



# 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 checked="" type="checkbox"/> OH-3	LOCAL INFORMATION	2 2 0 9 4 2 8 2		
<input type="checkbox"/> SECONDARY CRASH	<input checked="" type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR
<input type="checkbox"/> PRIVATE PROPERTY			Fairfield Police Department	1 - SOLVED	0 2	0 1 98 - ANIMAL
			NCIC*	2 - UNSOLVED		99 - UNKNOWN
			0 0 9 0 1			

COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*	CRASH DATE / TIME*	CRASH SEVERITY
0 9	1	City of Fairfield	1 2 3 0 2 0 2 2 1 4 0 9	3
	1 - CITY 2 - VILLAGE 3 - TOWNSHIP			1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINDR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY

ROUTE TYPE	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES
		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	Port Union	R D	3 9 . 3 3 4 6 8 0
ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES
		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	Osborne	D R	8 4 . 4 9 7 6 0 2

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	CR - CIRCLE	4
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE	TR - NUMBERED TOWNSHIP ROUTE	CT - COURT	
	1 - MILES		DR - DRIVE	
	2 - FEET		HE - HEIGHTS	
	3 - YARDS		PL - PLACE	
			HW - HIGHWAY	
			LA - LANE	
			MP - MILEPOST	
			RD - ROAD	
			ST - STREET	
			SQ - SQUARE	
			TE - TERRACE	
			TL - TRAIL	
			VA - WAY	
			WA - WAY	

LOCATION OF FIRST HARMFUL EVENT	MANNER OF CRASH COLLISION/IMPACT	DIRECTION OF TRAVEL	MEDIAN TYPE
1 - ON ROADWAY	1 - NOT COLLISION	1 - NORTH	1 - DIVIDED FLUSH MEDIAN (<4 FEET)
2 - ON SHOULDER	4 - REAR-TO-REAR	2 - SOUTH	2 - DIVIDED FLUSH MEDIAN (≥4 FEET)
3 - IN MEDIAN	5 - BACKING	3 - EAST	3 - DIVIDED, DEPRESSED MEDIAN
4 - ON ROADSIDE	6 - ANGLE	4 - WEST	4 - DIVIDED, RAISED MEDIAN (ANY TYPE)
5 - ON GORE	7 - SIDESWIPE, SAME DIRECTION		9 - OTHER/UNKNOWN
6 - OUTSIDE TRAFFIC WAY	8 - SIDESWIPE, OPPOSITE DIRECTION		
7 - ON RAMP	9 - OTHER / UNKNOWN		
8 - OFF RAMP			
9 - CROSSOVER			
10 - DRIVEWAY/ALLEY ACCESS			
11 - RAILWAY GRADE CROSSING			
12 - SHARED USE PATHS OR TRAILS			
13 - BIKE LANE			
14 - TOLL BOOTH			
99 - OTHER / UNKNOWN			


<input type="checkbox"/> WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE
<input type="checkbox"/> WORKERS PRESENT	1 - LANE CLOSURE	1 - BEFORE THE 1ST WORK ZONE WARNING SIGN	1	1	2
<input type="checkbox"/> LAW ENFORCEMENT PRESENT	2 - LANE SHIFT/CROSSOVER	2 - ADVANCE WARNING AREA	1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE
<input type="checkbox"/> ACTIVE SCHOOL ZONE	3 - WORK ON SHOULDER OR MEDIAN	3 - TRANSITION AREA	2 - STRAIGHT GRADE	2 - WET	2 - BLACKTOP, BITUMINOUS, ASPHALT
	4 - INTERMITTENT OR MOVING WORK	4 - ACTIVITY AREA	3 - CURVE LEVEL	3 - SNOW	3 - BRICK/BLOCK
	5 - OTHER	5 - TERMINATION AREA	4 - CURVE GRADE	4 - ICE	4 - SLAG, GRAVEL, STONE
			9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	5 - DIRT
				6 - WATER (STANDING, MOVING)	9 - OTHER/UNKNOWN
				7 - SLUSH	
				9 - OTHER/UNKNOWN	

