



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

COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*	CRASH DATE / TIME*	CRASH SEVERITY
0 9	1	City of Fairfield	0 2 1 1 2 0 2 3 1 0 4 7	5


ROUTE TYPE	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES
S R	4		Whitmore	L N	3 9 . 3 2 4 7 2 1
ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES
			Whitmore	L N	8 4 . 5 0 7 5 3 1

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

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

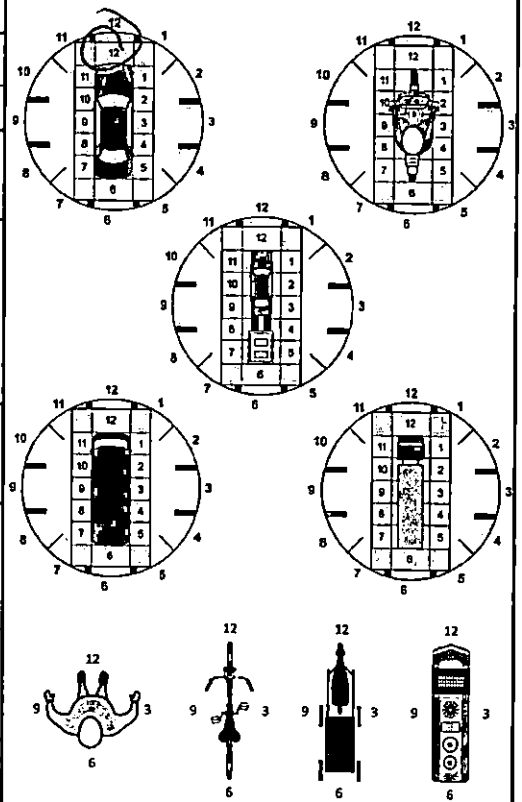
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME	SCENE CLEARED DATE / TIME	REPORT TAKEN BY
0 2 1 1 2 0 2 3 1 0 4 7	0 2 1 1 2 0 2 3 1 0 5 8	0 2 1 1 2 0 2 3 1 1 0 4	0 2 1 1 2 0 2 3 1 1 2 2	<input checked="" type="checkbox"/> POLICE AGENCY
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*	<input type="checkbox"/> MOTORIST
		2 4	D. Setterstrom	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)
		1 2 1	OFFICER'S BADGE NUMBER*	
			8 4	
			CHECKED BY OFFICER'S NAME*	
			Sgt. J Sprague	
			CHECKED BY OFFICER'S BADGE NUMBER*	

OWNER INFORMATION: UNIT # 011, OWNER NAME: LAST, FIRST, MIDDLE (X) SAME AS DRIVER, OWNER PHONE: INCLUDE AREA CODE (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: 3 1 - NONE, 2 - MINOR DAMAGE, 3 - FUNCTIONAL DAMAGE, 4 - DISABLING DAMAGE, 9 - UNKNOWN

VEHICLE IDENTIFICATION: LP STATE OH, LICENSE PLATE JUU7838, VEHICLE IDENTIFICATION # 2T11B1U4E1E14C1C182163153, VEHICLE YEAR 2012, VEHICLE MAKE Toyota, INSURANCE COMPANY Geico, INSURANCE POLICY # 6104530313, COLOR Red, VEHICLE MODEL Corolla

DAMAGED AREA(S) INDICATE ALL THAT APPLY



VEHICLE TYPE: 01 PASSENGER CAR, 01 PASSENGER VAN (MINIVAN), 01 SPORT UTILITY VEHICLE, 01 PICK UP, 01 CARGOVAN, 01 VAN (9-15 SEATS), # of TRAILING UNITS 0, US DOT #, TOWED BY: COMPANY NAME, HAZARDOUS MATERIAL, VEHICLE WEIGHT GVWR/GCWR, OCCUPANTS 01

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

SPECIAL FUNCTION: 01 NONE, 01 TAXI, 01 ELECTRONIC RIDE SHARING, 01 SCHOOL TRANSPORT, 01 BUS - TRANSIT/COMMUTER, 01 BUS - CHARTER/TOUR, 01 BUS - INTERCITY, 01 BUS - SHUTTLE, 01 BUS - OTHER, 01 AMBULANCE

VEHICLE DEFECTS: 01 TURN SIGNALS, 01 HEAD LAMPS, 01 TAIL LAMPS, 01 BRAKES, 01 STEERING, 01 TIRE BLOWOUT, 01 WORN OR SLICK TIRES, 01 TRAILER EQUIPMENT DEFECTIVE, 01 MOTOR TROUBLE, 01 DISABLED FROM PRIOR ACCIDENT, 01 OTHER/UNKNOWN

