

## TRAFFIC CRASH REPORT \*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY	LOCAL INFORMATION		IR25-004218	
REPORTING AGENCY NAME* Fairfield Police Department			NCIC* 00901		HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 2
UNIT IN ERROR 99 - ANIMAL 99 - UNKNOWN			CRASH DATE/TIME* 08/18/2025 07:54		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY	
COUNTY* 09	LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1	LOCATION: CITY, VILLAGE, TOWNSHIP* Fairfield		CRASH DATE/TIME* 08/18/2025 07:54		CRASH SEVERITY 5
ROUTE TYPE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME PORT UNION	ROAD TYPE RD	LATITUDE 39.334933	CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY
ROUTE TYPE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 3350	ROAD TYPE	LONGITUDE -84.517177	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 3	DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 4	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 ROADWAY <input type="checkbox"/> ROADWAY DIVIDED		
DISTANCE FROM REFERENCE 190	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS 2	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 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 1		MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION 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 8		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST
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 SHFT/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
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 1		DIAGRAM On 8/18/2025 at approximately 7:54 P.M. Unit 1 reported they were traveling east on Port Union Road and when at the underpass at 3350 Port Union Road they were struck by Unit 2 which was traveling west on Port Union Road and crossed over the double yellow line. Unit 2 stated they were traveling west on Port Union Road and when at the underpass at 3350 Port Union Road they were struck by Unit 1 which was traveling east on Port Union Road and crossed the double yellow line.		
CRASH REPORTED DATE/TIME 08/18/2025 07:54		DISPATCH DATE/TIME 08/18/2025 07:57		ARRIVAL DATE/TIME 08/18/2025 08:09		SCENE CLEARED DATE/TIME 08/18/2025 08:29
TOTAL TIME ROADWAY CLOSED 0	OTHER INVESTIGATION TIME 0	TOTAL MINUTES 32	OFFICER'S NAME* Frazier, Connor	CHECKED BY OFFICER'S NAME* Cresap, Lori		REPORT TAKEN BY <input type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
			OFFICER'S BADGE NUMBER* 158	CHECKED BY OFFICER'S BADGE NUMBER* 87		SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODDS)

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )	OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER
1	DIAZ LLC	
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) 12054 MARWOOD LN, SPRINGDALE, OH 45246		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #
OH	PLT1652	1FDXF47S81EC29764
INSURANCE VERIFIED	INSURANCE COMPANY PROGRESSIVE INSURANCE	INSURANCE POLICY # 953618665
		COLOR Black
		VEHICLE MAKE Ford
TYPE OF USE		
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		
US DOT #		
TOWED BY: COMPANY NAME		
HAZARDOUS MATERIAL		
MATERIAL CLASS # PLACARD ID #		
PLACARD		
UNIT TYPE		
1 - PASSENGER CAR 7 - MOTORCYCLE 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN/ SKATER		
2 - PASSENGER VAN 8 - MOTORCYCLE 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 21 - HEAVY EQUIPMENT 26 - BICYCLE		
5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV/UTV) 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN		
99 - UNKNOWN OR HIT/SKIP		
# OF TRAILING UNITS		
2		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		
1 - YES 2 - NO 9 - OTHER/UNKNOWN		
AUTONOMOUS MODE LEVEL		
0		
SPECIAL FUNCTION		
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		
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 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 - 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		
1 - NON-CONTACT 1 - STRAIGHT AHEAD 8 - ENTERING TRAFFIC 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE		
2 - NON-COLLISION 2 - BACKING 9 - LEAVING TRAFFIC 14 - ENTERING OR CROSSING 19 - STANDING		
3 - STRIKING 3 - CHANGING LANES 10 - PARKED 15 - SPECIFIED LOCATION 20 - OTHER NON-MOTORIST		
4 - STRUCK 4 - OVERTAKING/ PASSING 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE		
5 - BOTH STRIKING PRE-CRASH ACTIONS 6 - MAKING RIGHT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER/UNKNOWN		
9 - OTHER/UNKNOWN 7 - MAKING U-TURN		
CONTRIBUTING CIRCUMSTANCES		
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 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		
EVENTS		
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 25 - WORK ZONE MAINTENANCE EQUIPMENT		
5 - CARGO/EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - IMPROPER CROSSING 26 - BRIDGE OVERHEAD STRUCTURE		
25 - IMPACT 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT		
ATTENUATOR/ CRASH CUSHION 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN 44 - DITCH 51 - WALL		
26 - BRIDGE OVERHEAD STRUCTURE 33 - MEDIAN CABLE 39 - LIGHT/LUMINARIES 45 - EMBANKMENT 52 - BUILDING		
27 - BRIDGE PIER OR ABUTMENT 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL		
28 - BRIDGE PARAPET 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, FOLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT		
29 - BRIDGE RAIL 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 55 - OTHER/UNKNOWN		
30 - GUARDRAIL FACE 30 - GUARDRAIL FACE		
FIRST HARMFUL EVENT		
1		
MOST HARMFUL EVENT		
1		

