



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

| | | | | | | | | | |
|---|------------|--|--|--|---|--|--|---|---|
| | | | | LOCAL REPORT NUMBER* | | | | | |
| | | | | 2 2 0 0 5 0 4 8 | | | | | |
| <input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY | | LOCAL INFORMATION | | REPORTING AGENCY NAME* NCIC* | | HIT/SKIP | NUMBER OF UNITS | UNIT IN ERROR | |
| | | | | Fairfield Police Department 0 0 9 0 1 | | 1 - SOLVED | 0 2 | 98 - ANIMAL 0 1 99 - UNKNOWN | |
| COUNTY* 0 9 | | LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP | LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield | | | | CRASH DATE / TIME* 0 1 2 3 2 0 2 2 1 0 4 4 | | CRASH SEVERITY |
| | | | | | | | | | 4 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY |
| REFERENCE | ROUTE TYPE | ROUTE NUMBER | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | LOCATION ROAD NAME | | ROAD TYPE | LATITUDE DECIMAL DEGREES 3 9 3 4 6 3 5 5 | | |
| | ROUTE TYPE | ROUTE NUMBER | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Hicks | | ROAD TYPE | LONGITUDE DECIMAL DEGREES - 8 4 8 4 5 4 0 3 | | |
| 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 | ROUTE TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE 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 | | | | | | NUMBER OF APPROACHES 4 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 6 1 - NOT COLLISION 2 - REAR-END 3 - HEAD-ON | | DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | | MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (24 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 AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA | | CONTOUR 1 | CONDITIONS 3 | SURFACE 2 | |
| LIGHT CONDITION 1 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN | | WEATHER 0 6 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL | | 1 - SNOW 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN | | 9 - OTHER/UNKNOWN | | | |
| NARRATIVE Unit 1 was traveling southbound on SR.4 approaching the intersection of SR.4 and Hicks Blvd. Unit 2 was traveling westbound on Hicks Blvd also approaching the intersection. Unit 1 failed to stop at the traffic signal causing unit 2 to strike unit 1 on the driver side. Unit 2 driver was evaluated by Fairfield EMS and released at the scene. | | | | | | | | | Indicate the north direction with an "N" on the compass diagram. |
| | | | | | | | | | See OH-2 |
| CRASH REPORTED DATE / TIME 0 1 2 3 2 0 2 2 1 0 4 4 | | DISPATCH DATE / TIME 0 1 2 3 2 0 2 2 1 0 4 5 | | ARRIVAL DATE / TIME 0 1 2 3 2 0 2 2 1 0 5 0 | | SCENE CLEARED DATE / TIME 0 1 2 3 2 0 2 2 1 1 2 4 | | REPORT TAKEN BY | |
| TOTAL TIME ROADWAY CLOSED 0 | | OTHER INVESTIGATION TIME 4 0 | | TOTAL MINUTES 7 9 | | OFFICER'S NAME* J. Mitchell | | <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OIPS) | |
| | | | | | | CHECKED BY OFFICER'S NAME* | | | |
| | | | | | | OFFICER'S BADGE NUMBER* 1 7 1 | | 1 0 3 | |
| | | | | | | CHECKED BY OFFICER'S BADGE NUMBER* 1 0 3 | | | |

OWNER

UNIT # 0 1 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 M LICENSE PLATE # 013XYN VEHICLE IDENTIFICATION # 4T1BF1FKXHU697652 VEHICLE YEAR 2017 VEHICLE MAKE Toyota

INSURANCE VERIFIED INSURANCE COMPANY Geico INSURANCE POLICY # 4510729876 COLOR Red VEHICLE MODEL Camry

TYPE OF USE COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE US DOT # TOWED BY: COMPANY NAME FOX Towing
 INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS 0 1 VEHICLE WEIGHT GVWR/GCWR HAZARDOUS MATERIAL
 MATERIAL RELEASED PLACARD CLASS # PLACARD ID #

1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER
0 2 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANYTYPE)
3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST
4 - PICK UP 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 21 - HEAVY EQUIPMENT 26 - BICYCLE
5 - CARGO VAN 17 - MOTORHOME 22 - ANIMAL WITH RIDER OR 27 - TRAIN
6 - VAN (9-15 SEATS) 11 - ALL-TERRAIN VEHICLE (ATV / UTV) 18 - ANIMAL DRAWN VEHICLE 99 - UNKNOWN OR HIT/SKIP