NON-MOTORIST LOCATION AT IMPACT: 01 INTERSECTION - MARKED CROSSWALK, 01 INTERSECTION - UNMARKED CROSSWALK, 01 STRAIGHT AHEAD, 01 BACKING, 01 CHANGING LANES, 01 OVERTAKING/PASSING, 01 MAKING RIGHT TURN, 01 MAKING LEFT TURN

ACTION: 03 NON-COLLISION, 01 STRIKING, 01 STRUCK, 01 BOTH STRIKING & STRUCK, 01 OTHER/UNKNOWN, 01 STRAIGHT AHEAD, 01 BACKING, 01 CHANGING LANES, 01 OVERTAKING/PASSING, 01 MAKING RIGHT TURN, 01 MAKING LEFT TURN

INITIAL POINT OF CONTACT: 01-12 REFER TO UNIT DIAGRAM, 13 - TOP, 14 - UNDERCARRIAGE, 15 - VEHICLE NOT AT SCENE, 99 - UNKNOWN

CONTRIBUTING CIRCUMSTANCES: 01 NONE, 01 FAILURE TO YIELD, 01 RAN RED LIGHT, 01 RAN STOP SIGN, 01 UNSAFE SPEED, 01 IMPROPER TURN, 01 LEFT OF CENTER, 01 FOLLOWING TOO CLOSE / ACDA, 01 IMPROPER LANE CHANGE, 01 IMPROPER PASSING, 01 DROVE OFF ROAD, 01 IMPROPER BACKING

TRAFFICWAY FLOW: 02 TWO-WAY, TRAFFIC CONTROL: 06 SIGNAL, # OF THROUGH LANES ON ROAD: 04, RAIL GRADE CROSSING: 01 INVOLVED-ACTIVE CROSSING

SEQUENCE OF EVENTS: 01 OVERTURN/ROLLOVER, 01 FIRE/EXPLOSION, 01 IMMERSION, 01 JACKKNIFE, 01 CARGO / EQUIPMENT LOSS OR SHIFT, 01 EQUIPMENT FAILURE, 01 SEPARATION OF UNITS, 01 RAN OFF ROAD RIGHT, 01 RAN OFF ROAD LEFT, 01 CROSS MEDIAN, 01 CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL, 01 DOWNHILL RUNAWAY, 01 OTHER NON-COLLISION, 01 PEDESTRIAN, 01 PEDALCYCLE

UNIT / NON-MOTORIST DIRECTION: FROM 01 TO 02, 01 NORTH, 01 NORTHWEST, 01 EAST, 01 SOUTH, 01 SOUTHWEST, 01 OTHER / UNKNOWN

COLLISION WITH FIXED OBJECT STRUCK: 01 IMPACT ATTENUATOR / CRASH CUSHION, 01 BRIDGE OVERHEAD STRUCTURE, 01 BRIDGE PIER OR ABUTMENT, 01 BRIDGE PARAPET, 01 BRIDGE RAIL, 01 GUARDRAIL FACE, 01 GUARDRAIL END, 01 PORTABLE BARRIER, 01 MEDIAN CABLE BARRIER STRUCTURE, 01 MEDIAN GUARDRAIL BARRIER, 01 MEDIAN CONCRETE BARRIER, 01 MEDIAN OTHER BARRIER, 01 TRAFFIC SIGN POST, 01 OVERHEAD SIGN POST, 01 LIGHT / LUMINARIES SUPPORT, 01 UTILITY POLE, 01 OTHER POST, POLE OR SUPPORT, 01 CURB, 01 DITCH, 01 EMBANKMENT, 01 FENCE, 01 MAILBOX, 01 TREE, 01 FIRE HYDRANT, 01 WORK ZONE MAINTENANCE EQUIPMENT, 01 WALL, 01 BUILDING, 01 TUNNEL, 01 OTHER FIXED OBJECT, 01 OTHER / UNKNOWN

UNIT SPEED: 030, POSTED SPEED: 050, DETECTED SPEED: 01 STATED / ESTIMATED SPEED, 02 CALCULATED / EDR, 03 UNDETERMINED

LOCAL REPORT NUMBER
 2 3 0 1 0 8 8 4

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

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

LP STATE OH LICENSE PLATE # EHV5148 VEHICLE IDENTIFICATION # 2LMDJG6J1K7B1J22504 VEHICLE YEAR 2011 VEHICLE MAKE Lincoln

INSURANCE VERIFIED INSURANCE COMPANY Progressive INSURANCE POLICY # 51903705 COLOR Black VEHICLE MODEL MKX

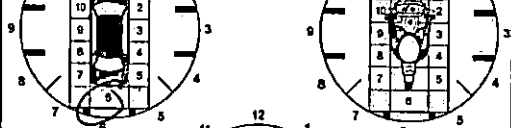
DAMAGED AREA(S)
 INDICATE ALL THAT APPLY

TYPE OF USE COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

US DOT # _____ TOWED BY: COMPANY NAME _____

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS 0 1 VEHICLE WEIGHT GVWR/GCWR
 1 - <10K LBS.
 2 - 10,001 - 26K LBS.
 3 - >26K LBS.

