



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL REPORT NUMBER*	
<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		LOCAL INFORMATION		2 2 0 1 0 2 5 5	
		REPORTING AGENCY NAME* NCIC*		HIT/SKIP	NUMBER OF UNITS
		Fairfield Police Department 0 0 9 0 1		1 1 - SOLVED 2 - UNSOLVED	0 2
LOCATION	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*			CRASH DATE / TIME*
0 9	1 - CITY 2 - VILLAGE 3 - TOWNSHIP	City of Fairfield			0 2 1 2 2 0 2 2 0 3 5 2
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME Southgate	ROAD TYPE B L
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 5233	ROAD TYPE
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	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 HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY
REFERENCE POINT	DIRECTION FROM REFERENCE 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN TRANSPORT 4 - REAR-END 5 - HEAD-ON	DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS	MANNER OF CRASH COLLISION/IMPACT 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	DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	INTERSECTION RELATED 1 - WITHIN INTERSECTION OR ON APPROACH 2 - WITHIN INTERCHANGE AREA
0 1	0 1	0 1	2	NUMBER OF APPROACHES	ROADWAY
0 1	0 1	0 1	0 1	0 1	ROADWAY DIVIDED
0 1	0 1	0 1	0 1	0 1	MEDIAN TYPE
0 1	0 1	0 1	0 1	0 1	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
0 1	0 1	0 1	0 1	0 1	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN
0 1	0 1	0 1	0 1	0 1	2 - SURFACE
0 1	0 1	0 1	0 1	0 1	3 - LIGHT CONDITION
0 1	0 1	0 1	0 1	0 1	4 - WEATHER
0 1	0 1	0 1	0 1	0 1	5 - CONTOUR
0 1	0 1	0 1	0 1	0 1	6 - CONDITIONS
0 1	0 1	0 1	0 1	0 1	7 - SURFACE
0 1	0 1	0 1	0 1	0 1	8 - NARRATIVE
Unit 2 was parked southbound on Southgate Blvd. Unit 1 was southbound on Southgate Blvd. when it struck unit 2 in the left rear quarter panel. Unit 2 driver then fled the scene and was later located.					Indicate the north direction with an "N" on the compass diagram.
Unit 2 was also charged with Driving Under Suspension 335.074A (M4), and Leaving the Scene 335.12a3 (M4).					SEE OH-2
CRASH REPORTED DATE / TIME 0 2 1 2 2 0 2 2 0 3 5 2		DISPATCH DATE / TIME 0 2 1 2 2 0 2 2 0 3 5 3		ARRIVAL DATE / TIME 0 2 1 2 2 0 2 2 0 3 5 6	
SCENE CLEARED DATE / TIME 0 2 1 2 2 0 2 2 0 4 4 2		REPORT TAKEN BY			
TOTAL TIME ROADWAY CLOSED 0 0 0		OTHER INVESTIGATION TIME 0 3 0		POLICE AGENCY <input checked="" type="checkbox"/>	
TOTAL MINUTES 0 7 9		OFFICER'S NAME* PO Greg Bailes		MOTORIST <input type="checkbox"/>	
		OFFICER'S BADGE NUMBER* 1 2 2		SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP)	
				<input type="checkbox"/> D. Pohl	
				CHECKED BY OFFICER'S BADGE NUMBER* 1 3 0	



UNIT

OWNER

UNIT # 0_1 OWNER NAME: LAST, FIRST, MIDDLE SAME AS DRIVER
 Freeman, Crystal
 OWNER ADDRESS: STREET, CITY, STATE, ZIP SAME AS DRIVER
 131 Pershing Ave. Hamilton, OH. 45011

OWNER PHONE: INCLUDE AREA CODE SAME AS DRIVER

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LOCAL REPORT NUMBER
2 2 0 1 0 2 5 5