LIGHT CONDITION	WEATHER
1 - DAYLIGHT	1 - CLEAR
2 - DAWN/DUSK	2 - CLOUDY
3 - DARK - LIGHTED ROADWAY	3 - FOG, SMOG, SMOKE
4 - DARK - ROADWAY NOT LIGHTED	4 - RAIN
5 - DARK - UNKNOWN ROADWAY LIGHTING	5 - SLEET, HAIL
9 - OTHER / UNKNOWN	6 - SNOW
	7 - SEVERE CROSSWINDS
	8 - BLOWING SAND, SOIL, DIRT, SNOW
	9 - FREEZING RAIN OR FREEZING DRIZZLE
	99 - OTHER / UNKNOWN

NARRATIVE

On 12-30-2022 at 2:09 PM Unit 1 was traveling south on Quality Blvd and failed to stop as required by the stop sign and in so doing collided with Unit 2 who was traveling east on Port Union.

SEE OH-2



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

CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME	SCENE CLEARED DATE / TIME	REPORT TAKEN BY
1 2 3 0 2 0 2 2 1 4 0 9	1 2 3 0 2 0 2 2 1 4 1 3	1 2 3 0 2 0 2 2 1 4 3 0	1 2 3 0 2 0 2 2 1 5 2 4	<input checked="" type="checkbox"/> POLICE AGENCY
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*	<input type="checkbox"/> MOTORIST
1 0	8 1	T. King	Checked by OFFICER'S NAME*	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)
		1 6 1	D. Pohl	
			Checked by OFFICER'S BADGE NUMBER*	
			1 3 0	

**OWNER**

UNIT # 0 1 OWNER NAME: LAST, FIRST, MIDDLE  SAME AS DRIVER  
 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

**VEHICLE**

LP STATE OH LICENSE PLATE # HAK3923 VEHICLE IDENTIFICATION # 3N1V1P1X7B216NM051819451 VEHICLE YEAR 2022 VEHICLE MAKE Volks

INSURANCE VERIFIED INSURANCE COMPANY Statefarm INSURANCE POLICY # 2574610-SFP-35 COLOR Red VEHICLE MODEL Taos

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE TYPE OF USE  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS 0 1 US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME Fox

MATERIAL RELEASED HAZARDOUS MATERIAL CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_  
 PLACARD

UNIT TYPE 0 3

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

# OF TRAILING UNITS 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0

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

SPECIAL FUNCTION 0 1

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 0 1

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

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 - MEDIUM 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 0 3

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

CONTRIBUTING CIRCUMSTANCES 0 4

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			

SEQUENCE OF EVENTS

1 2 0

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	
5 - CARGO/EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	15 - PEDALCYCLE	20 - MOTOR VEHICLE IN TRANSPORT	

1 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 - 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	

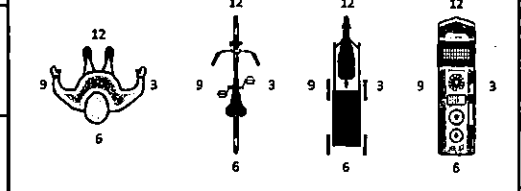
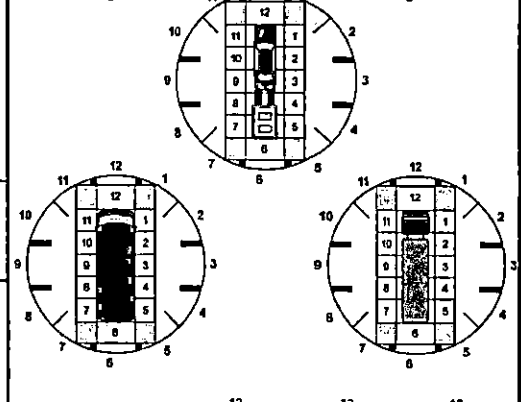
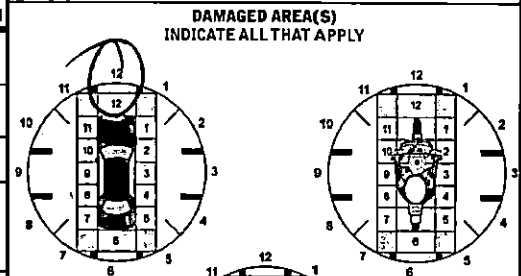
FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

