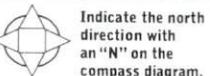




## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN <input 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			<b>LOCAL INFORMATION</b> <b>REPORTING AGENCY NAME*</b> NCIC* Fairfield Police Department 00901			<b>LOCAL REPORT NUMBER*</b> 2 2 0 0 8 2 4 9			
<b>COUNTY*</b> 09 <b>LOCALITY*</b> 1-CITY 1- VILLAGE    3-TOWNSHIP			<b>LOCATION: CITY, VILLAGE, TOWNSHIP*</b> City of Fairfield			<b>HIT/SKIP</b> 1-SOLVED    2-UNRESOLVED <b>NUMBER OF UNITS</b> 0 2 <b>UNIT IN ERROR</b> 0 1    98-ANIMAL 99-UNKNOWN			
<b>LOCATION</b>	ROUTE TYPE	ROUTE NUMBER	PREFIX	1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME	ROAD TYPE	<b>CRASH DATE / TIME*</b> 02 04 2022 2250		
	ROUTE TYPE	ROUTE NUMBER	PREFIX	1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	<b>LATITUDE DECIMAL DEGREES</b> 39 35 14 38		
<b>REFERENCE</b>	ROUTE TYPE	ROUTE NUMBER	PREFIX	1-NORTH 2-SOUTH 3-EAST 4-WEST	Symmes	ROAD TYPE	<b>LONGITUDE DECIMAL DEGREES</b> -84 54 23 85		
	ROUTE TYPE	ROUTE NUMBER	PREFIX	1-NORTH 2-SOUTH 3-EAST 4-WEST	ROUTE TYPE	ROAD TYPE	<b>CRASH SEVERITY</b> 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY		
<b>REFERENCE POINT</b> 1-INTERSECTION 2-MILE POST 3-HOUSE #		<b>DIRECTION FROM REFERENCE</b> 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	HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	<b>INTERSECTION RELATED</b> <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA <b>NUMBER OF APPROACHES</b> 4		
<b>DISTANCE FROM REFERENCE</b>		<b>DISTANCE UNIT OF MEASURE</b>		1-MILES 2- FEET 3-YARDS	ROUTE TYPE	ROAD TYPE	<b>ROADWAY</b> <input type="checkbox"/> ROADWAY DIVIDED		
<b>LOCATION OF FIRST HARMFUL EVENT</b> 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	6	<b>MANNER OF CRASH COLLISION/IMPACT</b> 1-NOT COLLISION 2-BETWEEN 3-TWO MOTOR VEHICLES IN TRANSPORT 4-REAR-END 5-HEAD-ON	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY 9- OTHER / UNKNOWN	<b>DIRECTION OF TRAVEL</b> 1-NORTH 2-SOUTH 3-EAST 4-WEST	<b>MEDIAN TYPE</b> 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		<b>WORK ZONE TYPE</b> 1-LANE CLOSURE 2-LANE SHIFT/CROSSOVER 3-WORK ON SHOULDER OR MEDIAN 4-INTERMITTENT OR MOVING WORK 5-OTHER		<b>LOCATION OF CRASH IN WORK ZONE</b> 1-BEFORE THE 1ST WORK ZONE 2-ADVANCE WARNING SIGN 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA		<b>CONTOUR</b> 1	<b>CONDITIONS</b> 1	<b>SURFACE</b> 2	
<b>LIGHT CONDITION</b> 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9- OTHER / UNKNOWN		<b>WEATHER</b> 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	
<b>NARRATIVE</b> <p>On 02-04-22 at around 10:50 p.m. Unit 1 was traveling north on Dixie Hwy near Symmes Rd. Unit 1 went through the intersection against the red light, and struck Unit 2 as it was traveling on Symmes Rd east bound.</p> <p>The crash was witnessed by three individuals who confirmed the light had been red, when Unit 1 entered the intersection.</p> <p>The driver of Unit 1 was also charged with Driving Under Suspension.</p>									
<p style="text-align: right;">See OH 2</p>									
<b>CRASH REPORTED DATE / TIME</b> 02 04 2022 2250		<b>DISPATCH DATE / TIME</b> 02 04 2022 2250		<b>ARRIVAL DATE / TIME</b> 02 04 2022 2251		<b>SCENE CLEARED DATE / TIME</b> 02 04 2022 2354		<b>REPORT TAKEN BY</b> <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP)	
<b>TOTAL TIME ROADWAY CLOSED</b> 1 5		<b>OTHER INVESTIGATION TIME</b> 6 4		<b>TOTAL MINUTES</b> 1 3 3		<b>OFFICER'S NAME*</b> J Vinskey <b>OFFICER'S BADGE NUMBER*</b> 1 1 2		<b>CHECKED BY OFFICER'S NAME*</b> SGT. K. HARRINGTON <b>CHECKED BY OFFICER'S BADGE NUMBER*</b>	



