



# 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 3 0 0 0 7 8 6 |  |                        |  |
| <input type="checkbox"/> SECONDARY CRASH         | <input type="checkbox"/> OH-1P            | <input type="checkbox"/> OTHER | REPORTING AGENCY NAME*      | NCIC*           | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED | NUMBER OF UNITS<br>0 2 | UNIT IN ERROR<br>98 - ANIMAL<br>99 - UNKNOWN |
|  | <input type="checkbox"/> PRIVATE PROPERTY |                                | Fairfield Police Department | 0 0 9 0 1       |  |                        | 0 1  |

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

|            |              |  |   |           |                           |
|------------|--------------|--|---|-----------|---------------------------|
| ROUTE TYPE | ROUTE NUMBER | PREFIX   | LOCATION ROAD NAME                            | ROAD TYPE | LATITUDE DECIMAL DEGREES  |
|            |              | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | Resor   | R D       | 3 9 . 3 2 2 8 3 6         |
| ROUTE TYPE | ROUTE NUMBER | PREFIX   | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | ROAD TYPE | LONGITUDE DECIMAL DEGREES |
| U S        | 1 2 7        | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST |   |           | 8 4 . 5 6 1 0 9 3         |

|  |  |  |  |  |
|--|--|--|--|--|
| REFERENCE POINT                                  | DIRECTION FROM REFERENCE                       | ROUTE TYPE   | ROAD TYPE  | INTERSECTION RELATED   |
| 1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE # | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | IR - INTERSTATE ROUTE(TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE | AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS | <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA |
| DISTANCE FROM REFERENCE                          | DISTANCE UNIT OF MEASURE                       |  |  | NUMBER OF APPROACHES<br>4  |
|  | 1 - MILES<br>2 - FEET<br>3 - YARDS             |  |  | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED  |

|  |   |  |   |
|--|---|--|---|
| LOCATION OF FIRST HARMFUL EVENT  | MANNER OF CRASH COLLISION/IMPACT  | DIRECTION OF TRAVEL                            | MEDIAN TYPE   |
| 1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP | 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 | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | 1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (≥4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN |

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

|   |  |
|---|--|
| LIGHT CONDITION   | WEATHER  |
| 1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN | 1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<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 |

|   |  |
|---|--|
| NARRATIVE   | Indicate the north direction with an "N" on the compass diagram. |
| On 1/4/2023 at about 2:10 P.M. Unit 1 was traveling westbound on Resor Road at approximately 10 M.P.H. and when at US127 (Pleasant Avenue) attempted to make a left turn and in so doing failed to yield the right of way and striking Unit 1 which was traveling eastbound on US127 (Pleasant Avenue). | SEE OH-2   |

|                            |                          |                         |                           |  |
|----------------------------|--------------------------|-------------------------|---------------------------|--|
| CRASH REPORTED DATE / TIME | DISPATCH DATE / TIME     | ARRIVAL DATE / TIME     | SCENE CLEARED DATE / TIME | REPORT TAKEN BY  |
| 0 1 0 4 2 0 2 3 1 4 1 0    | 0 1 0 4 2 0 2 3 1 4 1 3  | 0 1 0 4 2 0 2 3 1 4 2 1 | 0 1 0 4 2 0 2 3 1 4 5 5   | <input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST |
| TOTAL TIME ROADWAY CLOSED  | OTHER INVESTIGATION TIME | TOTAL MINUTES           | OFFICER'S NAME*           | CHECKED BY OFFICER'S NAME*   |
|                            | 3 0                      | 7 2                     | C. Frazier                | D. Pott  |
|                            |                          |                         | OFFICER'S BADGE NUMBER*   | CHECKED BY OFFICER'S BADGE NUMBER*   |
|                            |                          |                         | 1 5 8                     | 1 3 0  |

