



## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION				LOCAL REPORT NUMBER*		
		REPORTING AGENCY NAME* NCIC* Fairfield Police Department 0 0 9 0 1				HIT/SKIP 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 1 - VILLAGE 3 - TOWNSHIP	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield				CRASH DATE / TIME* 0 1 2 2 2 0 2 2 2 2 0 0 3	CRASH SEVERITY 5 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY	
REFERENCE LOCATION S R 4	ROUTE TYPE ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DECIMAL DEGREES 3 9 3 3 4 5 4 8		
	ROUTE TYPE ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 5443		ROAD TYPE	LONGITUDE DECIMAL DEGREES - 8 4 5 2 5 3 6 4		
REFERENCE POINT 1 - INTERSECTION 3 - 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 HW - HIGHWAY LA - LANE MP - MILEPOST PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED <input 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			NUMBER OF APPROACHES <input type="checkbox"/> ROADWAY <input type="checkbox"/> ROADWAY DIVIDED				
LOCATION OF FIRST HARMFUL EVENT 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			MANNER OF CRASH COLLISION/IMPACT 2 1 - NOT COLLISION 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN 4 - TRANSPORT 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - ANGLE 6 - BACKING 7 - SIDESWIPE 8 - HEAD-ON 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 2 - ADVANCE WARNING SIGN 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	CONDITIONS 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN		
LIGHT CONDITION 3 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN			WEATHER 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					
NARRATIVE On 1/22/22 at 8:03 p.m. Unit 1 was traveling northwest on SR 4 near 5443, when it failed to maintain assured clear distance, striking the rear Unit 2 as Unit 2 was stopped in traffic. The driver of Unit 1 was also cited for OVI. 333.01A1A and 333.01A1H								
SEE OH-2								
CRASH REPORTED DATE / TIME 0 1 2 2 2 0 2 2 2 2 0 0 3		DISPATCH DATE / TIME 0 1 2 2 2 0 2 2 2 2 0 0 4		ARRIVAL DATE / TIME 0 1 2 2 2 0 2 2 2 2 0 0 4		SCENE CLEARED DATE / TIME 0 1 2 2 2 0 2 2 2 2 2 0 2 1	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 OAPS)	
TOTAL TIME ROADWAY CLOSED TOTAL TIME ROADWAY CLOSED 3 0	OTHER INVESTIGATION TIME 4 7	TOTAL MINUTES 1 6 4	OFFICER'S NAME* R. HICKMAN		CHECKED BY OFFICER'S NAME* Sgt. Aaron Meyer	CHECKED BY OFFICER'S BADGE NUMBER* 13 2		
		OFFICER'S BADGE NUMBER* 1 6 4						



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



UNIT

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

LP STATE

LICENSE PLATE #

2 C 3 C D Y A G 9 D H 7 2 4 0 3 0

VEHICLE IDENTIFICATION #

2 0 1 3

VEHICLE YEAR

DODGE

INSURANCE VERIFIED INSURANCE COMPANY

PROGRESSIVE

INSURANCE POLICY #

922440476

COLOR

WHITE

VEHICLE MODEL

CHALLENG

TYPE OF USE

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED

HIT/SKIP UNIT

# OCCUPANTS

0 3

US DOT #

TOWED BY: COMPANY NAME

VEHICLE WEIGHT GVWR/GCWR

1 - &lt;10K LBS.

2 - 10,001 - 26K LBS.

3 - &gt;26K LBS.

HAZARDOUS MATERIAL

MATERIAL RELEASED

CLASS #

PLACARD ID #

PLACARD

1 - NO AUTOMATION

3 - CONDITIONAL AUTOMATION

9 - UNKNOWN

1 - DRIVER ASSISTANCE

4 - HIGH AUTOMATION

5 - FULL AUTOMATION

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

5 - CARGO VAN

BICYCLE

16 - FARM EQUIPMENT

22 - ANIMAL WITH RIDER OR

6 - VAN (9-15 SEATS)

ATV (UTV)

