



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

|  |  |                                |                        |  |                 |               |                 |     |
|--|--|--------------------------------|------------------------|--|-----------------|---------------|-----------------|-----|
| <input checked="" type="checkbox"/> PHOTOS TAKEN | <input checked="" type="checkbox"/> OH-2 | <input type="checkbox"/> OH-3  | LOCAL INFORMATION      |  | 2 2 0 9 0 7 1 7 |               |                 |     |
| <input type="checkbox"/> SECONDARY CRASH         | <input type="checkbox"/> OH-1P           | <input type="checkbox"/> OTHER | REPORTING AGENCY NAME* |  | NCIC*           |               | HIT/SKIP        |     |
| <input type="checkbox"/> PRIVATE PROPERTY        | Fairfield Police Department              |                                | 0 0 9 0 1              |  | 1 - SOLVED      |               | NUMBER OF UNITS |     |
|  |  |                                |                        |  |                 | 2 - UNSOLVED  |                 | 0 2 |
|  |  |                                |                        |  |                 | UNIT IN ERROR |                 | 0 1 |
|  |  |                                |                        |  |                 | 98 - ANIMAL   |                 |     |
|  |  |                                |                        |  |                 | 99 - UNKNOWN  |                 |     |

|         |           |                                    |  |                              |                |
|---------|-----------|------------------------------------|--|------------------------------|----------------|
| COUNTY* | LOCALITY* | LOCATION: CITY, VILLAGE, TOWNSHIP* |  | CRASH DATE / TIME*           | CRASH SEVERITY |
| 0 9     | 1         | City of Fairfield                  |  | 1 2 1 4 2 0 2 2 0 6 5 4      | 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           | LATITUDE DECIMAL DEGREES            |
| S R                  | 4                      |                  | Holden  | B L                 | 3 9 . 3 3 2 7 0 0                   |
| REFERENCE ROUTE TYPE | REFERENCE ROUTE NUMBER | REFERENCE PREFIX | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | REFERENCE ROAD TYPE | REFERENCE LONGITUDE DECIMAL DEGREES |
|                      |                        |                  | Holden  | B L                 | 8 4 . 5 2 1 5 0 9                   |

|                         |                          |                            |                |  |
|-------------------------|--------------------------|----------------------------|----------------|--|
| REFERENCE POINT         | DIRECTION FROM REFERENCE | ROUTE TYPE                 | ROAD TYPE      | INTERSECTION RELATED   |
| 1 - INTERSECTION        | 1 - NORTH                | IR - INTERSTATE ROUTE (TP) | AL - ALLEY     | <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH |
| 2 - MILE POST           | 2 - SOUTH                | US - FEDERAL US ROUTE      | AV - AVENUE    | <input type="checkbox"/> WITHIN INTERCHANGE AREA                       |
| 3 - HOUSE #             | 3 - EAST                 | SR - STATE ROUTE           | BL - BOULEVARD | NUMBER OF APPROACHES   |
|                         | 4 - WEST                 | CR - NUMBERED COUNTY ROUTE | MP - MILEPOST  | 0 4  |
| DISTANCE FROM REFERENCE | DISTANCE UNIT OF MEASURE | TR - NUMBERED TOWNSHIP     | OV - OVAL      |  |
|                         | 1 - MILES                | RD - ROAD                  | PK - PARKWAY   |  |
|                         | 2 - FEET                 | TE - TERRACE               | PL - PLACE     |  |
|                         | 3 - YARDS                | TL - TRAIL                 | WA - WAY       |  |
|                         |                          | HE - HEIGHTS               |                |  |
|                         |                          |                            |                | <input type="checkbox"/> ROADWAY DIVIDED                               |

