

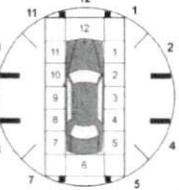
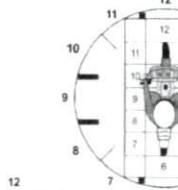
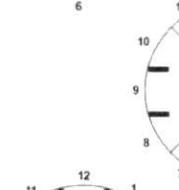
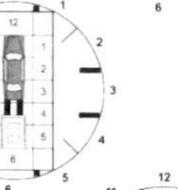
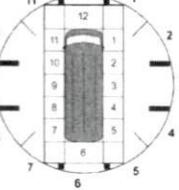
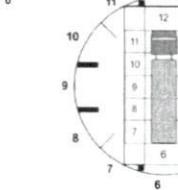
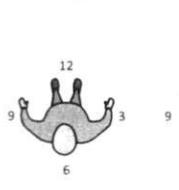
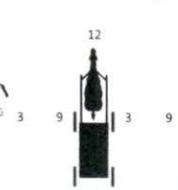
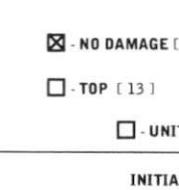
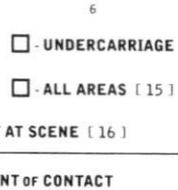


TRAFFIC CRASH REPORT

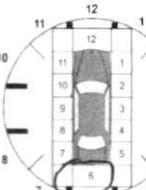
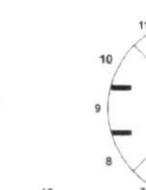
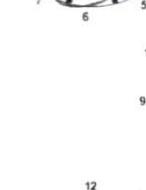
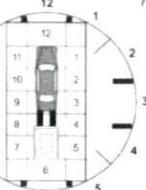
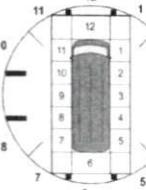
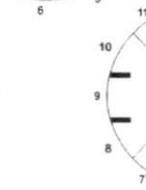
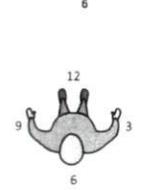
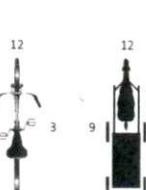
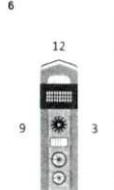
*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL INFORMATION				LOCAL REPORT NUMBER*					
				2 2 0 1 3 0 1 4	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR		
<input checked="" type="checkbox"/> PHOTOS TAKEN		<input type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	NCIC*	1 - SOLVED	0 2	98 - ANIMAL		
<input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	Fairfield Police Department	2 - UNSOLVED	9 9	99 - UNKNOWN		
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*				CRASH DATE / TIME*			
0 9	1 - CITY 2 - VILLAGE 3 - TOWNSHIP	City of Fairfield				0 2 2 2 2 0 2 2 1 4 2 3			
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES		
	S R	4					3 9 . 3 3 7 2 2 4		
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES		
					Nilles	R D	- 8 4 . 5 3 3 7 3 0		
REFERENCE POINT		DIRECTION FROM REFERENCE		ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED			
1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA	
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE						NUMBER OF APPROACHES 0 4	
0 2 5		1 - MILES 2 - FEET 3 - YARDS							
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT			ROADWAY		
0 1				1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP	9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN	1 - NOT COLLISION 2 - BETWEEN 3 - VEHICLES IN TRANSPORT 4 - REAR-END 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - HEAD-ON 9 - OTHER / UNKNOWN	DIRECTION OF TRAVEL	MEDIAN TYPE	
						1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	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		WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE
<input type="checkbox"/> LAW ENFORCEMENT PRESENT		<input type="checkbox"/> ACTIVE SCHOOL ZONE		1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	2	2	2
LIGHT CONDITION				WEATHER					