11 - ALL-TERRAIN VEHICLE

17 - MOTORHOME

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

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

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 - CARGO TANK

10 - FLAT BED

14 - GARBAGE/REFUSE

7 - GRAIN/CHIPS/GRAVEL

11 - DUMP

99 - OTHER / UNKNOWN

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

1 - INTERSECTION - MARKED

CROSSWALK

3 - INTERSECTION - OTHER

6 - BICYCLE LANE

9 - MEDIAN/CROSSING ISLAND

12 - FIRST RESPONDER

4 - MIDBLOCK - MARKED

CROSSWALK

7 - SHOULDER / ROADSIDE

10 - DRIVEWAY ACCESS

11 - SHARED USE PATHS OR

TRAILS

1 - NON-CONTACT

2 - NON-COLLISION

3 - STRIKING

4 - STRUCK

5 - BOTH STRIKING

&amp; STRUCK

9 - OTHER / UNKNOWN

1 - STRAIGHT AHEAD

2 - BACKING

3 - CHANGING LANES

4 - MIDBLOCK - MARKED

CROSSWALK

7 - SHOULDER / ROADSIDE

10 - DRIVEWAY ACCESS

11 - SHARED USE PATHS OR

TRAILS

1 - LEFT OF CENTER

2 - FAILURE TO YIELD

3 - RAN RED LIGHT

4 - RAN STOP SIGN

5 - UNSAFE SPEED

6 - IMPROPER TURN

7 - LEFT OF CENTER

8 - FOLLOWING TOO CLOSE / ACD

9 - IMPROPER LANE CHANGE

10 - IMPROPER PASSING

11 - DROVE OFF ROAD

12 - IMPROPER BACKING

13 - IMPROPER START FROM A

PARKED POSITION

14 - STOPPED OR PARKED

ILLEGALLY

15 - SLOWING OR STOPPED

IN TRAFFIC

16 - WORKING

17 - PUSHING VEHICLE

18 - APPROACHING OR LEAVING VEHICLE

19 - STANDING

20 - OTHER NON-MOTORIST

21 - STANDING OUTSIDE DISABLED VEHICLE

22 - WORKING

99 - OTHER / UNKNOWN

1 - OVERTURN/ROLLOVER

2 - FIRE/EXPLOSION

3 - IMMERSION

4 - JACKKNIFE

5 - CARGO / EQUIPMENT LOSS OR SHIFT

6 - IMPACT ATTENUATOR / CRASH CUSHION

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

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

LOCAL REPORT NUMBER

2 2 0 0 4 8 9 1

DAMAGE

DAMAGE SCALE

2

1 - NONE

3 - FUNCTIONAL DAMAGE

2

2 - MINOR DAMAGE

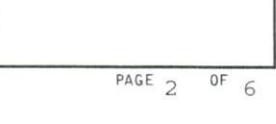
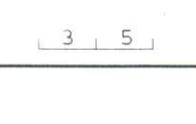
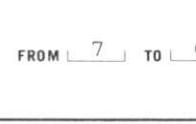
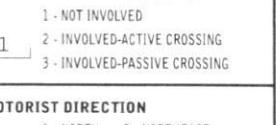
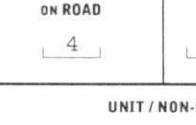
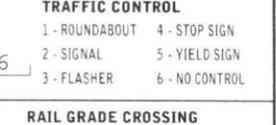
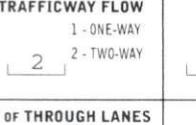
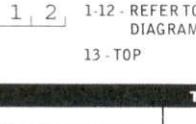
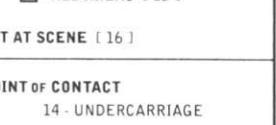
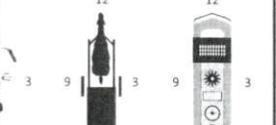
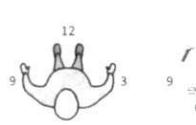
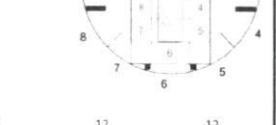
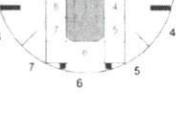
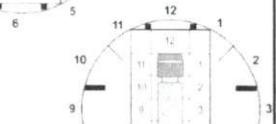
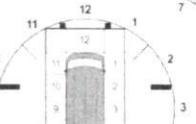
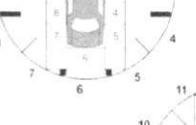
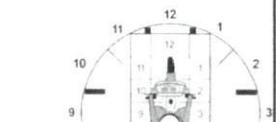
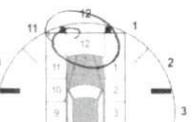
4 - DISABLING DAMAGE

