

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

|  |  |  |  |  |  |                        |  |                        |  |
|--|--|--|--|--|--|------------------------|--|------------------------|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH |  | <input checked="" type="checkbox"/> OH-2<br><input type="checkbox"/> OH-3<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, 7, 5, 3, 9, 7 |  |
|--|--|--|--|--|--|------------------------|--|------------------------|--|

|               |   |   |                                    |  |
|---------------|---|---|------------------------------------|--|
| COUNTY*<br>09 | LOCALITY*<br>1-CITY<br>2-VILLAGE<br>3-TOWNSHIP<br>1 | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>City of Fairfield | CASH DATE / TIME*<br>10152022 1025 | CASH SEVERITY<br>1-FATAL<br>2-SERIOUS INJURY SUSPECTED<br>3-MINOR INJURY SUSPECTED<br>4-INJURY POSSIBLE<br>5-PROPERTY DAMAGE ONLY<br>5 |
|---------------|---|---|------------------------------------|--|

|            |              |   |   |                   |  |
|------------|--------------|---|---|-------------------|--|
| ROUTE TYPE | ROUTE NUMBER | PREFIX 1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST | LOCATION ROAD NAME<br>S. GILMORE                          | ROAD TYPE<br>R, D | LATITUDE DECIMAL DEGREES<br>39, 3, 0, 1, 8, 8, 4   |
| ROUTE TYPE | ROUTE NUMBER | PREFIX 1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>OMNIPLEX | ROAD TYPE<br>D, R | LONGITUDE DECIMAL DEGREES<br>-84, 5, 2, 3, 7, 7, 5 |

|  |   |  |  |  |
|--|---|--|--|--|
| REFERENCE POINT<br>1-INTERSECTION<br>2-MILE POST<br>3-HOUSE #<br>1 | DIRECTION FROM REFERENCE<br>1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST<br>2 | ROUTE TYPE<br>IR - INTERSTATE ROUTE(TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE | 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>NUMBER OF APPROACHES<br>04 |
| DISTANCE FROM REFERENCE<br>50                                      | DISTANCE UNIT OF MEASURE<br>1-MILES<br>2- FEET<br>3-YARDS<br>2          | CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE   | HE - HEIGHTS<br>PL - PLACE   | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED  |

|   |  |  |   |   |
|---|--|--|---|---|
| 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>01 | 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<br>6 | 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 | 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 | CONDITIONS<br>1 | SURFACE<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>01 | CONTOUR<br>1 | CONDITIONS<br>1 | SURFACE<br>2 |
|---|---|--------------|-----------------|--------------|

|  |          |  |
|--|----------|--|
| NARRATIVE<br>On October 15, 2022 at about 10:25 a.m. Unit 1 was traveling north on S. Gilmore Rd. and when at Omniplex Dr. attempted to change to the through lane of traffic in order to continue northbound and in so doing collided with Unit 2 which was also traveling northbound on S. Gilmore Rd. when it was struck. | SEE OH-2 | Indicate the north direction with an "N" on the compass diagram. |
|  |          |  |

|  |                                       |                                      |  |   |
|--|---------------------------------------|--------------------------------------|--|---|
| CASH REPORTED DATE / TIME<br>10152022 1028 | DISPATCH DATE / TIME<br>10152022 1032 | ARRIVAL DATE / TIME<br>10152022 1039 | SCENE CLEARED DATE / TIME<br>10152022 1058 | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST |
| TOTAL TIME ROADWAY CLOSED<br>0             | OTHER INVESTIGATION TIME<br>0         | TOTAL MINUTES<br>26                  | OFFICER'S NAME*<br>P.O. RYAN FLEENOR       | CHECKED BY OFFICER'S NAME*<br>P.O. C. Moore   |
|  |                                       |                                      | OFFICER'S BADGE NUMBER*<br>117             | CHECKED BY OFFICER'S BADGE NUMBER*<br>176   |