|                                 |   |                     |                                       |
|---------------------------------|---|---------------------|---------------------------------------|
| LOCATION OF FIRST HARMFUL EVENT | MANNER OF CRASH COLLISION/IMPACT                          | DIRECTION OF TRAVEL | MEDIAN TYPE                           |
| 1 - ON ROADWAY                  | 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT | 1 - NORTH           | 1 - DIVIDED FLUSH MEDIAN (<4 FEET)    |
| 2 - ON SHOULDER                 | 2 - REAR-END  | 2 - SOUTH           | 2 - DIVIDED FLUSH MEDIAN (≥4 FEET)    |
| 3 - IN MEDIAN                   | 3 - HEAD-ON   | 3 - EAST            | 3 - DIVIDED, DEPRESSED MEDIAN         |
| 4 - ON ROADSIDE                 | 4 - REAR-TO-REAR  | 4 - WEST            | 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) |
| 5 - ON GORE                     | 5 - BACKING   |                     | 9 - OTHER/UNKNOWN                     |
| 6 - OUTSIDE TRAFFIC WAY         | 6 - ANGLE   |                     |                                       |
| 7 - ON RAMP                     | 7 - SIDESWIPE, SAME DIRECTION                             |                     |                                       |
| 8 - OFF RAMP                    | 8 - SIDESWIPE, OPPOSITE DIRECTION                         |                     |                                       |
|                                 | 9 - OTHER / UNKNOWN                                       |                     |                                       |

|                          |                          |                          |                          |                                 |   |         |            |         |
|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------------|---|---------|------------|---------|
| WORK ZONE RELATED        | WORKERS PRESENT          | LAW ENFORCEMENT PRESENT  | ACTIVE SCHOOL ZONE       | WORK ZONE TYPE                  | LOCATION OF CRASH IN WORK ZONE            | CONTOUR | CONDITIONS | SURFACE |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 - LANE CLOSURE                | 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN | 1       | 2          | 2       |
|                          |                          |                          |                          | 2 - LANE SHIFT/CROSSOVER        | 2 - ADVANCE WARNING AREA                  |         |            |         |
|                          |                          |                          |                          | 3 - WORK ON SHOULDER OR MEDIAN  | 3 - TRANSITION AREA                       |         |            |         |
|                          |                          |                          |                          | 4 - INTERMITTENT OR MOVING WORK | 4 - ACTIVITY AREA                         |         |            |         |
|                          |                          |                          |                          | 5 - OTHER                       | 5 - TERMINATION AREA                      |         |            |         |

|                                     |                                       |                    |                                  |                                   |
|-------------------------------------|---------------------------------------|--------------------|----------------------------------|-----------------------------------|
| LIGHT CONDITION                     | WEATHER                               | CONTOUR            | CONDITIONS                       | SURFACE                           |
| 3                                   | 0 4                                   | 1                  | 2                                | 2                                 |
| 1 - DAYLIGHT                        | 1 - CLEAR                             | 1 - STRAIGHT LEVEL | 1 - DRY                          | 1 - CONCRETE                      |
| 2 - DAWN/DUSK                       | 2 - CLOUDY                            | 2 - STRAIGHT GRADE | 2 - WET                          | 2 - BLACKTOP, BITUMINOUS, ASPHALT |
| 3 - DARK - LIGHTED ROADWAY          | 3 - FOG, SMOG, SMOKE                  | 3 - CURVE LEVEL    | 3 - SNOW                         | 3 - BRICK/BLOCK                   |
| 4 - DARK - ROADWAY NOT LIGHTED      | 4 - RAIN                              | 4 - CURVE GRADE    | 4 - ICE                          | 4 - SLAG, GRAVEL, STONE           |
| 5 - DARK - UNKNOWN ROADWAY LIGHTING | 5 - SLEET, HAIL                       | 9 - OTHER/UNKNOWN  | 5 - SAND, MUD, DIRT, OIL, GRAVEL | 5 - DIRT                          |
| 9 - OTHER / UNKNOWN                 | 6 - SNOW                              |                    | 6 - WATER (STANDING, MOVING)     | 9 - OTHER/UNKNOWN                 |
|                                     | 7 - SEVERE CROSSWINDS                 |                    | 7 - SLUSH                        |                                   |
|                                     | 8 - BLOWING SAND, SOIL, DIRT, SNOW    |                    | 9 - OTHER/UNKNOWN                |                                   |
|                                     | 9 - FREEZING RAIN OR FREEZING DRIZZLE |                    |                                  |                                   |
|                                     | 99 - OTHER / UNKNOWN                  |                    |                                  |                                   |