1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN				0 2	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 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN	
NARRATIVE									
<p>On 2/22/2022 Unit 1 was traveling northwest on S.R. 4 at about 2 m.p.h. and when at 25 feet southeast of Nilles Rd. failed to stop within the assured clear distance ahead and struck Unit 2 which was stopped in traffic at Nilles Rd.</p> <p>On 2/22/2022 Unit 1 was stopped in traffic at 25 feet southeast of Nilles Rd. Unit 2 rolled back into Unit 1 due to the slight incline the vehicles were stopped on in traffic.</p> <p>After investigation it was not able to be determined if Unit 1 ran into Unit 2 going forward or if Unit 2 rolled back into Unit 1.</p>									
CRASH REPORTED DATE / TIME			DISPATCH DATE / TIME			ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME	
0 2 2 2 2 0 2 2 1 4 2 3			0 2 2 2 2 0 2 2 1 4 2 5			0 2 2 2 2 0 2 2 1 4 2 8		0 2 2 2 2 0 2 2 1 5 0 0	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		REPORT TAKEN BY	
0 0 0		0 3 0		0 6 5		D. Gooch		<input checked="" type="checkbox"/> POLICE AGENCY	
								<input type="checkbox"/> MOTORIST	
								<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOS)	
OFFICER'S BADGE NUMBER*				1 6 0		CHECKED BY OFFICER'S NAME*			
						Sgt. Aaron Meyer			
						CHECKED BY OFFICER'S BADGE NUMBER*			
1 3 2									
Indicate the north direction with an "N" on the compass diagram.									
See OH-2s									

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER)			
	0 1						
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> 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	
	O H	HIP4097	1 F T E W 1 E 5 3 J F B 4 1 7 7 2		2 0 1 8	Ford	
	<input checked="" type="checkbox"/> INSURED	INSURANCE COMPANY	INSURANCE POLICY #		COLOR	VEHICLE MODEL	
	State Farm		3153140-E01-35D		Blue	F150	
	<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	VEHICLE WEIGHT GVWR/GCWR		HAZARDOUS MATERIAL	
			0 1	1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		<input type="checkbox"/> MATERIAL RELEASED <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)		7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL-TERRAIN VEHICLE (ATV/ UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME		18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
	0 4		1 - # OF TRAILING UNITS				
	0 0						
0 2		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			
0 1		AUTONOMOUS MODE LEVEL					
0 1		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 - MAIL CARRIER 21 - MAIL CARRIER 22 - OTHER / UNKNOWN			
