



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL INFORMATION				LOCAL REPORT NUMBER*		
<input checked="" type="checkbox"/> PHOTOS TAKEN	<input checked="" type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	2 2 0 0 9 7 5 6			
<input type="checkbox"/> SECONDARY CRASH	<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	HIT/SKIP			
<input type="checkbox"/> PRIVATE PROPERTY			NUMBER OF UNITS			
REPORTING AGENCY NAME* NCIC* Fairfield Police Department 0 0 9 0 1				UNIT IN ERROR		
COUNTY* 0 9	LOCALITY* 1-CITY 1 2-VILLAGE 3-TOWNSHIP	LOCATION: CITY, VILLAGE, TOWNSHIP*	CRASH DATE / TIME* 0 2 1 0 2 0 2 2 0 8 5 7			CRASH SEVERITY
City of Fairfield				5		
ROUTE TYPE <input type="checkbox"/>	ROUTE NUMBER <input type="checkbox"/>	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST <input type="checkbox"/>	LOCATION ROAD NAME Wessel	ROAD TYPE D R	LATITUDE DECIMAL DEGREES 3 9 . 3 3 5 7 1 5	
ROUTE TYPE <input type="checkbox"/>	ROUTE NUMBER <input type="checkbox"/>	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST <input type="checkbox"/>	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Corydale	ROAD TYPE D R	LONGITUDE DECIMAL DEGREES -8 4 . 5 6 5 3 0 1	
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE # <input type="checkbox"/>	DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-WEST <input type="checkbox"/>	ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE <input type="checkbox"/>	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	INTERSECTION RELATED	
DISTANCE FROM REFERENCE <input type="checkbox"/>	DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS <input type="checkbox"/>				<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA	0 4 NUMBER OF APPROACHES
MANNER OF CRASH COLLISION/IMPACT 1-NOT COLLISION 2-BEFORE 3-BETWEEN 4-TWO MOTOR VEHICLES IN TRANSPORT 5-REAR-END 6-HEAD-ON <input type="checkbox"/>				ROADWAY		
DIRECTION OF TRAVEL 1-NORTH 2-SOUTH 3-EAST 4-WEST <input type="checkbox"/>				ROADWAY DIVIDED		
MEDIAN TYPE 1-DIVIDED FLUSH MEDIAN (<4 FEET) 2-DIVIDED FLUSH MEDIAN (>4 FEET) 3-DIVIDED, DEPRESSED MEDIAN 4-DIVIDED, RAISED MEDIAN (ANY TYPE) 9-OTHER/UNKNOWN <input type="checkbox"/>						
LOCATION OF FIRST HARMFUL EVENT 1-ON ROADWAY 2-ON SHOULDER 3-IN MEDIAN 4-ON ROADSIDE 5-ON GORE 6-OUTSIDE TRAFFIC WAY 7-ON RAMP 8-OFF RAMP 9-ON RAMP 10-DRIVEWAY/ALLEY ACCESS 11-RAILWAY GRADE CROSSING 12-SHARED USE PATHS OR TRAILS 13-BIKE LANE 14-TOLL BOOTH 99-OTHER / UNKNOWN 0 1 <input type="checkbox"/>		LOCATION OF CRASH IN WORK ZONE 1-BEFORE THE 1ST WORK ZONE 2-ADVANCE WARNING SIGN 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA <input type="checkbox"/>		CONTOUR 1 <input type="checkbox"/>	CONDITIONS 1 <input type="checkbox"/>	SURFACE 2 <input type="checkbox"/>
WORK ZONE TYPE 1-LANE CLOSURE 2-LANE SHIFT/CROSSOVER 3-WORK ON SHOULDER OR MEDIAN 4-INTERMITTENT OR MOVING WORK 5-OTHER <input type="checkbox"/>		1-BEFORE THE 1ST WORK ZONE 2-ADVANCE WARNING SIGN 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA <input type="checkbox"/>		1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-OTHER/UNKNOWN <input type="checkbox"/>	1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN <input type="checkbox"/>	1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN <input type="checkbox"/>
LIGHT CONDITION 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN 1 <input type="checkbox"/>		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 0 1 <input type="checkbox"/>				
NARRATIVE On 02/10/2022 at about 8:57 A.M. Unit 1 was traveling eastbound on Corydale Dr. and after having made the required stop at Deis Dr. proceeded into the intersection to keep traveling eastbound (straight) and in so doing failed to yield the right of way to and collided with Unit 2 which was traveling southbound on Deis Dr.				 Indicate the north direction with an "N" on the compass diagram. See OH-2		
CRASH REPORTED DATE / TIME 0 2 1 0 2 0 2 2 0 8 5 8		DISPATCH DATE / TIME 0 2 1 0 2 0 2 2 0 9 0 0		ARRIVAL DATE / TIME 0 2 1 0 2 0 2 2 0 9 0 6		SCENE CLEARED DATE / TIME 0 2 1 0 2 0 2 2 0 9 3 1
REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY		TOTAL TIME ROADWAY CLOSED <input type="checkbox"/>		TOTAL MINUTES 3 1		OTHER INVESTIGATION TIME <input type="checkbox"/>
		OFFICER'S NAME* P.O. C. Moore		CHECKED BY OFFICER'S NAME* Sgt. J. Springer		
		OFFICER'S BADGE NUMBER* 1 3 6		CHECKED BY OFFICER'S BADGE NUMBER* 8 4		SUPPLEMENT (CORRECTION or ADDITION TO AN EXISTING REPORT SENT TO ODS)