|  |  |
|--|--|
| NARRATIVE  | Indicate the north direction with an "N" on the compass diagram. |
| On 12/14/2022 at about 6:54 A.M. Unit 1 was traveling south on Dixie Hwy. at approximately 10 m.p.h. and when turning eastbound onto Holden Blvd. failed to stop within the assured clear distance ahead and collided with Unit 2 which was also eastbound on Holden Blvd. and was slowing/stopped in traffic on Holden Blvd. Brake lights on Unit 2 were inspected and were working properly. | See OH-2   |

|                            |                          |                         |                                    |  |
|----------------------------|--------------------------|-------------------------|------------------------------------|--|
| CRASH REPORTED DATE / TIME | DISPATCH DATE / TIME     | ARRIVAL DATE / TIME     | SCENE CLEARED DATE / TIME          | REPORT TAKEN BY  |
| 1 2 1 4 2 0 2 2 0 6 5 5    | 1 2 1 4 2 0 2 2 0 6 5 7  | 1 2 1 4 2 0 2 2 0 7 0 9 | 1 2 1 4 2 0 2 2 0 7 3 3            | <input checked="" type="checkbox"/> POLICE AGENCY  |
| TOTAL TIME ROADWAY CLOSED  | OTHER INVESTIGATION TIME | TOTAL MINUTES           | OFFICER'S NAME*                    | <input type="checkbox"/> MOTORIST  |
|                            |                          | 3 6                     | P.O. C. Moore                      | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP) |
|                            |                          |                         | OFFICER'S BADGE NUMBER*            |  |
|                            |                          |                         | 1 3 6                              |  |
|                            |                          |                         | CHECKED BY OFFICER'S NAME*         |  |
|                            |                          |                         | SM                                 |  |
|                            |                          |                         | CHECKED BY OFFICER'S BADGE NUMBER* |  |
|                            |                          |                         | 1 0 5                              |  |

LOCAL REPORT NUMBER 2, 2, 0, 9, 0, 7, 1, 7

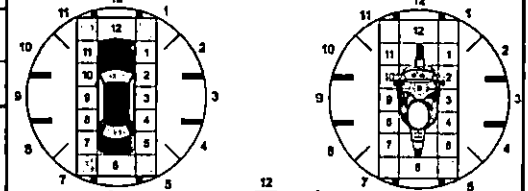
OWNER UNIT # 01, OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) Ponton, Riley, OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) 2826 Jupiter Dr. Fairfield, OH 45014

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

LP STATE OH, LICENSE PLATE # JSH4311, VEHICLE IDENTIFICATION # 1GNC1A2131B129151715460, VEHICLE YEAR 2009, VEHICLE MAKE Chevrolet

