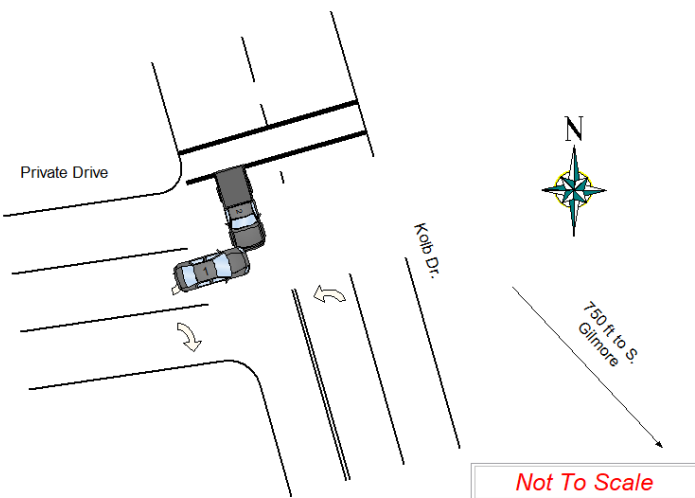


## TRAFFIC CRASH REPORT \*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

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		IR23-000998	
REPORTING AGENCY NAME* Fairfield Police Department			NCIC* 00901		HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 2
UNIT IN ERROR 1 98 - ANIMAL 99 - UNKNOWN						
COUNTY* 09	LOCALITY* 1 1 - CITY 2 - VILLAGE 3 - TOWNSHIP	LOCATION: CITY, VILLAGE, TOWNSHIP* Fairfield			CRASH DATE/TIME* 07/09/2023 12:49	
ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME Kolb		ROAD TYPE DR	LATITUDE 39.306844
ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) South Gilmore		ROAD TYPE RD	LONGITUDE -84.525437
REFERENCE POINT 1 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	DIRECTION FROM REFERENCE 4 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 750	DISTANCE UNIT OF MEASURE 2 1 - MILES 2 - FEET 3 - YARDS			ROADWAY <input type="checkbox"/> ROADWAY DIVIDED		
LOCATION OF FIRST HARMFUL EVENT 1 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		MANNER OF CRASH COLLISION/IMPACT 6 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 <input type="checkbox"/> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		
MEDIAN TYPE <input type="checkbox"/> 1 - DIVIDED FLUSH MEDIAN (< 4 FEET) 2 - DIVIDED FLUSH MEDIAN (>= 4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISE MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN						
<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 <input type="checkbox"/> 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 <input type="checkbox"/> 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		
CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/ UNKNOWN		CONDITIONS 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/ UNKNOWN		
LIGHT CONDITION 1 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER/UNKNOWN		WEATHER 1 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				
NARRATIVE On 7/9/2023 at about 12:59 PM Unit 1 was attempting to turn left on Kolb Dr. approximately 750 ft west of the intersection with S. Gilmore Rd., and in so doing, failed to yield the right of way to Unit 2 who was traveling southeast on Kolb Dr. Unit 1 was struck by Unit 2.				DIAGRAM 		
CRASH REPORTED DATE/TIME 07/09/2023 12:50		DISPATCH DATE/TIME 07/09/2023 12:50		ARRIVAL DATE/TIME 07/09/2023 13:00		
SCENE CLEARED DATE/TIME 07/09/2023 13:38		REPORT TAKEN BY <input type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST				
TOTAL TIME ROADWAY CLOSED 0	OTHER INVESTIGATION TIME 0	TOTAL MINUTES 48	OFFICER'S NAME* Larsh, Samuel		CHECKED BY OFFICER'S NAME* Miller, Matthew	
OFFICER'S BADGE NUMBER* 134			CHECKED BY OFFICER'S BADGE NUMBER* 141			
SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)						

