

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN <input checked="" 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			LOCAL REPORT NUMBER*					
		REPORTING AGENCY NAME*			2 2 0 0 3 5 1 6					
		Fairfield Police Department NCIC*			HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR			
		0 0 9 0 1			1 - SOLVED	0 2	0 1 98 - ANIMAL			
					2 - UNSOLVED		99 - UNKNOWN			
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*			CRASH DATE / TIME*		CRASH SEVERITY			
0 9	1 1 - CITY 2 - VILLAGE 3 - TOWNSHIP	City of Fairfield			0 1 1 6 2 0 2 2	1 4 3 4				
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES	3			
	S R	4	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST			3 9 . 3 1 4 6 4 1				
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES	0 4			
			1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	Mulhauser	R D	- 8 4 . 4 8 7 9 1 4				
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 OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	RD - ROAD 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 4					
LOCATION OF FIRST HARMFUL EVENT			MANNER OF CRASH COLLISION/IMPACT			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	6	1 - NOT COLLISION 2 - TWO MOTOR VEHICLES IN TRANSPORT 3 - REAR-END 4 - 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			MEDIAN TYPE			
		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 WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA						
LIGHT CONDITION			WEATHER							
1	1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	0 6	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						
<p>NARRATIVE</p> <p>On 1/16/2022 at about 2:34 p.m. Unit 1 was traveling northwest on S.R. 4 at about 30 m.p.h and when at Mulhauser Rd. failed to obey the traffic signal and in so doing collided with Unit 2 which was traveling southwest on Mulhauser Rd.</p> <p>The driver of Unit 1 had a suspended drivers license and was cited with DUS FCO 335.072b.</p> <p>See OH-2</p>										
CRASH REPORTED DATE / TIME			DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY	
0 1 1 6 2 0 2 2 1 4 3 4			0 1 1 6 2 0 2 2 1 4 3 6		0 1 1 6 2 0 2 2 1 4 3 9		0 1 1 6 2 0 2 2 1 5 4 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)	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*				
0 0 0		0 3 0	0 9 6	D. Gooch		3 1 6 1				
				OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*				
				1 6 0		1 4 6				



Indicate the north direction with an "N" on the compass diagram.



UNIT

OWNER	UNIT # 0_1 OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) Farley, Lisa, Marie			OWNER PHONE: (INCLUDE AREA CODE) (<input type="checkbox"/> SAME AS DRIVER)						
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER)		1094 NW Washington Blvd., Hamilton, OH, 45013								
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE								
LP STATE O_H	LICENSE PLATE # N082809	VEHICLE IDENTIFICATION # 1G1J1C124517388250		VEHICLE YEAR 2001						
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #		VEHICLE MAKE Chevy						
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #		TOWED BY: COMPANY NAME Waynes						
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS 0_1	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD						
UNIT TYPE 0_1	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOVED OR MOTORIZED BICYCLE 11 - ALL-TERRAIN VEHICLE (ATV / UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FAR 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				
0_0	# OF TRAILING UNITS									
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0_2 1 - YES 2 - NO 9 - OTHER / UNKNOWN			0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 0	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN					
SPECIAL FUNCTION 0_1	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 0_1	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 - CARGOTANK 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 - MIDDLEBLOCK - 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 0_4	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 0_1 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 0_3	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							NON-COLLISION			
1_2_0	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT						6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT	
4_1_1	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT						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
5_1_1	28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE						30 - GUARDRAIL FACE	31 - GUARDRAIL FACE	32 - GUARDRAIL FACE	
6_1_1	31 - GUARDRAIL FACE						33 - GUARDRAIL FACE	34 - GUARDRAIL FACE	35 - GUARDRAIL FACE	
1 FIRST HARMFUL EVENT							1 MOST HARMFUL EVENT			

LOCAL REPORT NUMBER											
2	2	0	0	3	5	1	6				
DAMAGE											
DAMAGE SCALE											
<u>4</u>	1 - NONE				3 - FUNCTIONAL DAMAGE						
	2 - MINOR DAMAGE				4 - DISABLING DAMAGE						
					9 - UNKNOWN						
DAMAGED AREA(S) INDICATE ALL THAT APPLY											
<img alt="Diagram of a vehicle showing damage to the											

