

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY				LOCAL INFORMATION REPORTING AGENCY NAME* Fairfield Police Department NCIC* 0 0 9 0 1 LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield				LOCAL REPORT NUMBER* 2 2 0 0 5 0 9 1 HIT/SKIP 2 1-SOLVED 2-UNSOVED NUMBER OF UNITS 0 2 UNIT IN ERROR 0 1 98-ANIMAL 99-UNKNOWN					
COUNTY* 0 9		LOCALITY* 1-CITY 1 2-VILLAGE		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield				CRASH DATE / TIME* 0 1 2 2 2 0 2 2 1 8 0 0		CRASH SEVERITY 5			
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME Augusta			ROAD TYPE B L	LATITUDE DECIMAL DEGREES 3 9 3 1 2 5 5 0		1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY			
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 1970			ROAD TYPE	LONGITUDE DECIMAL DEGREES -8 4 5 5 3 3 7 0					
REFERENCE	REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE # 3	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	RD - ROAD LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	INTERSECTION RELATED							
	DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS					<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES						
LOCATION OF FIRST HARMFUL EVENT 1-ON ROADWAY 9-CROSSOVER 2-ON SHOULDER 10-DRIVEWAY/ALLEY ACCESS 3-IN MEDIAN 11-RAILWAY GRADE CROSSING 4-ON ROADSIDE 12-SHARED USE PATHS OR TRAILS 5-ON GORE 13-BIKE LANE 6-OUTSIDE TRAFFIC WAY 14-TOLL BOOTH 7-ON RAMP 99-OTHER / UNKNOWN				MANNER OF CRASH COLLISION/IMPACT 1- NOT COLLISION 4- REAR-TO-REAR BETWEEN 5- BACKING TWO MOTOR VEHICLES IN 6- ANGLE TRANSPORT 7- SIDESWIPE, SAME DIRECTION 2- REAR-END 8- SIDESWIPE, OPPOSITE DIRECTION 3- 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 WARNING SIGN 2- ADVANCE WARNING AREA 3- TRANSITION AREA 4- ACTIVITY AREA 5- TERMINATION AREA				CONTOUR 2	CONDITIONS 1	SURFACE 2			
LIGHT CONDITION 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9- OTHER / UNKNOWN		WEATHER 1-CLEAR 6-SNOW 9 9 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- OTHER/UNKNOWN	1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9- OTHER/UNKNOWN	1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9- OTHER/UNKNOWN					
NARRATIVE <p>At an unknown time between 6:00 P.M. on 1/22/22 and 7:00 A.M. on 1/23/22 Unit 1 was traveling in an unknown direction when it struck unit 2, which was parked on the street in front of 1970 Augusta Boulevard. Unit 1 left the scene without leaving any information.</p>										 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 4 4 5			DISPATCH DATE / TIME 0 1 2 3 2 0 2 2 1 4 4 9			ARRIVAL DATE / TIME 0 1 2 3 2 0 2 2 1 5 0 0			SCENE CLEARED DATE / TIME 0 1 2 3 2 0 2 2 1 5 1 3			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 911PS)	
TOTAL TIME ROADWAY CLOSED 0 0		OTHER INVESTIGATION TIME 2 0		TOTAL MINUTES 4 4	OFFICER'S NAME* N. Davis			CHECKED BY OFFICER'S NAME* <i>Sgt. Aaron Meyer</i>					
		OFFICER'S BADGE NUMBER* 1 6 9			CHECKED BY OFFICER'S BADGE NUMBER* 1 3 2								

