



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

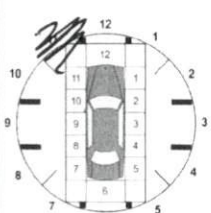
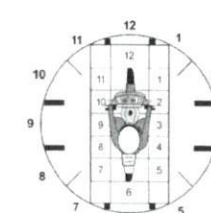
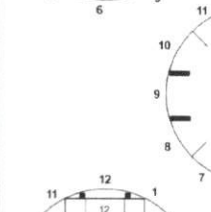
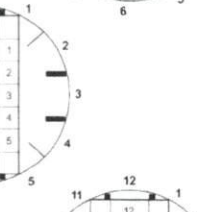
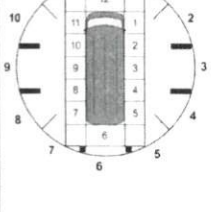
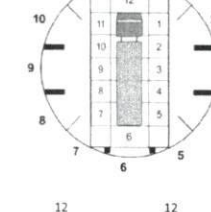
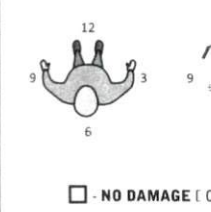

LOCAL REPORT NUMBER*

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY	LOCAL INFORMATION REPORTING AGENCY NAME* Fairfield Police Department		NCIC* 00901	22009944		HIT/SKIP 1-SOLVED 2-UNSOLVED	NUMBER OF UNITS 01	UNIT IN ERROR 98-ANIMAL 99-UNKNOWN		
COUNTY* 09	LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP 1	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield				CRASH DATE / TIME* 02112022 0510		CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY				
ROUTE TYPE LOCATION	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME Seward		ROAD TYPE R D	LATITUDE DECIMAL DEGREES 39.327438		CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY				
ROUTE TYPE REFERENCE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Mercantile		ROAD TYPE D R	LONGITUDE DECIMAL DEGREES -84.492373						
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE # 1	DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-WEST 1	ROUTE TYPE IR-INTERSTATE ROUTE(TP) US-FEDERAL US ROUTE SR-STATE ROUTE CR-NUMBERED COUNTY ROUTE TR-NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL-ALLEY AV-AVENUE BL-BOULEVARD CR-CIRCLE CT-COURT DR-DRIVE HE-HEIGHTS		ROAD TYPE HW-HIGHWAY LA-LANE MP-MILEPOST OV-OVAL PK-PARKWAY PI-PIKE PL-PLACE	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA		NUMBER OF APPROACHES				
DISTANCE FROM REFERENCE 612	DISTANCE UNIT OF MEASURE 1-MILES 2-Feet 3-YARDS 2	MANNER OF CRASH COLLISION/IMPACT 1-NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2-REAR-END 3-HEAD-ON 6		DIRECTION OF TRAVEL 1-NORTH 2-SOUTH 3-EAST 4-WEST		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"/> 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 2		CONDITIONS 1		SURFACE 2		
LIGHT CONDITION 1-DAYLIGHT 2-DAWN/DUSK 3-DARK-LIGHTED ROADWAY 4-DARK-ROADWAY NOT LIGHTED 5-DARK-UNKNOWN ROADWAY LIGHTING 9-OTHER/UNKNOWN 5		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 1		DIRECTION OF TRAVEL 1-NORTH 2-SOUTH 3-EAST 4-WEST		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						
NARRATIVE On 2/11/2022 at about 5:10 a.m. Unit 1 was traveling north on Seward Rd. when, at about 612 ft north of Mercantile Dr., failed to maintain the lane of travel and struck Unit 2, who was traveling south on Seward Rd. The driver of Unit 1 was also cited with No OL 335.01a1. See OH-2											<p>Indicate the north direction with an "N" on the compass diagram.</p>	
CRASH REPORTED DATE / TIME 02112022 0512		DISPATCH DATE / TIME 02112022 0513		ARRIVAL DATE / TIME 02112022 0518		SCENE CLEARED DATE / TIME 02112022 0609		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 DOPS)				
TOTAL TIME ROADWAY CLOSED 0	OTHER INVESTIGATION TIME 0	TOTAL MINUTES 56	OFFICER'S NAME* Larsh, Sam		CHECKED BY OFFICER'S NAME* D. Potts		OFFICER'S BADGE NUMBER* 130		CHECKED BY OFFICER'S BADGE NUMBER*			

