



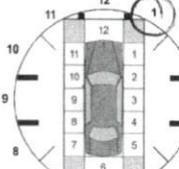
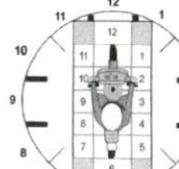
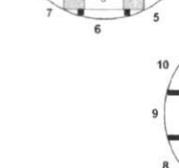
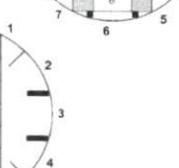
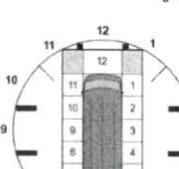
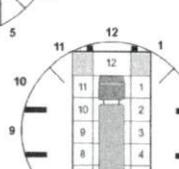
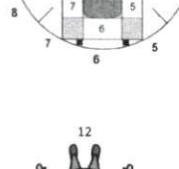
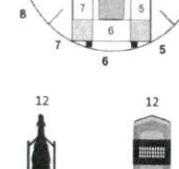
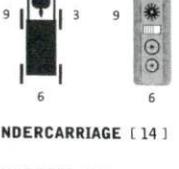
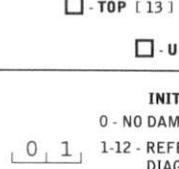
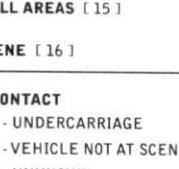
TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOSTAKEN <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			LOCAL REPORT NUMBER*				
			REPORTING AGENCY NAME* Fairfield Police Department			NCIC*	2 2 0 1 5 7 0 4			
						HIT/SKIP 1-SOLVED 2-UNSOLVED	NUMBER OF UNITS 0 2	UNIT IN ERROR 98-ANIMAL 0 1 99-UNKNOWN		
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*			CITY OF FAIRFIELD		CRASH DATE / TIME* 03042022 1842			
0 9	1-CITY 1 2-VILLAGE 3-TOWNSHIP						CRASH SEVERITY 5 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY			
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX	1-NORTH 2-SOUTH 3-EAST 4-WEST		LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES 3 9 3 4 0 9 9 8		
	U S	127				REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES -8 4 5 5 9 9 0 5		
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX	1-NORTH 2-SOUTH 3-EAST 4-WEST		PATTERSON				
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		<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA			
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE			HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE		NUMBER OF APPROACHES 4			
1-MILES 2-FEET 3-YARDS										
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT			ROADWAY		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-TWO MOTOR VEHICLES IN TRANSPORT 3-REAR-END 4-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	
0 1				6						
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						
WORK ZONE RELATED		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	1-DRY 2-WET 3-SNOW 4-ICE	1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT	
							9-OTHER/UNKNOWN	5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN	6-OTHER/UNKNOWN	
ACTIVE SCHOOL ZONE										
LIGHT CONDITION				WEATHER						
1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN				0 1 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										
<p>On March 4, 2022 at approximately 6:42 PM, Unit 1 was traveling southbound on U.S. 127 approaching Patterson Boulevard. Unit 2 was traveling eastbound on Patterson and stopped at the red light at U.S. 127. When Unit 2 received the green light, it initiated a left turn onto U.S. 127. Unit 1 then ran the red light and struck Unit 2.</p> <p>Unit 1 driver admitted that she ran the red light.</p> <p>SEE OH-2</p>										
<p>Indicate the north direction with an "N" on the compass diagram.</p>										
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY		
0 3 0 4 2 0 2 2 1 8 4 2		0 3 0 4 2 0 2 2 1 8 4 5		0 3 0 4 2 0 2 2 1 8 5 1		0 3 0 4 2 0 2 2 1 9 2 1		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OGPS)		
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME* A. ROUSH		CHECKED BY OFFICER'S NAME* <i>Setzer</i>		
0		3 0		6 6		OFFICER'S BADGE NUMBER* 1 7 0		CHECKED BY OFFICER'S BADGE NUMBER* <i>Setzer</i>		

