



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 2 1 5 3 6
<input type="checkbox"/> SECONDARY CRASH	<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*	HIT/SKIP
<input type="checkbox"/> PRIVATE PROPERTY			Fairfield Police Department	1 - SOLVED
			NCIC* 0,0,9,0,1	2 - UNSOLVED
				NUMBER OF UNITS
				0, 2
				UNIT IN ERROR
				98 - ANIMAL
				0, 1
				99 - UNKNOWN

COUNTY* 0, 9	LOCALITY* 1-CITY 1	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield	CRASH DATE / TIME* 03222023 1715	CRASH SEVERITY 5
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ROUTE TYPE LOCATION S, R	ROUTE NUMBER 4	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES 39.307242
ROUTE TYPE REFERENCE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 7300	ROAD TYPE	LONGITUDE DECIMAL DEGREES -84.486963

REFERENCE POINT FROM REFERENCE 3	DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-WEST	ROUTE TYPE IR-INTERSTATE ROUTE(T/P) AL-ALLEY HW-HIGHWAY RD-ROAD AV-AVENUE LA-LANE SQ-SQUARE BL-BOULEVARD MP-MILEPOST ST-STREET CR-CIRCLE OV-OVAL TE-TERRACE CT-COURT PK-PARKWAY TL-TRAIL DR-DRIVE PI-PIKE WA-WAY HE-HEIGHTS PL-PLACE	INTERSECTION RELATED <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 1-MILES 2- FEET 3-YARDS		ROADWAY <input type="checkbox"/> ROADWAY DIVIDED	

LOCATION OF FIRST HARMFUL EVENT 0, 1	MANNER OF CRASH COLLISION/IMPACT 2	DIRECTION OF TRAVEL 1-NORTH 2-SOUTH 3-EAST 4-WEST	MEDIAN TYPE 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
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<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 1	CONDITIONS 1	SURFACE 2
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LIGHT CONDITION 1	WEATHER 0, 1	CONTOUR 1	CONDITIONS 1	SURFACE 2
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NARRATIVE

On 03/22/23 at 5:15 P.M. Unit 2 was traveling South on SR-4 near 7300 in the right lane. Unit 1 was traveling behind Unit 2. Unit 2 was slowing/stopped for traffic. Unit 1 failed to maintain assured clear distance ahead. Unit 1 struck Unit 2 on the rear passenger side.

See OH-2

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

CRASH REPORTED DATE / TIME 03222023 1715	DISPATCH DATE / TIME 03222023 1717	ARRIVAL DATE / TIME 03222023 1725	SCENE CLEARED DATE / TIME 03222023 1741	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED 0	OTHER INVESTIGATION TIME 3, 0	TOTAL MINUTES 5, 4	OFFICER'S NAME* D. Miller	CHECKED BY OFFICER'S NAME* D. Pote
			OFFICER'S BADGE NUMBER* 1 6 7	CHECKED BY OFFICER'S BADGE NUMBER* 1 3 0

