



TRAFFIC CRASH REPORT

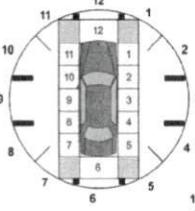
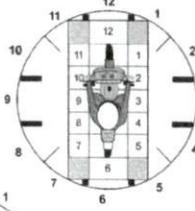
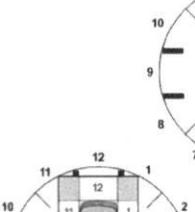
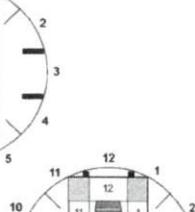
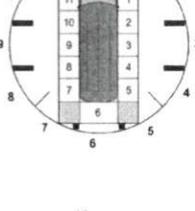
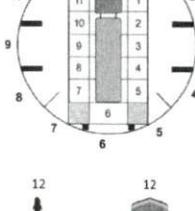
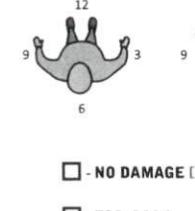
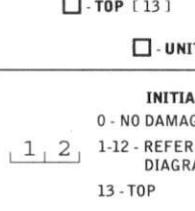
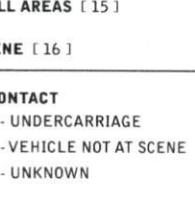
*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

| | | | | LOCAL REPORT NUMBER* | | | | |
|--|--|--|---|---|--|--|--|---|
| <input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY | | LOCAL INFORMATION | | | 2 2 0 1 5 0 8 4 | | | |
| REPORTING AGENCY NAME* Fairfield Police Department | | | | NCIC* 0 0 9 0 1 | | HIT/SKIP 1 - SOLVED 2 - UNSOLVED | NUMBER OF UNITS 0 2 | UNIT IN ERROR 0 1 98 - ANIMAL 99 - UNKNOWN |
| COUNTY* | LOCALITY* | LOCATION: CITY, VILLAGE, TOWNSHIP* | | | CRASH DATE / TIME* 0 3 0 2 2 0 2 2 1 5 0 1 | | | |
| 0 9 | 1 - CITY 2 - VILLAGE 3 - TOWNSHIP | City of Fairfield | | | LATITUDE DECIMAL DEGREES 3 9 3 3 2 6 2 2 | | | |
| ROUTE TYPE S R | ROUTE NUMBER 4 | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | LOCATION ROAD NAME | ROAD TYPE | LONGITUDE DECIMAL DEGREES - 8 4 5 2 1 6 0 2 | | | |
| ROUTE TYPE | ROUTE NUMBER | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) South Gilmore | ROAD TYPE R D | | | | |
| REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # | DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE | ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY | INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 4 | | | | |
| DISTANCE FROM REFERENCE | DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS | | | ROADWAY <input type="checkbox"/> ROADWAY DIVIDED | | | | |
| LOCATION OF FIRST HARMFUL EVENT 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 | | | MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION 2 - TWO MOTOR VEHICLES IN TRANSPORT 3 - REAR-END 4 - HEAD-ON | 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 AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA | CONTOUR 1 | CONDITIONS 1 | SURFACE 2 | | |
| <input type="checkbox"/> 1 | | 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 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL | 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 March 2, 2022 at about 3:01 PM Unit 1 was traveling northwest on S.R. 4 (Dixie Hwy.) at approximately 25 m.p.h. and when at South Gilmore Road failed to stop within the assured clear distance ahead and collided with Unit 2 which was stopped at the traffic light. | | | |  Indicate the north direction with an "N" on the compass diagram. | | | | |
| | | | | See OH-2 | | | | |
| CRASH REPORTED DATE / TIME 0 3 0 2 2 0 2 2 1 5 0 1 | | DISPATCH DATE / TIME 0 3 0 2 2 0 2 2 1 5 0 4 | | ARRIVAL DATE / TIME 0 3 0 2 2 0 2 2 1 5 0 9 | | SCENE CLEARED DATE / TIME 0 3 0 2 2 0 2 2 1 5 3 2 | REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST | |
| TOTAL TIME ROADWAY CLOSED 0 | | OTHER INVESTIGATION TIME 3 0 | | TOTAL MINUTES 5 8 | | OFFICER'S NAME* J. Mitchell | CHECKED BY OFFICER'S NAME* <i>[Signature]</i> CHECKED BY OFFICER'S BADGE NUMBER* <i>[Signature]</i> | |
| | | | | | | OFFICER'S BADGE NUMBER* 1 7 1 | | |
| SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS) | | | | | | | | |