UNIT # 1	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) WILLIAMS, SEAN D		OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER	
	OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) 2445 RESOR RD, FAIRFIELD, OH 45014			
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE OH	LICENSE PLATE # EKH7658	VEHICLE IDENTIFICATION # 1HGCM665X4A065673	VEHICLE YEAR 2004	VEHICLE MAKE Honda
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY PROGRESSIVE INSURANCE		INSURANCE POLICY # 901959644	COLOR Silver
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME WAYNES TOWING	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		# OCCUPANTS 1	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD <input type="checkbox"/>	
VEHICLE WEIGHT GVWR/GCWR 1 1 - <= 10K LBS. 2 2 - 10,001 - 26K LBS. 3 3 - >= 26K LBS.		CLASS # PLACARD ID #		
UNIT TYPE 1 1 - PASSENGER CAR 2 2 - PASSENGER VAN (MINIVAN) 3 3 - SPORT UTILITY VEHICLE 4 4 - PICK UP 5 5 - CARGO VAN 6 6 - MOTORCYCLE 7 7 - WHEELED 8 8 - MOTORCYCLE 9 9 - WHEELED 10 10 - AUTOCYCLE 11 11 - MOPED OR MOTORIZED BICYCLE 12 12 - ALL TERRAIN VEHICLE (ATV/UTV)		# OF TRAILING UNITS 0		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 1 - YES 2 2 - NO 9 9 - OTHER/UNKNOWN		AUTONOMOUS MODE LEVEL 0 0 - NO AUTOMATION 1 1 - DRIVER ASSISTANCE 2 2 - PARTIAL AUTOMATION 3 3 - CONDITIONAL AUTOMATION 4 4 - HIGH AUTOMATION 5 5 - FULL AUTOMATION 9 9 - UNKNOWN		
SPECIAL FUNCTION 1 1 - NONE 2 2 - TAXI 3 3 - ELECTRONIC RIDE SHARING 4 4 - SCHOOL TRANSPORT 5 5 - BUS - TRANSIT /COMMUTER 6 6 - BUS - CHARTER/TOUR 7 7 - BUS - INTERCITY 8 8 - BUS - SHUTTLE 9 9 - BUS - OTHER 10 10 - AMBULANCE 11 11 - FIRE 12 12 - MILITARY 13 13 - POLICE 14 14 - PUBLIC UTILITY 15 15 - CONSTRUCTION EQUIPMENT 16 16 - FARM 17 17 - MOWING 18 18 - SNOW REMOVAL 19 19 - TOWING 20 20 - SAFETY SERVICE PATROL 21 21 - MAIL CARRIER 99 99 - OTHER/UNKNOWN		CARGO BODY TYPE 1 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 2 - BUS 3 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 4 - LOGGING 5 5 - INTERMODAL CONTAINER CHASSIS 6 6 - CARGO VAN/ ENCLOSED BOX 7 7 - GRAIN/CHIPS/GRAVEL 8 8 - POLE 9 9 - CARGO TANK 10 10 - FLAT BED 11 11 - DUMP 12 12 - CONCRETE MIXER 13 13 - AUTO TRANSPORTER 14 14 - GARBAGE/REFUSE 99 99 - OTHER/UNKNOWN		
VEHICLE DEFECTS 1 1 - TURN SIGNALS 2 2 - HEAD LAMPS 3 3 - TAIL LAMPS 4 4 - BRAKES 5 5 - STEERING 6 6 - TIRE BLOWOUT 7 7 - WORN OR SLICK TIRES 8 8 - TRAILER EQUIPMENT DEFECTIVE 9 9 - MOTOR TROUBLE 10 10 - DISABLED FROM PRIOR ACCIDENT 99 99 - OTHER/UNKNOWN		NON-MOTORIST LOCATION AT IMPACT 1 1 - INTERSECTION - MARKED CROSSWALK 2 2 - INTERSECTION - UNMARKED CROSSWALK 3 3 - INTERSECTION - OTHER 4 4 - MIDBLOCK - MARKED CROSSWALK 5 5 - TRAVEL LANE - OTHER LOCATION 6 6 - BICYCLE LANE 7 7 - SHOULDER/ ROADSIDE 8 8 - SIDEWALK 9 9 - MEDIAN/CROSSING ISLAND 10 10 - DRIVEWAY ACCESS 11 11 - SHARED USE PATHS OR TRAILS 12 12 - FIRST RESPONDER AT INCIDENT SCENE 99 99 - OTHER/UNKNOWN		