DAMAGE

DAMAGE SCALE

4

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



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

INITIAL POINT OF CONTACT

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

TRAFFIC

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

# OF THROUGH LANES ON ROAD 2

RAIL GRADE CROSSING 1

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

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 1 5

POSTED SPEED 3 5

DETECTED SPEED

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

**OWNER**

UNIT # 0 2 OWNER NAME: LAST, FIRST, MIDDLE  SAME AS DRIVER  
 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  
 2 - MINOR DAMAGE  
 3 - FUNCTIONAL DAMAGE  
 4 - DISABLING DAMAGE  
 9 - UNKNOWN

4

**VEHICLE**

LP STATE OH LICENSE PLATE # JSC7227 VEHICLE IDENTIFICATION # 3N1A17A1P0K1Y224562 VEHICLE YEAR 2019 VEHICLE MAKE Nissan

INSURANCE VERIFIED INSURANCE COMPANY Statefarm INSURANCE POLICY # 2079637 D01-35Q COLOR Gray VEHICLE MODEL Sentra

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
 TYPE OF USE

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS 0 1 US DOT # \_\_\_\_\_

VEHICLE WEIGHT GVWR/GCWR  
 1 - <10K LBS.  
 2 - 10,001 - 26K LBS.  
 3 - >26K LBS.

TOWED BY: COMPANY NAME Waynes  
 HAZARDOUS MATERIAL  
 MATERIAL RELEASED  
 PLACARD CLASS # PLACARD ID # \_\_\_\_\_

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

UNIT TYPE 0 1

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

7 - MOTORCYCLE 2-WHEELED  
 8 - MOTORCYCLE 3-WHEELED  
 9 - AUTOCYCLE  
 10 - MOPED OR MOTORIZED BICYCLE  
 11 - ALL TERRAIN VEHICLE (ATV/UTV)

12 - GOLF CART  
 13 - SNOWMOBILE  
 14 - SINGLE UNIT TRUCK  
 15 - SEMI-TRACTOR  
 16 - FARM EQUIPMENT  
 17 - MOTORHOME

18 - LIMO (LIVERY VEHICLE)  
 19 - BUS (16+ PASSENGERS)  
 20 - OTHER VEHICLE  
 21 - HEAVY EQUIPMENT  
 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE

23 - PEDESTRIAN / SKATER  
 24 - WHEELCHAIR (ANY TYPE)  
 25 - OTHER NON-MOTORIST  
 26 - BICYCLE  
 27 - TRAIN  
 99 - UNKNOWN OR HIT/SKIP

# OF TRAILING UNITS 0

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

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

SPECIAL FUNCTION 0 1

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

6 - BUS - CHARTER/TOUR  
 7 - BUS - INTERCITY  
 8 - BUS - SHUTTLE  
 9 - BUS - OTHER  
 10 - AMBULANCE

11 - FIRE  
 12 - MILITARY  
 13 - POLICE  
 14 - PUBLIC UTILITY  
 15 - CONSTRUCTION EQUIPMENT

16 - FARM  
 17 - MOWING  
 18 - SNOW REMOVAL  
 19 - TOWING  
 20 - SAFETY SERVICE PATROL

21 - MAIL CARRIER  
 99 - OTHER / UNKNOWN

CARGO BODY TYPE 0 1

1 - NO CARGO BODY TYPE / NOT APPLICABLE  
 2 - BUS  
 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE  
 4 - LOGGING  
 5 - INTERMODAL CONTAINER CHASSIS  
 6 - CARGOVAN/ENCLOSED BOX  
 7 - GRAIN/CHIPS/GRAVEL