UNIT

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)
	0_1	E D And B S Brewer LIV TRST
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER)	
	2138 Resor Rd. Fairfield, OH 45014	
	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP	

OWNER PHONE: (INCLUDE AREA CODE) SAME AS DRIVER

OWNER OWNER
TITLE D And B'S Brewer LIV TRST
OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
2138 Resor Rd. Fairfield, OH 45014
COMMERCIAL CARRIER: NAME ADDRESS CITY STATE ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE O H	LICENSE PLATE # HYD5250	VEHICLE IDENTIFICATION # 2T3BFRREV4JW789198		VEHICLE YEAR 2018	VEHICLE MAKE Toyota
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY Grange Ins.	INSURANCE POLICY # 4475529	COLOR Gray	VEHICLE MODEL RAV 4	
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 0 1	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	

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

OF TRAILING UNITS (A/R / C/R)

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

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

01 1 - NO CARGO BODY TYPE 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER 8 - POLE 12 - CONCRETE MIXER
/NOT APPLICABLE MOTOR VEHICLE CHASSIS 9 - CARGO TANK 13 - AUTO TRANSPORTER
CARGO BODY 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 10 - FLAT BED 14 - GARBAGE/REFUSE

TYPE	7 - GRAIN/CHIPS/GRAVEL	11 - DUMP	99 - OTHER / UNKNOWN
1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE
2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT	10 - DISABLED FROM PRIOR
3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE	ACCIDENT

1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER CROSSWALK	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE
ON-MOTORIST LOCATION AT IMPACT	2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE 8 - SIDEWALK	10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN

1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING
2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING	OR LEAVING VEHICLE
3 - STRIKING	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	SPECIFIED LOCATION	19 - STANDING
ACTION	4 - STRUCK	4 - OVERTAKING/PASSING	10 - PARKED	20 - OTHER NON-MOTORIST
5 - BOTH STRIKING	ACTIONS	5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED	21 - STANDING OUTSIDE
& STRUCK		6 - MAKING LEFT TURN	IN TRAFFIC	DISABLED VEHICLE
9 - OTHER / UNKNOWN			12 - DRIVERLESS	99 - OTHER / UNKNOWN
0 3	0 1			

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

SEQUENCE OF EVENTS		NON-COLLISION			
1 <u>2</u> <u>0</u>	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT
	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS		17 - ANIMAL - FARM	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	12 - DOWNHILL RUNAWAY	18 - ANIMAL - DEER	
2 <u>1</u> <u>1</u>	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	13 - OTHER NON-COLLISION	19 - ANIMAL - OTHER	
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	14 - PEDESTRIAN	20 - MOTOR VEHICLE IN TRANSPORT	21 - OTHER HIGHWAY RELATED

LOSS OF SHIFT		15 - PEDALCYCLE		21 - PARKED MOTOR VEHICLE		24 - OTHER MOVEABLE OBJECT	
COLLISION WITH FIXED OBJECT - STRUCK							
3		25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT	
4		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	
6		29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX	54 - OTHER FIXED OBJECT	
		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	9	7	5	6						
DAMAGE													
DAMAGE SCALE													
<u>3</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>2</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							
2 - TWO-WAY						4 - STOP SIGN							
<u>2</u>	<u>4</u>	2 - SIGNAL						5 - YIELD SIGN					
3 - FLASHER						6 - NO CONTROL							
# OF THROUGH LANES ON ROAD						RAIL GRADE CROSSING							
<u>2</u>						1 - NOT INVOLVED							
						2 - INVOLVED-ACTIVE CROSSING							
						3 - INVOLVED-PASSIVE CROSSING							
UNIT / NON-MOTORIST DIRECTION													
FROM <u>4</u> TO <u>3</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>1</u> <u>0</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 SAME AS DRIVER
 0 2 McCoy, Travis S.

