



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY	LOCAL INFORMATION		2 2 0 0 5 1 0 0						
REPORTING AGENCY NAME* Fairfield Police Department			NCIC* 0 0 9 0 1		HIT/SKIP 1 - SOLVED 2 - UNSOLVED 2 1						
COUNTY* 0 9		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield		CRASH DATE / TIME* 0 1 2 3 2 0 2 2 1 5 4 2		NUMBER OF UNITS 0 3		UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN 0 1	
ROUTE TYPE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		ROUTE NUMBER 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME River		ROAD TYPE R D		LATITUDE DECIMAL DEGREES 3 9 . 3 3 7 8 8 7		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 5	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1		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 PL - PLACE		LONGITUDE DECIMAL DEGREES - 8 4 . 5 7 1 6 8 7		INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 4	
DISTANCE FROM REFERENCE 1 - MILES 2 - FEET 3 - YARDS		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS		MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN 2		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 (ANY TYPE) 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 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN 1		CONDITIONS 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN 1		SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN 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 1		WEATHER 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 0 1		NARRATIVE On 1/23/22 Unit 1 was traveling westbound on River Road approaching Tallawanda Drive. Unit 1 failed to assure cleared distance ahead and struck the rear of unit 2. Unit 2 then struck unit 3 in the rear. Unit 1 driver left the scene on foot without contacting authorities.  See OH-2							
CRASH REPORTED DATE / TIME 0 1 2 3 2 0 2 2 1 5 4 2		DISPATCH DATE / TIME 0 1 2 3 2 0 2 2 1 5 4 4		ARRIVAL DATE / TIME 0 1 2 3 2 0 2 2 1 5 5 0		SCENE CLEARED DATE / TIME 0 1 2 3 2 0 2 2 1 6 3 5		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 30P3)			
TOTAL TIME ROADWAY CLOSED 0 0		OTHER INVESTIGATION TIME 2 0		TOTAL MINUTES 7 1		OFFICER'S NAME* N. Davis		CHECKED BY OFFICER'S NAME* Sgt. Aaron Meyer		CHECKED BY OFFICER'S BADGE NUMBER* 1 3 2	
OFFICER'S BADGE NUMBER* 1 6 9		OFFICER'S BADGE NUMBER* 1 3 2		OFFICER'S BADGE NUMBER* 1 3 2		OFFICER'S BADGE NUMBER* 1 3 2		OFFICER'S BADGE NUMBER* 1 3 2		OFFICER'S BADGE NUMBER* 1 3 2	

