

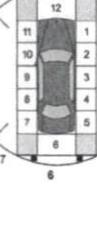
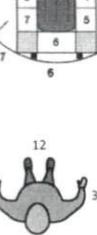
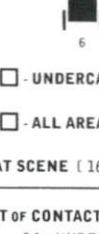


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL INFORMATION			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				REPORTING AGENCY NAME* Fairfield Police Department			NCIC* 0 0 9 0 1				
COUNTY* 0 9		LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP*			CRASH DATE / TIME* 0 2 2 3 2 0 2 2 1 2 2 2				
City of Fairfield		City of Fairfield					HIT/SKIP 1-SOLVED 2-UNRESOLVED		NUMBER OF UNITS 0 2		
ROUTE TYPE		ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME Seward			ROAD TYPE R D		UNIT IN ERROR 0 1 98-ANIMAL 99-UNKNOWN		
ROUTE TYPE		ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 9190			ROAD TYPE		CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY		
REFERENCE POINT 3		DIRECTION FROM REFERENCE 1-INTERSECTION 2-MILE POST 3-HOUSE #	ROUTE TYPE 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		INTERSECTION RELATED WITHIN INTERSECTION OR ON APPROACH WITHIN INTERCHANGE AREA		
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS							NUMBER OF APPROACHES ROADWAY ROADWAY DIVIDED		
LOCATION OF FIRST HARMFUL EVENT 0 1				MANNER OF CRASH COLLISION/IMPACT 6			DIRECTION OF TRAVEL 1-NORTH 2-SOUTH 3-EAST 4-WEST		MEDIAN TYPE 1-DIVIDED FLUSH MEDIAN (<4 FEET) 2-DIVIDED FLUSH MEDIAN (≥4 FEET) 3-DIVIDED, DEPRESSED MEDIAN 4-DIVIDED, RAISED MEDIAN (ANY TYPE) 9-OTHER/UNKNOWN		
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1-LANE CLOSURE 2-LANE SHIFT/CROSSOVER 3-WORK ON SHOULDER OR MEDIAN 4-INTERMITTENT OR MOVING WORK 5-OTHER		LOCATION OF CRASH IN WORK ZONE 1-BEFORE THE 1ST WORK ZONE 2-ADVANCE WARNING SIGN 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA			CONTOUR 1	CONDITIONS 1	SURFACE 2		
LIGHT CONDITION 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN		WEATHER 0 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		
NARRATIVE On 02/23/2022 at about 12:22 P.M. Unit 1 was traveling westbound from private property at 9190 Seward Rd. and was attempting to make a left hand turn to travel southbound on Seward Rd. and in so doing, failed to yield the right of way to, and collided with Unit 2 which was traveling northbound on Seward Rd.										 Indicate the north direction with an "N" on the compass diagram.	
See OH-2											
CRASH REPORTED DATE / TIME 0 2 2 3 2 0 2 2 1 2 2 2		DISPATCH DATE / TIME 0 2 2 3 2 0 2 2 1 2 2 3		ARRIVAL DATE / TIME 0 2 2 3 2 0 2 2 1 2 2 7		SCENE CLEARED DATE / TIME 0 2 2 3 2 0 2 2 1 3 0 3		REPORT TAKEN BY			
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME* P.O. C. Moore		CHECKED BY OFFICER'S NAME*  1 2 3			
						OFFICER'S BADGE NUMBER* 1 3 6		CHECKED BY OFFICER'S BADGE NUMBER*  1 2 3			
										<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION or ADDITION TO AN EXISTING REPORT SENT TO OGPS)	