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 LICENSE PLATE # VEHICLE IDENTIFICATION # VEHICLE YEAR VEHICLE MAKE

INSURANCE VERIFIED INSURANCE COMPANY INSURANCE POLICY # COLOR VEHICLE MODEL

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS

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

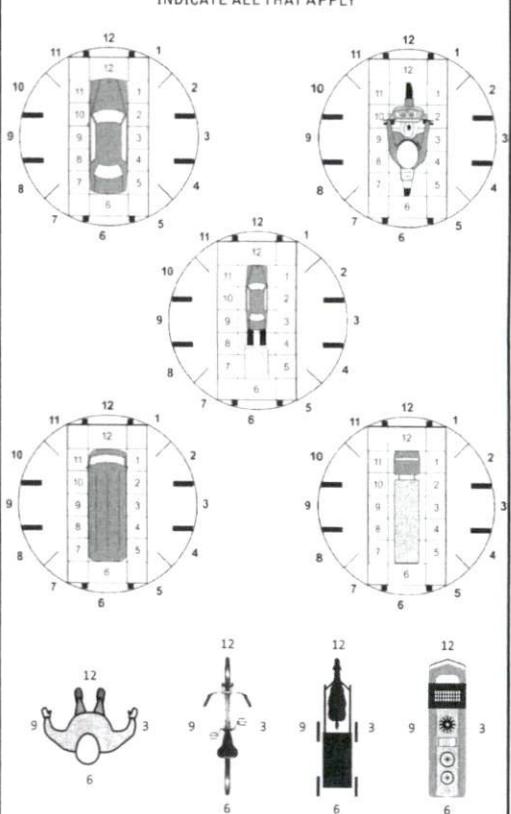
UNIT TYPE
1 - PASSENGER CAR
2 - PASSENGER VAN (MINIVAN)
3 - SPORT UTILITY VEHICLE
4 - PICK UP
5 - CARGO VAN
6 - VAN (9-15 SEATS)
9 - 9 9
OF TRAILING UNITS
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?
1 - YES 2 - NO 9 - OTHER/UNKNOWN
AUTONOMOUS MODE LEVEL
0 - NO AUTOMATION
1 - DRIVER ASSISTANCE
2 - PARTIAL AUTOMATION
3 - CONDITIONAL AUTOMATION
4 - HIGH AUTOMATION
5 - FULL AUTOMATION
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

SPECIAL FUNCTION
1 - NONE
2 - TAXI
3 - ELECTRONIC RIDE SHARING
4 - SCHOOL TRANSPORT
5 - BUS - TRANSIT/COMMUTER
9 - 9 9
CARGO BODY TYPE
1 - NO CARGO BODY TYPE / NOT APPLICABLE
2 - BUS
1 - TURN SIGNALS
2 - HEAD LAMPS
3 - TAIL LAMPS
1 - INTERSECTION - MARKED CROSSWALK
2 - INTERSECTION - UNMARKED CROSSWALK
1 - NON-CONTACT
2 - NON-COLLISION
3 - STRIKING
4 - STRUCK
5 - BOTH STRIKING & STRUCK
9 - OTHER/UNKNOWN
1 - LEFT OF CENTER
2 - FAILURE TO YIELD
3 - RAN RED LIGHT
4 - RAN STOP SIGN
5 - UNSAFE SPEED
6 - IMPROPER TURN
1 - OVERTURN/ROLLOVER
2 - FIRE/EXPLOSION
3 - IMMERSION
4 - JACKKNIFE
5 - CARGO/EQUIPMENT LOSS OR SHIFT
1 - 2 - 1
SEQUENCE OF EVENTS
1 - OVERTURN/ROLLOVER
2 - FIRE/EXPLOSION
3 - IMMERSION
4 - JACKKNIFE
5 - CARGO/EQUIPMENT LOSS OR SHIFT
1 - 2 - 1
NON-COLLISION
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
55 - OTHER/ UNKNOWN
COLLISION WITH FIXED OBJECT - STRUCK
1 - 2 - 1
FIRST HARMFUL EVENT
1 - MOST HARMFUL EVENT

LOCAL REPORT NUMBER
2 2 0 0 5 0 9 1

DAMAGE
9
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]

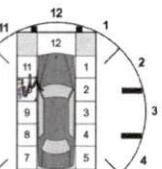
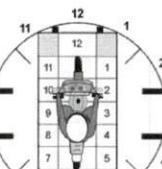
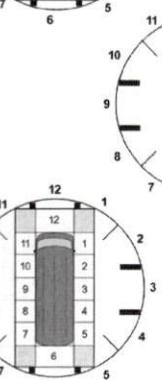
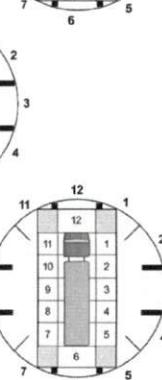
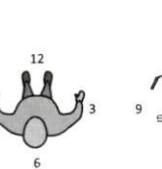
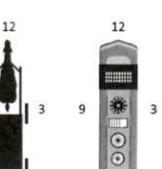
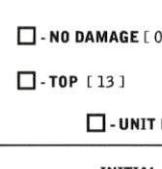
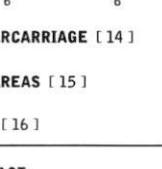
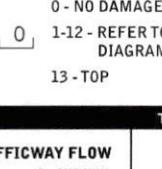
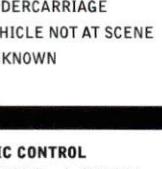
INITIAL POINT OF CONTACT
0 - NO DAMAGE 14 - UNDERCARRIAGE
9 - 9 9 1 - 12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE
DIAGRAM 99 - UNKNOWN
13 - TOP

