

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

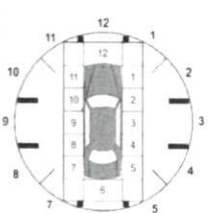
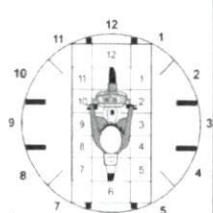
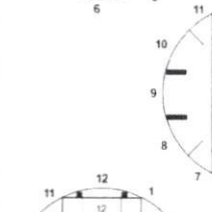
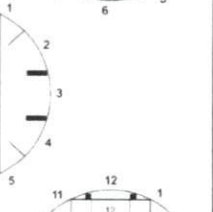
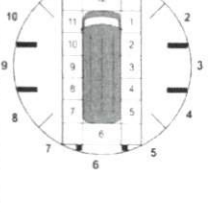
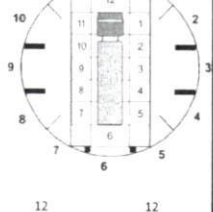
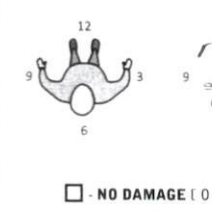
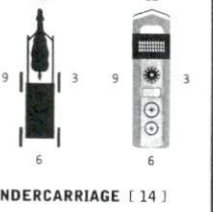
LOCAL REPORT NUMBER*

<input checked="" type="checkbox"/> PHOTOS TAKEN		<input checked="" type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION		2 2 0 0 5 6 8 4	
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*	HIT/SKIP
<input type="checkbox"/> PRIVATE PROPERTY				Fairfield Police Department		0 0 9 0 1	2 1 - SOLVED 2 - UNSOLVED
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*		CRASH DATE / TIME*		NUMBER OF UNITS	
0 9	1	City of Fairfield		0 1 2 5 2 0 2 2 1 3 0 0		0 3	
ROUTE TYPE	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES	CRASH SEVERITY	
		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	Flaig	D R	3 9 . 3 1 2 7 9 8	1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY	
REFERENCE	ROUTE TYPE	ROUTE NUMBER	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES		
			6001		8 4 . 5 2 3 8 6 6		
REFERENCE POINT	DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED			
1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS PL - PLACE	<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES			
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE			ROADWAY			
	1 - MILES 2 - FEET 3 - YARDS			<input type="checkbox"/> ROADWAY DIVIDED			
LOCATION OF FIRST HARMFUL EVENT		MANNER OF CRASH COLLISION/IMPACT		DIRECTION OF TRAVEL		MEDIAN TYPE	
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		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		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		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	
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 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		CONDITIONS 1 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	
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.							
See OH-2							
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME	
0 1 2 5 2 0 2 2 1 6 3 8		0 1 2 5 2 0 2 2 1 6 4 1		0 1 2 5 2 0 2 2 1 6 4 7		0 1 2 5 2 0 2 2 1 7 0 4	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*	
0 0		2 0		4 3		N. Davis	
						CHECKED BY OFFICER'S NAME*	
						Sgt. Aaron Meyer	
						CHECKED BY OFFICER'S BADGE NUMBER*	
						1 3 2	
						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 ODP)	



Indicate the north direction with an "N" on the compass diagram.

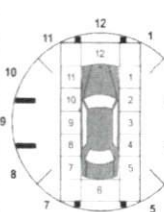
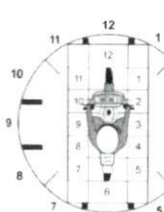
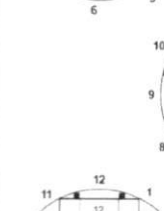