UNIT TYPE 0 # OF TRAILING UNITS

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

1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER
0 1 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
0 1 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER
7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 11 - DUMP 14 - GARBAGE/REFUSE
15 - CONSTRUCTION EQUIPMENT 16 - DUMP 17 - 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 10 - DISABLED FROM PRIOR ACCIDENT
3 - TAIL LAMPS 6 - TIRE BLOWOUT 11 - DEFECTIVE

1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE
2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 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
0 4 3 - STRIKING 0 1 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 10 - PARKED 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST
ACTION 4 - STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE
5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 12 - MAKING LEFT TURN 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN
9 - OTHER / UNKNOWN

1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY
2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACCA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE
0 3 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY
4 - RAN STOP SIGN 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION

5 - UNSAFE SPEED 11 - DROVE OFF ROAD 12 - IMPROPER BACKING

SEQUENCE OF EVENTS

1 2 0 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT
2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 12 - DOWNSHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION
3 - IMMERSION 9 - RAN OFF ROAD LEFT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 19 - ANIMAL - OTHER BY A MOTOR VEHICLE
2 4 - JACKKNIFE 10 - CROSS MEDIAN 14 - PEDESTRIAN 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 24 - OTHER MOBILE OBJECT
5 - CARGO / EQUIPMENT LOSS OR SHIFT 15 - PEDALCYCLE

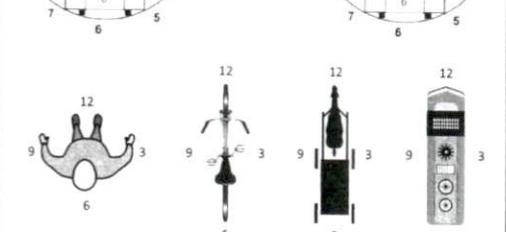
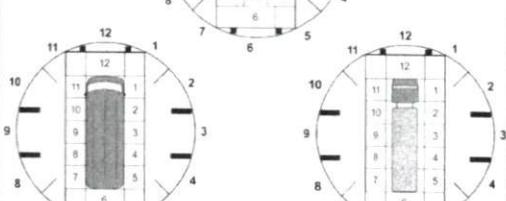
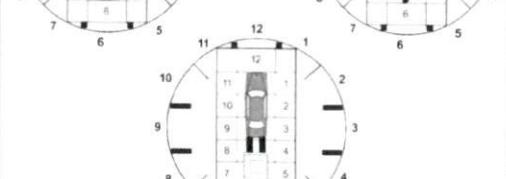
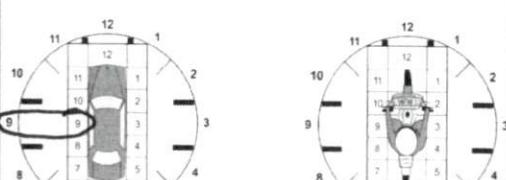
4 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT
26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL
5 27 - BRIDGE PIER OR ABUTMENT BARRIER 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING
28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL
6 29 - BRIDGE RAIL BARRIER 35 - MEDIAN CONCRETE 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 5 0 4 8

DAMAGE
DAMAGE SCALE
4 1 - NONE 3 - FUNCTIONAL DAMAGE
2 - 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
0 9 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE DIAGRAM 99 - UNKNOWN
13 - TOP

TRAFFIC
TRAFFICWAY FLOW
1 - ONE-WAY 2 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 1 - NOT INVOLVED
2 - INVOLVED-ACTIVE CROSSING 2 - INVOLVED-PASSIVE CROSSING
3 - INVOLVED-PASSIVE CROSSING

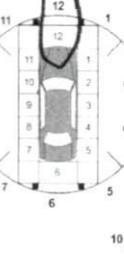
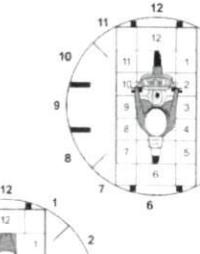
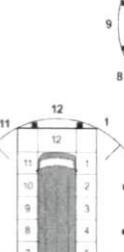
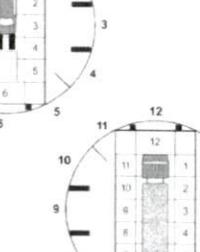
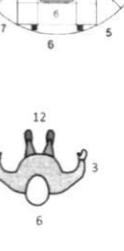
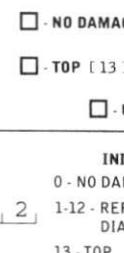
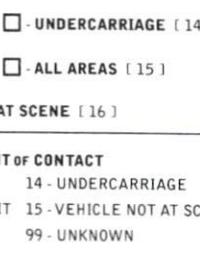
UNIT / NON-MOTORIST DIRECTION
1 - NORTH 5 - NORTHEAST
2 - SOUTH 6 - NORTHWEST
3 - EAST 7 - SOUTHEAST
4 - WEST 8 - SOUTHWEST
9 - OTHER / UNKNOWN

