



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

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

COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*	CRASH DATE / TIME*	CRASH SEVERITY
0 9	1 2-VILLAGE 3-TOWNSHIP	City of Fairfield	0 1 1 3 2 0 2 3 1 6 5 5	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
		1-NORTH 2-SOUTH 3-EAST 4-WEST	South Gilmore	R D	3 9 3 3 1 8 1 1

ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES
S R	4	1-NORTH 2-SOUTH 3-EAST 4-WEST			- 8 4 5 2 2 3 0 9

REFERENCE POINT	DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED
1- INTERSECTION 2- MILE POST 3- HOUSE #	1-NORTH 2-SOUTH 3-EAST 4-WEST	IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 4
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE			ROADWAY
3 0 0	1-MILES 2- FEET 3-YARDS			<input type="checkbox"/> ROADWAY DIVIDED

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

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

LIGHT CONDITION 3	WEATHER 0 6	CONTOUR 9- OTHER/UNKNOWN	CONDITIONS 5- SAND, MUD, DIRT, OIL, GRAVEL 6- WATER (STANDING, MOVING) 7- SLUSH 9- OTHER/UNKNOWN	SURFACE 1- CONCRETE 2- BLACKTOP, BITUMINOUS, ASPHALT 3- BRICK/BLOCK 4- SLAG, GRAVEL, STONE 5- DIRT 9- OTHER/UNKNOWN
----------------------	----------------	-----------------------------	--	---

NARRATIVE	Indicate the north direction with an "N" on the compass diagram.
On 1/13/2023 at about 4:55 P.M. Unit 1 was making a left hand turn out of the parking lot of 5575 Dixie Highway to travel southbound on South Gilmore when Unit 1 failed to yield the right of way and in so doing was struck by Unit 2 which was traveling northbound on South Gilmore Road at approximately 35 M.P.H.	SEE OH-2

CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME	SCENE CLEARED DATE / TIME	REPORT TAKEN BY
0 1 1 3 2 0 2 3 1 6 5 5	0 1 1 3 2 0 2 3 1 6 5 6	0 1 1 3 2 0 2 3 1 7 0 4	0 1 1 3 2 0 2 3 1 7 3 4	<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*	CHECKED BY OFFICER'S NAME*
	3 0	6 8	C. Frazier	D. Pohl
			OFFICER'S BADGE NUMBER*	CHECKED BY OFFICER'S BADGE NUMBER*
			1 5 8	1 3 0

LOCAL REPORT NUMBER
2 3 0 0 3 1 8 8

OWNER

UNIT # 01 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

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

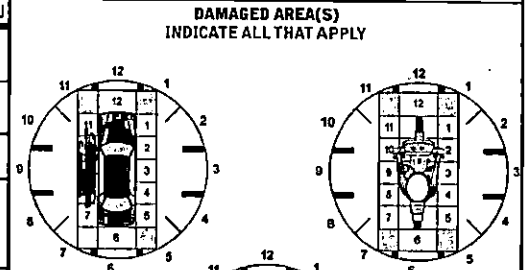
VEHICLE

LP STATE T X LICENSE PLATE # RJJ9816 VEHICLE IDENTIFICATION # 5XXGT4L30JG271109 VEHICLE YEAR 2018 VEHICLE MAKE KIA

INSURANCE VERIFIED INSURANCE COMPANY PROGRESSIVE INSURANCE POLICY # 956473191 COLOR SILVER VEHICLE MODEL OPTIMA

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE
 INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS 01 US DOT # _____ TOWED BY: COMPANY NAME WAYNE'S

MATERIAL RELEASED PLACARD CLASS # _____ PLACARD ID # _____



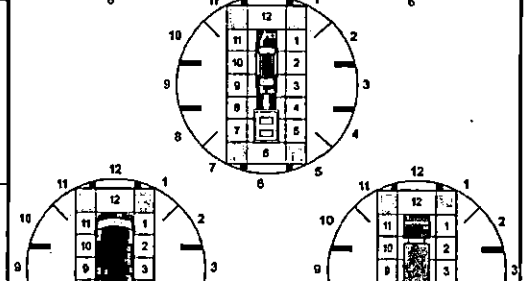
UNIT TYPE

01 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER
0 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 _____

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

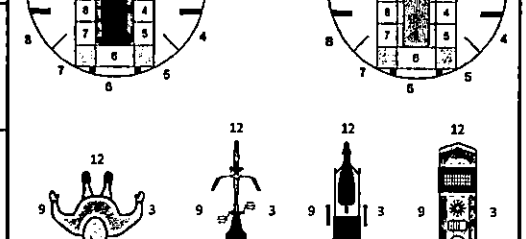


SPECIAL FUNCTION

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 - CARGO VAN/ENCLOSED BOX 10 - FLAT BED 14 - GARBAGE/REFUSE
7 - GRAIN/CHIPS/RAVEL 11 - DUMP 99 - OTHER / UNKNOWN

