



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

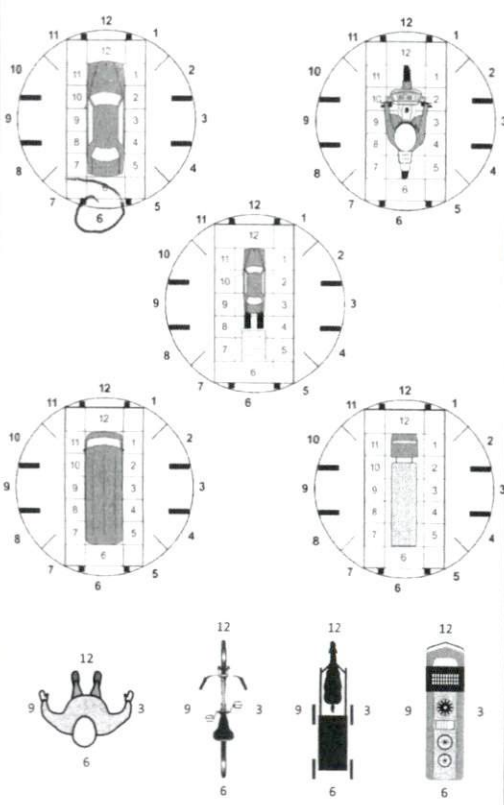
LOCAL REPORT NUMBER*

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------------------------------|--|--|---|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|
| <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 1 9 | | | | | | | | | | | | | | | | | |
| REPORTING AGENCY NAME* | | NCIC* | | HIT/SKIP 1 - SOLVED 2 - UNSOLVED | | NUMBER OF UNITS 0 2 | | UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN | | | | | | | | | | | | | | | |
| Fairfield Police Department | | 0 0 9 0 1 | | | | | | | | | | | | | | | | | | | | | |
| COUNTY* | LOCALITY* | LOCATION: CITY, VILLAGE, TOWNSHIP* | | CRASH DATE / TIME* | | CRASH SEVERITY | | | | | | | | | | | | | | | | | |
| 0 9 | 1 2 - VILLAGE 3 - TOWNSHIP | City of Fairfield | | 0 1 2 3 2 0 2 2 1 7 5 8 | | 5 | | 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 | LOCATION ROAD NAME | | ROAD TYPE | | LATITUDE DECIMAL DEGREES | | | | | | | | | | | | | | | |
| S R | 4 | | | City of Fairfield | | | | 3 9 . 3 2 3 8 8 7 | | | | | | | | | | | | | | | |
| ROUTE TYPE | ROUTE NUMBER | PREFIX | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | | ROAD TYPE | | LONGITUDE DECIMAL DEGREES | | | | | | | | | | | | | | | |
| | | | | Diversion | | R D | | - 8 4 . 5 0 6 0 2 6 | | | | | | | | | | | | | | | |
| 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 PL - PLACE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE WA - WAY RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL | | INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 0 3 | | | | | | | | | | | | | | | |
| DISTANCE FROM REFERENCE 0 | | DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS | | | | | | ROADWAY <input type="checkbox"/> ROADWAY DIVIDED | | | | | | | | | | | | | | | |
| LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN | | | | 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 | | | | 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 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN | | CONDITIONS 2 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 6 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 01/23/2022 at 5:58 P.M., Unit 1 was traveling northbound on S.R. 4 and when at Diversion Rd. failed to stop within the assured clear distance ahead and collided with Unit 2 which was also northbound and was slowing down in traffic at Diversion Rd. The driver of Unit 1 then left the scene of the accident on foot, without contacting the owner or Law Enforcement. | | | | | | | | | | | | See OH-2 | | | | | | | | | | | |
| CRASH REPORTED DATE / TIME 0 1 2 3 2 0 2 2 1 7 5 9 | | | | DISPATCH DATE / TIME 0 1 2 3 2 0 2 2 1 8 0 1 | | | | ARRIVAL DATE / TIME 0 1 2 3 2 0 2 2 1 8 1 0 | | | | SCENE CLEARED DATE / TIME 0 1 2 3 2 0 2 2 1 8 4 4 | | | | 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 DPM) | | | | | | | |
| TOTAL TIME ROADWAY CLOSED 0 | | OTHER INVESTIGATION TIME 0 | | TOTAL MINUTES 0 4 3 | | OFFICER'S NAME* S. Cook | | OFFICER'S BADGE NUMBER* 1 5 3 | | CHECKED BY OFFICER'S NAME* Sgt. Aaron Meyer | | CHECKED BY OFFICER'S BADGE NUMBER* 1 3 2 | | | | | | | | | | | |

