>4 - STOP SIGN<br>5 - YIELD SIGN<br>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 4 TO 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                | DETECTED SPEED<br>1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                      |                                                                                                                     |
| UNIT SPEED<br>10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                | POSTED SPEED<br>25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                      |                                                                                                                     |
| FIRST HARMFUL EVENT<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                | MOST HARMFUL EVENT<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                      |                                                                                                                     |

|                                                                                                                                                                                                                              |                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| LOCAL REPORT NUMBER<br>2, 2, 0, 8, 7, 3, 3, 8                                                                                                                                                                                |                                                                                                            |
| DAMAGE<br>DAMAGE SCALE<br>3 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                                                                              |                                                                                                            |
| TRAFFICWAY FLOW<br>1 - ONE-WAY<br>2 - TWO-WAY<br>2                                                                                                                                                                           | TRAFFIC CONTROL<br>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 4 TO 1                                                                                                                                                                                 |                                                                                                            |
| UNIT SPEED<br>10                                                                                                                                                                                                             | DETECTED SPEED<br>1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED                 |
| POSTED SPEED<br>25                                                                                                                                                                                                           |                                                                                                            |



|                     |   |   |   |   |   |   |   |     |   |        |  |
|---------------------|---|---|---|---|---|---|---|-----|---|--------|--|
| LOCAL REPORT NUMBER |   |   |   |   |   |   |   |     |   |        |  |
| 2                   | 2 | 0 | 8 | 7 | 3 | 3 | 8 |     |   |        |  |
| DATE OF BIRTH       |   |   |   |   |   |   |   | AGE |   | GENDER |  |
| 1                   | 0 | 2 | 9 | 1 | 9 | 7 | 8 | 4   | 4 | F      |  |

|        |                             |
|--------|-----------------------------|
| UNIT # | NAME: LAST, FIRST, MIDDLE   |
| 0 1    | BYRNSIDE, MICHELLE LEE-LYNN |

ADDRESS: STREET, CITY, STATE, ZIP  
64 SUNNYSIDE DR FAIRFIELD OH 45014

|                                   |  |
|-----------------------------------|--|
| CONTACT PHONE - INCLUDE AREA CODE |  |
|                                   |  |

|          |                  |                   |                                                 |                       |
|----------|------------------|-------------------|-------------------------------------------------|-----------------------|
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED |
| 4        | 2                | FAIRFIELD SQUAD   | FAIRFIELD MERCY                                 | 0 4                   |

|                                                     |                         |                    |               |              |
|-----------------------------------------------------|-------------------------|--------------------|---------------|--------------|
| <input type="checkbox"/> DOT-COMPLIANT<br>MC HELMET | SEATING POSITION<br>0 1 | AIR BAG USAGE<br>3 | EJECTION<br>1 | TRAPPED<br>1 |
|-----------------------------------------------------|-------------------------|--------------------|---------------|--------------|

|                 |                         |                              |                 |                              |
|-----------------|-------------------------|------------------------------|-----------------|------------------------------|
| OL STATE<br>O H | OPERATOR LICENSE NUMBER | OFFENSE CHARGED<br>313.03C-1 | LOCAL CODE<br>X | OFFENSE DESCRIPTION<br>RED I |
|-----------------|-------------------------|------------------------------|-----------------|------------------------------|

|                  |                 |
|------------------|-----------------|
| DESCRIPTION      | CITATION NUMBER |
| TRIGHT VIOLATION | 252335          |

| OL CLASS | ENDORSEMENT<br>SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER<br>DISTRACTED<br>BY | ALCOHOL / DRUG SUSPECTED<br><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION |
|----------|-------------------------------|----------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| 4        |                               |                            | 1                          |                                                                                                                                            | 1         |

| ALCOHOL TEST |      |       | DRUG TEST(S) |      |                       |
|--------------|------|-------|--------------|------|-----------------------|
| STATUS       | TYPE | VALUE | STATUS       | TYPE | RESULT SELECT UP TO 4 |
| 1            | 1    |       | 1            | 1    |                       |

|        |                           |
|--------|---------------------------|
| UNIT # | NAME: LAST, FIRST, MIDDLE |
| 0 2    | MULL, TONYA LYNN          |

| DATE OF BIRTH |   |   |   |   |   |   | AGE | GENDER |   |   |
|---------------|---|---|---|---|---|---|-----|--------|---|---|
| 0             | 5 | 1 | 1 | 1 | 9 | 6 | 7   | 5      | 5 | F |