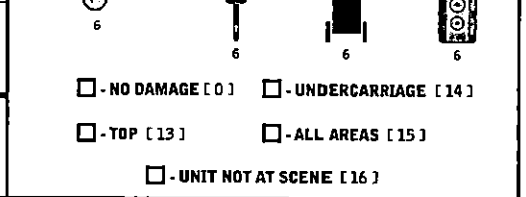


VEHICLE DEFECTS

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

NON-MOTORIST LOCATION AT IMPACT

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



ACTION

04 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE OR LEAVING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE
06 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

INITIAL POINT OF CONTACT

09 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 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION
5 - UNSAFE SPEED 11 - DROVE OFF ROAD
6 - IMPROPER TURN 12 - IMPROPER BACKING

TRAFFIC

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

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

OF THROUGH LANES ON ROAD
4

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

SEQUENCE OF EVENTS

1 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT
2 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

NON-COLLISION

1 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT
4 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

COLLISION WITH FIXED OBJECT 1 **STUCK**

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

UNIT / NON-MOTORIST DIRECTION

FROM 3 TO 2

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

UNIT SPEED
10

POSTED SPEED
35

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

LOCAL REPORT NUMBER
2 3 0 0 3 1 8 8

OWNER

UNIT # 0 2 OWNER NAME: LAST, FIRST, MIDDLE (X) SAME AS DRIVER
OWNER ADDRESS: STREET, CITY, STATE, ZIP (X) 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

3

VEHICLE

LP STATE OH LICENSE PLATE # EQD9558 VEHICLE IDENTIFICATION # WDDWJK181B1K1F7184075 VEHICLE YEAR 2019 VEHICLE MAKE MERCEDES
INSURANCE VERIFIED INSURANCE COMPANY ALLSTATE INSURANCE POLICY # 826601096 COLOR BLACK VEHICLE MODEL C300
TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE
US DOT # _____ TOWED BY: COMPANY NAME _____
HAZARDOUS MATERIAL: MATERIAL CLASS # _____ PLACARD ID # _____
INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS 0 1
VEHICLE WEIGHT GVWR/GCWR: 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.

DAMAGED AREA(S)
INDICATE ALL THAT APPLY

UNIT TYPE: 0 1
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

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

INITIAL POINT OF CONTACT

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

1 2

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 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 - GRAINCHIPS/GRAVEL 10 - FLAT BED 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

TRAFFIC

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

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

OF THROUGH LANES ON ROAD 4

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

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 3 5

POSTED SPEED 3 5

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

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 0 3
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 0 1 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

CONTRIBUTING CIRCUMSTANCES 0 1
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 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY
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 MOTORVEHICLE
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 MOTORVEHICLE
6 - IMPROPER TURN 11 - DROVE OFF ROAD 16 - WRONG WAY 22 - IMPROPER CROSSING

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

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2 3 0 0 3 1 8 8

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE RAGER, ROBERT, JOEL	DATE OF BIRTH 0 2 1 0 1 9 6 8	AGE 5 4	GENDER M
---------------	--	----------------------------------	------------	-------------

ADDRESS: STREET, CITY, STATE, ZIP 5511 PLANET DRIVE, FAIRFIELD, OHIO, 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 3	EJECTION 1	TRAPPED 1
OL STATE T X	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 331.22A	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION RIGHT OF WAY-PVT PROP		CITATION NUMBER 255425		
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 SPIKES, SHANTAVIA, TIERRA	DATE OF BIRTH 1 2 2 9 1 9 8 6	AGE 3 6	GENDER F
---------------	--	----------------------------------	------------	-------------

ADDRESS: STREET, CITY, STATE, ZIP 4 VARSITY CT, FAIRFIELD, OHIO, 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 1	EJECTION 1	TRAPPED 1
OL STATE O H	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: .