OWNER	UNIT # 0 1	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	
LP STATE O H	LICENSE PLATE # HZK2452	VEHICLE IDENTIFICATION # 3N1A1B17A1P1H1Y1241217121		VEHICLE YEAR 2011	VEHICLE MAKE Nissan
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY Progressive	INSURANCE POLICY # 930422730		COLOR Silver	VEHICLE MODEL Sentra
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #		TOWED BY: COMPANY NAME Fox Towing	
INTERLOCK DEVICE EQUIPPED		#OCCUPANTS 0 1	VEHICLE WEIGHT GWRC/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <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	
1 - 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
0 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN			AUTONOMOUS MODE LEVEL		
SPECIAL FUNCTION 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER					
1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER					
1 - 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					
1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS					
3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL					
8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP					
12 - CONCRETE MIXER 13 - AUTOTRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN					
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					
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					
1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN					
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					
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					
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 - 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 MOBILE OBJECT					
COLLISION WITH FIXED OBJECT - STRUCK					
1 - IMPACT ATTENUATOR / CRASH CUSHION 2 - BRIDGE OVERHEAD STRUCTURE 3 - BRIDGE PIER OR ABUTMENT 4 - BRIDGE PARAPET 5 - BRIDGE RAIL 6 - GUARDRAIL FACE					
31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 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					

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



UNIT

OWNER

UNIT # **0_2** OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) Thomas, Roderick

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)

6104 Meyers Dr. Cincinnati, OH 45215

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

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

LOCAL REPORT NUMBER
2 2 0 1 3 2 6 8

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE **O_H** LICENSE PLATE # **JNL6613** VEHICLE IDENTIFICATION # **JTHCIE96S4170011975** VEHICLE YEAR **2017** VEHICLE MAKE **Lexus**INSURANCE COMPANY **Allstate Ins.** INSURANCE POLICY # **826409404** COLOR **Maroon** VEHICLE MODEL **GS 350**TYPE OF USE COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSEUS DOT # **1** TOWED BY: COMPANY NAME **Wayne's Towing**INTERLOCK EQUIPPED HIT/SKIP UNIT **0_1** #OCCUPANTS **0_1** VEHICLE WEIGHT GVWR/GCWR

<input type="checkbox"/> MATERIAL RELEASED	CLASS #	PLACARD ID #
<input type="checkbox"/> PLACARD		

1 - <10K LBS.	2 - 10,001 - 26K LBS.	3 - >26K LBS.
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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

OF TRAILING UNITS **0**

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?

<input type="checkbox"/> 1 - YES	<input type="checkbox"/> 2 - NO	<input type="checkbox"/> 9 - OTHER / UNKNOWN	<input type="checkbox"/> 0	AUTONOMOUS MODE LEVEL
0				0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

<input type="checkbox"/> 1 - NONE	<input type="checkbox"/> 6 - BUS - CHARTER/TOUR	<input type="checkbox"/> 11 - FIRE	<input type="checkbox"/> 16 - FARM	<input type="checkbox"/> 21 - MAIL CARRIER
<input type="checkbox"/> 2 - TAXI	<input type="checkbox"/> 7 - BUS - INTERCITY	<input type="checkbox"/> 12 - MILITARY	<input type="checkbox"/> 17 - MOWING	<input type="checkbox"/> 99 - OTHER / UNKNOWN
<input type="checkbox"/> 3 - ELECTRONIC RIDE SHARING	<input type="checkbox"/> 8 - BUS - SHUTTLE	<input type="checkbox"/> 13 - POLICE	<input type="checkbox"/> 18 - SNOW REMOVAL	
<input type="checkbox"/> 4 - SCHOOL TRANSPORT	<input type="checkbox"/> 9 - BUS - OTHER	<input type="checkbox"/> 14 - PUBLIC UTILITY	<input type="checkbox"/> 19 - TOWING	
<input type="checkbox"/> 5 - BUS - TRANSIT/COMMUTER	<input type="checkbox"/> 10 - AMBULANCE	<input type="checkbox"/> 15 - CONSTRUCTION EQUIPMENT	<input type="checkbox"/> 20 - SAFETY SERVICE PATROL	

<input type="checkbox"/> 1 - NO CARGO BODY TYPE / NOT APPLICABLE	<input type="checkbox"/> 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE	<input type="checkbox"/> 5 - INTERMODAL CONTAINER CHASSIS	<input type="checkbox"/> 8 - POLE	<input type="checkbox"/> 12 - CONCRETE MIXER
<input type="checkbox"/> 2 - BUS	<input type="checkbox"/> 4 - LOGGING	<input type="checkbox"/> 6 - CARGO VAN/ENCLOSED BOX	<input type="checkbox"/> 9 - CARGOTANK	<input type="checkbox"/> 13 - AUTO TRANSPORTER
		<input type="checkbox"/> 7 - GRAIN/CHIPS/GRAVEL	<input type="checkbox"/> 10 - FLAT BED	<input type="checkbox"/> 14 - GARBAGE/REFUSE
			<input type="checkbox"/> 11 - DUMP	<input type="checkbox"/> 99 - OTHER / UNKNOWN