|   |   |   |
|---|---|---|
| <b>UNIT #</b><br>011  | <b>OWNER NAME: LAST, FIRST, MIDDLE</b> (SAME AS DRIVER) | <b>OWNER PHONE: INCLUDE AREA CODE</b> (SAME AS DRIVER)        |
| <b>OWNER ADDRESS: STREET, CITY, STATE, ZIP</b> (SAME AS DRIVER) |   |   |
| <b>COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP</b>      |   | <b>COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE</b>            |
| <b>LP STATE</b><br>OH   | <b>LICENSE PLATE #</b><br>HPU-7142                      | <b>VEHICLE IDENTIFICATION #</b><br>3TMC1Z15AN13J1M11816181513 |
| <b>VEHICLE YEAR</b><br>2018                                     | <b>VEHICLE MAKE</b><br>TOYOTA                           | <b>VEHICLE MODEL</b><br>TACOMA                                |
| <input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>   | <b>INSURANCE COMPANY</b><br>AMERICAN SELECT             | <b>INSURANCE POLICY #</b><br>WNP240878G                       |
| <input type="checkbox"/> <b>COMMERCIAL</b>                      | <input type="checkbox"/> <b>GOVERNMENT</b>              | <input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>         |
| <input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>       | <input type="checkbox"/> <b>HIT/SKIP UNIT</b>           | <b># OCCUPANTS</b><br>01                                      |
| <b>TYPE OF USE</b>  | <b>US DOT #</b>   | <b>TOWED BY: COMPANY NAME</b>                                 |
| <input type="checkbox"/> <b>COMMERCIAL</b>                      | <input type="checkbox"/> <b>GOVERNMENT</b>              | <input type="checkbox"/> <b>HAZARDOUS MATERIAL</b>            |
| <input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>       | <input type="checkbox"/> <b>HIT/SKIP UNIT</b>           | <input type="checkbox"/> <b>MATERIAL RELEASED</b>             |
| <input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>       | <input type="checkbox"/> <b>HIT/SKIP UNIT</b>           | <input type="checkbox"/> <b>PLACARD</b>                       |
| <b>VEHICLE WEIGHT GVWR/GCWR</b>                                 | <b>HAZARDOUS MATERIAL CLASS # PLACARD ID #</b>          |   |
| 1 - <10K LBS.   |   |   |
| 2 - 10,001 - 26K LBS.   |   |   |
| 3 - >26K LBS.   |   |   |
| <b>UNIT TYPE</b>  | <b>HAZARDOUS MATERIAL CLASS # PLACARD ID #</b>          |   |
| 04  |   |   |
| <b># OF TRAILING UNITS</b>                                      | <b>HAZARDOUS MATERIAL CLASS # PLACARD ID #</b>          |   |
| 02  |   |   |
| <b>SPECIAL FUNCTION</b>   | <b>HAZARDOUS MATERIAL CLASS # PLACARD ID #</b>          |   |
| 01  |   |   |
| <b>CARGO BODY TYPE</b>  | <b>HAZARDOUS MATERIAL CLASS # PLACARD ID #</b>          |   |
| 01  |   |   |
| <b>VEHICLE DEFECTS</b>  | <b>HAZARDOUS MATERIAL CLASS # PLACARD ID #</b>          |   |
| 01  |   |   |
| <b>NON-MOTORIST LOCATION AT IMPACT</b>                          | <b>HAZARDOUS MATERIAL CLASS # PLACARD ID #</b>          |   |
| 03  |   |   |
| <b>ACTION</b>   | <b>HAZARDOUS MATERIAL CLASS # PLACARD ID #</b>          |   |
| 03  |   |   |
| <b>CONTRIBUTING CIRCUMSTANCES</b>                               | <b>HAZARDOUS MATERIAL CLASS # PLACARD ID #</b>          |   |
| 09  |   |   |
| <b>SEQUENCE OF EVENTS</b>                                       | <b>HAZARDOUS MATERIAL CLASS # PLACARD ID #</b>          |   |
| 120   |   |   |
| <b>FIRST HARMFUL EVENT</b>                                      | <b>MOST HARMFUL EVENT</b>                               |   |
| 1   | 1   |   |

|  |  |
|--|--|
| <b>LOCAL REPORT NUMBER</b><br>22075397   |  |
| <b>DAMAGE</b>  |  |
| <b>DAMAGE SCALE</b>  |  |
| 3  | 1 - NONE<br>2 - MINOR DAMAGE<br>3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE<br>9 - UNKNOWN                                 |
| <b>DAMAGED AREA(S) INDICATE ALL THAT APPLY</b>   |  |
|  |  |
| <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 ] |  |
| <b>INITIAL POINT OF CONTACT</b>  |  |
| 01   | 0 - NO DAMAGE<br>1-12 - REFER TO UNIT DIAGRAM<br>13 - TOP<br>14 - UNDERCARRIAGE<br>15 - VEHICLE NOT AT SCENE<br>99 - UNKNOWN |
| <b>TRAFFIC</b>   |  |
| <b>TRAFFICWAY FLOW</b>   | <b>TRAFFIC CONTROL</b>   |
| 2  | 1 - ONE-WAY<br>2 - TWO-WAY<br>6  |
| <b># OF THROUGH LANES ON ROAD</b>  | <b>RAIL GRADE CROSSING</b>   |
| 6  | 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING  |
| <b>UNIT / NON-MOTORIST DIRECTION</b>   |  |
| FROM 2 TO 1  |  |
| <b>UNIT SPEED</b>  | <b>DETECTED SPEED</b>  |
| 35   | 1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED   |
| <b>POSTED SPEED</b>  |  |
| 35   |  |