OWNER	UNIT # 01		OWNER NAME: LAST, FIRST, MIDDLE () SAME AS DRIVER LOPEZ THE HANDYMAN				OWNER PHONE: INCLUDE AREA CODE () SAME AS DRIVER					
	OWNER ADDRESS: STREET, CITY, STATE, ZIP () SAME AS DRIVER 3 Stonewall Dr., West Chester, Ohio, 45069						COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE					
VEHICLE	LP STATE OH		LICENSE PLATE # HUC6275		VEHICLE IDENTIFICATION # KMHTC16AD3DU121172				VEHICLE YEAR 2013		VEHICLE MAKE Hyundai	
	<input type="checkbox"/> INSURANCE VERIFIED		INSURANCE COMPANY			INSURANCE POLICY #			COLOR Silver		VEHICLE MODEL Veloster	
	<input type="checkbox"/> COMMERCIAL		TYPE OF USE <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #			TOWED BY: COMPANY NAME Marcells				
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED		<input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS 01		VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <input type="checkbox"/> PLACARD PLACARD ID #			
	UNIT TYPE 01		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)		25 - OTHER NON-MOTORIST	
	3 - SPORT UTILITY VEHICLE		9 - AUTOCYCLE		14 - SINGLE UNIT TRUCK		20 - OTHER VEHICLE		21 - HEAVY EQUIPMENT		26 - BICYCLE	
	4 - PICK UP		10 - MOPED OR MOTORIZED BICYCLE		15 - SEMI-TRACTOR		22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE		27 - TRAIN		99 - UNKNOWN OR HIT/SKIP	
	5 - CARGO VAN		11 - ALL TERRAIN VEHICLE (ATV / UTV)		16 - FARM EQUIPMENT							
	6 - VAN (9-15 SEATS)				17 - MOTORHOME							
EVENT(S)	# of TRAILING UNITS 0		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN		AUTONOMOUS MODE LEVEL 0		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION		3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION		9 - UNKNOWN	
	SPECIAL FUNCTION 01		1 - NONE		6 - BUS - CHARTER/TOUR		11 - FIRE		16 - FARM		21 - MAIL CARRIER	
	2 - TAXI		7 - BUS - INTERCITY		12 - MILITARY		17 - MOWING		18 - SNOW REMOVAL		99 - OTHER / UNKNOWN	
	3 - ELECTRONIC RIDE SHARING		8 - BUS - SHUTTLE		13 - POLICE		19 - TOWING					
	4 - SCHOOL TRANSPORT		9 - BUS - OTHER		14 - PUBLIC UTILITY		20 - SAFETY SERVICE PATROL					
	5 - BUS - TRANSIT/COMMUTER		10 - AMBULANCE		15 - CONSTRUCTION EQUIPMENT							
	CARGO BODY TYPE 01		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		10 - FLAT BED		13 - AUTO TRANSPORTER	
					7 - GRAIN/CHIPS/GRAVEL		11 - DUMP		14 - GARBAGE/REFUSE		99 - OTHER / UNKNOWN	
	VEHICLE DEFECTS		1 - TURN SIGNALS		4 - BRAKES		7 - WORN OR SLICK TIRES		9 - MOTOR TROUBLE		99 - OTHER / UNKNOWN	
EVENT(S)	NON-MOTORIST LOCATION AT IMPACT		1 - INTERSECTION - MARKED CROSSWALK		3 - INTERSECTION - OTHER		6 - BICYCLE LANE		9 - MEDIAN/CROSSING ISLAND		12 - FIRST RESPONDER AT INCIDENT SCENE	
	2 - INTERSECTION - UNMARKED CROSSWALK		4 - MIDBLOCK - MARKED CROSSWALK		5 - TRAVEL LANE - OTHER LOCATION		7 - SHOULDER / ROADSIDE		10 - DRIVEWAY ACCESS		99 - OTHER / UNKNOWN	
	8 - SIDEWALK						9 - LEAVING TRAFFIC LANE		11 - SHARED USE PATHS OR TRAILS			
	ACTION 03		1 - NON-CONTACT		1 - STRAIGHT AHEAD		7 - MAKING U-TURN		13 - NEGOTIATING A CURVE		18 - APPROACHING OR LEAVING VEHICLE	
	2 - NON-COLLISION		2 - BACKING		2 - BACKING		8 - ENTERING TRAFFIC LANE		14 - ENTERING OR CROSSING SPECIFIED LOCATION		19 - STANDING	
	3 - STRIKING		3 - CHANGING LANES		3 - CHANGING LANES		9 - LEAVING TRAFFIC LANE		15 - WALKING, RUNNING, JOGGING, PLAYING		20 - OTHER NON-MOTORIST	
	4 - STRUCK		4 - OVERTAKING/PASSING		4 - OVERTAKING/PASSING		10 - PARKED		16 - WORKING		21 - STANDING OUTSIDE DISABLED VEHICLE	
	5 - BOTH STRIKING & STRUCK		5 - MAKING RIGHT TURN		5 - MAKING RIGHT TURN		11 - SLOWING OR STOPPED IN TRAFFIC		17 - PUSHING VEHICLE		99 - OTHER / UNKNOWN	
	9 - OTHER / UNKNOWN		6 - MAKING LEFT TURN		6 - MAKING LEFT TURN		12 - DRIVERLESS					
	CONTRIBUTING CIRCUMSTANCES 07		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 1 1 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												
COLLISION WITH FIXED OBJECT - STRUCK												
25 - IMPACT ATTENUATOR / CRASH CUSHION												
26 - BRIDGE OVERHEAD STRUCTURE												
27 - BRIDGE PIER OR ABUTMENT												
28 - BRIDGE PARAPET												
29 - BRIDGE												