8 - POLE  
 9 - CARGO TANK  
 10 - FLAT BED  
 11 - DUMP

12 - CONCRETE MIXER  
 13 - AUTOTRANSPORTER  
 14 - GARBAGE/REFUSE  
 99 - OTHER / UNKNOWN

VEHICLE DEFECTS

1 - TURN SIGNALS  
 2 - HEAD LAMPS  
 3 - TAIL LAMPS

4 - BRAKES  
 5 - STEERING  
 6 - TIRE BLOWOUT

7 - WORN OR SLICK TIRES  
 8 - TRAILER EQUIPMENT DEFECTIVE  
 9 - MOTOR TROUBLE  
 10 - DISABLED FROM PRIOR ACCIDENT

99 - OTHER / UNKNOWN

NON-MOTORIST LOCATION AT IMPACT

1 - INTERSECTION - MARKED CROSSWALK  
 2 - INTERSECTION - UNMARKED CROSSWALK  
 3 - INTERSECTION - OTHER  
 4 - MIDBLOCK - MARKED CROSSWALK  
 5 - TRAVEL LANE - OTHER LOCATION

6 - BICYCLE LANE  
 7 - SHOULDER / ROADSIDE  
 8 - SIDEWALK  
 9 - MEDIAN/CROSSING ISLAND AT INCIDENT SCENE  
 10 - DRIVEWAY ACCESS  
 11 - SHARED USE PATHS OR TRAILS

12 - FIRST RESPONDER AT INCIDENT SCENE  
 99 - OTHER / UNKNOWN

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

ACTION 0 4

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

1 - STRAIGHT AHEAD  
 2 - BACKING  
 3 - CHANGING LANES  
 4 - OVERTAKING/PASSING  
 5 - MAKING RIGHT TURN  
 6 - MAKING LEFT TURN

7 - MAKING U-TURN  
 8 - ENTERING TRAFFIC LANE  
 9 - LEAVING TRAFFIC LANE  
 10 - PARKED  
 11 - SLOWING OR STOPPED IN TRAFFIC  
 12 - DRIVERLESS

13 - NEGOTIATING A CURVE OR LEAVING VEHICLE  
 14 - ENTERING OR CROSSING SPECIFIED LOCATION  
 15 - WALKING, RUNNING, JOGGING, PLAYING  
 16 - WORKING  
 17 - PUSHING VEHICLE

18 - APPROACHING OR LEAVING VEHICLE  
 19 - STANDING  
 20 - OTHER NON-MOTORIST  
 21 - STANDING OUTSIDE DISABLED VEHICLE  
 99 - OTHER / UNKNOWN

CONTRIBUTING CIRCUMSTANCES 0 1

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

7 - LEFT OF CENTER  
 8 - FOLLOWING TOO CLOSE / ACDA  
 9 - IMPROPER LANE CHANGE  
 10 - IMPROPER PASSING  
 11 - DROVE OFF ROAD  
 12 - IMPROPER BACKING

13 - IMPROPER START FROM A PARKED POSITION  
 14 - STOPPED OR PARKED ILLEGALLY  
 15 - SWERVING TO AVOID  
 16 - WRONG WAY

17 - VISION OBSTRUCTION  
 18 - OPERATING DEFECTIVE EQUIPMENT  
 19 - LOAD SHIFTING/FALLING/SPILLING  
 20 - IMPROPER CROSSING

21 - LYING IN ROADWAY  
 22 - NOT DISCERNIBLE  
 23 - OPENING DOOR INTO ROADWAY  
 99 - OTHER IMPROPER ACTION

INITIAL POINT OF CONTACT

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

1 0

**TRAFFIC**

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

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

# OF THROUGH LANES ON ROAD 2

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

SEQUENCE OF EVENTS

1 2 0

1 - OVERTURN/ROLLOVER  
 2 - FIRE/EXPLOSION  
 3 - IMMERSION  
 4 - JACKKNIFE  
 5 - CARGO / EQUIPMENT LOSS OR SHIFT

6 - EQUIPMENT FAILURE  
 7 - SEPARATION OF UNITS  
 8 - RAN OFF ROAD RIGHT  
 9 - RAN OFF ROAD LEFT  
 10 - CROSS MEDIAN

11 - NON-COLLISION  
 12 - DOWNHILL RUNAWAY  
 13 - OTHER NON-COLLISION  
 14 - PEDESTRIAN  
 15 - PEDALCYCLE

16 - RAILWAY VEHICLE  
 17 - ANIMAL - FARM  
 18 - ANIMAL - DEER  
 19 - ANIMAL - OTHER  
 20 - MOTOR VEHICLE IN TRANSPORT  
 21 - PARKED MOTOR VEHICLE

