



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

PHOTOS TAKEN OH-2 OH-3
 SECONDARY CRASH OH-1P OTHER
 PRIVATE PROPERTY

LOCAL INFORMATION
 REPORTING AGENCY NAME* NCIC*
 Fairfield Police Department 0,0,9,0,1

2,2,0,3,3,8,5,8
 HIT/SKIP NUMBER OF UNITS UNIT IN ERROR
 1 - SOLVED 0,2 0,1, 98 - ANIMAL
 2 - UNSOLVED 0,1, 99 - UNKNOWN

COUNTY* LOCALITY* LOCATION: CITY, VILLAGE, TOWNSHIP*
 0,9 1 City of Fairfield

CRASH DATE / TIME* CRASH SEVERITY
 0,5,1,3,2,0,2,2,1,5,4,9 5
 1 - FATAL
 2 - SERIOUS INJURY SUSPECTED
 3 - MINOR INJURY SUSPECTED
 4 - INJURY POSSIBLE
 5 - PROPERTY DAMAGE ONLY

ROUTE TYPE ROUTE NUMBER PREFIX LOCATION ROAD NAME ROAD TYPE
 S, R 4 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST
 REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)
 Production D, R

LATITUDE DECIMAL DEGREES LONGITUDE DECIMAL DEGREES
 3,9,3,2,9,2,6,3 8,4,5,1,5,5,1,6

REFERENCE POINT DIRECTION FROM REFERENCE ROUTE TYPE ROAD TYPE
 1 - INTERSECTION 1 - NORTH IR - INTERSTATE ROUTE(TP) AL - ALLEY HW - HIGHWAY RD - ROAD
 2 - MILE POST 2 - SOUTH US - FEDERAL US ROUTE AV - AVENUE LA - LANE SQ - SQUARE
 3 - HOUSE # 3 - EAST SR - STATE ROUTE BL - BOULEVARD MP - MILEPOST ST - STREET
 4 - WEST 4 - WEST CR - CIRCLE OV - OVAL TE - TERRACE
 DISTANCE FROM REFERENCE DISTANCE UNIT OF MEASURE CR - NUMBERED COUNTY ROUTE CT - COURT PK - PARKWAY TL - TRAIL
 1 - MILES TR - NUMBERED TOWNSHIP ROUTE DR - DRIVE PI - PIKE WA - WAY
 2 - FEET HE - HEIGHTS PL - PLACE
 3 - YARDS

INTERSECTION RELATED
 WITHIN INTERSECTION OR ON APPROACH NUMBER OF APPROACHES 3
 WITHIN INTERCHANGE AREA
 ROADWAY
 ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT
 1 - ON ROADWAY 9 - CROSSOVER
 2 - ON SHOULDER 10 - DRIVEWAY/ALLEY ACCESS
 3 - IN MEDIAN 11 - RAILWAY GRADE CROSSING
 4 - ON ROADSIDE 12 - SHARED USE PATHS OR TRAILS
 5 - ON GORE 13 - BIKE LANE
 6 - OUTSIDE TRAFFIC WAY 14 - TOLL BOOTH
 7 - ON RAMP 99 - OTHER / UNKNOWN
 8 - OFF RAMP

MANNER OF CRASH COLLISION/IMPACT
 1 - NOT COLLISION 4 - REAR-TO-REAR
 2 - REAR-END 5 - BACKING
 3 - HEAD-ON 6 - ANGLE
 7 - SIDESWIPE, SAME DIRECTION
 8 - SIDESWIPE, OPPOSITE DIRECTION
 9 - OTHER / UNKNOWN

DIRECTION OF TRAVEL MEDIAN TYPE
 1 - NORTH 1 - DIVIDED FLUSH MEDIAN (<4 FEET)
 2 - SOUTH 2 - DIVIDED FLUSH MEDIAN (≥4 FEET)
 3 - EAST 3 - DIVIDED, DEPRESSED MEDIAN
 4 - WEST 4 - DIVIDED, RAISED MEDIAN (ANY TYPE)
 9 - OTHER/UNKNOWN

WORK ZONE RELATED
 WORKERS PRESENT
 LAW ENFORCEMENT PRESENT
 ACTIVE SCHOOL ZONE

WORK ZONE TYPE
 1 - LANE CLOSURE
 2 - LANE SHIFT/CROSSOVER
 3 - WORK ON SHOULDER OR MEDIAN
 4 - INTERMITTENT OR MOVING WORK
 5 - OTHER