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

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER)
0 1	Daniels, Adrienna	
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER)		
26 Glen Este PL Cincinnati, OH 45217		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
0 H	JCE2365	K M H D U 4 6 D 3 7 U 1 1 2 0 5 4	2 0 0 7	Hyundai
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
			Gray	Elantra
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME FOX	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		# OCCUPANTS 0 2	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	

1 - PASSENGER CAR 0 1 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 BICYCLE 11 - ALL-TERRAIN VEHICLE (ATV/UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNITTRUCK 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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# OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN
2	1 - YES 2 - NO 9 - OTHER / UNKNOWN	

AUTONOMOUS MODE LEVEL

1 - NONE 0 1 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
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1 - NO CARGO BODY TYPE / NOT APPLICABLE 0 1 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 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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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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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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1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 0 1 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
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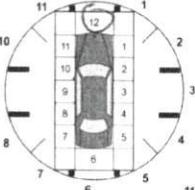
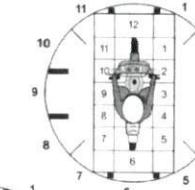
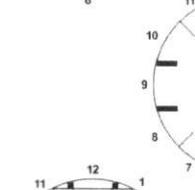
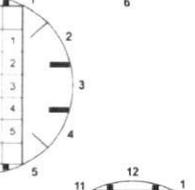
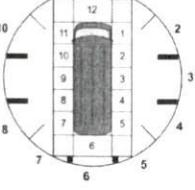
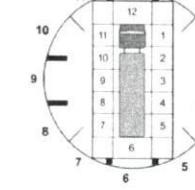
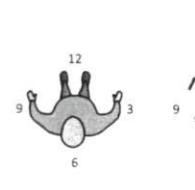
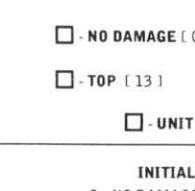
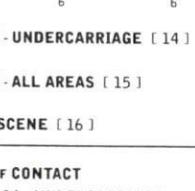
1 - NONE 0 3 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR 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

1 2 0	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT	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	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT
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4	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 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
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1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER 2 2 0 0 8 2 4 9	
DAMAGE	
4	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 type="checkbox"/> - UNIT NOT AT SCENE [ 16 ]	
INITIAL POINT OF CONTACT	
1 2	0 - NO DAMAGE 14 - UNDERCARRIAGE 1 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE DIAGRAM 99 - UNKNOWN 13 - TOP
TRAFFIC	
TRAFFIC FLOW 2	TRAFFIC CONTROL 1 - ONE-WAY 4 - STOP SIGN 2 - TWO-WAY 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# 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	
3 5	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	
3 5	

OWNER

UNIT # 0 2 OWNER NAME: LAST, FIRST, MIDDLE  SAME AS DRIVER

OWNER PHONE: INCLUDE AREA CODE  SAME AS DRIVER

LOCAL REPORT NUMBER

2 2 0 0 8 2 4 9

OWNER ADDRESS: STREET, CITY, STATE, ZIP  SAME AS DRIVER

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

VEHICLE

LP STATE <u>O H</u>	LICENSE PLATE # <u>HUZZ2361</u>	VEHICLE IDENTIFICATION # <u>5GAERBWK5JJ172739</u>	VEHICLE YEAR <u>2018</u>	VEHICLE MAKE <u>Buick</u>
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>Grange</u>	INSURANCE POLICY # <u>4489716</u>	COLOR <u>Beige</u>	VEHICLE MODEL <u>Enclave</u>
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME <u>Marcell's</u>	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT EQUIPPED		#OCCUPANTS <u>0 1</u>	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	

0 1 **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 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**

**WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?** 0  
2 1 - YES 2 - NO 9 - OTHER / UNKNOWN

**AUTONOMOUS MODE LEVEL**

0 1 **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

0 1 **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

8 - POLE  
9 - CARGOTANK  
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  
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

0 4 **ACTION**  
1 - NON-CONTACT  
2 - NON-COLLISION  
3 - STRIKING 0 1 3 - CHANGING LANES  
4 - STRUCK PRE-CRASH 4 - OVERTAKING / PASSING  
5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN  
6 - MAKING LEFT TURN  
9 - OTHER / UNKNOWN

1 - STRAIGHT AHEAD  
2 - BACKING  
3 - ENTERING TRAFFIC LANE  
4 - LEAVING TRAFFIC LANE  
5 - PARKED  
6 - SLOWING OR STOPPED IN TRAFFIC  
7 - MAKING U-TURN  
8 - ENTERING TRAFFIC LANE  
9 - LEAVING TRAFFIC LANE  
10 - PARKED  
11 - SLOWING OR STOPPED IN TRAFFIC  
12 - MAKING LEFT TURN  
13 - NECESSITATING 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

0 1 **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 / 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

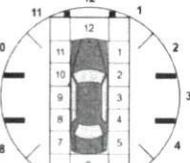
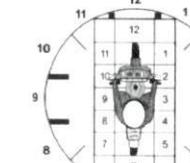
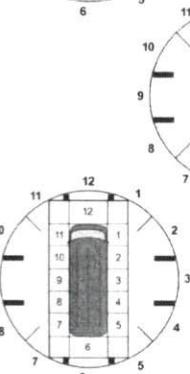
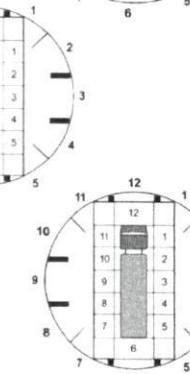
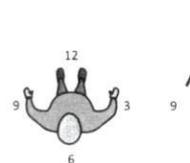
17 - VISION OBSTRUCTION  
18 - OPERATING DEFECTIVE EQUIPMENT  
19 - LOAD SHIFTING / FALLING / SPILLING  
20 - IMPROPER CROSSING

21 - LYING IN ROADWAY  
22 - NOT DISCERNIBLE  
23 - OPENING DOOR INTO ROADWAY  
99 - OTHER IMPROPER ACTION

**SEQUENCE OF EVENTS**

<b>NON-COLLISION</b>	
<u>1 2 0</u>	1 - OVERTURN / ROLLOVER 2 - FIRE / EXPLOSION 3 - IMMERSION
<u>2 1 1</u>	4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT
<u>3 1 1</u>	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN
<u>4 1 1</u>	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDAL CYCLE
<u>5 1 1</u>	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT
<u>6 1 1</u>	21 - PARKED MOTOR VEHICLE
<b>COLLISION WITH FIXED OBJECT - STRUCK</b>	
<u>4 1 1</u>	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT
<u>5 1 1</u>	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE
<u>6 1 1</u>	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER
<u>7 1 1</u>	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT
<u>8 1 1</u>	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT
<u>9 1 1</u>	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

<b>DAMAGE</b>	
<b>DAMAGE SCALE</b>	
<u>4</u>	1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
<b>DAMAGED AREA(S)</b> INDICATE ALL THAT APPLY	
     	
<input type="checkbox"/> <b>NO DAMAGE</b> <u>0</u> <input type="checkbox"/> <b>UNDERCARRIAGE</b> <u>14</u> <input type="checkbox"/> <b>TOP</b> <u>13</u> <input type="checkbox"/> <b>ALL AREAS</b> <u>15</u> <input type="checkbox"/> <b>UNIT NOT AT SCENE</b> <u>16</u>	
<b>INITIAL POINT OF CONTACT</b>	
<u>0 4</u>	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP
<b>TRAFFIC</b>	
<b>TRAFFIC WAY FLOW</b>	<b>TRAFFIC CONTROL</b>
<u>2</u>	1 - ONE-WAY 2 - TWO-WAY
<b># OF THROUGH LANES ON ROAD</b>	<b>RAIL GRADE CROSSING</b>
<u>2</u>	1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING
<b>UNIT / NON-MOTORIST DIRECTION</b>	
FROM <u>4</u>	TO <u>3</u>
1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
<b>UNIT SPEED</b>	
<u>3 5</u>	<b>DETECTED SPEED</b>
<u>1</u>	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
<b>POSTED SPEED</b>	
<u>3 5</u>	



# MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER									
2 2 0 0 8 2 4 9									
DATE OF BIRTH AGE GENDER									
0 2 0 4 1 9 7 9 4 3 M									
CONTACT PHONE - INCLUDE AREA CODE									
<b>INJURIES</b> <b>INJURED TAKEN BY</b> <b>EMS AGENCY (NAME)</b> <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> <b>SAFETY EQUIPMENT USED</b> <b>DOT-COMPLIANT MC HELMET</b> <b>SEATING POSITION</b> <b>AIR BAG USAGE</b> <b>EJECTION</b> <b>TRAPPED</b> 5 0 1 Jenkins, Lamicko									
<b>OL STATE</b> <b>OPERATOR LICENSE NUMBER</b> <b>OFFENSE CHARGED</b> <b>LOCAL CODE</b> <b>OFFENSE DESCRIPTION</b> <b>CITATION NUMBER</b> O H 313.01A Traffic Control Device 249723									
<b>OL CLASS</b> <b>ENDORSEMENT SELECT UP TO 2</b> <b>RESTRICTION SELECT UP TO 3</b> <b>DRIVER DISTRACTED BY</b> <b>ALCOHOL / DRUG SUSPECTED</b> <b>CONDITION</b> <b>ALCOHOL TEST</b> <b>DRUG TEST(S)</b> 6 1 <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG 1 1 1 1									
<b>UNIT #</b> <b>NAME: LAST, FIRST, MIDDLE</b> <b>DATE OF BIRTH</b> <b>AGE</b> <b>GENDER</b> 0 2 Oskey, Brent 0 4 1 5 1 9 7 4 4 7 M									
ADDRESS: STREET, CITY, STATE, ZIP 3405 Lake Crest Dr Hamilton, OH 45011									
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<b>INJURIES</b> <b>SEATING POSITION</b> <b>AIR BAG</b> <b>OL CLASS</b> <b>OL RESTRICTION(S)</b> <b>DRIVER DISTRACTION</b> <b>TEST STATUS</b> 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) 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 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-EXCEPT CLASS A BUS 5-EXCEPT CLASS A & CLASS B BUS 5-TEST GIVEN, RESULTS UNKNOWN 6-SECOND - MIDDLE 6-SECOND - RIGHT SIDE 9-DEPLOYMENT UNKNOWN 6-NO VALID OL 7-EXCEPT TRACTOR-TRAILER 7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 1-NOT EJECTED H-HAZMAT 8-INTERMEDIATE LICENSE RESTRICTIONS 8-THIRD - MIDDLE 2-PARTIALLY EJECTED M-MOTORCYCLE 9-LEARNER'S PERMIT RESTRICTIONS 9-THIRD - RIGHT SIDE 3-TOTALLY EJECTED P-PASSENGER 10-SLEEPER SECTION OF TRUCK CAB 4-NOT APPLICABLE N-TANKER 11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 1-NOT TRAPPED R-THREE-WHEEL MOTORCYCLE 12-PASSENGER IN UNENCLOSED CARGO AREA 2-EXTRICATED BY MECHANICAL MEANS S-SCHOOL BUS 13-TRAILING UNIT 3-FREED BY NON-MECHANICAL MEANS T-DOUBLE & TRIPLE TRAILERS 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) X-TANKER / HAZMAT 15-NON-MOTORIST 15-MOTOR VEHICLES WITHOUT AIR BRAKES 16-OTHER / UNKNOWN 16-OUTSIDE MIRROR 17-REFLECTIVE CLOTHING 17-PROSTHETIC AID 18-HELMET USED 18-OTHER 19-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 20-REFLECTIVE CLOTHING 21-LIGHTING - PEDESTRIAN / BICYCLE ONLY 22-OTHER / UNKNOWN									
<b>EJECTION</b> <b>OL ENDORSEMENT</b> <b>ALCOHOL TEST TYPE</b> 1-NOT EJECTED H-HAZMAT 1-NONE 2-PARTIALLY EJECTED M-MOTORCYCLE 2-BLOOD 3-TOTALLY EJECTED P-PASSENGER 3-URINE 4-NOT APPLICABLE N-TANKER 4-BREATH 5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 5-OTHER 6-PASSENGER 6-PASSENGER 7-OTHER DISTRACTION INSIDE THE VEHICLE 7-OTHER DISTRACTION INSIDE THE VEHICLE 8-OTHER DISTRACTION OUTSIDE THE VEHICLE 8-OTHER DISTRACTION OUTSIDE THE VEHICLE 9-OTHER / UNKNOWN 9-OTHER / UNKNOWN									
<b>TRAPPED</b> <b>CONDITION</b> <b>DRUG TEST TYPE</b> 1-NOT TRAPPED 1-APPARENTLY NORMAL 1-NONE 2-EXTRICATED BY MECHANICAL MEANS 2-PHYSICAL IMPAIRMENT 2-BLOOD 3-FREED BY NON-MECHANICAL MEANS 3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 3-URINE 4-OTHER 4-ILLNESS 4-COCAIN 5-FELL ASLEEP, FAINTED, FATIGUED, ETC. 5-FELL ASLEEP, FAINTED, FATIGUED, ETC. 5-BARBITURATES 6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 6-BENZODIAZEPINES 7-OTHER 7-OTHER 7-CANNABINOID 8-OTHER / UNKNOWN 8-OTHER / UNKNOWN 8-OPIIDES / OPIOIDS 9-OTHER / UNKNOWN 9-OTHER / UNKNOWN 7-OTHER 10-REFLECTIVE CLOTHING 10-REFLECTIVE CLOTHING 8-Negative results									
<b>GENDER</b> <b>DRUG TEST RESULT(S)</b> F-FEMALE 1-AMPHETAMINES M-MALE 2-BARBITURATES U-OTHER / UNKNOWN 3-BENZODIAZEPINES 4-OTHER 4-COCAIN 5-CANNABINOID 6-OPIIDES / OPIOIDS 7-OTHER 8-Negative results									