22 - WORK ZONE MAINTENANCE EQUIPMENT  
 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
 24 - OTHER MOVABLE OBJECT

**COLLISION WITH FIXED OBJECT - STRUCK**

25 - IMPACT ATTENUATOR / CRASH CUSHION  
 26 - BRIDGE OVERHEAD STRUCTURE  
 27 - BRIDGE PIER OR ABUTMENT  
 28 - BRIDGE PARAPET  
 29 - BRIDGE RAIL  
 30 - GUARDRAIL FACE

31 - GUARDRAIL END  
 32 - PORTABLE BARRIER  
 33 - MEDIAN CABLE BARRIER  
 34 - MEDIAN GUARDRAIL BARRIER  
 35 - MEDIAN CONCRETE BARRIER  
 36 - MEDIAN OTHER BARRIER

37 - TRAFFIC SIGN POST  
 38 - OVERHEAD SIGN POST  
 39 - LIGHT / LUMINARIES SUPPORT  
 40 - UTILITY POLE  
 41 - OTHER POST, POLE OR SUPPORT  
 42 - CULVERT

43 - CURB  
 44 - DITCH  
 45 - EMBANKMENT  
 46 - FENCE  
 47 - MAILBOX  
 48 - TREE  
 49 - FIRE HYDRANT

50 - WORK ZONE MAINTENANCE EQUIPMENT  
 51 - WALL  
 52 - BUILDING  
 53 - TUNNEL  
 54 - OTHER FIXED OBJECT  
 99 - OTHER / UNKNOWN

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

UNIT / NON-MOTORIST DIRECTION

FROM 4 TO 3

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

UNIT SPEED 3 5

POSTED SPEED 3 5

DETECTED SPEED

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



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 2 0 9 4 2 8 2

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE Denyse, Susan, Winslow	DATE OF BIRTH 1 1 2 0 1 9 4 4	AGE 7 8	GENDER F
ADDRESS: STREET, CITY, STATE, ZIP 5768 Reserve Ct, Fairfield OH 45014		CONTACT PHONE - INCLUDE AREA CODE		

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 4	EJECTION 1	TRAPPED 1
OL STATE OH	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 331.19A	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION Stop sign		CITATION NUMBER 253354		
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: 1, TYPE: 1, VALUE: .		DRUG TEST(S) STATUS: 1, TYPE: 1, RESULT: .

UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Smith, Dennis, M	DATE OF BIRTH 0 6 2 3 1 9 5 4	AGE 6 8	GENDER M
ADDRESS: STREET, CITY, STATE, ZIP 28 Fawn Dr. Apt 205, Fairfield OH 45014		CONTACT PHONE - INCLUDE AREA CODE		

INJURIES 3	INJURED TAKEN BY 2	EMS AGENCY (NAME) City of Fairfield	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) UC, West Chester	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 4	EJECTION 1	TRAPPED 2
OL STATE OH	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER		
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: 1, TYPE: 1, VALUE: .		DRUG TEST(S) STATUS: 1, TYPE: 1, RESULT: .

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE 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 <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 <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: .