LOCAL REPORT NUMBER  
 2, 2, 0, 7, 5, 3, 9, 7

**OWNER**

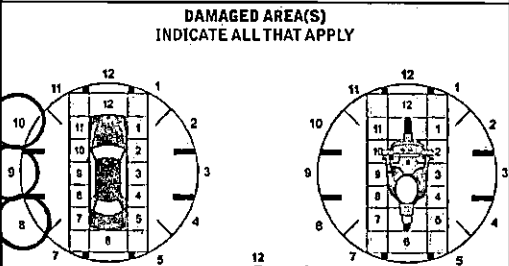
UNIT # 012 OWNER NAME: LAST, FIRST, MIDDLE (☑ SAME AS DRIVER)  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (☑ SAME AS DRIVER)  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**DAMAGE**

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

**VEHICLE**

LP STATE OH LICENSE PLATE # HTN-8268 VEHICLE IDENTIFICATION # 2T3F1R1FV16K1C1012131615 VEHICLE YEAR 2019 VEHICLE MAKE TOYOTA  
 INSURANCE VERIFIED  INSURANCE COMPANY PEKING INS. INSURANCE POLICY # 005405227 COLOR BLACK VEHICLE MODEL RAV4  
 TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT  # OCCUPANTS 01 VEHICLE WEIGHT GVWR/GCWR: 1 - ≤10K LBS., 2 - 10,001 - 26K LBS., 3 - >26K LBS.  
 TOWED BY: COMPANY NAME  
 HAZARDOUS MATERIAL:  MATERIAL RELEASED  PLACARD



UNIT TYPE 03

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

# OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 02

1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL

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

SPECIAL FUNCTION 01

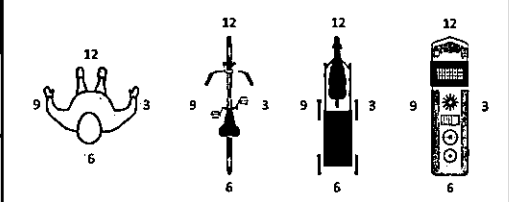
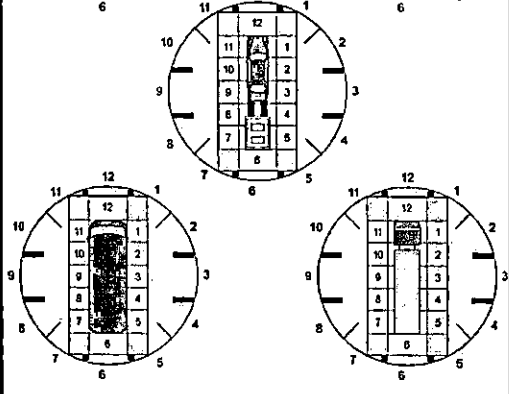
|                             |                        |                             |                            |                      |
|-----------------------------|------------------------|-----------------------------|----------------------------|----------------------|
| 1 - NONE                    | 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 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   |
|   |   |                                  | 11 - DUMP      | 99 - OTHER / UNKNOWN  |

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 |                                 |                                   |                      |



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

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 - 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 |  |

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  
 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     | 12 - IMPROPER BACKING          |  |                                     |                                |
| 6 - IMPROPER TURN    |                                |  |                                     |                                |

TRAFFIC

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

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

SEQUENCE OF EVENTS

1 20 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE  
 2 1 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS  
 3 1 3 - IMMERSION 8 - RAN OFF ROAD RIGHT  
 4 1 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT  
 5 1 5 - CARGO/EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN

# OF THROUGH LANES ON ROAD: 6

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

COLLISION WITH FIXED OBJECT 1 PARKED 1 STUCK 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 - 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

