



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 2 6 9 0 2
<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
				0, 1
				98 - ANIMAL
				99 - UNKNOWN

COUNTY* 09	LOCALITY* 1	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield	CRASH DATE / TIME* 04142023 1136	CRASH SEVERITY 5
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ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME Symmes	ROAD TYPE R D	LATITUDE DECIMAL DEGREES 39.348429	CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 2720	ROAD TYPE	LONGITUDE DECIMAL DEGREES -84.526996	

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

LOCATION OF FIRST HARMFUL EVENT 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 0, 1	9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN	MANNER OF CRASH COLLISION/IMPACT 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	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 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 1	WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN 0, 1
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NARRATIVE

On 4-14-23 at about 11:36 a.m. Unit 1 and 2 where stopped in westbound traffic on Symmes Rd. near 2720 Symmes Rd. Unit 1 improperly backed up striking Unit 2 while attempting to turn around due to the traffic.

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

Symmes Rd

* NOT TO SCALE

CRASH REPORTED DATE / TIME 04142023 1136	DISPATCH DATE / TIME 04142023 1152	ARRIVAL DATE / TIME 04142023 1203	SCENE CLEARED DATE / TIME 04142023 1227	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 6 5	OFFICER'S NAME* P.O. Hoelle	CHECKED BY OFFICER'S NAME* Sgt J Sprague
			OFFICER'S BADGE NUMBER* 1 4 4	CHECKED BY OFFICER'S BADGE NUMBER* 8 4

LOCAL REPORT NUMBER
 2, 3, 0, 2, 6, 9, 0, 2

OWNER

UNIT # 0, 1 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 # 447YNE VEHICLE IDENTIFICATION # JTEBU14B1F13D1K11581120 VEHICLE YEAR 2013 VEHICLE MAKE Toyota

INSURANCE VERIFIED INSURANCE COMPANY Ohio Mutual INSURANCE POLICY # PPA001055331 COLOR Grey VEHICLE MODEL FJ

TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

US DOT # _____ TOWED BY: COMPANY NAME _____

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

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 0

HAS 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 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 - 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

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

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 - 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 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	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 1, 2

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			

SEQUENCE OF EVENTS

1 2 0

1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	NON-COLLISION		22 - WORK ZONE MAINTENANCE EQUIPMENT
2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
3 - IMMERSION	8 - RAN OFF ROAD RIGHT	12 - DOWNHILL RUNAWAY	17 - ANIMAL - FARM	24 - OTHER MOVABLE OBJECT
4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	13 - OTHER NON-COLLISION	18 - ANIMAL - DEER	
5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	14 - PEDESTRIAN	19 - ANIMAL - OTHER	
		15 - PEDALCYCLE	20 - MOTOR VEHICLE IN TRANSPORT	
			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
			49 - FIRE HYDRANT	

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

DAMAGE

DAMAGE SCALE 1

1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL 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 0, 6