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-MC MOPED ONLY 6-NO VALID OL	1-ALCOHOL INTERLOCK DEVICE 2-COL INTRASTATE ONLY 3-CORRECTIVE LENSES 4-FARM WAIVER 5-EXCEPT CLASS A 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
<b>INJURED TAKEN BY</b> 1-NOT TRANSPORTED /TREATED AT SCENE 2-EMS 3-POLICE 9-OTHER/UNKNOWN	<b>EJECTION</b> 1-NOT EJECTED 2-PARTIALLY EJECTED 3-TOTALLY EJECTED 4-NOT APPLICABLE	<b>OL ENDORSEMENT</b> H-HAZMAT M-MOTORCYCLE P-PASSENGER N-TANKER O-MOTOR SCOOTER R-THREE-WHEEL MOTORCYCLE S-SCHOOL BUS T-DOUBLE & TRIPLE TRAILERS X-TANKER/HAZMAT	<b>TRAPPED</b> 1-NOT TRAPPED 2-EXTRICATED BY MECHANICAL MEANS 3-FREED BY NON-MECHANICAL MEANS	<b>CONDITION</b> 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	<b>ALCOHOL TEST TYPE</b> 1-NONE 2-BLOOD 3-URINE 4-BREATH 5-OTHER	<b>DRUG TEST TYPE</b> 1-NONE 2-BLOOD 3-URINE 4-OTHER
<b>SAFETY EQUIPMENT</b> 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	<b>GENDER</b> F-FEMALE M-MALE U-OTHER/UNKNOWN	<b>DRUG TEST RESULT(S)</b> 1-AMPHETAMINES 2-BARBITURATES 3-BENZODIAZEPINES 4-CANNABINOIDS 5-COCAINE 6-OPiates / OPIOIDS 7-OTHER 8-NEGATIVE RESULTS				



