

## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

| LOCAL INFORMATION   |            |  |   | REPORTING AGENCY NAME*   |                   |  |                    | NCIC*   |                           | HIT/SKIP  |                | NUMBER OF UNITS  |   | UNIT IN ERROR  |  |   |  |
|---|------------|--|---|--|-------------------|--|--------------------|---|---------------------------|---|----------------|--|---|--|--|---|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3<br><input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY |            | Fairfield Police Department 00901      |   |  |                   | 00901  |                    | 1-SOLVED<br>2-UNRESOLVED  |                           | 0 2   |                | 0 1  |   | 98-ANIMAL<br>99-UNKNOWN  |  |   |  |
| COUNTY*   | LOCALITY*  |  | LOCATION: CITY, VILLAGE, TOWNSHIP*            |  |                   |  | CRASH DATE / TIME* |   |                           |   | CRASH SEVERITY |  |   |  |  |   |  |
|   | 0 9        |  | 1-CITY<br>2-VILLAGE<br>3-TOWNSHIP             |  | City of Fairfield |  |                    |   | 12072022 1750             |   |                |  | 5<br>1-FATAL<br>2-SERIOUS INJURY SUSPECTED<br>3-MINOR INJURY SUSPECTED<br>4-INJURY POSSIBLE<br>5-PROPERTY DAMAGE ONLY |  |  |   |  |
| REFERENCE LOCATION  | ROUTE TYPE | ROUTE NUMBER                           | PREFIX 1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST | LOCATION ROAD NAME   |                   |  |                    | ROAD TYPE   | LATITUDE DECIMAL DEGREES  |   |                |  |   |  |  |   |  |
|   | ROUTE TYPE | ROUTE NUMBER                           | PREFIX 1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)  |                   |  |                    | ROAD TYPE   | LONGITUDE DECIMAL DEGREES |   |                |  |   |  |  |   |  |
| REFERENCE POINT   |            | DIRECTION FROM REFERENCE               |   | ROUTE TYPE   |                   | ROAD TYPE  |                    | INTERSECTION RELATED  |                           |   |                |  |   |  |  |   |  |
| 1-INTERSECTION<br>2-MILE POST<br>3-HOUSE #  |            | 1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST |   | IR - INTERSTATE ROUTE(TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE   |                   | AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS |                    | HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE  |                           | <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA <span style="float: right;">4</span> |                |  |   |  |  |   |  |
| DISTANCE FROM REFERENCE   |            | DISTANCE UNIT OF MEASURE               |   | ROUTE TYPE   |                   | ROAD TYPE  |                    | ROADWAY   |                           |   |                |  |   |  |  |   |  |
| 5 0   |            | 1-MILES<br>2-FEET<br>3-YARDS           |   | CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE   |                   | RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY                      |                    | <input type="checkbox"/> ROADWAY DIVIDED  |                           |   |                |  |   |  |  |   |  |
| LOCATION OF FIRST HARMFUL EVENT   |            |  |   | MANNER OF CRASH COLLISION/IMPACT   |                   |  |                    | DIRECTION OF TRAVEL   |                           | MEDIAN TYPE   |                |  |   |  |  |   |  |
| 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  |            |  |   | 9-CROSSOVER<br>10-DRIVeway/ALLEY ACCESS<br>11-RAILWAY GRADE CROSSING<br>12-SHARED USE PATHS OR TRAILS<br>13-BIKE LANE<br>14-TOLL BOOTH<br>99-OTHER / UNKNOWN |                   |  |                    | 1-NOT COLLISION<br>2-BETWEEN<br>3-TWO MOTOR VEHICLES IN<br>4-TRANSPORT<br>5-BACKING<br>6-ANGLE<br>7-SIDESWIPE, SAME DIRECTION<br>8-SIDESWIPE, OPPOSITE