



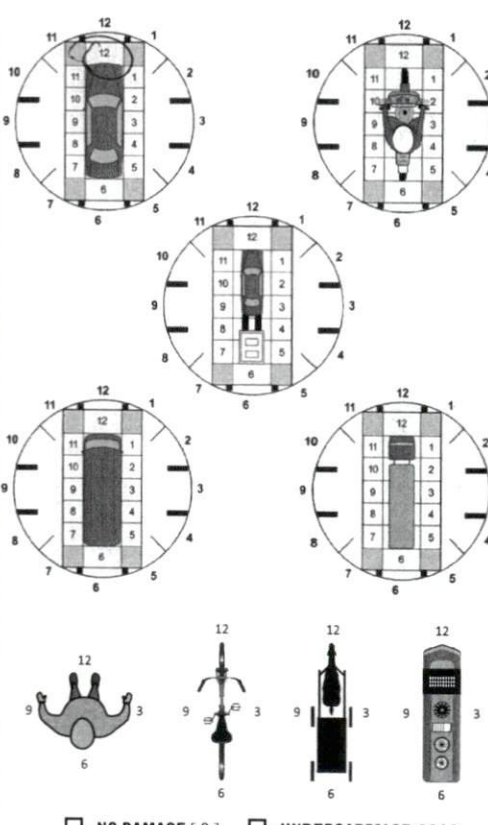
TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

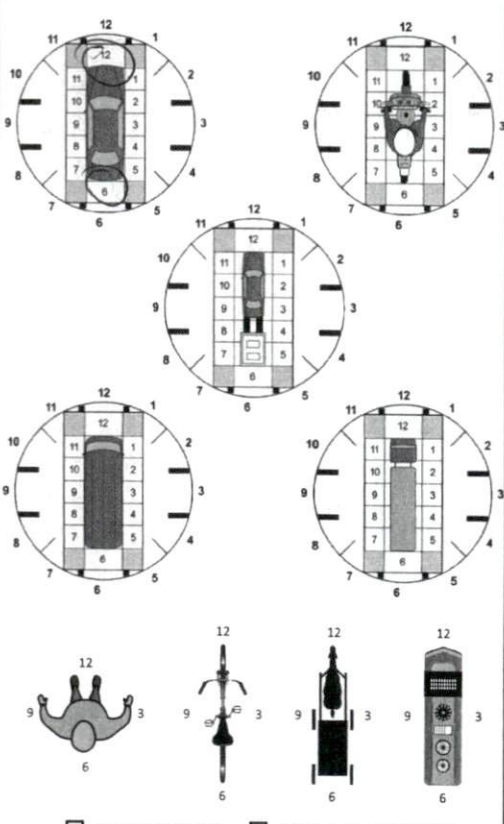
LOCAL REPORT NUMBER*

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY	LOCAL INFORMATION REPORTING AGENCY NAME* Fairfield Police Department		NCIC* 0 0 9 0 1	2 2 0 0 1 7 3 1	
COUNTY* 0 9	LOCALITY* 1 CITY 2 VILLAGE 3 TOWNSHIP	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield		CRASH DATE / TIME* 01082022 1447		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY	
ROUTE TYPE U S	ROUTE NUMBER 1 2 7	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME RESOR	ROAD TYPE R D	LATITUDE DECIMAL DEGREES 3 9 . 3 2 2 9 0 2	CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS PL - PLACE	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE 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 checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 4	
DISTANCE FROM REFERENCE 1 - MILES 2 - FEET 3 - YARDS	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS	MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN		
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	CONTOUR 2	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		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		9 - OTHER/UNKNOWN		5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	
NARRATIVE On 1/8/22 at 2:47 p.m. Unit 1 was traveling west on Resor Road at US 127, when Unit 1 failed to maintain assured clear distance, striking Unit 2 causing Unit 2 to strike Unit 3. Unit 2 and Unit 3 were stationary, waiting on Resor Road to turn right onto US 127.				SEE OH-2			
CRASH REPORTED DATE / TIME 0 1 0 8 2 0 2 2 1 4 4 7		DISPATCH DATE / TIME 0 1 0 8 2 0 2 2 1 4 4 8		ARRIVAL DATE / TIME 0 1 0 8 2 0 2 2 1 4 5 5		SCENE CLEARED DATE / TIME 0 1 0 8 2 0 2 2 1 5 2 0	
TOTAL TIME ROADWAY CLOSED 3 0	OTHER INVESTIGATION TIME 6 2	OFFICER'S NAME* R. HICKMAN		CHECKED BY OFFICER'S NAME* Sgt. Aaron Meyer		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
		OFFICER'S BADGE NUMBER* 1 6 4		CHECKED BY OFFICER'S BADGE NUMBER* 1 3 2		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)	

