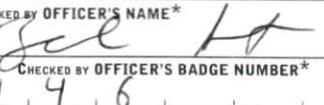
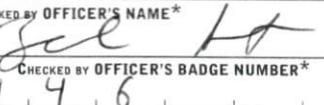
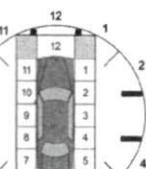
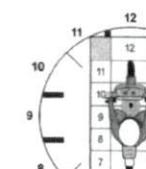
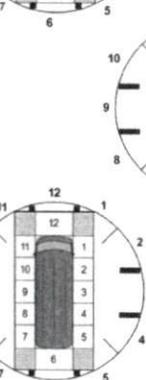
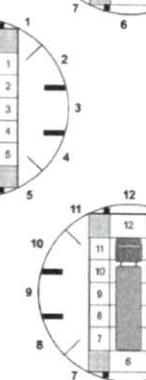
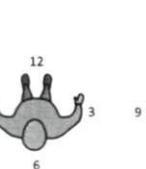
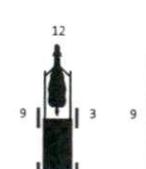


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> PRIVATE PROPERTY				LOCAL REPORT NUMBER* 2 2 0 0 3 7 4 0							
LOCAL INFORMATION REPORTING AGENCY NAME* Fairfield Police Department NCIC* 0 0 9 0 1				HIT/SKIP 2 1-SOLVED 2-UNSOLVED	NUMBER OF UNITS 0 2	UNIT IN ERROR 0 1 98-ANIMAL 99-UNKNOWN					
COUNTY* 0 9 LOCALITY* 1-CITY 1 2-VILLAGE 1 3-TOWNSHIP 1		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield									
ROUTE LOCATION ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST		LOCATION ROAD NAME PORT UNION			ROAD TYPE R D	LATITUDE DECIMAL DEGREES 3 9 . 3 3 4 5 7 9					
REFERENCE LOCATION ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) OSBORNE			ROAD TYPE D R	LONGITUDE DECIMAL DEGREES 8 4 . 4 9 7 5 1 7					
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 HW - HIGHWAY RD - ROAD AV - AVENUE LA - LANE SQ - SQUARE BL - BOULEVARD MP - MILEPOST ST - STREET CR - CIRCLE OV - OVAL TE - TERRACE CT - COURT PK - PARKWAY TL - TRAIL DR - DRIVE PI - PIKE WA - WAY HE - HEIGHTS PL - PLACE	INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA					
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS		ROADWAY <input type="checkbox"/> ROADWAY DIVIDED			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				MANNER OF CRASH COLLISION/IMPACT 1-NOT COLLISION 2-BETWEEN 3-TWO MOTOR VEHICLES IN 4-TRANSPORT 5-REAR-END 6-ANGLE 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 9-HEAD-ON 10-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 2-ADVANCE WARNING SIGN 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 0 2 1-CLEAR 6-SNOW 2-CLOUDY 7-SEVERE CROSSWINDS 3-FOG, SMOG, SMOKE 8-BLOWING SAND, SOIL, DIRT, SNOW 4-RAIN 9-FREEZING RAIN OR FREEZING DRIZZLE 5-SLEET, HAIL 99-OTHER / UNKNOWN			9-OOTHER/UNKNOWN	1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OOTHER/UNKNOWN	1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OOTHER/UNKNOWN				
NARRATIVE <p>On 1/17/2022 at 4:44 p.m. Unit 1 turned east onto Port Union Road from Osborne Drive. Unit 1 failed to yield right of way when turning, causing Unit 1 to strike Unit 2, as Unit 2 traveled east on Port Union Road.</p> <p>Unit 1 left the scene without exchanging information with Unit 2, or calling the police.</p>				 Indicate the north direction with an "N" on the compass diagram.							
SEE OH-2											
CRASH REPORTED DATE / TIME 0 1 1 7 2 0 2 2 1 6 4 4		DISPATCH DATE / TIME 0 1 1 7 2 0 2 2 1 6 4 6		ARRIVAL DATE / TIME 0 1 1 7 2 0 2 2 1 6 5 7		SCENE CLEARED DATE / TIME 0 1 1 7 2 0 2 2 1 7 1 6		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)			
TOTAL TIME ROADWAY CLOSED 3 0		OTHER INVESTIGATION TIME 6 0		TOTAL MINUTES 6 0		OFFICER'S NAME* R. HICKMAN		CHECKED BY OFFICER'S NAME*  1 4 6			
OFFICER'S BADGE NUMBER* 1 6 4		CHECKED BY OFFICER'S BADGE NUMBER*  1 4 6									