<input type="checkbox"/> 1 - TURN SIGNALS	<input type="checkbox"/> 4 - BRAKES	<input type="checkbox"/> 7 - WORN OR SLICK TIRES	<input type="checkbox"/> 9 - MOTOR TROUBLE	<input type="checkbox"/> 99 - OTHER / UNKNOWN
<input type="checkbox"/> 2 - HEAD LAMPS	<input type="checkbox"/> 5 - STEERING	<input type="checkbox"/> 8 - TRAILER EQUIPMENT DEFECTIVE	<input type="checkbox"/> 10 - DISABLED FROM PRIOR ACCIDENT	
<input type="checkbox"/> 3 - TAIL LAMPS	<input type="checkbox"/> 6 - TIRE BLOWOUT			

<input type="checkbox"/> 1 - INTERSECTION - MARKED CROSSWALK	<input type="checkbox"/> 3 - INTERSECTION - OTHER	<input type="checkbox"/> 6 - BICYCLE LANE	<input type="checkbox"/> 9 - MEDIAN/CROSSING ISLAND	<input type="checkbox"/> 12 - FIRST RESPONDER
<input type="checkbox"/> 2 - INTERSECTION - UNMARKED CROSSWALK	<input type="checkbox"/> 4 - MIDBLOCK - MARKED CROSSWALK	<input type="checkbox"/> 7 - SHOULDER / ROADSIDE	<input type="checkbox"/> 10 - DRIVEWAY ACCESS	<input type="checkbox"/> AT INCIDENT SCENE
<input type="checkbox"/> 5 - TRAVEL LANE - OTHER LOCATION	<input type="checkbox"/> 8 - SIDEWALK	<input type="checkbox"/> 11 - SHARED USE PATHS OR TRAILS	<input type="checkbox"/> 99 - OTHER / UNKNOWN	

<input type="checkbox"/> 1 - NON-CONTACT	<input type="checkbox"/> 1 - STRAIGHT AHEAD	<input type="checkbox"/> 7 - MAKING U-TURN	<input type="checkbox"/> 13 - NEGOTIATING A CURVE	<input type="checkbox"/> 18 - APPROACHING OR LEAVING VEHICLE
<input type="checkbox"/> 2 - NON-COLLISION	<input type="checkbox"/> 2 - BACKING	<input type="checkbox"/> 8 - ENTERING TRAFFIC LANE	<input type="checkbox"/> 14 - ENTERING OR CROSSING SPECIFIED LOCATION	<input type="checkbox"/> 19 - STANDING
<input type="checkbox"/> 3 - STRIKING <input type="checkbox"/> 1 - 3 - CHANGING LANES	<input type="checkbox"/> 4 - 4 - OVERTAKING/PASSING	<input type="checkbox"/> 9 - LEAVING TRAFFIC LANE	<input type="checkbox"/> 15 - WALKING, RUNNING, JOGGING, PLAYING	<input type="checkbox"/> 20 - OTHER NON-MOTORIST
<input type="checkbox"/> 4 - STRUCK PRE-CRASH ACTIONS	<input type="checkbox"/> 5 - MAKING RIGHT TURN & STRUCK	<input type="checkbox"/> 10 - PARKED	<input type="checkbox"/> 11 - SLOWING OR STOPPED IN TRAFFIC	<input type="checkbox"/> 21 - STANDING OUTSIDE DISABLED VEHICLE
<input type="checkbox"/> 5 - BOTH STRIKING & STRUCK	<input type="checkbox"/> 6 - MAKING LEFT TURN	<input type="checkbox"/> 12 - DRIVERLESS	<input type="checkbox"/> 16 - WORKING	<input type="checkbox"/> 17 - PUSHING VEHICLE
<input type="checkbox"/> 9 - OTHER / UNKNOWN				<input type="checkbox"/> 99 - OTHER / UNKNOWN