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE OH	LICENSE PLATE # FNJ4610	VEHICLE IDENTIFICATION # 3N11CN8EV3L1813599	VEHICLE YEAR 2020	VEHICLE MAKE NISSAN
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY NATIONWIDE	INSURANCE POLICY # 9234J351041	COLOR BLACK	VEHICLE MODEL VERSA
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 02	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
	TYPE OF USE		TOWED BY: COMPANY NAME		
	<input type="checkbox"/> PASSENGER CAR <input type="checkbox"/> PASSENGER VAN (MINIVAN) <input type="checkbox"/> SPORT UTILITY VEHICLE <input type="checkbox"/> PICK UP <input type="checkbox"/> CARGO VAN <input type="checkbox"/> VAN (9-15 SEATS)		<input type="checkbox"/> MOTORCYCLE 2-WHEELED <input type="checkbox"/> MOTORCYCLE 3-WHEELED <input type="checkbox"/> AUTOCYCLE <input type="checkbox"/> MOPED OR MOTORIZED BICYCLE <input type="checkbox"/> 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					
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?					
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 - 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 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 / 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 - 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 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT					
NON-COLLISION					
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					
COLLISION WITH FIXED OBJECT - STRUCK					
FIRST HARMFUL EVENT MOST HARMFUL EVENT					

LOCAL REPORT NUMBER 22001731	
DAMAGE	
DAMAGE SCALE	
1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL 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 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 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 3 TO 4	
UNIT SPEED	DETECTED SPEED
15	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	
25	

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER)	
	012	FRIDLEY, ROBIN, A			
VEHICLE	OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER)				
	7193 HAVERFORD DR, FAIRFIELD TOWNSHIP, OH, 45011				
EVENT(S)	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
VEHICLE	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
	OH	DZN6122	1G1ZD5ST6JF246848	2018	CHEVROLET
VEHICLE	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
		ALLSTATE	826033606	RED	MALIBU
VEHICLE	TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	
	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE				
VEHICLE	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	HAZARDOUS MATERIAL	
			01	<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID #	
VEHICLE	UNIT TYPE		VEHICLE WEIGHT GVWR/GCWR		
	01		1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		
VEHICLE	# OF TRAILING UNITS		HAZARDOUS MATERIAL		
	0		<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID #		
VEHICLE	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		AUTONOMOUS MODE LEVEL		
	2		0		
VEHICLE	SPECIAL FUNCTION		VEHICLE WEIGHT GVWR/GCWR		
	01		1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		
VEHICLE	CARGO BODY TYPE		HAZARDOUS MATERIAL		
	01		<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID #		
VEHICLE	VEHICLE DEFECTS		HAZARDOUS MATERIAL		
	01		<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID #		
VEHICLE	NON-MOTORIST LOCATION AT IMPACT		HAZARDOUS MATERIAL		
	01		<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID #		
VEHICLE	ACTION		HAZARDOUS MATERIAL		
	5		<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID #		
VEHICLE	CONTRIBUTING CIRCUMSTANCES		HAZARDOUS MATERIAL		
	01		<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID #		
VEHICLE	SEQUENCE OF EVENTS		HAZARDOUS MATERIAL		
	1		<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID #		
VEHICLE	FIRST HARMFUL EVENT		HAZARDOUS MATERIAL		
	1		<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID #		
VEHICLE	MOST HARMFUL EVENT		HAZARDOUS MATERIAL		
	1		<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID #		

