




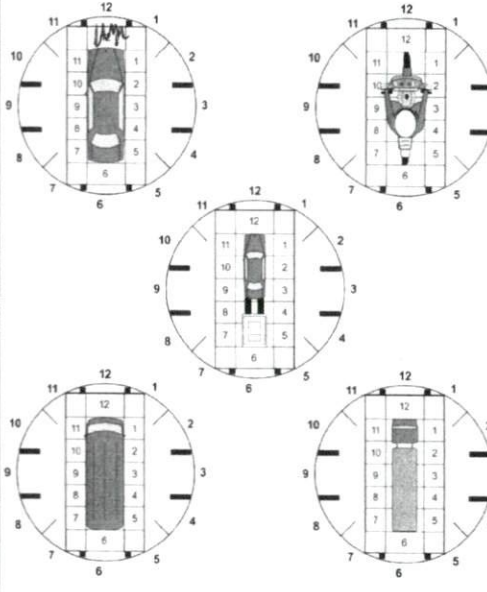
# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

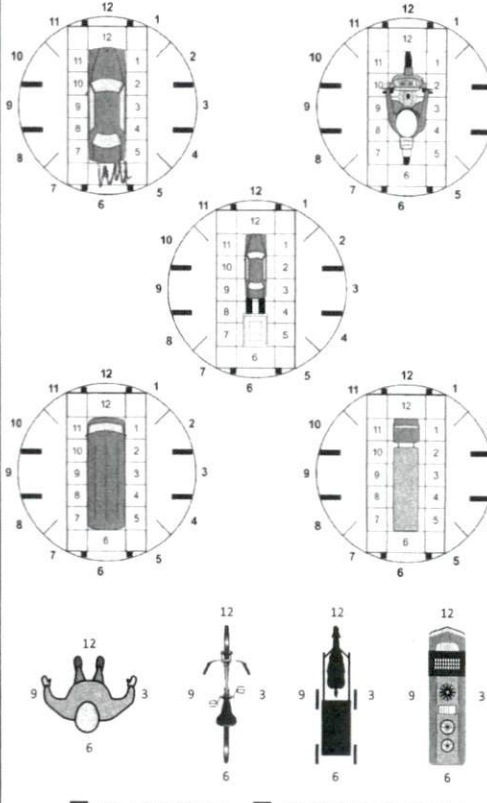
|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH  |  | <input checked="" type="checkbox"/> OH-2<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> OTHER<br><input checked="" type="checkbox"/> PRIVATE PROPERTY   | LOCAL INFORMATION  |  | 2 2 0 1 2 8 5 5  |  |  |
| REPORTING AGENCY NAME*<br>Fairfield Police Department   |  | NCIC*<br>0 0 9 0 1   |  | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED   |  | NUMBER OF UNITS<br>0 2   | UNIT IN ERROR<br>98 - ANIMAL<br>99 - UNKNOWN |
| COUNTY*<br>0 9  | LOCALITY*<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br>1                  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>City of Fairfield  |  | CRASH DATE / TIME*<br>0 2 2 1 2 0 2 2 2 1 4 2  |  | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY   |  |
| ROUTE TYPE<br>LOCATION  | ROUTE NUMBER   | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   | LOCATION ROAD NAME<br>Ramblewood   | ROAD TYPE<br>D R   | LATITUDE DECIMAL DEGREES<br>3 9 . 3 0 8 4 1 2  |  |  |
| ROUTE TYPE<br>REFERENCE   | ROUTE NUMBER   | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>204   | ROAD TYPE  | LONGITUDE DECIMAL DEGREES<br>- 8 4 . 4 9 9 4 1 6   |  |  |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br>3  | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE  | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>PL - PLACE<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES<br>ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED |  |  |  |
| LOCATION OF FIRST HARMFUL EVENT<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP<br>0 1  |  | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN<br>1 |  | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  |  | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (> 4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN                     |  |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE   |  | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER   | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA  | CONTOUR<br>1<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/UNKNOWN  | CONDITIONS<br>1<br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN | SURFACE<br>2<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/UNKNOWN   |  |
| LIGHT CONDITION<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN<br>3   |  | WEATHER<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN<br>0 1                                   |  |  |  |  |  |
| NARRATIVE<br>Owner of unit 2 vehicle was outside of 204 Ramblewood Drive when she witnessed unknown unit 1 driving northbound on Ramblewood Drive when unit 1 struck her parked vehicle that was parked in the parking lot. Unit 2 owner stated it was a silver car with a male driver. Unit 1 left the scene without contacting authorities. |  |  |  | <br>Indicate the north direction with an "N" on the compass diagram.<br><br>See OH-2  |  |  |  |
| CRASH REPORTED DATE / TIME<br>0 2 2 1 2 0 2 2 2 1 4 2   |  | DISPATCH DATE / TIME<br>0 2 2 1 2 0 2 2 2 1 4 8  |  | ARRIVAL DATE / TIME<br>0 2 2 1 2 0 2 2 2 2 0 1   |  | SCENE CLEARED DATE / TIME<br>0 2 2 1 2 0 2 2 2 2 1 3   |  |
| TOTAL TIME ROADWAY CLOSED<br>0 0  | OTHER INVESTIGATION TIME<br>2 0  | TOTAL MINUTES<br>4 5   | OFFICER'S NAME*<br>N. Davis  | CHECKED BY OFFICER'S NAME*<br>Sgt. Aaron Meyer   |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS) |  |
|   |  | OFFICER'S BADGE NUMBER*<br>1 6 9   |  | CHECKED BY OFFICER'S BADGE NUMBER*<br>1 3 2  |  |  |  |

