



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	LOCAL INFORMATION				LOCAL REPORT NUMBER*					
<input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*				NCIC*	2 2 0 0 6 2 6 1				
		Fairfield Police Department				0 0 9 0 1		HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR			
								1 - SOLVED	0 2	98 - ANIMAL			
								2 - UNSOLVED		99 - UNKNOWN			
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*						CRASH DATE / TIME*		CRASH SEVERITY			
0 9	1 - CITY 2 - VILLAGE 3 - TOWNSHIP	City of Fairfield						0 1 2 7 2 0 2 2 1 7 4 1		5			
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME			ROAD TYPE	LATITUDE DECIMAL DEGREES				
					Hicks			B V	3 9 3 4 2 5 6 8				
REFERENCE ROUTE	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)			ROAD TYPE	LONGITUDE DECIMAL DEGREES				
					Doris Jane			A V	- 8 4 5 4 5 8 8 4				
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		<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA						
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE						NUMBER OF APPROACHES						
	1 - MILES 2 - FEET 3 - YARDS						4						
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT				DIRECTION OF TRAVEL	ROADWAY				
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 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN				1 - NOT COLLISION 2 - TWO MOTOR VEHICLES IN TRANSPORT 3 - REAR-END 4 - HEAD-ON	6		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		
				4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN									
									ROADWAY DIVIDED				
<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	LOCATION OF CRASH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE	
								1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	1	1	2	
									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	
LIGHT CONDITION				WEATHER									
2	1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN			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					
NARRATIVE													
<p>On January 27, 2022 at approximately 5:41 P.M. Unit 2 was traveling northwest on Doris Jane Ave. and after making the required stop at Hicks Bv, continued through the intersection and was struck by Unit 1. Unit 1 was traveling southwest on Hicks Bv. and made the required stop, however didn't allow Unit 2 to clear the intersection.</p> <p>See OH-2</p>													
CRASH REPORTED DATE / TIME				DISPATCH DATE / TIME			ARRIVAL DATE / TIME			SCENE CLEARED DATE / TIME			REPORT TAKEN BY
0 1 2 7 2 0 2 2 1 7 4 1				0 1 2 7 2 0 2 2 1 7 5 4			0 1 2 7 2 0 2 2 1 7 5 8			0 1 2 7 2 0 2 2 1 8 1 9			<input checked="" type="checkbox"/> POLICE AGENCY
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*			CHECKED BY OFFICER'S NAME*			<input type="checkbox"/> MOTORIST	
						Z. Shust						<input checked="" type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OIPS)	
						OFFICER'S BADGE NUMBER*							
						1 4 6							
						1 1 8							
HSY7001 OH1 1/19 [760-0820]													
PAGE 1 OF 6													



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



UNIT

OWNER

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER)
0 1			
OWNER ADDRESS: STREET, CITY, STATE, ZIP <input checked="" 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
O H	GVD 2401	1C4PJMMX2MID2160116	2021
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	VEHICLE MAKE
	Statefarm	1284917-F19-35F	Jeep
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR
0 3		0 1	1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.
UNIT TYPE	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		
	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED 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		
0	# OF TRAILING UNITS		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?			
2	1 - YES	2 - NO	9 - OTHER / UNKNOWN
	AUTONOMOUS MODE LEVEL		
0 1	0	1 - NO AUTOMATION 2 - DRIVER ASSISTANCE 3 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION
SPECIAL FUNCTION	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		
CARGO BODY TYPE	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS		
	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - CARGO VAN / ENCLOSED BOX 6 - CARGO VAN / ENCLOSED BOX 7 - GRAIN / CHIPS / GRAVEL		
0 1	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - CARGO VAN / ENCLOSED BOX 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
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 CROSSWALK 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		
PRE-CRASH ACTIONS	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 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		
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 / ACD A 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING		
SEQUENCE OF EVENTS	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY		
1 2 0	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		
1 2 1	24 - OTHER MOVABLE OBJECT		
	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE		
	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER		
4 5 6	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		
1	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN		
COLLISION WITH FIXED OBJECT - STRUCK			
1	1 - FIRST HARMFUL EVENT		
	1 - MOST HARMFUL EVENT		

