

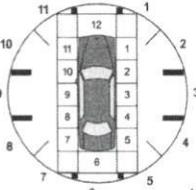
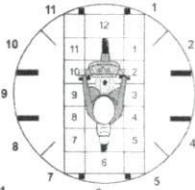
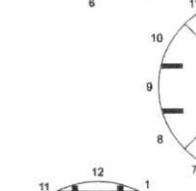
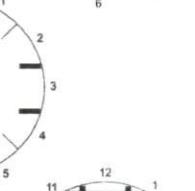
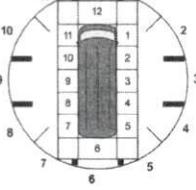
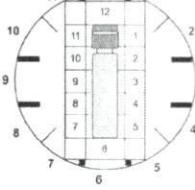
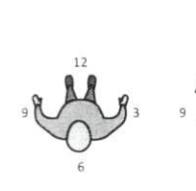
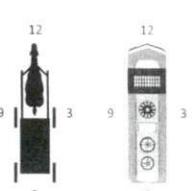


## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL INFORMATION		LOCAL REPORT NUMBER*			
<input checked="" type="checkbox"/> PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY				<b>REPORTING AGENCY NAME*</b> Fairfield Police Department		NCIC*	2 2 0 1 3 2 3 6		
						HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR	
						1 - SOLVED	0 2	0 1    98 - ANIMAL 99 - UNKNOWN	
						2 - UNSOLVED			
COUNTY*		LOCALITY*		LOCATION: CITY, VILLAGE, TOWNSHIP*			CRASH DATE / TIME*		
0 9		1 - CITY 2 - VILLAGE 3 - TOWNSHIP		City of Fairfield			0 2 2 3 2 0 2 2 1 0 3 0		
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DECIMAL DEGREES		
				PORT UNION		R D	3 9 3 3 4 6 0 8		
REFERENCE ROUTE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)		ROAD TYPE	LONGITUDE DECIMAL DEGREES		
				OSBORNE		D R	- 8 4 4 9 7 3 2 3		
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	0 4
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE					NUMBER OF APPROACHES		
		1 - MILES 2 - FEET 3 - YARDS					ROADWAY		
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT			DIRECTION OF TRAVEL		MEDIAN TYPE
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				1 - NOT COLLISION 2 - REAR-END 3 - HEAD-ON			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
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				4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN					
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE			CONTOUR	CONDITIONS	SURFACE
		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	1	2
							1 - STRAIGHT LEVEL 2 - STRAIGHT Grade 3 - CURVE Level 4 - CURVE Grade 9 - 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
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		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					
NARRATIVE									
On February 23, 2022 at about 10:30 a.m. Unit 1 was backing east on Port Union Rd. at Osborne Dr. to get out of the intersection, and in so doing collided with Unit 2 which was traveling west on Port Union Rd. and was stopped behind Unit 1									
 Indicate the north direction with an "N" on the compass diagram.									
SEE OH-2									
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY	
0 2 2 3 2 0 2 2 1 0 3 4		0 2 2 3 2 0 2 2 1 0 3 5		0 2 2 3 2 0 2 2 1 0 4 8		0 2 2 3 2 0 2 2 1 1 1 7		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OIPS)	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*	
						P. O. RYAN FLEENOR			
						OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*	
						1 1 7		1 0 3	