LOCAL REPORT NUMBER <div style="border-bottom: 1px solid black; display: flex; justify-content: space-around; width: 100%;"> 22009944 </div>	
DAMAGE DAMAGE SCALE <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 - NONE <div style="border-bottom: 1px solid black; width: 50px; margin-top: 5px;">4</div> 2 - MINOR DAMAGE </div> <div style="width: 45%;"> 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN </div> </div>	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<div style="display: grid; grid-template-columns: 1fr 1fr; gap: 20px;"> </div>	

OWNER	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			
VEHICLE	LP STATE OH	LICENSE PLATE # HGB2728	VEHICLE IDENTIFICATION # 5NPBC14A1C2B1237155	VEHICLE YEAR 2011	VEHICLE MAKE Hyundai
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY MOTORISTS MUTUAL	INSURANCE POLICY # 0525177449	COLOR Red	VEHICLE MODEL Sonata
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	TOWED BY: COMPANY NAME Waynes	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 01	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
	TYPE OF USE		US DOT #	VEHICLE WEIGHT GVWR/GCWR	
	<input type="checkbox"/> PASSENGER CAR		1 - <10K LBS.	18 - LIMO (LIVERY VEHICLE)	
	<input type="checkbox"/> PASSENGER VAN (MINIVAN)		2 - 10,001 - 26K LBS.	19 - BUS (16+ PASSENGERS)	
	<input type="checkbox"/> SPORT UTILITY VEHICLE		3 - >26K LBS.	20 - OTHER VEHICLE	
	<input type="checkbox"/> PICK UP			21 - HEAVY EQUIPMENT	
	<input type="checkbox"/> CARGO VAN			22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	
<input type="checkbox"/> VAN (9-15 SEATS)			23 - PEDESTRIAN / SKATER		
UNIT TYPE 01			24 - WHEELCHAIR (ANY TYPE)		
# OF TRAILING UNITS 0			25 - OTHER NON-MOTORIST		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN	
1 - YES 2 - NO 9 - OTHER / UNKNOWN		1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION		
AUTONOMOUS MODE LEVEL 0		2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION		
SPECIAL FUNCTION 01		1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM
2 - TAXI		7 - BUS - INTERCITY	12 - MILITARY	17 - MOWING	21 - MAIL CARRIER
3 - ELECTRONIC RIDE SHARING		8 - BUS - SHUTTLE	13 - POLICE	18 - SNOW REMOVAL	99 - OTHER / UNKNOWN
4 - SCHOOL TRANSPORT		9 - BUS - OTHER	14 - PUBLIC UTILITY	19 - TOWING	
5 - BUS - TRANSIT/COMMUTER		10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL	
CARGO BODY TYPE 01		1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE
2 - BUS		4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	9 - CARGO TANK	12 - CONCRETE MIXER
		7 - GRAIN/CHIPS/GRAVEL	10 - FLAT BED	13 - AUTO TRANSPORTER	14 - GARBAGE/REFUSE
			11 - DUMP	99 - OTHER / UNKNOWN	
VEHICLE DEFECTS		1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE
2 - HEAD LAMPS		5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	10 - DISABLED FROM PRIOR ACCIDENT	99 - OTHER / UNKNOWN
3 - TAIL LAMPS		6 - TIRE BLOWOUT			
NON-MOTORIST LOCATION AT IMPACT		1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND AT INCIDENT SCENE
2 - INTERSECTION - UNMARKED CROSSWALK		4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	12 - FIRST RESPONDER
5 - TRAVEL LANE - OTHER LOCATION			8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	99 - OTHER / UNKNOWN
ACTION 4		1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE
PRE-CRASH ACTIONS 01		2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION
3 - STRIKING		3 - CHANGING LANES	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	15 - WALKING, RUNNING, JOGGING, PLAYING
4 - STRUCK		4 - OVERTAKING/PASSING	4 - OVERTAKING/PASSING	10 - PARKED	16 - WORKING
5 - BOTH STRIKING & STRUCK		5 - MAKING RIGHT TURN	5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	17 - PUSHING VEHICLE
9 - OTHER / UNKNOWN		6 - MAKING LEFT TURN	6 - MAKING LEFT TURN	12 - DRIVERLESS	
CONTRIBUTING CIRCUMSTANCES 01		1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	17 - VISION OBSTRUCTION
2 - FAILURE TO YIELD		8 - FOLLOWING TOO CLOSE / ACDA	8 - FOLLOWING TOO CLOSE / ACDA	14 - STOPPED OR PARKED ILLEGALLY	18 - OPERATING DEFECTIVE EQUIPMENT
3 - RAN RED LIGHT		9 - IMPROPER LANE CHANGE	9 - IMPROPER LANE CHANGE	15 - SWERVING TO AVOID	19 - LOAD SHIFTING/FALLING/ SPILLING
4 - RAN STOP SIGN		10 - IMPROPER PASSING	10 - IMPROPER PASSING	16 - WRONG WAY	20 - IMPROPER CROSSING
5 - UNSAFE SPEED		11 - DROVE OFF ROAD	11 - DROVE OFF ROAD		
6 - IMPROPER TURN		12 - IMPROPER BACKING	12 - IMPROPER BACKING		
SEQUENCE OF EVENTS		NON-COLLISION			
1 2 0		1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE
2		2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	12 - DOWNHILL RUNAWAY	17 - ANIMAL - FARM
3		3 - IMMERSION	8 - RAN OFF ROAD RIGHT	13 - OTHER NON-COLLISION	18 - ANIMAL - DEER
4		4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	14 - PEDESTRIAN	19 - ANIMAL - OTHER
5		5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	15 - PEDALCYCLE	20 - MOTOR VEHICLE IN TRANSPORT
6				21 - PARKED MOTOR VEHICLE	
COLLISION WITH FIXED OBJECT - STRUCK		22 - WORK ZONE MAINTENANCE EQUIPMENT			
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
27 - BRIDGE PIER OR ABUTMENT		33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES SUPPORT	45 - EMBANKMENT	52 - BUILDING
28 - BRIDGE PARAPET		34 - MEDIAN GUARDRAIL BARRIER	40 - UTILITY POLE	46 - FENCE	53 - TUNNEL
29 - BRIDGE RAIL		35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX	54 - OTHER FIXED OBJECT
30 - GUARDRAIL FACE		36 - MEDIAN OTHER BARRIER	42 - CULVERT	48 - TREE	99 - OTHER / UNKNOWN
49 - FIRE HYDRANT					
FIRST HARMFUL EVENT		MOST HARMFUL EVENT			