LOCAL REPORT NUMBER	
2 2 0 0 6 2 6 1	
DAMAGE	
DAMAGE SCALE	
3	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN
3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<img alt="Diagram of a vehicle showing 12 numbered points for damage assessment. Points 1-12 are arranged in a circle around the vehicle, with 12 at the	



UNIT

OWNER

VEHICLE

EVENT(S)

UNIT # **02** OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE N	LICENSE PLATE # 058 P52	VEHICLE IDENTIFICATION # 5NPD84LF1HH034559	VEHICLE YEAR 2017	VEHICLE MAKE Hyundai
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY Shelter	INSURANCE POLICY # 27-1-10518967-3	COLOR gray	VEHICLE MODEL Elantra

TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	TOWED BY: COMPANY NAME		
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <input type="checkbox"/>	# OCCUPANTS 0 2	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 0 1	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	2 - MOTORCYCLE 3-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED 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.
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0 # OF TRAILING UNITS				
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WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
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SPECIAL FUNCTION 0 1	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
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CARGO BODY TYPE 0 1	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
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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	99 - OTHER/UNKNOWN
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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	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER/UNKNOWN
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ACTION 0 4	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	PRE-CRASH ACTIONS 0 1	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
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CONTRIBUTING CIRCUMSTANCES 0 1	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
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SEQUENCE OF EVENTS					
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1 2 0	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 - DOWNTOWN 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	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT
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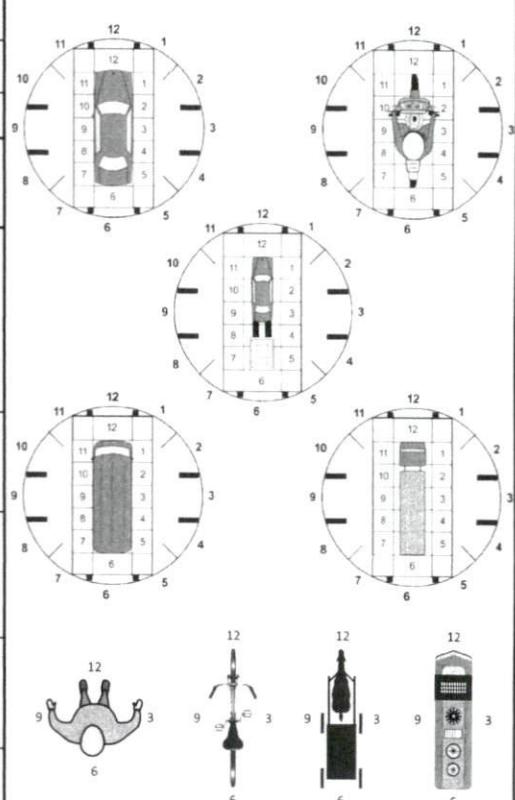
4 5 6	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN
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1 FIRST HARMFUL EVENT	1 MOST HARMFUL EVENT				
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LOCAL REPORT NUMBER 2 2 0 0 6 2 6 1