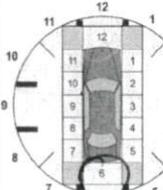
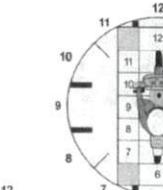
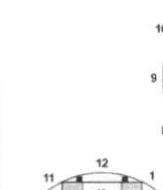
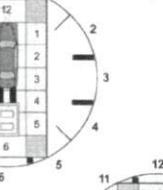
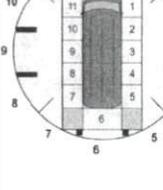
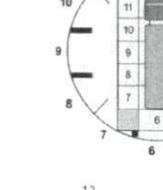
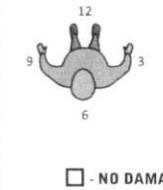
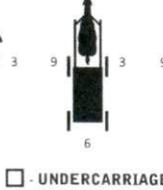
LOCAL REPORT NUMBER

2 2 0 1 5 0 8 4

| | | | | |
|---|--|--|---|---|
| OWNER | OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) Gross, Peter | | | OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER) |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 6624 San Mateo Drive, West Chester, OH 45069 | | | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE | |
| LP STATE O H | LICENSE PLATE # JGV5610 | VEHICLE IDENTIFICATION # J M 1 B J 2 4 5 3 1 1 4 6 6 0 | VEHICLE YEAR 2 0 0 3 | VEHICLE MAKE Mazda |
| <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY State Farm | INSURANCE POLICY # C919305F1435 | COLOR Blue | VEHICLE MODEL Protege5 |
| TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | | US DOT # | TOWED BY: COMPANY NAME | |
| INTERLOCK DEVICE EQUIPPED | | # OCCUPANTS 0 2 | VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. | |
| UNIT TYPE 0 1 | | HAZARDOUS MATERIAL MATERIAL RELEASED PLACARD | | |
| SPECIAL FUNCTION 4 - SCHOOL TRANSPORT 5 - CARGO VAN 6 - VAN (9-15 SEATS) | | CLASS # PLACARD ID # | | |
| CARGO BODY TYPE 0 1 | | # OF TRAILING UNITS | | |
| VEHICLE DEFECTS 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS | | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL 0 | | |
| NON-MOTORIST LOCATION AT IMPACT 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK | | 1 - NO AUTOMATION 2 - DRIVER ASSISTANCE 3 - PARTIAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION | | |
| ACTION 0 3 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN | | 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER | | |
| CONTRIBUTING CIRCUMSTANCES 0 8 1 - RAN RED LIGHT 2 - RAN STOP SIGN 3 - UNSAFE SPEED 4 - IMPROPER TURN | | 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE | | |
| SEQUENCE OF EVENTS 1 - 2 - 0 | | 11 - FIRE 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME | | |
| 4 - IMPACT ATTENUATOR /CRASH CUSHION 5 - BRIDGE OVERHEAD STRUCTURE 5 - CARGO / EQUIPMENT LOSS OR SHIFT | | 18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 99 - UNKNOWN OR HIT/SKIP | | |
| 25 - IMPACT ATTENUATOR /CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE | | 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 28 - ANIMAL DRAWN VEHICLE 99 - UNKNOWN OR HIT/SKIP | | |
| 1 - FIRST HARMFUL EVENT 1 | | # OF TRAILING UNITS | | |
| 1 - FIRST HARMFUL EVENT 1 | | 1 - MOST HARMFUL EVENT | | |