| | | | | | | |
|---|---|---|--|---|---|--|
| OWNER | UNIT # 01 | OWNER NAME: LAST, FIRST, MIDDLE () SAME AS DRIVER Deleon, Joyce | OWNER PHONE: INCLUDE AREA CODE () SAME AS DRIVER L | | | |
| | OWNER ADDRESS: STREET, CITY, STATE, ZIP () SAME AS DRIVER 623 S 4th St, Hamilton, OH 45011 | | | | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE | | | | |
| VEHICLE | LP STATE OH | LICENSE PLATE # JCC7533 | VEHICLE IDENTIFICATION # 1GNDT13W1Y2389124 | VEHICLE YEAR 2000 | VEHICLE MAKE Chevrolet | |
| | <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY Founders | INSURANCE POLICY # ITOH163861 | COLOR Black | VEHICLE MODEL Blazer | |
| | <input type="checkbox"/> COMMERCIAL | TYPE OF USE <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | US DOT # | TOWED BY: COMPANY NAME Marcell's | | |
| | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED | <input checked="" type="checkbox"/> HIT/SKIP UNIT | #OCCUPANTS 01 | HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD | | |
| | UNIT TYPE 03 | | VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. | | | |
| EVENT(S) | 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICKUP 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? 1 - YES 2 - NO 9 - OTHER / UNKNOWN | | | |
| | AUTONOMOUS MODE LEVEL 0 | | 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION | | | |
| | 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION | | | | | |
| SPECIAL FUNCTION 01 | | 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 | | | | |
| CARGO BODY TYPE 01 | | 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 4 - LOGGING | | | | |
| 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAINCHIPS/GRAVEL | | 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP | | | | |
| VEHICLE DEFECTS 01 | | 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 | | | | |
| NON-MOTORIST LOCATION AT IMPACT 01 | | 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 | | | | |
| ACTION 03 | | 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN | | | | |
| PRE-CRASH ACTIONS 01 | | 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN | | | | |
| CONTRIBUTING CIRCUMSTANCES 08 | | 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 / ACDA 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 | | | | |
| SEQUENCE OF EVENTS 120 | | 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 | | | | |
| COLLISION WITH FIXED OBJECT - STRUCK 1 | | 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 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 | | | | | | |
| FIRST HARMFUL EVENT 1 | | MOST HARMFUL EVENT 1 | | | | |

| | |
|--|--|
| LOCAL REPORT NUMBER 22005119 | |
| 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 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN | |
| TRAFFIC TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY # OF THROUGH LANES ON ROAD 4 RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING | |
| UNIT / NON-MOTORIST DIRECTION FROM 2 TO 1 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN | |
| UNIT SPEED 30 POSTED SPEED 50 DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED | |

| | | | | | |
|----------|--|--|---|---|---------------|
| OWNER | UNIT # | OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) | | OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER) | |
| | 012 | | | | |
| VEHICLE | OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER) | | | | |
| | COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | | | |
| EVENT(S) | LP STATE | LICENSE PLATE # | VEHICLE IDENTIFICATION # | VEHICLE YEAR | VEHICLE MAKE |
| | OH | HVU6794 | 1D7H118238J19530 | 2006 | Dodge |
| VEHICLE | INSURANCE VERIFIED | INSURANCE COMPANY | INSURANCE POLICY # | COLOR | VEHICLE MODEL |
| | X | Statefarm | 0831435C13356 | Black | 1500 |
| VEHICLE | TYPE OF USE | | US DOT # | TOWED BY: COMPANY NAME | |
| | <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | | | | |
| VEHICLE | INTERLOCK DEVICE EQUIPPED | | HIT/SKIP UNIT | #OCCUPANTS | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | 01 | |
| VEHICLE | VEHICLE WEIGHT GVWR/GCWR | | HAZARDOUS MATERIAL | | |
| | 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. | | <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID # | | |
| VEHICLE | UNIT TYPE | | | | |
| | 04 | | | | |
| VEHICLE | # OF TRAILING UNITS | | | | |
| | 0 | | | | |
| VEHICLE | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? | | | | |
| | 0 | | | | |
| VEHICLE | SPECIAL FUNCTION | | | | |
| | 01 | | | | |
| VEHICLE | CARGO BODY TYPE | | | | |
| | 01 | | | | |
| VEHICLE | VEHICLE DEFECTS | | | | |
| | 01 | | | | |
| VEHICLE | NON-MOTORIST LOCATION AT IMPACT | | | | |
| | 01 | | | | |
| VEHICLE | ACTION | | | | |
| | 4 | | | | |
| VEHICLE | CONTRIBUTING CIRCUMSTANCES | | | | |
| | 01 | | | | |
| VEHICLE | SEQUENCE OF EVENTS | | | | |
| | 120 | | | | |
| VEHICLE | NON-COLLISION | | | | |
| | 1 | | | | |
| VEHICLE | COLLISION WITH FIXED OBJECT - STRUCK | | | | |
| | 1 | | | | |
| VEHICLE | FIRST HARMFUL EVENT | | | | |
| | 1 | | | | |
| VEHICLE | MOST HARMFUL EVENT | | | | |
| | 1 | | | | |

| | |
|--|---|
| LOCAL REPORT NUMBER | |
| 22005119 | |
| DAMAGE | |
| DAMAGE SCALE | |
| 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN | |
| 3 | |
| 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 | |
| 06 | |
| TRAFFIC | |
| TRAFFICWAY FLOW | TRAFFIC CONTROL |
| 1 - ONE-WAY 2 - TWO-WAY | 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL |
| 2 | 2 |
| # OF THROUGH LANES ON ROAD | RAIL GRADE CROSSING |
| 4 | 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING |
| 1 | |
| UNIT / NON-MOTORIST DIRECTION | |
| 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN | |
| FROM 2 TO 1 | |
| UNIT SPEED | DETECTED SPEED |
| 0 | 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED |
| 1 | |
| POSTED SPEED | |
| 50 | |

