



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

COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*		CRASH DATE / TIME*		CRASH SEVERITY	
0 9	1	City of Fairfield		0 2 0 1 2 0 2 3 1 4 4 8		5	

ROUTE TYPE	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES	CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY
			SYMMES	R D	3 9 . 3 4 3 8 6 8	
ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES	
			SEWARD	R D	8 4 . 4 9 1 5 8 6	

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	NUMBER OF APPROACHES
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	ROADWAY	
	4-WEST	CR-NUMBERED COUNTY ROUTE	MP-MILEPOST	<input type="checkbox"/> ROADWAY DIVIDED	
		TR-NUMBERED TOWNSHIP ROUTE	ST-STREET		
			OV-OVAL		
			PK-PARKWAY		
			TE-TERRACE		
			TL-TRAIL		
			WA-WAY		
			HE-HEIGHTS		
			PL-PLACE		

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 (ANY TYPE)
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		


<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-DRY	1-CONCRETE
<input type="checkbox"/> LAW ENFORCEMENT PRESENT	2-LANE SHIFT/CROSSOVER	2-ADVANCE WARNING AREA		2-WET	2-BLACKTOP, BITUMINOUS, ASPHALT
<input type="checkbox"/> ACTIVE SCHOOL ZONE	3-WORK ON SHOULDER OR MEDIAN	3-TRANSITION AREA		3-SNOW	3-BRICK/BLOCK
	4-INTERMITTENT OR MOVING WORK	4-ACTIVITY AREA		4-ICE	4-SLAG, GRAVEL, STONE
	5-OTHER	5-TERMINATION AREA		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 February 1, 2023 at approximately 2:48 PM, Unit 1 was traveling eastbound on Symmes Road approaching Seward Road. Unit 2 was traveling westbound on Union Centre Boulevard approaching Seward Road. Unit 1 then initiated a left turn onto Seward Road, failed to yield to Unit 2, and was struck by it.

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
0 2 0 1 2 0 2 3 1 4 4 8	0 2 0 1 2 0 2 3 1 4 5 0	0 2 0 1 2 0 2 3 1 4 5 3	0 2 0 1 2 0 2 3 1 5 1 8	<input checked="" type="checkbox"/> POLICE AGENCY
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*	<input type="checkbox"/> MOTORIST
0	3 0	5 8	A. ROUSH	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DOPS)
			OFFICER'S BADGE NUMBER*	
			1 7 0	
			CHECKED BY OFFICER'S NAME*	
			Sgt. Acorn	
			CHECKED BY OFFICER'S BADGE NUMBER*	
			1 3 2	

**LOCAL REPORT NUMBER**  
 2 3 0 0 8 4 2 1

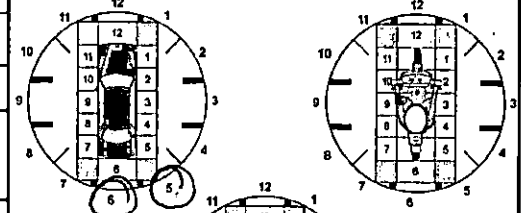
**OWNER**  
 UNIT # 011 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) **PAYNE, RYAN W**  
 OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER) \_\_\_\_\_  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (☒ SAME AS DRIVER) \_\_\_\_\_  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP \_\_\_\_\_  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE \_\_\_\_\_

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

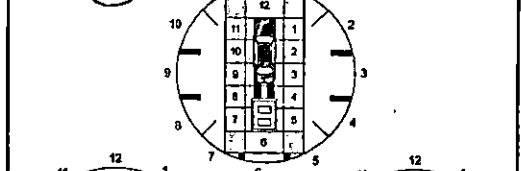
**LP STATE** OH **LICENSE PLATE #** HDS4911 **VEHICLE IDENTIFICATION #** WBAA5M0C1511FD108150911 **VEHICLE YEAR** 2015 **VEHICLE MAKE** BMW  
 **INSURANCE VERIFIED** **INSURANCE COMPANY** PROGRESSIVE **INSURANCE POLICY #** 952806518 **COLOR** GRAY **VEHICLE MODEL** 550i

