



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

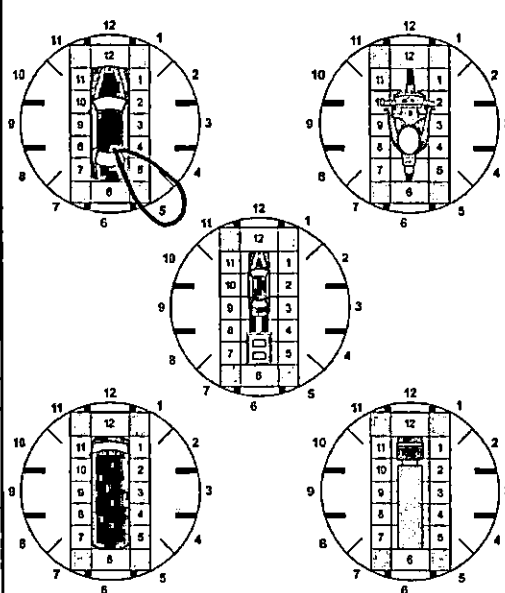
LOCAL REPORT NUMBER*

☒ PHOTOS TAKEN ☐ SECONDARY CRASH		☒ OH-2 ☐ OH-3 ☒ OH-1P ☐ OTHER ☐ PRIVATE PROPERTY		LOCAL INFORMATION		2 3 0 2 5 6 5 9	
REPORTING AGENCY NAME* Fairfield Police Department				NCIC* 0 0 9 0 1		HIT/SKIP 1 - SOLVED 2 - UNSOLVED	
COUNTY* 0 9		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield		CRASH DATE / TIME* 0 4 0 9 2 0 2 3 1 7 0 4	
ROUTE TYPE S R		ROUTE NUMBER 4		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME City of Fairfield	
ROUTE TYPE D R		ROUTE NUMBER 1		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Donald	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 1		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	
DISTANCE FROM REFERENCE 3 5		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS 2		CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		INTERSECTION RELATED ☒ WITHIN INTERSECTION OR ON APPROACH ☐ WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 3	
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 6		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	
WORK ZONE RELATED ☐ WORKERS PRESENT ☐ LAW ENFORCEMENT PRESENT ☐ 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 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	
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		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	
NARRATIVE On 04/09/2023 at 5:04 P.M. Unit 2 was traveling Northwest on SR-4 in the left lane near Donald Dr. Unit 1 was stopped at a stop sign on Donald Dr. to turn Northwest on SR-4. Unit 1 failed to yield to the right of way of Unit 2. Unit 2 struck Unit 1 on the front driver's side. The drivers of both Unit 1 and Unit 2 were cited for not having a driver's license F.C.O. 335.01 a1 UM.						 Indicate the north direction with an "N" on the compass diagram.	
CRASH REPORTED DATE / TIME 0 4 0 9 2 0 2 3 1 7 0 4		DISPATCH DATE / TIME 0 4 0 9 2 0 2 3 1 7 0 5		ARRIVAL DATE / TIME 0 4 0 9 2 0 2 3 1 7 1 2		SCENE CLEARED DATE / TIME 0 4 0 9 2 0 2 3 1 7 4 4	
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 3 0		TOTAL MINUTES 6 9		OFFICER'S NAME* D. Miller OFFICER'S BADGE NUMBER* 1 6 7	
CHECKED BY OFFICER'S NAME* D. Pohl		CHECKED BY OFFICER'S BADGE NUMBER* 1 3 6		REPORT TAKEN BY ☒ POLICE AGENCY ☐ MOTORIST ☐ SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DOPS)			