OWNER **UNIT #** **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

LOCAL REPORT NUMBER
2 2 0 0 3 5 1 6

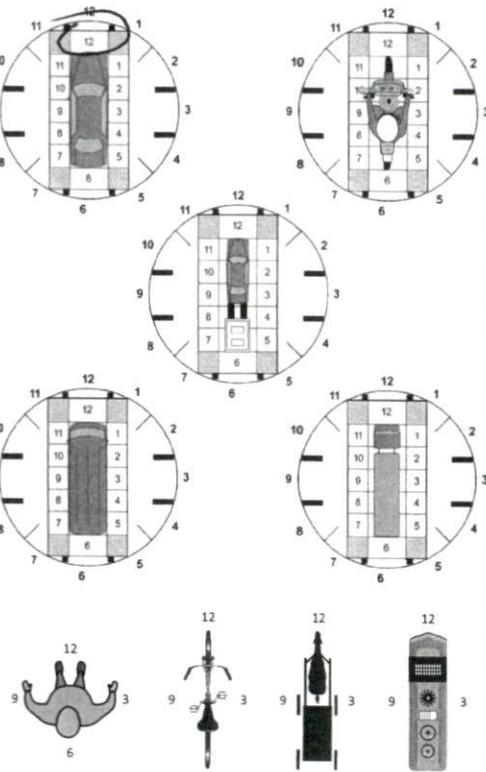
DAMAGE

DAMAGE SCALE

1 - NONE 3 - FUNCTIONAL DAMAGE
4 - 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 15 - VEHICLE NOT AT SCENE
DIAGRAM 99 - UNKNOWN
13 - TOP

TRAFFIC

TRAFFICWAY FLOW

1 - ONE-WAY
2 - TWO-WAY

TRAFFIC CONTROL

1 - ROUNDABOUT 4 - STOP SIGN
2 - SIGNAL 5 - YIELD SIGN
3 - FLASHER 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

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

UNIT SPEED

0 2 5

DETECTED SPEED

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

POSTED SPEED

2 5

LP STATE **LICENSE PLATE #** **VEHICLE IDENTIFICATION #** **VEHICLE YEAR** **VEHICLE MAKE**

INSURANCE **VERIFIED** **INSURANCE COMPANY** **USAA** **INSURANCE POLICY #** 04893 25 61G 7101 3 **COLOR** Blue **VEHICLE MODEL** WRX

TYPE OF USE COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT **#OCCUPANTS** 0 1

US DOT # **VEHICLE WEIGHT GVWR/GCWR**
1 - ≤10K LBS.
2 - 10,001 - 26K LBS.
3 - >26K LBS.

TOWED BY: COMPANY NAME FOX

HAZARDOUS MATERIAL
 MATERIAL RELEASED **CLASS #** **PLACARD ID #**
 PLACARD

UNIT TYPE
0 1
1 - PASSENGER CAR
2 - PASSENGER VAN (MINIVAN)
3 - SPORT UTILITY VEHICLE
4 - PICK UP
5 - CARGO VAN
6 - VAN (9-15 SEATS)

0 0
OF TRAILING UNITS

UNIT TYPE
1 - PASSENGER CAR
2 - PASSENGER VAN (MINIVAN)
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4 - PICK UP
5 - CARGO VAN
6 - VAN (9-15 SEATS)

VEHICLE IDENTIFICATION # JF1VA1F6XL8813054 **VEHICLE YEAR** 2020 **VEHICLE MAKE** Subaru

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 MATERIAL RELEASED **CLASS #** **PLACARD ID #**
 PLACARD

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 2
1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL 0

0 - NO AUTOMATION
1 - DRIVER ASSISTANCE
2 - PARTIAL AUTOMATION
3 - HIGH AUTOMATION
4 - FULL AUTOMATION

SPECIAL FUNCTION
0 1
1 - NONE
2 - TAXI
3 - ELECTRONIC RIDE SHARING
4 - SCHOOL TRANSPORT
5 - BUS - TRANSIT/COMMUTER

0 0
OF TRAILING UNITS

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HAZARDOUS MATERIAL
 MATERIAL RELEASED **CLASS #** **PLACARD ID #**
 PLACARD