LOCAL REPORT NUMBER  
 2 3 0 0 0 7 8 6

**OWNER**

UNIT # 011 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

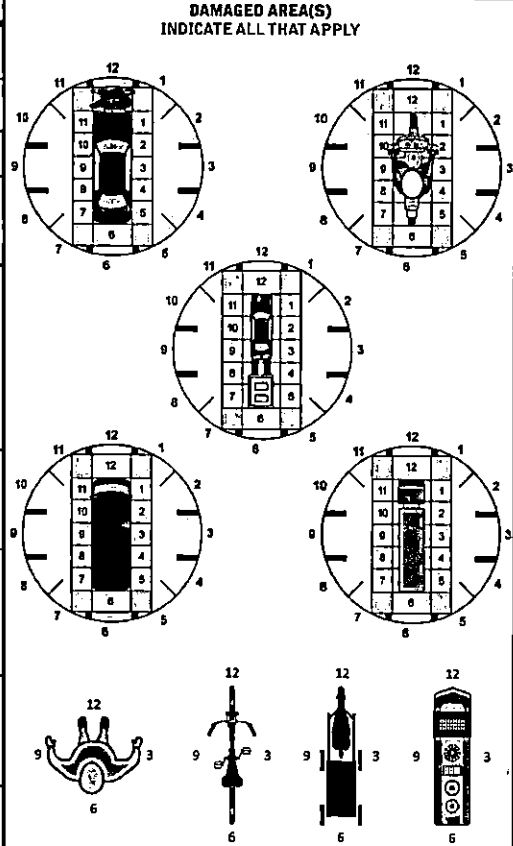
**DAMAGE**

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

DAMAGED AREA(S)  
 INDICATE ALL THAT APPLY

**VEHICLE**

LP STATE KY LICENSE PLATE # A7K634 VEHICLE IDENTIFICATION # 1G1C14YME17XME17191841 VEHICLE YEAR 2012 VEHICLE MAKE CHEVROLET  
 INSURANCE VERIFIED INSURANCE COMPANY GEICO INSURANCE POLICY # 6119516778 COLOR WHITE VEHICLE MODEL SILVERAD  
 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  
 MATERIAL RELEASED CLASS # PLACARD ID #  
 PLACARD



UNIT TYPE 04  
 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 0

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

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?  
 1 - YES 2 - NO 9 - OTHER / UNKNOWN  
 AUTONOMOUS MODE LEVEL 0  
 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 - MOVING 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 11 - DUMP 14 - GARBAGE/REFUSE 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 - 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 03  
 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 06 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  
 6 - MAKING LEFT TURN 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE  
 9 - OTHER / UNKNOWN

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

CONTRIBUTING CIRCUMSTANCES 02  
 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY  
 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / 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 - WRONGWAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION  
 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 12 - IMPROPER BACKING

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

# of THROUGH LANES ON ROAD 2

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

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

**COLLISION WITH FIXED OBJECT STRUCK**  
 1 1 FIRST HARMFUL EVENT 1 1 MOST HARMFUL EVENT

UNIT / NON-MOTORIST DIRECTION  
 FROM 3 TO 2

UNIT SPEED 10

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

POSTED SPEED 25

LOCAL REPORT NUMBER  
2, 3, 0, 0, 0, 7, 8, 6

**OWNER**

UNIT # 012 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 3 - FUNCTIONAL DAMAGE  
2 - MINOR DAMAGE 4 - DISABLING DAMAGE  
9 - UNKNOWN

4

**VEHICLE**

LP STATE OH LICENSE PLATE # DDF9080 VEHICLE IDENTIFICATION # 3N11A1B7A1P9K1Y21478186 VEHICLE YEAR 2019 VEHICLE MAKE NISSAN

INSURANCE VERIFIED INSURANCE COMPANY TRAVELERS INSURANCE POLICY # 9952148052031 COLOR BLUE VEHICLE MODEL SENTRA

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE TYPE OF USE

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

TOWED BY: COMPANY NAME WAYNE'S TOWING HAZARDOUS MATERIAL  MATERIAL RELEASED  PLACARD CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_

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

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

**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 - 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? 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL 0

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

**SPECIAL FUNCTION**

01

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

**CARGO BODY TYPE**

01

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

**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

**NON-MOTORIST LOCATION AT IMPACT**

01

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 - DRIVENWAY ACCESS 15 - SHARED USE PATHS OR TRAILS 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 01 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

**INITIAL POINT OF CONTACT**

12

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 / ACD/A 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 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY  
6 - IMPROPER TURN 12 - IMPROPER BACKING

**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

**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 - IMMERISION 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