UNIT SPEED
2 5 DETECTED SPEED
1 - STATED / ESTIMATED SPEED
1 2 - CALCULATED / EDR
3 - UNDETERMINED



UNIT

| | | | | |
|---|---|---|---|--|
| OWNER | UNIT # 0_2 OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) Bird, James | | | 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 O_H | LICENSE PLATE # FFA2705 | VEHICLE IDENTIFICATION # 2C4GF48405R587650 | | VEHICLE YEAR 2005 |
| INSURANCE VERIFIED <input checked="" type="checkbox"/> | INSURANCE COMPANY Safeco | INSURANCE POLICY # K2650699 | | VEHICLE MAKE Chrysler |
| TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | | US DOT # | TOWED BY: COMPANY NAME Marcell's Towing | |
| INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> | #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_2 | 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 BICYCLE 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 0 | | | | |
| 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 AUTONOMOUS MODE LEVEL | 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION | 9 - UNKNOWN |
| SPECIAL FUNCTION 0_1 | 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING | 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER | 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY | 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 21 - MAIL CARRIER 99 - OTHER / UNKNOWN |
| CARGO BODY TYPE 0_1 | 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER | 10 - AMBULANCE | 15 - CONSTRUCTION EQUIPMENT | 20 - SAFETY SERVICE PATROL |
| VEHICLE DEFECTS 0_1 | 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 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 11 - DUMP 99 - OTHER / UNKNOWN |
| NON-MOTORIST LOCATION AT IMPACT 0_1 | 1 - INTERSECTION - MARKED 2 - INTERSECTION - UNMARKED CROSSWALK | 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK | 6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK 5 - TRAVEL LANE - OTHER LOCATION | 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN |
| ACTION 0_3 | 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 6 - 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_1 | 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 / ACOA 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 2_0 | 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION | 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT | 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 |
| 2 1_1 | 4 - JACKKNIFE | 9 - RAN OFF ROAD LEFT | 10 - CROSS MEDIAN | |
| 3 1_1 | 5 - CARGO / EQUIPMENT LOSS OR SHIFT | | | |
| 4 1_1 | 25 - IMPACT ATTENUATOR / CRASH CUSHION | 31 - GUARDRAIL END 32 - PORTABLE BARRIER | 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES | 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT |
| 5 1_1 | 26 - BRIDGE OVERHEAD STRUCTURE | 33 - MEDIAN CABLE BARRIER | 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT | 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT |
| 6 1_1 | 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET | 34 - MEDIAN GUARDRAIL BARRIER | 42 - CULVERT | 99 - OTHER / UNKNOWN |
| | 29 - BRIDGE RAIL 30 - GUARDRAIL FACE | 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER | | |
| 1 | FIRST HARMFUL EVENT | 1 | MOST HARMFUL EVENT | |