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 EAN Holdings LLC., 14002 E 21st St. Suite 1500, Tulsa, OK 74134		COMMERCIAL CARRIER PHONE- INCLUDE AREA CODE	
VEHICLE	LP STATE IN	LICENSE PLATE # FL410ACT	VEHICLE IDENTIFICATION # 4T1G111AK7M161010319	
	VEHICLE YEAR 2021	VEHICLE MAKE Toyota	VEHICLE MODEL Camry	
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY Zurich American	INSURANCE POLICY # ADM0142918-06	COLOR White
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 01	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.
	TYPE OF USE	TOWED BY: COMPANY NAME		
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	HAZARDOUS MATERIAL CLASS # PLACARD ID #
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 01	<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD
	UNIT TYPE 01	1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART
		2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED	13 - SNOWMOBILE
	3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14 - SINGLE UNIT TRUCK	
	4 - PICK UP	10 - MOPED OR MOTORIZED BICYCLE	15 - SEMI-TRACTOR	
	5 - CARGOVAN	11 - ALL TERRAIN VEHICLE (ATV/UTV)	16 - FARM EQUIPMENT	
	6 - VAN (9-15 SEATS)		17 - MOTORHOME	
# 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 - NO AUTOMATION	1 - DRIVER ASSISTANCE	2 - PARTIAL AUTOMATION	
SPECIAL FUNCTION 01	1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	
	2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	
	3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	
	4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	
	5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	
CARGO BODY TYPE 01	1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTORVEHICLE	5 - INTERMODAL CONTAINER CHASSIS	
	2 - BUS	4 - LOGGING	6 - CARGOVAN/ENCLOSED BOX	
			7 - GRAINCHIPS/RAVEL	
VEHICLE DEFECTS	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	
	2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	
	3 - TAIL LAMPS	6 - TIRE BLOWOUT	9 - MOTOR TROUBLE	
NON-MOTORIST LOCATION AT IMPACT	1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	
	2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	
		5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	
			9 - SHARED USE PATHS OR TRAILS	
ACTION 3	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	
	2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	
	3 - STRIKING	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	
	4 - STRUCK	4 - OVERTAKING/PASSING	10 - PARKED	
	5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	
	9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	12 - DRIVERLESS	
CONTRIBUTING CIRCUMSTANCES 08	1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	
	2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / ACDA	14 - STOPPED OR PARKED ILLEGALLY	
	3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	15 - SWERVING TO AVOID	
	4 - RAN STOP SIGN	10 - IMPROPER PASSING	16 - WRONG WAY	
	5 - UNSAFE SPEED	11 - DROVE OFF ROAD	17 - VISION OBSTRUCTION	
	6 - IMPROPER TURN	12 - IMPROPER BACKING	18 - OPERATING DEFECTIVE EQUIPMENT	
SEQUENCE OF EVENTS	1 - OVERTURN/ROLLOVER			
	2 - FIRE/EXPLOSION			
	3 - IMMERSION			
	4 - JACKKNIFE			
	5 - CARGO/EQUIPMENT LOSS OR SHIFT			
	6 - EQUIPMENT FAILURE			
	7 - SEPARATION OF UNITS			
	8 - RAN OFF ROAD RIGHT			
	9 - RAN OFF ROAD LEFT			
	10 - CROSS MEDIAN			
	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL			
	12 - DOWNHILL RUNAWAY			
	13 - OTHER NON-COLLISION			
	14 - PEDESTRIAN			
	15 - PEDALCYCLE			
	16 - RAILWAY VEHICLE			
	17 - ANIMAL - FARM			
	18 - ANIMAL - DEER			
	19 - ANIMAL - OTHER			
	20 - MOTORVEHICLE IN TRANSPORT			
	21 - PARKED MOTORVEHICLE			
	22 - WORK ZONE MAINTENANCE EQUIPMENT			
	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTORVEHICLE			
	24 - OTHER MOVABLE OBJECT			
	25 - IMPACT ATTENUATOR / CRASH CUSHION			
	31 - GUARDRAIL END			
	32 - PORTABLE BARRIER			
	33 - MEDIAN CABLE BARRIER			
	34 - MEDIAN GUARDRAIL BARRIER			
	35 - MEDIAN CONCRETE BARRIER			
	36 - MEDIAN OTHER BARRIER			
	37 - TRAFFIC SIGN POST			
	38 - OVERHEAD SIGN POST			
	39 - LIGHT / LUMINARIES SUPPORT			
	40 - UTILITY POLE			
	41 - OTHER POST, POLE OR SUPPORT			
	42 - CULVERT			
	43 - CURB			
	44 - DITCH			
	45 - EMBANKMENT			
	46 - FENCE			
	47 - MAILBOX			
	48 - TREE			
	49 - FIRE HYDRANT			
	50 - WORK ZONE MAINTENANCE EQUIPMENT			
	51 - WALL			
	52 - BUILDING			
	53 - TUNNEL			
	54 - OTHER FIXED OBJECT			
	55 - OTHER / UNKNOWN			
FIRST HARMFUL EVENT 1	MOST HARMFUL EVENT 1			