DAMAGE 3	DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN	DAMAGE SCALE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE
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DAMAGED AREA(S) INDICATE ALL THAT APPLY
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<input type="checkbox"/> - NO DAMAGE [0]	<input type="checkbox"/> - UNDERCARRIAGE [14]
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<input type="checkbox"/> - TOP [13]	<input type="checkbox"/> - ALL AREAS [15]
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<input type="checkbox"/> - UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT 0 5	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
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TRAFFIC 2	TRAFFIC WAY FLOW 1 - ONE WAY 2 - TWO WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
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# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
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UNIT / NON-MOTORIST DIRECTION 7 6	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 9 - OTHER / UNKNOWN
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UNIT SPEED 1 5	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
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POSTED SPEED 2 5	
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MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	LOCAL REPORT NUMBER									
	2 2 0 0 6 2 6 1					DATE OF BIRTH		AGE	GENDER	
UNIT #	NAME: LAST, FIRST, MIDDLE 0 1 Harnold, Patricia									
ADDRESS: STREET, CITY, STATE, ZIP 1532 Evalie Dr, Fairfield, OH 45014	DATE OF BIRTH 0 3 1 7 1 9 4 0		AGE 8 1	GENDER F						
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	DOT-Compliant MC HELMET		SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
DL STATE O H	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 331.19a	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION Stop Sign		CITATION NUMBER 249173			
DL 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 1 TYPE 1 VALUE .		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4		
UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Sutton, Loneesa									
ADDRESS: STREET, CITY, STATE, ZIP 425 Smalley Blvd, Hamilton, OH 45013	DATE OF BIRTH 0 3 0 2 1 9 9 4		AGE 2 7	GENDER F						
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	DOT-Compliant MC HELMET		SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
DL STATE N V	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER			
DL CLASS 3	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 1 TYPE 1 VALUE .		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4		
UNIT #	NAME: LAST, FIRST, MIDDLE									
ADDRESS: STREET, CITY, STATE, ZIP	DATE OF BIRTH 0		AGE	GENDER						
CONTACT PHONE - INCLUDE AREA CODE										
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-Compliant MC HELMET		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
DL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER			
DL 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 1 TYPE 1 VALUE .		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4		
INJURIES	SEATING POSITION	AIR BAG	DL CLASS	DL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS				
1-FATAL	1-FRONT-LEFT SIDE (MOTORCYCLE DRIVER)	1-NOT DEPLOYED	1-CLASS A	1-ALCOHOL INTERLOCK DEVICE	1-NOT DISTRACTED	1-NONE GIVEN				
2-SUSPECTED SERIOUS INJURY	2-FRONT-MIDDLE	2-DEPLOYED FRONT	2-CLASS B	2-CDL INTRASTATE ONLY	2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2-TEST REFUSED				
3-SUSPECTED MINOR INJURY	3-FRONT-RIGHT SIDE	3-DEPLOYED SIDE	3-CLASS C	3-CORRECTIVE LENSES	3-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-TEST GIVEN, RESULTS KNOWN					
5-NO APPARENT INJURY	5-SECOND-MIDDLE	5-NOT APPLICABLE	5-M/C MOPED ONLY	5-EXCEPT CLASS A BUS						
		9-DEPLOYMENT UNKNOWN	6-NO VALID DL	6-EXCEPT CLASS A & CLASS B BUS						
				7-EXCEPT TRACTOR-TRAILER						
				8-INTERMEDIATE LICENSE RESTRICTIONS						
				9-LEARNER'S PERMIT RESTRICTIONS						
				10-LIMITED TO DAYLIGHT ONLY						
				11-LIMITED TO EMPLOYMENT						
				12-LIMITED-OTHER						
				13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)						
				14-MILITARY VEHICLES ONLY						
				15-MOTOR VEHICLES WITHOUT AIR BRAKES						
				16-OUTSIDE MIRROR						
				17-PROSTHETIC AID						
				18-OTHER						
INJURED TAKEN BY	EJECTION	DL ENDORSEMENT	TEST STATUS							
1-NOT TRANSPORTED /TREATED AT SCENE	1-NOT EJECTED	H-HAZMAT	1-NONE							
2-EMS	2-PARTIALLY EJECTED	M-MOTORCYCLE	2-BLOOD							
3-POLICE	3-TOTALLY EJECTED	P-PASSENGER	3-URINE							
9-OTHER/UNKNOWN	4-NOT APPLICABLE	N-TANKER	4-BREATH							
		Q-MOTOR SCOOTER	5-OTHER							
		R-THREE-WHEEL MOTORCYCLE								
		S-SCHOOL BUS								
		T-DOUBLE & TRIPLE TRAILERS								
		X-TANKER / HAZMAT								
SAFETY EQUIPMENT	TRAPPED	TEST STATUS								
1-NONE USED	1-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1-NOT TRAPPED	1-NONE							
2-SHOULDER BELT ONLY USED	12-PASSENGER IN UNENCLOSED CARGO AREA	2-EXTRICATED BY MECHANICAL MEANS	2-BLOOD							
3-LAP BELT ONLY USED	13-TRAILING UNIT	3-FREED BY NON-MECHANICAL MEANS	3-URINE							
4-SHOULDER & LAP BELT USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		4-BREATH							
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	15-NON-MOTORIST		5-OTHER							
6-CHILD RESTRAINT SYSTEM - REAR FACING	99-OTHER / UNKNOWN									
7-BOOSTER SEAT										
8-HELMET USED										
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)										
10-REFLECTIVE CLOTHING										
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY										
12-OTHER / UNKNOWN										
GENDER	TEST STATUS									
F-FEMALE	1-APPARENTLY NORMAL									
M-MALE	2-PHYSICAL IMPAIRMENT									
U-OTHER / UNKNOWN	3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)									
	4-ILLNESS									
	5-FELL ASLEEP, FAINTED, FATIGUED, ETC.									
	6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL									
	9-OTHER / UNKNOWN									
CONDITION	TEST STATUS									
1-APPARENTLY NORMAL	1-AMPHETAMINES									
2-PHYSICAL IMPAIRMENT	2-BARBITURATES									
3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3-BENZODIAZEPINES									
4-ILLNESS	4-CANNABINOID									
5-FELL ASLEEP, FAINTED, FATIGUED, ETC.	5-COCAIN									
6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6-OPIATES / OPIOIDS									
9-OTHER / UNKNOWN	7-OTHER									
DRUG TEST RESULT(S)	TEST STATUS									
1-AMPHETAMINES	8-NEGATIVE RESULTS									