9

9 - UNKNOWN

DAMAGED AREA(S)

INDICATE ALL THAT APPLY



INITIAL POINT OF CONTACT

0 - NO DAMAGE

14 - UNDERCARRIAGE

1 - REFER TO UNIT

15 - VEHICLE NOT AT SCENE

99 - UNKNOWN

13 - TOP

TRAFFIC

TRAFFICWAY FLOW

TRAFFIC CONTROL

2

1 - ONE-WAY

6

2 - TWO-WAY

# OF THROUGH LANES ON ROAD

RAIL GRADE CROSSING

1 - NOT INVOLVED

1 - INVOLVED-ACTIVE CROSSING

4 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

1 - NORTH

2 - SOUTH

6 - NORTHWEST

3 - EAST

7 - SOUTHEAST

4 - WEST

8 - SOUTHWEST

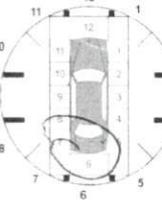
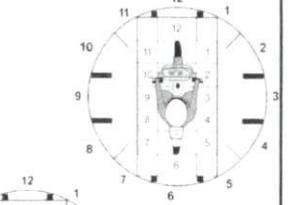
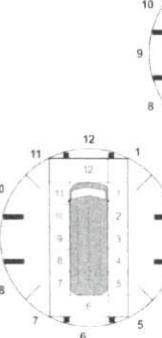
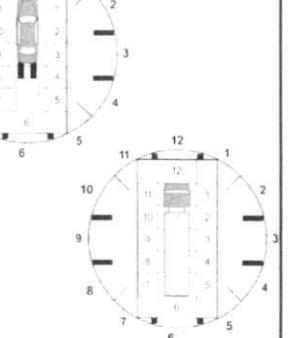
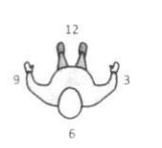
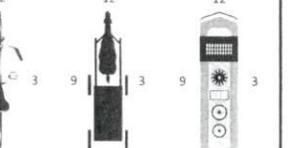
9 - OTHER / UNKNOWN

UNIT SPEED

DETECTED SPEED

1 - STATED / ESTIMATED SPEED

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER)	
OWNER ADDRESS: STREET, CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER)				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
O H	HOW9943	KMHFH4JG8EA357039	20114	HYUNDAI
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	GEICO	4559968351	BLACK	AZERA
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE		
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR	HAZARDOUS MATERIAL
		0 1	1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD
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 - MOPED OR MOTORIZED 11 - 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?		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
2 - YES 2 - NO 9 - OTHER / UNKNOWN		0		
AUTONOMOUS MODE LEVEL				
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 22 - 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
12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE / REFUSE 15 - OTHER / UNKNOWN				
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 / ACCA 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				
21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT				
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 35 - MEDIAN CONCRETE 36 - MEDIAN OTHER BARRIER				
37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES 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				
1 - FIRST HARMFUL EVENT				
1 - MOST HARMFUL EVENT				