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE () SAME AS DRIVER		OWNER PHONE: INCLUDE AREA CODE () SAME AS DRIVER	
	01	Almaquer Perez, Raudelina			
VEHICLE	OWNER ADDRESS: STREET, CITY, STATE, ZIP () SAME AS DRIVER				
	8631 Fairhaven St. #10722, San Antonio TX, 78229				
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
VEHICLE	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
	TX	RLM9861	3FA6P10G70GR186020	2016	Ford
VEHICLE	INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
		Bristol West	G-01261652506	Maroon	Fusion
VEHICLE	TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	
	☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE				
VEHICLE	☐ INTERLOCK DEVICE EQUIPPED ☐ HIT/SKIP UNIT		VEHICLE WEIGHT GVWR/GCWR	HAZARDOUS MATERIAL	
			1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	CLASS # PLACARD ID #	
VEHICLE	UNIT TYPE	1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER			
	01	2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)			
VEHICLE	# OF TRAILING UNITS	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			
VEHICLE	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	5 - CARGO VAN 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 28 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 99 - UNKNOWN OR HIT/SKIP			
VEHICLE	AUTONOMOUS MODE LEVEL	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN			
		1 - YES 2 - NO 9 - OTHER / UNKNOWN 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION			
VEHICLE	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			
VEHICLE	CARGO BODY TYPE	3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL 19 - TOWING			
		4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 20 - SAFETY SERVICE PATROL			
VEHICLE	VEHICLE DEFECTS	5 - BUS - TRANSIT / COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL			
		1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER			
VEHICLE	VEHICLE DEFECTS	2 - BUS 4 - LOGGING 6 - CARGO VAN / ENCLOSED BOX 10 - FLAT BED 14 - GARBAGE / REFUSE			
		7 - GRAIN / CHIPS / GRAVEL 11 - DUMP 99 - OTHER / UNKNOWN			
VEHICLE	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			
VEHICLE	VEHICLE DEFECTS	3 - TAIL LAMPS 6 - TIRE BLOWOUT			
VEHICLE	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			
VEHICLE	ACTION	5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS			
VEHICLE	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 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			
VEHICLE	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			
VEHICLE	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 - PEDAL CYCLE 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			
VEHICLE	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 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN			
VEHICLE	FIRST HARMFUL EVENT	1 - MOST HARMFUL EVENT			

LOCAL REPORT NUMBER	
2 3 0 2 5 6 5 9	
DAMAGE	
DAMAGE SCALE	
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	
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
1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN
2 - TWO-WAY	2 - SIGNAL 5 - YIELD SIGN
	3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
0	1 - NOT INVOLVED
	2 - INVOLVED-ACTIVE CROSSING
	3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM 5 TO 6	
1 - NORTH 5 - NORTHWEST	
2 - SOUTH 6 - NORTHWEST	
3 - EAST 7 - SOUTHWEST	
4 - WEST 8 - SOUTHWEST	
9 - OTHER / UNKNOWN	
UNIT SPEED	DETECTED SPEED
1 5	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
POSTED SPEED	3 - UNDETERMINED
3 5	