**# OF THROUGH LANES ON ROAD**

2

**RAIL GRADE CROSSING**

1

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

**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 99 - OTHER / UNKNOWN  
49 - FIRE HYDRANT

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

**UNIT / NON-MOTORIST DIRECTION**

FROM 4 TO 3

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

**UNIT SPEED**

5

**POSTED SPEED**

25

**DETECTED SPEED**

1

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



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 3 0 0 0 7 8 6

|               |  |                                  |            |             |
|---------------|--|----------------------------------|------------|-------------|
| UNIT #<br>0 1 | NAME: LAST, FIRST, MIDDLE<br>MCMASTERS, LONNIE, GENE | DATE OF BIRTH<br>0 7 1 2 1 9 6 5 | AGE<br>5 7 | GENDER<br>M |
|---------------|--|----------------------------------|------------|-------------|

|   |                                   |
|---|-----------------------------------|
| ADDRESS: STREET, CITY, STATE, ZIP<br>9161 SHACK ROAD, METAMORA, IN, 47030 | 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>I N | OPERATOR LICENSE NUMBER    |                            | OFFENSE CHARGED<br>331.17A                      | LOCAL CODE<br><input checked="" type="checkbox"/>  | OFFENSE DESCRIPTION<br>RIGHT OF WAY TURN LEFT    |                         | CITATION NUMBER<br>255421                |               |  |
| OL CLASS<br>4   | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY<br>1                       | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | CONDITION<br>1          | ALCOHOL TEST<br>STATUS TYPE VALUE<br>1 1 |               | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4<br>1 1 |

|               |  |                                  |            |             |
|---------------|--|----------------------------------|------------|-------------|
| UNIT #<br>0 2 | NAME: LAST, FIRST, MIDDLE<br>SEREY, BELINDA, J | DATE OF BIRTH<br>1 0 3 1 1 9 5 5 | AGE<br>6 7 | GENDER<br>F |
|---------------|--|----------------------------------|------------|-------------|

|   |                                   |
|---|-----------------------------------|
| ADDRESS: STREET, CITY, STATE, ZIP<br>103 TWILIGHT DRIVE, FAIRFIELD, OHIO, 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>O H | OPERATOR LICENSE NUMBER    |                                   | OFFENSE CHARGED                                 | LOCAL CODE<br><input type="checkbox"/>   | OFFENSE DESCRIPTION                              |                         | CITATION NUMBER                          |               |  |
| OL CLASS<br>4   | 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>1          | ALCOHOL TEST<br>STATUS TYPE VALUE<br>1 1 |               | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4<br>1 1 |

|        |                           |               |          |        |
|--------|---------------------------|---------------|----------|--------|
| 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<br>11- PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12- PASSENGER IN UNENCLOSED CARGO AREA<br>13- TRAILING UNIT<br>14- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15- NON-MOTORIST<br>99- OTHER / UNKNOWN | 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- M/C MOPED ONLY<br>6- NO VALID OL  | 1- ALCOHOL (INTERLOCK DEVICE)<br>2- CDL INTRASTATE ONLY<br>3- CORRECTIVE LENSES<br>4- FARM WAIVER<br>5- EXCEPT CLASS A 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                                |
| <b>INJURED TAKEN BY</b><br>1- NOT TRANSPORTED / TREATED AT SCENE<br>2- EMS<br>3- POLICE<br>9- OTHER / UNKNOWN   |   | <b>EJECTION</b><br>1- NOT EJECTED<br>2- PARTIALLY EJECTED<br>3- TOTALLY EJECTED<br>4- NOT APPLICABLE                                    | <b>OL ENDORSEMENT</b><br>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 |   |   | <b>ALCOHOL TEST TYPE</b><br>1- NONE<br>2- BLOOD<br>3- URINE<br>4- BREATH<br>5- OTHER   |
| <b>SAFETY EQUIPMENT</b><br>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 |   | <b>TRAPPED</b><br>1- NOT TRAPPED<br>2- EXTRICATED BY MECHANICAL MEANS<br>3- FREED BY NON-MECHANICAL MEANS                               | <b>GENDER</b><br>F- FEMALE<br>M- MALE<br>U- OTHER / UNKNOWN   |   | <b>CONDITION</b><br>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   | <b>DRUG TEST TYPE</b><br>1- NONE<br>2- BLOOD<br>3- URINE<br>4- OTHER   |
|   |   |   |   |   |   | <b>DRUG TEST RESULT(S)</b><br>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 |