DIRECTION<br>9-HEAD-ON<br>10-HEAD-ON<br>11-HEAD-ON<br>12-HEAD-ON<br>13-HEAD-ON<br>14-HEAD-ON<br>15-HEAD-ON<br>16-HEAD-ON<br>17-HEAD-ON<br>18-HEAD-ON<br>19-HEAD-ON<br>20-HEAD-ON<br>21-HEAD-ON<br>22-HEAD-ON<br>23-HEAD-ON<br>24-HEAD-ON<br>25-HEAD-ON<br>26-HEAD-ON<br>27-HEAD-ON<br>28-HEAD-ON<br>29-HEAD-ON<br>30-HEAD-ON<br>31-HEAD-ON<br>32-HEAD-ON<br>33-HEAD-ON<br>34-HEAD-ON<br>35-HEAD-ON<br>36-HEAD-ON<br>37-HEAD-ON<br>38-HEAD-ON<br>39-HEAD-ON<br>40-HEAD-ON<br>41-HEAD-ON<br>42-HEAD-ON<br>43-HEAD-ON<br>44-HEAD-ON<br>45-HEAD-ON<br>46-HEAD-ON<br>47-HEAD-ON<br>48-HEAD-ON<br>49-HEAD-ON<br>50-HEAD-ON<br>51-HEAD-ON<br>52-HEAD-ON<br>53-HEAD-ON<br>54-HEAD-ON<br>55-HEAD-ON<br>56-HEAD-ON<br>57-HEAD-ON<br>58-HEAD-ON<br>59-HEAD-ON<br>60-HEAD-ON<br>61-HEAD-ON<br>62-HEAD-ON<br>63-HEAD-ON<br>64-HEAD-ON<br>65-HEAD-ON<br>66-HEAD-ON<br>67-HEAD-ON<br>68-HEAD-ON<br>69-HEAD-ON<br>70-HEAD-ON<br>71-HEAD-ON<br>72-HEAD-ON<br>73-HEAD-ON<br>74-HEAD-ON<br>75-HEAD-ON<br>76-HEAD-ON<br>77-HEAD-ON<br>78-HEAD-ON<br>79-HEAD-ON<br>80-HEAD-ON<br>81-HEAD-ON<br>82-HEAD-ON<br>83-HEAD-ON<br>84-HEAD-ON<br>85-HEAD-ON<br>86-HEAD-ON<br>87-HEAD-ON<br>88-HEAD-ON<br>89-HEAD-ON<br>90-HEAD-ON<br>91-HEAD-ON<br>92-HEAD-ON<br>93-HEAD-ON<br>94-HEAD-ON<br>95-HEAD-ON<br>96-HEAD-ON<br>97-HEAD-ON<br>98-HEAD-ON<br>99-HEAD-ON |                           | 1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST  |                | 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 |   |  |  |   |  |
| WORK ZONE RELATED   |            |  |   | WORK ZONE TYPE   |                   |  |                    | DIRECTION OF TRAVEL   |                           | MEDIAN TYPE   |                |  |   |  |  |   |  |
| <input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE   |            |  |   | 1- LANE CLOSURE<br>2- LANE SHIFT/CROSSOVER<br>3- WORK ON SHOULDER OR MEDIAN<br>4- INTERMITTENT OR MOVING WORK<br>5- OTHER                                    |                   |  |                    | 1- BEFORE THE 1ST WORK ZONE<br>2- ADVANCE WARNING AREA<br>3- TRANSITION AREA<br>4- ACTIVITY AREA<br>5- TERMINATION AREA   |                           | 1   |                | 1  |   | 2  |  |   |  |
|   |            |  |   |  |                   |  |                    |   |                           | 1- STRAIGHT LEVEL<br>2- STRAIGHT GRADE<br>3- CURVE LEVEL<br>4- CURVE GRADE<br>9- OTHER/UNKNOWN  |                | 1- DRY<br>2- WET<br>3- SNOW<br>4- ICE<br>5- SAND, MUD, DIRT, OIL, GRAVEL<br>6- WATER (STANDING, MOVING)<br>7- SLUSH<br>9- OTHER/UNKNOWN                            |   | 1- CONCRETE<br>2- BLACKTOP, BITUMINOUS, ASPHALT<br>3- BRICK/BLOCK<br>4- SLAG, GRAVEL, STONE<br>5- DIRT<br>9- OTHER/UNKNOWN |  |   |  |
| LIGHT CONDITION   |            |  |   | WEATHER  |                   |  |                    |   |                           |   |                |  |   |  |  |   |  |
| 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   |            |  |   | 1-CLEAR<br>2-CLOUDY<br>3-FOG, SMOG, SMOKE<br>4-RAIN<br>5-SLEET, HAIL   |                   |  |                    | 6-SNOW<br>7-SEVERE CROSSWINDS<br>8-BLOWING SAND, SOIL, DIRT, SNOW<br>9-FREEZING RAIN OR FREEZING DRIZZLE<br>99-OTHER / UNKNOWN  |                           |   |                |  |   |  |  |   |  |
| NARRATIVE   |            |  |   |  |                   |  |                    |   |                           |   |                |  |   |  |  | <br>Indicate the north direction with an "N" on the compass diagram. |  |
| On 12/7/22 at about 5:50 p.m. Unit 1 was traveling south on Ross Rd. and when approaching Mack Rd. failed to stop within assured clear distance, striking Unit 2 which was stopped for the light.   |            |  |   |  |                   |  |                    |   |                           |   |                |  |   |  |  | SEE OH 2  |  |
| Unit 2 moved forward after the crash. Unit 1 failed to stop again, striking Unit 1 two additional times.  |            |  |   |  |                   |  |                    |   |                           |   |                |  |   |  |  |   |  |
| The driver of Unit 1 was also cited for OVI FCO 333.01a1A.  |            |  |   |  |                   |  |                    |   |                           |   |                |  |   |  |  |   |  |