0 1		CARGO BODY TYPE		1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - LOGGING 4 - CARGO VAN/ENCLOSED BOX 5 - GRAIN/CHIPS/GRAVEL 6 - POLE 7 - CARGOTANK 8 - FLAT BED 9 - DUMP 10 - CONCRETE MIXER 11 - AUTO TRANSPORTER 12 - GARBAGE/REFUSE 13 - OTHER / UNKNOWN			
0 1		VEHICLE DEFECTS		1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRES 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER / UNKNOWN			
0 1		NON-MOTORIST LOCATION AT IMPACT		1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - TRAVEL LANE - OTHER LOCATION 4 - INTERSECTION - OTHER 5 - MIDDLE BLOCK - MARKED 6 - SHOULDER / ROADSIDE 7 - SIDEWALK 8 - MEDIAN/CROSSING ISLAND 9 - SHARED USE PATHS OR TRAILS 10 - DRIVEWAY ACCESS AT INCIDENT SCENE 11 - OTHER / UNKNOWN			
0 9		ACTION		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 6 - PRE-CRASH ACTIONS 7 - OVERTAKING/PASSING 8 - MAKING RIGHT TURN 9 - MAKING LEFT TURN 10 - SLOWING OR STOPPED IN TRAFFIC 11 - DRIVING ON ROAD 12 - DRIVING OFF ROAD 13 - DRIVING ON ROAD 14 - DRIVING OFF ROAD 15 - SWERVING TO AVOID SPILLING 16 - WRONG WAY 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - ENTERING OR CROSSING SPECIFIED LOCATION 20 - WALKING, RUNNING, JOGGING, PLAYING 21 - STANDING OUTSIDE DISABLED VEHICLE 22 - STANDING 23 - WORKING 24 - PUSHING VEHICLE 25 - NEGOTIATING A CURVE 26 - ENTERING TRAFFIC LANE 27 - LEAVING TRAFFIC LANE 28 - PARKED 29 - SLOWING OR STOPPED 30 - DRIVING ON ROAD 31 - DRIVING OFF ROAD 32 - SWERVING TO AVOID SPILLING 33 - DRIVING ON ROAD 34 - DRIVING OFF ROAD 35 - SWERVING TO AVOID SPILLING 36 - DRIVING ON ROAD 37 - DRIVING OFF ROAD 38 - DRIVING ON ROAD 39 - DRIVING OFF ROAD 40 - DRIVING ON ROAD 41 - DRIVING OFF ROAD 42 - DRIVING ON ROAD 43 - DRIVING OFF ROAD 44 - DRIVING ON ROAD 45 - DRIVING OFF ROAD 46 - DRIVING ON ROAD 47 - DRIVING OFF ROAD 48 - DRIVING ON ROAD 49 - DRIVING OFF ROAD 50 - DRIVING ON ROAD 51 - DRIVING OFF ROAD 52 - DRIVING ON ROAD 53 - DRIVING OFF ROAD 54 - DRIVING ON ROAD 55 - DRIVING OFF ROAD 56 - DRIVING ON ROAD 57 - DRIVING OFF ROAD 58 - DRIVING ON ROAD 59 - DRIVING OFF ROAD 60 - DRIVING ON ROAD 61 - DRIVING OFF ROAD 62 - DRIVING ON ROAD 63 - DRIVING OFF ROAD 64 - DRIVING ON ROAD 65 - DRIVING OFF ROAD 66 - DRIVING ON ROAD 67 - DRIVING OFF ROAD 68 - DRIVING ON ROAD 69 - DRIVING OFF ROAD 70 - DRIVING ON ROAD 71 - DRIVING OFF ROAD 72 - DRIVING ON ROAD 73 - DRIVING OFF ROAD 74 - DRIVING ON ROAD 75 - DRIVING OFF ROAD 76 - DRIVING ON ROAD 77 - DRIVING OFF ROAD 78 - DRIVING ON ROAD 79 - DRIVING OFF ROAD 80 - DRIVING ON ROAD 81 - DRIVING OFF ROAD 82 - DRIVING ON ROAD 83 - DRIVING OFF ROAD 84 - DRIVING ON ROAD 85 - DRIVING OFF ROAD 86 - DRIVING ON ROAD 87 - DRIVING OFF ROAD 88 - DRIVING ON ROAD 89 - DRIVING OFF ROAD 90 - DRIVING ON ROAD 91 - DRIVING OFF ROAD 92 - DRIVING ON ROAD 93 - DRIVING OFF ROAD 94 - DRIVING ON ROAD 95 - DRIVING OFF ROAD 96 - DRIVING ON ROAD 97 - DRIVING OFF ROAD 98 - DRIVING ON ROAD 99 - DRIVING OFF ROAD			