<input type="checkbox"/> 1 - NONE	<input type="checkbox"/> 7 - LEFT OF CENTER	<input type="checkbox"/> 13 - IMPROPER START FROM PARKED POSITION	<input type="checkbox"/> 17 - VISION OBSTRUCTION	<input type="checkbox"/> 21 - LYING IN ROADWAY
<input type="checkbox"/> 2 - FAILURE TO YIELD	<input type="checkbox"/> 8 - FOLLOWING TOO CLOSE / ACDA	<input type="checkbox"/> 18 - OPERATING DEFECTIVE EQUIPMENT	<input type="checkbox"/> 18 - NOT DISCERNIBLE	<input type="checkbox"/> 22 - NOT DISCERNIBLE
<input type="checkbox"/> 3 - RAN RED LIGHT	<input type="checkbox"/> 9 - IMPROPER LANE CHANGE	<input type="checkbox"/> 14 - STOPPED OR PARKED ILLEGALLY	<input type="checkbox"/> 19 - OPENING DOOR INTO ROADWAY	<input type="checkbox"/> 23 - SHIFTING CARGO OR ANYTHING SET IN MOTION
<input type="checkbox"/> 4 - RAN STOP SIGN	<input type="checkbox"/> 10 - IMPROPER PASSING	<input type="checkbox"/> 15 - SWERVING TO AVOID	<input type="checkbox"/> 19 - LOAD SHIFTING/FALLING/SPILLING	<input type="checkbox"/> 24 - ANYTHING SET IN MOTION
<input type="checkbox"/> 5 - UNSAFE SPEED	<input type="checkbox"/> 11 - DROVE OFF ROAD	<input type="checkbox"/> 16 - WRONG WAY	<input type="checkbox"/> 20 - IMPROPER CROSSING	<input type="checkbox"/> 25 - OTHER IMPROPER ACTION
<input type="checkbox"/> 6 - IMPROPER TURN	<input type="checkbox"/> 12 - IMPROPER BACKING			

SEQUENCE OF EVENTS

<input type="checkbox"/> 1 - OVERTURN/ROLLOVER	<input type="checkbox"/> 6 - EQUIPMENT FAILURE	<input type="checkbox"/> 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	<input type="checkbox"/> 16 - RAILWAY VEHICLE	<input type="checkbox"/> 22 - WORK ZONE MAINTENANCE EQUIPMENT
<input type="checkbox"/> 2 - FIRE/EXPLOSION	<input type="checkbox"/> 7 - SEPARATION OF UNITS	<input type="checkbox"/> 17 - ANIMAL - FARM	<input type="checkbox"/> 18 - ANIMAL - DEER	<input type="checkbox"/> 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION
<input type="checkbox"/> 3 - IMMERSION	<input type="checkbox"/> 8 - RAN OFF ROAD RIGHT	<input type="checkbox"/> 12 - DOWNSHILL RUNAWAY	<input type="checkbox"/> 19 - ANIMAL - OTHER	<input type="checkbox"/> 20 - MOTOR VEHICLE IN TRANSPORT
<input type="checkbox"/> 4 - JACKKNIFE	<input type="checkbox"/> 9 - RAN OFF ROAD LEFT	<input type="checkbox"/> 13 - OTHER NON-COLLISION	<input type="checkbox"/> 21 - PEDESTRIAN	<input type="checkbox"/> 24 - OTHER MOVABLE OBJECT
<input type="checkbox"/> 5 - CARGO / EQUIPMENT LOSS OR SHIFT	<input type="checkbox"/> 10 - CROSS MEDIAN	<input type="checkbox"/> 14 - PEDESTRIAN	<input type="checkbox"/> 21 - PARKED MOTOR VEHICLE	
<input type="checkbox"/> 6 -	<input type="checkbox"/> 15 - PEDESTRIAN	<input type="checkbox"/> 15 - PEDESTRIAN		