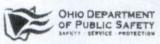
Indicate the north direction with an "N" on the compass diagram.

SEE OH 2

|   |  |                                       |  |                                      |  |  |  |   |  |
|---|--|---------------------------------------|--|--------------------------------------|--|--|--|---|--|
| CRASH REPORTED DATE / TIME<br>12072022 1750 |  | DISPATCH DATE / TIME<br>12072022 1752 |  | ARRIVAL DATE / TIME<br>12072022 1754 |  | SCENE CLEARED DATE / TIME<br>12072022 1822 |  | REPORT TAKEN BY   |  |
| TOTAL TIME<br>ROADWAY CLOSED<br>3 0         |  | OTHER<br>INVESTIGATION TIME<br>0      |  | TOTAL<br>MINUTES<br>3 0              |  | OFFICER'S NAME*<br>J. Sons                 |  | <input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST                |  |
|   |  |                                       |  |                                      |  | CHECKED BY OFFICER'S NAME*<br>D. Pohl      |  | <input type="checkbox"/> SUPPLEMENT<br>(CORRECTION or ADDITION<br>TO AN EXISTING REPORT SENT TO (DPS) |  |
|   |  |                                       |  |                                      |  | OFFICER'S BADGE NUMBER*<br>1 5 0           |  | CHECKED BY OFFICER'S BADGE NUMBER*<br>1 3 0   |  |

