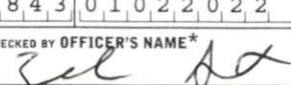




TRAFFIC CRASH REPORT

*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 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION		2 2 0 0 0 3 5 4				
		REPORTING AGENCY NAME*		NCIC*	HIT/SKIP			
		Fairfield Police Department		0 0 9 0 1	NUMBER OF UNITS			
COUNTY*		LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*					
0 9		1-CITY 2-VILLAGE 3-TOWNSHIP	City of Fairfield					
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME	ROAD TYPE			
	1-NORTH 2-SOUTH 3-EAST 4-WEST		Mack	R D	3 9 3 1 2 7 6 6			
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE			
	1-NORTH 2-SOUTH 3-EAST 4-WEST			Stonehill	D R	8 4 5 0 8 6 8 6		
REFERENCE POINT	DIRECTION FROM REFERENCE		ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED			
1-INTERSECTION 2-MILE POST 3-HOUSE #	1-NORTH 2-SOUTH 3-EAST 4-WEST		IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA			
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE				NUMBER OF APPROACHES			
	1-MILES 2-FEET 3-YARDS				0 3			
LOCATION OF FIRST HARMFUL EVENT			MANNER OF CRASH COLLISION/IMPACT		DIRECTION OF TRAVEL	ROADWAY		
0 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	1-NOT COLLISION 2-BETWEEN 3-TWO MOTOR VEHICLES IN 4-TRANSPORT 5-REAR-END 6-HEAD-ON	4-REAR-TO-REAR 5-BACKING 6-ANGLE 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 9-OTHER / UNKNOWN	1-NORTH 2-SOUTH 3-EAST 4-WEST	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	
<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		LOCATION OF CRASH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE	
		1-LANE CLOSURE 2-LANE SHIFT/CROSSOVER 3-WORK ON SHOULDER OR MEDIAN 4-INTERMITTENT OR MOVING WORK 5-OTHER		1-BEFORE THE 1ST WORK ZONE 2-ADVANCE WARNING SIGN 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA	1 2 3 4 9	1 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN	2 1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN	
LIGHT CONDITION			WEATHER		 Indicate the north direction with an "N" on the compass diagram.			
3	1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN		0 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	NOT TO SCALE 		
NARRATIVE								
<p>On 1/2/2022 at about 6:38 p.m. Unit 1 was traveling north on Stonehill Dr. and when at Mack Rd. failed to stop as required by the stop sign and in so doing collided with Unit 2 which was traveling east on Mack Rd.</p>								
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		
0 1 0 2 2 0 2 2 1 8 3 8		0 1 0 2 2 0 2 2 1 8 4 0		0 1 0 2 2 0 2 2 1 8 4 3		0 1 0 2 2 0 2 2 1 9 3 2		
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		REPORT TAKEN BY		
0 0 0		0 3 0		0 8 2		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)		
OFFICER'S NAME*		D. Gooch		CHECKED BY OFFICER'S NAME*		 3 4 6		
OFFICER'S BADGE NUMBER*		1 6 0		CHECKED BY OFFICER'S BADGE NUMBER*		4 6		

OWNER

UNIT # <u>0_1</u>	OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER	OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER
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OWNER ADDRESS: STREET, CITY, STATE, ZIP SAME AS DRIVER

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE <u>O_H</u>	LICENSE PLATE # <u>HOX1092</u>	VEHICLE IDENTIFICATION # <u>2LMJDJ8JK8D8L18093</u>	VEHICLE YEAR <u>2013</u>	VEHICLE MAKE <u>Lincoln</u>
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>Allstate</u>	INSURANCE POLICY # <u>992910754</u>	COLOR <u>Black</u>	VEHICLE MODEL <u>MKX</u>
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME <u>FOX</u>	
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <u>0_1</u>		VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <u>0</u> CLASS # <u>0</u> PLACARD ID # <u>0</u> <input type="checkbox"/> PLACARD <u>0</u>	

1 - PASSENGER CAR <u>0_3</u>	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	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE
5 - CARGO VAN	BICYCLE	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR	27 - TRAIN
6 - VAN (9-15 SEATS)	11 - ALL-TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	ANIMAL-DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP

0_0 # OF TRAILING UNITS	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN
	<u>0</u>	1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION	
		2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION	