0 2		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 - CHANGING LANES 14 - OVERTAKING/PASSING 15 - MAKING RIGHT TURN 16 - MAKING LEFT TURN 17 - SLOWING OR STOPPED 18 - DRIVING ON ROAD 19 - DRIVING OFF ROAD 20 - SWERVING TO AVOID SPILLING 21 - DRIVING ON ROAD 22 - DRIVING OFF ROAD 23 - DRIVING ON ROAD 24 - DRIVING OFF ROAD 25 - DRIVING ON ROAD 26 - DRIVING OFF ROAD 27 - DRIVING ON ROAD 28 - DRIVING OFF ROAD 29 - DRIVING ON ROAD 30 - DRIVING OFF ROAD 31 - DRIVING ON ROAD 32 - DRIVING OFF ROAD 33 - DRIVING ON ROAD 34 - DRIVING OFF ROAD 35 - DRIVING ON ROAD 36 - DRIVING OFF ROAD 37 - DRIVING ON ROAD 38 - DRIVING OFF ROAD 39 - DRIVING ON ROAD 40 - DRIVING OFF ROAD 41 - DRIVING ON ROAD 42 - DRIVING OFF ROAD 43 - DRIVING ON ROAD 44 - DRIVING OFF ROAD 45 - DRIVING ON ROAD 46 - DRIVING OFF ROAD 47 - DRIVING ON ROAD 48 - DRIVING OFF ROAD 49 - DRIVING ON ROAD 50 - DRIVING OFF ROAD 51 - DRIVING ON ROAD 52 - DRIVING OFF ROAD 53 - DRIVING ON ROAD 54 - DRIVING OFF ROAD 55 - DRIVING ON ROAD 56 - DRIVING OFF ROAD 57 - DRIVING ON ROAD 58 - DRIVING OFF ROAD 59 - DRIVING ON ROAD 60 - DRIVING OFF ROAD 61 - DRIVING ON ROAD 62 - DRIVING OFF ROAD 63 - DRIVING ON ROAD 64 - DRIVING OFF ROAD 65 - DRIVING ON ROAD 66 - DRIVING OFF ROAD 67 - DRIVING ON ROAD 68 - DRIVING OFF ROAD 69 - DRIVING ON ROAD 70 - DRIVING OFF ROAD 71 - DRIVING ON ROAD 72 - DRIVING OFF ROAD 73 - DRIVING ON ROAD 74 - DRIVING OFF ROAD 75 - DRIVING ON ROAD 76 - DRIVING OFF ROAD 77 - DRIVING ON ROAD 78 - DRIVING OFF ROAD 79 - DRIVING ON ROAD 80 - DRIVING OFF ROAD 81 - DRIVING ON ROAD 82 - DRIVING OFF ROAD 83 - DRIVING ON ROAD 84 - DRIVING OFF ROAD 85 - DRIVING ON ROAD 86 - DRIVING OFF ROAD 87 - DRIVING ON ROAD 88 - DRIVING OFF ROAD 89 - DRIVING ON ROAD 90 - DRIVING OFF ROAD 91 - DRIVING ON ROAD 92 - DRIVING OFF ROAD 93 - DRIVING ON ROAD 94 - DRIVING OFF ROAD 95 - DRIVING ON ROAD 96 - DRIVING OFF ROAD 97 - DRIVING ON ROAD 98 - DRIVING OFF ROAD 99 - DRIVING ON ROAD			
0 1		SEQUENCE OF EVENTS		NON-COLLISION			
0 1		1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - IMPROPER TURN 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 - DEER 18 - ANIMAL - OTHER 19 - MOTOR VEHICLE IN TRANSPORT 20 - MOTOR VEHICLE IN WORK ZONE MAINTENANCE EQUIPMENT 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 MOBILE OBJECT					