|   |   |  |  |   |  |
|---|---|--|--|---|--|
| OWNER   | UNIT #<br>01  | 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  | LICENSE PLATE #                                    | VEHICLE IDENTIFICATION #   | VEHICLE YEAR  | VEHICLE MAKE   |
|   | INSURANCE VERIFIED  | INSURANCE COMPANY                                  | INSURANCE POLICY #   | COLOR<br>Silver   | VEHICLE MODEL  |
|   | TYPE OF USE<br><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 checked="" type="checkbox"/> HIT/SKIP UNIT  |  | #OCCUPANTS<br>01   | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID #    |  |
|   | UNIT TYPE<br>1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>6 - VAN (9-15 SEATS)  |  | 7 - MOTORCYCLE 2-WHEELED<br>8 - MOTORCYCLE 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV / UTV)   | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME | 18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE<br>23 - PEDESTRIAN / SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP |
|   | # OF TRAILING UNITS   |  |  |   |  |
|   | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>9 1 - YES 2 - NO 9 - OTHER / UNKNOWN   |  | AUTONOMOUS MODE LEVEL<br>9 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN   |   |  |
|   | SPECIAL FUNCTION<br>9 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT/COMMUTER   |  | 6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER / UNKNOWN  |   |  |
|   | CARGO BODY TYPE<br>01 1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS  |  | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER / UNKNOWN   |   |  |
|   | VEHICLE DEFECTS<br>1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS   |  | 4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER / UNKNOWN   |   |  |
| EVENT(S)  | NON-MOTORIST LOCATION AT IMPACT<br>3 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK   |  | 3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER / ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER / UNKNOWN  |   |  |
|   | ACTION<br>3 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER / UNKNOWN   |  | 1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE<br>9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER / UNKNOWN |   |  |
|   | CONTRIBUTING CIRCUMSTANCES<br>9 1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN   |  | 7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE / ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/FALLING/ SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION  |   |  |
|   | SEQUENCE OF EVENTS<br>1 2 1 1 - OVERTURN/ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT  |  | NON-COLLISION<br>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT  |   |  |
|   | COLLISION WITH FIXED OBJECT - STRUCK<br>4 25 - IMPACT ATTENUATOR / CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT / LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER / UNKNOWN |  |  |   |  |
|   | FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT  |  |  |   |  |