LP STATE <u>O_H</u>	LICENSE PLATE # <u>JJA8399</u>	VEHICLE IDENTIFICATION # <u>1HGCRI2F134GA0844413</u>	VEHICLE YEAR <u>2016</u>	VEHICLE MAKE <u>Honda</u>
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>Progressive</u>	INSURANCE POLICY # <u>945450718</u>	COLOR <u>Black</u>	VEHICLE MODEL <u>Accord</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>FOX Towing</u>	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input checked="" type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS <u>0_1</u>	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <u>1</u> PLACARD ID # <u>1</u> <input type="checkbox"/> PLACARD	
		VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		

<u>0_1</u>	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
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OF TRAILING UNITS

<u>0_2</u>	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN	AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN
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<u>0_1</u>	SPECIAL FUNCTION 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	21 - MAIL CARRIER 99 - OTHER / UNKNOWN
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<u>0_1</u>	CARGO BODY TYPE 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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<u>0_1</u>	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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<u>0_1</u>	NON-MOTORIST LOCATION AT IMPACT 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED 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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<u>3</u>	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 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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<u>9_9</u>	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
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SEQUENCE OF EVENTS

<u>1_2_1</u>	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
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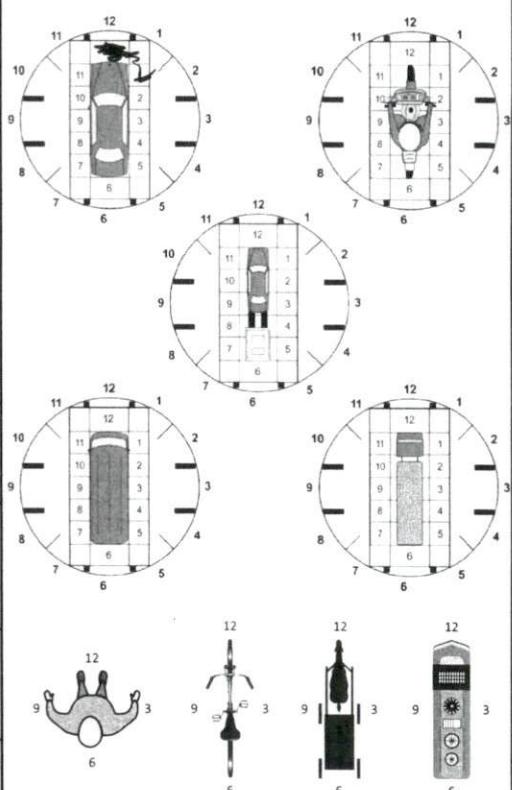
<u>4_5_6</u>	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER 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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FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

LOCAL REPORT NUMBER
2 2 0 1 0 2 5 5

DAMAGE		DAMAGE SCALE	
<u>4</u>	1 - NONE 2 - MINOR DAMAGE	3 - FUNCTIONAL 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 WAY FLOW <u>2</u>	TRAFFIC CONTROL 1 - ONE-WAY 2 - TWO-WAY <u>6</u>
# OF THROUGH LANES ON ROAD <u>2</u>	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING <u>1</u>

UNIT / NON-MOTORIST DIRECTION FROM <u>1</u> TO <u>2</u>	1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
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UNIT SPEED <u>0_3_5</u>	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED <u>1</u>
POSTED SPEED <u>2_5</u>	

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> SAME AS DRIVER	OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER
0 2	Davis, Craig	
OWNER ADDRESS: STREET, CITY, STATE, ZIP <input type="checkbox"/> SAME AS DRIVER		
5233 Southgate Blvd. unit B Fairfield, OH. 45014		

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	GPB5395	5UXFE8C51AL310741	2010	BMW

<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY Proqessive	INSURANCE POLICY # 928251239	COLOR Black	VEHICLE MODEL X5	
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME Marcell's Towing		
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS 0 0	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <input type="checkbox"/> PLACARD ID # <input type="checkbox"/> PLACARD		
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)	1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	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 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN		
1 - YES 2 - NO 9 - OTHER / UNKNOWN		AUTONOMOUS MODE LEVEL				
1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER		6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	21 - MAIL CARRIER 99 - OTHER / UNKNOWN	

