



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

<input checked="" type="checkbox"/> PHOTOS TAKEN	<input checked="" type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION		2 2 0 1 5 5 1 8	
<input type="checkbox"/> SECONDARY CRASH	<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*	HIT/SKIP 1 - SOLVED 2 - UNSOLVED
<input type="checkbox"/> PRIVATE PROPERTY			Fairfield Police Department		0 0 9 0 1	NUMBER OF UNITS 0 2
						UNIT IN ERROR 9 9 98 - ANIMAL 99 - UNKNOWN

COUNTY* 0 9	LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield	CRASH DATE / TIME* 03 04 2022 07 15	CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 5
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ROUTE TYPE S R	ROUTE NUMBER 4	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME Holden	ROAD TYPE B L	LATITUDE DECIMAL DEGREES 3 9 . 3 3 3 0 5
REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES - 8 4 . 5 2 0 9 4			

REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1	DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 1	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 <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES ROADWAY <input type="checkbox"/> ROADWAY DIVIDED
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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 0 1	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	MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN 7	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 (ANY TYPE) 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN
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<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 WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	CONDITIONS 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN
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LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 1	WEATHER 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 0 1
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NARRATIVE On 03/04/22 at approximately 7:15 A.M. the driver of unit #1 stated that she was northbound on Holden Blvd. in the right through lane of travel. She stated that unit #2 went around the right side of her vehicle after turning and collided into her. The driver of unit #2 stated that she was northbound on Holden Blvd. in the right through lane of travel. Unit #1 was northbound in the left through lane on Holden Blvd. Unit #1 changed lanes and collided into unit #2.	See OH-2	Indicate the north direction with an "N" on the compass diagram.
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CRASH REPORTED DATE / TIME 03 04 2022 07 15	DISPATCH DATE / TIME 03 04 2022 07 17	ARRIVAL DATE / TIME 03 04 2022 07 24	SCENE CLEARED DATE / TIME 03 04 2022 08 14	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OHS)
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES 5 7	OFFICER'S NAME* Doug Day	CHECKED BY OFFICER'S NAME* 1 0 3
		OFFICER'S BADGE NUMBER* 7 6	CHECKED BY OFFICER'S BADGE NUMBER*	