NUMBER PD-23.000786

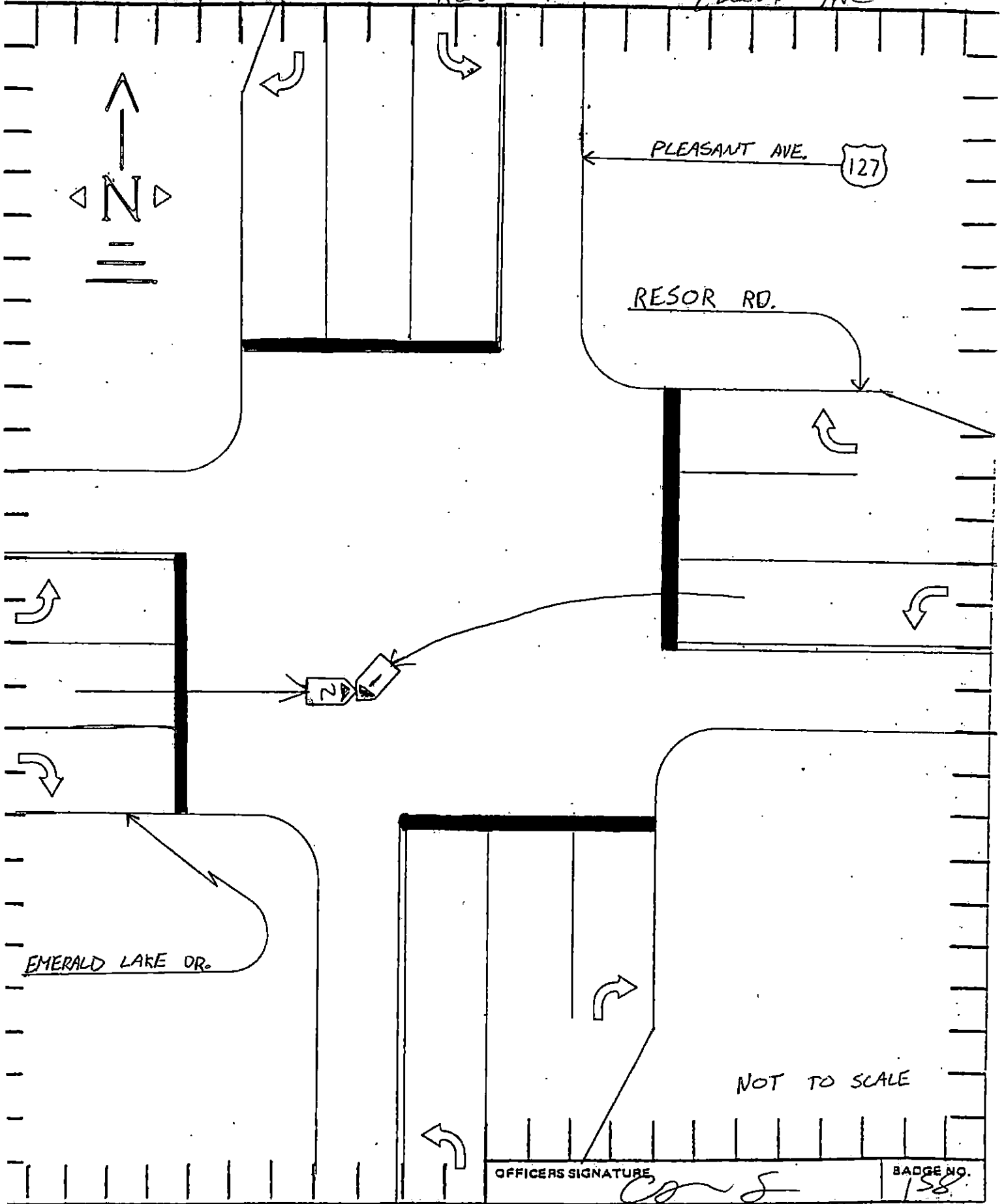
FAIRFIELD P.D. 00901

M 1 10 4 19 23

IN COUNTY OF BUTLER

ACCIDENT LOCATION

Resor - Road and Pleasant Ave



OFFICERS SIGNATURE

*[Handwritten signature]*

BADGE NO.

158

*[Handwritten initials]*