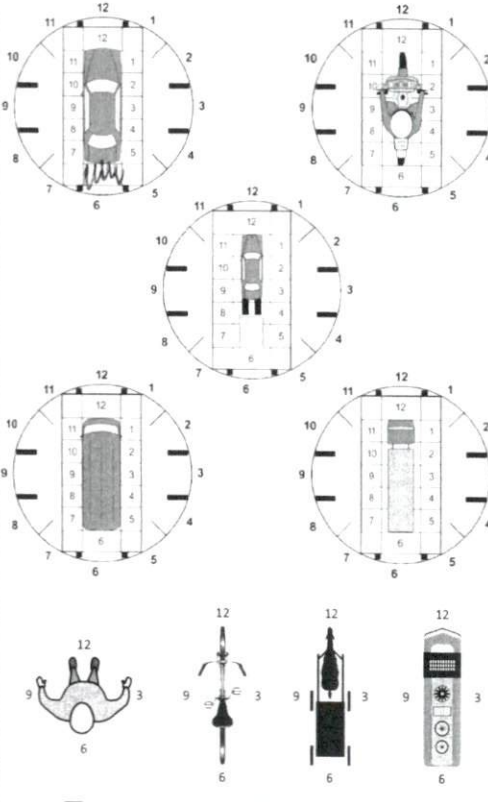
OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )		OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )	
	01	Hensley, Sheri, Ann			
VEHICLE	OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )				
	325 Summit Ave. Connersville, Indiana 47331				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #		VEHICLE YEAR	VEHICLE MAKE
IN	TBF814	1G6KD54Y0XU740082		1999	Cadillac
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY		INSURANCE POLICY #	COLOR	VEHICLE MODEL
				Black	Deville
<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	VEHICLE WEIGHT GVWR/GCWR	HAZARDOUS MATERIAL	
		01	1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
UNIT TYPE		CLASS # PLACARD ID #			
01					
0		# OF TRAILING UNITS			
2					
01		SPECIAL FUNCTION			
01		CARGO BODY TYPE			
01		VEHICLE DEFECTS			
01		NON-MOTORIST LOCATION AT IMPACT			
3		ACTION			
08		CONTRIBUTING CIRCUMSTANCES			
20		SEQUENCE OF EVENTS			
1		1. OVERTURN/ROLLOVER			
2		2. FIRE/EXPLOSION			
3		3. IMMERSION			
4		4. JACKKNIFE			
5		5. CARGO/EQUIPMENT LOSS OR SHIFT			
6		6. IMPROPER TURN			
7		7. LEFT OF CENTER			
8		8. FOLLOWING TOO CLOSE / ACDA			
9		9. IMPROPER LANE CHANGE			
10		10. IMPROPER PASSING			
11		11. DROVE OFF ROAD			
12		12. IMPROPER BACKING			
13		13. IMPROPER START FROM A PARKED POSITION			
14		14. STOPPED OR PARKED ILLEGALLY			
15		15. SWERVING TO AVOID			
16		16. WRONG WAY			
17		17. VISION OBSTRUCTION			
18		18. OPERATING DEFECTIVE EQUIPMENT			
19		19. LOAD SHIFTING/FALLING/SPILLING			
20		20. IMPROPER CROSSING			
21		21. LYING IN ROADWAY			
22		22. NOT DISCERNIBLE			
23		23. OPENING DOOR INTO ROADWAY			
24		24. OTHER IMPROPER ACTION			
25		25. IMPACT ATTENUATOR / CRASH CUSHION			
26		26. BRIDGE OVERHEAD STRUCTURE			
27		27. BRIDGE PIER OR ABUTMENT			
28		28. BRIDGE PARAPET			
29		29. BRIDGE RAIL			
30		30. GUARDRAIL FACE			
31		31. GUARDRAIL END			
32		32. PORTABLE BARRIER			
33		33. MEDIAN CABLE BARRIER			
34		34. MEDIAN GUARDRAIL BARRIER			
35		35. MEDIAN CONCRETE BARRIER			
36		36. MEDIAN OTHER BARRIER			
37		37. TRAFFIC SIGN POST			
38		38. OVERHEAD SIGN POST			
39		39. LIGHT / LUMINARIES SUPPORT			
40		40. UTILITY POLE			
41		41. OTHER POST, POLE OR SUPPORT			
42		42. CULVERT			
43		43. CURB			
44		44. DITCH			
45		45. EMBANKMENT			
46		46. FENCE			
47		47. MAILBOX			
48		48. TREE			
49		49. FIRE HYDRANT			
50		50. WORK ZONE MAINTENANCE EQUIPMENT			
51		51. WALL			
52		52. BUILDING			
53		53. TUNNEL			
54		54. OTHER FIXED OBJECT			
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<b>OWNER</b>	<b>UNIT #</b>	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( ) SAME AS DRIVER )		<b>OWNED DUPLICATE</b> ( ) AREA CODE ( ) ( ) SAME AS DRIVER )	
	<div><div>0</div><div>2</div></div>	Vanwinsen, Kayla M			
	<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( ) SAME AS DRIVER )				
	5875 Fairdale Dr. Fairfield, OH 45014				
	<b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP			<b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE	

