



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		LOCAL REPORT NUMBER* 2 2 0 0 5 6 8 4			
		REPORTING AGENCY NAME* Fairfield Police Department		NCIC*	HIT/SKIP 2 1-SOLVED 2 2-UNRESOLVED	NUMBER OF UNITS 0 3	
COUNTY* 0 9		LOCALITY* 1-CITY 1 1 2-VILLAGE 3-TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield			
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME Flaig	ROAD TYPE D R	LATITUDE DECIMAL DEGREES 3 9 3 1 2 7 9 8	
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 6001	ROAD TYPE	LONGITUDE DECIMAL DEGREES -8 4 5 2 3 8 6 6	
REFERENCE POINT 3	DIRECTION FROM REFERENCE 1-INTERSECTION 2-MILE POST 3-HOUSE #	ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY			
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS			INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA			
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 9-ON RAILWAY GRADE CROSSING 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 1-NOT COLLISION 2-TWO MOTOR VEHICLES IN TRANSPORT 3-REAR-END 4-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 (4-24 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 1	SURFACE 2	
<input type="checkbox"/> 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 1 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL 6-SNOW 7-SEVERE CROSSWINDS 8-BLOWING SAND, SOIL, DIRT, SNOW 9-FREEZING RAIN OR FREEZING DRIZZLE 99-OTHER / UNKNOWN		1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 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 On 1/25/22 in between the times of 1:00 P.M. and 3:00 P.M. an unknown unit 1 was traveling an unknown direction on Flaig Drive. Unit 1 struck unit 2 that was parked in front of 6001 Flaig Drive. Unit 1 then struck unit 3 that was parked in front of 6009 Flaig Drive. Unit 1 left the scene without leaving any of their information.							
 Indicate the north direction with an "N" on the compass diagram. See OH-2							
CRASH REPORTED DATE / TIME 0 1 2 5 2 0 2 2 1 6 3 8		DISPATCH DATE / TIME 0 1 2 5 2 0 2 2 1 6 4 1		ARRIVAL DATE / TIME 0 1 2 5 2 0 2 2 1 6 4 7		SCENE CLEARED DATE / TIME 0 1 2 5 2 0 2 2 1 7 0 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 OOPS)
TOTAL TIME ROADWAY CLOSED 0 0	OTHER INVESTIGATION TIME 2 0	TOTAL MINUTES 4 3	OFFICER'S NAME* N. Davis		CHECKED BY OFFICER'S NAME* Sgt. Adam Meyer	CHECKED BY OFFICER'S BADGE NUMBER* 1 3 2	
			OFFICER'S BADGE NUMBER* 1 6 9				

OWNER	UNIT # 0 1	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER)																																																								
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER)																																																											
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																																																									
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR																																																								
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR																																																								
TYPE OF USE <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 type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.																																																								
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WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 9 1 - YES 2 - NO 9 - OTHER / UNKNOWN		AUTONOMOUS MODE LEVEL 9 1 - NO AUTOMATION 2 - DRIVER ASSISTANCE 3 - PARTIAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	3 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN 4 - HIGH AUTOMATION 5 - FULL AUTOMATION																																																							
SPECIAL FUNCTION 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER		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 1 - NOT APPLICABLE 2 - BUS		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP																																																							
VEHICLE DEFECTS 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																																																							
NON-MOTORIST LOCATION AT IMPACT 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 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN		1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE																																																							
CONTRIBUTING CIRCUMSTANCES 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 / A/CDA 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																																																							
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LOCAL REPORT NUMBER											
2	2	0	0	5	6	8	4				
DAMAGE											
DAMAGE SCALE											
<u>9</u>		1 - NONE				3 - FUNCTIONAL DAMAGE					
		2 - MINOR DAMAGE				4 - DISABLING DAMAGE					
		9 - UNKNOWN									
DAMAGED AREA(S) INDICATE ALL THAT APPLY											
<img alt="Diagram of a car showing damage to the front center, front right corner, rear center, and rear right corner (areas 11, 6, 11											