OCCUPANT / WITNESS ADDENDUM

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			LOCAL REPORT NUMBER				
	2	Thomas, Dillon			2 2 0 0 6 2 6 1				
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP				DATE OF BIRTH				
	425 Smalley Blvd, Hamilton, OH 45013				1 0 2 1 2 0 1 6	AGE	GENDER		
OCCUPANT	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	CONTACT PHONE - INCLUDE AREA CODE			
	5				0 7	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 5	AIR BAG USAGE 0 1	EJECTION 1
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH				
						AGE 0	GENDER		
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE				
OCCUPANT	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	CONTACT PHONE - INCLUDE AREA CODE			
						<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		
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE				
OCCUPANT	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	CONTACT PHONE - INCLUDE AREA CODE			
						<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		
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE				
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		
INJURED TAKEN BY			6 - CHILD RESTRAINT SYSTEM - REAR FACING		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN		
1 - NOT TRANSPORTED /TREATED AT SCENE			7 - BOOSTER SEAT		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		EJECTION		
2 - EMS			8 - HELMET USED		8 - THIRD - MIDDLE		1 - NOT EJECTED		
3 - POLICE			9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED		
9 - OTHER / UNKNOWN			10 - REFLECTIVE CLOTHING		10 - SLEEPER SECTION OF TRUCK CAB		3 - TOTALLY EJECTED		
GENDER			11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		4 - NOT APPLICABLE		
F - FEMALE			99 - OTHER / UNKNOWN		12 - PASSENGER IN UNENCLOSED CARGO AREA		TRAPPED		
M - MALE					13 - TRAILING UNIT		1 - NOT TRAPPED		
U - OTHER / UNKNOWN					14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		2 - EXTRICATED BY MECHANICAL MEANS		
					15 - NON-MOTORIST		3 - FREED BY NON-MECHANICAL MEANS		
					99 - OTHER / UNKNOWN				
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH			
							AGE 0	GENDER	
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE			
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH			
							AGE 0	GENDER	
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE			
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH			
							AGE 0	GENDER	
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE			

LOCAL REPORT NUMBER	22-006261	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	Hicks Blvd / Doris Jane Ave	1/27/22
<p>NOT TO SCALE</p> <p>OFFICER'S SIGNATURE: <i>Jel so</i></p> <p>BADGE NO. 146</p>				