LOCATION OF CRASH IN WORK ZONE
 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN
 2 - ADVANCE WARNING AREA
 3 - TRANSITION AREA
 4 - ACTIVITY AREA
 5 - TERMINATION AREA

CONTOUR
 1 - STRAIGHT LEVEL
 2 - STRAIGHT GRADE
 3 - CURVE LEVEL
 4 - CURVE GRADE
 9 - OTHER/UNKNOWN

CONDITIONS
 1 - DRY
 2 - WET
 3 - SNOW
 4 - ICE
 5 - SAND, MUD, DIRT, OIL, GRAVEL
 6 - WATER (STANDING, MOVING)
 7 - SLUSH
 9 - OTHER/UNKNOWN

SURFACE
 1 - CONCRETE
 2 - BLACKTOP, BITUMINOUS, ASPHALT
 3 - BRICK/BLOCK
 4 - SLAG, GRAVEL, STONE
 5 - DIRT
 9 - OTHER/UNKNOWN

LIGHT CONDITION
 1 - DAYLIGHT
 2 - DAWN/DUSK
 3 - DARK - LIGHTED ROADWAY
 4 - DARK - ROADWAY NOT LIGHTED
 5 - DARK - UNKNOWN ROADWAY LIGHTING
 9 - OTHER / UNKNOWN

WEATHER
 1 - CLEAR 6 - SNOW
 2 - CLOUDY 7 - SEVERE CROSSWINDS
 3 - FOG, SMOG, SMOKE 8 - BLOWING SAND, SOIL, DIRT, SNOW
 4 - RAIN 9 - FREEZING RAIN OR FREEZING DRIZZLE
 5 - SLEET, HAIL 99 - OTHER / UNKNOWN

NARRATIVE
 On 05/13/2022, at around 3:49 P.M, unit 2 was traveling north on S.R.4. Unit 1 was south on S.R.4 and attempted to make a left-hand turn onto Production Drive. Unit 1 failed to yield to oncoming traffic, causing unit 1 to strike unit 2.

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

See OH-2

CRASH REPORTED DATE / TIME DISPATCH DATE / TIME ARRIVAL DATE / TIME SCENE CLEARED DATE / TIME REPORT TAKEN BY
 0,5,1,3,2,0,2,2,1,5,4,9 0,5,1,3,2,0,2,2,1,5,5,0 0,5,1,3,2,0,2,2,1,5,5,7 0,5,1,3,2,0,2,2,1,6,2,7 POLICE AGENCY
 MOTORIST
 TOTAL TIME ROADWAY CLOSED OTHER INVESTIGATION TIME TOTAL MINUTES OFFICER'S NAME* CHECKED BY OFFICER'S NAME*
 0 3,0 6,7 J.Mitchell [Signature]
 OFFICER'S BADGE NUMBER* CHECKED BY OFFICER'S BADGE NUMBER*
 1,7,1 8,7

LOCAL REPORT NUMBER
2 2 0 3 3 8 5 8

OWNER

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)
OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

DAMAGE

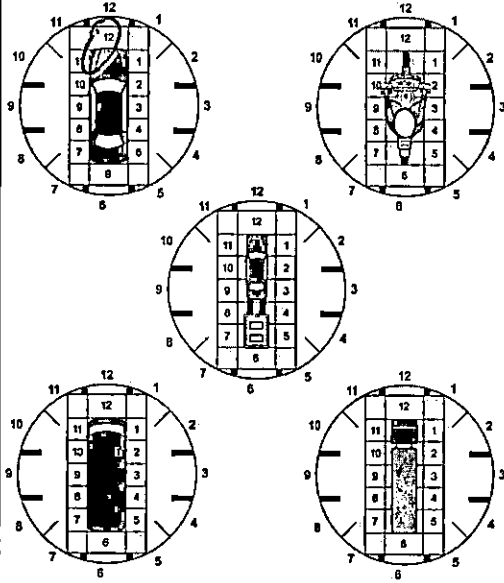
DAMAGE SCALE
1 - NONE 3 - FUNCTIONAL DAMAGE
2 - MINOR DAMAGE 4 - DISABLING DAMAGE
9 - UNKNOWN