TRAFFIC
TRAFFIC WAY FLOW
1 - ONE-WAY 4 - STOP SIGN
2 - TWO-WAY 6 - YIELD SIGN
OF THROUGH LANES ON ROAD
2 - 1 - RAIL GRADE CROSSING
1 - NOT INVOLVED
2 - INVOLVED-ACTIVE CROSSING
3 - INVOLVED-PASSIVE CROSSING

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

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

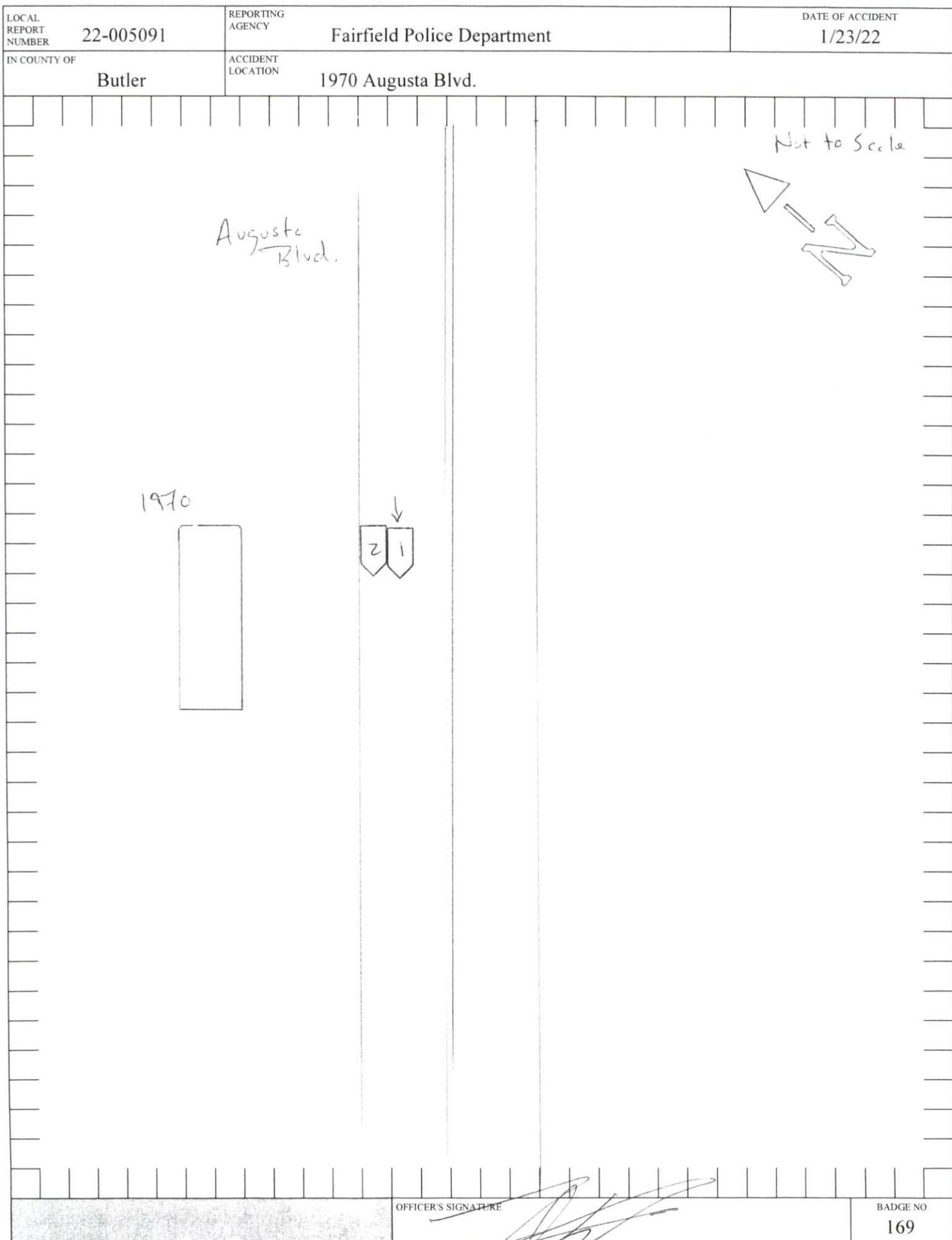
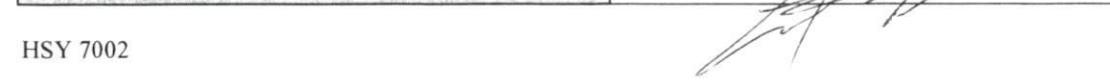
OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS ADDRESS)		
	0_2	Stoelting, Craig E				
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER)		1970 Augusta Blvd. Fairfield, OH 45014				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE				
VEHICLE	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE	
	O_H	JBZ9083	5YFBURH6XHP650540	2017	Toyota	
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL	
	Liberty Mutual		AOV28171458142	Black	Corolla	
	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	HAZARDOUS MATERIAL		
			0_0	<input type="checkbox"/> MATERIAL RELEASED	CLASS #	PLACARD ID #
				<input type="checkbox"/> PLACARD		
				VEHICLE WEIGHT GVWR/GCWR		
			1 - <10K LBS.			
			2 - 10,001 - 26K LBS.			
			3 - >26K LBS.			
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	26 - BICYCLE	
5 - CARGO VAN		BICYCLE	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR	27 - TRAIN	
6 - VAN (9-15 SEATS)		11 - ALL-TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	ANIMAL-DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP	
0 # OF TRAILING UNITS						
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN		
1 - YES 2 - NO 9 - OTHER/UNKNOWN		1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION			
		2 - PARTIAL 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	13 - AUTO TRANSPORTER	
			7 - GRAIN/CHIPS/GRAVEL	10 - FLAT BED	14 - GARBAGE/REFUSE	
				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		
3 - TAIL LAMPS		6 - TIRE BLOWOUT				
1 - INTERSECTION - MARKED CROSSWALK		3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER	
2 - INTERSECTION - UNMARKED CROSSWALK		4 - MIDBLOCK - MARKED	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	AT INCIDENT SCENE	
CROSSWALK		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		1_0 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	17 - PUSHING VEHICLE	