|   |  |
|---|--|
| LOCAL REPORT NUMBER<br>2 2 0 1 2 8 5 5  |  |
| DAMAGE<br>DAMAGE SCALE<br>9 1 - NONE 3 - FUNCTIONAL DAMAGE<br>2 - MINOR DAMAGE 4 - DISABLING DAMAGE<br>9 - UNKNOWN  |  |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY  |  |
|    |  |
| <input type="checkbox"/> NO DAMAGE [ 0 ] <input type="checkbox"/> UNDERCARRIAGE [ 14 ]<br><input type="checkbox"/> TOP [ 13 ] <input type="checkbox"/> ALL AREAS [ 15 ]<br><input checked="" type="checkbox"/> UNIT NOT AT SCENE [ 16 ] |  |
| INITIAL POINT OF CONTACT<br>0 - NO DAMAGE 14 - UNDERCARRIAGE<br>1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE<br>13 - TOP 99 - UNKNOWN   |  |
| TRAFFIC   |  |
| TRAFFICWAY FLOW<br>1 - ONE-WAY<br>2 - TWO-WAY   | TRAFFIC CONTROL<br>1 - ROUNDABOUT 4 - STOP SIGN<br>2 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD  | RAIL GRADE CROSSING<br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING   |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 2 TO 1<br>1 - NORTH 5 - NORTHEAST<br>2 - SOUTH 6 - NORTHWEST<br>3 - EAST 7 - SOUTHEAST<br>4 - WEST 8 - SOUTHWEST<br>9 - OTHER / UNKNOWN   |  |
| UNIT SPEED<br>1 5   | DETECTED SPEED<br>1 1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED               |
| POSTED SPEED<br>1 0   |  |



|          |   |  |   |  |               |  |  |
|----------|---|--|---|--|---------------|--|--|
| OWNER    | UNIT #  | OWNER NAME: LAST, FIRST, MIDDLE ( ) SAME AS DRIVER |   | OWNER PHONE: INCLUDE AREA CODE ( ) SAME AS DRIVER  |               |  |  |
|          | 02  | Lendo Mctona, Ruth                                 |   |  |               |  |  |
| VEHICLE  | OWNER ADDRESS: STREET, CITY, STATE, ZIP ( ) SAME AS DRIVER  |  |   |  |               |  |  |
|          | 204 Ramblewood Dr. Apt. 2B Fairfield, OH 45014  |  |   |  |               |  |  |
| EVENT(S) | COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP   |  | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE   |  |               |  |  |
|          |   |  |   |  |               |  |  |
| VEHICLE  | LP STATE  | LICENSE PLATE #                                    | VEHICLE IDENTIFICATION #  | VEHICLE YEAR   | VEHICLE MAKE  |  |  |
|          | OH  | JBW1947  | KNAFK4A1611G5449440   | 2016   | Kia           |  |  |
| VEHICLE  | <input checked="" type="checkbox"/> INSURANCE VERIFIED  | INSURANCE COMPANY                                  | INSURANCE POLICY #  | COLOR  | VEHICLE MODEL |  |  |
|          |   | Progressive  | 954420355   | Gray   | Forté         |  |  |
| VEHICLE  | TYPE OF USE   |  | US DOT #  | TOWED BY: COMPANY NAME   |               |  |  |
|          | <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE  |  |   |  |               |  |  |
| VEHICLE  | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED  | <input type="checkbox"/> HIT/SKIP UNIT             | #OCCUPANTS  | HAZARDOUS MATERIAL   |               |  |  |
|          |   |  | 00  | <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID # |               |  |  |
| VEHICLE  | UNIT TYPE   |  | VEHICLE WEIGHT GVWR/GCWR  |  |               |  |  |
|          | 01  |  | 1 - <10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS.   |  |               |  |  |
| VEHICLE  | # OF TRAILING UNITS   |  | HAZARDOUS MATERIAL  |  |               |  |  |
|          | 0   |  | <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID #  |  |               |  |  |
| VEHICLE  | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?   |  | AUTONOMOUS MODE LEVEL   |  |               |  |  |
|          | 2   |  | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN   |  |               |  |  |
| VEHICLE  | SPECIAL FUNCTION  |  | VEHICLE TOWING ANOTHER MOTOR VEHICLE  |  |               |  |  |
|          | 01  |  | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER / UNKNOWN  |  |               |  |  |
| VEHICLE  | CARGO BODY TYPE   |  | VEHICLE TOWING ANOTHER MOTOR VEHICLE  |  |               |  |  |
|          | 01  |  | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER / UNKNOWN  |  |               |  |  |
| VEHICLE  | VEHICLE DEFECTS   |  | VEHICLE TOWING ANOTHER MOTOR VEHICLE  |  |               |  |  |
|          | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS  |  | 4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER / UNKNOWN  |  |               |  |  |
| VEHICLE  | NON-MOTORIST LOCATION AT IMPACT   |  | VEHICLE TOWING ANOTHER MOTOR VEHICLE  |  |               |  |  |
|          | 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER / ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER / UNKNOWN |  |   |  |               |  |  |
| VEHICLE  | ACTION  |  | VEHICLE TOWING ANOTHER MOTOR VEHICLE  |  |               |  |  |
|          | 4   |  | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER / UNKNOWN<br>1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE<br>9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER / UNKNOWN                                     |  |               |  |  |
| VEHICLE  | CONTRIBUTING CIRCUMSTANCES  |  | VEHICLE TOWING ANOTHER MOTOR VEHICLE  |  |               |  |  |
|          | 01  |  | 1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE / ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/FALLING/ SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION  |  |               |  |  |
| VEHICLE  | SEQUENCE OF EVENTS  |  | VEHICLE TOWING ANOTHER MOTOR VEHICLE  |  |               |  |  |
|          | 120   |  | 1 - OVERTURN/ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT  |  |               |  |  |
| VEHICLE  | COLLISION WITH FIXED OBJECT - STRUCK  |  | VEHICLE TOWING ANOTHER MOTOR VEHICLE  |  |               |  |  |
|          | 1   |  | 25 - IMPACT ATTENUATOR / CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT / LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER / UNKNOWN |  |               |  |  |
| VEHICLE  | FIRST HARMFUL EVENT   |  | MOST HARMFUL EVENT  |  |               |  |  |
|          | 1   |  | 1   |  |               |  |  |