4

VEHICLE

LP STATE OH LICENSE PLATE # N904621 VEHICLE IDENTIFICATION # SALV R 2 B G 4 C H 7 1 0 0 9 1 3 VEHICLE YEAR 2012 VEHICLE MAKE Rangerove
INSURANCE VERIFIED INSURANCE COMPANY Statefarm INSURANCE POLICY # D491838D1935 COLOR Red VEHICLE MODEL Evogue
TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE
US DOT # _____ TOWED BY: COMPANY NAME Fox Towing
HAZARDOUS MATERIAL CLASS # _____ PLACARD ID # _____
INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS 01
VEHICLE WEIGHT GVWR/GCWR: 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.
MATERIAL RELEASED PLACARD

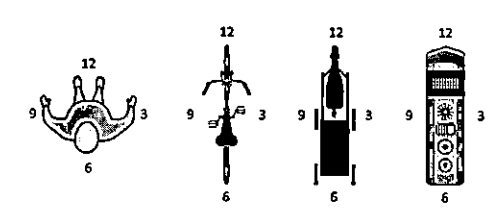
DAMAGED AREA(S)
INDICATE ALL THAT APPLY



UNIT TYPE 03
OF TRAILING UNITS 0

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

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



- NO DAMAGE [0] - UNDERCARRIAGE [14]
 - TOP [13] - ALL AREAS [15]
 - UNIT NOT AT SCENE [16]

SPECIAL FUNCTION 01
CARGO BODY TYPE 01
VEHICLE DEFECTS 01

1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARI 21 - MAIL CARRIER
2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN
3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL
4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING
5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER
2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER
7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN
2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT
3 - TAIL LAMPS 6 - TIRE BLOWOUT

NON-MOTORIST LOCATION AT IMPACT 03
ACTION 03 PRE-CRASH ACTIONS 06

1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE
2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN
5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS

1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE
2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING
3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST
4 - STRUCK 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE
5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN
6 - MAKING LEFT TURN 12 - DRIVERLESS 99 - OTHER / UNKNOWN
9 - OTHER / UNKNOWN

INITIAL POINT OF CONTACT

0 - NO DAMAGE 14 - UNDERCARRIAGE
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
13 - TOP 99 - UNKNOWN

CONTRIBUTING CIRCUMSTANCES 02

1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY
2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACD 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE
3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/ SPILLING 23 - OPENING DOOR INTO ROADWAY
4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION
5 - UNSAFE SPEED 11 - DROVE OFF ROAD 21 - VISION OBSTRUCTION 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY
6 - IMPROPER TURN 12 - IMPROPER BACKING

TRAFFIC

TRAFFICWAY FLOW: 1 - ONE-WAY 2 - TWO-WAY 2

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

OF THROUGH LANES ON ROAD 4 RAIL GRADE CROSSING: 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING 1

EVENT(S)

SEQUENCE OF EVENTS

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

COLLISION WITH FIXED OBJECT - STRUCK

1 1 FIRST HARMFUL EVENT 1 1 MOST HARMFUL EVENT

UNIT / NON-MOTORIST DIRECTION
FROM 1 TO 3

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

UNIT SPEED 15 DETECTED SPEED 1
1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED

POSTED SPEED 35

LOCAL REPORT NUMBER
 2, 2, 0, 3, 3, 8, 5, 8

OWNER

UNIT # 012 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) Hubbard, Melanie
 OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

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

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

DAMAGE

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

LP STATE OH LICENSE PLATE # JTH4421 VEHICLE IDENTIFICATION # 1FAFP15615A1915612 VEHICLE YEAR 2005 VEHICLE MAKE Ford

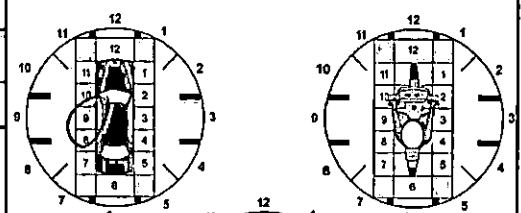
DAMAGED AREA(S)
 INDICATE ALL THAT APPLY