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	21 - MAIL CARRIER 99 - OTHER / UNKNOWN
CARGO BODY TYPE		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

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 - MIDDLEBLOCK - 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		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	PRE-CRASH ACTIONS 1 - STRIKING 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	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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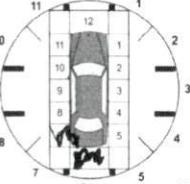
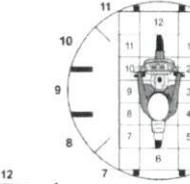
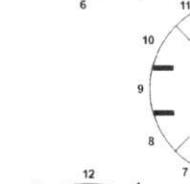
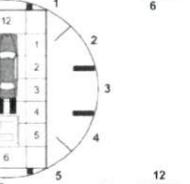
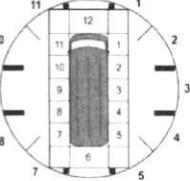
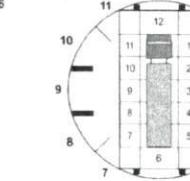
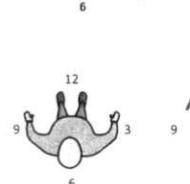
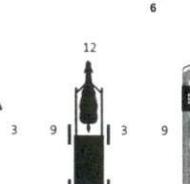
CONTRIBUTING CIRCUMSTANCES		1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED 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

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 - DOWNSHILL 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
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4 5 6 1		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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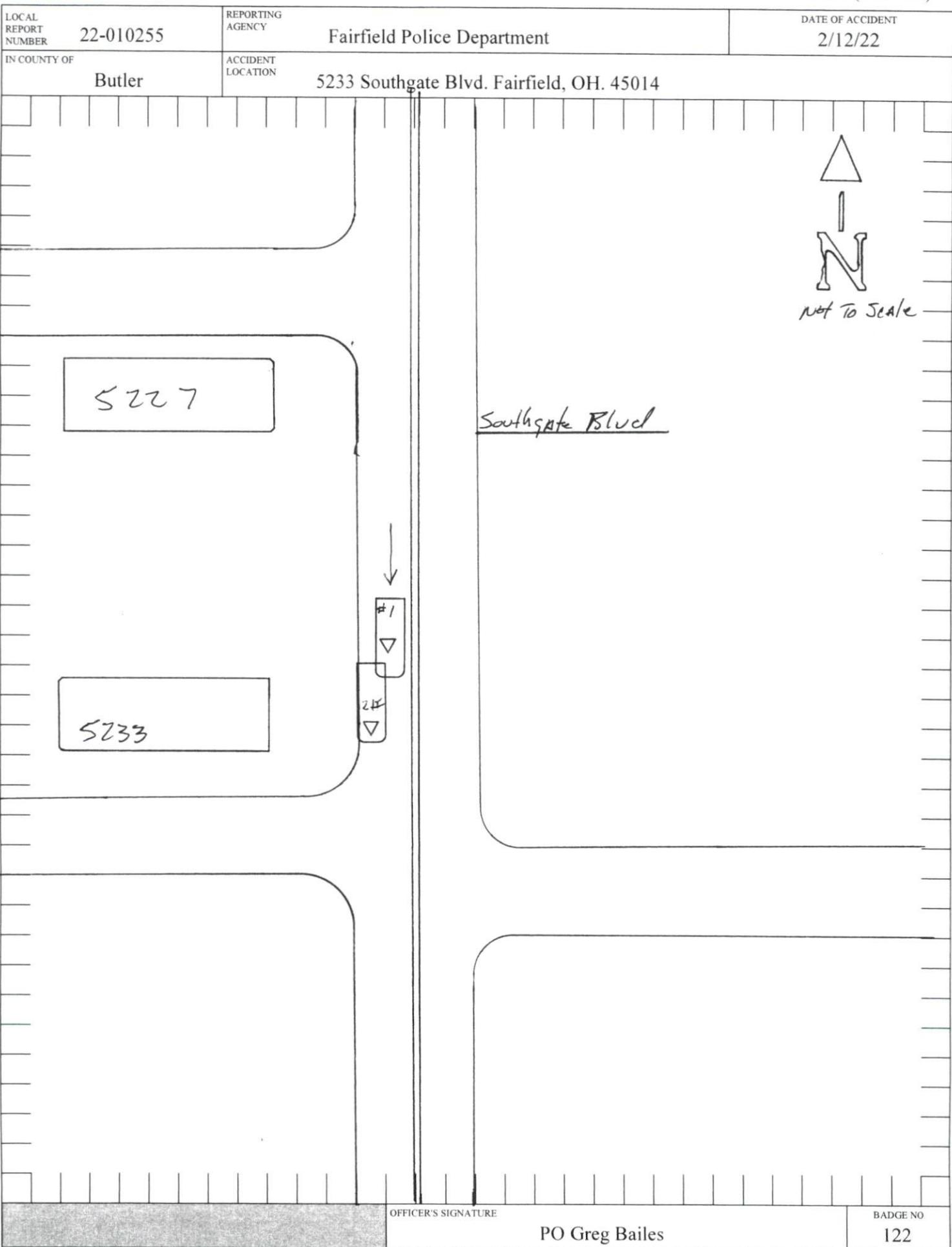
1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER		2 2 0 1 0 2 5 5
DAMAGE		DAMAGE SCALE
4	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE
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 1 6	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
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
2	# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
1	UNIT / NON-MOTORIST DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 9 - OTHER / UNKNOWN	FROM 1 TO 2
0 1	UNIT SPEED 0 - STATED / ESTIMATED SPEED 1 - CALCULATED / EDR 2 - UNDETERMINED	DETECTED SPEED
2 5	POSTED SPEED	