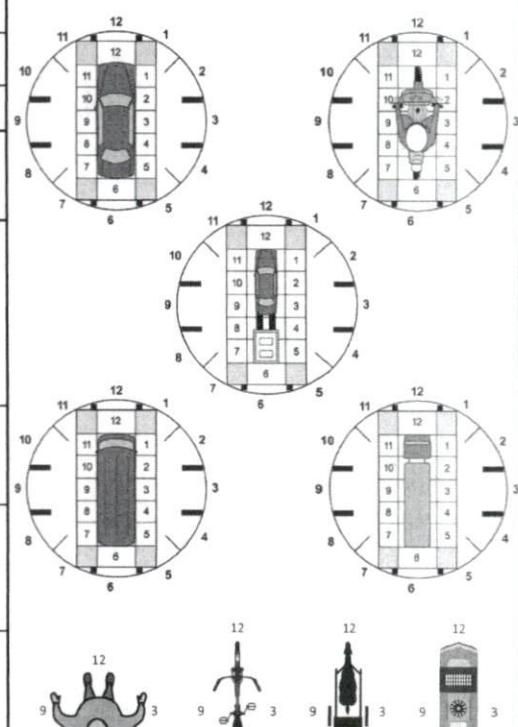
<input type="checkbox"/> 25 - IMPACT ATTENUATOR / CRASH CUSHION	<input type="checkbox"/> 31 - GUARDRAIL END	<input type="checkbox"/> 37 - TRAFFIC SIGN POST	<input type="checkbox"/> 43 - CURB	<input type="checkbox"/> 50 - WORK ZONE MAINTENANCE EQUIPMENT
<input type="checkbox"/> 26 - BRIDGE OVERHEAD STRUCTURE	<input type="checkbox"/> 32 - PORTABLE BARRIER	<input type="checkbox"/> 38 - OVERHEAD SIGN POST	<input type="checkbox"/> 44 - DITCH	<input type="checkbox"/> 51 - WALL
<input type="checkbox"/> 27 - BRIDGE PIER OR ABUTMENT	<input type="checkbox"/> 33 - MEDIAN CABLE BARRIER	<input type="checkbox"/> 39 - LIGHT / LUMINARIES	<input type="checkbox"/> 45 - EMBANKMENT	<input type="checkbox"/> 52 - BUILDING
<input type="checkbox"/> 28 - BRIDGE PARAPET	<input type="checkbox"/> 34 - MEDIAN GUARDRAIL	<input type="checkbox"/> 40 - SUPPORT	<input type="checkbox"/> 46 - FENCE	<input type="checkbox"/> 53 - TUNNEL
<input type="checkbox"/> 29 - BRIDGE RAIL	<input type="checkbox"/> 35 - MEDIAN CONCRETE BARRIER	<input type="checkbox"/> 41 - OTHER POST, POLE OR SUPPORT	<input type="checkbox"/> 47 - MAILBOX	<input type="checkbox"/> 54 - OTHER FIXED OBJECT
<input type="checkbox"/> 30 - GUARDRAIL FACE	<input type="checkbox"/> 36 - MEDIAN OTHER BARRIER	<input type="checkbox"/> 42 - CULVERT	<input type="checkbox"/> 48 - TREE	<input type="checkbox"/> 99 - OTHER / UNKNOWN

1 - FIRST HARMFUL EVENT 1 - MOST HARMFUL EVENT

LOCAL REPORT NUMBER
2 2 0 1 3 2 6 8

DAMAGE		
DAMAGE SCALE		
<input type="checkbox"/> 4	1 - NONE	3 - FUNCTIONAL DAMAGE
	2 - MINOR DAMAGE	4 - DISABLING DAMAGE
	9 - UNKNOWN	

DAMAGED AREA(S)
INDICATE ALL THAT APPLY



<input type="checkbox"/> 0 - NO DAMAGE	<input type="checkbox"/> 1 - UNDERCARRIAGE
<input type="checkbox"/> 1 - TOP	<input type="checkbox"/> 2 - ALL AREAS
<input type="checkbox"/> 3 - UNIT NOT AT SCENE	