<b>LP STATE</b>	<b>LICENSE PLATE #</b>	<b>VEHICLE IDENTIFICATION #</b>		<b>VEHICLE YEAR</b>	<b>VEHICLE MAKE</b>
<div><div>0</div><div>H</div></div>	HYS7298	1G11AT58H697280832		2009	Chevrolet
<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b> Esurance		<b>INSURANCE POLICY #</b> PAOH007057495		<b>COLOR</b> Gray
<input type="checkbox"/> <b>COMMERCIAL</b>	<b>TYPE OF USE</b> <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		<b>US DOT #</b>		<b>TOWED BY:</b> COMPANY NAME
<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>	<input type="checkbox"/> <b>HIT/SKIP UNIT</b>	<b>#OCCUPANTS</b> <div><div>0</div><div>1</div></div>	<b>VEHICLE WEIGHT GVWR/GCWR</b> 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		<b>HAZARDOUS MATERIAL</b> <input type="checkbox"/> MATERIAL RELEASED <b>CLASS #</b> <b>PLACARD ID #</b> <input type="checkbox"/> PLACARD
<b>VEHICLE</b>	<b>UNIT TYPE</b>				
	<div><div>0</div><div>1</div></div> <div>1 - PASSENGER CAR</div> <div>2 - PASSENGER VAN (MINIVAN)</div> <div>3 - SPORT UTILITY VEHICLE</div> <div>4 - PICK UP</div> <div>5 - CARGO VAN</div> <div>6 - VAN (9-15 SEATS)</div>		<div>7 - MOTORCYCLE 2-WHEELED</div> <div>8 - MOTORCYCLE 3-WHEELED</div> <div>9 - AUTOCYCLE</div> <div>10 - MOPED OR MOTORIZED BICYCLE</div> <div>11 - ALL TERRAIN VEHICLE (ATV / UTV)</div>		
	<div><div>0</div><div>1</div></div> <div>12 - GOLF CART</div> <div>13 - SNOWMOBILE</div> <div>14 - SINGLE UNIT TRUCK</div> <div>15 - SEMI-TRACTOR</div> <div>16 - FARM EQUIPMENT</div> <div>17 - MOTORHOME</div>		<div>18 - LIMO (LIVERY VEHICLE)</div> <div>19 - BUS (16+ PASSENGERS)</div> <div>20 - OTHER VEHICLE</div> <div>21 - HEAVY EQUIPMENT</div> <div>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE</div>		
	<div><div>0</div><div>1</div></div> <div>23 - PEDESTRIAN / SKATER</div> <div>24 - WHEELCHAIR (ANY TYPE)</div> <div>25 - OTHER NON-MOTORIST</div> <div>26 - BICYCLE</div> <div>27 - TRAIN</div> <div>99 - UNKNOWN OR HIT/SKIP</div>				
	<b># of TRAILING UNITS</b>				
<b>VEHICLE</b>	<b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b>		<b>AUTONOMOUS MODE LEVEL</b>		
	<div><div>2</div><div>1</div></div> <div>1 - YES 2 - NO 9 - OTHER / UNKNOWN</div>		<div><div>0</div><div>1</div></div> <div>0 - NO AUTOMATION</div> <div>1 - DRIVER ASSISTANCE</div> <div>2 - PARTIAL AUTOMATION</div>		
			<div>3 - CONDITIONAL AUTOMATION</div> <div>4 - HIGH AUTOMATION</div> <div>5 - FULL AUTOMATION</div> <div>9 - UNKNOWN</div>		
	<b>SPECIAL FUNCTION</b>				
	<div><div>0</div><div>1</div></div> <div>1 - NONE</div> <div>2 - TAXI</div> <div>3 - ELECTRONIC RIDE SHARING</div> <div>4 - SCHOOL TRANSPORT</div> <div>5 - BUS - TRANSIT/COMMUTER</div>		<div>6 - BUS - CHARTER/TOUR</div> <div>7 - BUS - INTERCITY</div> <div>8 - BUS - SHUTTLE</div> <div>9 - BUS - OTHER</div> <div>10 - AMBULANCE</div>		
<b>VEHICLE</b>	<b>CARGO BODY TYPE</b>				
	<div><div>0</div><div>1</div></div> <div>1 - NO CARGO BODY TYPE / NOT APPLICABLE</div> <div>2 - BUS</div>		<div>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE</div> <div>4 - LOGGING</div>		
			<div>5 - INTERMODAL CONTAINER CHASSIS</div> <div>6 - CARGO VAN/ENCLOSED BOX</div> <div>7 - GRAIN/CHIPS/GRAVEL</div>		
			<div>8 - POLE</div> <div>9 - CARGO TANK</div> <div>10 - FLAT BED</div> <div>11 - DUMP</div>		
			<div>12 - CONCRETE MIXER</div> <div>13 - AUTO TRANSPORTER</div> <div>14 - GARBAGE/REFUSE</div> <div>99 - OTHER / UNKNOWN</div>		
<b>VEHICLE</b>	<b>VEHICLE DEFECTS</b>				
	<div><div>1</div><div>2</div></div> <div>1 - TURN SIGNALS</div> <div>2 - HEAD LAMPS</div> <div>3 - TAIL LAMPS</div>		<div>4 - BRAKES</div> <div>5 - STEERING</div> <div>6 - TIRE BLOWOUT</div>		
			<div>7 - WORN OR SLICK TIRES</div> <div>8 - TRAILER EQUIPMENT DEFECTIVE</div> <div>9 - MOTOR TROUBLE</div> <div>10 - DISABLED FROM PRIOR ACCIDENT</div>		
			<div>99 - OTHER / UNKNOWN</div>		
<b>VEHICLE</b>	<b>NON-MOTORIST LOCATION AT IMPACT</b>				
	<div><div>1</div><div>2</div></div> <div>1 - INTERSECTION - MARKED CROSSWALK</div> <div>2 - INTERSECTION - UNMARKED CROSSWALK</div>		<div>3 - INTERSECTION - OTHER CROSSWALK</div> <div>4 - MIDBLOCK - MARKED CROSSWALK</div> <div>5 - TRAVEL LANE - OTHER LOCATION</div>		
			<div>6 - BICYCLE LANE</div> <div>7 - SHOULDER / ROADSIDE</div> <div>8 - SIDEWALK</div>		
			<div>9 - MEDIAN/CROSSING ISLAND</div> <div>10 - DRIVEWAY ACCESS</div> <div>11 - SHARED USE PATHS OR TRAILS</div>		
			<div>12 - FIRST RESPONDER AT INCIDENT SCENE</div> <div>99 - OTHER / UNKNOWN</div>		
<b>VEHICLE</b>	<b>ACTION</b>				
	<div><div>5</div><div>1</div></div> <div>1 - NON-CONTACT</div> <div>2 - NON-COLLISION</div> <div>3 - STRIKING</div> <div>4 - STRUCK</div> <div>5 - BOTH STRIKING &amp; STRUCK</div> <div>9 - OTHER / UNKNOWN</div>		<div><div>1</div><div>1</div></div> <div>1 - STRAIGHT AHEAD</div> <div>2 - BACKING</div> <div>3 - CHANGING LANES</div> <div>4 - OVERTAKING/PASSING</div> <div>5 - MAKING RIGHT TURN</div> <div>6 - MAKING LEFT TURN</div>		
			<div>7 - MAKING U-TURN</div> <div>8 - ENTERING TRAFFIC LANE</div> <div>9 - LEAVING TRAFFIC LANE</div> <div>10 - PARKED</div> <div>11 - SLOWING OR STOPPED IN TRAFFIC</div> <div>12 - DRIVERLESS</div>		
			<div>13 - NEGOTIATING A CURVE</div> <div>14 - ENTERING OR CROSSING SPECIFIED LOCATION</div> <div>15 - WALKING, RUNNING, JOGGING, PLAYING</div> <div>16 - WORKING</div> <div>17 - PUSHING VEHICLE</div>		
			<div>18 - APPROACHING OR LEAVING VEHICLE</div> <div>19 - STANDING</div> <div>20 - OTHER NON-MOTORIST</div> <div>21 - STANDING OUTSIDE DISABLED VEHICLE</div> <div>99 - OTHER / UNKNOWN</div>		
<b>VEHICLE</b>	<b>CONTRIBUTING CIRCUMSTANCES</b>				
	<div><div>0</div><div>1</div></div> <div>1 - NONE</div> <div>2 - FAILURE TO YIELD</div> <div>3 - RAN RED LIGHT</div> <div>4 - RAN STOP SIGN</div> <div>5 - UNSAFE SPEED</div> <div>6 - IMPROPER TURN</div>		<div>7 - LEFT OF CENTER</div> <div>8 - FOLLOWING TOO CLOSE / ACCA</div> <div>9 - IMPROPER LANE CHANGE</div> <div>10 - IMPROPER PASSING</div> <div>11 - DROVE OFF ROAD</div> <div>12 - IMPROPER BACKING</div>		
			<div>13 - IMPROPER START FROM A PARKED POSITION</div> <div>14 - STOPPED OR PARK</div>		