|  |  |
|--|--|
| LOCAL REPORT NUMBER  |  |
| 22012855   |  |
| DAMAGE   |  |
| DAMAGE SCALE   |  |
| 1 - NONE<br>2 - MINOR DAMAGE<br>3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE<br>9 - UNKNOWN   |  |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY   |  |
|    |  |
| <input type="checkbox"/> NO DAMAGE [0] <input type="checkbox"/> UNDERCARRIAGE [14]<br><input type="checkbox"/> TOP [13] <input type="checkbox"/> ALL AREAS [15]<br><input type="checkbox"/> UNIT NOT AT SCENE [16] |  |
| INITIAL POINT OF CONTACT   |  |
| 0 - NO DAMAGE<br>1 - REFER TO UNIT DIAGRAM<br>12 - TOP<br>14 - UNDERCARRIAGE<br>15 - VEHICLE NOT AT SCENE<br>99 - UNKNOWN  |  |
| TRAFFIC  |  |
| TRAFFICWAY FLOW  | TRAFFIC CONTROL  |
| 1 - ONE-WAY<br>2 - TWO-WAY   | 1 - ROUNDABOUT<br>2 - SIGNAL<br>3 - FLASHER<br>4 - STOP SIGN<br>5 - YIELD SIGN<br>6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD   | RAIL GRADE CROSSING  |
| 2  | 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING                |
| UNIT / NON-MOTORIST DIRECTION  |  |
| FROM 4 TO 3  |  |
| UNIT SPEED   | DETECTED SPEED   |
| 00   | 1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED                         |
| POSTED SPEED   |  |
| 10   |  |



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 2 0 1 2 8 5 5

|                                   |                               |                                   |   |  |  |  |                    |  |              |
|-----------------------------------|-------------------------------|-----------------------------------|---|--|--|--|--------------------|--|--------------|
| UNIT #<br>0 1                     | NAME: LAST, FIRST, MIDDLE     | DATE OF BIRTH                     |   | AGE<br>0   | GENDER<br>M                                      |  |                    |  |              |
| 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<br>9 9   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 1                    | AIR BAG USAGE<br>9 | EJECTION<br>1  | TRAPPED<br>1 |
| OL STATE                          | OPERATOR LICENSE NUMBER       | OFFENSE CHARGED                   | LOCAL CODE<br><input type="checkbox"/>          | OFFENSE DESCRIPTION  | CITATION NUMBER                                  |  |                    |  |              |
| OL CLASS                          | ENDORSEMENT<br>SELECT UP TO 2 | RESTRICTION SELECT UP TO 3        | DRIVER DISTRACTED BY<br>9                       | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>9                                   | ALCOHOL TEST<br>STATUS TYPE VALUE<br>1 1 . |                    | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4<br>1 1 . |              |