| | | | |
|---|--|--|--|
| DAMAGE 2 | | 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 - 2 - REFER TO UNIT 13 - TOP | | 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN | |
| TRAFFIC | | TRAFFIC CONTROL | |
| TRAFFICWAY FLOW 2 | | 1 - ONE-WAY 2 - TWO-WAY | |
| # OF THROUGH LANES ON ROAD 4 | | RAIL GRADE CROSSING 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 9 - OTHER / UNKNOWN | |
| UNIT SPEED 2 5 | | DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED | |
| POSTED SPEED 3 5 | | | |

| | | | |
|---|---|--|--|
| 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) | | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE | |
| LP STATE | LICENSE PLATE # | VEHICLE IDENTIFICATION # | VEHICLE YEAR |
| O H | HLT3605 | 5TFTX4CNXEX038048 | 2014 |
| <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY | INSURANCE POLICY # | COLOR |
| | Progressive | 932237905 | White |
| TYPE OF USE | | US DOT # | TOWED BY: COMPANY NAME |
| <input type="checkbox"/> COMMERCIAL | <input type="checkbox"/> GOVERNMENT | <input type="checkbox"/> IN EMERGENCY RESPONSE | |
| <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED | <input type="checkbox"/> HIT/SKIP UNIT | #OCCUPANTS | VEHICLE WEIGHT GVWR/GCWR |
| 0 4 | | 0 1 | 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. |
| UNIT TYPE | 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) | | |
| 0 | 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 | | | |
| 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 |
| 0 2 | 1 - YES 2 - NO 9 - OTHER / UNKNOWN | 0 | AUTONOMOUS MODE LEVEL |
| 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT / COMMUTER | | | |
| 6 - BUS - CHARTER / TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE | | | |
| 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL | | | |
| 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS | | | |
| 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - CARGO VAN / ENCLOSED BOX 6 - CARGO VAN / ENCLOSED BOX 7 - GRAIN / CHIPS / GRAVEL | | | |
| 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP | | | |
| 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE / REFUSE 99 - OTHER / UNKNOWN | | | |
| 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 | | | |
| 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 13 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 17 - PUSHING VEHICLE 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 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 17 - PUSHING 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 | | | |
| 1 2 0 | 1 - OVERTURN / ROLLOVER 2 - FIRE / EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - IMPROPER TURN | | |
| 2 1 1 | 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 | | |
| 3 1 1 | 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE | | |
| 4 1 1 | 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN | | |
| 5 1 1 | 1 - FIRST HARMFUL EVENT | | |
| 6 1 1 | 1 - MOST HARMFUL EVENT | | |