# OCCUPANT / WITNESS ADDENDUM

OCCUPANT	LOCAL REPORT NUMBER																																																																																	
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ADDRESS: STREET, CITY, STATE, ZIP 7854 Newbedford Ave #4 Cincinnati, OH 45237																																																																																		
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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	4 - NOT APPLICABLE																																																																															
F - FEMALE	12 - PASSENGER IN UNENCLOSED CARGO AREA	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)																																																																																
M - MALE	13 - TRAILING UNIT	12 - PASSENGER IN UNENCLOSED CARGO AREA	1 - NOT TRAPPED																																																																															
U - OTHER / UNKNOWN	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	13 - TRAILING UNIT	2 - EXTRICATED BY MECHANICAL MEANS																																																																															
	15 - NON-MOTORIST	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	3 - FREED BY NON-MECHANICAL MEANS																																																																															
	99 - OTHER / UNKNOWN	15 - NON-MOTORIST																																																																																
		99 - OTHER / UNKNOWN																																																																																
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH			AGE	GENDER																																																																								
	Neanover, James					1 2 1 9 1 9 6 2			59	M																																																																								
ADDRESS: STREET, CITY, STATE, ZIP																																																																																		
776 Louise Ave Fairfield, OH 45014																																																																																		
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH			AGE	GENDER																																																																								
	Vanover, Joshua					0 2 1 3 1 9 9 8			23	M																																																																								
ADDRESS: STREET, CITY, STATE, ZIP																																																																																		
1007 Dayton St #2 Hamilton, OH 45011																																																																																		
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH			AGE	GENDER																																																																								
	Jones, Trevor					0 5 2 2 1 9 9 9			22	M																																																																								
ADDRESS: STREET, CITY, STATE, ZIP																																																																																		
1805 Honeysuckle PL #A Fairfield, OH 45014																																																																																		

## OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRITIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER	22-008249	REPORTING AGENCY	Fairfield PD	DATE OF ACCIDENT
IN COUNTY OF	BUTLER	ACCIDENT LOCATION	SR 4 + Symmes Rd	M 02 D 04 Y 22
<p>NOT TO SCALE</p> <p>HSY 7002 1/82</p> <p>OFFICER'S SIGNATURE: <i>J. V. Kirby #33</i></p> <p>BADGE NUMBER: 133</p>				