INSURANCE VERIFIED INSURANCE COMPANY Geico INSURANCE POLICY # 6026119799 COLOR Tan VEHICLE MODEL Taurus

TYPE OF USE
 COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

US DOT # _____ TOWED BY: COMPANY NAME Waynes Towing

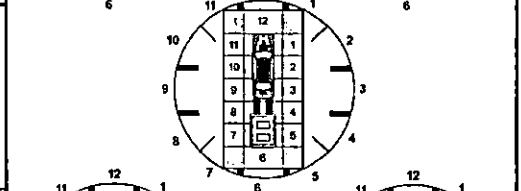
HAZARDOUS MATERIAL
 MATERIAL RELEASED CLASS # _____ PLACARD ID # _____
 PLACARD



UNIT TYPE 01

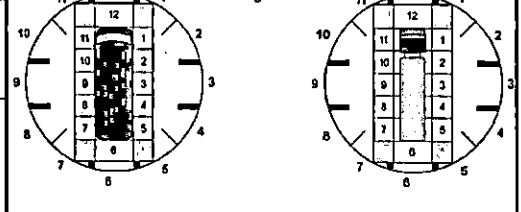
| | | | | |
|-----------------------------|------------------------------------|------------------------|--|----------------------------|
| 1 - PASSENGER CAR | 7 - MOTORCYCLE 2-WHEELED | 12 - GOLF CART | 18 - LIMO (LIVERY VEHICLE) | 23 - PEDESTRIAN / SKATER |
| 2 - PASSENGER VAN (MINIVAN) | 8 - MOTORCYCLE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

OF TRAILING UNITS 0



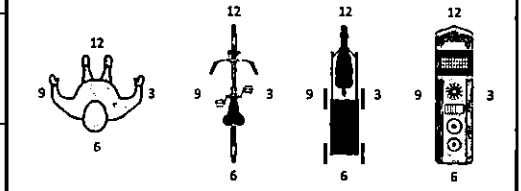
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?
02 1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL 0
 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN



SPECIAL FUNCTION 01

| | | | | |
|-----------------------------|------------------------|-----------------------------|----------------------------|----------------------|
| 1 - NONE | 6 - BUS - CHARTER/TOUR | 11 - FIRE | 16 - FARM | 21 - MAIL CARRIER |
| 2 - TAXI | 7 - BUS - INTERCITY | 12 - MILITARY | 17 - MOWING | 99 - OTHER / UNKNOWN |
| 3 - ELECTRONIC RIDE SHARING | 8 - BUS - SHUTTLE | 13 - POLICE | 18 - SNOW REMOVAL | |
| 4 - SCHOOL TRANSPORT | 9 - BUS - OTHER | 14 - PUBLIC UTILITY | 19 - TOWING | |
| 5 - BUS - TRANSIT/COMMUTER | 10 - AMBULANCE | 15 - CONSTRUCTION EQUIPMENT | 20 - SAFETY SERVICE PATROL | |



CARGO BODY TYPE 01

| | | | | |
|---|--|----------------------------------|----------------|-----------------------|
| 1 - NO CARGO BODY TYPE / NOT APPLICABLE | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE | 5 - INTERMODAL CONTAINER CHASSIS | 8 - POLE | 12 - CONCRETE MIXER |
| 2 - BUS | 4 - LOGGING | 6 - CARGOVAN/ENCLOSED BOX | 9 - CARGO TANK | 13 - AUTO TRANSPORTER |
| | | 7 - GRAIN/CHIPS/GRAVEL | 10 - FLAT BED | 14 - GARBAGE/REFUSE |
| | | | 11 - DUMP | 99 - OTHER / UNKNOWN |

- NO DAMAGE [0] - UNDERCARRIAGE [14]
 - TOP [13] - ALL AREAS [15]
 - UNIT NOT AT SCENE [16]

VEHICLE DEFECTS

| | | | | |
|------------------|------------------|---------------------------------|-----------------------------------|----------------------|
| 1 - TURN SIGNALS | 4 - BRAKES | 7 - WORN OR SLICK TIRES | 9 - MOTOR TROUBLE | 99 - OTHER / UNKNOWN |
| 2 - HEAD LAMPS | 5 - STEERING | 8 - TRAILER EQUIPMENT DEFECTIVE | 10 - DISABLED FROM PRIOR ACCIDENT | |
| 3 - TAIL LAMPS | 6 - TIRE BLOWOUT | | | |