OWNER	UNIT # 02	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 # HWK4135	VEHICLE IDENTIFICATION # 5FNRL13181629B1404294	VEHICLE YEAR 2009	VEHICLE MAKE Honda
	☒ INSURANCE VERIFIED	INSURANCE COMPANY Bristol West	INSURANCE POLICY # 5-01196689801	COLOR White	VEHICLE MODEL Odyssey
	☐ COMMERCIAL	☐ GOVERNMENT	☐ IN EMERGENCY RESPONSE	TOWED BY: COMPANY NAME	
	☐ INTERLOCK DEVICE EQUIPPED	☐ HIT/SKIP UNIT	#OCCUPANTS 04	HAZARDOUS MATERIAL ☐ MATERIAL RELEASED ☐ PLACARD	
	TYPE OF USE		US DOT #	VEHICLE WEIGHT GVWR/GCWR	
	☐ PASSENGER CAR		☐ 1- <10K LBS.	☐ 18-LIMO (LIVERY VEHICLE)	
	☐ 2- PASSENGER VAN (MINIVAN)		☐ 2- 10,001 - 26K LBS.	☐ 19-BUS (16+ PASSENGERS)	
	☐ 3- SPORT UTILITY VEHICLE		☐ 3- >26K LBS.	☐ 20-OTHER VEHICLE	
	☐ 4- PICK UP			☐ 21-HEAVY EQUIPMENT	
	☐ 5- CARGO VAN			☐ 22-ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	
☐ 6- VAN (9-15 SEATS)			☐ 23-PEDESTRIAN / SKATER		
☐ 7- MOTORCYCLE 2-WHEELED			☐ 24-WHEELCHAIR (ANY TYPE)		
☐ 8- MOTORCYCLE 3-WHEELED			☐ 25-OTHER NON-MOTORIST		
☐ 9- AUTOCYCLE			☐ 26-BICYCLE		
☐ 10-MOPED OR MOTORIZED BICYCLE			☐ 27-TRAIN		
☐ 11-ALL TERRAIN VEHICLE (ATV / UTV)			☐ 99-UNKNOWN OR HIT/SKIP		
# 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		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- GRAINCHIPS/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 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		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 / ACD 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- OVERTURN/ROLLOVER 2- FIRE/EXPLOSION 3- IMMERSTION 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		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 23025659	
DAMAGE DAMAGE SCALE 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- NO DAMAGE 1-12- REFER TO UNIT DIAGRAM 13- TOP 14- UNDERCARRIAGE 15- VEHICLE NOT AT SCENE 99- UNKNOWN	
TRAFFIC TRAFFICWAY FLOW 1- ONE-WAY 2- TWO-WAY TRAFFIC CONTROL 1- ROUNDABOUT 2- SIGNAL 3- FLASHER 4- STOP SIGN 5- YIELD SIGN 6- NO CONTROL	
# of THROUGH LANES ON ROAD 4	
RAIL GRADE CROSSING 1- NOT INVOLVED 2- INVOLVED-ACTIVE CROSSING 3- INVOLVED-PASSIVE CROSSING	
UNIT / NON-MOTORIST DIRECTION FROM 7 TO 6 1- NORTH 2- SOUTH 3- EAST 4- WEST 5- NORTHEAST 6- NORTHWEST 7- SOUTHEAST 8- SOUTHWEST 9- OTHER / UNKNOWN	
UNIT SPEED 35 POSTED SPEED 35 DETECTED SPEED 1- STATED / ESTIMATED SPEED 2- CALCULATED / EDR 3- UNDETERMINED	



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER									
2	3	0	2	5	6	5	9		

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE Moreno Pena, Michel					DATE OF BIRTH 0 9 0 7 1 9 7 7			AGE 4 5	GENDER M
ADDRESS: STREET, CITY, STATE, ZIP 632 Hill Ave. 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 4	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 331.19 a		LOCAL CODE ☒	OFFENSE DESCRIPTION Stop Sign		CITATION NUMBER 254050		
OL CLASS 6	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED ☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		CONDITION 1	ALCOHOL TEST - DRUG TEST(S) STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 1 1 1 1 1		

UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Ramirez Agustin, Juan, Romulo					DATE OF BIRTH 0 6 2 8 1 9 8 6			AGE 3 6	GENDER M
ADDRESS: STREET, CITY, STATE, ZIP 1121 Long St. Hamilton, OH 45011						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	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE ☐	OFFENSE DESCRIPTION		CITATION NUMBER		
OL CLASS 6	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED ☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		CONDITION 1	ALCOHOL TEST - DRUG TEST(S) STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 1 1 1 1 1		

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	☐ 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 ☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		CONDITION	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= 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 & 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		1-NONE	
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)		2-BLOOD	
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		3-URINE	
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.		4-OTHER	
5-CHILD RESTRAINT SYSTEM - FORWARD FACING		99-OTHER / UNKNOWN		GENDER		F-FEMALE		17-PROSTHETIC AID		6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		5-OTHER	
6-CHILD RESTRAINT SYSTEM - REAR FACING						M-MALE		18-OTHER		9-OTHER / UNKNOWN		6-CANNABINOIDS	
7-BOOSTER SEAT						U-OTHER / UNKNOWN						7-OTHER	
8-HELMET USED												8-NEGATIVE RESULTS	
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)													
10-REFLECTIVE CLOTHING													
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY													
99-OTHER / UNKNOWN													