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> SAME AS DRIVER		OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER	
	0 1	OWNER ADDRESS: STREET, CITY, STATE, ZIP <input type="checkbox"/> SAME AS DRIVER			
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
	<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR RED	
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input checked="" type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 0 1	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
UNIT TYPE	1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	
	2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED	13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)	
	3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14 - SINGLE UNIT TRUCK	20 - OTHER VEHICLE	
	4 - PICK UP	10 - MOPED OR MOTORIZED BICYCLE	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	
	5 - CARGO VAN	11 - ALL-TERRAIN VEHICLE (ATV / UTV)	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	
	6 - VAN (9-15 SEATS)		17 - MOTORHOME	23 - PEDESTRIAN / SKATER	
	# OF TRAILING UNITS				
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <input type="checkbox"/> 1 - YES 2 - NO 9 - OTHER / UNKNOWN				
	AUTONOMOUS MODE LEVEL <input type="checkbox"/> 0 - NO AUTOMATION <input type="checkbox"/> 1 - DRIVER ASSISTANCE <input type="checkbox"/> 2 - PARTIAL AUTOMATION <input type="checkbox"/> 3 - CONDITIONAL AUTOMATION <input type="checkbox"/> 4 - HIGH AUTOMATION <input type="checkbox"/> 5 - FULL AUTOMATION				
SPECIAL FUNCTION	1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM	
	2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	21 - MAIL CARRIER	
	3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	99 - OTHER / UNKNOWN	
	4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	18 - SNOW REMOVAL	
	5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	19 - TOWING	
CARGO BODY TYPE	1 - NO CARGO BODY TYPE /NOTAPPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	
	2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	9 - CARGOTANK	12 - CONCRETE MIXER
VEHICLE DEFECTS	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE	
	2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	10 - DISABLED FROM PRIOR ACCIDENT	99 - OTHER / UNKNOWN
NON-MOTORIST LOCATION AT IMPACT	1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	
	2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED	7 - SHOULDER /ROADSIDE	10 - DRIVEWAY ACCESS	12 - FIRST RESPONDER AT INCIDENT SCENE
ACTION	3 - STRIKING	5 - CHANGING LANES	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	99 - OTHER / UNKNOWN
	4 - STRUCK	PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING	5 - MAKING RIGHT TURN	10 - PARKED	15 - WALKING, RUNNING, JOGGING, PLAYING
	5 - BOTH STRIKING & STRUCK	6 - MAKING LEFT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	16 - WORKING	
	9 - OTHER / UNKNOWN		12 - DRIVERLESS	17 - PUSHING VEHICLE	
CONTRIBUTING CIRCUMSTANCES	1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	18 - APPROACHING OR LEAVING VEHICLE	
	2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE /ACDA	14 - STOPPED OR PARKED ILLEGALLY	19 - STANDING	
	3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	15 - LEAVING TRAFFIC LANE	20 - OTHER NON-MOTORIST	
	4 - RAN STOP SIGN	10 - IMPROPER PASSING	16 - PARKED	21 - STANDING OUTSIDE DISABLED VEHICLE	
	5 - UNSAFE SPEED	11 - DROVE OFF ROAD	17 - SWERVING TO AVOID	22 - OTHER IMPROPER ACTION	
	6 - IMPROPER TURN	12 - IMPROPER BACKING	18 - WRONG WAY	99 - OTHER / UNKNOWN	
SEQUENCE OF EVENTS					
NON-COLLISION					
1 2 0	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE	
	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	17 - ANIMAL - FARM	22 - WORK ZONE MAINTENANCE EQUIPMENT	
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	18 - ANIMAL - DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION	
2 1	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	19 - ANIMAL - OTHER	20 - MOTOR VEHICLE IN TRANSPORT	
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	21 - PEDESTRIAN	24 - OTHER MOBILE OBJECT	
3 1			21 - PEDALCYCLE	22 - PARKED MOTOR VEHICLE	
4 1	25 - IMPACT ATTENUATOR /CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	
	26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH	
	27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES SUPPORT	45 - EMBANKMENT	
	28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER	40 - UTILITY POLE	46 - FENCE	
	29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX	
	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	48 - TREE	
	COLLISION WITH FIXED OBJECT - STRUCK				
4 1	1 - STATED / ESTIMATED SPEED	2 - CALCULATED / EDR	3 - UNDETERMINED		
5 1	4 - STOP SIGN	5 - YIELD SIGN	6 - NO CONTROL		
6 1	7 - NOT INVOLVED	8 - INVOLVED-ACTIVE CROSSING	9 - INVOLVED-PASSIVE CROSSING		
UNIT / NON-MOTORIST DIRECTION					
FROM 2 2	TO 3 3	1 - NORTH	5 - NORTHEAST		
		2 - SOUTH	6 - NORTHWEST		
		3 - EAST	7 - SOUTHEAST		
		4 - WEST	8 - SOUTHWEST		
		9 - OTHER / UNKNOWN			
UNIT SPEED					
1 1	2 2	3 3	4 4	5 5	
POSTED SPEED					
1 1	2 2	3 3	4 4	5 5	