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|---|--|--|--|--|
| UNIT #  | OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER)  |  | OWNER PHONE: INCLUDE AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER)   |  |
| OWNER   | OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER)  |  |  |  |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP           |  | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE  |  |  |
| LP STATE  | LICENSE PLATE #  | VEHICLE IDENTIFICATION #   | VEHICLE YEAR   |  |
| O H   | HKW3700  | 2GNGLEEK4G6183632  | 2016   |  |
| <input type="checkbox"/> INSURANCE VERIFIED                   | INSURANCE COMPANY  | INSURANCE POLICY #   | COLOR  |  |
|   |  |  | Gray   |  |
|   | TYPE OF USE  | US DOT #   | TOWED BY: COMPANY NAME   |  |
|   | <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE   |  | FOX  |  |
|   | INTERLOCK EQUIPPED   | #OCCUPANTS   | HAZARDOUS MATERIAL   |  |
|   | <input type="checkbox"/> HIT/SKIP UNIT   | 0 1  | <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD  |  |
| UNIT TYPE   | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGOVAN<br>6 - VAN (9-15 SEATS)                                       | 7 - MOTORCYCLE 2-WHEELED<br>8 - MOTORCYCLE 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED<br>11 - ALL-TERRAIN VEHICLE (ATV / UTV)                       | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNITTRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME                                       | 18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE<br>23 - PEDESTRIAN / SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP |
| VEHICLE # OF TRAILING UNITS                                   |  |  |  |  |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? |  |  |  |  |
| 2   | 1 - YES  | 2 - NO   | 9 - OTHER / UNKNOWN  |  |
|   | AUTONOMOUS MODE LEVEL  |  |  |  |
|   | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION   | 3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION   | 9 - UNKNOWN  |  |
| SPECIAL FUNCTION  | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT/COMMUTER  | 6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE  | 11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT  | 16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL   |
| CARGO BODY TYPE   | 1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS   | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING  | 5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL   | 8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP   |
| VEHICLE DEFECTS   | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS   | 4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT   | 7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE   | 9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT   |
| NON-MOTORIST LOCATION AT IMPACT                               | 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK   | 3 - INTERSECTION - OTHER CROSSWALK<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION  | 6 - BICYCLE LANE<br>7 - SHOULDER / ROADSIDE<br>8 - SIDEWALK  | 9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS  |
| ACTION  | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER / UNKNOWN  | 1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - PRE-CRASH<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN                                      | 7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE<br>9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS             | 13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE  |
| CONTRIBUTING CIRCUMSTANCES                                    | 1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN  | 7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE / ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING      | 13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY                                     | 17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/FALLING/SPILLING<br>20 - IMPROPER CROSSING   |
| SEQUENCE OF EVENTS  |  |  |  |  |
| 1 2 0   | 1 - OVERTURN/ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION   | 6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT   | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE                | 16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE  |
| 2 2 0   | 4 - JACKKNIFE<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT   | 9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN   | 31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER | 37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT / LUMINARIES<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT  |
| 3 2 0   | 25 - IMPACT ATTENUATOR / CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE | 31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER | 43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT   | 50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER / UNKNOWN   |
| 1   | FIRST HARMFUL EVENT  | 1  | MOST HARMFUL EVENT   |  |

|  |   |
|--|---|
| LOCAL REPORT NUMBER  |   |
| 2 2 0 8 9 1 5 2  |   |
| DAMAGE   |   |
| 2  | DAMAGE SCALE<br>1 - NONE<br>2 - MINOR DAMAGE<br>9 - UNKNOWN |
| 3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE  |   |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY   |   |
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| <img alt="Diagram of a vehicle showing 12 numbered damage areas: 1 (front left), 2 (front center), 3 (front right), 4 (side left), 5 ( |   |



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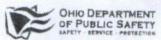
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# MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST

MOTORIST / NON-MOTORIST

MOTORIST / NON-MOTORIST

## INJURED TAKEN BY

## SAFETY EQUIPMENT

LOCAL REPORT NUMBER

2 2 0 8 9 1 5 2

DATE OF BIRTH

0 7 0 9 1 9 6 5

AGE

GENDER

M

CONTACT PHONE - INCLUDE AREA CODE

UNIT # NAME: LAST, FIRST, MIDDLE  
0 1 Stivers, John  
ADDRESS: STREET, CITY, STATE, ZIP  
6001 Flraig Dr. Fairfield, Oh 45014