UNIT SPEED: 35

POSTED SPEED: 35

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



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 2 0 7 5 3 9 7

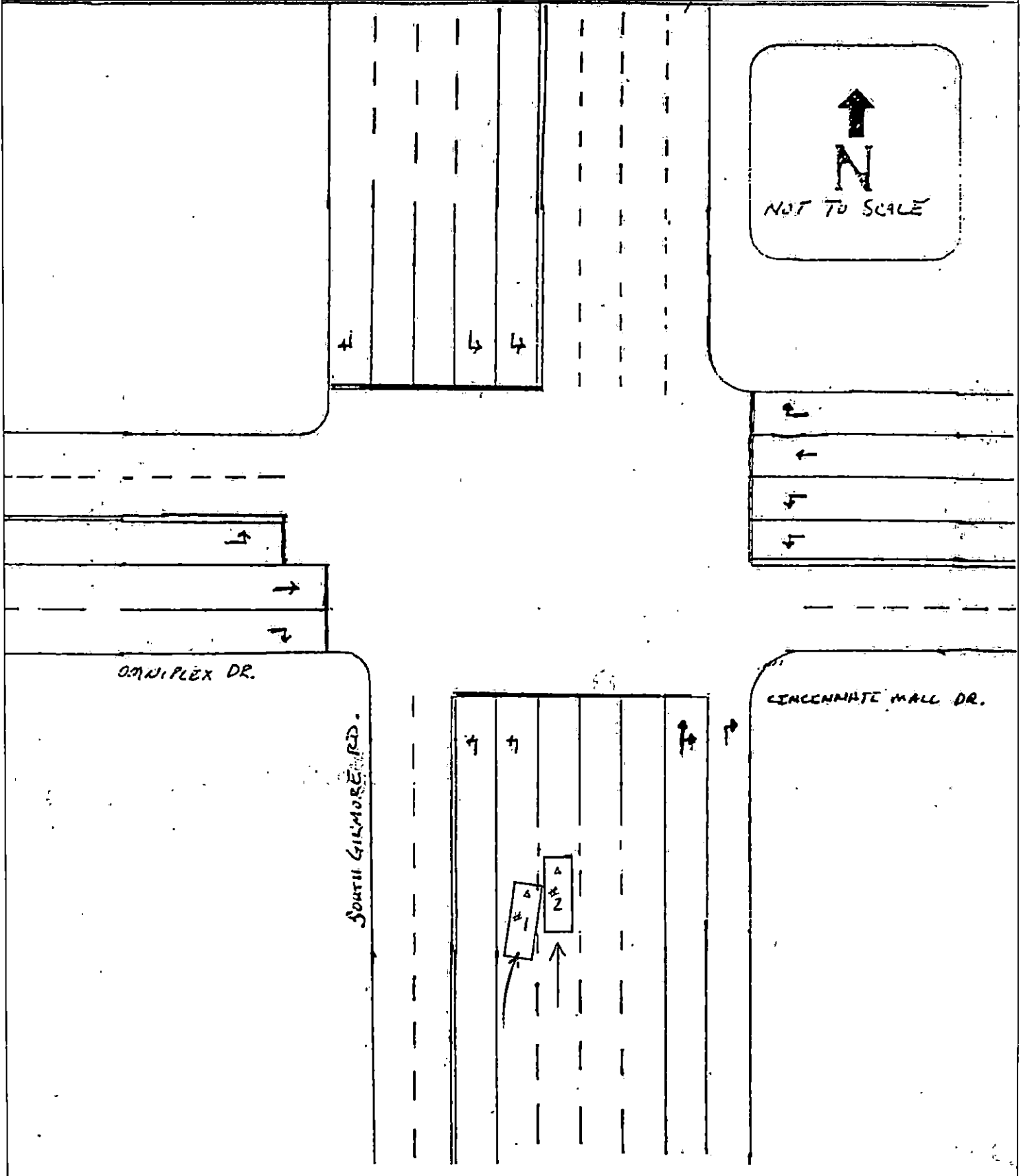
|  |   |  |  |   |  |                                |   |                      |  |  |
|--|---|--|--|---|--|--------------------------------|---|----------------------|--|--|
| <b>UNIT #</b><br>0 1   | <b>NAME: LAST, FIRST, MIDDLE</b><br>HATTEN, RONALD CORNEL JR. |  |  | <b>DATE OF BIRTH</b><br>0 4 2 5 1 9 6 9   |  | <b>AGE</b><br>5 3              | <b>GENDER</b><br>M                                |                      |  |  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>3834 JENNA CT. HAMILTON, OH 45013-3799 |   |  |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b>  |  |                                |   |                      |  |  |
| <b>INJURIES</b><br>5   | <b>INJURED TAKEN BY</b>                                       | <b>EMS AGENCY (NAME)</b>                     | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b><br>0 4   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b><br>0 1 | <b>AIR BAG USAGE</b><br>1                         | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1                                |  |
| <b>OL STATE</b><br>O H   | <b>OPERATOR LICENSE NUMBER</b>                                |  | <b>OFFENSE CHARGED</b><br>331.08 (A) (1)               | <b>LOCAL CODE</b><br><input checked="" type="checkbox"/>  | <b>OFFENSE DESCRIPTION</b><br>MARKED LANES       |                                | <b>CITATION NUMBER</b><br>254849                  |                      |  |  |
| <b>OL CLASS</b><br>4   | <b>ENDORSEMENT SELECT UP TO 2</b>                             | <b>RESTRICTION SELECT UP TO 3</b><br>0 3 1 6 | <b>DRIVER DISTRACTED BY</b><br>1                       | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b><br>1          | <b>ALCOHOL TEST</b><br>STATUS: 1 TYPE: 1 VALUE: 1 |                      | <b>DRUG TEST(S)</b><br>STATUS: 1 TYPE: 1 RESULT: 1 |  |