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER									
2 2 0 1 0 2 5 5									

MOTORIST / NON-MOTORIST	NAME: LAST, FIRST, MIDDLE 0 1 O'Neal, Ja Riyah Leeshay										DATE OF BIRTH 0 4 0 1 1 9 9 7			AGE 2 4	GENDER F
	ADDRESS: STREET, CITY, STATE, ZIP 5286 Southgate Blvd. unit 10 Fairfield, OH. 45014										CONTACT PHONE - INCLUDE AREA CODE				
MOTORIST / NON-MOTORIST	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 4	EJECTION 1	TRAPPED 1			
	OL STATE O H	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 331.34A		LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION Failure to Control		CITATION NUMBER 250339						
MOTORIST / NON-MOTORIST	OL 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		DRUG TEST(S) STATUS 1				
	UNIT # 0 2	NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH			AGE 0	GENDER							
MOTORIST / NON-MOTORIST	ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES 1	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 1	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
MOTORIST / NON-MOTORIST	OL STATE 1	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER						
	OL CLASS 1	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		DRUG TEST(S) STATUS 1				
MOTORIST / NON-MOTORIST	UNIT # 1	NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH			AGE 0	GENDER							
	ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE				
MOTORIST / NON-MOTORIST	INJURIES 1	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 1	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
	OL STATE 1	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER						
MOTORIST / NON-MOTORIST	OL CLASS 1	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		DRUG TEST(S) STATUS 1				
	INJURIES 1	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS								
1-FATAL	1-FRONT-LEFT SIDE (MOTORCYCLE DRIVER)	1-NOT DEPLOYED	1-CLASS A	1-ALCOHOL INTERLOCK DEVICE	1-NOT DISTRACTED	1-NONE GIVEN									
2-SUSPECTED SERIOUS INJURY	2-FRONT-MIDDLE	2-DEPLOYED FRONT	2-CLASS B	2-CDL INTRASTATE ONLY	2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2-TEST REFUSED									
3-SUSPECTED MINOR INJURY	3-FRONT- RIGHT SIDE	3-DEPLOYED SIDE	3-CLASS C	3-CORRECTIVE LENSES	3-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	5-TEST GIVEN, RESULTS UNKNOWN										
INJURED TAKEN BY	6-SECOND- RIGHT SIDE	6-DEPLOYMENT UNKNOWN	6-M/C MOPED ONLY	6-EXCEPT CLASS A & CLASS B BUS											
1-NOT TRANSPORTED /TREATED AT SCENE	7-THIRD- LEFT SIDE (MOTORCYCLE SIDE CAR)	7-DEPLOYED UNKNOWN	7-NO VALID OL	7-EXCEPT TRACTOR-TRAILER											