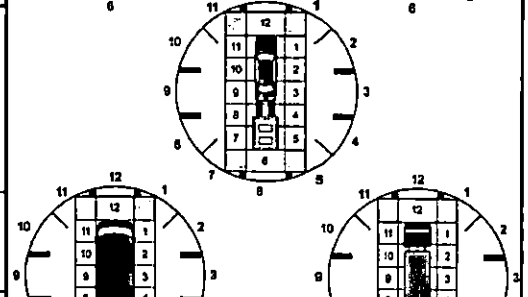
DAMAGED AREA(S) INDICATE ALL THAT APPLY

INSURANCE VERIFIED, INSURANCE COMPANY Progressive Ins., INSURANCE POLICY # 953679150, COLOR Silver, VEHICLE MODEL HHR



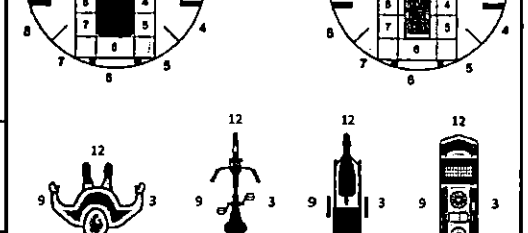
TYPE OF USE, US DOT #, TOWED BY: COMPANY NAME, HAZARDOUS MATERIAL, VEHICLE WEIGHT GVWR/GCWR, MATERIAL RELEASED, PLACARD

UNIT TYPE 03, 1 - PASSENGER CAR, 2 - PASSENGER VAN (MINIVAN), 3 - SPORT UTILITY VEHICLE, 4 - PICK UP, 5 - CARGOVAN, 6 - VAN (9-15 SEATS)

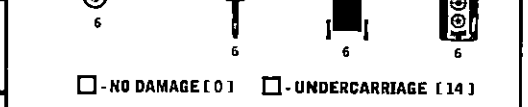


WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0, 1 - YES, 2 - NO, 9 - OTHER/UNKNOWN, AUTONOMOUS MODE LEVEL 0

SPECIAL FUNCTION 01, 1 - NONE, 2 - TAXI, 3 - ELECTRONIC RIDE SHARING, 4 - SCHOOL TRANSPORT, 5 - BUS - TRANSIT/COMMUTER



CARGO BODY TYPE 01, 1 - NO CARGO BODY TYPE / NOT APPLICABLE, 2 - BUS, 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE, 4 - LOGGING



VEHICLE DEFECTS, 1 - TURN SIGNALS, 2 - HEAD LAMPS, 3 - TAIL LAMPS, 4 - BRAKES, 5 - STEERING, 6 - TIRE BLOWOUT

NON-MOTORIST LOCATION AT IMPACT, 1 - INTERSECTION - MARKED CROSSWALK, 2 - INTERSECTION - UNMARKED CROSSWALK, 3 - INTERSECTION - OTHER, 4 - MIDBLOCK - MARKED CROSSWALK, 5 - TRAVEL LANE - OTHER LOCATION

ACTION 01, 1 - NON-CONTACT, 2 - NON-COLLISION, 3 - STRIKING, 4 - STRUCK, 5 - BOTH STRIKING & STRUCK, 9 - OTHER / UNKNOWN

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

CONTROLLING CIRCUMSTANCES 08, 1 - NONE, 2 - FAILURE TO YIELD, 3 - RAN RED LIGHT, 4 - RAN STOP SIGN, 5 - UNSAFE SPEED, 6 - IMPROPER TURN

TRAFFICWAY FLOW, 1 - ONE-WAY, 2 - TWO-WAY, TRAFFIC CONTROL, 1 - ROUNDABOUT, 2 - SIGNAL, 3 - FLASHER, 4 - STOP SIGN, 5 - YIELD SIGN, 6 - NO CONTROL

SEQUENCE OF EVENTS, 1 - OVERTURN/RULLOVER, 2 - FIRE/EXPLOSION, 3 - IMMERSION, 4 - JACKKNIFE, 5 - CARGO / EQUIPMENT LOSS OR SHIFT

# OF THROUGH LANES ON ROAD 8, RAIL GRADE CROSSING, 1 - NOT INVOLVED, 2 - INVOLVED-ACTIVE CROSSING, 3 - INVOLVED-PASSIVE CROSSING

FIRST HARMFUL EVENT 1, MOST HARMFUL EVENT 1, 1 - IMPACT ATTENUATOR / CRASH CUSHION, 2 - BRIDGE OVERHEAD STRUCTURE, 27 - BRIDGE PIER OR ABUTMENT, 28 - BRIDGE PARAPET, 29 - BRIDGE RAIL, 30 - GUARDRAIL FACE