0 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 SUPPORT 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT					
0 1		1 - FIRST HARMFUL EVENT 2 - MOST HARMFUL EVENT		COLLISION WITH FIXED OBJECT - STRUCK			

LOCAL REPORT NUMBER		
2 2 0 1 3 0 1 4		
DAMAGE		
DAMAGE SCALE		
1	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 1-12 - REFER TO UNIT DIAGRAM 13 - TOP		
14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN		
TRAFFIC		
TRAFFICWAY FLOW	TRAFFIC CONTROL	
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 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		
FROM 7 TO 6	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED		
1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED		
POSTED SPEED		
3 - 5		

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER		OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER
	0 2	OWNER ADDRESS: STREET, CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER		
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
	LP STATE O H	LICENSE PLATE # JGC1643	VEHICLE IDENTIFICATION # 1FADP3K20JL280201	VEHICLE YEAR 2018
<input checked="" type="checkbox"/> INSURANCE VERIFIED State Farm		INSURANCE COMPANY State Farm	INSURANCE POLICY # 850 7271-A08-35E	COLOR Silver
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> INTERLOCK EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		# OCCUPANTS 0 2	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL MATERIAL RELEASED PLACARD
UNIT TYPE 0 1 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - MOTORCYCLE 3-WHEELED 4 - MOVED OR MOTORIZED 5 - CARGO VAN 6 - VAN (9-15 SEATS)		
UNIT TYPE 0 1 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		7 - MOTORCYCLE 2-WHEELED 8 - AUTOCYCLE 9 - AUTOCYCLE 10 - SEMI-TRACTOR 11 - ALL-TERRAIN VEHICLE (ATV / UTV)		
UNIT TYPE 0 0 # OF TRAILING UNITS		12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME		
1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		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		
VEHICLE 0 0 # OF TRAILING UNITS		1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		
1 - YES 0 2		1 - NO AUTOMATION 2 - DRIVER ASSISTANCE 3 - PARTIAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION		
SPECIAL FUNCTION 0 1 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER		6 - NO AUTOMATION 7 - CONDITIONAL AUTOMATION 8 - UNKNOWN		
CARGO BODY TYPE 0 1 2 - BUS		9 - UNKNOWN 10 - UNKNOWN 11 - UNKNOWN 12 - UNKNOWN		
VEHICLE DEFECTS 0 1 2 - HEAD LAMPS 3 - TAIL LAMPS		13 - UNKNOWN 14 - UNKNOWN 15 - UNKNOWN 16 - UNKNOWN		
NON-MOTORIST LOCATION AT IMPACT 0 1 2 - INTERSECTION - UNMARKED CROSSWALK		17 - UNKNOWN 18 - UNKNOWN 19 - UNKNOWN 20 - UNKNOWN		