ACTION 4 4 - NON-CONTACT 5 5 - NON-COLLISION 6 6 - STRIKING 7 7 - STRUCK 8 8 - BOTH 9 9 - STRIKING PRE-CRASHES & STRUCK ACTIONS 10 10 - OTHER/UNKNOWN 11 11 - STRAIGHT AHEAD 12 12 - BACKING 13 13 - CHANGING LANES 14 14 - OVERTAKING/ PASSING 15 15 - MAKING RIGHT TURN 16 16 - MAKING LEFT TURN 17 17 - MAKING U-TURN 18 18 - ENTERING TRAFFIC 19 19 - LEAVING TRAFFIC 20 20 - PARKED 21 21 - SLOWING OR STOPPED IN TRAFFIC 22 22 - DRIVERLESS 23 23 - NEGOTIATING A CURVE 24 24 - ENTERING OR CROSSING SPECIFIED LOCATION 25 25 - WALKING, RUNNING, JOGGING, PLAYING 26 26 - WORKING 27 27 - PUSHING VEHICLE 28 28 - APPROACHING OR LEAVING VEHICLE 29 29 - STANDING 30 30 - OTHER NON- MOTORIST 21 21 - STANDING OUTSIDE DISABLED VEHICLE 99 99 - OTHER/UNKNOWN		CONTRIBUTING CIRCUMSTANCES 1 1 - NONE 2 2 - FAILURE TO YIELD 3 3 - RAN RED LIGHT 4 4 - RAN STOP SIGN 5 5 - UNSAFE SPEED 6 6 - IMPROPER TURN 7 7 - LEFT OF CENTER 8 8 - FOLLOWING TOO CLOSE/ACDA 9 9 - IMPROPER LANE CHANGE 10 10 - IMPROPER PASSING 11 11 - DROVE OFF ROAD 12 12 - IMPROPER BACKING 13 13 - IMPROPER START FROM A PARKED POSITION 14 14 - STOPPED OR PARKED ILLEGALLY 15 15 - SWERVING TO AVOID 16 16 - WRONG WAY 17 17 - VISION OBSTRUCTION 18 18 - OPERATING DEFECTIVE EQUIPMENT 19 19 - LOAD SHIFTING/ FALLING/SPILLING 20 20 - IMPROPER CROSSING 21 21 - LYING IN ROADWAY 22 22 - NOT DISCERNIBLE 23 23 - OPENING DOOR INTO ROADWAY 99 99 - OTHER IMPROPER ACTION		
SEQUENCE OF EVENTS				
EVENTS				
1 1 - OVERTURN/ ROLLOVER 2 2 - FIRE/EXPLOSION 3 3 - IMMERSION 4 4 - JACKKNIFE 5 5 - CARGO/EQUIPMENT LOSS OR SHIFT 6 6 - EQUIPMENT FAILURE 7 7 - SEPARATION OF UNITS 8 8 - RAN OFF ROAD RIGHT 9 9 - RAN OFF ROAD LEFT 10 10 - CROSS MEDIAN 11 11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL 12 12 - DOWNHILL RUNAWAY 13 13 - OTHER NON- COLLISION 14 14 - PEDESTRIAN 15 15 - PEDALCYCLE 16 16 - RAILWAY VEHICLE 17 17 - ANIMAL - FARM 18 18 - ANIMAL - DEER 19 19 - ANIMAL - OTHER 20 20 - MOTOR VEHICLE IN TRANSPORT 21 21 - PARKED MOTOR VEHICLE 22 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 24 - OTHER MOVABLE OBJECT 25 25 - IMPACT ATTENUATOR/ CRASH CUSHION 26 26 - BRIDGE OVERHEAD STRUCTURE 27 27 - BRIDGE PIER OR ABUTMENT 28 28 - BRIDGE PARAPET 29 29 - BRIDGE RAIL 30 30 - GUARDRAIL FACE 31 31 - GUARDRAIL END 32 32 - PORTABLE BARRIER 33 33 - MEDIAN CABLE BARRIER 34 34 - MEDIAN GUARDRAIL BARRIER 35 35 - MEDIAN CONCRETE BARRIER 36 36 - MEDIAN OTHER BARRIER 37 37 - TRAFFIC SIGN POST 38 38 - OVERHEAD SIGN POST 39 39 - LIGHT/LUMINARIES SUPPORT 40 40 - UTILITY POLE 41 41 - OTHER POST, POLE OR SUPPORT 42 42 - CULVERT 43 43 - CURB 44 44 - DITCH 45 45 - EMBANKMENT 46 46 - FENCE 47 47 - MAILBOX 48 48 - TREE 49 49 - FIRE HYDRANT 50 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 51 - WALL 52 52 - BUILDING 53 53 - TUNNEL 54 54 - OTHER FIXED OBJECT 99 99 - OTHER/UNKNOWN				
COLLISION WITH FIXED OBJECT - STRUCK				
1 1 - FIRST HARMFUL EVENT 2 2 - MOST HARMFUL EVENT				