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

|                 |                         |                            |                 |                             |                           |
|-----------------|-------------------------|----------------------------|-----------------|-----------------------------|---------------------------|
| OL STATE<br>O H | OPERATOR LICENSE NUMBER | OFFENSE CHARGED<br>333.03a | LOCAL CODE<br>X | OFFENSE DESCRIPTION<br>ACDA | CITATION NUMBER<br>252677 |
|-----------------|-------------------------|----------------------------|-----------------|-----------------------------|---------------------------|

|               |                            |                            |                           |   |                |  |   |
|---------------|----------------------------|----------------------------|---------------------------|---|----------------|--|---|
| OL CLASS<br>4 | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY<br>1 | ALCOHOL / DRUG SUSPECTED<br><input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>6 | ALCOHOL TEST<br>STATUS<br>2<br>TYPE<br>4<br>VALUE<br>. | DRUG TEST(S)<br>STATUS<br>1<br>TYPE<br>1<br>RESULT SELECT UP TO 4 |
|---------------|----------------------------|----------------------------|---------------------------|---|----------------|--|---|

|               |   |                                  |            |             |
|---------------|---|----------------------------------|------------|-------------|
| UNIT #<br>0 2 | NAME: LAST, FIRST, MIDDLE<br>Authier, Nicolas | DATE OF BIRTH<br>1 1 0 3 1 9 7 8 | AGE<br>4 4 | GENDER<br>M |
|---------------|---|----------------------------------|------------|-------------|

ADDRESS: STREET, CITY, STATE, ZIP  
3494 Danbury Rd. Fairfield, Oh 45014

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

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

|               |                            |                            |                           |  |                |  |   |
|---------------|----------------------------|----------------------------|---------------------------|--|----------------|--|---|
| OL CLASS<br>4 | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY<br>1 | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>1 | ALCOHOL TEST<br>STATUS<br>1<br>TYPE<br>1<br>VALUE<br>. | DRUG TEST(S)<br>STATUS<br>1<br>TYPE<br>1<br>RESULT SELECT UP TO 4 |
|---------------|----------------------------|----------------------------|---------------------------|--|----------------|--|---|

|        |                           |               |          |        |
|--------|---------------------------|---------------|----------|--------|
| UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE<br>0 | GENDER |
|--------|---------------------------|---------------|----------|--------|

ADDRESS: STREET, CITY, STATE, ZIP

|          |                  |                   |   |                       |                         |                  |               |          |         |
|----------|------------------|-------------------|---|-----------------------|-------------------------|------------------|---------------|----------|---------|
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|----------|------------------|-------------------|---|-----------------------|-------------------------|------------------|---------------|----------|---------|

|          |                         |                 |            |                     |                 |
|----------|-------------------------|-----------------|------------|---------------------|-----------------|
| OL STATE | OPERATOR LICENSE NUMBER | OFFENSE CHARGED | LOCAL CODE | OFFENSE DESCRIPTION | CITATION NUMBER |
|----------|-------------------------|-----------------|------------|---------------------|-----------------|

|          |                            |                            |                      |  |           |  |   |
|----------|----------------------------|----------------------------|----------------------|--|-----------|--|---|
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION | ALCOHOL TEST<br>STATUS<br>1<br>TYPE<br>1<br>VALUE<br>. | DRUG TEST(S)<br>STATUS<br>1<br>TYPE<br>1<br>RESULT SELECT UP TO 4 |
|----------|----------------------------|----------------------------|----------------------|--|-----------|--|---|

|          |                  |         |          |                   |                    |             |
|----------|------------------|---------|----------|-------------------|--------------------|-------------|
| INJURIES | SEATING POSITION | AIR BAG | OL CLASS | OL RESTRICTION(S) | DRIVER DISTRACTION | TEST STATUS |
|----------|------------------|---------|----------|-------------------|--------------------|-------------|