OWNER ADDRESS: STREET, CITY, STATE, ZIP SAME AS DRIVER
 1301 Park Ave. Hamilton, OH 45013

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

OWNER PHONE: INCLUDE AREA CODE SAME AS DRIVER

LOCAL REPORT NUMBER

2 2 0 0 9 7 5 6

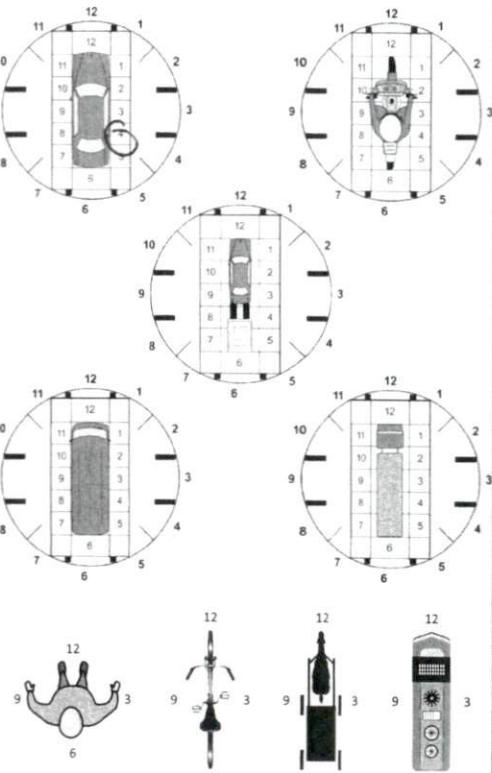
DAMAGE

DAMAGE SCALE

1 - NONE 3 - FUNCTIONAL DAMAGE
 2 - MINOR DAMAGE 4 - DISABLING DAMAGE
 9 - UNKNOWN

DAMAGED AREA(S)

INDICATE ALL THAT APPLY

 NO DAMAGE [0] UNDERCARRIAGE [14] TOP [13] ALL AREAS [15] UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT

0 - NO DAMAGE 14 - UNDERCARRIAGE
 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE
 DIAGRAM 99 - UNKNOWN
 13 - TOP

TRAFFIC

TRAFFICWAY FLOW

1 - ONE-WAY 4 - STOP SIGN
 2 - TWO-WAY 6 - SIGNAL 5 - YIELD SIGN
 2 3 - FLASHER 6 - NO CONTROL

OF THROUGH LANES ON ROAD

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

1 - STATED/ESTIMATED SPEED
 2 - CALCULATED/EDR

POSTED SPEED

3 - UNDETERMINED

LP STATE LICENSE PLATE # JEA5951 VEHICLE IDENTIFICATION # 3FAHP0HA4CR191802 VEHICLE YEAR 2012 VEHICLE MAKE Ford

INSURANCE VERIFIED INSURANCE COMPANY Allstate Ins. INSURANCE POLICY # 826273321 COLOR Silver VEHICLE MODEL Fusion

TYPE OF USE COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE
 INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS 0 1
 VEHICLE WEIGHT GVWR/GCWR
 1 - ≤10K LBS.
 2 - 10,001 - 26K LBS.
 3 - >26K LBS.

HAZARDOUS MATERIAL
 MATERIAL RELEASED CLASS # PLACARD ID #
 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 - MOVED OR MOTORIZED 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE
 5 - CARGO VAN 11 - ALL-TERRAIN VEHICLE (ATV/UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR 27 - TRAIN
 6 - VAN (9-15 SEATS) 17 - MOTORHOME 18 - LIMO (LIVERY VEHICLE) 28 - ANIMAL-DRAWN VEHICLE 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 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN
 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION
 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

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

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 9 - CARGO TANK 13 - AUTO TRANSPORTER
 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 14 - GARBAGE/REFUSE
 15 - CONSTRUCTION EQUIPMENT 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 DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT

1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER
 4 - MIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS AT INCIDENT SCENE
 2 - INTERSECTION - UNMARKED CROSSWALK 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 99 - OTHER/UNKNOWN