ACTION 0 9 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 6 - OTHER/UNKNOWN		21 - UNKNOWN 22 - UNKNOWN 23 - UNKNOWN 24 - UNKNOWN		
CONTRIBUTING CIRCUMSTANCES 2 - 1 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN		25 - UNKNOWN 26 - UNKNOWN 27 - UNKNOWN 28 - UNKNOWN		
SEQUENCE OF EVENTS				
NON-COLLISION				
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 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - MAKING U-TURN 18 - ENTERING TRAFFIC LANE 19 - LEAVING TRAFFIC LANE 20 - PARKED 21 - SLOWING OR STOPPED IN TRAFFIC 22 - DRIVERLESS 23 - NEGOTIATING A CURVE 24 - ENTERING OR CROSSING SPECIFIED LOCATION 25 - LEAVING TRAFFIC LANE 26 - WALKING, RUNNING, JOGGING, PLAYING 27 - WORKING 28 - PUSHING VEHICLE				
COLLISION WITH FIXED OBJECT - STRUCK				
29 - IMPACT ATTENUATOR / CRASH CUSHION 30 - BRIDGE OVERHEAD STRUCTURE 31 - BRIDGE PIER OR ABUTMENT 32 - BRIDGE PARAPET 33 - BRIDGE RAIL 34 - GUARDRAIL 35 - GUARDRAIL FACE 36 - GUARDRAIL 37 - GUARDRAIL END 38 - PORTABLE BARRIER 39 - MEDIAN CABLE BARRIER 40 - MEDIAN GUARDRAIL 41 - MEDIAN CONCRETE BARRIER 42 - MEDIAN OTHER BARRIER 43 - CURB 44 - OVERHEAD SIGN POST 45 - SUPPORT 46 - UTILITY POLE 47 - SUPPORT 48 - SUPPORT 49 - SUPPORT				
FIRST HARMFUL EVENT <input type="checkbox"/> MOST HARMFUL EVENT <input type="checkbox"/>				

LOCAL REPORT NUMBER 2 2 0 1 3 0 1 4	
DAMAGE	
DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
        	
<input type="checkbox"/> NO DAMAGE [0] <input type="checkbox"/> UNDERCARRIAGE [14] <input type="checkbox"/> TOP [13] <input type="checkbox"/> ALL AREAS [15] <input type="checkbox"/> UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT	
0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	
TRAFFIC	
TRAFFICWAY FLOW 2	TRAFFIC CONTROL 2
# OF THROUGH LANES 4	RAIL GRADE CROSSING 1
UNIT / NON-MOTORIST DIRECTION FROM 7 TO 6	
UNIT SPEED 3	DETECTED SPEED 3
POSTED SPEED 3 5	



MOTORIST / Non-MOTORIST

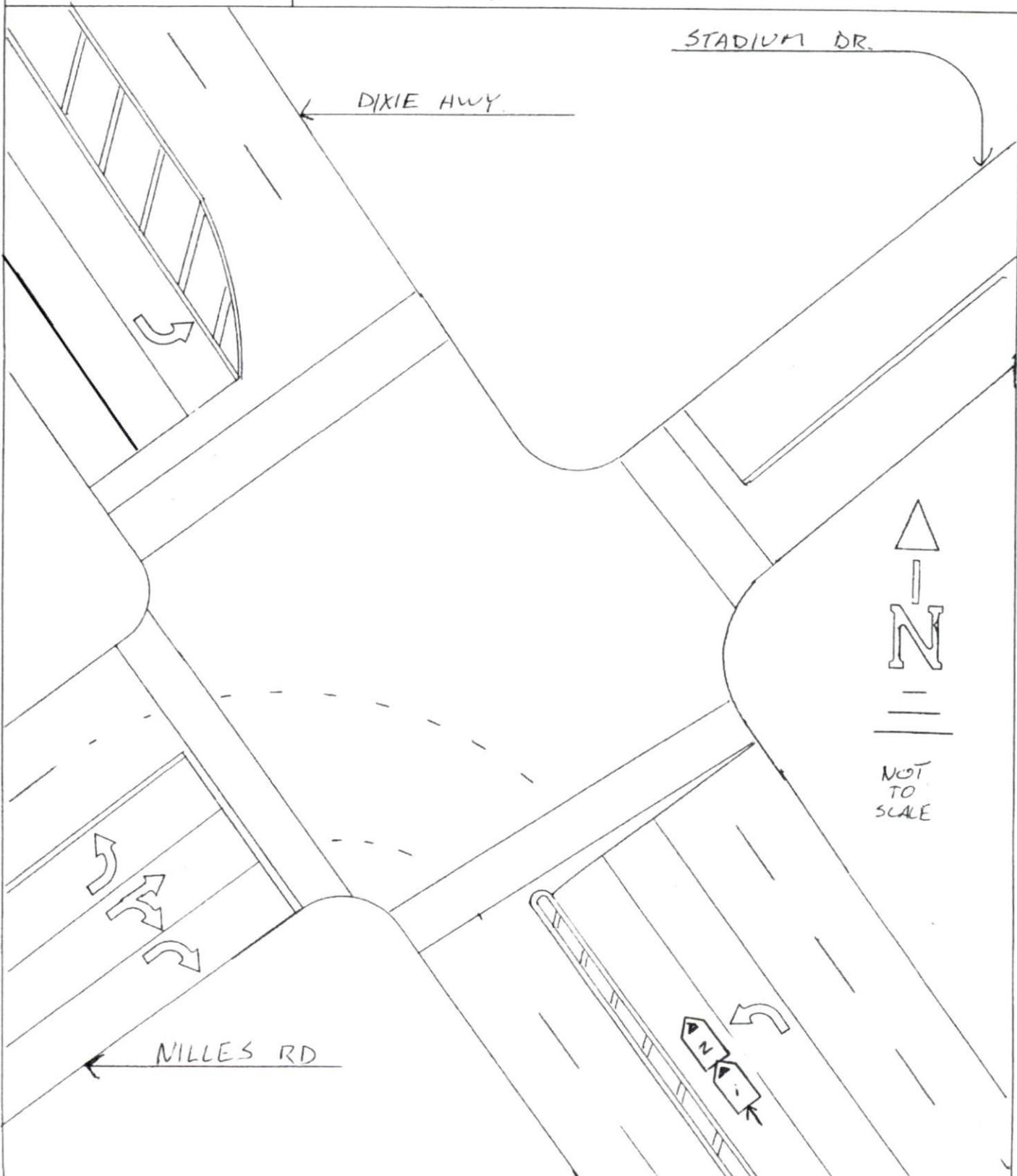
LOCAL REPORT NUMBER					
2 2 0 1 3 0 1 4					
DATE OF BIRTH			AGE	GENDER	
1 1 2 1 1 9 7 5			4 6	M	
CONTACT PHONE - INCLUDE AREA CODE					

UNIT #		NAME: LAST, FIRST, MIDDLE			
0 1		Luke, David, L			
ADDRESS: STREET, CITY, STATE, ZIP					
25 Glenwood Ct., Fairfield, OH, 45014					
INJURIES 5		INJURED TAKEN BY O H		EMS AGENCY (NAME)	
INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 0 4		DOT-COMPLIANT MC HELMET	
OL STATE O H		OPERATOR LICENSE NUMBER		OFFENSE CHARGED	
OL CLASS 4		RESTRICTION SELECT UP TO 3 0 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 TYPE 1 VALUE . 1 1	
CITATION NUMBER		DRUG TEST(S) RESULT SELECT UP TO 4			
UNIT # 0 2		NAME: LAST, FIRST, MIDDLE Adames, Telina, Ann			