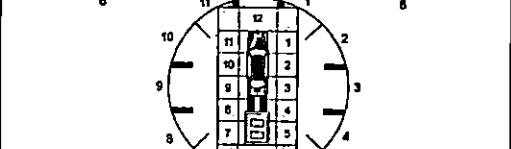
HAZARDOUS MATERIAL
 MATERIAL RELEASED CLASS # _____ PLACARD ID # _____
 PLACARD _____



UNIT TYPE 0 3

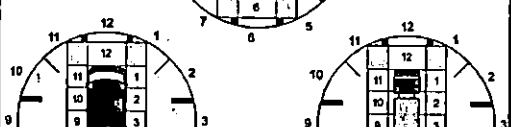
1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER
 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)
 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - 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 _____



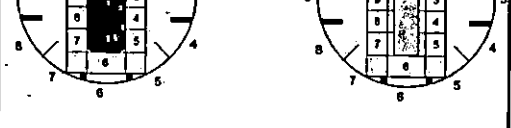
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?
2 1 - YES 2 - NO 9 - OTHER / UNKNOWN

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



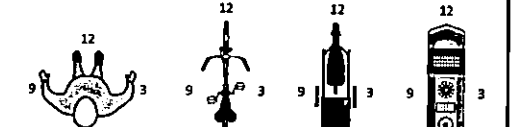
SPECIAL FUNCTION 0 1

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



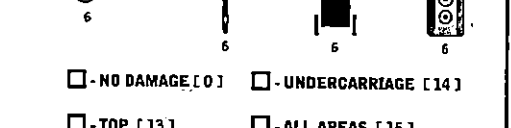
CARGO BODY TYPE 0 1

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



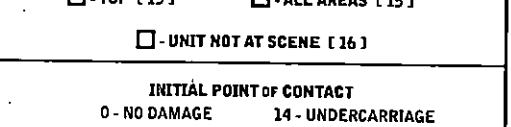
VEHICLE DEFECTS

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



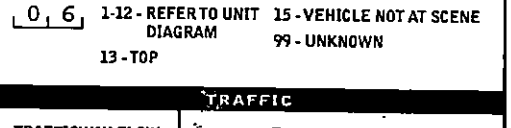
NON-MOTORIST LOCATION AT IMPACT

1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LAKE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE
 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 15 - VEHICLE NOT AT SCENE DIAGRAM
 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED 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



ACTION 4

1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE
 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING
 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST
 4 - STRUCK PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN
 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT



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 / ACCA. 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCRIMINABLE
 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 2 - TWO-WAY

TRAFFIC CONTROL
6 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 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