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 0 1 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 10 - PARKED 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST
 4 - STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 21 - STANDING OUTSIDE
 5 - BOTH STRIKING & STRUCK ACTIONS 5 - MAKING RIGHT TURN 12 - DRIVING LESS 17 - PUSHING VEHICLE
 6 - MAKING LEFT TURN 99 - OTHER/UNKNOWN

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 / A/CDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE
 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 19 - LEAVING TRAFFIC LANE 20 - OPENING DOOR INTO ROADWAY
 4 - RAN STOP SIGN 10 - IMPROPER PASSING 15 - SWERVING TO AVOID 23 - LOAD SHIFTING/FALLING/SPILLING
 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 16 - WRONG WAY 24 - OTHER IMPROPER ACTION
 6 - IMPROPER TURN 12 - IMPROPER BACKING 99 - OTHER IMPROPER ACTION

SEQUENCE OF EVENTS

1 2 0 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT
 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR
 3 - IMMERSION 9 - RAN OFF ROAD LEFT 12 - DOWNHILL RUNAWAY 18 - ANIMAL - DEER 24 - ANYTHING SET IN MOTION BY A MOTOR VEHICLE
 4 - JACKKNIFE 10 - CROSS MEDIAN 13 - OTHER NON-COLLISION 19 - ANIMAL - OTHER 25 - WORK ZONE MAINTENANCE EQUIPMENT
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 14 - PEDESTRIAN 20 - MOTOR VEHICLE IN TRANSPORT 26 - OTHER MOVABLE OBJECT
 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE

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
 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES 45 - EMBANKMENT 52 - BUILDING
 34 - MEDIAN GUARDRAIL SUPPORT 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL
 27 - BRIDGE PIER OR ABUTMENT BARRIER 41 - OTHER POST, POLE 47 - MAILBOX 54 - OTHER FIXED OBJECT
 28 - BRIDGE PARAPET 35 - MEDIAN CONCRETE BARRIER OR SUPPORT 48 - TREE 55 - FIRE HYDRANT
 29 - BRIDGE RAIL 36 - MEDIAN OTHER BARRIER 49 - CULVERT 99 - OTHER/UNKNOWN