NON-MOTORIST LOCATION AT IMPACT

| | | | | |
|---------------------------------------|------------------------------------|-------------------------|---------------------------------|--|
| 1 - INTERSECTION - MARKED CROSSWALK | 3 - INTERSECTION - OTHER | 6 - BICYCLE LANE | 9 - MEDIAN/CROSSING ISLAND | 12 - FIRST RESPONDER AT INCIDENT SCENE |
| 2 - INTERSECTION - UNMARKED CROSSWALK | 4 - MIDDLEBLOCK - MARKED CROSSWALK | 7 - SHOULDER / ROADSIDE | 10 - DRIVEWAY ACCESS | 99 - OTHER / UNKNOWN |
| | 5 - TRAVEL LANE - OTHER LOCATION | 8 - SIDEWALK | 11 - SHARED USE PATHS OR TRAILS | |

ACTION 04

| | | | | |
|----------------------------|------------------------|------------------------------------|--|--|
| 1 - NON-CONTACT | 1 - STRAIGHT AHEAD | 7 - MAKING U-TURN | 13 - NEGOTIATING A CURVE | 18 - APPROACHING OR LEAVING VEHICLE |
| 2 - NON-COLLISION | 2 - BACKING | 8 - ENTERING TRAFFIC LANE | 14 - ENTERING OR CROSSING SPECIFIED LOCATION | 19 - STANDING |
| 3 - STRIKING | 3 - CHANGING LANES | 9 - LEAVING TRAFFIC LANE | 15 - WALKING, RUNNING, JOGGING, PLAYING | 20 - OTHER NON-MOTORIST |
| 4 - STRUCK | 4 - OVERTAKING/PASSING | 10 - PARKED | 16 - WORKING | 21 - STANDING OUTSIDE DISABLED VEHICLE |
| 5 - BOTH STRIKING & STRUCK | 5 - MAKING RIGHT TURN | 11 - SLOWING OR STOPPED IN TRAFFIC | 17 - PUSHING VEHICLE | 99 - OTHER / UNKNOWN |
| 9 - OTHER / UNKNOWN | 6 - MAKING LEFT TURN | 12 - DRIVERLESS | | |

INITIAL POINT OF CONTACT
 0 - NO DAMAGE 14 - UNDERCARRIAGE
09 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
 13 - TOP 99 - UNKNOWN

CONTRIBUTING CIRCUMSTANCES 01

| | | | | |
|----------------------|--------------------------------|--|--------------------------------------|--------------------------------|
| 1 - NONE | 7 - LEFT OF CENTER | 13 - IMPROPER START FROM A PARKED POSITION | 17 - VISION OBSTRUCTION | 21 - LYING IN ROADWAY |
| 2 - FAILURE TO YIELD | 8 - FOLLOWING TOO CLOSE / ACDA | 14 - STOPPED OR PARKED ILLEGALLY | 18 - OPERATING DEFECTIVE EQUIPMENT | 22 - NOT DISCERNIBLE |
| 3 - RAN RED LIGHT | 9 - IMPROPER LANE CHANGE | 15 - SWERVING TO AVOID | 19 - LOAD SHIFTING/FALLING/ SPILLING | 23 - OPENING DOOR INTO ROADWAY |
| 4 - RAN STOP SIGN | 10 - IMPROPER PASSING | 16 - WRONG WAY | 20 - IMPROPER CROSSING | 99 - OTHER IMPROPER ACTION |
| 5 - UNSAFE SPEED | 11 - DROVE OFF ROAD | | | |
| 6 - IMPROPER TURN | 12 - IMPROPER BACKING | | | |

TRAFFIC

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

SEQUENCE OF EVENTS

| | | | | |
|---|--|--|---|---|
| 1 <u>20</u> 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION | 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT | NON-COLLISION 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION | 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER | 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE |
| 2 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN | 14 - PEDESTRIAN 15 - PEDALCYCLE | 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE | 24 - OTHER MOVABLE OBJECT |