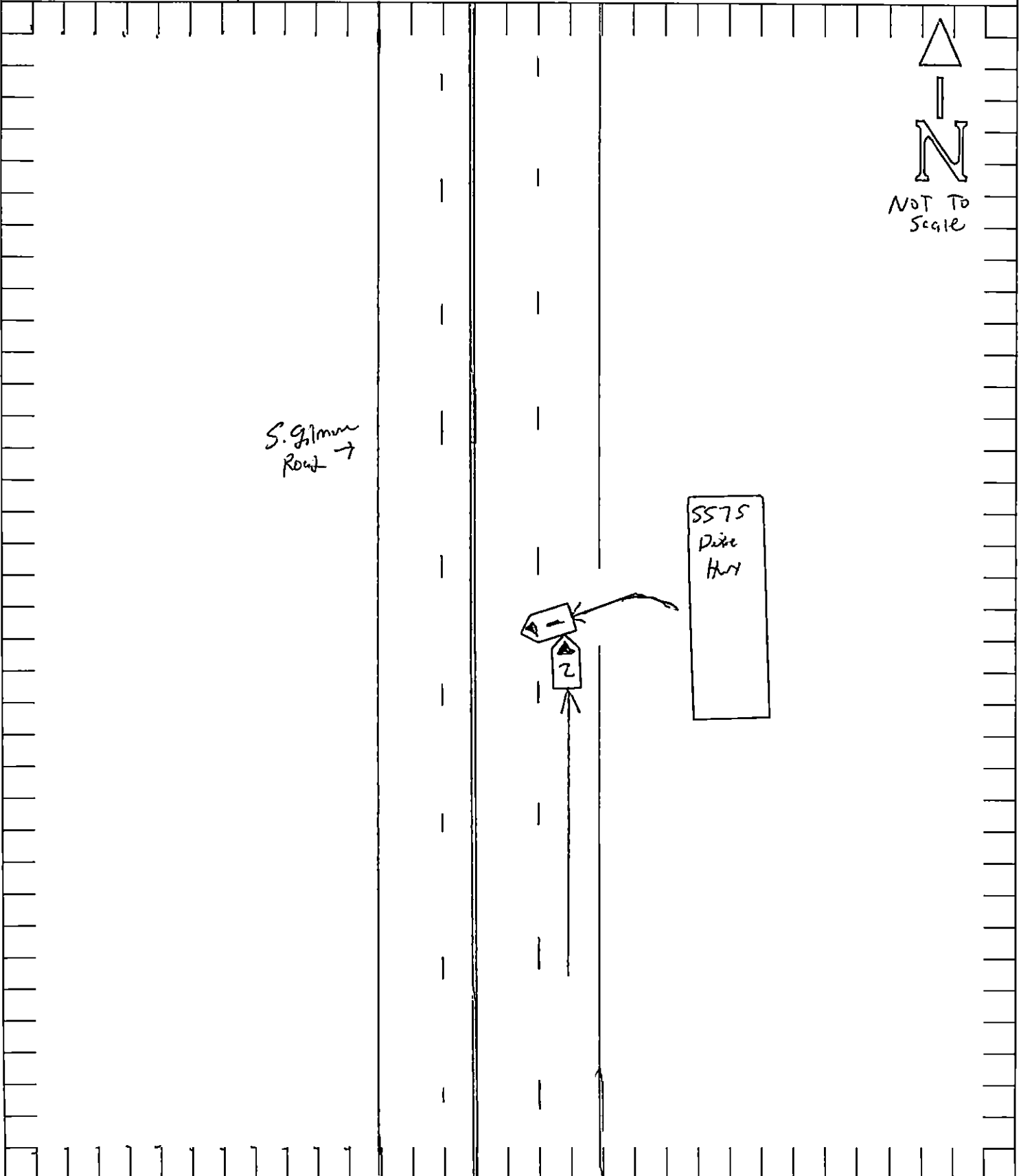
UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
--------	---------------------------	---------------	-----	--------

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	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	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- INVALID OL	1- ALCOHOL INTERLOCK DEVICE 2- CDL 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
INJURED TAKEN BY		EJECTION	OL ENDORSEMENT			ALCOHOL TEST TYPE
1- NOT TRANSPORTED / TREATED AT SCENE 2- EMS 3- POLICE 9- OTHER / UNKNOWN		1- NOT EJECTED 2- PARTIALLY EJECTED 3- TOTALLY EJECTED 4- NOT APPLICABLE	H- HAZMAT M- MOTORCYCLE P- PASSENGER N- TANKER O- MOTOR SCOOTER R- THREE-WHEEL MOTORCYCLE S- SCHOOL BUS T- DOUBLE & TRIPLE TRAILERS X- TANKER / HAZMAT			1- NONE 2- BLOOD 3- URINE 4- BREATH 5- OTHER
SAFETY EQUIPMENT		TRAPPED	GENDER			DRUG TEST TYPE
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	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 TRAPPED 2- EXTRICATED BY MECHANICAL MEANS 3- FREED BY NON-MECHANICAL MEANS	F- FEMALE M- MALE U- OTHER / UNKNOWN			1- NONE 2- BLOOD 3- URINE 4- OTHER
					CONDITION	DRUG TEST RESULT(S)
					1- APPARENTLY NORMAL 2- PHYSICAL IMPAIRMENT 3- EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) 4- ILLNESS 5- FELL ASLEEP, FAINTED, FATIGUED, ETC. 6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9- OTHER / UNKNOWN	1- AMPHETAMINES 2- BARBITURATES 3- BENZODIAZEPINES 4- CANNABINOIDS 5- COCAINE 6- OPIATES / OPIOIDS 7- OTHER 8- NEGATIVE RESULTS

LOCAL REPORT NUMBER PD23003188	REPORTING AGENCY Fairfield Police Department	DATE OF ACCIDENT 1/13/23
IN COUNTY OF Butler	ACCIDENT LOCATION South Gilmore Road and Dixie Highway	



OFFICER'S SIGNATURE C. Frazier	BADGE NO. 158
--	-------------------------