|  |  |                                   |  |   |  |                                |   |                      |  |  |
|--|--|-----------------------------------|--|---|--|--------------------------------|---|----------------------|--|--|
| <b>UNIT #</b><br>0 2   | <b>NAME: LAST, FIRST, MIDDLE</b><br>CASSANO, KRISTINE JO |                                   |  | <b>DATE OF BIRTH</b><br>0 6 2 6 1 9 6 4   |  | <b>AGE</b><br>5 8              | <b>GENDER</b><br>F                                |                      |  |  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>470 MARSH DR. FAIRFIELD, OH 45014-9119 |  |                                   |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b>  |  |                                |   |                      |  |  |
| <b>INJURIES</b><br>5   | <b>INJURED TAKEN BY</b>                                  | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b><br>0 4   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b><br>0 1 | <b>AIR BAG USAGE</b><br>1                         | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1                                |  |
| <b>OL STATE</b><br>O H   | <b>OPERATOR LICENSE NUMBER</b>                           |                                   | <b>OFFENSE CHARGED</b>                                 | <b>LOCAL CODE</b><br><input type="checkbox"/>   | <b>OFFENSE DESCRIPTION</b>                       |                                | <b>CITATION NUMBER</b>                            |                      |  |  |
| <b>OL CLASS</b><br>04  | <b>ENDORSEMENT SELECT UP TO 2</b>                        | <b>RESTRICTION SELECT UP TO 3</b> | <b>DRIVER DISTRACTED BY</b><br>1                       | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b><br>1          | <b>ALCOHOL TEST</b><br>STATUS: 1 TYPE: 1 VALUE: 1 |                      | <b>DRUG TEST(S)</b><br>STATUS: 1 TYPE: 1 RESULT: 1 |  |

|  |                                   |                                   |  |   |  |                         |   |                 |  |  |
|--|-----------------------------------|-----------------------------------|--|---|--|-------------------------|---|-----------------|--|--|
| <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b>  |                                   |  | <b>DATE OF BIRTH</b>  |  | <b>AGE</b><br>0         | <b>GENDER</b>                               |                 |  |  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                   |                                   |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b>  |  |                         |   |                 |  |  |
| <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>           | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b>  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b>                        | <b>EJECTION</b> | <b>TRAPPED</b>                                 |  |
| <b>OL STATE</b>                          | <b>OPERATOR LICENSE NUMBER</b>    |                                   | <b>OFFENSE CHARGED</b>                                 | <b>LOCAL CODE</b><br><input type="checkbox"/>   | <b>OFFENSE DESCRIPTION</b>                       |                         | <b>CITATION NUMBER</b>                      |                 |  |  |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT SELECT UP TO 2</b> | <b>RESTRICTION SELECT UP TO 3</b> | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b>        | <b>ALCOHOL TEST</b><br>STATUS: TYPE: VALUE: |                 | <b>DRUG TEST(S)</b><br>STATUS: TYPE: RESULT: 1 |  |

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

|   |   |                                     |
|---|---|-------------------------------------|
| LOCAL REPORT NUMBER<br><b>22-075397</b> | REPORTING AGENCY<br><b>Fairfield Police Department</b>    | DATE OF ACCIDENT<br><b>10/15/22</b> |
| IN COUNTY OF<br><b>Butler</b>           | ACCIDENT LOCATION<br><b>S. Gilmore Rd. @ Omniplex Dr.</b> |                                     |



|   |                         |
|---|-------------------------|
| OFFICER'S SIGNATURE<br><b>P.O. Ryan Fleenor</b> | BADGE NO.<br><b>117</b> |
|---|-------------------------|