LOCAL REPORT NUMBER 23021536	
DAMAGE	
DAMAGE SCALE	
9	1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT	
1 2	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
TRAFFIC	
TRAFFICWAY FLOW 2	TRAFFIC CONTROL 6
# of THROUGH LANES ON ROAD 5	RAIL GRADE CROSSING 1
UNIT / NON-MOTORIST DIRECTION	
FROM 1 TO 2	
UNIT SPEED 20	DETECTED SPEED 1
POSTED SPEED 50	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED

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

VEHICLE

LP STATE OH LICENSE PLATE # Q244617 VEHICLE IDENTIFICATION # KL17C1J1K1S1B141B1G161131710 VEHICLE YEAR 2016 VEHICLE MAKE Chevy
 INSURANCE VERIFIED INSURANCE COMPANY Progressive INSURANCE POLICY # 966785672 COLOR Black VEHICLE MODEL Trax
 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
 HAZARDOUS MATERIAL CLASS # PLACARD ID #
 MATERIAL RELEASED
 PLACARD

UNIT TYPE 03
 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

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 - 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 9 - CARGO TANK 13 - AUTO TRANSPORTER
 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 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

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 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 11 PRE-CRASH ACTIONS 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST
 4 - STRUCK 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 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 /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

SEQUENCE OF EVENTS
120 **NON-COLLISION**
 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 15 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT
 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 18 - ANIMAL - DEER 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 19 - ANIMAL - OTHER 24 - OTHER MOVABLE OBJECT
 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 20 - MOTOR VEHICLE IN TRANSPORT
 5 - CARGO /EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE

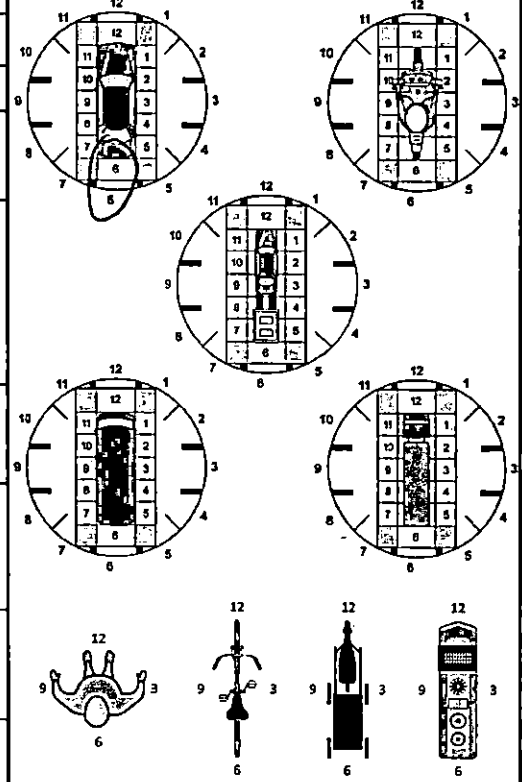
COLLISION WITH FIXED OBJECT / STRUCK
 25 - IMPACT ATTENUATOR /CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT
 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL
 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN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

FIRST HARMFUL EVENT 1 **MOST HARMFUL EVENT**

LOCAL REPORT NUMBER
23021536

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

DAMAGED AREA(S)
 INDICATE ALL THAT APPLY



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

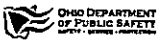
INITIAL POINT OF CONTACT
06 0 - NO DAMAGE 14 - UNDERCARRIAGE
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
 13 - TOP 99 - UNKNOWN

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 5
RAIL GRADE CROSSING
1 1 - NOT INVOLVED
 2 - INVOLVED-ACTIVE CROSSING
 3 - INVOLVED-PASSIVE CROSSING

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 0
POSTED SPEED 50
DETECTED SPEED
1 1 - STATED / ESTIMATED SPEED
 2 - CALCULATED / EDR
 3 - UNDETERMINED