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE OH	LICENSE PLATE # GHC8743	VEHICLE IDENTIFICATION # 1C4HJXDN8JW318235	VEHICLE YEAR 2018	VEHICLE MAKE Jeep
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY Progressive	INSURANCE POLICY # 931166472	COLOR black	VEHICLE MODEL Wrangler
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 01	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
	TYPE OF USE		TOWED BY: COMPANY NAME		
	<input type="checkbox"/> PASSENGER CAR		<input type="checkbox"/> MATERIAL RELEASED		
	<input type="checkbox"/> PASSENGER VAN (MINIVAN)		<input type="checkbox"/> PLACARD		
	<input type="checkbox"/> SPORT UTILITY VEHICLE		HAZARDOUS MATERIAL CLASS # PLACARD ID #		
	<input type="checkbox"/> PICK UP				
	<input type="checkbox"/> CARGO VAN				
<input type="checkbox"/> VAN (9-15 SEATS)					
# OF TRAILING UNITS					
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		AUTONOMOUS MODE LEVEL			
1 - YES 2 - NO 9 - OTHER / UNKNOWN		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN			
SPECIAL FUNCTION					
1 - NONE		6 - BUS - CHARTER/TOUR			
2 - TAXI		7 - BUS - INTERCITY			
3 - ELECTRONIC RIDE SHARING		8 - BUS - SHUTTLE			
4 - SCHOOL TRANSPORT		9 - BUS - OTHER			
5 - BUS - TRANSIT/COMMUTER		10 - AMBULANCE			
CARGO BODY TYPE					
1 - NO CARGO BODY TYPE / NOT APPLICABLE		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE			
2 - BUS		4 - LOGGING			
VEHICLE DEFECTS					
1 - TURN SIGNALS		4 - BRAKES			
2 - HEAD LAMPS		5 - STEERING			
3 - TAIL LAMPS		6 - TIRE BLOWOUT			
NON-MOTORIST LOCATION AT IMPACT					
1 - INTERSECTION - MARKED CROSSWALK		3 - INTERSECTION - OTHER			
2 - INTERSECTION - UNMARKED CROSSWALK		4 - MIDDLEBLOCK - MARKED CROSSWALK			
3 - STRIKING		5 - TRAVEL LANE - OTHER LOCATION			
4 - STRUCK		6 - BICYCLE LANE			
5 - BOTH STRIKING & STRUCK		7 - SHOULDER / ROADSIDE			
9 - OTHER / UNKNOWN		8 - SIDEWALK			
ACTION					
1 - NON-CONTACT		1 - STRAIGHT AHEAD			
2 - NON-COLLISION		2 - BACKING			
3 - STRIKING		3 - CHANGING LANES			
4 - STRUCK		4 - OVERTAKING/PASSING			
5 - BOTH STRIKING & STRUCK		5 - MAKING RIGHT TURN			
9 - OTHER / UNKNOWN		6 - MAKING LEFT TURN			
CONTRIBUTING CIRCUMSTANCES					
1 - NONE		7 - LEFT OF CENTER			
2 - FAILURE TO YIELD		8 - FOLLOWING TOO CLOSE / ACDA			
3 - RAN RED LIGHT		9 - IMPROPER LANE CHANGE			
4 - RAN STOP SIGN		10 - IMPROPER PASSING			
5 - UNSAFE SPEED		11 - DROVE OFF ROAD			
6 - IMPROPER TURN		12 - IMPROPER BACKING			
SEQUENCE OF EVENTS					
1 - OVERTURN/ROLLOVER		6 - EQUIPMENT FAILURE			
2 - FIRE/EXPLOSION		7 - SEPARATION OF UNITS			
3 - IMMERSION		8 - RAN OFF ROAD RIGHT			
4 - JACKKNIFE		9 - RAN OFF ROAD LEFT			
5 - CARGO / EQUIPMENT LOSS OR SHIFT		10 - CROSS MEDIAN			
COLLISION WITH FIXED OBJECT - STRUCK					
25 - IMPACT ATTENUATOR / CRASH CUSHION		31 - GUARDRAIL END			
26 - BRIDGE OVERHEAD STRUCTURE		32 - PORTABLE BARRIER			
27 - BRIDGE PIER OR ABUTMENT		33 - MEDIAN CABLE BARRIER			
28 - BRIDGE PARAPET		34 - MEDIAN GUARDRAIL BARRIER			
29 - BRIDGE RAIL		35 - MEDIAN CONCRETE BARRIER			
30 - GUARDRAIL FACE		36 - MEDIAN OTHER BARRIER			
FIRST HARMFUL EVENT		MOST HARMFUL EVENT			

LOCAL REPORT NUMBER 22015518	
DAMAGE	
DAMAGE SCALE	
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	
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE	
13 - TOP 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN
2 - TWO-WAY	2 - SIGNAL 5 - YIELD SIGN
	3 - FLASHER 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	
1 - NORTH 5 - NORTHEAST	
2 - SOUTH 6 - NORTHWEST	
3 - EAST 7 - SOUTHEAST	
4 - WEST 8 - SOUTHWEST	
9 - OTHER / UNKNOWN	
UNIT SPEED	DETECTED SPEED
25	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED
POSTED SPEED	
35	