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

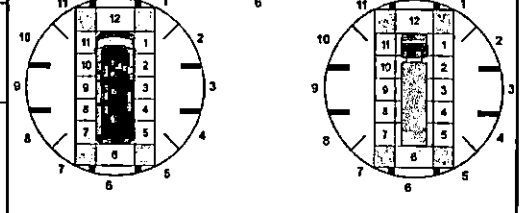
**COMMERCIAL**  **GOVERNMENT**  **IN EMERGENCY RESPONSE** **US DOT #** \_\_\_\_\_  
 **INTERLOCK DEVICE EQUIPPED**  **HIT/SKIP UNIT** **#OCCUPANTS** 02 **VEHICLE WEIGHT GVWR/GCWR**  
 1 - <10K LBS.  
 2 - 10,001 - 26K LBS.  
 3 - >26K LBS.  
**HAZARDOUS MATERIAL**  
 **MATERIAL RELEASED** **CLASS #** \_\_\_\_\_ **PLACARD ID #** \_\_\_\_\_  
 **PLACARD** \_\_\_\_\_



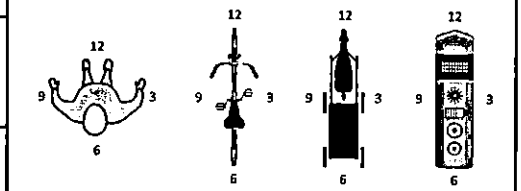
**UNIT TYPE** 01  
 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER  
 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - 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** 00  
**WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?** 0  
 1 - YES 2 - NO 9 - OTHER / UNKNOWN **AUTONOMOUS MODE LEVEL**  
 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION  
 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION



**SPECIAL FUNCTION** 01  
 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN  
 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL  
 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING  
 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL



**CARGO BODY TYPE** 01  
 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER  
 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER  
 7 - GRANCHIPS/GRAVEL 11 - DUMP 10 - FLAT BED 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

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

**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 - MEDIA/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** 04 **PRE-CRASH ACTIONS** 06  
 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 10 - PARKED 15 - WALKING, RUNNING, JOGGING, PLAYING  
 4 - STRUCK 4 - OVERTAKING/PASSING 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING  
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN  
 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN

**INITIAL POINT OF CONTACT**  
 0 - NO DAMAGE 14 - UNDERCARRIAGE  
05 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 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**  
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 50 - WORK ZONE MAINTENANCE EQUIPMENT  
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT 51 - WALL  
 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 52 - BUILDING  
 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 53 - TUNNEL  
 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIUM CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 54 - OTHER FIXED OBJECT  
 28 - BRIDGE PARAPET 34 - MEDIUM GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 99 - OTHER / UNKNOWN  
 29 - BRIDGE RAIL 35 - MEDIUM CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX  
 30 - GUARDRAIL FACE 36 - MEDIUM OTHER BARRIER 42 - CULVERT 48 - TREE 49 - FIRE HYDRANT

**# OF THROUGH LANES ON ROAD** 4 **RAIL GRADE CROSSING** 1  
 1 - NOT INVOLVED  
 2 - INVOLVED-ACTIVE CROSSING  
 3 - INVOLVED-PASSIVE CROSSING

**FIRST HARMFUL EVENT** 1 **MOST HARMFUL EVENT** 1

**UNIT / NON-MOTORIST DIRECTION**  
 FROM 3 TO 1  
 1 - NORTH 5 - NORTHEAST  
 2 - SOUTH 6 - NORTHWEST  
 3 - EAST 7 - SOUTHEAST  
 4 - WEST 8 - SOUTHWEST  
 9 - OTHER / UNKNOWN

**UNIT SPEED** 15 **DETECTED SPEED** 1  
 1 - STATED / ESTIMATED SPEED  
 2 - CALCULATED / EDR  
 3 - UNDETERMINED  
**POSTED SPEED** 35