LOCAL REPORT NUMBER 22009944	
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	
99 - UNKNOWN	
13 - TOP	
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
4	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
35	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED
POSTED SPEED	
35	



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2 2 0 0 9 9 4 4

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE Perez, Jose	DATE OF BIRTH 0 2 2 0 1 9 9 5	AGE 2 6	GENDER M
ADDRESS: STREET, CITY, STATE, ZIP 1500 Sherwood Dr., Apt. 3D, Fairfield, Ohio, 45014		CONTACT PHONE - INCLUDE AREA CODE		
INJURIES 3	INJURED TAKEN BY 2	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) West Chester	SAFETY EQUIPMENT USED 0 4
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED 331.01a	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION Lane of Travel
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 5		ALCOHOL TEST STATUS TYPE VALUE 1 1 .		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4

UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Brun, Leo	DATE OF BIRTH 0 9 1 1 1 9 5 7	AGE 6 4	GENDER M
ADDRESS: STREET, CITY, STATE, ZIP 1216 Ronlee Dr., Milford, Ohio, 45150		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
OL STATE OH	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION
OL CLASS 4	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 1		ALCOHOL TEST STATUS TYPE VALUE 1 1 .		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
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION
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 1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	SEATING POSITION 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	AIR BAG 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	OL CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M/C MOPED ONLY 6 - NO VALID OL	OL RESTRICTION(S) 1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 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	DRIVER DISTRACTION 1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN	TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN
INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN	EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	OL ENDORSEMENT H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT	GENDER F - FEMALE M - MALE U - OTHER / UNKNOWN	ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	
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	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 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	DRUG TEST RESULT(S) 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS			



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
2 2 0 0 9 9 4 4

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	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	
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	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	
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	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	
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	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	

INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - NONE USED - VEHICLE OCCUPANT 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	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
INJURED TAKEN BY			
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN			
GENDER			
F - FEMALE M - MALE U - OTHER / UNKNOWN			
EJECTION			
1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE			
TRAPPED			
1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS			