LOCAL REPORT NUMBER*	
IR25-004218	
DAMAGE	
DAMAGE SCALE	
2	
1 - NONE 3 - FUNCTIONAL DAMAGE	
2 - MINOR 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	
10	
0 - NO DAMAGE 14 - UNDERCARRIAGE	
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE	
13 - TOP 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
2	6
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 4 - STOP SIGN
	2 - SIGNAL 5 - YIELD SIGN
	3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	1
	1 - NOT INVOLVED
	2 - INVOLVED-ACTIVE CROSSING
	3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM 4 TO 3	
1 - NORTH 5 - NORTHEAST	
2 - SOUTH 6 - NORTHWEST	
3 - EAST 7 - SOUTHEAST	
4 - WEST 8 - SOUTHWEST	
9 - OTHER/UNKNOWN	
UNIT SPEED	DETECTED SPEED
35	1
	1 - STATED/ESTIMATED SPEED
	2 - CALCULATED/EDR
	3 - UNDETERMINED
POSTED SPEED	
35	

UNIT # 2	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) FAIRFIELD CITY SCHOOL DISTRICT ADMIN	OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) 4641 BACH LN, FAIRFIELD, OH 45014		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		
LP STATE OH	LICENSE PLATE # 22619	VEHICLE IDENTIFICATION # 4DRBUAAN1EB776013
VEHICLE YEAR 2014	VEHICLE MAKE IBUS	INSURANCE POLICY # 7NA5CA0001238-01
INSURANCE VERIFIED	INSURANCE COMPANY AMERICAN FAMILY INSURANCE	COLOR Yellow
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <input type="checkbox"/>		HAZARDOUS MATERIAL MATERIAL CLASS # PLACARD ID # <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD
# OCCUPANTS 34		VEHICLE WEIGHT GVWR/GCWR 1 - <= 10K LBS. 2 - 10,001 - 26K LBS. 3 - >= 26K LBS.
UNIT TYPE 19		1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - MOTORCYCLE 7 - MOTORCYCLE 8 - MOTORCYCLE 9 - 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 28 - UNKNOWN OR HIT/SKIP
# OF TRAILING UNITS 0		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER/UNKNOWN 2
SPECIAL FUNCTION 4		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN
CARGO BODY TYPE 2		1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT / COMMUTER 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - 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 22 - 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		1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ ENCLOSED BOX 7 - GRAINCHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN
NON-MOTORIST LOCATION AT IMPACT 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - 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		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
ACTION 9		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRONG PRE-CRASH ACTIONS 6 - STRUCK ACTIONS 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
CONTRIBUTING CIRCUMSTANCES 22		1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE/ACOA 9 - 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
SEQUENCE OF EVENTS		
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 - 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		
COLLISION WITH FIXED OBJECT - STRUCK		
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 - 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 - MAIL BOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER/UNKNOWN		
FIRST HARMFUL EVENT 1		
MOST HARMFUL EVENT 1		

LOCAL REPORT NUMBER* IR25-004218	
DAMAGE DAMAGE SCALE 2 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
INITIAL POINT OF CONTACT 10 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 2	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM 3 TO 4 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER/UNKNOWN	
UNIT SPEED 35	DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED
POSTED SPEED 35	



## MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER\*

IR25-004218

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER																																																													
1	DIAZ GOMEZ, ENEDINO	08/15/1983	42	M																																																													
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE																																																															
12054 MARWOOD LN, CINCINNATI, OH 45246																																																																	
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED																																																								
5				4		1	1	1	1																																																								
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER																																																												
IL																																																																	
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST	DRUG TEST(S)																																																										
4			1	ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG <input type="checkbox"/>	1	STATUS <input type="checkbox"/> TYPE <input type="checkbox"/> VALUE	STATUS <input type="checkbox"/> TYPE <input type="checkbox"/> RESULT SELECT UP TO 4																																																										
UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER																																																													
2	PERPINGTON, LORI ANN	05/20/1970	55	F																																																													
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE																																																															
2905 ELMO PL, MIDDLETOWN, OH 45042																																																																	
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED																																																								
5				4		1	1	1	1																																																								
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OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST	DRUG TEST(S)																																																										
1	S		1	ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG <input type="checkbox"/>	1	STATUS <input type="checkbox"/> TYPE <input type="checkbox"/> VALUE	STATUS <input type="checkbox"/> TYPE <input type="checkbox"/> 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	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED																																																								
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER																																																												
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST	DRUG TEST(S)																																																										
				ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG <input type="checkbox"/>		STATUS <input type="checkbox"/> TYPE <input type="checkbox"/> VALUE	STATUS <input type="checkbox"/> TYPE <input type="checkbox"/> RESULT SELECT UP TO 4																																																										
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# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER\*  
IR25-004218

OCCUPANT	UNIT # 2	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER																																																																				
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	ADDRESS: STREET, CITY, STATE, ZIP 5970 RIVER RD, FAIRFIELD, OH 45014					CONTACT PHONE - INCLUDE AREA CODE (513) 376-4265																																																																							
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