|                                   |                               |                                   |   |  |  |                                   |               |   |         |
|-----------------------------------|-------------------------------|-----------------------------------|---|--|--|-----------------------------------|---------------|---|---------|
| UNIT #                            | NAME: LAST, FIRST, MIDDLE     | DATE OF BIRTH                     |   | AGE<br>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  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION                  | AIR BAG USAGE | EJECTION  | TRAPPED |
| OL STATE                          | OPERATOR LICENSE NUMBER       | OFFENSE CHARGED                   | LOCAL CODE<br><input type="checkbox"/>          | OFFENSE DESCRIPTION  | CITATION NUMBER                                  |                                   |               |   |         |
| OL CLASS                          | ENDORSEMENT<br>SELECT UP TO 2 | RESTRICTION SELECT UP TO 3        | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION  | ALCOHOL TEST<br>STATUS TYPE VALUE |               | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4 |         |

|                                   |                               |                                   |   |  |  |                                   |               |   |         |
|-----------------------------------|-------------------------------|-----------------------------------|---|--|--|-----------------------------------|---------------|---|---------|
| UNIT #                            | NAME: LAST, FIRST, MIDDLE     | DATE OF BIRTH                     |   | AGE<br>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  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION                  | AIR BAG USAGE | EJECTION  | TRAPPED |
| OL STATE                          | OPERATOR LICENSE NUMBER       | OFFENSE CHARGED                   | LOCAL CODE<br><input type="checkbox"/>          | OFFENSE DESCRIPTION  | CITATION NUMBER                                  |                                   |               |   |         |
| OL CLASS                          | ENDORSEMENT<br>SELECT UP TO 2 | RESTRICTION SELECT UP TO 3        | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION  | ALCOHOL TEST<br>STATUS TYPE VALUE |               | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4 |         |

|   |  |   |   |   |   |  |  |  |
|---|--|---|---|---|---|--|--|--|
| <b>INJURIES</b><br>1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY | <b>SEATING POSITION</b><br>1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN | <b>AIR BAG</b><br>1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT / SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN | <b>OL CLASS</b><br>1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO = D)<br>5 - M/C MOPED ONLY<br>6 - NO VALID OL | <b>OL RESTRICTION(S)</b><br>1 - ALCOHOL INTERLOCK DEVICE<br>2 - CDL INTRASTATE ONLY<br>3 - CORRECTIVE LENSES<br>4 - FARM WAIVER<br>5 - EXCEPT CLASS A BUS<br>6 - EXCEPT CLASS A & CLASS B BUS<br>7 - EXCEPT TRACTOR-TRAILER<br>8 - INTERMEDIATE LICENSE RESTRICTIONS<br>9 - LEARNER'S PERMIT RESTRICTIONS<br>10 - LIMITED TO DAYLIGHT ONLY<br>11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED - OTHER<br>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)<br>14 - MILITARY VEHICLES ONLY<br>15 - MOTOR VEHICLES WITHOUT AIR BRAKES<br>16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID<br>18 - OTHER | <b>DRIVER DISTRACTION</b><br>1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)<br>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE<br>9 - OTHER / UNKNOWN | <b>TEST STATUS</b><br>1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN |  |  |
| <b>INJURED TAKEN BY</b><br>1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN                           | <b>OL ENDORSEMENT</b><br>H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL MOTORCYCLE<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT   | <b>EJECTION</b><br>1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE  | <b>TRAPPED</b><br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS                          | <b>GENDER</b><br>F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN  | <b>CONDITION</b><br>1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9 - OTHER / UNKNOWN  | <b>ALCOHOL TEST TYPE</b><br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER  | <b>DRUG TEST TYPE</b><br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER | <b>DRUG TEST RESULT(S)</b><br>1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOIDS<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS |



|                           |           |                      |                             |                  |         |
|---------------------------|-----------|----------------------|-----------------------------|------------------|---------|
| LOCAL<br>REPORT<br>NUMBER | 22-012855 | REPORTING<br>AGENCY  | Fairfield Police Department | DATE OF ACCIDENT | 2/21/22 |
| IN COUNTY OF              | Butler    | ACCIDENT<br>LOCATION | 204 Ramblewood Drive        |                  |         |

Not to Scale

Ramblewood Drive

204

204

OFFICER'S SIGNATURE

BADGE NO  
169