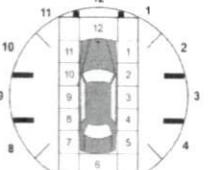
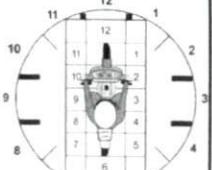
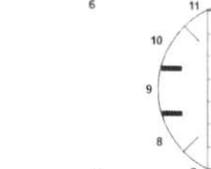
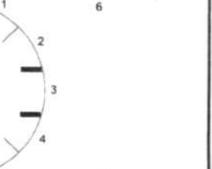
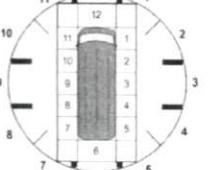
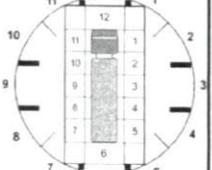
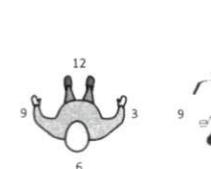
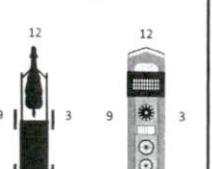
<b>OWNER</b>	<b>UNIT #</b> 0_1	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER)		<b>OWNER PHONE:</b> INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER)																																																												
	<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER)																																																															
7960 KENTUCKY DR. FLORENCE, KY 41042			<b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP																																																													
			<b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE																																																													
<b>LP STATE</b> I_N	<b>LICENSE PLATE #</b> TK843LQZ	<b>VEHICLE IDENTIFICATION #</b> 1F1DWE3FL9D1A414569		<b>VEHICLE YEAR</b> 20113																																																												
<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>		<b>INSURANCE COMPANY</b> ERIE INSURANCE	<b>INSURANCE POLICY #</b> Q062930887CL	<b>COLOR</b> WHITE																																																												
<input checked="" type="checkbox"/> <b>TYPE OF USE</b> COMMERCIAL		<b>US DOT #</b>	<b>VEHICLE MODEL</b> FORD																																																													
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<input type="checkbox"/> IN EMERGENCY RESPONSE																																																																
<input type="checkbox"/> INTERLOCK EQUIPPED		<b>#OCCUPANTS</b> 0_1	<b>VEHICLE WEIGHT GVWR/GCWR</b> 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	<b>HAZARDOUS MATERIAL</b> <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD																																																												
<b>UNIT TYPE</b> 0_5		<table border="0"> <tr><td>1 - PASSENGER CAR</td><td>7 - MOTORCYCLE 2-WHEELED</td><td>12 - GOLF CART</td><td>18 - LIMO (LIVERY VEHICLE)</td><td>23 - PEDESTRIAN / SKATER</td></tr> <tr><td>2 - PASSENGER VAN (MINIVAN)</td><td>8 - MOTORCYCLE 3-WHEELED</td><td>13 - SNOWMOBILE</td><td>19 - BUS (16+ PASSENGERS)</td><td>24 - WHEELCHAIR (ANY TYPE)</td></tr> <tr><td>3 - SPORT UTILITY VEHICLE</td><td>9 - AUTOCYCLE</td><td>14 - SINGLE UNIT TRUCK</td><td>20 - OTHER VEHICLE</td><td>25 - OTHER NON-MOTORIST</td></tr> <tr><td>4 - PICK UP</td><td>10 - MOPED OR MOTORIZED BICYCLE</td><td>15 - SEMI-TRACTOR</td><td>21 - HEAVY EQUIPMENT</td><td>26 - BICYCLE</td></tr> <tr><td>5 - CARGO VAN</td><td>11 - ALL TERRAIN VEHICLE (ATV / UTV)</td><td>16 - FARM EQUIPMENT</td><td>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE</td><td>27 - TRAIN</td></tr> <tr><td>6 - VAN (9-15 SEATS)</td><td></td><td>17 - MOTORHOME</td><td></td><td>99 - UNKNOWN OR HIT/SKIP</td></tr> </table>			1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER	2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED	13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)	3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14 - SINGLE UNIT TRUCK	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST	4 - PICK UP	10 - MOPED OR MOTORIZED BICYCLE	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE	5 - CARGO VAN	11 - ALL TERRAIN VEHICLE (ATV / UTV)	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN	6 - VAN (9-15 SEATS)		17 - MOTORHOME		99 - UNKNOWN OR HIT/SKIP																														
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<b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b> 1 - YES 2 - NO 9 - OTHER / UNKNOWN		<b>AUTONOMOUS MODE LEVEL</b>	<table border="0"> <tr><td>0 - NO AUTOMATION</td><td>3 - CONDITIONAL AUTOMATION</td><td>9 - UNKNOWN</td></tr> <tr><td>1 - DRIVER ASSISTANCE</td><td>4 - HIGH AUTOMATION</td><td></td></tr> <tr><td>2 - PARTIAL AUTOMATION</td><td>5 - FULL AUTOMATION</td><td></td></tr> </table>		0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN	1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION		2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION																																																				
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<b>LOCAL REPORT NUMBER</b> 2 2 0 1 3 2 3 6	
<b>DAMAGE</b>	
<b>DAMAGE SCALE</b>	
1	1 - NONE
	3 - FUNCTIONAL DAMAGE
2	2 - MINOR DAMAGE
	4 - DISABLING DAMAGE
	9 - UNKNOWN
<b>DAMAGED AREA(S)</b> INDICATE ALL THAT APPLY	
       	