LOCAL REPORT NUMBER		2 2 0 0 3 7 4 0		
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				
<input type="checkbox"/> 0 - NO DAMAGE 14 - UNDERCARRIAGE <input type="checkbox"/> 1 - 12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE <input type="checkbox"/> 99 - UNKNOWN 13 - TOP				
TRAFFIC				
TRAFFIC WAY 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				
1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 9 - OTHER / UNKNOWN				
FROM 2 2	TO 3 3			
UNIT SPEED				
1 1	2 2	3 3	4 4	5 5
POSTED SPEED				
1 1	2 2	3 3	4 4	5 5

OWNER

UNIT # <u>0 2</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>JNH5756</u>	VEHICLE IDENTIFICATION # <u>4T1BE32K84U328707</u>	VEHICLE YEAR <u>2004</u>	VEHICLE MAKE <u>TOYOTA</u>																														
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR <u>RED</u>	VEHICLE MODEL <u>CAMRY</u>																														
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME																															
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS <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 <input type="checkbox"/> PLACARD																																		
<table border="0"> <tr> <td>1 - PASSENGER CAR</td> <td>7 - MOTORCYCLE 2-WHEELED</td> <td>12 - GOLF CART</td> <td>18 - LIMO (LIVERY VEHICLE)</td> <td>23 - PEDESTRIAN / SKATER</td> </tr> <tr> <td>2 - PASSENGER VAN (MINIVAN)</td> <td>8 - MOTORCYCLE 3-WHEELED</td> <td>13 - SNOWMOBILE</td> <td>19 - BUS (16+ PASSENGERS)</td> <td>24 - WHEELCHAIR (ANY TYPE)</td> </tr> <tr> <td>3 - SPORT UTILITY VEHICLE</td> <td>9 - AUTOCYCLE</td> <td>14 - SINGLE UNIT TRUCK</td> <td>20 - OTHER VEHICLE</td> <td>25 - OTHER NON-MOTORIST</td> </tr> <tr> <td>4 - PICK UP</td> <td>10 - MOPED OR MOTORIZED BICYCLE</td> <td>15 - SEMI-TRACTOR</td> <td>21 - HEAVY EQUIPMENT</td> <td>26 - BICYCLE</td> </tr> <tr> <td>5 - CARGO VAN</td> <td>11 - ALL-TERRAIN VEHICLE (ATV / UTV)</td> <td>16 - FARM EQUIPMENT</td> <td>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE</td> <td>27 - TRAIN</td> </tr> <tr> <td>6 - VAN (9-15 SEATS)</td> <td></td> <td>17 - MOTORHOME</td> <td></td> <td>99 - UNKNOWN OR HIT/SKIP</td> </tr> </table>					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 BICYCLE	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE	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		99 - UNKNOWN OR HIT/SKIP
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6 - VAN (9-15 SEATS)		17 - MOTORHOME		99 - UNKNOWN OR HIT/SKIP																														