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



MOTORIST / Non-MOTORIST

| LOCAL REPORT NUMBER | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|----------------------------|--|--|---|--------------------------|---------------|--------------------------|---------------------|------------------|---------------|-----------------------------------|--|----------|--|---------|--|--|--|--|--|--|--|
| 2 2 0 1 5 0 8 4 | | | | | | | | | | | | | | | | | | | | | | | |
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | | | | | | DATE OF BIRTH | | | | | | | | | | | | |
| | 0 1 | Gross, Jonathan | | | | | | | | | | 0 8 2 0 2 0 0 5 | AGE 1 6 | GENDER M | | | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | | |
| 6624 San Mateo Drive, West Chester, OH 45069 | | | | | | | | | | | | | | | | | | | | | | | |
| INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | | SAFETY EQUIPMENT USED | | SEATING POSITION | | AIR BAG USAGE | | EJECTION | | TRAPPED | | | | | | | |
| | 0 1 | | | DOT-COMPLIANT MC HELMET | | 0 1 | | 1 | | 1 | | 1 | | 1 | | 1 | | | | | | | |
| OL STATE O H | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | | | LOCAL CODE | | OFFENSE DESCRIPTION | | | | CITATION NUMBER | | | | | | | | | | |
| | 4511.21A | | | ACDA | | 250392 | | | | | | | | | | | | | | | | | |
| OL CLASS 4 | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | | | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | | | CONDITION | ALCOHOL TEST | | | DRUG TEST(S) | | | | | | | | | | |
| | 1 | | | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | 1 | | 1 | | 1 | | 1 | | 1 | | | | | | | | | |
| MOTORIST / NON-MOTORIST | UNIT # NAME: LAST, FIRST, MIDDLE | | | | | | | | | | | | DATE OF BIRTH | | AGE | | GENDER | | | | | | |
| | 0 2 | Dawson, Deandrae | | | | | | | | | | 0 5 1 7 1 9 7 2 | 4 9 | M | | | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | | |
| 6401 Aspen Way Apt 2, Cincinnati, OH 45224 | | | | | | | | | | | | | | | | | | | | | | | |
| INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | | SAFETY EQUIPMENT USED | | SEATING POSITION | | AIR BAG USAGE | | EJECTION | | TRAPPED | | | | | | | |
| | 0 1 | | | DOT-COMPLIANT MC HELMET | | 0 1 | | 1 | | 1 | | 1 | | 1 | | | | | | | | | |
| OL STATE O H | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | | | LOCAL CODE | | OFFENSE DESCRIPTION | | | | CITATION NUMBER | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| OL CLASS 4 | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | | | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | | | CONDITION | ALCOHOL TEST | | | DRUG TEST(S) | | | | | | | | | | |
| | 1 | | | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | 1 | | 1 | | 1 | | 1 | | 1 | | | | | | | | | |
| MOTORIST / NON-MOTORIST | UNIT # NAME: LAST, FIRST, MIDDLE | | | | | | | | | | | | DATE OF BIRTH | | AGE | | GENDER | | | | | | |
| | 0 | | | | | | | | | | | 0 | | | | | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | | SAFETY EQUIPMENT USED | | SEATING POSITION | | AIR BAG USAGE | | EJECTION | | TRAPPED | | | | | | | |
| | 0 1 | | | DOT-COMPLIANT MC HELMET | | 0 1 | | 1 | | 1 | | 1 | | 1 | | | | | | | | | |
| OL STATE | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | | | LOCAL CODE | | OFFENSE DESCRIPTION | | | | CITATION NUMBER | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | | | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | | | CONDITION | ALCOHOL TEST | | | DRUG TEST(S) | | | | | | | | | | |
| | 1 | | | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | 1 | | 1 | | 1 | | 1 | | 1 | | | | | | | | | |
| MOTORIST / NON-MOTORIST | INJURIES SEATING POSITION AIR BAG OL CLASS | | | | | | | | | | | | OL RESTRICTION(S) | | DRIVER DISTRACTION | | TEST STATUS | | | | | | |
| | 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 | | 1-CLASS A 2-CLASS B 3-CLASS C 4-REGULAR CLASS (OHIO=D) 5-M/C MOPED ONLY 6-NO VALID OL 7-NO VALID OL | | 1-ALCOHOL INTERLOCK DEVICE 2-CDL INTRASTATE ONLY 3-CORRECTIVE LENSES 4-FARM WAIVER 5-EXCEPT CLASS A BUS 6-EXCEPT CLASS A & CLASS B BUS 7-EXCEPT TRACTOR-TRAILER 8-INTERMEDIATE LICENSE RESTRICTIONS 9-LEARNER'S PERMIT RESTRICTIONS 10-LIMITED TO DAYLIGHT ONLY 11-LIMITED TO EMPLOYMENT 12-LIMITED - OTHER 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14-MILITARY VEHICLES ONLY 15-MOTOR VEHICLES WITHOUT AIR BRAKES 16-OUTSIDE MIRROR 17-PROSTHETIC AID 18-OTHER | | 1-NOT DISTRACTED 2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3-TALKING ON HANDS-FREE COMMUNICATION DEVICE 4-TALKING ON HAND-HELD COMMUNICATION DEVICE 5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6-PASSENGER 7-OTHER DISTRACTION INSIDE THE VEHICLE 8-OTHER DISTRACTION OUTSIDE THE VEHICLE 9-OTHER / UNKNOWN | | 1-NONE GIVEN 2-TEST REFUSED 3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4-TEST GIVEN, RESULTS KNOWN 5-TEST GIVEN, RESULTS UNKNOWN |
| INJURED TAKEN BY | 1-NOT TRANSPORTED /TREATED AT SCENE 2-EMS 3-POLICE 9-OTHER/UNKNOWN | | | | | | | | | | | | EJECTION | | OL ENDORSEMENT | | ALCOHOL TEST TYPE | | | | | | |
| | 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 | | 1-NOT EJECTED 2-PARTIALLY EJECTED 3-TOTALLY EJECTED 4-NOT APPLICABLE | | 1-NONE 2-BLOOD 3-URINE 4-BREATH 5-OTHER | | | | | | |
| SAFETY EQUIPMENT | 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 | | | | | | | | | | | | TRAPPED | | CONDITION | | DRUG TEST TYPE | | | | | | |
| | 1-NOT TRAPPED 2-EXTRICATED BY MECHANICAL MEANS 3-FREED BY NON-MECHANICAL MEANS | | | | | | | | | | | | F-FEMALE M-MALE U-OTHER / UNKNOWN | | 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-NONE 2-BLOOD 3-URINE 4-OTHER | | | | | | |
| INJURIES | 16-OUTSIDE MIRROR 17-PROSTHETIC AID 18-OTHER | | | | | | | | | | | | GENDER | | DRUG TEST RESULT(S) | | | | | | | | |
| | | | | | | | | | | | | | F-FEMALE M-MALE U-OTHER / UNKNOWN | | 1-AMPHETAMINES 2-BARBITURATES 3-BENZODIAZEPINES 4-CANNABINOIDS 5-COCAIN 6-OPIATES / OPIOIDS 7-OTHER 8-NEGATIVE RESULTS | | | | | | | | |