CARGO BODY TYPE
0 1
1 - NO CARGO BODY TYPE / NOT APPLICABLE
2 - BUS

VEHICLE DEFECTS
0 4
1 - TURN SIGNALS
2 - HEAD LAMPS
3 - TAIL LAMPS

NON-MOTORIST LOCATION AT IMPACT
0 1
1 - INTERSECTION - MARKED CROSSWALK
2 - INTERSECTION - UNMARKED CROSSWALK

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 PLACARD

ACTION
0 3
1 - NON-CONTACT
2 - NON-COLLISION
3 - STRIKING 0 1
4 - STRUCK PRE-CRASH 4 - OVERTAKING/PASSING
5 - BOTH STRIKING & STRUCK
9 - OTHER / UNKNOWN

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HAZARDOUS MATERIAL
 MATERIAL RELEASED **CLASS #** **PLACARD ID #**
 PLACARD

CONTRIBUTING CIRCUMSTANCES
0 1
1 - NONE
2 - FAILURE TO YIELD
3 - RAN RED LIGHT
4 - RAN STOP SIGN
5 - UNSAFE SPEED
6 - IMPROPER TURN

SEQUENCE OF EVENTS

NON-COLLISION

1 - OVERTURN/ROLLOVER
2 - FIRE/EXPLOSION
3 - IMMERSION
4 - JACKKNIFE
5 - CARGO / EQUIPMENT LOSS OR SHIFT

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

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TYPE OF USE COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT **#OCCUPANTS** 0 1

US DOT # **VEHICLE WEIGHT GVWR/GCWR**
1 - ≤10K LBS.
2 - 10,001 - 26K LBS.
3 - >26K LBS.

TOWED BY: COMPANY NAME FOX

HAZARDOUS MATERIAL
 MATERIAL RELEASED **CLASS #** **PLACARD ID #**
 PLACARD

SEQUENCE OF EVENTS

NON-COLLISION

1 - OVERTURN/ROLLOVER
2 - FIRE/EXPLOSION
3 - IMMERSION
4 - JACKKNIFE
5 - CARGO / EQUIPMENT LOSS OR SHIFT

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

VEHICLE IDENTIFICATION # JF1VA1F6XL8813054 **VEHICLE YEAR** 2020 **VEHICLE MAKE** Subaru

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INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT **#OCCUPANTS** 0 1