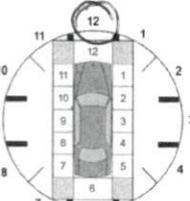
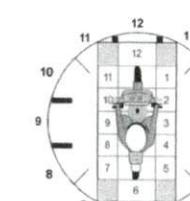
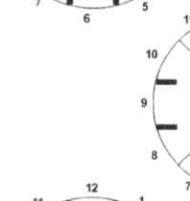
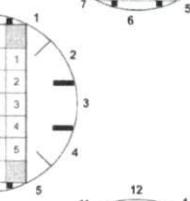
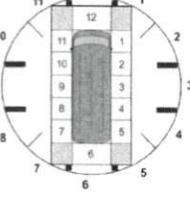
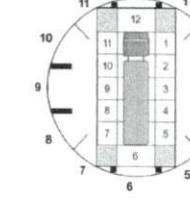
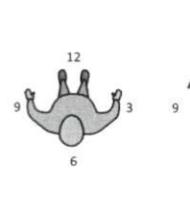
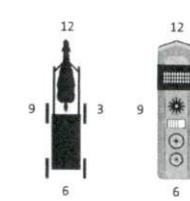
OWNER

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER)		
0 1	HARRISON, JESSICA				
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input 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	VEHICLE MAKE	
0 H	JLM9536	2G1WL52MXX9218180	1999	CHEVROLET	
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL	
	PROGRESSIVE	40730425	D BLUE	LUMINA	
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 EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR		
0 1		0 1	1 3 - >26K LBS.	1 1 - <10K LBS. 2 - 10,001 - 26K LBS.	
UNIT TYPE		HAZARDOUS MATERIAL			
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	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE	
5 - CARGO VAN	BICYCLE	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR	27 - TRAIN	
6 - VAN (9-15 SEATS)	11 - ALL-TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	ANIMAL-DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP	
0 0	# OF TRAILING UNITS				
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN	
0 2	1 - YES	2 - NO	9 - OTHER / UNKNOWN	1 - DRIVER ASSISTANCE	
		0	4 - HIGH AUTOMATION	2 - PARTIAL AUTOMATION	
			5 - FULL AUTOMATION		
SPECIAL FUNCTION		1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	
0 1	2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	16 - FARM	
	3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	17 - MOWING	
	4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	18 - SNOW REMOVAL	
	5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	19 - TOWING	
CARGO BODY TYPE		1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	
0 1	2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	8 - POLE	
			7 - GRAIN/CHIPS/GRAVEL	9 - CARGO TANK	
				10 - FLAT BED	
				11 - DUMP	
VEHICLE DEFECTS		1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	
		2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	
		3 - TAIL LAMPS	6 - TIRE BLOWOUT	9 - MOTOR TROUBLE	
				99 - OTHER / UNKNOWN	
NON-MOTORIST LOCATION AT IMPACT		1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	
		2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED	7 - SHOULDER / ROADSIDE	
			5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	
				9 - MEDIAN / CROSSING ISLAND	
				10 - DRIVEWAY ACCESS	
				11 - SHARED USE PATHS OR TRAILS	
ACTION		1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	
0 3	2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	13 - NEGOTIATING A CURVE	
	3 - STRIKING	0 1 3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	
	4 - STRUCK PRE-CRASH ACTIONS	4 - OVERTAKING/PASSING	10 - PARKED	19 - STANDING	
	5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	20 - OTHER NON-MOTORIST	
	9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	12 - DRIVERLESS	21 - STANDING OUTSIDE DISABLED VEHICLE	
CONTRIBUTING CIRCUMSTANCES		1 - NONE	7 - LEFT OF CENTER	17 - VISION OBSTRUCTION	
0 3	2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / ACDA	13 - IMPROPER START FROM A PARKED POSITION	21 - LYING IN ROADWAY	
	3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	14 - STOPPED OR PARKED ILLEGALLY	22 - NOT DISCERNIBLE EQUIPMENT	
	4 - RAN STOP SIGN	10 - IMPROPER PASSING	15 - SWERVING TO AVOID	23 - OPENING DOOR INTO ROADWAY	
	5 - UNSAFE SPEED	11 - DROVE OFF ROAD	16 - WRONG WAY	19 - LOAD SHIFTING/FALLING/SPILLING	
	6 - IMPROPER TURN	12 - IMPROPER BACKING	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION	
SEQUENCE OF EVENTS		NON-COLLISION			
1 2 0	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT
	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	17 - ANIMAL - FARM	17 - ANIMAL - DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	18 - ANIMAL - OTHER	19 - ANIMAL - OTHER	20 - MOTOR VEHICLE IN TRANSPORT
2 1 1	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	13 - OTHER NON-COLLISION	21 - PARKED MOTOR VEHICLE	24 - OTHER MOVABLE OBJECT
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	14 - PEDESTRIAN		
			15 - PEDALCYCLE		
4 1 1	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT
	26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH	51 - WALL
5 1 1	27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES SUPPORT	45 - EMBANKMENT	52 - BUILDING
	28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL	40 - UTILITY POLE	46 - FENCE	53 - TUNNEL
6 1 1	29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX	54 - OTHER FIXED OBJECT
	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	48 - TREE	99 - OTHER / UNKNOWN
1	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT		