MOTORIST / Non-MOTORIST

| LOCAL REPORT NUMBER | | | | | | | | | | | | | |
|---|---|--|---|------------------------------------|--|--|-------------------------|--|---------------|--|--|--|--|
| 2 2 0 0 5 1 1 9 | | | | | | | | | | | | | |
| UNIT # 0 1 | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | | AGE 0 | GENDER M | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | |
| INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED 9 9 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0 1 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 | | | |
| 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 9 | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION 9 | ALCOHOL TEST STATUS TYPE VALUE 1 1 . | | DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1 | | | |
| UNIT # 0 2 | NAME: LAST, FIRST, MIDDLE Ryan, Shawn R. | | | | DATE OF BIRTH 0 7 2 5 1 9 6 9 | | AGE 5 2 | GENDER M | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 4497 Muskopf 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 4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0 1 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 | | | |
| OL STATE OH | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | CITATION NUMBER | | | | | |
| OL CLASS 4 | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY 1 | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION 1 | ALCOHOL TEST STATUS TYPE VALUE 1 1 . | | DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1 | | | |
| 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 | 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 - 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 - TALKING ON HANDS-FREE COMMUNICATION DEVICE | | 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 - TALKING ON HAND-HELD COMMUNICATION DEVICE | | 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 & CLASS B BUS | | 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE | | 5 - TEST GIVEN, RESULTS UNKNOWN | |
| INJURED TAKEN BY | | 6 - SECOND - RIGHT SIDE | | 9 - DEPLOYMENT UNKNOWN | | 6 - NO VALID OL | | 6 - EXCEPT CLASS A & CLASS B BUS | | 6 - PASSENGER | | ALCOHOL TEST TYPE | |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | | EJECTION | | OL ENDORSEMENT | | 7 - EXCEPT TRACTOR-TRAILER | | 7 - OTHER DISTRACTION INSIDE THE VEHICLE | | 1 - NONE | |
| 2 - EMS | | 8 - THIRD - MIDDLE | | 1 - NOT EJECTED | | H - HAZMAT | | 8 - INTERMEDIATE LICENSE RESTRICTIONS | | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE | | 2 - BLOOD | |
| 3 - POLICE | | 9 - THIRD - RIGHT SIDE | | 2 - PARTIALLY EJECTED | | M - MOTORCYCLE | | 9 - LEARNER'S PERMIT RESTRICTIONS | | 9 - OTHER / UNKNOWN | | 3 - URINE | |
| 9 - OTHER / UNKNOWN | | 10 - SLEEPER SECTION OF TRUCK CAB | | 3 - TOTALLY EJECTED | | P - PASSENGER | | 10 - LIMITED TO DAYLIGHT ONLY | | CONDITION | | 4 - BREATH | |
| SAFETY EQUIPMENT | | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | | 4 - NOT APPLICABLE | | N - TANKER | | 11 - LIMITED TO EMPLOYMENT | | 1 - APPARENTLY NORMAL | | 5 - OTHER | |
| 1 - NONE USED | | 12 - PASSENGER IN UNENCLOSED CARGO AREA | | TRAPPED | | Q - MOTOR SCOOTER | | 12 - LIMITED - OTHER | | 2 - PHYSICAL IMPAIRMENT | | DRUG TEST TYPE | |
| 2 - SHOULDER BELT ONLY USED | | 13 - TRAILING UNIT | | 1 - NOT TRAPPED | | R - THREE-WHEEL MOTORCYCLE | | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | | 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) | | 1 - NONE | |
| 3 - LAP BELT ONLY USED | | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | | 2 - EXTRICATED BY MECHANICAL MEANS | | S - SCHOOL BUS | | 14 - MILITARY VEHICLES ONLY | | 4 - ILLNESS | | 2 - BLOOD | |
| 4 - SHOULDER & LAP BELT USED | | 15 - NON-MOTORIST | | 3 - FREED BY NON-MECHANICAL MEANS | | T - DOUBLE & TRIPLE TRAILERS | | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES | | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. | | 3 - URINE | |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | | 99 - OTHER / UNKNOWN | | GENDER | | X - TANKER / HAZMAT | | 16 - OUTSIDE MIRROR | | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL | | 4 - OTHER | |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING | | | | F - FEMALE | | | | 17 - PROSTHETIC AID | | 9 - OTHER / UNKNOWN | | DRUG TEST RESULT(S) | |
| 7 - BOOSTER SEAT | | | | M - MALE | | | | 18 - OTHER | | | | 1 - AMPHETAMINES | |
| 8 - HELMET USED | | | | U - OTHER / UNKNOWN | | | | | | | | 2 - BARBITURATES | |
| 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | | | | | | | | | | | 3 - BENZODIAZEPINES | |
| 10 - REFLECTIVE CLOTHING | | | | | | | | | | | | 4 - CANNABINOIDS | |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | | | | | | | | | | | | 5 - COCAINE | |
| 99 - OTHER / UNKNOWN | | | | | | | | | | | | 6 - OPIATES / OPIOIDS | |
| | | | | | | | | | | | | 7 - OTHER | |
| | | | | | | | | | | | | 8 - NEGATIVE RESULTS | |

| | | | | | |
|---------------------------|-----------|----------------------|--------------------------------|------------------|---------|
| LOCAL REPORT NUMBER | 22-005119 | REPORTING AGENCY | Fairfield Police Department | DATE OF ACCIDENT | 1/23/22 |
| IN COUNTY OF | Butler | ACCIDENT LOCATION | SR4 (Dixie Hwy) / Diversion Rd | | |

SR4 —
Dixie Hwy

Diversion Rd

*Not to scale

OFFICER'S SIGNATURE *S. Cook*

BADGE NO.
153