OCCUPANT / WITNESS ADDENDUM

| OCCUPANT | LOCAL REPORT NUMBER | | | | | | | | | |
|---|---------------------------|-------------------|--|--|---|-------------------------|---------------------------------------|---------------|--------------|--|
| | NAME: LAST, FIRST, MIDDLE | | | DATE OF BIRTH | | AGE | GENDER | | | |
| UNIT # 1 | Gross, Sam | | | 0 9 0 7 2 0 0 7 | | 1 4 | M | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 6624 San Mateo Drive, West Chester, OH 45069 | | | | | | | | | | |
| 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 1 | EJECTION 1 | TRAPPED 1 | |
| OCCUPANT | DATE OF BIRTH AGE GENDER | | | | | | | | | |
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | 0 | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | |
| 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 | DATE OF BIRTH AGE GENDER | | | | | | | | | |
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | 0 | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | |
| 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 | DATE OF BIRTH AGE GENDER | | | | | | | | | |
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | 0 | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | |
| 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 | DATE OF BIRTH AGE GENDER | | | | | | | | | |
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | 0 | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | |
| 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) | | | EJECTION | | | |
| 2 - EMS | | | 8 - HELMET USED | 8 - THIRD - MIDDLE | | | 1 - NOT EJECTED | | | |
| 3 - POLICE | | | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT SIDE | | | 2 - PARTIALLY EJECTED | | | |
| 9 - OTHER / UNKNOWN | | | 10 - REFLECTIVE CLOTHING | 10 - SLEEPER SECTION OF TRUCK CAB | | | 3 - TOTALLY EJECTED | | | |
| GENDER | | | 11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | | | 4 - NOT APPLICABLE | | | |
| F - FEMALE | | | 99 - OTHER / UNKNOWN | 12 - PASSENGER IN UNENCLOSED CARGO AREA | | | TRAPPED | | | |
| M - MALE | | | | 13 - TRAILING UNIT | | | 1 - NOT TRAPPED | | | |
| U - OTHER / UNKNOWN | | | | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | | | 2 - EXTRICATED BY MECHANICAL MEANS | | | |
| | | | | 15 - NON-MOTORIST | | | 3 - FREED BY NON-MECHANICAL MEANS | | | |
| | | | | 99 - OTHER / UNKNOWN | | | | | | |
| WITNESS | NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | | AGE | GENDER | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| WITNESS | NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | | AGE | GENDER | |
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| WITNESS | NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | | AGE | GENDER | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |

LOCAL REPORT NUMBER
PD-22-015084

IN COUNTY OF
BUTLER

REPORTING AGENCY

FAIRFIELD P.D.

CRASH LOCATION

Dixie Hwy // S. Gilmore Rd

DATE OF CRASH
M 08 D 02 Y2022