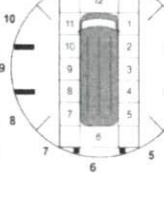
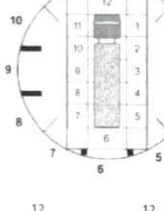
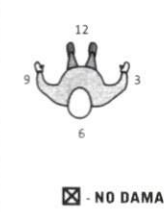
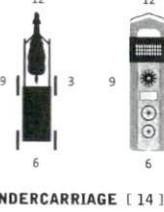
OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE () SAME AS DRIVER	OWNER PHONE: INCLUDE AREA CODE () SAME AS DRIVER
	OWNER ADDRESS: STREET, CITY, STATE, ZIP () SAME AS DRIVER		
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #
	INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #
	TYPE OF USE	US DOT #	TOWED BY: COMPANY NAME
	INTERLOCK DEVICE EQUIPPED	HIT/SKIP UNIT	HAZARDOUS MATERIAL
	#OCCUPANTS		VEHICLE WEIGHT GVWR/GCWR
	1 - PASSENGER CAR		1 - <10K LBS.
	2 - PASSENGER VAN (MINIVAN)		2 - 10,001 - 26K LBS.
	3 - SPORT UTILITY VEHICLE		3 - >26K LBS.
	4 - PICK UP		18 - LIMO (LIVERY VEHICLE)
5 - CARGO VAN		19 - BUS (16+ PASSENGERS)	
6 - VAN (9-15 SEATS)		20 - OTHER VEHICLE	
7 - MOTORCYCLE 2-WHEELED		21 - HEAVY EQUIPMENT	
8 - MOTORCYCLE 3-WHEELED		22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	
9 - AUTOCYCLE		23 - PEDESTRIAN / SKATER	
10 - MOPED OR MOTORIZED BICYCLE		24 - WHEELCHAIR (ANY TYPE)	
11 - ALL TERRAIN VEHICLE (ATV / UTV)		25 - OTHER NON-MOTORIST	
12 - GOLF CART		26 - BICYCLE	
13 - SNOWMOBILE		27 - TRAIN	
14 - SINGLE UNIT TRUCK		99 - UNKNOWN OR HIT/SKIP	
15 - SEMI-TRACTOR			
16 - FARM EQUIPMENT			
17 - MOTORHOME			
# OF TRAILING UNITS			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?			
1 - YES 2 - NO 9 - OTHER / UNKNOWN			
AUTONOMOUS MODE LEVEL			
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			
16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL			
21 - MAIL CARRIER 99 - OTHER / UNKNOWN			
1 - NO CARGO BODY TYPE / 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			
12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN			
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			
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			
12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN			
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			
18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN			
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			
17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/ SPILLING 20 - IMPROPER CROSSING			
21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION			
CONTRIBUTING CIRCUMSTANCES			
SEQUENCE OF EVENTS			
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			
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 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 MOST HARMFUL EVENT			

LOCAL REPORT NUMBER 2 2 0 0 5 6 8 4	
DAMAGE	
DAMAGE SCALE	
1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL 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 checked="" type="checkbox"/> UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT	
0 - NO DAMAGE 1 - 12 - REFER TO UNIT DIAGRAM 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM 9 TO 9	
UNIT SPEED 2 5	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER)	
	02	Stivers, John P		L	
VEHICLE	OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER)		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
	6001 Flaig Dr. Fairfield, OH 45014				
VEHICLE	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
	OH	JLK8387	1FAH1P31N76W219656	2006	Ford
VEHICLE	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
		Geico	4406483257	Silver	Focus
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	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	HAZARDOUS MATERIAL	
				<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
VEHICLE	UNIT TYPE		VEHICLE WEIGHT GVWR/GCWR		
	01		1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		
VEHICLE	# OF TRAILING UNITS		HAZARDOUS MATERIAL CLASS # PLACARD ID #		
	0				
VEHICLE	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		AUTONOMOUS MODE LEVEL		
	2		0		
VEHICLE	SPECIAL FUNCTION		VEHICLE WEIGHT GVWR/GCWR		
	01		1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		
VEHICLE	CARGO BODY TYPE		HAZARDOUS MATERIAL CLASS # PLACARD ID #		
	01				
VEHICLE	VEHICLE DEFECTS		HAZARDOUS MATERIAL CLASS # PLACARD ID #		
	01				
VEHICLE	NON-MOTORIST LOCATION AT IMPACT		HAZARDOUS MATERIAL CLASS # PLACARD ID #		
	01				
VEHICLE	ACTION		HAZARDOUS MATERIAL CLASS # PLACARD ID #		
	4				
VEHICLE	CONTRIBUTING CIRCUMSTANCES		HAZARDOUS MATERIAL CLASS # PLACARD ID #		
	01				
VEHICLE	SEQUENCE OF EVENTS		HAZARDOUS MATERIAL CLASS # PLACARD ID #		
	20				
VEHICLE	NON-COLLISION		HAZARDOUS MATERIAL CLASS # PLACARD ID #		
	1				
VEHICLE	COLLISION WITH FIXED OBJECT - STRUCK		HAZARDOUS MATERIAL CLASS # PLACARD ID #		
	1				
VEHICLE	FIRST HARMFUL EVENT		HAZARDOUS MATERIAL CLASS # PLACARD ID #		
	1				
VEHICLE	MOST HARMFUL EVENT		HAZARDOUS MATERIAL CLASS # PLACARD ID #		
	1				

LOCAL REPORT NUMBER	
22005684	
DAMAGE	
DAMAGE SCALE	
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	TRAFFIC CONTROL
1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN
2 - TWO-WAY	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	
UNIT SPEED	DETECTED SPEED
0	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED
POSTED SPEED	
25	