LOCAL REPORT NUMBER	
2 2 0 1 5 7 0 4	
DAMAGE	
2	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
99 - UNKNOWN	
13 - TOP	
TRAFFIC	
TRAFFIC FLOW	TRAFFIC CONTROL
1 - ONE-WAY	1 - ROUNDABOUT
2 - TWO-WAY	2 - SIGNAL
	5 - YIELD SIGN
	3 - FLASHER
	6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
3	1 - NOT INVOLVED
	2 - INVOLVED-ACTIVE CROSSING
	3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM 1 TO 2	1 - NORTH 5 - NORTHEAST
	2 - SOUTH 6 - NORTHWEST
	3 - EAST 7 - SOUTHEAST
	4 - WEST 8 - SOUTHWEST
	9 - OTHER / UNKNOWN
UNIT SPEED	
2 5	DETECTED SPEED
	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED
POSTED SPEED	
2 5	

OWNER

UNIT # <u>0 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		
LP STATE <u>O H</u>	LICENSE PLATE # <u>JJA8193</u>	VEHICLE IDENTIFICATION # <u>5NPEB4ACXEH8916866</u>	VEHICLE YEAR <u>2014</u>	VEHICLE MAKE <u>HYUNDAI</u>
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR <u>GRAY</u>	VEHICLE MODEL <u>SONATA</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 DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		# OCCUPANTS <u>0 4</u>	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
UNIT TYPE <u>0 1</u> 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> CLASS # <input type="checkbox"/> PLACARD ID # <input type="checkbox"/> PLACARD		
1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - ALL-TERRAIN VEHICLE (ATV/UTV)		7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL-TERRAIN VEHICLE (ATV/UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
# OF TRAILING UNITS <u>0 0</u>		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>0</u>		
SPECIAL FUNCTION <u>0 1</u> 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER		AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION		
CARGO BODY TYPE <u>0 1</u> 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS		1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER		
VEHICLE DEFECTS <u>0 1</u> 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE		
NON-MOTORIST LOCATION AT IMPACT <u>0 1</u> 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT		
ACTION <u>0 4</u> 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN		16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL		
CONTRIBUTING CIRCUMSTANCES <u>0 1</u> 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN		21 - POLE 22 - CARGO TANK 23 - FLAT BED 24 - DUMP		
SEQUENCE OF EVENTS <u>1 2 0</u> 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		25 - APPROACHING OR LEAVING VEHICLE 26 - ENTERING OR CROSSING SPECIFIED LOCATION 27 - WALKING, RUNNING, JOGGING, PLAYING 28 - STANDING OUTSIDE DISABLED VEHICLE 29 - PUSHING VEHICLE		
4 - OVERTURN/ROLLOVER 5 - SEPARATION OF UNITS 6 - RAN OFF ROAD RIGHT 7 - RAN OFF ROAD LEFT 8 - CROSS MEDIAN		30 - NEUTRALIZING A CURVE 31 - ENTERING TRAFFIC LANE 32 - LEAVING TRAFFIC LANE 33 - PARKED 34 - SLOWING OR STOPPED IN TRAFFIC 35 - MAKING LEFT TURN		
3 - SEPARATION OF UNITS 4 - RAN OFF ROAD RIGHT 5 - RAN OFF ROAD LEFT 6 - CROSS MEDIAN		36 - TURNING 37 - SWERVING TO AVOID 38 - DRIVING ON SIDEWALK 39 - DRIVING ON SIDEWALK 40 - DRIVING ON SIDEWALK 41 - DRIVING ON SIDEWALK		
3 - SEPARATION OF UNITS 4 - RAN OFF ROAD RIGHT 5 - RAN OFF ROAD LEFT 6 - CROSS MEDIAN		42 - DRIVING ON SIDEWALK 43 - DRIVING ON SIDEWALK 44 - DRIVING ON SIDEWALK 45 - DRIVING ON SIDEWALK 46 - DRIVING ON SIDEWALK 47 - DRIVING ON SIDEWALK 48 - DRIVING ON SIDEWALK 49 - DRIVING ON SIDEWALK		
1 - FIRST HARMFUL EVENT <u>1</u>		50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN		
2 - MOST HARMFUL EVENT <u>1</u>				