ADDRESS: STREET, CITY, STATE, ZIP		DATE OF BIRTH 0 4 0 3 1 9 6 0			
7073 Shiloh Rd., Goshen, OH, 45122		AGE 6 1		GENDER F	
CONTACT PHONE - INCLUDE AREA CODE					
INJURIES 5		INJURED TAKEN BY O H		EMS AGENCY (NAME)	
INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 0 4		DOT-COMPLIANT MC HELMET	
OL STATE O H		OPERATOR LICENSE NUMBER		OFFENSE CHARGED	
OL CLASS 4		RESTRICTION SELECT UP TO 3 0 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 TYPE 1 VALUE . 1 1	
CITATION NUMBER		DRUG TEST(S) RESULT SELECT UP TO 4			
UNIT #		NAME: LAST, FIRST, MIDDLE			
ADDRESS: STREET, CITY, STATE, ZIP		DATE OF BIRTH 0			
CONTACT PHONE - INCLUDE AREA CODE					
INJURIES		INJURED TAKEN BY		EMS AGENCY (NAME)	
INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED		DOT-COMPLIANT MC HELMET	
OL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED	
OL CLASS		RESTRICTION SELECT UP TO 3 0 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 TYPE 1 VALUE . 1 1	
CITATION NUMBER		DRUG TEST(S) RESULT SELECT UP TO 4			
INJURIES		SEATING POSITION		AIR BAG	
OL CLASS		OL RESTRICTION(S)		DRIVER DISTRACTION	
TEST STATUS		ALCOHOL TEST TYPE		DRUG TEST TYPE	
1- FATAL 2- SUSPECTED SERIOUS INJURY 3- SUSPECTED MINOR INJURY 4- POSSIBLE INJURY 5- NO APPARENT INJURY		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		1- NOT DEPLOYED 2- DEPLOYED FRONT 3- DEPLOYED SIDE 4- DEPLOYED BOTH FRONT / SIDE 5- NOT APPLICABLE 9- DEPLOYMENT UNKNOWN	
INJURED TAKEN BY		EJECTION		OL ENDORSEMENT	
1- NOT TRANSPORTED / TREATED AT SCENE 2- EMS 3- POLICE 9- OTHER / UNKNOWN		1- NOT EJECTED 2- PARTIALLY EJECTED 3- TOTALLY EJECTED 4- NOT APPLICABLE		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	
SAFETY EQUIPMENT		TRAPPED		1- NOT TRAPPED 2- EXTRICATED BY MECHANICAL MEANS 3- FREED BY NON-MECHANICAL MEANS	
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		GENDER		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	
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		15- MOTOR VEHICLES WITHOUT AIR BRAKES 16- OUTSIDE MIRROR 17- PROSTHETIC AID 18- OTHER		1- NONE 2- BLOOD 3- URINE 4- BREATH 5- OTHER	
CONDITION		DRUG TEST RESULT(S)		TEST STATUS	
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		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 1 3 0 1 4						DATE OF BIRTH	AGE	GENDER		
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 2 Adames, Latanya, T				0 5 1 8 1 9 8 7	3 4	F		
	ADDRESS: STREET, CITY, STATE, ZIP 104 Mendingwall Way Apt. A, Fairfield, OH, 45014				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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 3	AIR BAG USAGE 0 1	EJECTION 1	TRAPPED 1