LOCAL REPORT NUMBER	
22001731	
DAMAGE	
DAMAGE SCALE	
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	
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE	
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
2	1 - NOT INVOLVED
	2 - INVOLVED-ACTIVE CROSSING
	3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
1 - NORTH 5 - NORTHEAST	
2 - SOUTH 6 - NORTHWEST	
3 - EAST 7 - SOUTHEAST	
4 - WEST 8 - SOUTHWEST	
9 - OTHER / UNKNOWN	
UNIT SPEED	DETECTED SPEED
0	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED
POSTED SPEED	
25	

OWNER	UNIT # 03	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE OH	LICENSE PLATE # ROSY3	VEHICLE IDENTIFICATION # 5TDJW5G18GS142294	VEHICLE YEAR 2016	VEHICLE MAKE TOYOTA
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY ALLSTATE	INSURANCE POLICY # 980968401	COLOR BLACK	VEHICLE MODEL SEQUOIA
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 01	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
	TYPE OF USE		TOWED BY: COMPANY NAME		
	<input type="checkbox"/> PASSENGER CAR		HAZARDOUS MATERIAL		
	<input type="checkbox"/> PASSENGER VAN (MINIVAN)		<input type="checkbox"/> MATERIAL RELEASED		
	<input type="checkbox"/> SPORT UTILITY VEHICLE		<input type="checkbox"/> PLACARD		
	<input type="checkbox"/> PICK UP		CLASS # PLACARD ID #		
	<input type="checkbox"/> CARGO VAN		1 - PASSENGER CAR		
<input type="checkbox"/> VAN (9-15 SEATS)		2 - PASSENGER VAN (MINIVAN)			
# OF TRAILING UNITS 0		3 - SPORT UTILITY VEHICLE			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		4 - PICK UP			
1 - YES 2 - NO 9 - OTHER / UNKNOWN		5 - CARGO VAN			
AUTONOMOUS MODE LEVEL		6 - VAN (9-15 SEATS)			
0		7 - MOTORCYCLE 2-WHEELED			
1 - NONE		8 - MOTORCYCLE 3-WHEELED			
2 - TAXI		9 - AUTOCYCLE			
3 - ELECTRONIC RIDE SHARING		10 - MOPED OR MOTORIZED BICYCLE			
4 - SCHOOL TRANSPORT		11 - ALL TERRAIN VEHICLE (ATV / UTV)			
5 - BUS - TRANSIT/COMMUTER		12 - GOLF CART			
6 - BUS - CHARTER/TOUR		13 - SNOWMOBILE			
7 - BUS - INTERCITY		14 - SINGLE UNIT TRUCK			
8 - BUS - SHUTTLE		15 - SEMI-TRACTOR			
9 - BUS - OTHER		16 - FARM EQUIPMENT			
10 - AMBULANCE		17 - MOTORHOME			
11 - FIRE		18 - LIMO (LIVERY VEHICLE)			
12 - MILITARY		19 - BUS (16+ PASSENGERS)			
13 - POLICE		20 - OTHER VEHICLE			
14 - PUBLIC UTILITY		21 - HEAVY EQUIPMENT			
15 - CONSTRUCTION EQUIPMENT		22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE			
16 - FARM		23 - PEDESTRIAN / SKATER			
17 - MOWING		24 - WHEELCHAIR (ANY TYPE)			
18 - SNOW REMOVAL		25 - OTHER NON-MOTORIST			
19 - TOWING		26 - BICYCLE			
20 - SAFETY SERVICE PATROL		27 - TRAIN			
21 - MAIL CARRIER		99 - UNKNOWN OR HIT/SKIP			
22 - CONCRETE MIXER					
23 - AUTO TRANSPORTER					
24 - GARBAGE/REFUSE					
25 - 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 - GRAIN/CHIPS/GRAVEL					
8 - POLE					
9 - CARGO TANK					
10 - FLAT BED					
11 - DUMP					
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 - 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 - 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					
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					
1 - NONE					
2 - EQUIPMENT FAILURE					
3 - SEPARATION OF UNITS					
4 - RAN OFF ROAD RIGHT					
5 - RAN OFF ROAD LEFT					
6 - CROSS MEDIAN					
7 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL					
8 - DOWNHILL RUNAWAY					
9 - OTHER NON-COLLISION					
10 - PEDESTRIAN					
11 - PEDALCYCLE					
12 - RAILWAY VEHICLE					
13 - ANIMAL - FARM					
14 - ANIMAL - DEER					
15 - ANIMAL - OTHER					
16 - MOTOR VEHICLE IN TRANSPORT					
17 - 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					
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					
1 - FIRST HARMFUL EVENT					
2 - MOST HARMFUL EVENT					