2-EMS	8-THIRD- MIDDLE	8-DEPLOYED UNKNOWN	8-INTERMEDIATE LICENSE RESTRICTIONS	8-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE											
3-POLICE	9-THIRD- RIGHT SIDE	9-DEPLOYED UNKNOWN	9-LEARNER'S PERMIT RESTRICTIONS	9-PASSENGER											
9- OTHER/UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB	10-DEPLOYED UNKNOWN	10-LIMITED TO DAYLIGHT ONLY	7-OTHER DISTRACTION INSIDE THE VEHICLE											
SAFETY EQUIPMENT	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11-NOT DEPLOYED	11-LIMITED TO EMPLOYMENT	8-OTHER DISTRACTION OUTSIDE THE VEHICLE											
1-NONE USED	12-PASSENGER IN UNENCLOSED CARGO AREA	12-EXTRICATED BY MECHANICAL MEANS	12-LIMITED - OTHER	9-OTHER / UNKNOWN											
2-SHOULDER BELT ONLY USED	13-TRAILING UNIT	13-FREED BY NON-MECHANICAL MEANS	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)												
3-LAP BELT ONLY USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14-NOT TRAPPED	14-MILITARY VEHICLES ONLY												
4-SHOULDER & LAP BELT USED	15-NON-MOTORIST	15-EXTRICATED BY MECHANICAL MEANS	15-MOTOR VEHICLES WITHOUT AIR BRAKES												
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	99-OTHER / UNKNOWN	16-OUTSIDE MIRROR													
6-CHILD RESTRAINT SYSTEM - REAR FACING	F-FEMALE	17-PROSTHETIC AID													
7-BOOSTER SEAT	M-MALE	18-OTHER													
8-HELMET USED	U-OTHER / UNKNOWN														
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	GENDER														
10-REFLECTIVE CLOTHING	F-FEMALE														
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY	M-MALE														
99-OTHER / UNKNOWN	U-OTHER / UNKNOWN														
DRUG TEST TYPE	CONDITION														
1-NONE	1-APPARENTLY NORMAL														
2-BLOOD	2-PHYSICAL IMPAIRMENT														
3-URINE	3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)														
4-BREATH	4-ILLNESS														
5-OTHER	5-FELL ASLEEP, FAINTED, FATIGUED, ETC.														
DRUG TEST RESULT(S)	6-UNDER THE INFLUENCE OF MEDICATIONS/DRUGS /ALCOHOL														
1-AMPHETAMINES	7-OTHER														
2-BARBITURATES	8-NEGATIVE RESULTS														
3-BENZODIAZEPINES															
4-CANNABINOID															
5-COCAIN															
6-OPIATES / OPIOIDS															
7-OTHER															
HSY8306 OH1M 1/19 (760-1500)	PAGE 4 OF 5														

LOCAL REPORT NUMBER	22-010255	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	2/12/22
IN COUNTY OF	Butler	ACCIDENT LOCATION	5233 Southgate Blvd. Fairfield, OH. 45014		
					
<p>Not To Scale</p> <p>5227</p> <p>5233</p> <p>Southgate Blvd</p> <p>#1</p> <p>24</p>					
<p>OFFICER'S SIGNATURE</p> <p>PO Greg Bailes</p> <p>BADGE NO</p> <p>122</p>					