<b>NO DAMAGE</b> <input type="checkbox"/> <b>UNDERCARRIAGE</b> <input type="checkbox"/>	
<b>TOP</b> <input type="checkbox"/> <b>ALL AREAS</b> <input type="checkbox"/>	
<b>UNIT NOT AT SCENE</b> <input type="checkbox"/>	
<b>INITIAL POINT OF CONTACT</b>	
0 - NO DAMAGE	
14 - UNDERCARRIAGE	
1-12 - REFER TO UNIT DIAGRAM	
15 - VEHICLE NOT AT SCENE	
99 - UNKNOWN	
13 - TOP	
<b>TRAFFIC</b>	
<b>TRAFFICWAY FLOW</b> 2	<b>TRAFFIC CONTROL</b>
1 - ONE-WAY	1 - ROUNDABOUT
2 - TWO-WAY	4 - STOP SIGN
	2 - SIGNAL
	5 - YIELD SIGN
	3 - FLASHER
	6 - NO CONTROL
<b># OF THROUGH LANES ON ROAD</b> 2	<b>RAIL GRADE CROSSING</b>
	1 - NOT INVOLVED
	2 - INVOLVED-ACTIVE CROSSING
	3 - INVOLVED-PASSIVE CROSSING
<b>UNIT / NON-MOTORIST DIRECTION</b>	
1 - NORTH	
2 - SOUTH	
5 - NORTHEAST	
6 - NORTHWEST	
3 - EAST	
7 - SOUTHEAST	
4 - WEST	
8 - SOUTHWEST	
9 - OTHER / UNKNOWN	
<b>FROM</b> <input type="checkbox"/> <b>TO</b> <input type="checkbox"/>	
<b>UNIT SPEED</b>	
5	
<b>DETECTED SPEED</b>	
1	
2 - CALCULATED / EDR	
3 - UNDETERMINED	
<b>POSTED SPEED</b>	
4	
5	