| LOCAL REPORT NUMBER | | | | | | | | | |
|---|---|------------------|---|-----------------------|---|---|---|--|--|
| 2 | 2 | 0 | 0 | 5 | 0 | 4 | 8 | | |
| DAMAGE | | | | | | | | | |
| DAMAGE SCALE | | | | | | | | | |
| 4 | | 1 - NONE | | 3 - FUNCTIONAL DAMAGE | | | | | |
| | | 2 - MINOR DAMAGE | | 4 - DISABLING DAMAGE | | | | | |
| 9 - UNKNOWN | | | | | | | | | |
| DAMAGED AREA(S) INDICATE ALL THAT APPLY | | | | | | | | | |
|  | | | | |  | | | | |
|  | | | | |  | | | | |
|  | | | | |  | | | | |
|  | | | | |  | | | | |
| <input type="checkbox"/> - NO DAMAGE [0] | | | | | <input type="checkbox"/> - UNDERCARRIAGE [14] | | | | |
| <input type="checkbox"/> - TOP [13] | | | | | <input type="checkbox"/> - ALL AREAS [15] | | | | |
| <input type="checkbox"/> - UNIT NOT AT SCENE [16] | | | | | | | | | |
| INITIAL POINT OF CONTACT | | | | | | | | | |
| 0 - NO DAMAGE | | | | | 14 - UNDERCARRIAGE | | | | |
| 1 - 2 | | | | | 15 - VEHICLE NOT AT SCENE | | | | |
| 1-12 - REFER TO UNIT DIAGRAM | | | | | 99 - UNKNOWN | | | | |
| 13 - TOP | | | | | | | | | |
| TRAFFIC | | | | | | | | | |
| TRAFFICWAY FLOW | | | | | TRAFFIC CONTROL | | | | |
| 1 - ONE-WAY | | | | | 1 - ROUNDABOUT | | | | |
| 2 - TWO-WAY | | | | | 4 - STOP SIGN | | | | |
| 2 | | | | | 2 - SIGNAL | | | | |
| | | | | | 5 - YIELD SIGN | | | | |
| | | | | | 3 - 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 5 TO 8 | | | | | 1 - NORTH | | | | |
| | | | | | 5 - NORTHEAST | | | | |
| | | | | | 2 - SOUTH | | | | |
| | | | | | 6 - NORTHWEST | | | | |
| | | | | | 3 - EAST | | | | |
| | | | | | 7 - SOUTHEAST | | | | |
| | | | | | 4 - WEST | | | | |
| | | | | | 8 - SOUTHWEST | | | | |
| | | | | | 9 - OTHER/UNKNOWN | | | | |
| UNIT SPEED | | | | | DETECTED SPEED | | | | |
| 2 0 | | | | | 1 - STATED/ESTIMATED SPEED | | | | |
| | | | | | 2 - CALCULATED/EDR | | | | |
| | | | | | 3 - UNDETERMINED | | | | |
| POSTED SPEED | | | | | | | | | |
| 2 5 | | | | | | | | | |