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



MOTORIST / Non-MOTORIST

										LOCAL REPORT NUMBER			
										2 2 0 1 5 7 0 4		DATE OF BIRTH	AGE
UNIT # NAME: LAST, FIRST, MIDDLE 0 1 TINKHAM, CHARISMA MARIE ELLEN										0 9 1 0 2 0 0 5	1 6	F	
ADDRESS: STREET, CITY, STATE, ZIP 912 ORCHARDGLOW CLOSE, FAIRFIELD, OH 45014										CONTACT PHONE - INCLUDE AREA CODE			
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 0 4	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 4511.12a		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION TRAFFIC CONTROL DEVICES		CITATION NUMBER 250627				
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE 1 1	DRUG TEST(S) TYPE 1 RESULT SELECT UP TO 4 1 1				
UNIT # 0 2	NAME: LAST, FIRST, MIDDLE HENSLEY, ALYSHA BETH									DATE OF BIRTH 1 1 0 8 1 9 8 4	AGE 3 7	GENDER F	
ADDRESS: STREET, CITY, STATE, ZIP 2420 POWER AVE, HAMILTON, OH 45015										CONTACT PHONE - INCLUDE AREA CODE			
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 0 4	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 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE 1 1	DRUG TEST(S) TYPE 1 RESULT SELECT UP TO 4 1 1				
UNIT #	NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH	AGE 0	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	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	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	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 1	DRUG TEST(S) TYPE 1 RESULT SELECT UP TO 4 1 1				
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-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	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	5-TEST GIVEN, RESULTS UNKNOWN								
INJURED TAKEN BY EJECTION OL ENDORSEMENT ALCOHOL TEST TYPE													
1-NOT TRANSPORTED / TREATED AT SCENE	6-SECOND - RIGHT SIDE	6-NOT EJECTED	H-HAZMAT	1-NONE									
2-EMS	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-PARTIALLY EJECTED	M-MOTORCYCLE	2-BLOOD									
3-POLICE	8-THIRD - MIDDLE	8-TOTALLY EJECTED	P-PASSENGER	3-URINE									
9-OTHER / UNKNOWN	9-THIRD - RIGHT SIDE	9-NOT APPLICABLE	N-TANKER	4-BREATH									
SAFETY EQUIPMENT TRAPPED DRUG TEST TYPE													
1-NONE USED	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1-NOT TRAPPED	Q-MOTOR SCOOTER	5-OTHER									
2-SHOULDER BELT ONLY USED	12-PASSENGER IN UNENCLOSED CARGO AREA	2-EXTRICATED BY MECHANICAL MEANS	R-THREE-WHEEL MOTORCYCLE	1-NONE									
3-LAP BELT ONLY USED	13-TRAILING UNIT	3-FREED BY NON-MECHANICAL MEANS	S-SCHOOL BUS	2-BLOOD									
4-SHOULDER & LAP BELT USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	4-APPARENTLY NORMAL	T-DOUBLE & TRIPLE TRAILERS	3-URINE									
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	15-NON-MOTORIST	F-MALE	X-TANKER / HAZMAT	4-OTHER									
6-CHILD RESTRAINT SYSTEM - REAR FACING	99-OTHER / UNKNOWN	M-MALE	14-MILITARY VEHICLES ONLY	DRUG TEST RESULT(S)									
7-BOOSTER SEAT		U-OTHER / UNKNOWN	15-MOTOR VEHICLES WITHOUT AIR BRAKES	1-NONE									
8-HELMET USED			16-OUTSIDE MIRROR	2-BLOOD									
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			17-PROSTHETIC AID	3-URINE									
10-REFLECTIVE CLOTHING			18-OTHER	4-OTHER									
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY				5-AMPHETAMINES									
99-OTHER / UNKNOWN				6-BARBITURATES									
				7-BENZODIAZEPINES									
				8-CANNABINOIDS									
				9-COCAINA									
				6-OPIATES / OPIOIDS									
				7-OTHER									
				8-Negative RESULTS									