0 1 # OF TRAILING UNITS

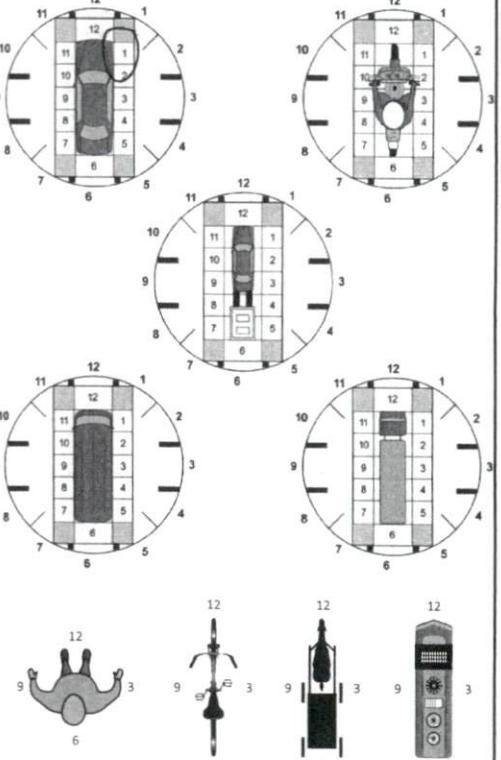
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN
<u>2</u>	1 - YES	2 - NO	9 - OTHER / UNKNOWN	
		0	AUTONOMOUS MODE LEVEL	
		1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION	
		2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION	
1 - NONE		6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM
2 - TAXI		7 - BUS - INTERCITY	12 - MILITARY	21 - MAIL CARRIER
3 - ELECTRONIC RIDE SHARING		8 - BUS - SHUTTLE	13 - POLICE	24 - WHEELCHAIR (ANY TYPE)
4 - SCHOOL TRANSPORT		9 - BUS - OTHER	14 - PUBLIC UTILITY	25 - OTHER NON-MOTORIST
5 - BUS - TRANSIT/COMMUTER		10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	26 - BICYCLE
1 - NO CARGO BODY TYPE / NOT APPLICABLE		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	27 - TRAIN
2 - BUS		4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	28 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE
1 - TURN SIGNALS		7 - BRAKES	7 - WORN OR SLICK TIRES	29 - PEDESTRIAN / SKATER
2 - HEAD LAMPS		5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	30 - WHEELCHAIR (ANY TYPE)
3 - TAIL LAMPS		6 - TIRE BLOWOUT		99 - UNKNOWN OR HIT/SKIP

1 - INTERSECTION - MARKED CROSSWALK		3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER
4 - MIDBLOCK - MARKED CROSSWALK		4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	AT INCIDENT SCENE
5 - TRAVEL LANE - OTHER LOCATION		5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	99 - OTHER / UNKNOWN
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		0 1 3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	10 - PARKED	20 - OTHER NON-MOTORIST
4 - STRUCK PRE-CRASH ACTIONS		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 - DRIVERLESS	16 - WORKING	22 - NOT DISCERNIBLE
9 - OTHER / UNKNOWN		6 - MAKING LEFT TURN		17 - PUSHING VEHICLE	23 - OPENING DOOR INTO ROADWAY
1 - NONE		7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	18 - VISION OBSTRUCTION	24 - OTHER IMPROPER ACTION
2 - FAILURE TO YIELD		8 - FOLLOWING TOO CLOSE / ACDA	14 - STOPPED OR PARKED ILLEGALLY	19 - LOAD SHIFTING/FALLING/SPILLING	99 - OTHER / UNKNOWN
3 - RAN RED LIGHT		9 - IMPROPER LANE CHANGE	15 - SWERVING TO AVOID	20 - IMPROPER CROSSING	
4 - RAN STOP SIGN		10 - IMPROPER PASSING	16 - WRONG WAY		
5 - UNSAFE SPEED		11 - DROVE OFF ROAD			
6 - IMPROPER TURN		12 - IMPROPER BACKING			

SEQUENCE OF EVENTS

1 2 0		NON-COLLISION			
1	2	3	4	5	6
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	12 - DOWNHILL RUNAWAY	17 - ANIMAL - FARM	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE	
3 - IMMERSION	8 - RAN OFF ROAD RIGHT	13 - OTHER NON-COLLISION	18 - ANIMAL - OTHER	24 - OTHER MOBILE OBJECT	
4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	14 - PEDESTRIAN	20 - MOTOR VEHICLE IN TRANSPORT		
5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	15 - PEDALCYCLE	21 - PARKED MOTOR VEHICLE		
4	5	6	7	8	9
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 SUPPORT	45 - EMBANKMENT	52 - BUILDING	
28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER	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