OWNER	UNIT # 02	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE OH	LICENSE PLATE # JCE1411	VEHICLE IDENTIFICATION # 1FAHP3F23CL174002	VEHICLE YEAR 2012	VEHICLE MAKE Ford
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY Progressive	INSURANCE POLICY # 955103745	COLOR silver	VEHICLE MODEL Focus
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	TOWED BY: COMPANY NAME Fox	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 01	HAZARDOUS MATERIAL CLASS # PLACARD ID #	
	TYPE OF USE		US DOT #	VEHICLE WEIGHT GVWR/GCWR	
	<input type="checkbox"/> PASSENGER CAR		1 - <10K LBS.	18 - LIMO (LIVERY VEHICLE)	
	<input type="checkbox"/> PASSENGER VAN (MINIVAN)		2 - 10,001 - 26K LBS.	19 - BUS (16+ PASSENGERS)	
	<input type="checkbox"/> SPORT UTILITY VEHICLE		3 - >26K LBS.	20 - OTHER VEHICLE	
	<input type="checkbox"/> PICK UP			21 - HEAVY EQUIPMENT	
	<input type="checkbox"/> CARGO VAN			22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	
<input type="checkbox"/> VAN (9-15 SEATS)			23 - PEDESTRIAN / SKATER		
UNIT TYPE			24 - WHEELCHAIR (ANY TYPE)		
1 - PASSENGER CAR		7 - MOTORCYCLE 2-WHEELED	25 - OTHER NON-MOTORIST		
2 - PASSENGER VAN (MINIVAN)		8 - MOTORCYCLE 3-WHEELED	26 - BICYCLE		
3 - SPORT UTILITY VEHICLE		9 - AUTOCYCLE	27 - TRAIN		
4 - PICK UP		10 - MOPED OR MOTORIZED BICYCLE	99 - UNKNOWN OR HIT/SKIP		
5 - CARGO VAN		11 - ALL TERRAIN VEHICLE (ATV / UTV)			
6 - VAN (9-15 SEATS)		12 - GOLF CART			
7 - MOTORCYCLE 2-WHEELED		13 - SNOWMOBILE			
8 - MOTORCYCLE 3-WHEELED		14 - SINGLE UNIT TRUCK			
9 - AUTOCYCLE		15 - SEMI-TRACTOR			
10 - MOPED OR MOTORIZED BICYCLE		16 - FARM EQUIPMENT			
11 - ALL TERRAIN VEHICLE (ATV / UTV)		17 - MOTORHOME			
# OF TRAILING UNITS					
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN	
1 - YES 2 - NO 9 - OTHER / UNKNOWN		1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION		
AUTONOMOUS MODE LEVEL		2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION		
1 - NONE		6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM	
2 - TAXI		7 - BUS - INTERCITY	12 - MILITARY	17 - MOWING	
3 - ELECTRONIC RIDE SHARING		8 - BUS - SHUTTLE	13 - POLICE	18 - SNOW REMOVAL	
4 - SCHOOL TRANSPORT		9 - BUS - OTHER	14 - PUBLIC UTILITY	19 - TOWING	
5 - BUS - TRANSIT/COMMUTER		10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL	
SPECIAL FUNCTION					
1 - NONE		6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM	
2 - TAXI		7 - BUS - INTERCITY	12 - MILITARY	17 - MOWING	
3 - ELECTRONIC RIDE SHARING		8 - BUS - SHUTTLE	13 - POLICE	18 - SNOW REMOVAL	
4 - SCHOOL TRANSPORT		9 - BUS - OTHER	14 - PUBLIC UTILITY	19 - TOWING	
5 - BUS - TRANSIT/COMMUTER		10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL	
CARGO BODY TYPE					
1 - NO CARGO BODY TYPE / NOT APPLICABLE		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	
2 - BUS		4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	9 - CARGO TANK	
		7 - GRAINCHIPS/GRAVEL	10 - FLAT BED	12 - CONCRETE MIXER	
			11 - DUMP	13 - AUTO TRANSPORTER	
				14 - GARBAGE/REFUSE	
				99 - OTHER / UNKNOWN	
VEHICLE DEFECTS					
1 - TURN SIGNALS		4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE	
2 - HEAD LAMPS		5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	99 - OTHER / UNKNOWN	
3 - TAIL LAMPS		6 - TIRE BLOWOUT	9 - DISABLED FROM PRIOR ACCIDENT		
NON-MOTORIST LOCATION AT IMPACT					
1 - INTERSECTION - MARKED CROSSWALK		3 - INTERSECTION - OTHER CROSSWALK	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	
2 - INTERSECTION - UNMARKED CROSSWALK		4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	
3 - STRIKING		5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	
4 - STRUCK					
5 - BOTH STRIKING & STRUCK					
9 - OTHER / UNKNOWN					
ACTION					
1 - NON-CONTACT		1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	
2 - NON-COLLISION		2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	
3 - STRIKING		3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	15 - WALKING, RUNNING, JOGGING, PLAYING	
4 - STRUCK		4 - OVERTAKING/PASSING	10 - PARKED	16 - WORKING	
5 - BOTH STRIKING & STRUCK		5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	17 - PUSHING VEHICLE	
9 - OTHER / UNKNOWN		6 - MAKING LEFT TURN	12 - DRIVERLESS		
CONTRIBUTING CIRCUMSTANCES					
1 - NONE		7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	21 - LYING IN ROADWAY	
2 - FAILURE TO YIELD		8 - FOLLOWING TOO CLOSE / ACDA	14 - STOPPED OR PARKED ILLEGALLY	22 - NOT DISCERNIBLE	
3 - RAN RED LIGHT		9 - IMPROPER LANE CHANGE	15 - SWERVING TO AVOID	23 - OPENING DOOR INTO ROADWAY	
4 - RAN STOP SIGN		10 - IMPROPER PASSING	16 - WRONG WAY	99 - OTHER IMPROPER ACTION	
5 - UNSAFE SPEED		11 - DROVE OFF ROAD			
6 - IMPROPER TURN		12 - IMPROPER BACKING			
SEQUENCE OF EVENTS					
1 - OVERTURN/ROLLOVER		6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	22 - WORK ZONE MAINTENANCE EQUIPMENT	
2 - FIRE/EXPLOSION		7 - SEPARATION OF UNITS	12 - DOWNHILL RUNAWAY	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE	
3 - IMMERSION		8 - RAN OFF ROAD RIGHT	13 - OTHER NON-COLLISION	24 - OTHER MOVABLE OBJECT	
4 - JACKKNIFE		9 - RAN OFF ROAD LEFT	14 - PEDESTRIAN		
5 - CARGO / EQUIPMENT LOSS OR SHIFT		10 - CROSS MEDIAN	15 - PEDALCYCLE		
COLLISION WITH FIXED OBJECT - STRUCK					
25 - IMPACT ATTENUATOR / CRASH CUSHION		31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	
26 - BRIDGE OVERHEAD STRUCTURE		32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH	
27 - BRIDGE PIER OR ABUTMENT		33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES SUPPORT	45 - EMBANKMENT	
28 - BRIDGE PARAPET		34 - MEDIAN GUARDRAIL BARRIER	40 - UTILITY POLE	46 - FENCE	
29 - BRIDGE RAIL		35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX	
30 - GUARDRAIL FACE		36 - MEDIAN OTHER BARRIER	42 - CULVERT	48 - TREE	
43 - CURB				49 - FIRE HYDRANT	
50 - WORK ZONE MAINTENANCE EQUIPMENT					
51 - WALL					
52 - BUILDING					
53 - TUNNEL					
54 - OTHER FIXED OBJECT					
99 - OTHER / UNKNOWN					
FIRST HARMFUL EVENT		MOST HARMFUL EVENT			