OCCUPANT / WITNESS ADDENDUM

OCCUPANT	LOCAL REPORT NUMBER 2 2 0 1 5 7 0 4									
	UNIT #	NAME: LAST, FIRST, MIDDLE HENSLEY, ISABELLA			DATE OF BIRTH 0 4 2 6 2 0 1 0			AGE 11	GENDER F	
ADDRESS: STREET, CITY, STATE, ZIP 2420 POWER AVE, HAMILTON, OH 45015										
INJURIES 5 INJURED TAKEN BY EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED 0 4										
UNIT # 2 NAME: LAST, FIRST, MIDDLE HENSLEY, CAMERON										
ADDRESS: STREET, CITY, STATE, ZIP 2420 POWER AVE, HAMILTON, OH 45015										
INJURIES 5 INJURED TAKEN BY EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED 0 4										
UNIT # 2 NAME: LAST, FIRST, MIDDLE HENSLEY, CONNOR										
ADDRESS: STREET, CITY, STATE, ZIP 2420 POWER AVE, HAMILTON, OH 45015										
INJURIES 5 INJURED TAKEN BY EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED 0 4										
UNIT # 2 NAME: LAST, FIRST, MIDDLE										
ADDRESS: STREET, CITY, STATE, ZIP										
INJURIES INJURED TAKEN BY EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED 0 4										
INJURIES			SAFETY EQUIPMENT USED			SEATING POSITION			AIR BAG USAGE	
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY			1 - NONE USED - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN			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 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			1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	
INJURED TAKEN BY			1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN			7 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 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			1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	
GENDER			F - FEMALE M - MALE U - OTHER / UNKNOWN			12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN			1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	
WITNESS	NAME: LAST, FIRST, MIDDLE									
	DATE OF BIRTH 0									
	ADDRESS: STREET, CITY, STATE, ZIP									
	CONTACT PHONE - INCLUDE AREA CODE									
WITNESS	NAME: LAST, FIRST, MIDDLE									
	DATE OF BIRTH 0									
	ADDRESS: STREET, CITY, STATE, ZIP									
	CONTACT PHONE - INCLUDE AREA CODE									
WITNESS	NAME: LAST, FIRST, MIDDLE									
	DATE OF BIRTH 0									
	ADDRESS: STREET, CITY, STATE, ZIP									
	CONTACT PHONE - INCLUDE AREA CODE									

NUMBER 22-015704

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IN COUNTY OF

BUTLER

ACCIDENT
LOCATION

U.S. 127 & Patterson Blvd.