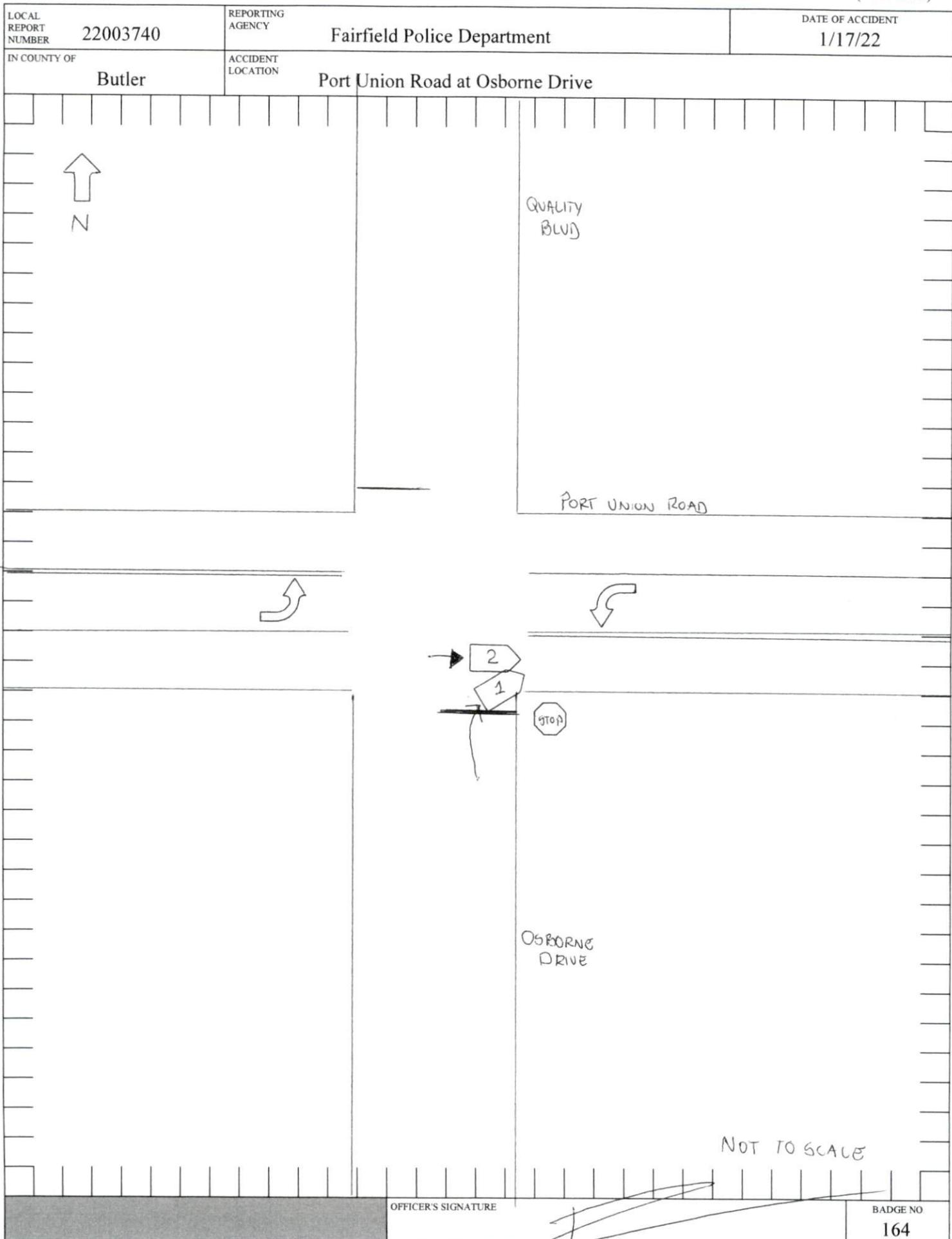
LOCAL REPORT NUMBER		
2 2 0 0 3 7 4 0		
DAMAGE		
DAMAGE SCALE		
2	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE
DAMAGED AREA(S) INDICATE ALL THAT APPLY		
		
<input type="checkbox"/> NO DAMAGE [0] <input type="checkbox"/> UNDERCARRIAGE [14]		
<input type="checkbox"/> 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		
14 - UNDERCARRIAGE		
15 - VEHICLE NOT AT SCENE		
99 - UNKNOWN		
13 - TOP		
TRAFFIC		
TRAFFIC WAY FLOW	TRAFFIC CONTROL	
1 - ONE-WAY	1 - ROUNDABOUT	
2 - TWO-WAY	2 - SIGNAL	
6	5 - YIELD SIGN	
3 - FLASHER	6 - NO CONTROL	
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING	
2	1 - NOT INVOLVED	
1	2 - INVOLVED-ACTIVE CROSSING	
3	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		
FROM 4 TO 3		
UNIT SPEED	DETECTED SPEED	
3 5	1 - STATED / ESTIMATED SPEED	
1	2 - CALCULATED / EDR	
4 5	3 - UNDETERMINED	
POSTED SPEED		