LOCAL REPORT NUMBER 22015518	
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 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# 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 2 TO 1	
UNIT SPEED 25	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 35	



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2 2 0 1 5 5 1 8

UNIT # NAME: LAST, FIRST, MIDDLE
0 1 McFarland, Lori

DATE OF BIRTH AGE GENDER
0 5 0 8 1 9 7 7 4 4 F

ADDRESS: STREET, CITY, STATE, ZIP
6026 Monastery Dr. Fairfield, Ohio 45014

CONTACT PHONE - INCLUDE AREA CODE

INJURIES INJURED TAKEN BY EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED 0 4 ☐ DOT-COMPLIANT MC HELMET SEATING POSITION 0 1 AIR BAG USAGE 1 EJECTION 1 TRAPPED 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 1 ALCOHOL / DRUG SUSPECTED ☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG CONDITION 1 ALCOHOL TEST STATUS TYPE VALUE 1 1 1 DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1

UNIT # NAME: LAST, FIRST, MIDDLE
0 2 Anyangawei, Glory

DATE OF BIRTH AGE GENDER
0 8 1 4 1 9 8 2 3 9 F

ADDRESS: STREET, CITY, STATE, ZIP
2773 Resor Rd. Fairfield, Ohio 45014

CONTACT PHONE - INCLUDE AREA CODE

INJURIES INJURED TAKEN BY EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED 0 4 ☐ DOT-COMPLIANT MC HELMET SEATING POSITION 0 1 AIR BAG USAGE 1 EJECTION 1 TRAPPED 1