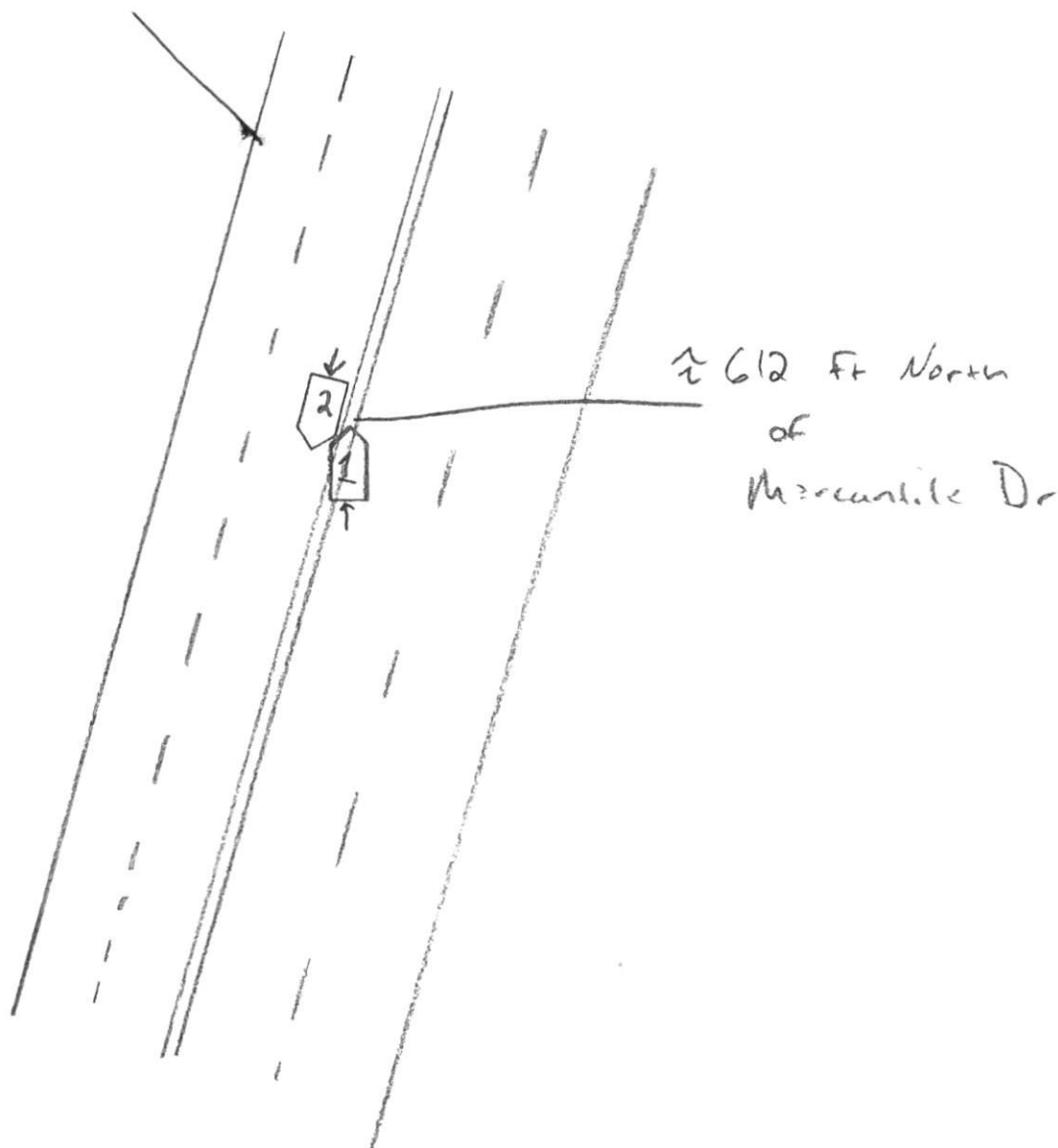
WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER
	Bolser, Donald	0 7 0 2 1 9 7 1		5 0	M
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE			
7423 Vinnedge Rd., Hamilton, Ohio, 45011					
WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER
				0	
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE			
WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER
				0	
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE			

LOCAL REPORT NUMBER	22009944	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	02112022
IN COUNTY OF	Butler	ACCIDENT LOCATION	Seward Rd., near Mercantile Dr.		

★ Not to Scale



Seward Rd



OFFICER'S SIGNATURE

BADGE NO
134