# OCCUPANT / WITNESS ADDENDUM

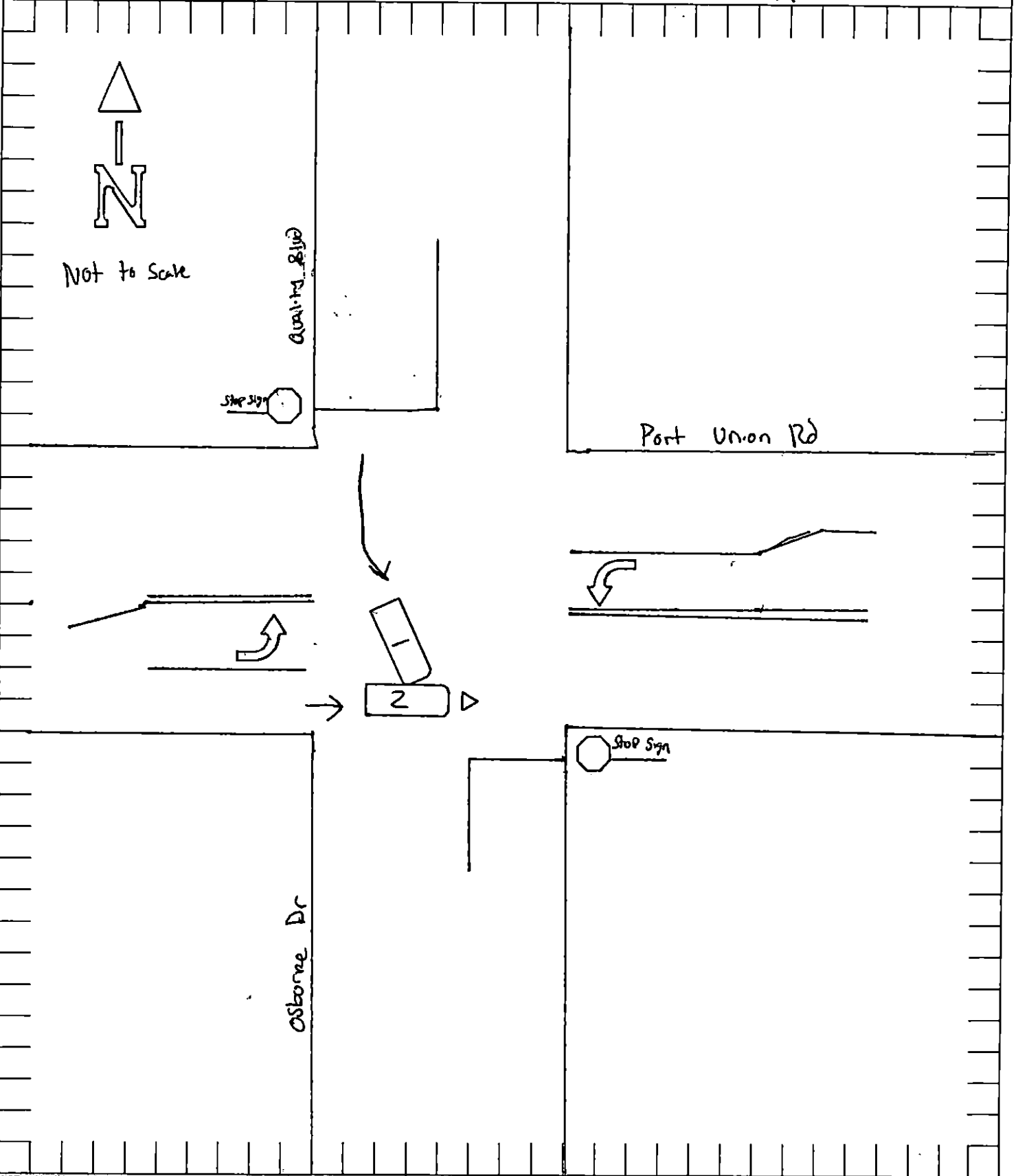
LOCAL REPORT NUMBER  
2 2 0 9 4 2 8 2

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

INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1- FATAL	1- NONE USED - VEHICLE OCCUPANT	1- FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1- NOT DEPLOYED
2- SUSPECTED SERIOUS INJURY	2- SHOULDER BELT ONLY USED	2- FRONT - MIDDLE	2- DEPLOYED FRONT
3- SUSPECTED MINOR INJURY	3- LAP BELT ONLY USED	3- FRONT - RIGHT SIDE	3- DEPLOYED SIDE
4- POSSIBLE INJURY	4- SHOULDER & LAP BELT USED	4- SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4- DEPLOYED BOTH FRONT/SIDE
5- NO APPARENT INJURY	5- CHILD RESTRAINT SYSTEM - FORWARD FACING	5- SECOND - MIDDLE	5- NOT APPLICABLE
	6- CHILD RESTRAINT SYSTEM - REAR FACING	6- SECOND - RIGHT SIDE	9- DEPLOYMENT UNKNOWN
<b>INJURED TAKEN BY</b>	7- BOOSTER SEAT	7- THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	<b>EJECTION</b>
1- NOT TRANSPORTED / TREATED AT SCENE	8- HELMET USED	8- THIRD - MIDDLE	1- NOT EJECTED
2- EMS	9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9- THIRD - RIGHT SIDE	2- PARTIALLY EJECTED
3- POLICE	10- REFLECTIVE CLOTHING	10- SLEEPER SECTION OF TRUCK CAB	3- TOTALLY EJECTED
9- OTHER / UNKNOWN	11- LIGHTING - PEDESTRIAN / BICYCLE ONLY	11- PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4- NOT APPLICABLE
<b>GENDER</b>	99- OTHER / UNKNOWN	12- PASSENGER IN UNENCLOSED CARGO AREA	<b>TRAPPED</b>
F- FEMALE		13- TRAILING UNIT	1- NOT TRAPPED
M- MALE		14- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2- EXTRICATED BY MECHANICAL MEANS
U- OTHER / UNKNOWN		15- NON-MOTORIST	3- FREED BY NON-MECHANICAL MEANS
		99- OTHER / UNKNOWN	

WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	Wocher, Jacob	0 2 2 8 1 9 9 6	2 6	M
ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE	
4696 Castleton Dr. Fairfield OH 45014				

LOCAL REPORT NUMBER <b>PD-22-094282</b>	REPORTING AGENCY <b>Fairfield Police Department</b>	DATE OF ACCIDENT <b>12/30/22</b>
IN COUNTY OF <b>Butler</b>	ACCIDENT LOCATION <b>Port Union Rd / Osborne Dr.</b>	



OFFICER'S SIGNATURE <b>PO T.King</b>	BADGE NO. <b>161</b>
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