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



## **MOTORIST / Non-MOTORIST**

UNIT # <b>0 1</b> NAME: LAST, FIRST, MIDDLE <b>GILBERT, ARTHUR, TERELL</b>					DATE OF BIRTH <b>1 2 1 4 1 9 7 7</b>			AGE <b>44</b>	GENDER <b>M</b>	
ADDRESS: STREET, CITY, STATE, ZIP <b>421 WALNUT ST, HAMILTON, OH, 45011</b>					CONTACT PHONE - INCLUDE AREA CODE					
INJURIES <b>5</b>	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED <b>0 4</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION <b>0 1</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>	
OL STATE <b>O H</b>	OPERATOR LICENSE NUMBER		OFFENSE CHARGED <b>333.03A</b>	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION <b>ACDA</b>		CITATION NUMBER <b>247803</b>			
OL CLASS <b>4</b>	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY <b>1</b>	ALCOHOL / DRUG SUSPECTED <input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION <b>6</b>	ALCOHOL TEST STATUS <b>4</b> TYPE <b>4</b> VALUE <b>2 1 2</b>		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4		
UNIT # <b>0 2</b>	NAME: LAST, FIRST, MIDDLE <b>DAVIS, DION, KENNETH</b>					DATE OF BIRTH <b>1 0 2 0 1 9 8 5</b>			AGE <b>36</b>	GENDER <b>M</b>
ADDRESS: STREET, CITY, STATE, ZIP <b>4185 RIVER ROAD, FAIRFIELD, OH, 45014</b>					CONTACT PHONE - INCLUDE AREA CODE					
INJURIES <b>5</b>	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED <b>0 4</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION <b>0 1</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>	
OL STATE <b>0 4</b>	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER			
OL CLASS <b>4</b>	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY <b>1</b>	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION <b>1</b>	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4		
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH			AGE <b>0</b>	GENDER
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<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-TEST REFUSED					
3-SUSPECTED MINOR INJURY	3-FRONT - RIGHT SIDE	3-DEPLOYED SIDE	3-CLASS C	3-CORRECTIVE LENSES						
4-POSSIBLE INJURY	4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4-DEPLOYED BOTH FRONT / SIDE	4-REGULAR CLASS (OHIO = D)	4-FARM WAIVER						
5-NO APPARENT INJURY	5-SECOND - MIDDLE	5-NOT APPLICABLE	5-M/C MOPED ONLY	5-EXCEPT CLASS A BUS						
	6-SECOND - RIGHT SIDE	6-SECOND - MIDDLE	6-DEPLOYMENT UNKNOWN	6-EXCEPT CLASS A & CLASS B BUS						
	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD - MIDDLE	7-NOT VALID OL	7-EXCEPT TRACTOR-TRAILER						
	8-THIRD - MIDDLE	8-THIRD - MIDDLE		8-INTERMEDIATE LICENSE RESTRICTIONS						
	9-THIRD - RIGHT SIDE	9-THIRD - RIGHT SIDE		9-LEARNER'S PERMIT RESTRICTIONS						
	10-SLEEPER SECTION OF TRUCK CAB			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						
INJURED TAKEN BY		EJECTION	OL ENDORSEMENT	CONDITION		ALCOHOL TEST TYPE				
1-NOT TRANSPORTED / TREATED AT SCENE	1-NOT EJECTED	H-HAZMAT	1-NOT EJECTED	1-NONE						
2-EMS	2-PARTIALLY EJECTED	M-MOTORCYCLE	2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2-TEST REFUSED						
3-POLICE	3-TOTALLY EJECTED	P-PASSENGER	3-CORRECTIVE LENSES							
9-OTHER / UNKNOWN	4-NOT APPLICABLE	N-TANKER	4-FARM WAIVER							
		Q-MOTOR SCOOTER	5-EXCEPT CLASS A BUS							
		R-THREE-WHEEL MOTORCYCLE	6-EXCEPT CLASS A & CLASS B BUS							
		S-SCHOOL BUS	7-EXCEPT TRACTOR-TRAILER							
		T-DOUBLE & TRIPLE TRAILERS	8-INTERMEDIATE LICENSE RESTRICTIONS							
		X-TANKER / HAZMAT	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							
SAFETY EQUIPMENT		TRAPPED	GENDER		DRUG TEST TYPE					
1-NONE USED	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1-NOT TRAPPED	F-FEMALE	1-NONE						
2-SHOULDER BELT ONLY USED	12-PASSENGER IN UNENCLOSED CARGO AREA	2-EXTRICATED BY MECHANICAL MEANS	M-MALE	2-BLOOD						
3-LAP BELT ONLY USED	13-TRAILING UNIT	3-FREED BY NON-MECHANICAL MEANS	U-OTHER / UNKNOWN	3-URINE						
4-SHOULDER & LAP BELT USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			4-BREATH						
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	15-NON-MOTORIST			5-OTHER						
6-CHILD RESTRAINT SYSTEM - REAR FACING	16-OTHER / UNKNOWN									
7-BOOSTER SEAT				ALCOHOL TEST TYPE						
8-HELMET USED				1-NONE						
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)				2-BLOOD						
10-REFLECTIVE CLOTHING				3-URINE						
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY				4-OTHER						
99-OTHER / UNKNOWN										
CONDITION		DRUG TEST RESULT(S)								
1-APPARENTLY NORMAL	1-AMPHETAMINES									
2-PHYSICAL IMPAIRMENT	2-BARBITURATES									
3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3-BENZODIAZEPINES									
4-ILLNESS	4-CANNABINOID									
5-FELL ASLEEP, FAINTED, FATIGUED, ETC	5-COCAIN									
6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6-OPIATES / OPIOIDS									
9-OTHER / UNKNOWN	7-OTHER									
	8-NEGATIVE RESULTS									