INITIAL POINT OF CONTACT

<input type="checkbox"/> 0 - NO DAMAGE	<input type="checkbox"/> 14 - UNDERCARRIAGE
<input type="checkbox"/> 1-12 - REFER TO UNIT DIAGRAM	<input type="checkbox"/> 15 - VEHICLE NOT AT SCENE
<input type="checkbox"/> 99 - UNKNOWN	
<input type="checkbox"/> 13 - TOP	

TRAFFIC WAY FLOW	TRAFFIC CONTROL
<input type="checkbox"/> 1 - ONE-WAY	<input type="checkbox"/> 1 - ROUNDABOUT
<input type="checkbox"/> 2 - TWO-WAY	<input type="checkbox"/> 2 - STOP SIGN
<input type="checkbox"/> 6	<input type="checkbox"/> 2 - SIGNAL
	<input type="checkbox"/> 5 - YIELD SIGN
	<input type="checkbox"/> 3 - FLASHER
	<input type="checkbox"/> 6 - NO CONTROL

OF THROUGH LANES ON ROAD

<input type="checkbox"/> 4	RAIL GRADE CROSSING
<input type="checkbox"/> 1	1 - NOT INVOLVED
	2 - INVOLVED-ACTIVE CROSSING
	3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

FROM <input type="checkbox"/> 2	TO <input type="checkbox"/> 1
1 - NORTH	5 - NORTHEAST
2 - SOUTH	6 - NORTHWEST
3 - EAST	7 - SOUTHEAST
4 - WEST	8 - SOUTHWEST
9 - OTHER / UNKNOWN	

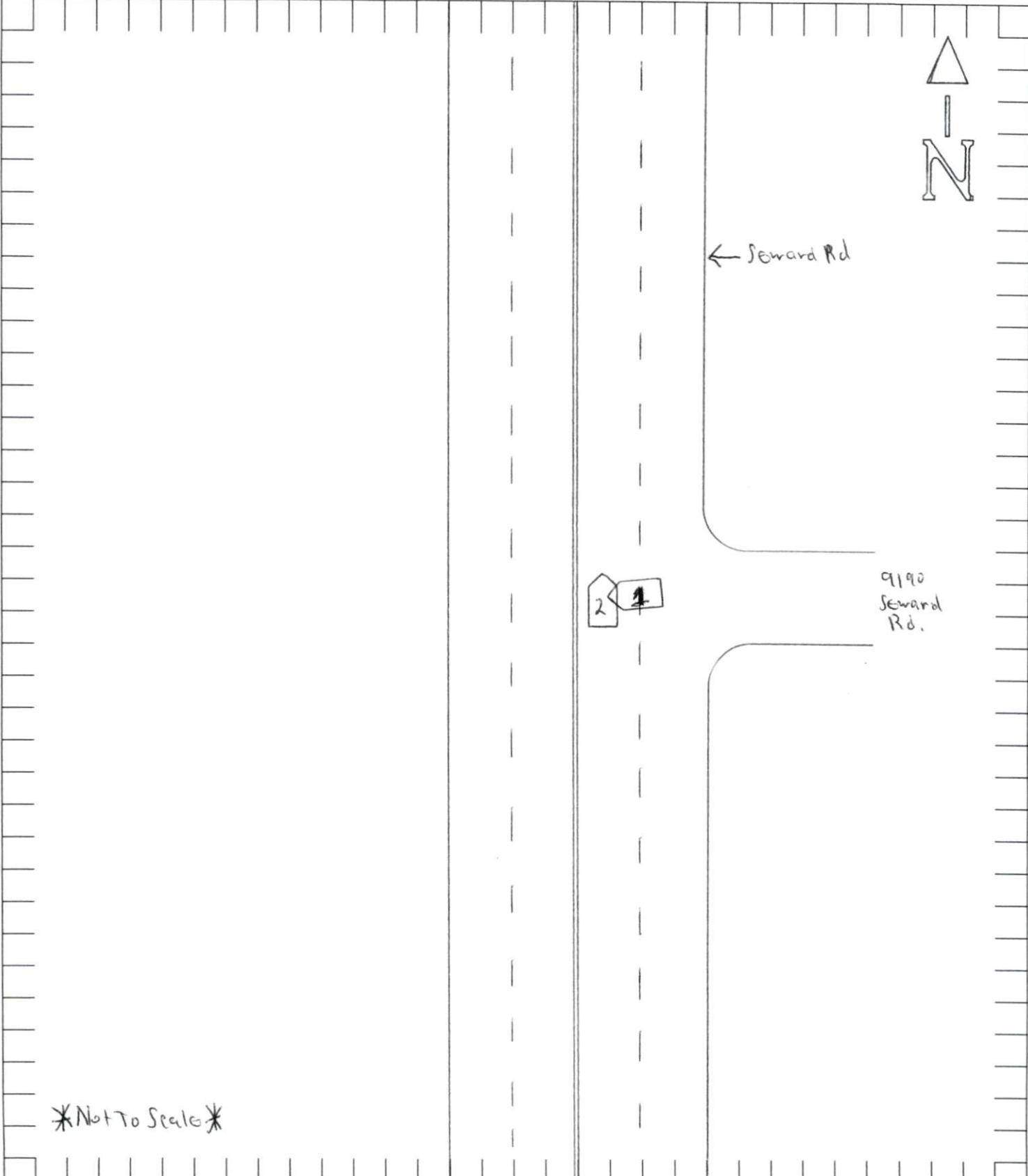
UNIT SPEED	DETECTED SPEED
<input type="checkbox"/> 4 - 0	<input type="checkbox"/> 1 - STATED/ESTIMATED SPEED
	<input type="checkbox"/> 2 - CALCULATED/EDR
	<input type="checkbox"/> 3 - UNDETERMINED

