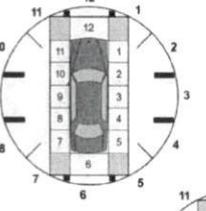
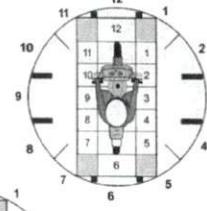
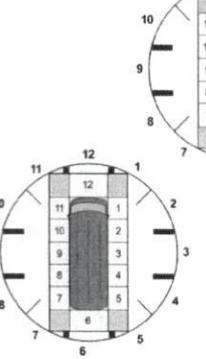
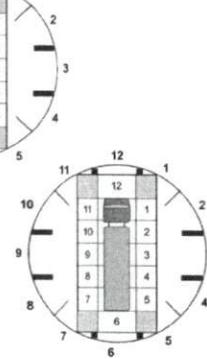
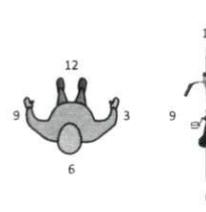
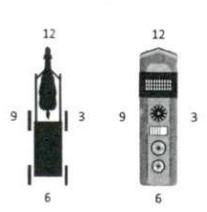
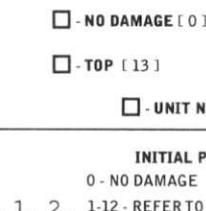
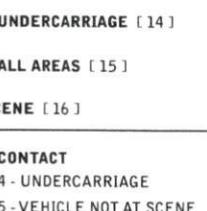


TRAFFIC CRASH REPORT

*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 REPORTING AGENCY NAME* NCIC* Fairfield Police Department 00901						
		HIT/SKIP 1 - SOLVED 2 - UNSOLVED NUMBER OF UNITS 02 UNIT IN ERROR 01 - 98 - ANIMAL 99 - UNKNOWN						
COUNTY* 09 LOCALITY* 1 - CITY LOCATION: CITY, VILLAGE, TOWNSHIP* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP		CRASH DATE / TIME* 03082022 1916						
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME Diversion	ROAD TYPE R D	LATITUDE DECIMAL DEGREES 39 32 42 61		
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES -84 50 64 50		
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 type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES				
DISTANCE FROM REFERENCE 1 0	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 - BETWEEN 3 - TWO MOTOR VEHICLES IN TRANSPORT 4 - REAR-END 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - HEAD-ON 10 - CROSSOVER 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN		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 3	CONDITIONS 1	SURFACE 2
						1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN
LIGHT CONDITION 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						
NARRATIVE <p>On March 8, 2022 at approximately 7:16 P.M. Unit 1 was traveling West on Diversion Rd. in the right hand lane to merge onto Dixie Hwy and when near the stop light, collided with Unit 2 which was sitting at the red light on Diversion Rd.</p> <p>The driver of Unit 1 was also cited for driving without a Driver's License. (F.C.O. 335.01a1) - UMM</p> <p>See OH-2</p>								
								 Indicate the north direction with an "N" on the compass diagram.
CRASH REPORTED DATE / TIME 03082022 1916		DISPATCH DATE / TIME 03082022 1916		ARRIVAL DATE / TIME 03082022 1916		SCENE CLEARED DATE / TIME 03082022 1943		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED 0 0		OTHER INVESTIGATION TIME 1 5		TOTAL MINUTES 4 2		OFFICER'S NAME* N. Davis OFFICER'S BADGE NUMBER* 1 6 9		CHECKED BY OFFICER'S NAME* <i>Sgt. Aaron Meyer</i> CHECKED BY OFFICER'S BADGE NUMBER* 132
SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP)								

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> SAME AS DRIVER		OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER
0 1	Blunt, Larry M		
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
0 H	HSB9108	2C14R1C1G1C1R300613	2012
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	VEHICLE MAKE
	State Farm	3995273A1635C	Chrysler
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 2	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)	
		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 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	
1 - YES 2 - NO 9 - OTHER / UNKNOWN		3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	
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 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	
		8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP	
1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 15 - OTHER/UNKNOWN	
		16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	
1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 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	
1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN		12 - FIRST RESPONDER AT INCIDENT SCENE 13 - NECESSITATING 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	
SEQUENCE OF EVENTS		21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION	
1 2 0		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	
		22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT	
4 1		25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	
		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	
		43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	
5 1		50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	
6 1		1 - FIRST HARMFUL EVENT 1 - MOST HARMFUL EVENT	