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2 3 0 2 1 5 3 6

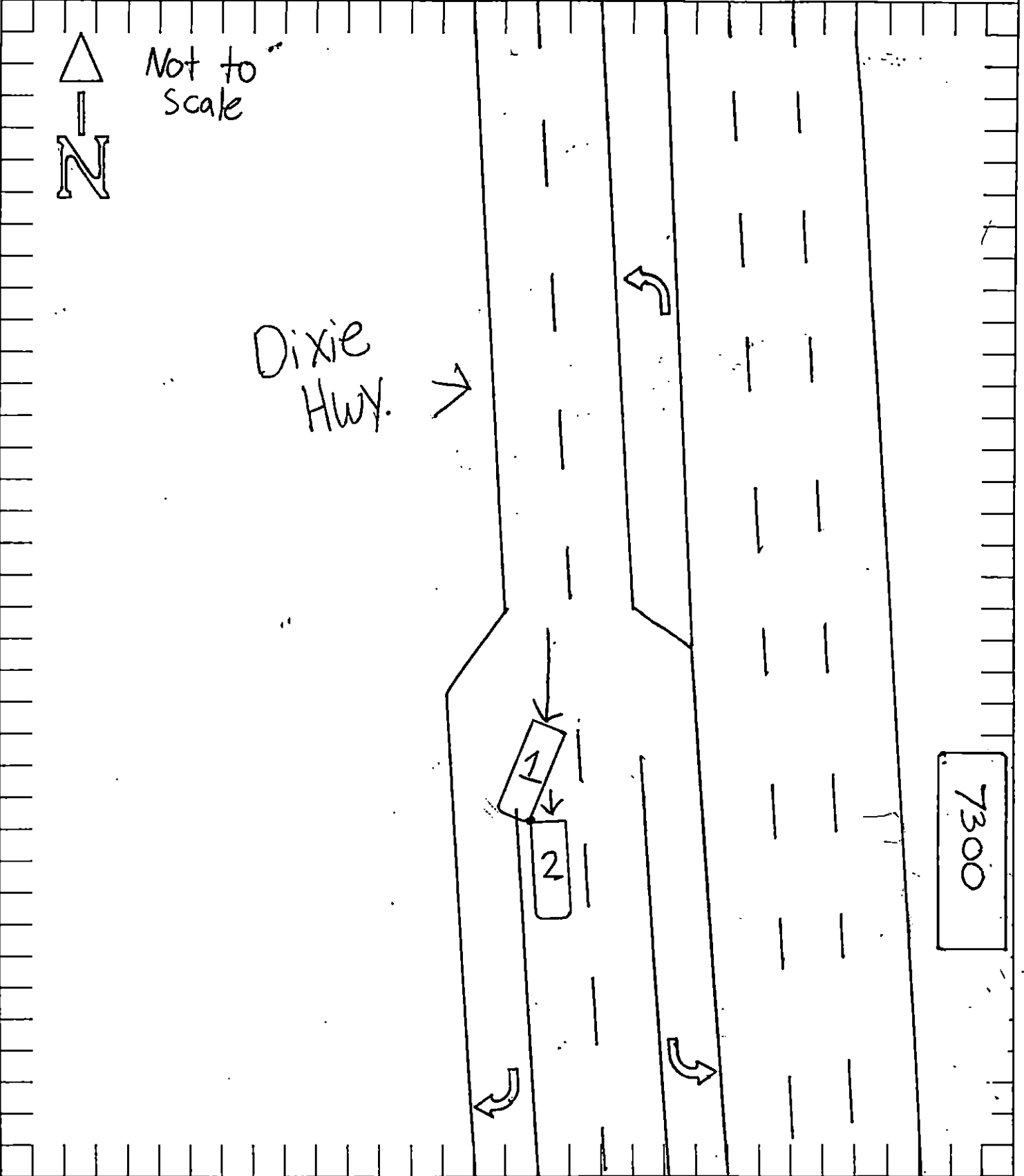
UNIT # 0 1	NAME: LAST, FIRST, MIDDLE Malpas, John	DATE OF BIRTH 0 5 2 1 1 9 8 4	AGE 3 8	GENDER M
ADDRESS: STREET, CITY, STATE, ZIP 921 Abilene Dr. West, Mobile, Alabama, 36695		CONTACT PHONE - INCLUDE AREA CODE		
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4
OL STATE A L	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	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
CONDITION		ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4

UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Waldman, Amanda	DATE OF BIRTH 0 4 1 4 1 9 8 0	AGE 4 2	GENDER F
ADDRESS: STREET, CITY, STATE, ZIP 2327 Whitmer Rd. Batavia, OH 45103		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 O H	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	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
CONDITION		ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE 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
CONDITION		ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) 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- CDI 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 - D)	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- MC MOPED ONLY	5- EXCEPT CLASS A 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	6- EXCEPT CLASS A & CLASS B BUS	6- PASSENGER	ALCOHOL TEST TYPE
1- NOT TRANSPORTED / TREATED AT SCENE	7- THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION	OL ENDORSEMENT	7- EXCEPT TRACTOR-TRAILER	7- OTHER DISTRACTION INSIDE THE VEHICLE	1- NONE
2- EMS	8- THIRD - MIDDLE	1- NOT EJECTED	H- HAZMAT	8- INTERMEDIATE LICENSE RESTRICTIONS	8- OTHER DISTRACTION OUTSIDE THE VEHICLE	2- BLOOD
3- POLICE	9- THIRD - RIGHT SIDE	2- PARTIALLY EJECTED	M- MOTORCYCLE	9- LEARNER'S PERMIT RESTRICTIONS	9- OTHER / UNKNOWN	3- URINE
9- OTHER / UNKNOWN	10- SLEEPER SECTION OF TRUCK CAB	3- TOTALLY EJECTED	P- PASSENGER	10- LIMITED TO DAYLIGHT ONLY	CONDITION	4- BREATH
SAFETY EQUIPMENT	11- PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4- NOT APPLICABLE	N- TANKER	11- LIMITED TO EMPLOYMENT	1- APPARENTLY NORMAL	5- OTHER
1- NONE USED	12- PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED	Q- MOTOR SCOOTER	12- LIMITED - OTHER	2- PHYSICAL IMPAIRMENT	DRUG TEST TYPE
2- SHOULDER BELT ONLY USED	13- TRAILING UNIT	1- NOT TRAPPED	R- THREE-WHEEL MOTORCYCLE	13- MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	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	S- SCHOOL BUS	14- MILITARY VEHICLES ONLY	4- ILLNESS	2- BLOOD
4- SHOULDER & LAP BELT USED	15- NON-MOTORIST	3- FREED BY NON-MECHANICAL MEANS	T- DOUBLE & TRIPLE TRAILERS	15- MOTOR VEHICLES WITHOUT AIR BRAKES	5- FELL ASLEEP, FAINTED, FATIGUED, ETC.	3- URINE
5- CHILD RESTRAINT SYSTEM - FORWARD FACING	99- OTHER / UNKNOWN	GENDER	X- TANKER / HAZMAT	16- OUTSIDE MIRROR	6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	4- OTHER
6- CHILD RESTRAINT SYSTEM - REAR FACING		F- FEMALE		17- PROSTHETIC AID	9- OTHER / UNKNOWN	DRUG TEST RESULT(S)
7- BOOSTER SEAT		M- MALE		18- OTHER		1- AMPHETAMINES
8- HELMET USED		U- OTHER / UNKNOWN				2- BARBITURATES
9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						3- BENZODIAZEPINES
10- REFLECTIVE CLOTHING						4- CANNABINOIDS
11- LIGHTING - PEDESTRIAN / BICYCLE ONLY						5- COCAINE
99- OTHER / UNKNOWN						6- OPIATES / OPIOIDS
						7- OTHER
						8- NEGATIVE RESULTS

LOCAL REPORT NUMBER PD-23-021536	REPORTING AGENCY Fairfield Police Department	DATE OF ACCIDENT 3/22/23
IN COUNTY OF Butler	ACCIDENT LOCATION 7300 Dixie Hwy. Fairfield, OH 45014	



	OFFICER'S SIGNATURE Miller	BADGE NO. 167
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