9 - OTHER/UNKNOWN		6 - MAKING LEFT TURN			99 - 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 / ACDA	14 - STOPPED OR PARKED ILLEGALLY	18 - OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE	
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	16 - WRONG WAY	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION	
5 - UNSAFE SPEED		11 - DROVE OFF ROAD				
6 - IMPROPER TURN		12 - IMPROPER BACKING				
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_1		4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	19 - ANIMAL - OTHER	BY A MOTOR VEHICLE	
		5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	20 - MOTOR VEHICLE IN TRANSPORT	24 - OTHER MOBILE OBJECT	
3_1_1				21 - PARKED MOTOR VEHICLE		
COLLISION WITH FIXED OBJECT - STRUCK						
25 - IMPACT ATTENUATOR / CRASH CUSHION						
4_1_1		31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT	
		32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH		
		26 - BRIDGE OVERHEAD STRUCTURE	39 - LIGHT / LUMINARIES SUPPORT	45 - EMBANKMENT	51 - WALL	
5_1_1		33 - MEDIAN CABLE BARRIER	40 - UTILITY POLE	46 - FENCE	52 - BUILDING	
		34 - MEDIAN GUARDRAIL	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX	53 - TUNNEL	
6_1_1		27 - BRIDGE PIER OR ABUTMENT	42 - CULVERT	48 - TREE	54 - OTHER FIXED OBJECT	
		28 - BRIDGE PARAPET		49 - FIRE HYDRANT	99 - OTHER/UNKNOWN	
		29 - BRIDGE RAIL				
		30 - GUARDRAIL FACE				
1		FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT		

LOCAL REPORT NUMBER	
2 2 0 0 5 0 9 1	
DAMAGE	
DAMAGE SCALE	
2	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_0 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
13 - TOP	
TRAFFIC	
TRAFFIC FLOW	TRAFFIC CONTROL
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 4 - STOP SIGN
2	2 - SIGNAL 5 - YIELD SIGN
	3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING
	3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
1 - NORTH 5 - NORTHEAST	
2 - SOUTH 6 - NORTHWEST	
3 - EAST 7 - SOUTHEAST	
4 - WEST 8 - SOUTHWEST	
9 - OTHER / UNKNOWN	
FROM 5 TO 8	
UNIT SPEED	
0	DETECTED SPEED
	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED
POSTED SPEED	
2	5



MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE	ADDRESS: STREET, CITY, STATE, ZIP	LOCAL REPORT NUMBER							
	0 1			2 2 0 0 5 0 9 1							
					DATE OF BIRTH						
					AGE						
					GENDER						
					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	OFFENSE DESCRIPTION		CITATION NUMBER				
DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST	DRUG TEST(S)				
			9	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	9	STATUS 1	TYPE 1	VALUE	STATUS 1	TYPE 1	RESULT SELECT UP TO 4
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	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	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
DL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER				
DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST	DRUG TEST(S)				
				<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	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	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
DL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER				
DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST	DRUG TEST(S)				
				<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4
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-FARM WAIVER	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)	5-EXCEPT CLASS A BUS	5-EXCEPT CLASS A & CLASS B BUS	4-TEST GIVEN, RESULTS KNOWN					
5-NO APPARENT INJURY	5-SECOND - MIDDLE	5-NOT APPLICABLE	5-M/C MOPED ONLY	6-EXCEPT CLASS A & CLASS B BUS	7-EXCEPT TRACTOR-TRAILER	5-TEST GIVEN, RESULTS UNKNOWN					
6-SECOND - RIGHT SIDE	6-SECOND - RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-NO VALID DL	8-INTERMEDIATE LICENSE RESTRICTIONS	8-INTERMEDIATE LICENSE RESTRICTIONS	1-NONE					
7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD - MIDDLE	7-TOTALLY EJECTED	H-HAZMAT	9-LEARNER'S PERMIT RESTRICTIONS	9-PASSENGER	2-BLOOD					
8-THIRD - MIDDLE	9-THIRD - RIGHT SIDE	8-NOT APPLICABLE	M-MOTORCYCLE	10-LIMITED TO DAYLIGHT ONLY	10-TOTALY EJECTED	3-URINE					
9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	P-PASSENGER	11-LIMITED TO DAYLIGHT ONLY	11-LIMITED TO DAYLIGHT ONLY	4-BREATH					
SAFETY EQUIPMENT	TRAPPED	12-PASSENGER IN UNENCLOSED CARGO AREA	Q-MOTOR SCOOTER	12-LIMITED - OTHER	12-LIMITED - OTHER	5-OTHER					
1-NONE USED	1-NOT TRAPPED	13-TRAILING UNIT	R-THREE-WHEEL MOTORCYCLE	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	1-ALCOHOL TEST TYPE					
2-SHOULDER BELT ONLY USED	2-EXTRICATED BY MECHANICAL MEANS	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	S-SCHOOL BUS	14-MILITARY VEHICLES ONLY	14-MILITARY VEHICLES ONLY	1-NONE					
3-LAP BELT ONLY USED	3-FREED BY NON-MECHANICAL MEANS	15-NON-MOTORIST	T-DOUBLE & TRIPLE TRAILERS	15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-MOTOR VEHICLES WITHOUT AIR BRAKES	2-BLOOD					
4-SHOULDER & LAP BELT USED	4-NOT APPLICABLE	16-OTHER / UNKNOWN	X-TANKER / HAZMAT	16-OUTSIDE MIRROR	16-OUTSIDE MIRROR	3-URINE					
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	17-PROSTHETIC AID	17-OTHER / UNKNOWN		17-PROSTHETIC AID	17-PROSTHETIC AID	4-OTHER					
6-CHILD RESTRAINT SYSTEM - REAR FACING	18-OTHER	18-OTHER		18-OTHER	18-OTHER	DRUG TEST TYPE					
7-BOOSTER SEAT	19-OTHER / UNKNOWN					1-NONE					
8-HELMET USED						2-BLOOD					
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						3-URINE					
10-REFLECTIVE CLOTHING						4-OTHER					
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY						DRUG TEST RESULT(S)					
12-OTHER / UNKNOWN						1-AMPHETAMINES					
						2-BARBITURATES					
						3-BENZODIAZEPINES					
						4-CANNABINOID					
						5-COCAIN					
						6-OPIATES / OPIOIDS					
						7-OTHER					
						8-NEGATIVE RESULTS					

LOCAL REPORT NUMBER	22-005091	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	1/23/22
IN COUNTY OF	Butler	ACCIDENT LOCATION	1970 Augusta Blvd.		
					
OFFICER'S SIGNATURE 					
BADGE NO 169					