POSTED SPEED

<input type="checkbox"/> 3 - 5	
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MOTORIST / Non-MOTORIST

MOTORIST / Non-MOTORIST										LOCAL REPORT NUMBER				
										2 2 0 1 3 2 6 8			DATE OF BIRTH	AGE
UNIT #	NAME: LAST, FIRST, MIDDLE 0 1 Lang, Samantha Jo									0 1 1 8 1 9 9 6	2 6	F		
ADDRESS: STREET, CITY, STATE, ZIP 406 3rd St. Trenton, OH 45067										CONTACT PHONE - INCLUDE AREA CODE				
INJURIES 3	INJURED TAKEN BY 2	EMS AGENCY (NAME) Fairfield EMS		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) Mercy Fairfield		SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1			
OL STATE O H	OPERATOR LICENSE NUMBER			OFFENSE CHARGED 331.22a		LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION Failure to Yield			CITATION NUMBER 249280				
OL CLASS 04	ENDORSEMENT SELECT UP TO 2 M	RESTRICTION SELECT UP TO 3 L	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 01	ALCOHOL TEST STATUS 1 TYPE 1 VALUE • 1	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4						
UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Thomas, Roderick James									DATE OF BIRTH 0 9 1 3 1 9 8 5	AGE 3 6	GENDER M		
ADDRESS: STREET, CITY, STATE, ZIP 6104 Meyers Dr. Cincinnati, OH 45215										CONTACT PHONE - INCLUDE AREA CODE				
INJURIES 3	INJURED TAKEN BY 2	EMS AGENCY (NAME) Fairfield EMS		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) Mercy Fairfield		SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1			
OL STATE O H	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER				
OL CLASS 04	ENDORSEMENT SELECT UP TO 2 L	RESTRICTION SELECT UP TO 3 L	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 01	ALCOHOL TEST STATUS 1 TYPE 1 VALUE • 1 1	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4						
UNIT #	NAME: LAST, FIRST, MIDDLE L									DATE OF BIRTH 0	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			
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER				
OL CLASS	ENDORSEMENT SELECT UP TO 2 L	RESTRICTION SELECT UP TO 3 L	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS 1 TYPE 1 VALUE • 1	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4						
INJURIES		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-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-DEPLOYED SIDE	3-CLASS C	3-CORRECTIVE LENSES	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE										
4-POSSIBLE INJURY	4-DEPLOYED BOTH FRONT / SIDE	4-REGULAR CLASS (OHIO = D)	4-FARM WAIVER	4-TEST GIVEN, RESULTS KNOWN										
5-NO APPARENT INJURY	5-NOT APPLICABLE	5-EXCEPT CLASS A BUS	5-EXCEPT CLASS A & CLASS B BUS	5-TEST GIVEN, RESULTS UNKNOWN										
6-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	6-DEPLOYMENT UNKNOWN	6-M/C MOPED ONLY	6-EXCEPT CLASS A & CLASS B BUS											
7-SECOND - MIDDLE	7-NO VALID OL	7-EXCEPT TRACTOR-TRAILER												