UNIT / NON-MOTORIST DIRECTION, FROM 1 TO 3, UNIT SPEED 10, POSTED SPEED 35, DETECTED SPEED, 1 - STATED / ESTIMATED SPEED, 2 - CALCULATED / EDR, 3 - UNDETERMINED



# UNIT

LOCAL REPORT NUMBER  
2 2 0 9 0 7 1 7

**OWNER**

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) Mulumba, Esther Bitshilualua OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)  
200 Bent Tree Dr. Apt. 1B Fairfield, OH 45014

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

**DAMAGE**

DAMAGE SCALE

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

**VEHICLE**

LP STATE OH LICENSE PLATE # JEA9952 VEHICLE IDENTIFICATION # SNPE1214A1F17H1451481513 VEHICLE YEAR 2017 VEHICLE MAKE Hyundai

INSURANCE VERIFIED INSURANCE COMPANY Liberty Mutual INSURANCE POLICY # AOV2816468894012 COLOR Brown VEHICLE MODEL Sonata

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE TYPE OF USE

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS 01 VEHICLE WEIGHT GVWR/GCWR  
1 - <10K LBS.  
2 - 10,001 - 26K LBS.  
3 - >26K LBS.

HAZARDOUS MATERIAL CLASS # PLACARD ID #

**DAMAGED AREA(S)**  
INDICATE ALL THAT APPLY

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 (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

# OF TRAILING UNITS

**INITIAL POINT OF CONTACT**

06 0 - NO DAMAGE 14 - UNDERCARRIAGE  
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
13 - TOP 99 - UNKNOWN

VASVEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?

02 1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL

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

**TRAFFIC**

TRAFFICWAY FLOW

2 1 - ONE-WAY 2 - TWO-WAY

TRAFFIC CONTROL

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

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 / SUBWAY 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

**TRAFFICWAY FLOW**

2 1 - ONE-WAY 2 - TWO-WAY

**TRAFFIC CONTROL**

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

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 - CARGO VAN / ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER  
7 - GRAIN / CHIPS / GRAVEL 11 - DUMP 10 - FLAT BED 14 - GARBAGE / REFUSE  
99 - OTHER / UNKNOWN

**TRAFFICWAY FLOW**

2 1 - ONE-WAY 2 - TWO-WAY

**TRAFFIC CONTROL**

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

VEHICLE DEFECTS

01 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

**TRAFFICWAY FLOW**

2 1 - ONE-WAY 2 - TWO-WAY

**TRAFFIC CONTROL**

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

NON-MOTORIST LOCATION AT IMPACT

04 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

**TRAFFICWAY FLOW**

2 1 - ONE-WAY 2 - TWO-WAY

**TRAFFIC CONTROL**

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

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 PRE-CRASH ACTIONS 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

**TRAFFICWAY FLOW**

2 1 - ONE-WAY 2 - TWO-WAY

**TRAFFIC CONTROL**

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

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 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE  
3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - STOPPED OR PARKED ILLEGALLY 23 - OPENING DOOR INTO ROADWAY  
4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - SWERVING TO AVOID 19 - LOAD SHIFTING / FALLING / SPILLING 99 - OTHER IMPROPER ACTION  
5 - UNSAFE SPEED 11 - DROVE OFF ROAD 17 - WRONGWAY 20 - IMPROPER CROSSING  
6 - IMPROPER TURN 12 - IMPROPER BACKING

**TRAFFICWAY FLOW**

2 1 - ONE-WAY 2 - TWO-WAY

**TRAFFIC CONTROL**

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

SEQUENCE OF EVENTS

120 1 - OVERTURN / ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
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 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT  
4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT  
5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE

**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

COLLISION WITH FIXED OBJECT - STRUCK

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 55 - OTHER / UNKNOWN  
49 - FIRE HYDRANT