0_1 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	

0_1 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 - CARGOTANK	13 - AUTO TRANSPORTER
			7 - GRAIN/CHIPS/GRAVEL	10 - FLAT BED	14 - GARBAGE/REFUSE
				11 - DUMP	99 - OTHER / UNKNOWN

0_1 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			

0_1 NON-MOTORIST LOCATION AT IMPACT	1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER
	2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	AT INCIDENT SCENE
		8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	99 - OTHER / UNKNOWN	
		5 - TRAVEL LANE - OTHER LOCATION			

0_4 ACTION	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	10 - PARKED	20 - OTHER NON-MOTORIST
	4 - STRUCK	4 - OVERTAKING/PASSING	11 - SLOWING OR STOPPED IN TRAFFIC	15 - WALKING, RUNNING, JOGGING, PLAYING	21 - STANDING OUTSIDE DISABLED VEHICLE
	5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	12 - DRIVING LEFT TURN	16 - WORKING	17 - PUSHING VEHICLE
	9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN		18 - DRIVERLESS	99 - OTHER / UNKNOWN

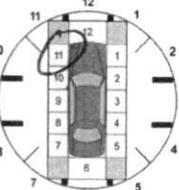
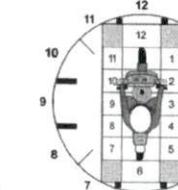
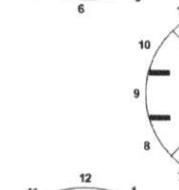
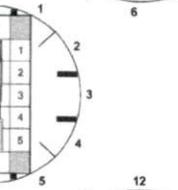
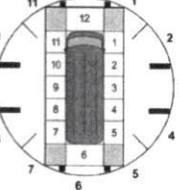
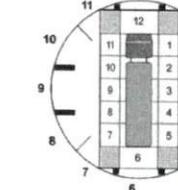
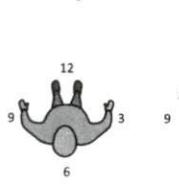
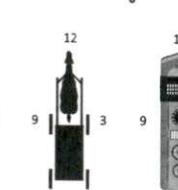
0_4 CONTRIBUTING CIRCUMSTANCES	1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY
	2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / ACDA	14 - STOPPED OR PARKED ILLEGALLY	18 - OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE
	3 - RAN RED 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	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT
	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	17 - ANIMAL - FARM	17 - ANIMAL - DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	18 - ANIMAL - OTHER	19 - ANIMAL - OTHER	BY A MOTOR VEHICLE
	2_1_1	9 - RAN OFF ROAD LEFT	20 - MOTOR VEHICLE IN TRANSPORT	20 - MOTOR VEHICLE IN TRANSPORT	24 - OTHER MOVEABLE OBJECT
	4 - JACKKNIFE	10 - CROSS MEDIAN	21 - PARKED MOTOR VEHICLE		
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	14 - PEDESTRIAN			
		15 - PEDALCYCLE			

4_1_1	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	45 - EMBANKMENT	52 - BUILDING
	28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL	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

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER <u>2 2 0 0 0 3 5 4</u>	
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	
1_1	0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE DIAGRAM 99 - UNKNOWN 13 - TOP
TRAFFIC	
TRAFFICWAY FLOW <u>2</u>	TRAFFIC CONTROL 1 - ONE-WAY 4 - STOP SIGN 2 - TWO-WAY 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD <u>2</u>	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM <u>2</u> TO <u>4</u>	
1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED <u>0_0_5</u>	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED <u>2_5</u>	

UNIT # OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) **0_2** Mortensen, Tracey 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

LP STATE **0_H** LICENSE PLATE # **HXA3368** VEHICLE IDENTIFICATION # **3 G N C J K S B 5 F L 2 0 2 7 6 1** VEHICLE YEAR **2 0 1 5** VEHICLE MAKE **Chevrolet**

INSURANCE VERIFIED INSURANCE COMPANY **Progressive** INSURANCE POLICY # **935908711** COLOR **White** VEHICLE MODEL **Trax**
 TYPE OF USE COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE US DOT # **1** TOWED BY: COMPANY NAME **Marcells**
 INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS **0_1** VEHICLE WEIGHT GVWR/GCWR
 1 - <10K LBS.
 2 - 10,001 - 26K LBS.
 3 - >26K LBS.