|                            |  |                              |                            |  |  |                               |
|----------------------------|--|------------------------------|----------------------------|--|--|-------------------------------|
| 1-FATAL                    | 1-FRONT - LEFT SIDE<br>(MOTORCYCLE DRIVER)     | 1-NOT DEPLOYED               | 1-CLASS A                  | 1-ALCOHOL INTERLOCK DEVICE   | 1-NOT DISTRACTED   | 1-NONE GIVEN                  |
| 2-SUSPECTED SERIOUS INJURY | 2-FRONT - MIDDLE                               | 2-DEPLOYED FRONT             | 2-CLASS B                  | 2-CDL INTRASTATE ONLY  | 2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) | 2-TEST REFUSED                |
| 3-SUSPECTED MINOR INJURY   | 3-FRONT - RIGHT SIDE                           | 3-DEPLOYED SIDE              | 3-CLASS C                  | 3-CORRECTIVE LENSES  | 3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE                                       | 3-TEST GIVEN, RESULTS KNOWN   |
| 4-POSSIBLE INJURY          | 4-SECOND - LEFT SIDE<br>(MOTORCYCLE PASSENGER) | 4-DEPLOYED BOTH FRONT / SIDE | 4-REGULAR CLASS (OHIO = D) | 4-FARM WAIVER  | 4-TALKING ON HANDS-FREE COMMUNICATION DEVICE                                       | 4-TEST GIVEN, RESULTS UNKNOWN |
| 5-NO APPARENT INJURY       | 5-SECOND - MIDDLE                              | 5-NOT APPLICABLE             | 5-M/C MOPED ONLY           | 5-EXCEPT CLASS A BUS   | 5-EXCEPT CLASS A & CLASS B BUS   | 5-TEST GIVEN, RESULTS UNKNOWN |
|                            | 6-SECOND - RIGHT SIDE                          | 9-DEPLOYMENT UNKNOWN         | 6-NO VALID OL              | 6-EXCEPT CLASS A & CLASS B BUS   | 6-EXCEPT TRACTOR-TRAILER   |                               |
|                            | 7-THIRD - LEFT SIDE<br>(MOTORCYCLE SIDE CAR)   |                              |                            | 7-EXCEPT TRACTOR-TRAILER   | 7-INTERMEDIATE LICENSE RESTRICTIONS  | 1-NONE                        |
|                            | 8-THIRD - MIDDLE                               |                              |                            | 8-LEARNER'S PERMIT RESTRICTIONS  | 8-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE   | 2-BLOOD                       |
|                            | 9-THIRD - RIGHT SIDE                           |                              |                            | 9-OTHER DISTRACTION INSIDE THE VEHICLE   | 9-PASSENGER  | 3-URINE                       |
|                            | 10-SLEEPER SECTION OF TRUCK CAB                |                              |                            | 10-LIMITED TO DAYLIGHT ONLY  | 10-OTHER DISTRACTION OUTSIDE THE VEHICLE   | 4-BREATH                      |
|                            |  |                              |                            | 11-LIMITED TO EMPLOYMENT   | 11-OTHER / UNKNOWN   | 5-OTHER                       |
|                            |  |                              |                            | 12-LIMITED - OTHER   |  |                               |
|                            |  |                              |                            | 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) |  |                               |
|                            |  |                              |                            | 14-MILITARY VEHICLES ONLY  |  |                               |
|                            |  |                              |                            | 15-MOTOR VEHICLES WITHOUT AIR BRAKES   |  |                               |
|                            |  |                              |                            | 16-OUTSIDE MIRROR  |  |                               |
|                            |  |                              |                            | 17-PROSTHETIC AID  |  |                               |
|                            |  |                              |                            | 18-OTHER   |  |                               |

|          |                |                   |
|----------|----------------|-------------------|
| EJECTION | OL ENDORSEMENT | ALCOHOL TEST TYPE |
|----------|----------------|-------------------|

|                     |                              |          |
|---------------------|------------------------------|----------|
| 1-NOT EJECTED       | H - HAZMAT                   | 1-NONE   |
| 2-PARTIALLY EJECTED | M - MOTORCYCLE               | 2-BLOOD  |
| 3-TOTALLY EJECTED   | P - PASSENGER                | 3-URINE  |
| 4-NOT APPLICABLE    | N - TANKER                   | 4-BREATH |
|                     | Q - MOTOR SCOOTER            | 5-OTHER  |
|                     | R - THREE-WHEEL MOTORCYCLE   |          |
|                     | S - SCHOOL BUS               |          |
|                     | T - DOUBLE & TRIPLE TRAILERS |          |
|                     | X - TANKER / HAZMAT          |          |