OWNER	UNIT # 03	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) Wheeler, Jeremy James	OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 6004 Flaiq Dr. Fairfield, OH 45014				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE OH	LICENSE PLATE # HQU6455	VEHICLE IDENTIFICATION # WAUXL68E145A010280	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	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.				
	UNIT TYPE 01				
	# OF TRAILING UNITS 0				
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2				
	AUTONOMOUS MODE LEVEL 0				
	SPECIAL FUNCTION 01				
CARGO BODY TYPE 01					
VEHICLE DEFECTS					
NON-MOTORIST LOCATION AT IMPACT					
ACTION 4					
CONTRIBUTING CIRCUMSTANCES 01					
SEQUENCE OF EVENTS					
FIRST HARMFUL EVENT 1		MOST HARMFUL EVENT 1			

LOCAL REPORT NUMBER 22005684	
DAMAGE DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
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 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC TRAFFICWAY FLOW 2 - TWO-WAY TRAFFIC CONTROL 6 - NO CONTROL	
# OF THROUGH LANES ON ROAD 2	
RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	
UNIT / NON-MOTORIST DIRECTION FROM 1 TO 2	
UNIT SPEED 0	
POSTED SPEED 25	
DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER															
2 2 0 0 5 6 8 4															
UNIT # 0 1		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE 0	GENDER U						
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 9 9		<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 9	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 #		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	
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 - MIC MOPED ONLY		5 - EXCEPT CLASS A 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		7 - OTHER DISTRACTION INSIDE THE VEHICLE		ALCOHOL TEST TYPE			
1 - NOT TRANSPORTED / TREATED AT SCENE		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		EJECTION		7 - EXCEPT TRACTOR-TRAILER		7 - LIMITED TO DAYLIGHT ONLY		8 - OTHER DISTRACTION OUTSIDE THE VEHICLE		1 - NONE			
2 - EMS		8 - THIRD - MIDDLE		1 - NOT EJECTED		8 - INTERMEDIATE LICENSE RESTRICTIONS		11 - LIMITED TO EMPLOYMENT		9 - OTHER / UNKNOWN		2 - BLOOD			
3 - POLICE		9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED		9 - LEARNER'S PERMIT RESTRICTIONS		12 - LIMITED - OTHER		10 - OTHER / UNKNOWN		3 - URINE			
9 - OTHER / UNKNOWN		10 - SLEEPER SECTION OF TRUCK CAB		3 - TOTALLY EJECTED		10 - LIMITED TO DAYLIGHT ONLY		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		11 - OTHER / UNKNOWN		4 - BREATH			
SAFETY EQUIPMENT		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		4 - NOT APPLICABLE		12 - LIMITED - OTHER		14 - MILITARY VEHICLES ONLY		12 - LIMITED - OTHER		5 - OTHER			
1 - NONE USED		12 - PASSENGER IN UNENCLOSED CARGO AREA		TRAPPED		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		15 - MOTOR VEHICLES WITHOUT AIR BRAKES		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		DRUG TEST TYPE			
3 - LAP BELT ONLY USED		13 - TRAILING UNIT		1 - NOT TRAPPED		14 - MILITARY VEHICLES ONLY		16 - OUTSIDE MIRROR		14 - LIMITED - OTHER		1 - NONE			
4 - SHOULDER BELT & LAP BELT USED		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		2 - EXTRICATED BY MECHANICAL MEANS		15 - MOTOR VEHICLES WITHOUT AIR BRAKES		17 - PROSTHETIC AID		15 - MOTOR VEHICLES WITHOUT AIR BRAKES		2 - BLOOD			
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		15 - NON-MOTORIST		3 - FREED BY NON-MECHANICAL MEANS		16 - OUTSIDE MIRROR		18 - OTHER		16 - OUTSIDE MIRROR		3 - URINE			
6 - CHILD RESTRAINT SYSTEM - REAR FACING		99 - OTHER / UNKNOWN				17 - PROSTHETIC AID				17 - PROSTHETIC AID		4 - OTHER			
7 - BOOSTER SEAT						18 - OTHER				18 - OTHER		DRUG TEST RESULT(S)			
8 - HELMET USED												1 - AMPHETAMINES			
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)												2 - BARBITURATES			
10 - REFLECTIVE CLOTHING												3 - BENZODIAZEPINES			
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY												4 - CANNABINOIDS			
99 - OTHER / UNKNOWN												5 - COCAINE			
												6 - OPIATES / OPIOIDS			
												7 - OTHER			
												8 - NEGATIVE RESULTS			

LOCAL REPORT NUMBER 22005684	REPORTING AGENCY Fairfield Police Department	DATE OF ACCIDENT 1-25-2022
IN COUNTY OF Butler	ACCIDENT LOCATION 6001 Flaig Dr.	

Not to Scale

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Flaig Dr.

6001

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OFFICER'S SIGNATURE 	BADGE NO 169
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