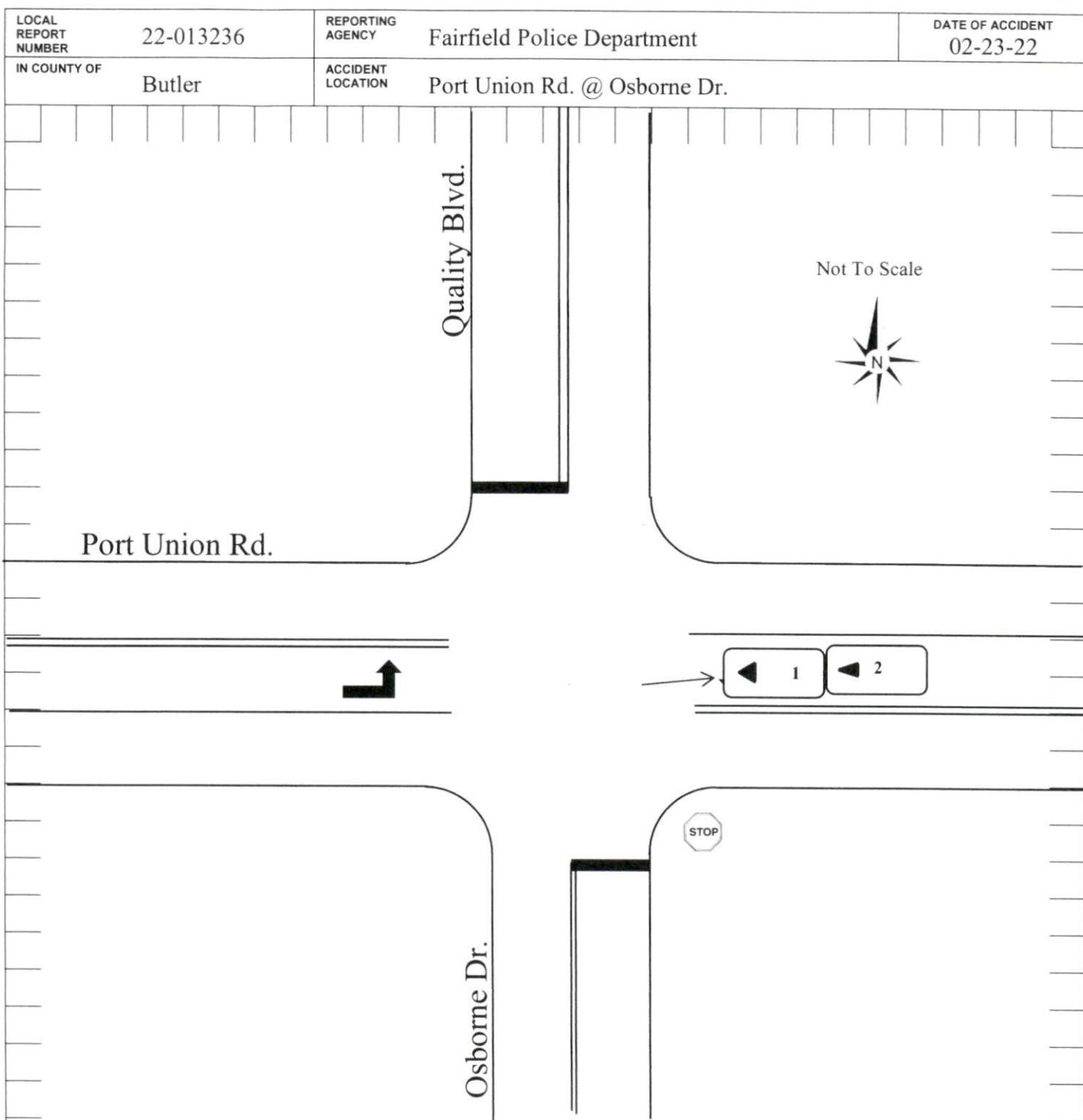
UNIT

OWNER	UNIT # <u>0 1 2</u>	OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER)																																																																																										
	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																																																																																											
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<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>LIBERTY MUTUAL</u>	INSURANCE POLICY # <u>AOV2884690044002</u>	COLOR <u>GRAY</u>																																																																																										
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME																																																																																										
INTERLOCK EQUIPPED <input type="checkbox"/>	DEVICE EQUIPPED <input type="checkbox"/>	# OCCUPANTS <u>0 1</u>	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.																																																																																										
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2 2 0 1 3 2 3 6	
DAMAGE	
DAMAGE SCALE	
3	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 <u>0</u> <input type="checkbox"/> - UNDERCARRIAGE <u>14</u>	
<input type="checkbox"/> - TOP <u>13</u> <input type="checkbox"/> - ALL AREAS <u>15</u>	
<input type="checkbox"/> - UNIT NOT AT SCENE <u>16</u>	
INITIAL POINT OF CONTACT	
0 - NO DAMAGE   14 - UNDERCARRIAGE	
<u>1 2</u> 1-12 - REFER TO UNIT DIAGRAM   15 - VEHICLE NOT AT SCENE 99 - UNKNOWN 13 - TOP	
TRAFFIC	
TRAFFIC WAY FLOW	TRAFFIC CONTROL
<u>2</u>	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
<u>2</u>	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM <u>3</u> TO <u>4</u>	1 - NORTH   5 - NORTHEAST 2 - SOUTH   6 - NORTHWEST 3 - EAST   7 - SOUTHEAST 4 - WEST   8 - SOUTHWEST 9 - OTHER / UNKNOWN
UNIT SPEED	
<u>0</u>	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
DETECTED SPEED	
<u>1</u>	
POSTED SPEED	
<u>4</u> <u>5</u>	



## **MOTORIST / Non-MOTORIST**

LOCAL REPORT NUMBER	22-013236	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	02-23-22
IN COUNTY OF	Butler	ACCIDENT LOCATION	Port Union Rd. @ Osborne Dr.		
					
<p>Not To Scale</p> 					
<p>Officer's Signature: P.O. RYAN FLEENOR</p> <p>Badge No. 117</p>					