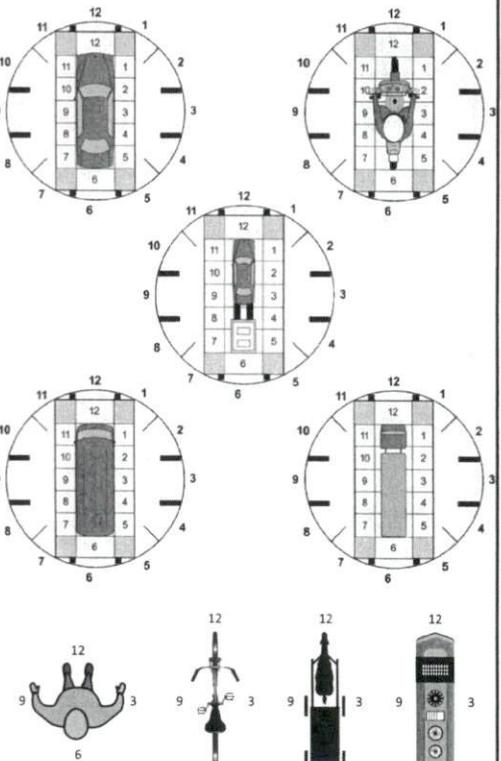
LOCAL REPORT NUMBER	
2 2 0 1 6 7 8 0	
DAMAGE	
DAMAGE SCALE	
2	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN
3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
       	
<input type="checkbox"/> NO DAMAGE [0] <input type="checkbox"/> UNDERCARRIAGE [14]	
<input type="checkbox"/> 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 2 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE DIAGRAM 99 - UNKNOWN	
13 - TOP	
TRAFFIC	
TRAFFIC WAY FLOW	TRAFFIC CONTROL
1 - ONE WAY 2 - TWO WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
0	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 3 TO 4	
UNIT SPEED	DETECTED SPEED
2 5	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	
5 0	

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>FY 1048</u>	VEHICLE IDENTIFICATION # <u>3GKA1TEV3KL149949</u>	VEHICLE YEAR <u>2019</u>	VEHICLE MAKE <u>GMC</u>
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>Geico</u>	INSURANCE POLICY # <u>6003866651</u>	COLOR <u>White</u>	VEHICLE MODEL <u>Terrain</u>
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		# OCCUPANTS <u>0 1</u>	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
UNIT TYPE <u>0 3</u>		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)		12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME		
7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV)		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</u>		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>0</u> AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION		
SPECIAL FUNCTION <u>0 1</u>		1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS TRANSIT/COMMUTER		
CARGO BODY TYPE <u>0 1</u>		6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE		
VEHICLE DEFECTS		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		
NON-MOTORIST LOCATION AT IMPACT <u>0 1</u>		1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS		
ACTION <u>4</u>		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL		
CONTRIBUTING CIRCUMSTANCES <u>0 1</u>		8 - POLE 9 - CARGOTANK 10 - FLAT BED 11 - DUMP		
SEQUENCE OF EVENTS <u>1 2 0</u>		12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 15 - OTHER/UNKNOWN		
NON-COLLISION <u>1 1</u>		16 - POLE 17 - CEMENT TRUCK 18 - CONCRETE PUMP 19 - CONCRETE PUMP		
PRE-CRASH ACTIONS <u>4</u>		20 - CONCRETE PUMP 21 - CONCRETE PUMP 22 - CONCRETE PUMP		
1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN		23 - CONCRETE PUMP 24 - CONCRETE PUMP 25 - CONCRETE PUMP		
1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN		26 - CONCRETE PUMP 27 - CONCRETE PUMP 28 - CONCRETE PUMP		
7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING		29 - CONCRETE PUMP 30 - CONCRETE PUMP 31 - CONCRETE PUMP		
13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID		32 - CONCRETE PUMP 33 - CONCRETE PUMP 34 - CONCRETE PUMP		
16 - MAKING U-TURN 17 - ENTERING TRAFFIC LANE 18 - LEAVING TRAFFIC LANE 19 - PARKED 20 - SLOWING OR STOPPED IN TRAFFIC 21 - DRIVING REVERSE		35 - CONCRETE PUMP 36 - CONCRETE PUMP 37 - CONCRETE PUMP		
22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - OPENING DOOR INTO ROADWAY 24 - OTHER MOVABLE OBJECT		38 - CONCRETE PUMP 39 - CONCRETE PUMP 40 - CONCRETE PUMP		
25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE		41 - CONCRETE PUMP 42 - CONCRETE PUMP 43 - CONCRETE PUMP		
26 - SEPARATION OF UNITS 28 - RAN OFF ROAD RIGHT 29 - RAN OFF ROAD LEFT 30 - CROSS MEDIAN		44 - CONCRETE PUMP 45 - CONCRETE PUMP 46 - CONCRETE PUMP		
31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER		47 - CONCRETE PUMP 48 - CONCRETE PUMP 49 - CONCRETE PUMP		
37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT		50 - CONCRETE PUMP 51 - CONCRETE PUMP 52 - CONCRETE PUMP 53 - CONCRETE PUMP 54 - CONCRETE PUMP 99 - CONCRETE PUMP		
1 FIRST HARMFUL EVENT		1 MOST HARMFUL EVENT		