# OCCUPANT / WITNESS ADDENDUM

OCCUPANT	LOCAL REPORT NUMBER															
	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH			AGE	GENDER							
1	GILBERT, SHANI, A			0 1 0 8 1 9 8 1			41	F								
ADDRESS: STREET, CITY, STATE, ZIP 421 WALNUT ST, HAMILTON, OH, 45011																
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																
5				0 4			0 3	0 1	1	1						
OCCUPANT	DATE OF BIRTH AGE GENDER															
	UNIT #	NAME: LAST, FIRST, MIDDLE			0 2 1 9 1 9 9 8			23	F							
1	CONERLY, CHRISHNYA, SHAINAE															
ADDRESS: STREET, CITY, STATE, ZIP 421 WALNUT ST, HAMILTON, OH, 45011																
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																
5				0 4			0 4	0 1	1	1						
OCCUPANT	DATE OF BIRTH AGE GENDER															
	UNIT #	NAME: LAST, FIRST, MIDDLE			0											
ADDRESS: STREET, CITY, STATE, ZIP																
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																
UNIT #	NAME: LAST, FIRST, MIDDLE			0												
ADDRESS: STREET, CITY, STATE, ZIP																
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																
INJURIES											SAFETY EQUIPMENT USED		SEATING POSITION		AIR BAG USAGE	
1 - FATAL		1 - NONE USED - VEHICLE OCCUPANT		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED										
2 - SUSPECTED SERIOUS INJURY		2 - SHOULDER BELT ONLY USED		2 - FRONT - MIDDLE		2 - DEPLOYED FRONT										
3 - SUSPECTED MINOR INJURY		3 - LAP BELT ONLY USED		3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE										
4 - POSSIBLE INJURY		4 - SHOULDER & LAP BELT USED		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT/SIDE										
5 - NO APPARENT INJURY		5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		5 - SECOND - MIDDLE		5 - NOT APPLICABLE										
INJURED TAKEN BY		6 - CHILD RESTRAINT SYSTEM - REAR FACING		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN										
1 - NOT TRANSPORTED /TREATED AT SCENE		7 - BOOSTER SEAT		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		EJECTION										
2 - EMS		8 - HELMET USED		8 - THIRD - MIDDLE		1 - NOT EJECTED										
3 - POLICE		9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED										
9 - OTHER / UNKNOWN		10 - REFLECTIVE CLOTHING		10 - SLEEPER SECTION OF TRUCK CAB		3 - TOTALLY EJECTED										
GENDER		11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		4 - NOT APPLICABLE										
F - FEMALE		99 - OTHER / UNKNOWN		12 - PASSENGER IN UNENCLOSED CARGO AREA		TRAPPED										
M - MALE				13 - TRAILING UNIT		1 - NOT TRAPPED										
U - OTHER / UNKNOWN				14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		2 - EXTRICATED BY MECHANICAL MEANS										
				15 - NON-MOTORIST		3 - FREED BY NON-MECHANICAL MEANS										
				99 - OTHER / UNKNOWN												
NAME: LAST, FIRST, MIDDLE											DATE OF BIRTH			AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP											0					
NAME: LAST, FIRST, MIDDLE											CONTACT PHONE - INCLUDE AREA CODE					
ADDRESS: STREET, CITY, STATE, ZIP																
NAME: LAST, FIRST, MIDDLE											DATE OF BIRTH			AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP											0					
NAME: LAST, FIRST, MIDDLE											CONTACT PHONE - INCLUDE AREA CODE					
ADDRESS: STREET, CITY, STATE, ZIP																
NAME: LAST, FIRST, MIDDLE											DATE OF BIRTH			AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP											0					
NAME: LAST, FIRST, MIDDLE											CONTACT PHONE - INCLUDE AREA CODE					
ADDRESS: STREET, CITY, STATE, ZIP																

LOCAL REPORT NUMBER	22004891	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	SR 4 near 5443	1/22/22