**OWNER**

UNIT # 02 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

LP STATE NC LICENSE PLATE # MH6778 VEHICLE IDENTIFICATION # 4V4N119TH16CN1514141618 VEHICLE YEAR 2012 VEHICLE MAKE VOLVO

INSURANCE VERIFIED INSURANCE COMPANY ZURICH AMERICAN INSURANCE POLICY # 9308249 COLOR WHITE VEHICLE MODEL SEMI

TYPE OF USE  
 COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

US DOT # 90849 TOWED BY: COMPANY NAME

HAZARDOUS MATERIAL CLASS #   PLACARD ID #

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS 01

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

UNIT TYPE 15

# OF TRAILING UNITS 01

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

AUTONOMOUS MODE LEVEL 0

SPECIAL FUNCTION 01

CARGO BODY TYPE 01

VEHICLE DEFECTS

NON-MOTORIST LOCATION AT IMPACT

ACTION 03

CONTRIBUTING CIRCUMSTANCES 01

SEQUENCE OF EVENTS

VEHICLE IDENTIFICATION # 4V4N119TH16CN1514141618

VEHICLE YEAR 2012 VEHICLE MAKE VOLVO

VEHICLE MODEL SEMI

HAZARDOUS MATERIAL CLASS #   PLACARD ID #

VEHICLE WEIGHT GVWR/GCWR 3

VEHICLE DEFECTS

NON-MOTORIST LOCATION AT IMPACT

ACTION 03

CONTRIBUTING CIRCUMSTANCES 01

SEQUENCE OF EVENTS

VEHICLE IDENTIFICATION # 4V4N119TH16CN1514141618

VEHICLE YEAR 2012 VEHICLE MAKE VOLVO

VEHICLE MODEL SEMI

HAZARDOUS MATERIAL CLASS #   PLACARD ID #

VEHICLE WEIGHT GVWR/GCWR 3

VEHICLE DEFECTS

NON-MOTORIST LOCATION AT IMPACT

ACTION 03

CONTRIBUTING CIRCUMSTANCES 01

SEQUENCE OF EVENTS

VEHICLE IDENTIFICATION # 4V4N119TH16CN1514141618

VEHICLE YEAR 2012 VEHICLE MAKE VOLVO

VEHICLE MODEL SEMI

HAZARDOUS MATERIAL CLASS #   PLACARD ID #

VEHICLE WEIGHT GVWR/GCWR 3

VEHICLE DEFECTS

NON-MOTORIST LOCATION AT IMPACT

ACTION 03

CONTRIBUTING CIRCUMSTANCES 01

SEQUENCE OF EVENTS

VEHICLE IDENTIFICATION # 4V4N119TH16CN1514141618

VEHICLE YEAR 2012 VEHICLE MAKE VOLVO

VEHICLE MODEL SEMI

HAZARDOUS MATERIAL CLASS #   PLACARD ID #

VEHICLE WEIGHT GVWR/GCWR 3

VEHICLE DEFECTS

NON-MOTORIST LOCATION AT IMPACT

ACTION 03

CONTRIBUTING CIRCUMSTANCES 01

SEQUENCE OF EVENTS

LOCAL REPORT NUMBER  
23008421

DAMAGE

DAMAGE SCALE 3

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

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY

Diagram showing vehicle damage areas with scales 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12.

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

INITIAL POINT OF CONTACT

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

TRAFFIC

TRAFFICWAY FLOW 2

TRAFFIC CONTROL 2

# OF THROUGH LANES ON ROAD 4

RAIL GRADE CROSSING 1

UNIT / NON-MOTORIST DIRECTION

FROM 3 TO 4

UNIT SPEED 30

POSTED SPEED 50

DETECTED SPEED 1



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 3 0 0 8 4 2 1

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE PAYNE, BRAYDEN ALEXANDER	DATE OF BIRTH 1 2 2 1 2 0 0 6	AGE 1 6	GENDER M
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ADDRESS: STREET, CITY, STATE, ZIP  
6984 BEAGLE DR, HAMILTON, OH 45011

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 OH	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 4511.36A2	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION RIGHT OF WAY LEFT TURN			CITATION NUMBER 253314			
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 TYPE VALUE			DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4	