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			SAFETY EQUIPMENT USED		SEATING POSITION		AIR BAG USAGE			
1 - FATAL			1 - NONE USED - VEHICLE OCCUPANT		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED			
2 - SUSPECTED SERIOUS INJURY			2 - SHOULDER BELT ONLY USED		2 - FRONT - MIDDLE		2 - DEPLOYED FRONT			
3 - SUSPECTED MINOR INJURY			3 - LAP BELT ONLY USED		3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE			
4 - POSSIBLE INJURY			4 - SHOULDER & LAP BELT USED		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT/SIDE			
5 - NO APPARENT INJURY			5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		5 - SECOND - MIDDLE		5 - NOT APPLICABLE			
INJURED TAKEN BY			6 - CHILD RESTRAINT SYSTEM - REAR FACING		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN			
1 - NOT TRANSPORTED /TREATED AT SCENE			7 - BOOSTER SEAT		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)					
2 - EMS			8 - HELMET USED		8 - THIRD - MIDDLE		EJECTION			
3 - POLICE			9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		9 - THIRD - RIGHT SIDE		1 - NOT EJECTED			
9 - OTHER / UNKNOWN			10 - REFLECTIVE CLOTHING		10 - SLEEPER SECTION OF TRUCK CAB		2 - PARTIALLY EJECTED			
GENDER			11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		3 - TOTALLY EJECTED			
F - FEMALE			99 - OTHER / UNKNOWN		12 - PASSENGER IN UNENCLOSED CARGO AREA		4 - NOT APPLICABLE			
M - MALE					13 - TRAILING UNIT		TRAPPED			
U - OTHER / UNKNOWN					14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		1 - NOT TRAPPED			
NAME: LAST, FIRST, MIDDLE						15 - NON-MOTORIST		2 - EXTRICATED BY MECHANICAL MEANS		
ADDRESS: STREET, CITY, STATE, ZIP						99 - OTHER / UNKNOWN		3 - FREED BY NON-MECHANICAL MEANS		
WITNESS							DATE OF BIRTH	AGE	GENDER	
	CONTACT PHONE - INCLUDE AREA CODE						0			
WITNESS							DATE OF BIRTH	AGE	GENDER	
	CONTACT PHONE - INCLUDE AREA CODE						0			
WITNESS							DATE OF BIRTH	AGE	GENDER	
	CONTACT PHONE - INCLUDE AREA CODE						0			
WITNESS							DATE OF BIRTH	AGE	GENDER	
	CONTACT PHONE - INCLUDE AREA CODE						0			

LOCAL REPORT NUMBER 22-013014	REPORTING AGENCY Fairfield Police Department	DATE OF ACCIDENT 2/22/2022
IN COUNTY OF Butler	ACCIDENT LOCATION Dixie Hwy // Nilles Rd. // Stadium Dr.	
 <p>STADIUM DR.</p> <p>DIXIE HWY</p> <p>NILLES RD</p> <p>NOT TO SCALE</p>		
OFFICER'S SIGNATURE <i>Ro Tangal</i>		BADGE NO. 160

LOCAL REPORT NUMBER	22013014	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	2/22/22
IN COUNTY OF	Butler	ACCIDENT LOCATION	Dixie Hwy // Nilles Rd. // Stadium Dr.		
OFFICER'S SIGNATURE			BADGE NO.		
<i>Po. [Signature]</i>			160		