LOCAL REPORT NUMBER 2 2 0 0 1 7 3 1	
DAMAGE	
DAMAGE SCALE	
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	
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE	
99 - UNKNOWN	
13 - TOP	
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
2	1 - NOT INVOLVED
	2 - INVOLVED-ACTIVE CROSSING
	3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
1 - NORTH 5 - NORTHEAST	
2 - SOUTH 6 - NORTHWEST	
3 - EAST 7 - SOUTHEAST	
4 - WEST 8 - SOUTHWEST	
9 - OTHER / UNKNOWN	
UNIT SPEED	DETECTED SPEED
0	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED
POSTED SPEED	
2 5	



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER															
2 2 0 0 1 7 3 1															
UNIT #		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER						
0 1		ZAMORA, SHAUNA				0 1 1 7 1 9 5 7		6 4	F						
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE									
735 YORKHAVEN RD, 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						0 4	<input type="checkbox"/>	0 1	1	1	1				
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER							
O H			333.03A		<input checked="" type="checkbox"/>	ACDA		249880							
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	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4		
								1	1		1	1			
UNIT #		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER						
0 2		FRIDLEY, KATELYN, ERIN				1 1 1 6 1 9 8 8		3 3	F						
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE									
7193 HAVERFORD DR, FAIRFIELD TOWNSHIP, OH, 45011															
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				
4	1	FAIRFIELD MEDIC				0 4	<input type="checkbox"/>	0 1	1	1	1				
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER							
O H					<input type="checkbox"/>										
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	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4		
								1	1		1	1			
UNIT #		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER						
0 3		ROSEBERRY, JENNIFER, LYNN				0 3 3 0 1 9 8 0		4 1	F						
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE									
7587 BLACK SQUIRREL TRL, HAMILTON, OH, 45011															
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						0 4	<input type="checkbox"/>	0 1	1	1	1				
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER							
O H					<input type="checkbox"/>										
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	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4		
								1	1		1	1			
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				ALCOHOL 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-NONE 2-BLOOD 3-URINE 2-BLOOD 3-URINE 4-BREATH 5-OTHER					
SAFETY EQUIPMENT				TRAPPED		GENDER				DRUG TEST TYPE					
1-NONE USED 2-SHOULDER BELT ONLY USED 3-LAP BELT ONLY USED 4-SHOULDER & LAP BELT USED 5-CHILD RESTRAINT SYSTEM - FORWARD FACING 6-CHILD RESTRAINT SYSTEM - REAR FACING 7-BOOSTER SEAT 8-HELMET USED 9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10-REFLECTIVE CLOTHING 11-LIGHTING - PEDESTRIAN / BICYCLE ONLY 99-OTHER / UNKNOWN		11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12-PASSENGER IN UNENCLOSED CARGO AREA 13-TRAILING UNIT 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15-NON-MOTORIST 99-OTHER / UNKNOWN		1-NOT TRAPPED 2-EXTRICATED BY MECHANICAL MEANS 3-FREED BY NON-MECHANICAL MEANS		F-FEMALE M-MALE U-OTHER / UNKNOWN				1-APPARENTLY NORMAL 2-PHYSICAL IMPAIRMENT 3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) 4-ILLNESS 5-FELL ASLEEP, FAINTED, FATIGUED, ETC. 6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9-OTHER / UNKNOWN		1-NONE 2-BLOOD 3-URINE 4-OTHER		1-AMPHETAMINES 2-BARBITURATES 3-BENZODIAZEPINES 4-CANNABINOIDS 5-COCAINE 6-OPiates / OPIOIDS 7-OTHER 8-NEGATIVE RESULTS	



WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			

NUMBER 22001731

FAIRFIELD P.D. 00901

M 1 10 8 19 22

IN COUNTY OF

BUTLER

ACCIDENT
LOCATION

RESOR RD. AT US 127