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 2 0 9 0 7 1 7

|   |  |                                   |           |             |
|---|--|-----------------------------------|-----------|-------------|
| UNIT #<br>0 1   | NAME: LAST, FIRST, MIDDLE<br>Ponton, Riley | DATE OF BIRTH<br>0 2 1 7 1 9 9 9  | AGE<br>23 | GENDER<br>M |
| ADDRESS: STREET, CITY, STATE, ZIP<br>2826 Jupiter Dr. Fairfield, OH 45014 |  | CONTACT PHONE - INCLUDE AREA CODE |           |             |

|                |                            |                            |   |  |  |                         |                                       |               |  |
|----------------|----------------------------|----------------------------|---|--|--|-------------------------|---------------------------------------|---------------|--|
| INJURIES<br>5  | INJURED TAKEN BY           | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0 4   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 1 | AIR BAG USAGE<br>1                    | EJECTION<br>1 | TRAPPED<br>1                           |
| OL STATE<br>OH | OPERATOR LICENSE NUMBER    |                            | OFFENSE CHARGED<br>333.03a                      | LOCAL CODE<br><input checked="" type="checkbox"/>  | OFFENSE DESCRIPTION<br>ACDA                      |                         | CITATION NUMBER<br>255543             |               |  |
| OL CLASS<br>04 | 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>01         | ALCOHOL TEST<br>STATUS 1 TYPE 1 VALUE |               | DRUG TEST(S)<br>STATUS 1 TYPE 1 RESULT |

|  |  |                                   |           |             |
|--|--|-----------------------------------|-----------|-------------|
| UNIT #<br>0 2  | NAME: LAST, FIRST, MIDDLE<br>Mulumba, Esther | DATE OF BIRTH<br>1 0 2 2 1 9 7 7  | AGE<br>45 | GENDER<br>F |
| ADDRESS: STREET, CITY, STATE, ZIP<br>200 Bent Tree Dr. Apt. 1B Fairfield, OH 45014 |  | CONTACT PHONE - INCLUDE AREA CODE |           |             |

|                |                            |                                   |   |  |  |                         |                                       |               |  |
|----------------|----------------------------|-----------------------------------|---|--|--|-------------------------|---------------------------------------|---------------|--|
| INJURIES<br>5  | INJURED TAKEN BY           | EMS AGENCY (NAME)                 | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0 4   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 1 | AIR BAG USAGE<br>1                    | EJECTION<br>1 | TRAPPED<br>1                           |
| OL STATE<br>OH | OPERATOR LICENSE NUMBER    |                                   | OFFENSE CHARGED                                 | LOCAL CODE<br><input type="checkbox"/>   | OFFENSE DESCRIPTION                              |                         | CITATION NUMBER                       |               |  |
| OL CLASS<br>04 | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3<br>0 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>01         | ALCOHOL TEST<br>STATUS 1 TYPE 1 VALUE |               | DRUG TEST(S)<br>STATUS 1 TYPE 1 RESULT |

|                                   |                           |                                   |          |        |
|-----------------------------------|---------------------------|-----------------------------------|----------|--------|
| UNIT #                            | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH                     | AGE<br>0 | GENDER |
| ADDRESS: STREET, CITY, STATE, ZIP |                           | CONTACT PHONE - INCLUDE AREA CODE |          |        |

|          |                            |                            |   |  |  |                  |                                   |          |   |
|----------|----------------------------|----------------------------|---|--|--|------------------|-----------------------------------|----------|---|
| INJURIES | INJURED TAKEN BY           | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE                     | EJECTION | TRAPPED   |
| OL STATE | OPERATOR LICENSE NUMBER    |                            | OFFENSE CHARGED                                 | LOCAL CODE<br><input type="checkbox"/>   | 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 TYPE VALUE |          | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4 |