MOTORIST / Non-MOTORIST

| MOTORIST / NON-MOTORIST | LOCAL REPORT NUMBER | | | | | | | | | | | | | | | |
|---|---|---|----------------------------|---|--|--|--|----------------------------|---|-----------------------------------|------------------|---------------|----------|-------------------|--------------------|-------------|
| | 2 2 0 0 5 0 4 8 | | | | | | | | | | | | | | | |
| | UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | | | | | | | | | | |
| | 0 1 | Rushikeshreddy, Utukuru | | | | | | | | | | | | | | |
| | ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | | | | | | |
| | 1790 Crestridge Lane, Eagan, MN 55122 | | | | | | | | | | | | | | | |
| | INJURIES 5 | 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 | | |
| | DL STATE M N | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | | LOCAL CODE <input checked="" type="checkbox"/> | OFFENSE DESCRIPTION | | | CITATION NUMBER | | | | | |
| | DL CLASS 4 | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | | |
| | UNIT # NAME: LAST, FIRST, MIDDLE | | | | | | | | | | DATE OF BIRTH | | | | | |
| 0 2 | Bird, Melinda | | | | | | | | | 0 5 3 0 1 9 5 7 | 6 4 | F | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | |
| 5351 Tasselberry Drive, West Chester, OH 45069 | | | | | | | | | | | | | | | | |
| INJURIES 4 | 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 | | | |
| DL STATE O H | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | | LOCAL CODE <input checked="" type="checkbox"/> | OFFENSE DESCRIPTION | | | CITATION NUMBER | | | | | | |
| DL CLASS 4 | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | | | |
| UNIT # NAME: LAST, FIRST, MIDDLE | | | | | | | | | | DATE OF BIRTH | | | | | | |
| 0 | | | | | | | | | | 0 | 0 | 0 | | | | |
| 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 | DOT-COMPLIANT MC HELMET | | | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | | |
| DL STATE | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | | LOCAL CODE <input checked="" type="checkbox"/> | OFFENSE DESCRIPTION | | | CITATION NUMBER | | | | | | |
| DL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | | | |
| INJURIES | | | | | | | | | | SEATING POSITION | | AIR BAG | DL CLASS | DL 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 | | | | | | | | | | | |
| 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 | | | | | | | | | | | |
| 5-NO APPARENT INJURY | 5-SECOND - MIDDLE | 5-NOT APPLICABLE | 5-M/C MOPED ONLY | 5-EXCEPT CLASS A BUS | 5-TEST GIVEN, RESULTS UNKNOWN | | | | | | | | | | | |
| 6-SECOND - RIGHT SIDE | 6-SECOND - RIGHT SIDE | 9-DEPLOYMENT UNKNOWN | 6-NO VALID DL | 6-EXCEPT CLASS A & CLASS B BUS | | | | | | | | | | | | |
| 7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | 7-THIRD - LEFT SIDE | | 7-EXCEPT TRACTOR-TRAILER | 7-EXCEPT TRACTOR-TRAILER | | | | | | | | | | | | |
| 8-THIRD - MIDDLE | 8-THIRD - MIDDLE | 1-NOT EJECTED | H-HAZMAT | 8-INTERMEDIATE LICENSE RESTRICTIONS | 8-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE | | | | | | | | | | | |
| 9-THIRD - RIGHT SIDE | 9-THIRD - RIGHT SIDE | 2-PARTIALLY EJECTED | M-MOTORCYCLE | 9-LEARNER'S PERMIT RESTRICTIONS | 6-PASSENGER | | | | | | | | | | | |
| 10-SLEEPER SECTION OF TRUCK CAB | 10-SLEEPER SECTION OF TRUCK CAB | 3-TOTALLY EJECTED | P-PASSENGER | 10-LIMITED TO DAYLIGHT ONLY | 7-OTHER DISTRACTION INSIDE THE VEHICLE | | | | | | | | | | | |
| 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) | 4-NOT APPLICABLE | N-TANKER | 11-LIMITED TO EMPLOYMENT | 8-OTHER DISTRACTION OUTSIDE THE VEHICLE | | | | | | | | | | | |
| 12-PASSENGER IN UNENCLOSED CARGO AREA | 12-PASSENGER IN UNENCLOSED CARGO AREA | 11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | Q-MOTOR SCOOTER | 12-LIMITED - OTHER | 9-OTHER / UNKNOWN | | | | | | | | | | | |
| 13-TRAILING UNIT | 13-TRAILING UNIT | 12-PASSENGER IN UNENCLOSED CARGO AREA | R-THREE-WHEEL MOTORCYCLE | 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | | | | | | | | | | | | |
| 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 13-TRAILING UNIT | S-SCHOOL BUS | 14-MILITARY VEHICLES ONLY | | | | | | | | | | | | |
| 15-NON-MOTORIST | 15-NON-MOTORIST | 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | T-DOUBLE & TRIPLE TRAILERS | 15-MOTOR VEHICLES WITHOUT AIR BRAKES | | | | | | | | | | | | |
| 99-OTHER / UNKNOWN | 99-OTHER / UNKNOWN | 15-NON-MOTORIST | X-TANKER / HAZMAT | 16-OUTSIDE MIRROR | | | | | | | | | | | | |
| SAFETY EQUIPMENT | | | | | | | | | | TRAPPED | | GENDER | | | | |
| 1-NONE USED | 11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 1-NOT TRAPPED | F-FEMALE | 16-OUTSIDE MIRROR | 1-APPARENTLY NORMAL | | | | | | | | | | | |
| 2-SHOULDER BELT ONLY USED | 12-PASSENGER IN UNENCLOSED CARGO AREA | 2-EXTRICATED BY MECHANICAL MEANS | M-MALE | 17-PROSTHETIC AID | 2-PHYSICAL IMPAIRMENT | | | | | | | | | | | |
| 3-LAP BELT ONLY USED | 13-TRAILING UNIT | 3-FREED BY NON-MECHANICAL MEANS | U-OTHER / UNKNOWN | 18-OTHER | 3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) | | | | | | | | | | | |
| 4-SHOULDER & LAP BELT USED | 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | | | | 4-ILLNESS | | | | | | | | | | | |
| 5-CHILD RESTRAINT SYSTEM - FORWARD FACING | 15-NON-MOTORIST | | | | 5-FELL ASLEEP, FAINTED, FATIGUED, ETC. | | | | | | | | | | | |
| 6-CHILD RESTRAINT SYSTEM - REAR FACING | 99-OTHER / UNKNOWN | | | | 6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL | | | | | | | | | | | |
| 7-BOOSTER SEAT | | | | | 9-OTHER / UNKNOWN | 1-AMPHETAMINES | | | | | | | | | | |
| 8-HELMET USED | | | | | | 2-BARBITURATES | | | | | | | | | | |
| 9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | | | | | 3-BENZODIAZEPINES | | | | | | | | | | |
| 10-REFLECTIVE CLOTHING | | | | | | 4-CANNABINOID | | | | | | | | | | |
| 11-LIGHTING - PEDESTRIAN / BICYCLE ONLY | | | | | | 5-COCAIN | | | | | | | | | | |
| 99-OTHER / UNKNOWN | | | | | | 6-OPIATES / OPIOIDS | | | | | | | | | | |
| | | | | | | 7-OTHER | | | | | | | | | | |
| | | | | | | 8-NEGATIVE RESULTS | | | | | | | | | | |

OHIO TRAFFIC ACCIDENT – DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL
REPORT
NUMBER PP-22-005048

**REPORTING
AGENCY**

FAIRFIELD P.D.