ADDRESS: STREET, CITY, STATE, ZIP  
3190 TYLERSVILLE RD HAMILTON, OHIO 45011

|                                   |  |
|-----------------------------------|--|
| 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 |
| 5        |                        |                   |                                                 | 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 |
|-----------------------------------------------------|-------------------------|--------------------|---------------|--------------|

| DL STATE<br>O H | OPERATOR LICENSE NUMBER | OFFENSE CHARGED | LOCAL CODE | OFFENSE DESCRIPTION |
|-----------------|-------------------------|-----------------|------------|---------------------|
|                 |                         |                 |            |                     |

|             |                 |
|-------------|-----------------|
| DESCRIPTION | CITATION NUMBER |
|-------------|-----------------|

| DL 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 |
|----------|-------------------------------|----------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------|
| 2        | S                             |                            | 1                          |                                                                                                                                        | 1         |

| ALCOHOL TEST |      |       | DRUG TEST(S) |      |                                      |
|--------------|------|-------|--------------|------|--------------------------------------|
| STATUS       | TYPE | VALUE | STATUS       | TYPE | RESULT <small>SELECT UP TO 4</small> |
| 1            | 1    |       | 1            | 1    |                                      |

| 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 |
|----------|------------------------|-------------------|-------------------------------------------------|--------------------------|
|----------|------------------------|-------------------|-------------------------------------------------|--------------------------|

|   |                                                     |                  |               |          |         |
|---|-----------------------------------------------------|------------------|---------------|----------|---------|
| T | <input type="checkbox"/> DOT-COMPLIANT<br>MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|   |                                                     |                  |               |          |         |

| DL STATE | OPERATOR LICENSE NUMBER | OFFENSE CHARGED | LOCAL CODE | OFFENSE DESCRIPTION |
|----------|-------------------------|-----------------|------------|---------------------|
|          |                         |                 |            |                     |

| DESCRIPTION | CITATION NUMBER |
|-------------|-----------------|
|             |                 |

| DL 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 |      |       | DRUG TEST(S) |      |                       |
|--------------|------|-------|--------------|------|-----------------------|
| STATUS       | TYPE | VALUE | STATUS       | TYPE | RESULT SELECT UP TO 4 |
|              |      |       |              |      |                       |

| <b>INJURIES</b>                                                                                                                                                                                                                                                                                                                                                                | <b>SEATING POSITION</b>                                                                                                                                                                                                                               | <b>AIR BAG</b>                                                                                                                          | <b>OL CLASS</b>                                                                                                                                                                                         | <b>OL RESTRICTION(S)</b>                                                                                                                                                                                                                                                                                                                                           | <b>DRIVER DISTRACTION</b>                                                                                                                                                                                                                                                                                                                                                             | <b>TEST STATUS</b>                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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                                                                | 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- MC MOVED ONLY<br>6- NO VALID OL                                                                                             | 1- ALCOHOL INTERLOCK DEVICE<br>2- CDL INTRASTATE ONLY<br>3- CORRECTIVE LENSES<br>4- FARM WAIVER<br>5- EXCEPT CLASS A & CLASS B 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 | 3- 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                                                                               |
| <b>INJURED TAKEN BY</b>                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                       |                                                                                                                                         |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                       | <b>ALCOHOL TEST TYPE</b>                                                                                                                                                                                                          |
| 1- NOT TRANSPORTED / TREATED AT SCENE<br>2- EMS<br>3- POLICE<br>9- OTHER / UNKNOWN                                                                                                                                                                                                                                                                                             | 7- THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8- THIRD - MIDDLE<br>9- THIRD - RIGHT SIDE<br>10- SLEEPER SECTION OF TRUCK CAB                                                                                                                          | <b>EJECTION</b><br>1- NOT EJECTED<br>2- PARTIALLY EJECTED<br>3- TOTALLY EJECTED<br>4- NOT APPLICABLE                                    | <b>OL ENDORSEMENT</b><br>H- HAZMAT<br>M- MOTORCYCLE<br>P- PASSENGER<br>N- TANKER<br>Q- MOTOR SCOOTER<br>R- THREE-WHEEL MOTORCYCLE<br>S- SCHOOL BUS<br>T- DOUBLE & TRIPLE TRAILERS<br>X- TANKER / HAZMAT | 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- NONE<br>2- BLOOD<br>3- URINE<br>4- BREATH<br>5- OTHER                                                                                                                                                                          |
| <b>SAFETY EQUIPMENT</b>                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                       | <b>TRAPPED</b><br>1- NOT TRAPPED<br>2- EXTRICATED BY MECHANICAL MEANS<br>3- FREED BY NON-MECHANICAL MEANS                               | <b>GENDER</b><br>F- FEMALE<br>M- MALE<br>U- OTHER / UNKNOWN                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                       | <b>DRUG TEST TYPE</b>                                                                                                                                                                                                             |
| 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 | 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 |                                                                                                                                         |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                    | <b>CONDITION</b><br>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- NONE<br>2- BLOOD<br>3- URINE<br>4- OTHER<br><b>DRUG TEST RESULT(S)</b><br>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 |

## OHIO TRAFFIC ACCIDENT - DIAGRAM / NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

|                           |           |                      |                                   |                  |          |
|---------------------------|-----------|----------------------|-----------------------------------|------------------|----------|
| LOCAL<br>REPORT<br>NUMBER | 22-087338 | REPORTING<br>AGENCY  | Fairfield Police Department       | DATE OF ACCIDENT | 11/30/22 |
| IN COUNTY OF              | Hamilton  | ACCIDENT<br>LOCATION | US 127 (Pleasant Ave) / Hunter Rd |                  |          |

→ US 127 (PLEASANT AVE)

↓  
HUNTER RD

\* NOT TO SCALE \*

|                 |                                      |
|-----------------|--------------------------------------|
|                 | OFFICER'S SIGNATURE<br>P.O. J. Drake |
| BADGE NO.<br>88 |                                      |