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

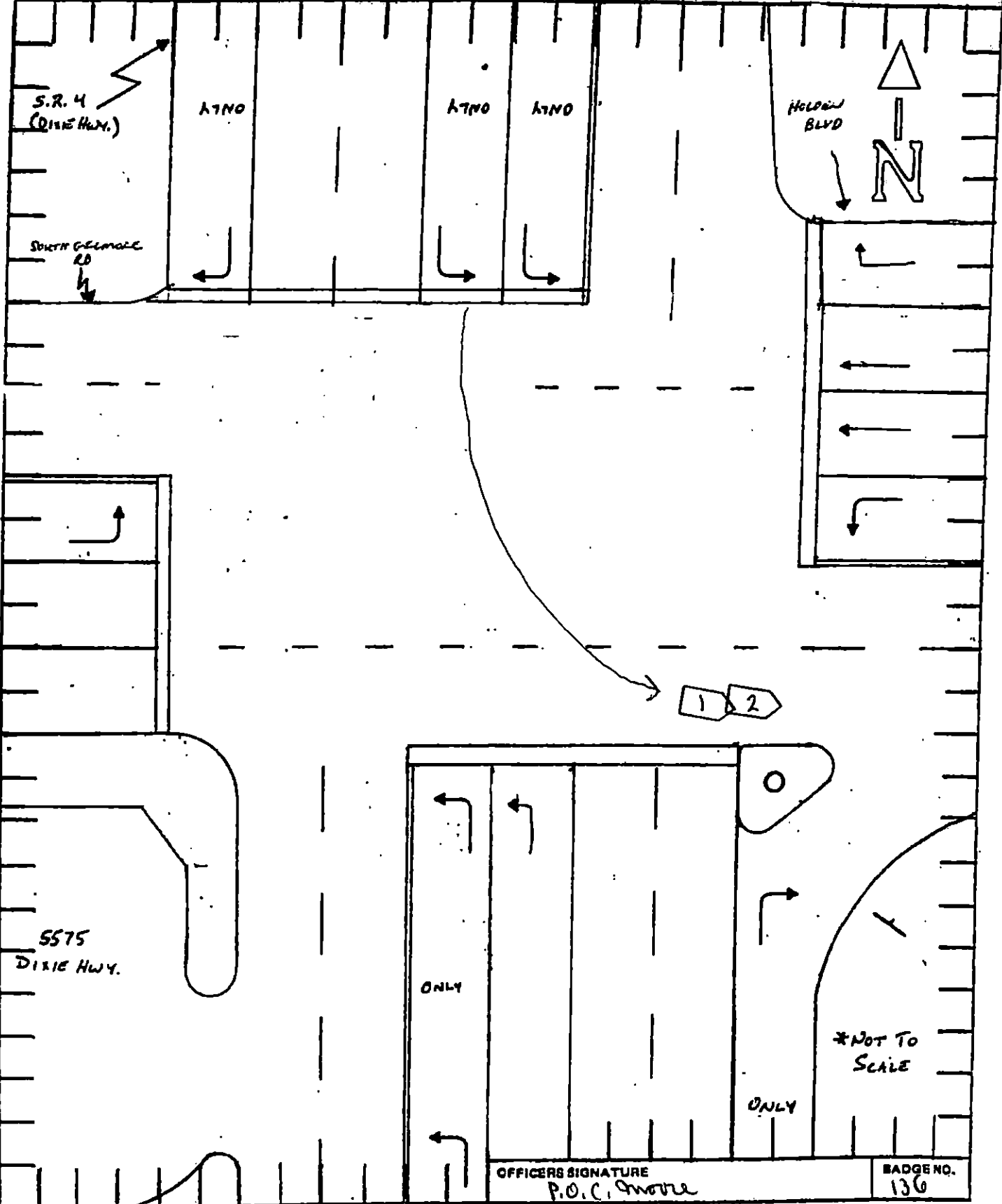
LOCAL REPORT NUMBER PD-22-090717

REPORTING AGENCY FAIRFIELD P.D. 00901

DATE OF ACCIDENT M. 12 10 14 11 23

IN COUNTY OF BUTLER

ACCIDENT LOCATION Holden Blvd. @ Dixie Hwy.



OFFICERS SIGNATURE P.O.C. Moore

BADGE NO. 136