OF THROUGH LANES ON ROAD 4

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

UNIT / NON-MOTORIST DIRECTION

FROM 1 TO 2

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

UNIT SPEED 5

POSTED SPEED 5 0

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



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2 3 0 1 0 8 8 4

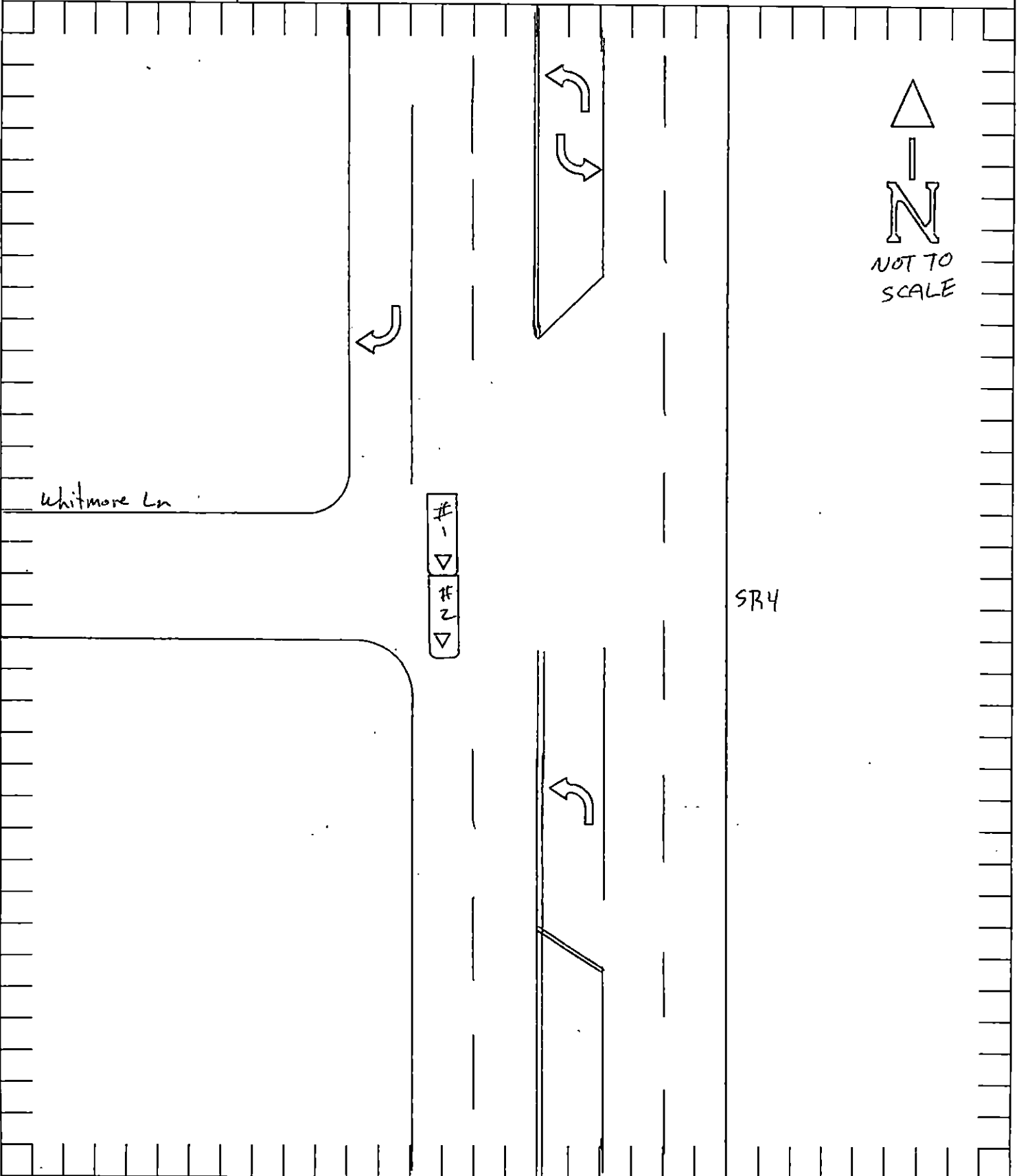
UNIT # 0 1	NAME: LAST, FIRST, MIDDLE Lopez Frances, Samuel	DATE OF BIRTH 0 8 0 1 1 9 9 5	AGE 2 7	GENDER M
ADDRESS: STREET, CITY, STATE, ZIP 11488 Deerfield Rd Blue Ash, OH 45242		CONTACT PHONE - INCLUDE AREA CODE		
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4
OL STATE OH	OPERATOR LICENSE NUMBER	OFFENSE CHARGED 333.03a	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION ACDA
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 5	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG
ALCOHOL TEST		DRUG TEST(S)		
STATUS 1	TYPE 1	VALUE	STATUS 1	TYPE 1
RESULT SELECT UP TO 4				

UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Chapman, Thomas	DATE OF BIRTH 1 2 2 1 1 9 5 2	AGE 7 0	GENDER M
ADDRESS: STREET, CITY, STATE, ZIP 1499 Summit Rd Cincinnati, OH 445237		CONTACT PHONE - INCLUDE AREA CODE		
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 1
OL STATE OH	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION
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
ALCOHOL TEST		DRUG TEST(S)		
STATUS 1	TYPE 1	VALUE	STATUS 1	TYPE 1
RESULT SELECT UP TO 4				

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
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED
ALCOHOL TEST		DRUG TEST(S)		
STATUS	TYPE	VALUE	STATUS	TYPE
RESULT SELECT UP TO 4				