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT



MOTORIST / NON-MOTORIST

										LOCAL REPORT NUMBER										
										2 2 0 0 9 7 5 6				DATE OF BIRTH	AGE	GENDER				
UNIT # NAME: LAST, FIRST, MIDDLE 0 1 Brewer, David Malcolm										1 1 1 1 1 9 7 5	4 6	M								
ADDRESS: STREET, CITY, STATE, ZIP 2138 Resor Rd. Fairfield, OH 45014										CONTACT PHONE - INCLUDE AREA CODE										
MOTORIST / NON-MOTORIST INJURIES 5		INJURED TAKEN BY 0		EMS AGENCY (NAME) Brewer, David Malcolm		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) MEDICAL FACILITY		SAFETY EQUIPMENT USED 0 4		DOT-COMPLIANT MC HELMET <input type="checkbox"/>		SEATING POSITION 0 1		AIR BAG USAGE 1		EJECTION 1		TRAPPED 1		
DL STATE O H		OPERATOR LICENSE NUMBER 331.19a		OFFENSE CHARGED 331.19a		LOCAL CODE <input checked="" type="checkbox"/>		OFFENSE DESCRIPTION Stop Sign		CITATION NUMBER 250235										
DL CLASS 04		ENDORSEMENT SELECT UP TO 2 1 8		RESTRICTION SELECT UP TO 3 1		DRIVER DISTRACTED BY 1		ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 01		ALCOHOL TEST STATUS TYPE VALUE 1 1 .		DRUG TEST(S) STATUS TYPE RESULT 1 1						
UNIT # NAME: LAST, FIRST, MIDDLE 0 2 McCoy, Jessica Lynn Phillips										1 0 0 5 1 9 9 1	3 0	F								
ADDRESS: STREET, CITY, STATE, ZIP 1301 Park Ave. Hamilton, OH 45013										CONTACT PHONE - INCLUDE AREA CODE										
MOTORIST / NON-MOTORIST INJURIES 5		INJURED TAKEN BY 0		EMS AGENCY (NAME) McCoy, Jessica Lynn Phillips		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) MEDICAL FACILITY		SAFETY EQUIPMENT USED 0 4		DOT-COMPLIANT MC HELMET <input type="checkbox"/>		SEATING POSITION 0 1		AIR BAG USAGE 1		EJECTION 1		TRAPPED 1		
DL STATE O H		OPERATOR LICENSE NUMBER 331.19a		OFFENSE CHARGED 331.19a		LOCAL CODE <input type="checkbox"/>		OFFENSE DESCRIPTION		CITATION NUMBER 250235										
DL CLASS 04		ENDORSEMENT SELECT UP TO 2 1		RESTRICTION SELECT UP TO 3 1		DRIVER DISTRACTED BY 1		ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 01		ALCOHOL TEST STATUS TYPE VALUE 1 1 .		DRUG TEST(S) STATUS TYPE RESULT 1 1						
UNIT # NAME: LAST, FIRST, MIDDLE 0 3 McCoy, Jessica Lynn Phillips										1 0 0 5 1 9 9 1	3 0	F								
ADDRESS: STREET, CITY, STATE, ZIP 1301 Park Ave. Hamilton, OH 45013										CONTACT PHONE - INCLUDE AREA CODE										
MOTORIST / NON-MOTORIST INJURIES 5		INJURED TAKEN BY 0		EMS AGENCY (NAME) McCoy, Jessica Lynn Phillips		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) MEDICAL FACILITY		SAFETY EQUIPMENT USED 0 4		DOT-COMPLIANT MC HELMET <input type="checkbox"/>		SEATING POSITION 0 1		AIR BAG USAGE 1		EJECTION 1		TRAPPED 1		
DL STATE O H		OPERATOR LICENSE NUMBER 331.19a		OFFENSE CHARGED 331.19a		LOCAL CODE <input type="checkbox"/>		OFFENSE DESCRIPTION		CITATION NUMBER 250235										
DL CLASS 04		ENDORSEMENT SELECT UP TO 2 1		RESTRICTION SELECT UP TO 3 1		DRIVER DISTRACTED BY 1		ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 01		ALCOHOL TEST STATUS TYPE VALUE 1 1 .		DRUG TEST(S) STATUS TYPE RESULT 1 1						
UNIT # NAME: LAST, FIRST, MIDDLE 0 4 McCoy, Jessica Lynn Phillips										1 0 0 5 1 9 9 1	3 0	F								
ADDRESS: STREET, CITY, STATE, ZIP 1301 Park Ave. Hamilton, OH 45013										CONTACT PHONE - INCLUDE AREA CODE										
MOTORIST / NON-MOTORIST INJURIES 5		SEATING POSITION 0		AIR BAG 0		DL CLASS 0		DL RESTRICTION(S) 0		DRIVER DISTRACTION 0		TEST STATUS 0								
1-FATAL 2-SUSPECTED SERIOUS INJURY 3-SUSPECTED MINOR INJURY 4-POSSIBLE INJURY 5-NO APPARENT INJURY										EJECTION 0		DL ENDORSEMENT 0		TRAPPED 0		ALCOHOL TEST TYPE 0				
INJURED TAKEN BY 1-NOT TRANSPORTED / TREATED AT SCENE 2-EMS 3-POLICE 9-OTHER/UNKNOWN										EJECTION 0		DL ENDORSEMENT 0		TRAPPED 0		ALCOHOL TEST TYPE 0				
SAFETY EQUIPMENT 1-NONE USED 2-SHOULDER BELT ONLY USED 3-LAP BELT ONLY USED 4-SHOULDER & LAP BELT USED 5-CHILD RESTRAINT SYSTEM - FORWARD FACING 6-CHILD RESTRAINT SYSTEM - REAR FACING 7-BOOSTER SEAT 8-Helmet USED 9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10-REFLECTIVE CLOTHING 11-LIGHTING - PEDESTRIAN / BICYCLE ONLY 99-OTHER/UNKNOWN										EJECTION 0		DL ENDORSEMENT 0		TRAPPED 0		ALCOHOL TEST TYPE 0				
INJURIES 5										EJECTION 0		DL ENDORSEMENT 0		TRAPPED 0		ALCOHOL TEST TYPE 0				
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INJURIES 5										EJECTION 										

LOCAL REPORT NUMBER	PD-22-009756	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	Wessel Dr. @ Deis Dr.	2/10/22
<p>← Wessel Dr.</p> <p>Corndale Dr.</p> <p>Stop Sign</p> <p>1 2</p> <p>↑ Deis Dr.</p> <p>← Wessel Dr.</p> <p>* Not To Scale *</p>				
		OFFICER'S SIGNATURE	P.O. C. Moore	BADGE NO 136