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UNIT # NAME: LAST, FIRST, MIDDLE
0 3

DATE OF BIRTH AGE GENDER
0 0 0 0 0 0 0 0 0 0

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 ☐ DOT-COMPLIANT MC HELMET SEATING POSITION AIR BAG USAGE EJECTION TRAPPED

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 ☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG CONDITION ALCOHOL TEST STATUS TYPE VALUE DRUG TEST(S) STATUS TYPE 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 - FRONT - MIDDLE	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 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C	3 - CORRECTIVE LENSES	3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE	4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER	3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	4 - TEST GIVEN, RESULTS KNOWN
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M/C MOPED ONLY	5 - EXCEPT CLASS A BUS	4 - TALKING ON HAND-HELD COMMUNICATION DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN
INJURED TAKEN BY	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	ALCOHOL TEST TYPE
1 - NOT TRANSPORTED / TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION	OL ENDORSEMENT	7 - EXCEPT TRACTOR-TRAILER	6 - PASSENGER	1 - NONE
2 - EMS	8 - THIRD - MIDDLE	1 - NOT EJECTED	H - HAZMAT	8 - INTERMEDIATE LICENSE RESTRICTIONS	7 - OTHER DISTRACTION INSIDE THE VEHICLE	2 - BLOOD
3 - POLICE	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED	M - MOTORCYCLE	9 - LEARNER'S PERMIT RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	3 - URINE
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED	P - PASSENGER	10 - LIMITED TO DAYLIGHT ONLY	9 - OTHER / UNKNOWN	4 - BREATH
SAFETY EQUIPMENT	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE	N - TANKER	11 - LIMITED TO EMPLOYMENT	CONDITION	5 - OTHER
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED	Q - MOTOR SCOOTER	12 - LIMITED - OTHER	1 - APPARENTLY NORMAL	DRUG TEST TYPE
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT	1 - NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	2 - PHYSICAL IMPAIRMENT	1 - NONE
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	14 - MILITARY VEHICLES ONLY	3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	2 - BLOOD
4 - SHOULDER & LAP BELT USED	99 - OTHER / UNKNOWN	3 - FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	4 - ILLNESS	3 - URINE
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING			X - TANKER / HAZMAT	16 - OUTSIDE MIRROR	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	4 - OTHER
6 - CHILD RESTRAINT SYSTEM - REAR FACING				17 - PROSTHETIC AID	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	DRUG TEST RESULT(S)
7 - BOOSTER SEAT				18 - OTHER	9 - OTHER / UNKNOWN	1 - AMPHETAMINES
8 - HELMET USED						2 - BARBITURATES
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						3 - BENZODIAZEPINES
10 - REFLECTIVE CLOTHING						4 - CANNABINOIDS
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						5 - COCAINE
99 - OTHER / UNKNOWN						6 - OPIATES / OPIOIDS
						7 - OTHER
						8 - NEGATIVE RESULTS

LOCAL REPORT NUMBER 22-015518	REPORTING AGENCY Fairfield Police Department	DATE OF ACCIDENT 3/4/22
IN COUNTY OF Butler	ACCIDENT LOCATION Holden Blvd. at S.R. 4	

UP IT #1
version

HOLDEN BLVD. →

NOT TO SCALE

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OFFICER'S SIGNATURE Doug Day	BADGE NO 76
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LOCAL REPORT NUMBER 22-015518	REPORTING AGENCY Fairfield Police Department	DATE OF ACCIDENT 3/4/22
IN COUNTY OF Butler	ACCIDENT LOCATION Holden Blvd. at S.R. 4	

DATE #2
VERSION

HOLDEN BLVD. →

NOT TO SCALE

Diagram showing a multi-lane road with dashed center lines and solid edge lines. Four U-turn arrows are shown, two on each side of the center. On the right side, two vehicles are depicted: a car labeled #1 and a car labeled #2, both with a triangle symbol above them. A north arrow points upwards on the right side.

OFFICER'S SIGNATURE Doug Day	BADGE NO. 76
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