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER					
2 2 0 0 3 7 4 0					
DATE OF BIRTH			AGE	GENDER	
0			0	F	
CONTACT PHONE - INCLUDE AREA CODE					

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE				INJURIES		INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	9 9	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	0 1	AIR BAG USAGE	1	EJECTION	1	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	9	ALCOHOL / DRUG SUSPECTED		<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	<input type="checkbox"/> OTHER DRUG	CONDITION	9	<input type="checkbox"/> ALCOHOL TEST	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT	SELECT UP TO 4				
UNIT #	NAME: LAST, FIRST, MIDDLE				SERWAAH, MARY, AKUA				INJURIES		INJURED TAKEN BY	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	1	EJECTION	1	TRAPPED
ADDRESS: STREET, CITY, STATE, ZIP	661 ST CLAIR AVE APT 8, HAMILTON, OH, 45015				OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION				CITATION NUMBER												
ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	9	ALCOHOL / DRUG SUSPECTED		<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	<input type="checkbox"/> OTHER DRUG	CONDITION	1	<input type="checkbox"/> ALCOHOL TEST	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT	SELECT UP TO 4						
UNIT #	NAME: LAST, FIRST, MIDDLE				INJURIES		INJURED TAKEN BY	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	1	EJECTION	1	TRAPPED				
ADDRESS: STREET, CITY, STATE, ZIP	661 ST CLAIR AVE APT 8, HAMILTON, OH, 45015				OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION				CITATION NUMBER												
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	<input type="checkbox"/> ALCOHOL TEST	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT	SELECT UP TO 4						
UNIT #	NAME: LAST, FIRST, MIDDLE				INJURIES		INJURED TAKEN BY	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	1	EJECTION	1	TRAPPED				
ADDRESS: STREET, CITY, STATE, ZIP	661 ST CLAIR AVE APT 8, HAMILTON, OH, 45015				OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION				CITATION NUMBER												
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	<input type="checkbox"/> ALCOHOL TEST	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-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE		3-TEST GIVEN, RESULTS KNOWN														
4-POSSIBLE INJURY	4-SECOND- LEFT SIDE (MOTORCYCLE PASSENGER)		4-DEPLOYED BOTH FRONT / SIDE		4-REGULAR CLASS (OHIO = D)		4-FARM WAIVER		4-EXCEPT CLASS A BUS		4-TEST GIVEN, RESULTS UNKNOWN														
5-NO APPARENT INJURY	5-SECOND- MIDDLE		5-NOT APPLICABLE		5-M/C MOPED ONLY		5-EXCEPT CLASS A & CLASS B BUS		5-EXCEPT CLASS A & CLASS B BUS		5-TEST GIVEN, RESULTS UNKNOWN														
INJURED TAKEN BY	6-SECOND- RIGHT SIDE		9-DEPLOYMENT UNKNOWN		6-NO VALID OL		6-NO VALID OL		6-NO VALID OL		6-NO VALID OL														
1-NOT TRANSPORTED /TREATED AT SCENE	7-THIRD- LEFT SIDE (MOTORCYCLE SIDE CAR)		7-NOT EJECTED		H - HAZMAT		7-EXCEPT TRACTOR-TRAILER		7-EXCEPT TRACTOR-TRAILER		7-EXCEPT TRACTOR-TRAILER														
2-EMS	8-THIRD- MIDDLE		8-PARTIALLY EJECTED		M - MOTORCYCLE		8-INTERMEDIATE LICENSE RESTRICTIONS		8-INTERMEDIATE LICENSE RESTRICTIONS		8-INTERMEDIATE LICENSE RESTRICTIONS														
3-POLICE	9-THIRD- RIGHT SIDE		9-TOTALLY EJECTED		P - PASSENGER		9-LEARNER'S PERMIT RESTRICTIONS		9-LEARNER'S PERMIT RESTRICTIONS		9-LEARNER'S PERMIT RESTRICTIONS														