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1- FATAL	1- FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1- NOT DEPLOYED	1- CLASS A	1- ALCOHOL INTERLOCK DEVICE	1- NOT DISTRACTED	1- NONE GIVEN
2- SUSPECTED SERIOUS INJURY	2- FRONT - MIDDLE	2- DEPLOYED FRONT	2- CLASS B	2- CDL INTRASTATE ONLY	2- MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2- TEST REFUSED
3- SUSPECTED MINOR INJURY	3- FRONT - RIGHT SIDE	3- DEPLOYED SIDE	3- CLASS C	3- CORRECTIVE LENSES	3- TALKING ON HANDS-FREE COMMUNICATION DEVICE	3- TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE
4- POSSIBLE INJURY	4- SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4- DEPLOYED BOTH FRONT / SIDE	4- REGULAR CLASS (OHIO = 0)	4- FARM WAIVER	4- TALKING ON HAND-HELD COMMUNICATION DEVICE	4- TEST GIVEN, RESULTS KNOWN
5- NO APPARENT INJURY	5- SECOND - MIDDLE	5- NOT APPLICABLE	5- M/C MOPED ONLY	5- EXCEPT CLASS A BUS & CLASS B BUS	5- OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5- TEST GIVEN, RESULTS UNKNOWN
INJURED TAKEN BY	6- SECOND - RIGHT SIDE	9- DEPLOYMENT UNKNOWN	6- NO VALID OL	7- EXCEPT TRACTOR-TRAILER	6- PASSENGER	ALCOHOL TEST TYPE
1- NOT TRANSPORTED / TREATED AT SCENE	7- THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION	H- HAZMAT	8- INTERMEDIATE LICENSE RESTRICTIONS	7- OTHER DISTRACTION INSIDE THE VEHICLE	1- NONE
2- EMS	8- THIRD - MIDDLE	1- NOT EJECTED	M- MOTORCYCLE	9- LEARNER'S PERMIT RESTRICTIONS	8- OTHER DISTRACTION OUTSIDE THE VEHICLE	2- BLOOD
3- POLICE	9- THIRD - RIGHT SIDE	2- PARTIALLY EJECTED	P- PASSENGER	10- LIMITED TO DAYLIGHT ONLY	9- OTHER / UNKNOWN	3- URINE
9- OTHER / UNKNOWN	10- SLEEPER SECTION OF TRUCK CAB	3- TOTALLY EJECTED	N- TANKER	11- LIMITED TO EMPLOYMENT	CONDITION	4- BREATH
SAFETY EQUIPMENT	11- PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4- NOT APPLICABLE	Q- MOTOR SCOOTER	12- LIMITED - OTHER	1- APPARENTLY NORMAL	5- OTHER
1- NONE USED	12- PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED	R- THREE-WHEEL MOTORCYCLE	13- MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	2- PHYSICAL IMPAIRMENT	DRUG TEST TYPE
2- SHOULDER BELT ONLY USED	13- TRAILING UNIT	1- NOT TRAPPED	S- SCHOOL BUS	14- MILITARY VEHICLES ONLY	3- EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	1- NONE
3- LAP BELT ONLY USED	14- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2- EXTRICATED BY MECHANICAL MEANS	T- DOUBLE & TRIPLE TRAILERS	15- MOTOR VEHICLES WITHOUT AIR BRAKES	4- ILLNESS	2- BLOOD
4- SHOULDER & LAP BELT USED	15- NON-MOTORIST	3- FREED BY NON-MECHANICAL MEANS	X- TANKER / HAZMAT	16- OUTSIDE MIRROR	5- FELL ASLEEP, FAINTED, FATIGUED, ETC.	3- URINE
5- CHILD RESTRAINT SYSTEM - FORWARD FACING	99- OTHER / UNKNOWN	GENDER	U- OTHER / UNKNOWN	17- PROSTHETIC AID	6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	4- BREATH
6- CHILD RESTRAINT SYSTEM - REAR FACING		F- FEMALE		18- OTHER	9- OTHER / UNKNOWN	5- OTHER
7- BOOSTER SEAT		M- MALE				DRUG TEST RESULT(S)
8- HELMET USED		U- OTHER / UNKNOWN				1- AMPHETAMINES
9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						2- BARBITURATES
10- REFLECTIVE CLOTHING						3- BENZODIAZEPINES
11- LIGHTING - PEDESTRIAN / BICYCLE ONLY						4- CANNABINOIDS
99- OTHER / UNKNOWN						5- COCAINE
						6- OPIATES / OPIOIDS
						7- OTHER
						8- NEGATIVE RESULTS

LOCAL REPORT NUMBER 23-010884	REPORTING AGENCY Fairfield Police Department	DATE OF ACCIDENT 02-11-23
IN COUNTY OF Butler	ACCIDENT LOCATION SR 4/Whitmore Ln	



OFFICER'S SIGNATURE D. Setterstrom	BADGE NO. 121
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