LOCAL REPORT NUMBER
2 2 0 1 6 7 8 0

DAMAGE
DAMAGE SCALE
3 - NONE
2 - MINOR DAMAGE
1 - UNKNOWN
4 - FUNCTIONAL DAMAGE
9 - DISABLING DAMAGE

DAMAGED AREA(S)
INDICATE ALL THAT APPLY



- NO DAMAGE [0] - UNDERCARRIAGE [14]
 - TOP [13] - ALL AREAS [15]
 - UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT
0 - NO DAMAGE 14 - UNDERCARRIAGE
1 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
2 - DRIVEWAY ACCESS 99 - UNKNOWN
3 - SHARED USE PATHS OR TRAILS
12 - FIRST RESPONDER AT INCIDENT SCENE
13 - TOP

TRAFFICWAY FLOW <u>2</u>	TRAFFIC CONTROL <u>2</u>
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 <u>0</u>	RAIL GRADE CROSSING <u>1</u>
1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM <u>3</u> TO <u>4</u>	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 <u>0</u>	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED <u>5 0</u>	

MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	LOCAL REPORT NUMBER												
	2 2 0 1 6 7 8 0					DATE OF BIRTH		AGE	GENDER				
UNIT #	NAME: LAST, FIRST, MIDDLE												
0 1	Lilly, Janet Ann												
ADDRESS: STREET, CITY, STATE, ZIP													
3269 Roesch Blvd. Apt. 115 Fairfield, OH 45014													
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	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE O H	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	<input checked="" type="checkbox"/> 333.03a	OFFENSE DESCRIPTION			CITATION NUMBER		
OL CLASS 6	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	1	1	1	1	ACDA 250803
UNIT # 0 2	NAME: LAST, FIRST, MIDDLE												
Coleman, Tyla													
ADDRESS: STREET, CITY, STATE, ZIP													
93 Brittany Ln, Fairfield, OH 45014													
INJURIES 4	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	AIR BAG USAGE	EJECTION	TRAPPED	
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	ALCOHOL / DRUG SUSPECTED		<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	1	1	1	1	ACDA 250803
UNIT #	NAME: LAST, FIRST, MIDDLE												
ADDRESS: STREET, CITY, STATE, ZIP													
CONTACT PHONE - INCLUDE AREA CODE													
INJURIES 1	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	<input type="checkbox"/>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE 1	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	1	1	1	1	ACDA 250803
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-COL INTRASTATE ONLY	2-TEST REFUSED	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	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	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	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	6-TALKING ON HAND-HELD COMMUNICATION DEVICE	6-TALKING ON HAND-HELD COMMUNICATION DEVICE						
1-NOT TRANSPORTED /TREATED AT SCENE	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		7-THIRD - MIDDLE	7-EXCEPT TRACTOR-TRAILER	7-EXCEPT TRACTOR-TRAILER	7-EXCEPT TRACTOR-TRAILER	7-EXCEPT TRACTOR-TRAILER						
2-EMS	8-THIRD - MIDDLE		8-TOTALLY EJECTED	8-INTERMEDIATE LICENSE RESTRICTIONS	8-INTERMEDIATE LICENSE RESTRICTIONS	8-INTERMEDIATE LICENSE RESTRICTIONS	8-INTERMEDIATE LICENSE RESTRICTIONS						
3-POLICE	9-THIRD - RIGHT SIDE		9-NOT APPLICABLE	9-LEARNER'S PERMIT RESTRICTIONS	9-LEARNER'S PERMIT RESTRICTIONS	9-LEARNER'S PERMIT RESTRICTIONS	9-LEARNER'S PERMIT RESTRICTIONS						
9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB		11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11-LIMITED TO DAYLIGHT ONLY	11-LIMITED TO DAYLIGHT ONLY	11-LIMITED TO DAYLIGHT ONLY						