0 - NO DAMAGE 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

1-12 - REFER TO UNIT DIAGRAM 13 - TOP

TRAFFIC

TRAFFICWAY FLOW 2

1 - ONE-WAY 2 - TWO-WAY

TRAFFIC CONTROL 6

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

OF THROUGH LANES ON ROAD 2

RAIL GRADE CROSSING 1

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

UNIT / NON-MOTORIST DIRECTION

FROM 4 TO 3

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

UNIT SPEED 5

POSTED SPEED 3 5

DETECTED SPEED 1

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

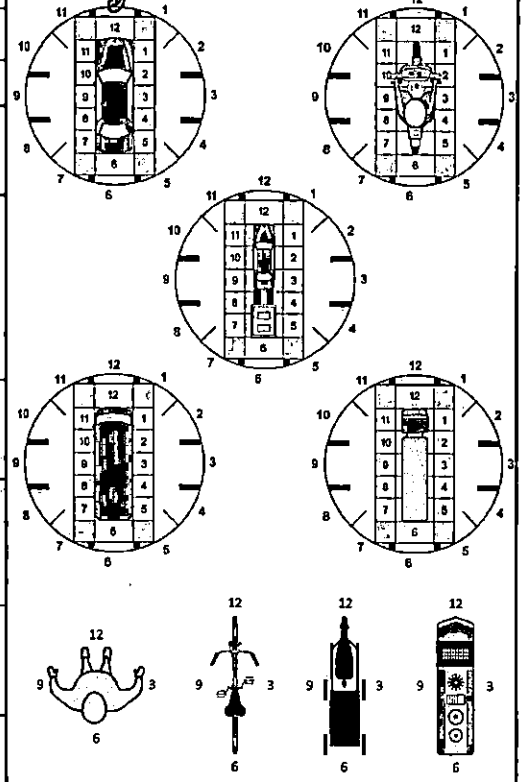
LOCAL REPORT NUMBER 2, 3, 0, 2, 6, 9, 0, 2

OWNER UNIT # 012, OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER), OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER), OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER), COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP, COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

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

LP STATE OH, LICENSE PLATE # JSC6048, VEHICLE IDENTIFICATION # KMHTC16A1E10G1U12191120, VEHICLE YEAR 2016, VEHICLE MAKE Hyundai, INSURANCE VERIFIED, INSURANCE COMPANY State Farm, INSURANCE POLICY # 3214285SFP35, COLOR Red, VEHICLE MODEL Veloster

DAMAGED AREA(S) INDICATE ALL THAT APPLY



TYPE OF USE: COMMERCIAL, GOVERNMENT, IN EMERGENCY RESPONSE. US DOT #. TOWED BY: COMPANY NAME. HAZARDOUS MATERIAL: MATERIAL RELEASED, PLACARD.

UNIT TYPE: 01 PASSENGER CAR, 02 PASSENGER VAN (MINIVAN), 03 SPORT UTILITY VEHICLE, 04 PICK UP, 05 CARGO VAN, 06 VAN (9-15 SEATS), 07 MOTORCYCLE 2-WHEELED, 08 MOTORCYCLE 3-WHEELED, 09 AUTOCYCLE, 10 MOPED OR MOTORIZED BICYCLE, 11 ALL TERRAIN VEHICLE (ATV / UTV), 12 GOLF CART, 13 SNOWMOBILE, 14 SINGLE UNIT TRUCK, 15 SEMI-TRACTOR, 16 FARM EQUIPMENT, 17 MOTORHOME, 18 LIMO (LIVERY VEHICLE), 19 BUS (16+ PASSENGERS), 20 OTHER VEHICLE, 21 HEAVY EQUIPMENT, 22 ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE, 23 PEDESTRIAN / SKATER, 24 WHEELCHAIR (ANY TYPE), 25 OTHER NON-MOTORIST, 26 BICYCLE, 27 TRAIN, 99 UNKNOWN OR HIT/SKIP

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 NONE, 02 TAXI, 03 ELECTRONIC RIDE SHARING, 04 SCHOOL TRANSPORT, 05 BUS - TRANSIT/COMMUTER, 06 BUS - CHARTER/TOUR, 07 BUS - INTERCITY, 08 BUS - SHUTTLE, 09 BUS - OTHER, 10 AMBULANCE, 11 FIRE, 12 MILITARY, 13 POLICE, 14 PUBLIC UTILITY, 15 CONSTRUCTION EQUIPMENT, 16 FARM, 17 MOWING, 18 SNOW REMOVAL, 19 TOWING, 20 SAFETY SERVICE PATROL, 21 MAIL CARRIER, 99 OTHER / UNKNOWN

CARGO BODY TYPE: 01 NO CARGO BODY TYPE / NOT APPLICABLE, 02 BUS, 03 VEHICLE TOWING ANOTHER MOTOR VEHICLE, 04 LOGGING, 05 INTERMODAL CONTAINER CHASSIS, 06 CARGO VAN/ENCLOSED BOX, 07 GRAIN/CHIPS/GRAVEL, 08 POLE, 09 CARGO TANK, 10 FLAT BED, 11 DUMP, 12 CONCRETE MIXER, 13 AUTOTRANSPORTER, 14 GARBAGE/REFUSE, 99 OTHER / UNKNOWN