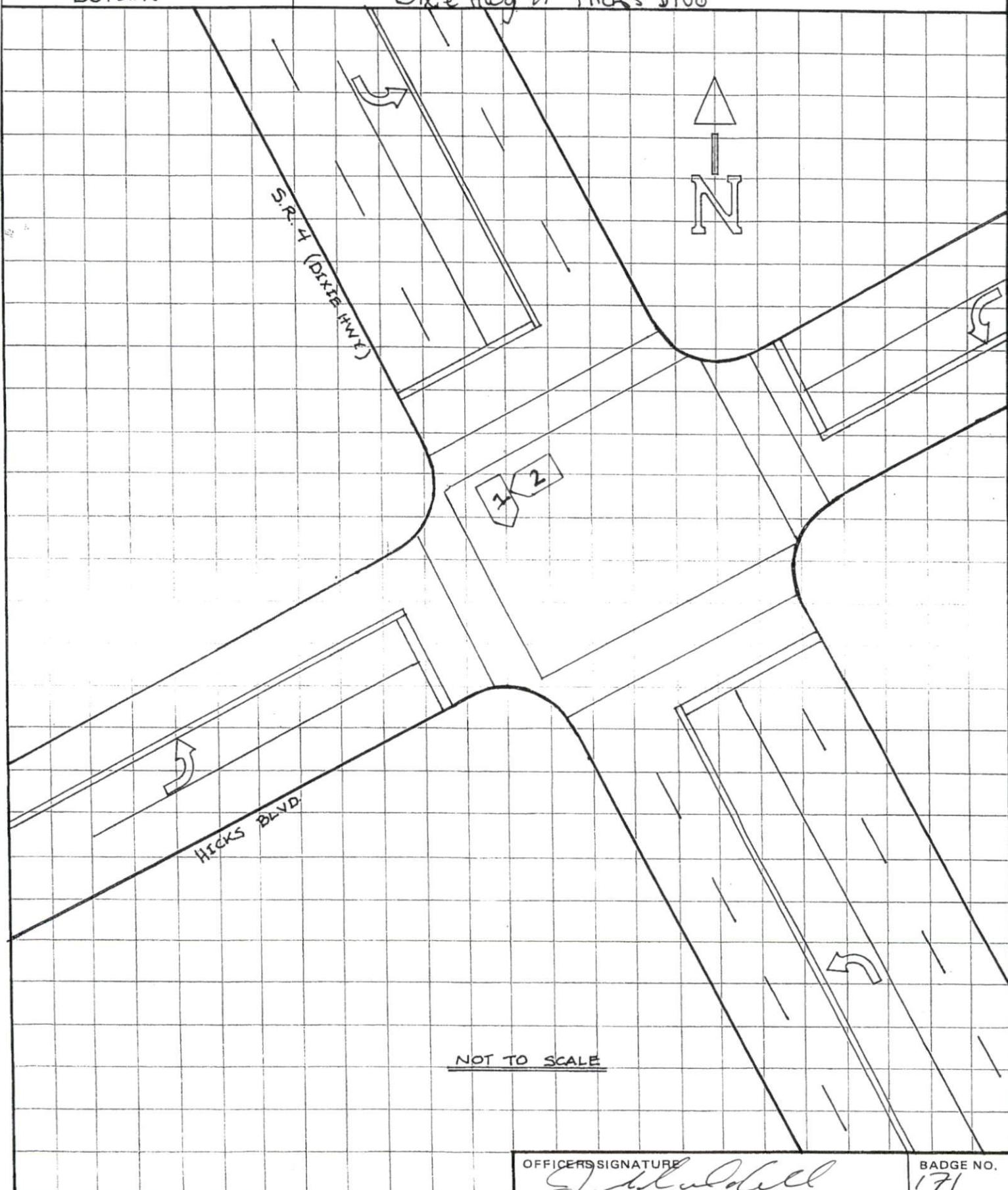
DATE OF ACCIDENT

1 M 01 10 23 1Y2022

IN COUNTY OF
BUTLER

**ACCIDENT
LOCATION**

Dixie Hwy // Hicks Blvd



OFFICER'S SIGNATURE

BADGE NO.
171