UNIT TYPE **0_1** 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 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE
 5 - CARGO VAN 11 - BICYCLE 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR 27 - TRAIN
 6 - VAN (9-15 SEATS) 11 - ALL-TERRAIN VEHICLE (ATV / UTV) 17 - MOTORHOME 23 - ANIMAL DRAWN VEHICLE 99 - UNKNOWN OR HIT/SKIP

0_0 # OF TRAILING UNITS
 WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? **0** 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN
 1 - YES 2 - NO 9 - OTHER / UNKNOWN 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION
 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

0_1 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

0_1 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 7 - GRAIN/CHIPS/GRAVEL 9 - CARGOTANK 13 - AUTO TRANSPORTER
 10 - FLAT BED 11 - DUMP 99 - OTHER / UNKNOWN

0_1 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

0_1 NON-MOTORIST LOCATION AT IMPACT 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER
 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS AT INCIDENT SCENE
 5 - CROSSWALK 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN

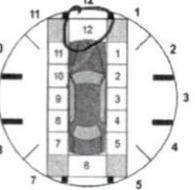
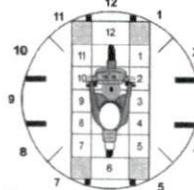
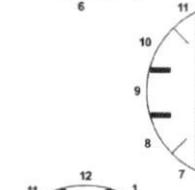
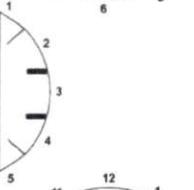
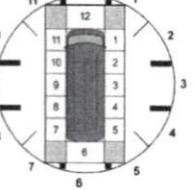
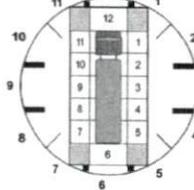
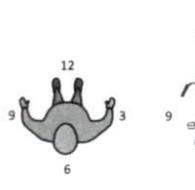
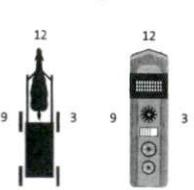
0_3 ACTION 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE
 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING
 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 10 - PARKED 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST
 4 - STRUCK PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 12 - MAKING LEFT TURN 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN
 6 - & STRUCK 9 - OTHER / UNKNOWN

0_1 CONTRIBUTING CIRCUMSTANCES 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION
 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT
 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING
 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION
 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 12 - IMPROPER BACKING

SEQUENCE OF EVENTS

1_2_0 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 8 - RAN OFF ROAD RIGHT 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION
 3 - IMMERSION 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 19 - ANIMAL - OTHER
 4 - JACKKNIFE 14 - JACKKNIFE 15 - PEDESTRIAN 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 16 - CARGO / EQUIPMENT LOSS OR SHIFT 17 - BICYCLE 22 - WORK ZONE MAINTENANCE EQUIPMENT
 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 BARRIER 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING
 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL 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

1 FIRST HARMFUL EVENT **1** MOST HARMFUL EVENT

LOCAL REPORT NUMBER	
2 2 0 0 0 3 5 4	
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	
0 - NO DAMAGE 14 - UNDERCARRIAGE 1 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE 2 - DRIVeway ACCESS 99 - UNKNOWN 3 - SHARED USE PATHS OR TRAILS 4 - FIRST RESPONDER AT INCIDENT SCENE	
13 - TOP	
TRAFFIC	
TRAFFIC WAY FLOW	TRAFFIC CONTROL
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 - 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	
0 2 5	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	
2 5	



MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER																					
UNIT #		2 2 0 0 0 3 5 4																			
0 1		DATE OF BIRTH																			
Carr, Reginald, Ul		0 6 2 5 1 9 6 0				AGE		GENDER													
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE																			
6111 Stone Hill Dr., Fairfield, OH, 45014																					
INJURIES		INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED														
5							0 4		<input type="checkbox"/> DOT-Compliant MC HELMET												
OL STATE		OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE		SEATING POSITION												
O H					331.19a		X		1												
OL CLASS		ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION		AIR BAG USAGE											
4		M			1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1		1											
INJURIES		INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED		EJECTION		TRAPPED										
3							0 4		<input type="checkbox"/> DOT-Compliant MC HELMET												
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O H																					
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	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1		1		1									
INJURIES		INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED		DATE OF BIRTH		AGE		GENDER								
0 2							0 4 0 8 2 0 0 4		1 7		F										
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE																			
2721 Jupiter Dr., Fairfield, OH, 45014																					
INJURIES		INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED		SEATING POSITION		AIR BAG USAGE		EJECTION								
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OL STATE		OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE		CITATION NUMBER												
O H																					
OL CLASS		ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION		ALCOHOL TEST		DRUG TEST(S)		RESULT SELECT UP TO 4							
4					1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1		1		1		1							
INJURIES		INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED		DATE OF BIRTH		AGE		GENDER								
0 1							0 4 0 8 2 0 0 4		1 7		F										
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE																			
INJURIES										SEATING POSITION		AIR BAG		OL CLASS		OL RESTRICTION(S)		DRIVER DISTRACTION		TEST STATUS	
1-FATAL 2-SUSPECTED SERIOUS INJURY 3-SUSPECTED MINOR INJURY 4-POSSIBLE INJURY 5-NO APPARENT INJURY										1-FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2-FRONT - MIDDLE 3-FRONT - RIGHT SIDE 4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5-SECOND - MIDDLE 6-SECOND - RIGHT SIDE 7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8-THIRD - MIDDLE 9-THIRD - RIGHT SIDE 10-SLEEPER SECTION OF TRUCK CAB		1-NOT DEPLOYED 2-DEPLOYED FRONT 3-DEPLOYED SIDE 4-DEPLOYED BOTH FRONT / SIDE 5-NOT APPLICABLE 9-DEPLOYMENT UNKNOWN		1-CLASS A 2-CLASS B 3-CLASS C 4-REGULAR CLASS (OHIO=D) 5-M/C MOPED ONLY 6-NO VALID OL		1-ALCOHOL INTERLOCK DEVICE 2-CDL INTRASTATE ONLY 3-CORRECTIVE LENSES 4-FARM WAIVER 5-EXCEPT CLASS A BUS 6-EXCEPT CLASS A & CLASS B BUS 7-EXCEPT TRACTOR-TRAILER 8-INTERMEDIATE LICENSE RESTRICTIONS 9-LEARNER'S PERMIT RESTRICTIONS 10-LIMITED TO DAYLIGHT ONLY 11-LIMITED TO EMPLOYMENT 12-LIMITED-OTHER 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14-MILITARY VEHICLES ONLY 15-MOTOR VEHICLES WITHOUT AIR BRAKES 16-OUTSIDE MIRROR 17-PROSTHETIC AID 18-OTHER		1-NOT DISTRACTED 2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3-TALKING ON HANDS-FREE COMMUNICATION DEVICE 4-TALKING ON HAND-HELD COMMUNICATION DEVICE 5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6-PASSENGER 7-OTHER DISTRACTION INSIDE THE VEHICLE 8-OTHER DISTRACTION OUTSIDE THE VEHICLE 9-OTHER/UNKNOWN		1-NONE GIVEN 2-TEST REFUSED 3-TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4-TEST GIVEN, RESULTS KNOWN 5-TEST GIVEN, RESULTS UNKNOWN	
INJURED TAKEN BY										EJECTION		OL ENDORSEMENT		TEST STATUS		ALCOHOL TEST TYPE		DRUG TEST TYPE			
1-NOT TRANSPORTED /TREATED AT SCENE 2-EMS 3-POLICE 9-OTHER / UNKNOWN										1-NOT EJECTED 2-PARTIALLY EJECTED 3-TOTALLY EJECTED 4-NOT APPLICABLE		H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT		1-NOT DISTRACTED 2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3-TALKING ON HANDS-FREE COMMUNICATION DEVICE 4-TALKING ON HAND-HELD COMMUNICATION DEVICE 5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6-PASSENGER 7-OTHER DISTRACTION INSIDE THE VEHICLE 8-OTHER DISTRACTION OUTSIDE THE VEHICLE 9-OTHER/UNKNOWN		1-NONE 2-BLOOD 3-URINE 4-BREATH 5-OTHER		1-NONE 2-BLOOD 3-URINE 4-BREATH 5-OTHER			
SAFETY EQUIPMENT										TRAPPED		GENDER		TEST STATUS		ALCOHOL TEST TYPE		DRUG TEST TYPE			
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