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER									
2 3 0 2 5 6 5 9									
UNIT # 2		NAME: LAST, FIRST, MIDDLE Tomas Marr, Maura		DATE OF BIRTH 0 4 0 9 1 9 8 8	AGE 3 5	GENDER F			
ADDRESS: STREET, CITY, STATE, ZIP 1121 Long St. Hamilton, OH 45011		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	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION 0 3	AIR BAG USAGE 0 3	EJECTION 1	TRAPPED 1
UNIT # 2		NAME: LAST, FIRST, MIDDLE Ramirez Tomas, Edinson		DATE OF BIRTH 1 2 2 0 2 0 1 4	AGE 8	GENDER M			
ADDRESS: STREET, CITY, STATE, ZIP 1121 Long St. Hamilton, OH 45011		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	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION 0 4	AIR BAG USAGE 0 1	EJECTION 1	TRAPPED 1
UNIT # 2		NAME: LAST, FIRST, MIDDLE Ramirez Tomas, Juan, Manuel		DATE OF BIRTH 0 3 1 7 2 0 1 7	AGE 6	GENDER M			
ADDRESS: STREET, CITY, STATE, ZIP 1121 Long St. Hamilton, OH 45011		CONTACT PHONE - INCLUDE AREA CODE							
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 7	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION 0 6	AIR BAG USAGE 0 3	EJECTION 1	TRAPPED 1
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
INJURIES		SAFETY EQUIPMENT USED		SEATING POSITION		AIR BAG USAGE			
1 - FATAL		1 - NONE USED - VEHICLE OCCUPANT		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED			
2 - SUSPECTED SERIOUS INJURY		2 - SHOULDER BELT ONLY USED		2 - FRONT - MIDDLE		2 - DEPLOYED FRONT			
3 - SUSPECTED MINOR INJURY		3 - LAP BELT ONLY USED		3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE			
4 - POSSIBLE INJURY		4 - SHOULDER & LAP BELT USED		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT/SIDE			
5 - NO APPARENT INJURY		5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		5 - SECOND - MIDDLE		5 - NOT APPLICABLE			
INJURED TAKEN BY		6 - CHILD RESTRAINT SYSTEM - REAR FACING		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN			
1 - NOT TRANSPORTED / TREATED AT SCENE		7 - BOOSTER SEAT		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		EJECTION			
2 - EMS		8 - HELMET USED		8 - THIRD - MIDDLE		1 - NOT EJECTED			
3 - POLICE		9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED			
9 - OTHER / UNKNOWN		10 - REFLECTIVE CLOTHING		10 - SLEEPER SECTION OF TRUCK CAB		3 - TOTALLY EJECTED			
GENDER		11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		4 - NOT APPLICABLE			
F - FEMALE		99 - OTHER / UNKNOWN		12 - PASSENGER IN UNENCLOSED CARGO AREA		TRAPPED			
M - MALE				13 - TRAILING UNIT		1 - NOT TRAPPED			
U - OTHER / UNKNOWN				14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		2 - EXTRICATED BY MECHANICAL MEANS			
				15 - NON-MOTORIST		3 - FREED BY NON-MECHANICAL MEANS			
				99 - OTHER / UNKNOWN					
NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE		GENDER			
ADDRESS: STREET, CITY, STATE, ZIP				0					
		CONTACT PHONE - INCLUDE AREA CODE							
NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE		GENDER			
ADDRESS: STREET, CITY, STATE, ZIP				0					
		CONTACT PHONE - INCLUDE AREA CODE							
NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE		GENDER			
ADDRESS: STREET, CITY, STATE, ZIP				0					
		CONTACT PHONE - INCLUDE AREA CODE							

LOCAL REPORT NUMBER	PD 23-025659	REPORTING AGENCY	Fairfield PD	DATE OF ACCIDENT	M. 4 10 9 1923
IN COUNTY OF	Butler	ACCIDENT LOCATION	Dixie Hwy/Donah Dr.		

DIXIE HWY (STATE RTE. 4)

NO

2

N

DONALD DRIVE

OFFICERS SIGNATURE

Miller

BADGE NO.

167