9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB		4-NOT APPLICABLE		N - TANKER		10-LIMITED TO DAYLIGHT ONLY		10-LIMITED TO DAYLIGHT ONLY		10-LIMITED TO DAYLIGHT ONLY														
SAFETY EQUIPMENT	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		11-NOT TRAPPED		Q - MOTOR SCOOTER		11-LIMITED TO EMPLOYMENT		11-LIMITED TO EMPLOYMENT		11-LIMITED TO EMPLOYMENT														
1-NONE USED	12-PASSENGER IN UNENCLOSED CARGO AREA		2-EXTRICATED BY MECHANICAL MEANS		R - THREE-WHEEL MOTORCYCLE		12-LIMITED - OTHER		12-LIMITED - OTHER		12-LIMITED - OTHER														
2-SHOULDER BELT ONLY USED	13-TRAILING UNIT		3-FREED BY NON-MECHANICAL MEANS		S - SCHOOL BUS		13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)														
3-LAP BELT ONLY USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		14-MILITARY VEHICLES ONLY		T - DOUBLE & TRIPLE TRAILERS		14-MILITARY VEHICLES ONLY		14-MILITARY VEHICLES ONLY		14-MILITARY VEHICLES ONLY														
4-SHOULDER & LAP BELT USED	15-NON-MOTORIST		15-MOTOR VEHICLES WITHOUT AIR BRAKES		X - TANKER / HAZMAT		15-MOTOR VEHICLES WITHOUT AIR BRAKES		15-MOTOR VEHICLES WITHOUT AIR BRAKES		15-MOTOR VEHICLES WITHOUT AIR BRAKES														
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	99-OTHER / UNKNOWN		16-OUTSIDE MIRROR		F - FEMALE		16-OUTSIDE MIRROR		16-OUTSIDE MIRROR		16-OUTSIDE MIRROR														
6-CHILD RESTRAINT SYSTEM - REAR FACING			17-PROSTHETIC AID		M - MALE		17-PROSTHETIC AID		17-PROSTHETIC AID		17-PROSTHETIC AID														
7-BOOSTER SEAT			18-OTHER		U - OTHER / UNKNOWN		18-OTHER		18-OTHER		18-OTHER														
8-HELMET USED																									
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)																									
10-REFLECTIVE CLOTHING																									
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY																									
99-OTHER / UNKNOWN																									
CONDITION	OL ENDORSEMENT		TRAPPED		GENDER		DRUG TEST TYPE		DRUG TEST RESULT(S)		TEST STATUS														
1-APPARENTLY NORMAL	H - HAZMAT		1-NOT TRAPPED		F - FEMALE		1-NONE		1-AMPHETAMINES		1-NONE GIVEN														
2-PHYSICAL IMPAIRMENT	M - MOTORCYCLE		2-EXTRICATED BY MECHANICAL MEANS		M - MALE		2-BLOOD		2-BARBITURATES		2-TEST REFUSED														
3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	P - PASSENGER		3-FREED BY NON-MECHANICAL MEANS		U - OTHER / UNKNOWN		3-URINE		3-BENZODIAZEPINES		3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE														
4-ILLNESS	N - TANKER		14-MILITARY VEHICLES ONLY				4-BREATH		4-CANNABINOID		4-TEST GIVEN, RESULTS KNOWN														
5-FELL ASLEEP, FAINTED, FATIGUED, ETC.	Q - MOTOR SCOOTER		15-MOTOR VEHICLES WITHOUT AIR BRAKES				5-COCAIN		5-OPIATES / OPIOIDS		5-TEST GIVEN, RESULTS UNKNOWN														
6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	R - THREE-WHEEL MOTORCYCLE		16-OUTSIDE MIRROR				6-OTHER		6-NEGATIVE RESULTS		6-TEST GIVEN, RESULTS UNKNOWN														
7-OTHER	S - SCHOOL BUS		17-PROSTHETIC AID				7-OTHER		7-OTHER		7-TEST GIVEN, RESULTS UNKNOWN														
8-Negative results	T - DOUBLE & TRIPLE TRAILERS		18-OTHER				8-Negative results		8-Negative results		8-TEST GIVEN, RESULTS UNKNOWN														

LOCAL REPORT NUMBER	22003740	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	1/17/22
IN COUNTY OF	Butler	ACCIDENT LOCATION	Port Union Road at Osborne Drive		
					
<p>NOT TO SCALE</p>					
OFFICER'S SIGNATURE			BADGE NO 164		