<b>LOCAL REPORT NUMBER</b> <div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; width: 100%;"> <span>2</span><span>2</span><span>0</span><span>0</span><span>5</span><span>1</span><span>0</span><span>0</span> </div>	
<b>DAMAGE</b> <b>DAMAGE SCALE</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 - NONE  2 - MINOR DAMAGE </div> <div style="width: 45%;"> 3 - FUNCTIONAL DAMAGE  4 - DISABLING DAMAGE  9 - UNKNOWN </div> </div>	
<b>DAMAGED AREA(S)</b> INDICATE ALL THAT APPLY	
<div style="display: grid; grid-template-columns: 1fr 1fr; gap: 20px;"> </div>	
<div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> <input type="checkbox"/> - NO DAMAGE [ 0 ] </div> <div style="text-align: center;"> <input type="checkbox"/> - UNDERCARRIAGE [ 14 ] </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> <input type="checkbox"/> - TOP [ 13 ] </div> <div style="text-align: center;"> <input type="checkbox"/> - ALL AREAS [ 15 ] </div> </div> <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ] </div>	
<b>INITIAL POINT OF CONTACT</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 0 - NO DAMAGE  1-12 - REFER TO UNIT DIAGRAM  13 - TOP </div> <div style="width: 45%;"> 14 - UNDERCARRIAGE  15 - VEHICLE NOT AT SCENE  99 - UNKNOWN </div> </div>	
<b>TRAFFIC</b>	
<b>TRAFFICWAY FLOW</b> 1 - ONE-WAY 2 - TWO-WAY <div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; width: 100%;"> <span>2</span> </div>	<b>TRAFFIC CONTROL</b> 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL <div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; width: 100%;"> <span>6</span> </div>
<b># OF THROUGH LANES ON ROAD</b> <div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; width: 100%;"> <span>2</span> </div>	<b>RAIL GRADE CROSSING</b> 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING <div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; width: 100%;"> <span>1</span> </div>
<b>UNIT / NON-MOTORIST DIRECTION</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> FROM <span style="border-bottom: 1px solid black; display: inline-block; width: 50px; text-align: center;">3</span> TO <span style="border-bottom: 1px solid black; display: inline-block; width: 50px; text-align: center;">4</span> </div> <div style="width: 45%;"> 1 - NORTH  2 - SOUTH  3 - EAST  4 - WEST  5 - NORTHEAST  6 - NORTHWEST  7 - SOUTHEAST  8 - SOUTHWEST  9 - OTHER / UNKNOWN </div> </div>	
<b>UNIT SPEED</b> <div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; width: 100%;"> <span>0</span> </div>	<b>DETECTED SPEED</b> 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED <div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; width: 100%;"> <span>1</span> </div>
<b>POSTED SPEED</b> <div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; width: 100%;"> <span>3</span><span>5</span> </div>	