OF THROUGH LANES ON ROAD 4

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

COLLISION WITH FIXED OBJECT - STRUCK

| | | | | |
|--|-------------------------------|----------------------------------|-------------------|--------------------------------------|
| 25 - IMPACT ATTENUATOR / CRASH CUSHION | 31 - GUARDRAIL END | 37 - TRAFFIC SIGN POST | 43 - CURB | 50 - WORK ZONE MAINTENANCE EQUIPMENT |
| 26 - BRIDGE OVERHEAD STRUCTURE | 32 - PORTABLE BARRIER | 38 - OVERHEAD SIGN POST | 44 - DITCH | 51 - WALL |
| 27 - BRIDGE PIER OR ABUTMENT | 33 - MEDIUM CABLE BARRIER | 39 - LIGHT / LUMINARIES SUPPORT | 45 - EMBANKMENT | 52 - BUILDING |
| 28 - BRIDGE PARAPET | 34 - MEDIUM GUARDRAIL BARRIER | 40 - UTILITY POLE | 46 - FENCE | 53 - TUNNEL |
| 29 - BRIDGE RAIL | 35 - MEDIUM CONCRETE BARRIER | 41 - OTHER POST, POLE OR SUPPORT | 47 - MAILBOX | 54 - OTHER FIXED OBJECT |
| 30 - GUARDRAIL FACE | 36 - MEDIUM OTHER BARRIER | 42 - CULVERT | 48 - TREE | 99 - OTHER / UNKNOWN |
| | | | 49 - FIRE HYDRANT | |

UNIT / NON-MOTORIST DIRECTION
 FROM 2 TO 1

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

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

UNIT SPEED 35

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

POSTED SPEED 35



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2 2 0 3 3 8 5 8

| | | | | |
|---------------|--|----------------------------------|------------|-------------|
| UNIT # 0 1 | NAME: LAST, FIRST, MIDDLE Ngwangu, Robert | DATE OF BIRTH 0 8 0 6 1 9 7 6 | AGE 4 5 | GENDER M |
|---------------|--|----------------------------------|------------|-------------|

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| ADDRESS: STREET, CITY, STATE, ZIP 89 Ridge Drive, Fairfield, OH 45014 | CONTACT PHONE - INCLUDE AREA CODE |
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| INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 0 4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0 1 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
|---------------|------------------|-------------------|---|------------------------------|--|-------------------------|--------------------|---------------|--------------|

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|----------------|-------------------------|----------------------------|---|-------------------------------------|---------------------------|
| OL STATE OH | OPERATOR LICENSE NUMBER | OFFENSE CHARGED 331:17A | LOCAL CODE <input checked="" type="checkbox"/> | OFFENSE DESCRIPTION Right of Way | CITATION NUMBER 251579 |
|----------------|-------------------------|----------------------------|---|-------------------------------------|---------------------------|

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

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|---------------|--|----------------------------------|------------|-------------|
| UNIT # 0 2 | NAME: LAST, FIRST, MIDDLE Hambaugh, Jacob | DATE OF BIRTH 0 9 2 0 1 9 9 6 | AGE 2 5 | GENDER M |
|---------------|--|----------------------------------|------------|-------------|

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|---|-----------------------------------|
| ADDRESS: STREET, CITY, STATE, ZIP 1115 Spinner Ave, Cincinnati, OH 45241 | CONTACT PHONE - INCLUDE AREA CODE |
|---|-----------------------------------|

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

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|----------------|-------------------------|-----------------|--|---------------------|-----------------|
| OL STATE OH | OPERATOR LICENSE NUMBER | OFFENSE CHARGED | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | CITATION NUMBER |
|----------------|-------------------------|-----------------|--|---------------------|-----------------|

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

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

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| ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |
|-----------------------------------|-----------------------------------|