LOCAL REPORT NUMBER* IR23-000998	
DAMAGE	
DAMAGE SCALE 4 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 11 0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE DIAGRAM 99 - UNKNOWN 13 - TOP	
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 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM 4 TO 6 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER/UNKNOWN	
UNIT SPEED 10	DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED
POSTED SPEED 25	

UNIT # 2	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) CASSINARI, MICHAEL P	OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) 5771 WINTON RD, FAIRFIELD, OH 45014		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
LP STATE OH	LICENSE PLATE # JHK1745	VEHICLE IDENTIFICATION # 1D7RV1CT1BS544525
VEHICLE YEAR 2011	VEHICLE MAKE Dodge	
INSURANCE VERIFIED	INSURANCE COMPANY CINCINNATI INSURANCE	INSURANCE POLICY # A010764555
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #
HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD		CLASS # PLACARD ID #
INTERLOCK DEVICE EQUIPPED	HIT/SKIP UNIT	# OCCUPANTS 1
VEHICLE WEIGHT GVWR/GCWR 1 - <= 10K LBS. 2 - 10,001 - 26K LBS. 3 - >= 26K LBS.		1
UNIT TYPE 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - MOTORCYCLE 7 - WHEELED 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 99 - UNKNOWN OR HIT/SKIP		
# OF TRAILING UNITS 0	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER/UNKNOWN 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN	
SPECIAL FUNCTION 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 99 - OTHER/UNKNOWN		
CARGO BODY TYPE 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 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 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 - 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		
ACTION 1 - 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 9 - LEAVING TRAFFIC 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 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/ACDA 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		
1	20	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 12 - RAILWAY VEHICLE 13 - ANIMAL - FARM 14 - ANIMAL - DEER 15 - ANIMAL - OTHER 16 - MOTOR VEHICLE IN TRANSPORT 17 - PARKED MOTOR VEHICLE 18 - RAILWAY VEHICLE 19 - ANIMAL - FARM 20 - ANIMAL - DEER 21 - ANIMAL - OTHER 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		
1	1	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 - MAILBOX 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		
MOST HARMFUL EVENT		

LOCAL REPORT NUMBER\*

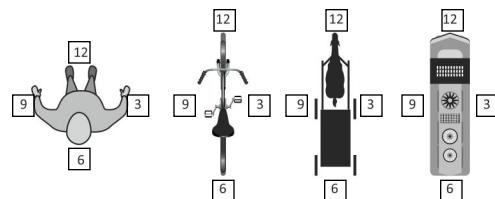
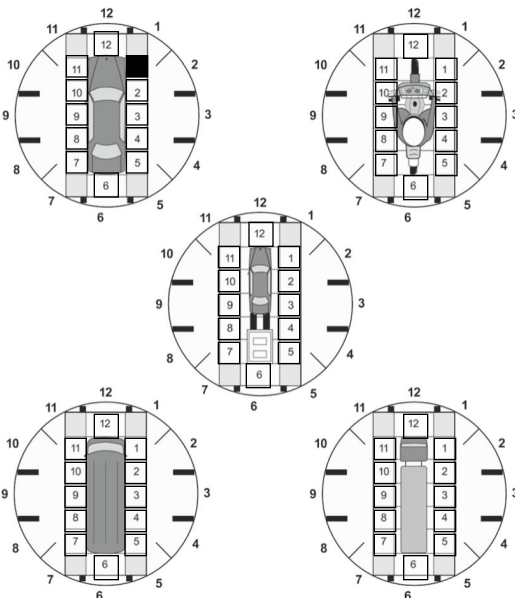
IR23-000998

## DAMAGE

## DAMAGE SCALE

3 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

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

## UNIT SPEED

25

## DETECTED SPEED

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

## POSTED SPEED

25

										LOCAL REPORT NUMBER*																																																																								
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH			AGE	GENDER																																																																				
	1	WILLIAMS, DONOVAN KANYE								02/27/2004			19	M																																																																				
	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE																																																																									
	2445 RESOR RD, FAIRFIELD, OH 45014																																																																																	
	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																																																																				
5								4		1	2	1	1																																																																					
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER																																																																							
				331.22a				Driving onto Roadway from Place			2300037054																																																																							
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	M				9	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			1	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4																																																																			
										1	1	.	1	1																																																																				
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH			AGE	GENDER																																																																				
	2	CASSINARI, MICHAEL P								11/21/1987			35	M																																																																				
	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE																																																																									
	5771 WINTON RD, FAIRFIELD, OH 45014																																																																																	
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