UNIT # 0 2	NAME: LAST, FIRST, MIDDLE NEANOVER, JAMES JOSEPH	DATE OF BIRTH 1 2 1 9 1 9 6 2	AGE 6 0	GENDER M
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ADDRESS: STREET, CITY, STATE, ZIP  
776 LOUISE AVE, 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 1	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER			
OL CLASS 1	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 TYPE VALUE			DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4	

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE 0	GENDER
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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 SELECT UP TO 4	

<b>INJURIES</b>	<b>SEATING POSITION</b>	<b>AIR BAG</b>	<b>OL CLASS</b>	<b>OL RESTRICTION(S)</b>	<b>DRIVER DISTRACTION</b>	<b>TEST STATUS</b>
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- NO VALID 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
<b>INJURED TAKEN BY</b>	<b>OL ENDORESEMENT</b>	<b>EJECTION</b>	<b>OL ENDORESEMENT</b>	<b>TRAPPED</b>	<b>CONDITION</b>	<b>DRUG TEST TYPE</b>
1- NOT TRANSPORTED 2- TREATED AT SCENE 3- EMS 4- POLICE 9- OTHER / UNKNOWN	M- MOTORCYCLE P- PASSENGER N- TANKER Q- MOTOR SCOOTER R- THREE-WHEEL MOTORCYCLE S- SCHOOL BUS DOUBLE & TRIPLE TRAILERS X- TANKER / HAZMAT	1- NOT EJECTED 2- PARTIALLY EJECTED 3- TOTALLY EJECTED 4- NOT APPLICABLE	M- HAZMAT M- MOTORCYCLE P- PASSENGER N- TANKER Q- MOTOR SCOOTER R- THREE-WHEEL MOTORCYCLE S- SCHOOL BUS DOUBLE & TRIPLE TRAILERS X- TANKER / HAZMAT	1- NOT TRAPPED 2- EXTRICATED BY MECHANICAL MEANS 3- FREED BY NON-MECHANICAL MEANS	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- NONE 2- BLOOD 3- URINE 4- BREATH 5- OTHER
<b>SAFETY EQUIPMENT</b>	<b>TRAILING UNIT</b>	<b>TRAPPED</b>	<b>CONDITION</b>	<b>DRUG TEST RESULT(S)</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	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	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		



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
2 3 0 0 8 4 2 1

OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE LILLBACK-GILMORE, GRAYDEN	DATE OF BIRTH 0 5 2 7 2 0 0 7	AGE 1 5	GENDER M
	ADDRESS: STREET, CITY, STATE, ZIP 7515 WINKLER DR, HAMILTON, OH 45011			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 3	AIR BAG USAGE 0 1	EJECTION 1
					TRAPPED 1

OCCUPANT	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"/>				<input type="checkbox"/>
					DOT-COMPLIANT MC HELMET
					SEATING POSITION
					AIR BAG USAGE
					EJECTION
					TRAPPED

OCCUPANT	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"/>				<input type="checkbox"/>
					DOT-COMPLIANT MC HELMET
					SEATING POSITION
					AIR BAG USAGE
					EJECTION
					TRAPPED

OCCUPANT	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"/>				<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
	7- BOOSTER SEAT	7- THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	
	8- HELMET USED	8- THIRD - MIDDLE	
	9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9- THIRD - RIGHT SIDE	
	10- REFLECTIVE CLOTHING	10- SLEEPER SECTION OF TRUCK CAB	
	11- LIGHTING - PEDESTRIAN / BICYCLE ONLY	11- PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	
	99- OTHER / UNKNOWN	12- PASSENGER IN UNENCLOSED CARGO AREA	
		13- TRAILING UNIT	
		14- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	
		15- NON-MOTORIST	
		99- OTHER / UNKNOWN	

WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE 0	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE

WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE 0	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE

WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE 0	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE

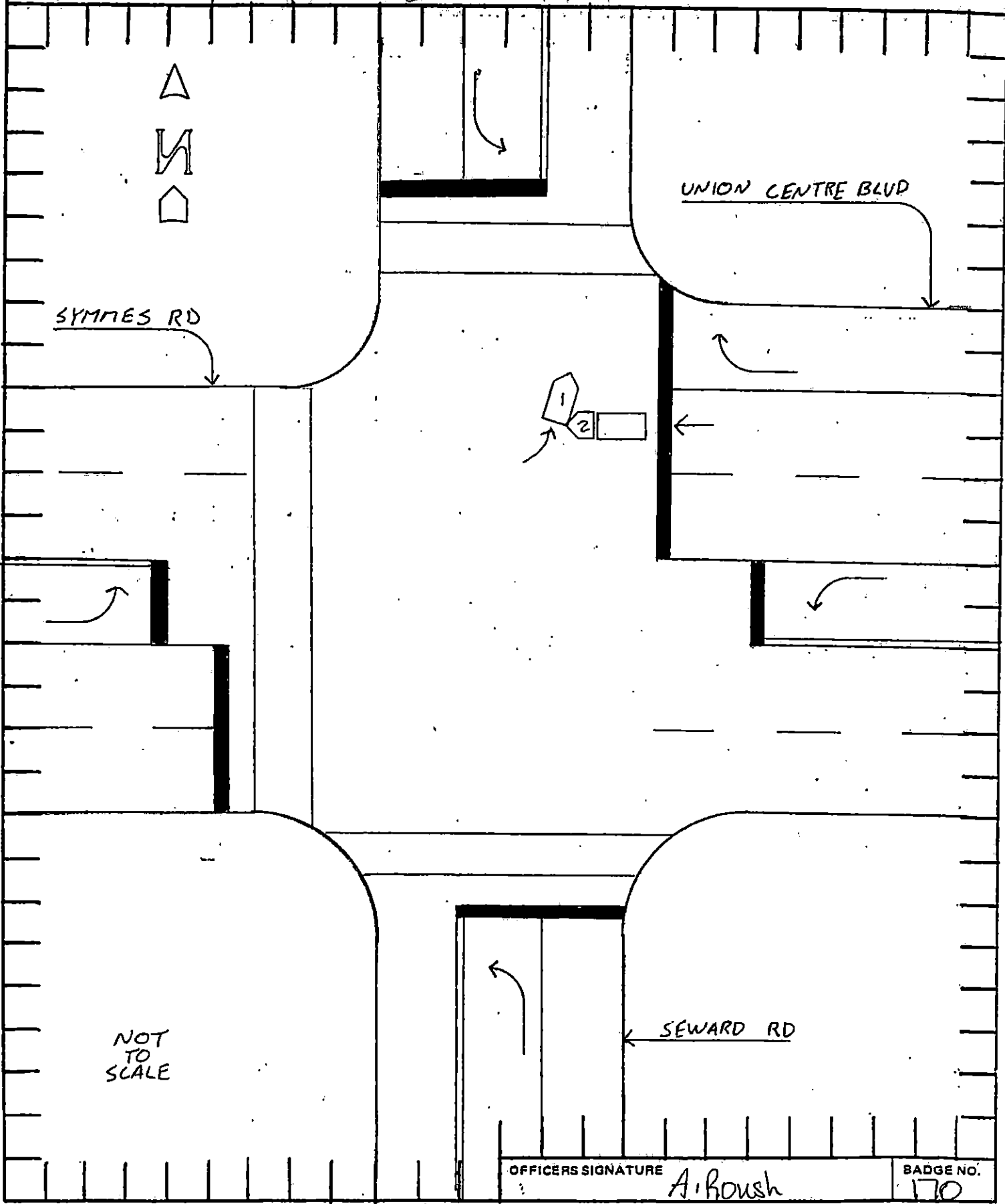
REPORT NUMBER 23-008421

AGENCY FAIRFIELD P.D. 00901

DATE OF ACCIDENT M 02 10 01 Y 23

IN COUNTY OF BUTLER

ACCIDENT LOCATION Symmes Rd. / Seward Rd.



SYMMES RD

UNION CENTRE BLVD

SEWARD RD

NOT TO SCALE

OFFICERS SIGNATURE A. Roush

BADGE NO. 170