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TOWED BY: COMPANY NAME FOX

HAZARDOUS MATERIAL
 MATERIAL RELEASED **CLASS #** **PLACARD ID #**
 PLACARD

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



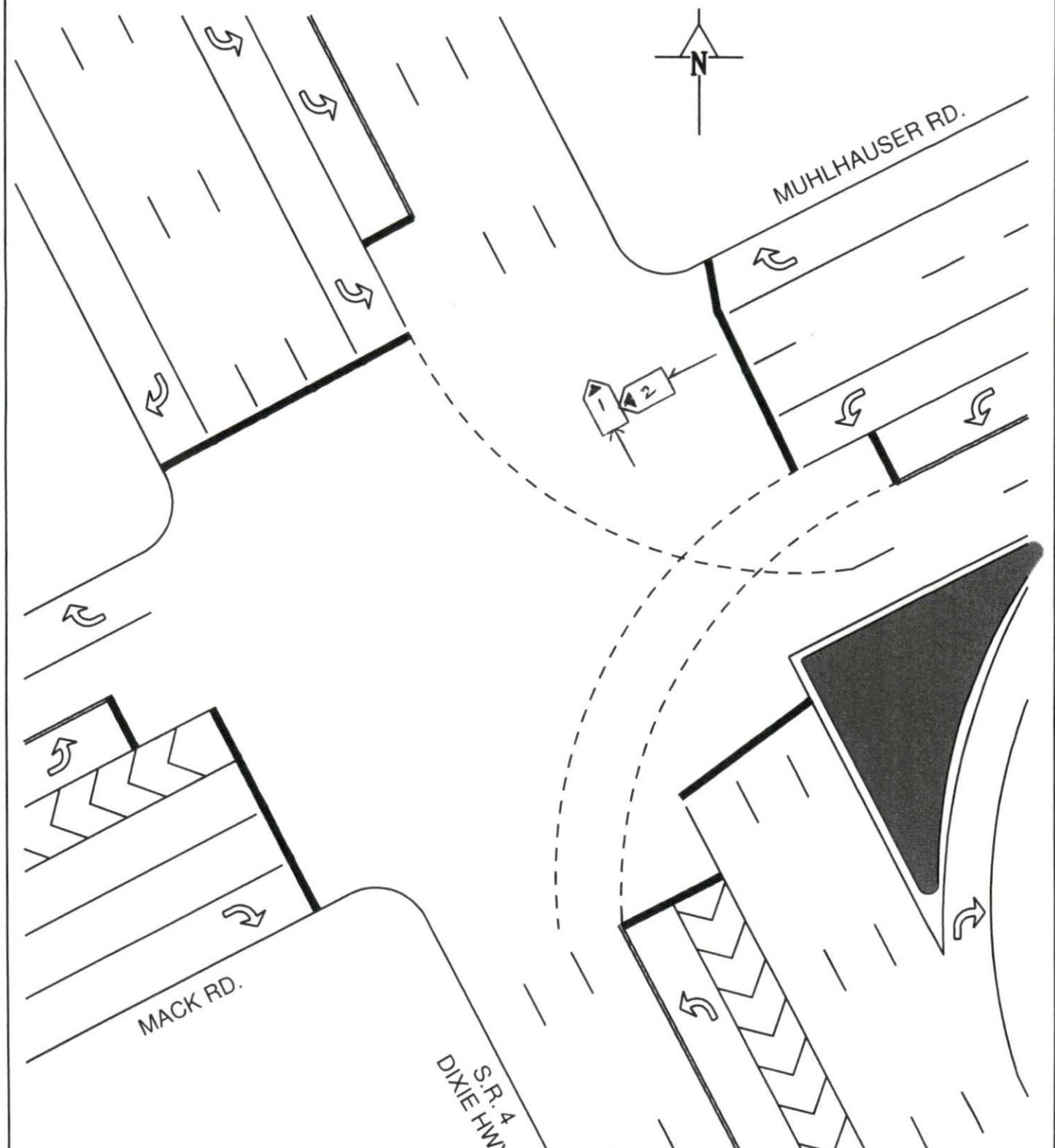
MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2 2 0 0 3 5 1 6