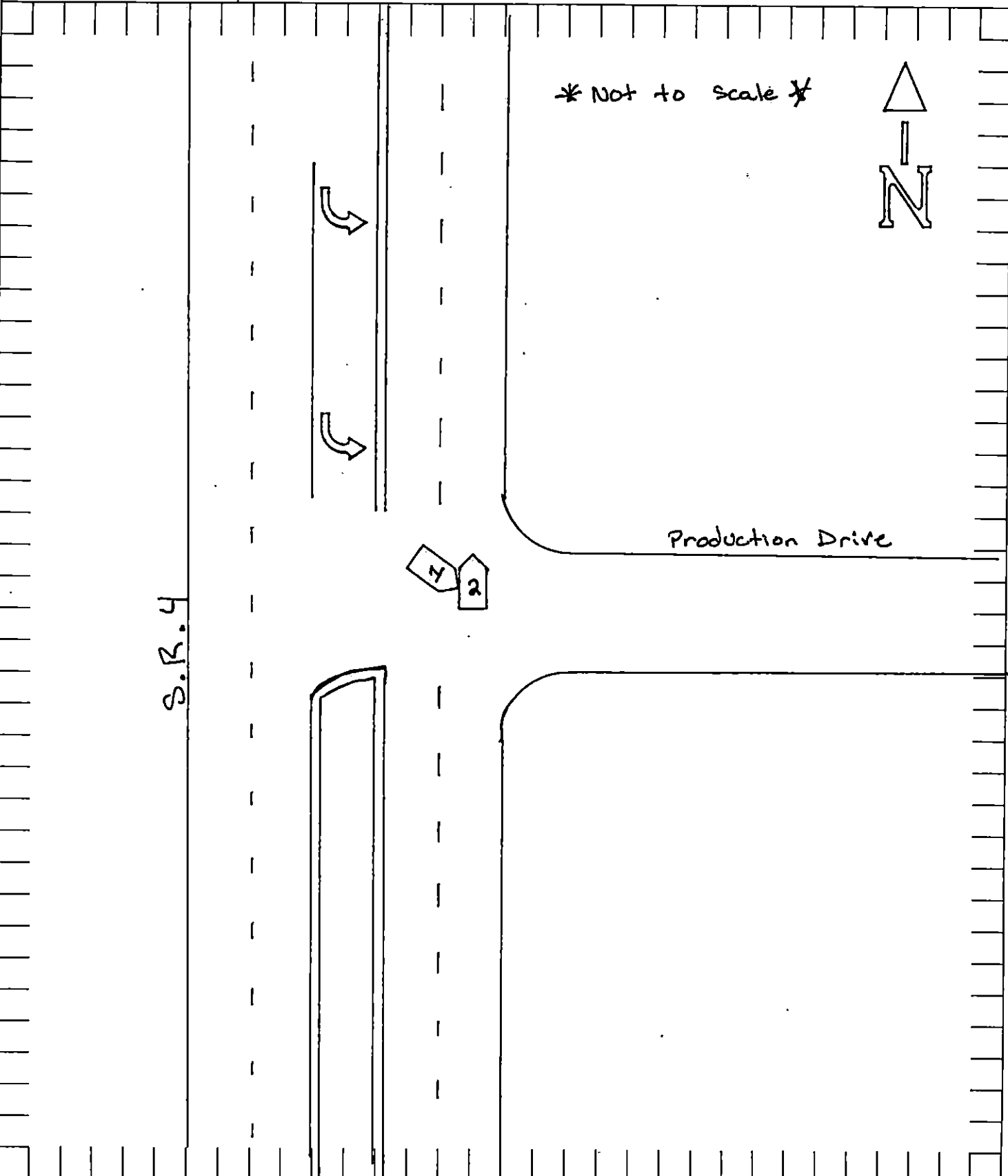
| | | | | | | | | | |
|----------|------------------|-------------------|---|-----------------------|--|------------------|---------------|----------|---------|
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|----------|------------------|-------------------|---|-----------------------|--|------------------|---------------|----------|---------|

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|----------|-------------------------|-----------------|--|---------------------|-----------------|
| OL STATE | OPERATOR LICENSE NUMBER | OFFENSE CHARGED | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | CITATION NUMBER |
|----------|-------------------------|-----------------|--|---------------------|-----------------|