OWNER	UNIT # 03	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		
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
	LP STATE OH	LICENSE PLATE # HSS6202	VEHICLE IDENTIFICATION # 2FMDK3KC3D1B14188
	INSURANCE VERIFIED <input checked="" type="checkbox"/>	INSURANCE COMPANY Nationwide	INSURANCE POLICY # 9234J263296
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #
	INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>		HIT/SKIP UNIT <input type="checkbox"/>
	#OCCUPANTS 02		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		CLASS # PLACARD ID #
	UNIT TYPE 03		
	# OF TRAILING UNITS 0		
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1-YES 2-NO 9-OTHER/UNKNOWN 0		
EVENT(S)	SPECIAL FUNCTION 01		
	CARGO BODY TYPE 01		
	VEHICLE DEFECTS		
	NON-MOTORIST LOCATION AT IMPACT		
	ACTION 4		
	CONTRIBUTING CIRCUMSTANCES 01		
	SEQUENCE OF EVENTS		
	NON-COLLISION		
	COLLISION WITH FIXED OBJECT - STRUCK		
	FIRST HARMFUL EVENT 1		
MOST HARMFUL EVENT 1			

LOCAL REPORT NUMBER 22005100	
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 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 6 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM 3 TO 4	
UNIT SPEED 0	DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 35	

HSY8306 OH1M 1/19 [760-1500]



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
2 2 0 0 5 1 0 0

OCCUPANT	UNIT # 3	NAME: LAST, FIRST, MIDDLE Hopewell, Paisley	DATE OF BIRTH 0 7 1 9 2 0 1 6		AGE 5	GENDER F			
	ADDRESS: STREET, CITY, STATE, ZIP 2516 Sunshine Dr. Fairfield, OH 45014		CONTACT PHONE - INCLUDE AREA CODE						
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 5	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 6	AIR BAG USAGE 0 1	EJECTION 1

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE 0	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

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE 0	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

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE 0	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

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
	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	
	8 - HELMET USED	8 - THIRD - MIDDLE	
	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE	
	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	
	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	
	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	
		13 - TRAILING UNIT	
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	
		15 - NON-MOTORIST	
		99 - OTHER / UNKNOWN	

<b>INJURED TAKEN BY</b>	<b>EJECTION</b>
1 - NOT TRANSPORTED / TREATED AT SCENE	1 - NOT EJECTED
2 - EMS	2 - PARTIALLY EJECTED
3 - POLICE	3 - TOTALLY EJECTED
9 - OTHER / UNKNOWN	4 - NOT APPLICABLE

<b>GENDER</b>	<b>TRAPPED</b>
F - FEMALE	1 - NOT TRAPPED
M - MALE	2 - EXTRICATED BY MECHANICAL MEANS
U - OTHER / UNKNOWN	3 - FREED BY NON-MECHANICAL MEANS

WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE 0	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE	

WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE 0	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE	

WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE 0	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE	

LOCAL REPORT NUMBER 22-005100	REPORTING AGENCY Fairfield Police Department	DATE OF ACCIDENT 1/23/22
IN COUNTY OF Butler	ACCIDENT LOCATION River Rd./Tallawanda Dr.	


Tallawanda Drive

Not to Scale

△  
|  
N

River Rd.

3 2 1 ←

OFFICER'S SIGNATURE 

BADGE NO  
169