UNIT

OWNER	UNIT # 0_2 OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) Stivers, John P			OWNER PHONE: (419) 524-1234 (<input type="checkbox"/> SAME AS DRIVER)																																			
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 6001 Flagg Dr. Fairfield, OH 45014																																							
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																																				
LP STATE O_H	LICENSE PLATE # JLK8387	VEHICLE IDENTIFICATION # 1FAHP3131N76W219656		VEHICLE YEAR 2006																																			
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY Geico	INSURANCE POLICY # 4406483257		COLOR Silver																																			
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #		TOWED BY: COMPANY NAME																																			
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2	2	0	0	5	6	8	4						
DAMAGE													
DAMAGE SCALE													
<u>2</u>	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							
<u>1</u>	<u>0</u>	1-12 - REFER TO UNIT DIAGRAM						15 - VEHICLE NOT AT SCENE					
13 - TOP						99 - UNKNOWN							
TRAFFIC													
TRAFFICWAY FLOW						TRAFFIC CONTROL							
1 - ONE-WAY						1 - ROUNDABOUT							
<u>2</u>	2 - TWO-WAY						<u>6</u>	4 - STOP SIGN					
						2 - SIGNAL							
						5 - YIELD SIGN							
						3 - FLASHER							
						6 - NO CONTROL							
# OF THROUGH LANES ON ROAD						RAIL GRADE CROSSING							
<u>2</u>							<u>1</u>	1 - NOT INVOLVED					
						2 - INVOLVED-ACTIVE CROSSING							
						3 - INVOLVED-PASSIVE CROSSING							
UNIT / NON-MOTORIST DIRECTION													
FROM <u>1</u> TO <u>2</u>						1 - NORTH 5 - NORTHEAST							
						2 - SOUTH 6 - NORTHWEST							
						3 - EAST 7 - SOUTHEAST							
						4 - WEST 8 - SOUTHWEST							
						9 - OTHER/UNKNOWN							
UNIT SPEED						DETECTED SPEED							
<u>0</u>							<u>1</u>	1 - STATED/ESTIMATED SPEED					
						2 - CALCULATED/EDR							
						3 - UNDETERMINED							
POSTED SPEED													
<u>2</u>	<u>5</u>												



UNIT

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> SAME AS DRIVER	OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER
	013	Wheeler, Jeremy James	
OWNER ADDRESS: STREET, CITY, STATE, ZIP <input type="checkbox"/> SAME AS DRIVER		6004 Flaq Dr. Fairfield, OH 45014	
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	

LP STATE O-H	LICENSE PLATE # HQU6455	VEHICLE IDENTIFICATION # WAUXL618E45A010280		VEHICLE YEAR 2005	VEHICLE MAKE Audi
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY Cincinnati Casualty	INSURANCE POLICY # AO11058015		COLOR Black	VEHICLE MODEL S4
TYPE OF USE <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 type="checkbox"/> HIT/SKIP UNIT #OCCUPANTS [] [] [] []		VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
				HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID # RELEASED <input type="checkbox"/> PLACARD	

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

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WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?																	
<u>2</u>	1-YES 2-NO 9-OTHER/UNKNOWN																
<table border="0"> <tr> <td><u>0</u></td> <td>AUTONOMOUS MODE LEVEL</td> </tr> <tr> <td>0</td> <td>0 - NO AUTOMATION</td> </tr> <tr> <td>1</td> <td>1 - DRIVER ASSISTANCE</td> </tr> <tr> <td>2</td> <td>2 - PARTIAL AUTOMATION</td> </tr> <tr> <td>3</td> <td>3 - CONDITIONAL AUTOMATION</td> </tr> <tr> <td>4</td> <td>4 - HIGH AUTOMATION</td> </tr> <tr> <td>5</td> <td>5 - FULL AUTOMATION</td> </tr> <tr> <td>9</td> <td>9 - UNKNOWN</td> </tr> </table>		<u>0</u>	AUTONOMOUS MODE LEVEL	0	0 - NO AUTOMATION	1	1 - DRIVER ASSISTANCE	2	2 - PARTIAL AUTOMATION	3	3 - CONDITIONAL AUTOMATION	4	4 - HIGH AUTOMATION	5	5 - FULL AUTOMATION	9	9 - UNKNOWN
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3	3 - CONDITIONAL AUTOMATION																
4	4 - HIGH AUTOMATION																
5	5 - FULL AUTOMATION																
9	9 - UNKNOWN																

MODE LEVEL				
1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM	21 - MAIL CARRIER
0 1	7 - BUS - INTERCITY	12 - MILITARY	17 - MOWING	99 - OTHER / UNKNOWN
2 - TAXI	8 - BUS - SHUTTLE	13 - POLICE	18 - SNOW REMOVAL	
3 - ELECTRONIC RIDE SHARING	9 - BUS - OTHER	14 - PUBLIC UTILITY	19 - TOWING	
SPECIAL FUNCTION	4 - SCHOOL TRANSPORT	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL

<u>0</u> <u>1</u> CARGO BODY TYPE	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 7 - GRAIN/CHIPS/GRAVEL	9 - CARGO TANK 10 - FLAT BED 11 - DUMP	13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 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	
VEHICLE DEFECTS	3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE	ACCIDENT

1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER CROSSWALK	6 - BICYCLE LANE CROSSWALK	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS	12 - FIRST RESPONDER AT INCIDENT SCENE
NON-MOTORIST LOCATION AT IMPACT	2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE 8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS

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	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	15 - WALKING, RUNNING, JOGGING, PLAYING	20 - OTHER NON-MOTORIST
4 - STRUCK	4 - OVERTAKING/PASSING	10 - PARKED	16 - WORKING	21 - STANDING OUTSIDE DISABLED VEHICLE
5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	17 - PUSHING VEHICLE	99 - OTHER / UNKNOWN
ACTION		ACTIONS		
9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	12 - DRIVERLESS		

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
CONTRIBUTING CIRCUMSTANCES				
5 - UNSAFE SPEED	11 - DROVE OFF ROAD			
6 - IMPROPER TURN	12 - IMPROPER BACKING			

SEQUENCE OF EVENTS

NON-COLLISION			
1 <input checked="" type="checkbox"/> 0	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE -
2 <input type="checkbox"/>	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	OPPOSITE DIRECTION OF
3 <input type="checkbox"/>	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	TRAVEL
2 <input type="checkbox"/>	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	12 - DOWNHILL RUNAWAY
5 <input type="checkbox"/>	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	13 - OTHER NON-COLLISION
3 <input type="checkbox"/>			14 - PEDESTRIAN
			15 - PEDALCYCLE
			16 - RAILWAY VEHICLE
			17 - ANIMAL - FARM
			18 - ANIMAL - DEER
			19 - ANIMAL - OTHER
			20 - MOTOR VEHICLE IN TRANSIT
			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 MOBILE OBJECT

COLLISION WITH FIXED OBJECT - STRUCK

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	33 -MEDIAN CABLE BARRIER	39 -LIGHT / LUMINARIES	45 -EMBANKMENT SUPPORT	52 -BUILDING
	28 -BRIDGE PARAPET	34 -MEDIAN GUARDRAIL BARRIER	40 -UTILITY POLE	46 -FENCE	53 -TUNNEL
	29 -BRIDGE RAIL	35 -MEDIAN CONCRETE BARRIER	41 -OTHER POST, POLE OR SUPPORT	47 -MAILBOX	54 -OTHER FIXED OBJECT
6	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	6	8	4					
DAMAGE												
DAMAGE SCALE												
1		1 - NONE			3 - FUNCTIONAL DAMAGE			5 - UNKNOWN				
		2 - MINOR DAMAGE			4 - DISABLING DAMAGE							
DAMAGED AREA(S) INDICATE ALL THAT APPLY												
<input checked="" 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						TRAFFIC CONTROL						
1 - ONE-WAY			1 - ROUNDABOUT			4 - STOP SIGN						
2 - TWO-WAY			6			2 - SIGNAL			5 - YIELD SIGN			
2						3 - FLASHER			6 - NO CONTROL			
# OF THROUGH LANES ON ROAD						RAIL GRADE CROSSING						
2			1			1 - NOT INVOLVED						
						2 - INVOLVED-ACTIVE CROSSING						
						3 - INVOLVED-PASSIVE CROSSING						
UNIT / NON-MOTORIST DIRECTION												
FROM 1 TO 2						1 - NORTH 5 - NORTHEAST						
						2 - SOUTH 6 - NORTHWEST						
						3 - EAST 7 - SOUTHEAST						
						4 - WEST 8 - SOUTHWEST						
						9 - OTHER / UNKNOWN						
UNIT SPEED						DETECTED SPEED						
0			1			1 - STATED / ESTIMATED SPEED						
						2 - CALCULATED / EDR						
						3 - UNDETERMINED						
POSTED SPEED												
2			5									

LOCAL REPORT NUMBER	22005684	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	1-25-2022
IN COUNTY OF	Butler	ACCIDENT LOCATION	6001 Flraig Dr.		
<p>Not to Scale</p> <p>Flraig Dr.</p>					
6001			21		
6009			31		
OFFICER'S SIGNATURE					BADGE NO 169