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

| INJURIES | SEATING POSITION | AIR BAG | OL CLASS | OL RESTRICTION(S) | DRIVER DISTRACTION | TEST STATUS |
|--|---|---|---|---|--|--|
| 1-FATAL 2-SUSPECTED SERIOUS INJURY 3-SUSPECTED MINOR INJURY 4-POSSIBLE INJURY 5-NO APPARENT INJURY | 1-FRONT-LEFT SIDE (MOTORCYCLE DRIVER) 2-FRONT-MIDDLE 3-FRONT-RIGHT SIDE 4-SECOND-LEFT SIDE (MOTORCYCLE PASSENGER) 5-SECOND-MIDDLE 6-SECOND-RIGHT SIDE 7-THIRD-LEFT SIDE (MOTORCYCLE SIDE CAR) 8-THIRD-MIDDLE 9-THIRD-RIGHT SIDE 10-SLEEPER SECTION OF TRUCK CAB 11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12-PASSENGER IN UNENCLOSED CARGO AREA 13-TRAILING UNIT 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15-NON-MOTORIST 99-OTHER/UNKNOWN | 1-NOT DEPLOYED 2-DEPLOYED FRONT 3-DEPLOYED SIDE 4-DEPLOYED BOTH FRONT/SIDE 5-NOT APPLICABLE 9-DEPLOYMENT UNKNOWN | 1-CLASS A 2-CLASS B 3-CLASS C 4-REGULAR CLASS (OHIO-D) 5-M/C MOPED ONLY 6-NONVALID OL | 1-ALCOHOL INTERLOCK DEVICE 2-CDL INTRASTATE ONLY 3-CORRECTIVE LENSES 4-FARM WAIVER 5-EXCEPT CLASS A & CLASS B BUS 6-EXCEPT CLASS A & CLASS B BUS 7-EXCEPT TRACTOR-TRAILER 8-INTERMEDIATE LICENSE RESTRICTIONS 9-LEARNER'S PERMIT RESTRICTIONS 10-LIMITED TO DAYLIGHT ONLY 11-LIMITED TO EMPLOYMENT 12-LIMITED-OTHER 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14-MILITARY VEHICLES ONLY 15-MOTOR VEHICLES WITHOUT AIR BRAKES 16-OUTSIDE MIRROR 17-PROSTHETIC AID 18-OTHER | 1-NOT DISTRACTED 2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3-TALKING ON HANDS-FREE COMMUNICATION DEVICE 4-TALKING ON HAND-HELD COMMUNICATION DEVICE 5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6-PASSENGER 7-OTHER DISTRACTION INSIDE THE VEHICLE 8-OTHER DISTRACTION OUTSIDE THE VEHICLE 9-OTHER/UNKNOWN | 1-NONE GIVEN 2-TEST REFUSED 3-TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4-TEST GIVEN, RESULTS KNOWN 5-TEST GIVEN, RESULTS UNKNOWN |
| INJURED TAKEN BY | EJECTION | OL ENDORSEMENT | TRAPPED | GENDER | CONDITION | DRUG TEST TYPE |
| 1-NOT TRANSPORTED/TREATED AT SCENE 2-EMS 3-POLICE 9-OTHER/UNKNOWN | 1-NOT EJECTED 2-PARTIALLY EJECTED 3-TOTALLY EJECTED 4-NOT APPLICABLE | H-HAZMAT M-MOTORCYCLE P-PASSENGER N-TANKER Q-MOTOR SCOOTER R-THREE-WHEEL MOTORCYCLE S-SCHOOL BUS T-DOUBLE & TRIPLE TRAILERS X-TANKER/HAZMAT | 1-NOT TRAPPED 2-EXTRICATED BY MECHANICAL MEANS 3-FREED BY NON-MECHANICAL MEANS | F-FEMALE M-MALE U-OTHER/UNKNOWN | 1-APPARENTLY NORMAL 2-PHYSICAL IMPAIRMENT 3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4-ILLNESS 5-FELL ASLEEP, FAINTED, FATIGUED, ETC. 6-UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 9-OTHER/UNKNOWN | 1-NONE 2-BLOOD 3-URINE 4-BREATH 5-OTHER |
| SAFETY EQUIPMENT | TRAPPED | GENDER | CONDITION | DRUG TEST RESULT(S) | | |
| 1-NONE USED 2-SHOULDER BELT ONLY USED 3-LAP BELT ONLY USED 4-SHOULDER & LAP BELT USED 5-CHILD RESTRAINT SYSTEM - FORWARD FACING 6-CHILD RESTRAINT SYSTEM - REAR FACING 7-BOOSTER SEAT 8-HELMET USED 9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10-REFLECTIVE CLOTHING 11-LIGHTING - PEDESTRIAN/BICYCLE ONLY 99-OTHER/UNKNOWN | 1-NOT TRAPPED 2-EXTRICATED BY MECHANICAL MEANS 3-FREED BY NON-MECHANICAL MEANS | F-FEMALE M-MALE U-OTHER/UNKNOWN | 1-APPARENTLY NORMAL 2-PHYSICAL IMPAIRMENT 3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4-ILLNESS 5-FELL ASLEEP, FAINTED, FATIGUED, ETC. 6-UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 9-OTHER/UNKNOWN | 1-AMPHETAMINES 2-BARBITURATES 3-BENZODIAZEPINES 4-CANNABINOIDS 5-COCAINE 6-OPiates/OPIOIDS 7-OTHER 8-NEGATIVE RESULTS | | |

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| LOCAL REPORT NUMBER PD-22-033858 | REPORTING AGENCY Fairfield Police Department | DATE OF ACCIDENT 5/13/22 |
| IN COUNTY OF Butler | ACCIDENT LOCATION S.R.4 // Production Drive | |



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| OFFICER'S SIGNATURE J.Mitchell | BADGE NO. 171 |
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