|         |           |                |
|---------|-----------|----------------|
| TRAPPED | CONDITION | DRUG TEST TYPE |
|---------|-----------|----------------|

|                                  |  |         |
|----------------------------------|--|---------|
| 1-NOT TRAPPED                    | 1-APPARENTLY NORMAL                                    | 1-NONE  |
| 2-EXTRICATED BY MECHANICAL MEANS | 2-PHYSICAL IMPAIRMENT                                  | 2-BLOOD |
| 3-FREED BY NON-MECHANICAL MEANS  | 3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)        | 3-URINE |
|                                  | 4-ILLNESS  | 4-OTHER |
|                                  | 5-FELL ASLEEP, FAINTED, FATIGUED, ETC.                 |         |
|                                  | 6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL |         |
|                                  | 9-OTHER / UNKNOWN                                      |         |

|            |        |                     |
|------------|--------|---------------------|
| F - FEMALE | GENDER | DRUG TEST RESULT(S) |
|------------|--------|---------------------|

|                     |  |                     |
|---------------------|--|---------------------|
| M - MALE            |  | 1-AMPHETAMINES      |
| U - OTHER / UNKNOWN |  | 2-BARBITURATES      |
|                     |  | 3-BENZODIAZEPINES   |
|                     |  | 4-CANNABINOID       |
|                     |  | 5-COCAIN            |
|                     |  | 6-OPIATES / OPIOIDS |
|                     |  | 7-OTHER             |
|                     |  | 8-Negative results  |

|                    |  |  |
|--------------------|--|--|
| 99-OTHER / UNKNOWN |  |  |
|--------------------|--|--|

LOCAL REPORT NUMBER 22-089152

IN COUNTY OF

Butler

REPORTING AGENCY

Fairfield PD

CRASH LOCATION

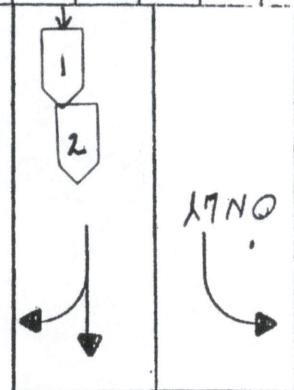
Ross // Mack

DATE OF CRASH

M 12 07 22



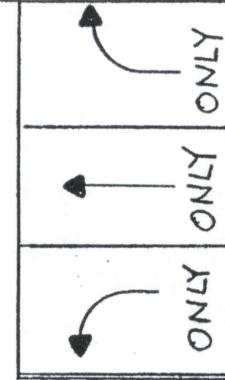
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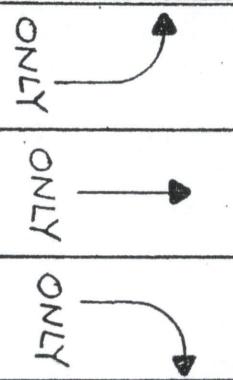
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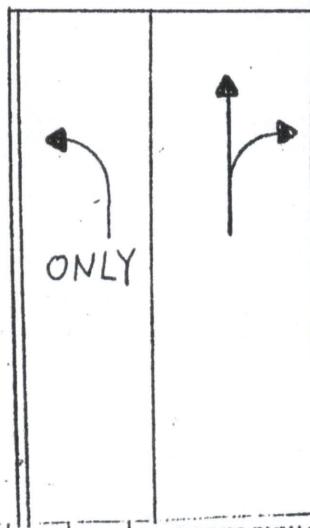


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ROSS ROAD



ONLY

MACK ROAD

OFFICERS SIGNATURE

J. Sons

BADGE NO.  
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