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE 0 1 Flanagin, Keesha, N					DATE OF BIRTH 0 1 0 5 1 9 8 2	AGE 4 0	GENDER F			
	ADDRESS: STREET, CITY, STATE, ZIP 7903 Jessies Way Apt. 204, Hamilton, OH, 45011					CONTACT PHONE - INCLUDE AREA CODE						
	INJURIES 3	INJURED TAKEN BY 2	EMS AGENCY (NAME) Fairfield EMS	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) Mercy Fairfield	SAFETY EQUIPMENT USED 0 1	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 2	EJECTION 1	TRAPPED 1		
	OL STATE O H	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 313.01a	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION Fail to Obey Traf Contr			CITATION NUMBER 249861			
	OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3 0 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	ALCOHOL TEST STATUS 1	TYPE 1	VALUE .	DRUG TEST(S) STATUS 1	TYPE 1	RESULT SELECT UP TO 4
	UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Albertson, Robert, William					DATE OF BIRTH 1 2 2 1 1 9 6 2	AGE 5 9	GENDER M			
	ADDRESS: STREET, CITY, STATE, ZIP 10110 Princeton Glendale Rd., West Chester, OH, 45246						CONTACT PHONE - INCLUDE AREA CODE					
	INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 4	EJECTION 1	TRAPPED 1		
	OL STATE O H	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER			
	OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	ALCOHOL TEST STATUS 1	TYPE 1	VALUE .	DRUG TEST(S) STATUS 1	TYPE 1	RESULT SELECT UP TO 4
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH .	AGE 0	GENDER M				
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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST STATUS .	TYPE .	VALUE .	DRUG TEST(S) 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-TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE	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-TEST GIVEN, RESULTS KNOWN	4-TEST GIVEN, RESULTS KNOWN						
5-NO APPARENT INJURY	5-SECOND - MIDDLE	5-NOT APPLICABLE	5-M/C MOPED ONLY	5-EXCEPT CLASS A BUS	5-EXCEPT CLASS A & CLASS B BUS	5-TEST GIVEN, RESULTS UNKNOWN						
6-SECOND - RIGHT SIDE	6-SECOND - RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-NO VALID OL	6-EXCEPT CLASS A & CLASS B BUS	6-TALKING ON HAND-HELD COMMUNICATION DEVICE	6-TALKING ON HAND-HELD COMMUNICATION DEVICE						
7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD - MIDDLE	7-THIRD - RIGHT SIDE	7-EXCEPT TRACTOR-TRAILER	7-EXCEPT TRACTOR-TRAILER	7-EXCEPT TRACTOR-TRAILER	7-EXCEPT TRACTOR-TRAILER						
8-THIRD - MIDDLE	8-THIRD - RIGHT SIDE	8-NOT APPLICABLE	8-INTERMEDIATE LICENSE RESTRICTIONS	8-INTERMEDIATE LICENSE RESTRICTIONS	8-INTERMEDIATE LICENSE RESTRICTIONS	8-INTERMEDIATE LICENSE RESTRICTIONS						
9-THIRD - RIGHT SIDE	9-THIRD - RIGHT SIDE	9-NOT APPLICABLE	9-LEARNER'S PERMIT RESTRICTIONS	9-LEARNER'S PERMIT RESTRICTIONS	9-LEARNER'S PERMIT RESTRICTIONS	9-LEARNER'S PERMIT RESTRICTIONS						
10-SLEEPER SECTION OF TRUCK CAB	10-NOT APPLICABLE	10-NOT APPLICABLE	10-LIMITED TO DAYLIGHT ONLY	10-LIMITED TO DAYLIGHT ONLY	10-LIMITED TO DAYLIGHT ONLY	10-LIMITED TO DAYLIGHT ONLY						
11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)						
12-PASSENGER IN UNENCLOSED CARGO AREA	12-PASSENGER IN UNENCLOSED CARGO AREA	12-PASSENGER IN UNENCLOSED CARGO AREA										
13-TRAILING UNIT	13-FREED BY NON-MECHANICAL MEANS	13-FREED BY NON-MECHANICAL MEANS	13-FREED BY NON-MECHANICAL MEANS	13-FREED BY NON-MECHANICAL MEANS	13-FREED BY NON-MECHANICAL MEANS	13-FREED BY NON-MECHANICAL MEANS						
14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)										
15-NON-MOTORIST	15-NOT APPLICABLE	15-NOT APPLICABLE	15-NOT APPLICABLE	15-NOT APPLICABLE	15-NOT APPLICABLE	15-NOT APPLICABLE						
99-OTHER / UNKNOWN	99-OTHER / UNKNOWN	99-OTHER / UNKNOWN										
SAFETY EQUIPMENT	TRAPPED	GENDER	CONDITION	DRUG TEST TYPE								
1-NONE USED	1-NOT TRAPPED	F-FEMALE	1-APPARENTLY NORMAL	1-NONE								
2-SHOULDER BELT ONLY USED	2-EXTRICATED BY MECHANICAL MEANS	M-MALE	2-PHYSICAL IMPAIRMENT	2-BLOOD								
3-LAP BELT ONLY USED	3-FREED BY NON-MECHANICAL MEANS	U-OTHER / UNKNOWN	3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3-URINE								
4-SHOULDER & LAP BELT USED			4-ILLNESS	4-OTHER								
5-CHILD RESTRAINT SYSTEM - FORWARD FACING			5-FELL ASLEEP, FAINTED, FATIGUED, ETC.	5-BARBITURATES								
6-CHILD RESTRAINT SYSTEM - REAR FACING			6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	3-BENZODIAZEPINES								
7-BOOSTER SEAT			9-OTHER / UNKNOWN	4-CANNABINOID								
8-HELMET USED				5-COCAIN								
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)				6-OPIATES / OPIOIDS								
10-REFLECTIVE CLOTHING				7-OTHER								
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY				8-Negative results								
99-OTHER / UNKNOWN												



LOCAL REPORT NUMBER 22003516	REPORTING AGENCY Fairfield Police Department	DATE OF CRASH M 1 D 16 Y 22
IN COUNTY OF Butler	CRASH LOCATION S.R. 4 + MUHLHAUSER RD	



*NOT TO SCALE