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

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

ACTION: 4 NON-CONTACT, 2 NON-COLLISION, 3 STRIKING, 4 STRUCK, 5 BOTH STRIKING & STRUCK, 9 OTHER / UNKNOWN, 1 STRAIGHT AHEAD, 2 BACKING, 3 CHANGING LANES, 4 OVERTAKING/PASSING, 5 MAKING RIGHT TURN, 6 MAKING LEFT TURN, 7 MAKING U-TURN, 8 ENTERING TRAFFIC LANE, 9 LEAVING TRAFFIC LANE, 10 PARKED, 11 SLOWING OR STOPPED IN TRAFFIC, 12 DRIVERLESS, 13 NEGOTIATING A CURVE, 14 ENTERING OR CROSSING SPECIFIED LOCATION, 15 WALKING, RUNNING, JOGGING, PLAYING, 16 WORKING, 17 PUSHING VEHICLE, 18 APPROACHING OR LEAVING VEHICLE, 19 STANDING, 20 OTHER NON-MOTORIST, 21 STANDING OUTSIDE DISABLED VEHICLE, 99 OTHER / UNKNOWN

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

CONTRIBUTING CIRCUMSTANCES: 01 NONE, 02 FAILURE TO YIELD, 03 RAN RED LIGHT, 04 RAN STOP SIGN, 05 UNSAFE SPEED, 06 IMPROPER TURN, 07 LEFT OF CENTER, 08 FOLLOWING TOO CLOSE / ACDA, 09 IMPROPER LANE CHANGE, 10 IMPROPER PASSING, 11 DROVE OFF ROAD, 12 IMPROPER BACKING, 13 IMPROPER START FROM A PARKED POSITION, 14 STOPPED OR PARKED ILLEGALLY, 15 SWERVING TO AVOID, 16 WRONG WAY, 17 VISION OBSTRUCTION, 18 OPERATING DEFECTIVE EQUIPMENT, 19 LOAD SHIFTING/FALLING/SPILLING, 20 IMPROPER CROSSING, 21 LYING IN ROADWAY, 22 NOT DISCERNIBLE, 23 OPENING DOOR INTO ROADWAY, 99 OTHER IMPROPER ACTION

TRAFFICWAY FLOW: 2 ONE-WAY, 2 TWO-WAY. TRAFFIC CONTROL: 6 1-ROUNDOABOUT, 2-SIGNAL, 3-FLASHER, 4-STOP SIGN, 5-YIELD SIGN, 6-NO CONTROL

SEQUENCE OF EVENTS: 1 2 0 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 MOTOR VEHICLE IN TRANSPORT, 21 PARKED MOTOR 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

OF THROUGH LANES ON ROAD: 2. RAIL GRADE CROSSING: 1 NOT INVOLVED, 2 INVOLVED-ACTIVE CROSSING, 3 INVOLVED-PASSIVE CROSSING

FIRST HARMFUL EVENT: 1. MOST HARMFUL EVENT: 1. COLLISION WITH FIXED OBJECT: 25 IMPACT ATTENUATOR / CRASH CUSHION, 26 BRIDGE OVERHEAD STRUCTURE, 27 BRIDGE PIER OR ABUTMENT, 28 BRIDGE PARAPET, 29 BRIDGE RAIL, 30 GUARDRAIL FACE, 31 GUARDRAIL END, 32 PORTABLE BARRIER, 33 MEDIUM CABLE BARRIER, 34 MEDIUM GUARDRAIL BARRIER, 35 MEDIUM CONCRETE BARRIER, 36 MEDIUM 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, 99 OTHER / UNKNOWN

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

UNIT SPEED: 0. POSTED SPEED: 3, 5. DETECTED SPEED: 1 STATED / ESTIMATED SPEED, 2 CALCULATED / EDR, 3 UNDETERMINED



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2 3 0 2 6 9 0 2

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE Walsh, Tracie L	DATE OF BIRTH 0 4 2 6 1 9 6 9		AGE 5 3	GENDER F
ADDRESS: STREET, CITY, STATE, ZIP 321 Magie 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
OL STATE OH	OPERATOR LICENSE NUMBER	OFFENSE CHARGED 331.13a	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION Improper backing	
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		DRUG TEST(S)
			STATUS 1	TYPE 1	VALUE
			STATUS 1	TYPE 1	RESULT SELECT UP TO 4
			CITATION NUMBER 254008		

UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Chafin, Darren D	DATE OF BIRTH 0 3 3 1 1 9 8 2		AGE 4 1	GENDER M
ADDRESS: STREET, CITY, STATE, ZIP 4050 Hammond Blvd Hamilton, OH 45015		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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET
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	CONDITION 1
			ALCOHOL TEST		DRUG TEST(S)
			STATUS 1	TYPE 1	VALUE
			STATUS 1	TYPE 1	RESULT SELECT UP TO 4
			CITATION NUMBER		

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"/> DOT-COMPLIANT MC HELMET
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION	
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		DRUG TEST(S)
			STATUS	TYPE	VALUE
			STATUS	TYPE	RESULT SELECT UP TO 4
			CITATION NUMBER		

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 - DJ)	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	5- OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5- TEST GIVEN, RESULTS UNKNOWN
	6- SECOND - RIGHT SIDE	9- DEPLOYMENT UNKNOWN	6- NO VALID DL	6- EXCEPT CLASS A & CLASS B BUS	7- TALKING ON HAND-HELD COMMUNICATION DEVICE	
INJURED TAKEN BY	7- THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7- EXCEPT TRACTOR-TRAILER	8- INTERMEDIATE LICENSE RESTRICTIONS	ALCOHOL TEST TYPE
1- NOT TRANSPORTED / TREATED AT SCENE	8- THIRD - MIDDLE	EJECTION	OL ENDORSEMENT	8- LIMITED TO DAYLIGHT ONLY	9- LEARNER'S PERMIT RESTRICTIONS	1- NONE
2- EMS	9- THIRD - RIGHT SIDE	1- NOT EJECTED	H- HAZMAT	11- LIMITED TO EMPLOYMENT	10- LIMITED TO EMPLOYMENT	2- BLOOD
3- POLICE	10- SLEEPER SECTION OF TRUCK CAB	2- PARTIALLY EJECTED	M- MOTORCYCLE	12- LIMITED - OTHER	11- LIMITED TO EMPLOYMENT	3- URINE
9- OTHER / UNKNOWN	11- PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	3- TOTALLY EJECTED	P- PASSENGER	13- MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	12- LIMITED - OTHER	4- BREATH
SAFETY EQUIPMENT	12- PASSENGER IN UNENCLOSED CARGO AREA	4- NOT APPLICABLE	N- TANKER	14- MILITARY VEHICLES ONLY	13- MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	5- OTHER
1- NONE USED	13- TRAILING UNIT	TRAPPED	Q- MOTOR SCOOTER	15- MOTOR VEHICLES WITHOUT AIR BRAKES	14- MILITARY VEHICLES ONLY	DRUG TEST TYPE
2- SHOULDER BELT ONLY USED	14- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	1- NOT TRAPPED	R- THREE-WHEEL MOTORCYCLE	16- OUTSIDE MIRROR	15- MOTOR VEHICLES WITHOUT AIR BRAKES	1- NONE
3- LAP BELT ONLY USED	15- NON-MOTORIST	2- EXTRICATED BY MECHANICAL MEANS	S- SCHOOL BUS	17- PROSTHETIC AID	16- OUTSIDE MIRROR	2- BLOOD
4- SHOULDER & LAP BELT USED	99- OTHER / UNKNOWN	3- FREED BY NON-MECHANICAL MEANS	T- DOUBLE & TRIPLE TRAILERS	18- OTHER	17- PROSTHETIC AID	3- URINE
5- CHILD RESTRAINT SYSTEM FORWARD FACING			X- TANKER / HAZMAT		18- OTHER	4- OTHER
6- CHILD RESTRAINT SYSTEM REAR FACING				GENDER		DRUG TEST RESULT(S)
7- BOOSTER SEAT				F- FEMALE		1- AMPHETAMINES
8- HELMET USED				M- MALE		2- BARBITURATES
9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)				U- OTHER / UNKNOWN		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