8-SECOND - RIGHT SIDE	8-INTERMEDIATE LICENSE RESTRICTIONS													
9-THIRD - LEFT SIDE	9-LEARNER'S PERMIT RESTRICTIONS													
10-THIRD - MIDDLE	10-LIMITED TO DAYLIGHT ONLY													
11-THIRD - RIGHT SIDE	11-LIMITED TO EMPLOYMENT													
12-SLEEPER SECTION OF TRUCK CAB	12-LIMITED - OTHER													
13-TRAILING UNIT	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)													
14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14-MILITARY VEHICLES ONLY													
15-NON-MOTORIST	15-MOTOR VEHICLES WITHOUT AIR BRAKES													
16-NON-OTHER / UNKNOWN	16-OUTSIDE MIRROR													
17-REFLECTIVE CLOTHING	17-PROSTHETIC AID													
18-HELMET USED	18-OTHER													
19-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	EJECTION	OL ENDORSEMENT	TEST STATUS											
20-BLURRY VISION	1-NOT EJECTED	H - HAZMAT	1-NONE											
21-REFLECTIVE CLOTHING	2-PARTIALLY EJECTED	M - MOTORCYCLE	2-BLOOD											
22-REFLECTIVE CLOTHING	3-TOTALLY EJECTED	P - PASSENGER	3-URINE											
23-REFLECTIVE CLOTHING	4-NOT APPLICABLE	N - TANKER	4-BREATH											
24-REFLECTIVE CLOTHING		O - MOTOR SCOOTER	5-OTHER											
25-REFLECTIVE CLOTHING		R - THREE-WHEEL MOTORCYCLE	ALCOHOL TEST TYPE											
26-REFLECTIVE CLOTHING		S - SCHOOL BUS	1-NONE											
27-REFLECTIVE CLOTHING		T - DOUBLE & TRIPLE TRAILERS	2-BLOOD											
28-REFLECTIVE CLOTHING		X - TANKER / HAZMAT	3-URINE											
29-REFLECTIVE CLOTHING			4-BREATH											
30-REFLECTIVE CLOTHING			5-OTHER											
31-REFLECTIVE CLOTHING			DRUG TEST TYPE											
32-REFLECTIVE CLOTHING			1-NONE											
33-REFLECTIVE CLOTHING			2-BLOOD											
34-REFLECTIVE CLOTHING			3-URINE											
35-REFLECTIVE CLOTHING			4-BREATH											
36-REFLECTIVE CLOTHING			DRUG TEST RESULT(S)											
37-REFLECTIVE CLOTHING			1-AMPHETAMINES											
38-REFLECTIVE CLOTHING			2-BARBITURATES											
39-REFLECTIVE CLOTHING			3-BENZODIAZEPINES											
40-REFLECTIVE CLOTHING			4-CANNABINOID											
41-REFLECTIVE CLOTHING			5-COCAIN											
42-REFLECTIVE CLOTHING			6-OPIATES / OPIOIDS											
43-REFLECTIVE CLOTHING			7-OTHER											
44-REFLECTIVE CLOTHING			8-NEGATIVE RESULTS											
SAFETY EQUIPMENT	TRAPPED	GENDER												
1-NONE USED	1-NOT TRAPPED	F - FEMALE												
2-SHOULDER BELT ONLY USED	2-EXTRICATED BY MECHANICAL MEANS	M - MALE												
3-LAP BELT ONLY USED	3-FREED BY NON-MECHANICAL MEANS	U - OTHER / UNKNOWN												
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 / CYCLE ONLY														
12-REFLECTIVE CLOTHING														
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LOCAL REPORT NUMBER	PD-22-013268	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	9190 Seward Rd. Fairfield, OH 45014	2/23/22
				
		OFFICER'S SIGNATURE	P.O. C. Moore	BADGE NO 136