SAFETY EQUIPMENT	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		12-PASSENGER IN UNENCLOSED CARGO AREA	12-LIMITED - OTHER	12-LIMITED - OTHER	12-LIMITED - OTHER	12-LIMITED - OTHER						
1-NONE USED	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		13-EXTRICATED BY MECHANICAL MEANS	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)						
2-SHOULDER BELT ONLY USED	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		14-FREED BY NON-MECHANICAL MEANS	14-MILITARY VEHICLES ONLY	14-MILITARY VEHICLES ONLY	14-MILITARY VEHICLES ONLY	14-MILITARY VEHICLES ONLY						
3-LAP BELT ONLY USED	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		15-TRAPPED	15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-MOTOR VEHICLES WITHOUT AIR BRAKES						
4-SHOULDER & LAP BELT USED	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		16-EXTRICATED BY MECHANICAL MEANS	16-OUTSIDE MIRROR	16-OUTSIDE MIRROR	16-OUTSIDE MIRROR	16-OUTSIDE MIRROR						
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		17-FREED BY NON-MECHANICAL MEANS	17-PROSTHETIC AID	17-PROSTHETIC AID	17-PROSTHETIC AID	17-PROSTHETIC AID						
6-CHILD RESTRAINT SYSTEM - REAR FACING	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		18-OTHER	18-OTHER	18-OTHER	18-OTHER	18-OTHER						
7-BOOSTER SEAT	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		F- FEMALE	19-OTHER / UNKNOWN	19-OTHER / UNKNOWN	19-OTHER / UNKNOWN	19-OTHER / UNKNOWN						
8-HELMET USED	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		M- MALE	20-OTHER / UNKNOWN	20-OTHER / UNKNOWN	20-OTHER / UNKNOWN	20-OTHER / UNKNOWN						
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		U- OTHER / UNKNOWN	21-OTHER / UNKNOWN	21-OTHER / UNKNOWN	21-OTHER / UNKNOWN	21-OTHER / UNKNOWN						
10-REFLECTIVE CLOTHING	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		22-OTHER / UNKNOWN	22-OTHER / UNKNOWN	22-OTHER / UNKNOWN	22-OTHER / UNKNOWN	22-OTHER / UNKNOWN						
11-LIGHTING - PEDESTRIAN /BICYCLE ONLY	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		23-OTHER / UNKNOWN	23-OTHER / UNKNOWN	23-OTHER / UNKNOWN	23-OTHER / UNKNOWN	23-OTHER / UNKNOWN						
99-OTHER / UNKNOWN	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		24-OTHER / UNKNOWN	24-OTHER / UNKNOWN	24-OTHER / UNKNOWN	24-OTHER / UNKNOWN	24-OTHER / UNKNOWN						
EJECTION										OL ENDORSEMENT	TEST STATUS		
TRAPPED										CONDITION	ALCOHOL TEST TYPE		
GENDER										TEST STATUS	DRUG TEST TYPE		
F-FEMALE										1-APPARENTLY NORMAL	1-NONE		
M-MALE										2-PHYSICAL IMPAIRMENT	2-BLOOD		
U- OTHER / UNKNOWN										3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3-URINE		
20-OTHER / UNKNOWN										4-ILLNESS	4-BREATH		
21-OTHER / UNKNOWN										5-FELL ASLEEP, FAINTED, FATIGUED, ETC.	5-COCAINES		
22-OTHER / UNKNOWN										6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS /ALCOHOL	6-OPIATES / OPIOIDS		
23-OTHER / UNKNOWN										9-OTHER / UNKNOWN	7-OTHER		
24-OTHER / UNKNOWN										8-NEGATIVE RESULTS	8-AMPHETAMINES		
CONTACT PHONE - INCLUDE AREA CODE										2-BARBITURATES	3-BENZODIAZEPINES		
CONTACT PHONE - INCLUDE AREA CODE										4-CANNABINOID	5-COCAINES		
CONTACT PHONE - INCLUDE AREA CODE										6-OPIATES / OPIOIDS	7-OTHER		
CONTACT PHONE - INCLUDE AREA CODE										8-NEGATIVE RESULTS	9-AMPHETAMINES		



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

2 2 0 1 6 7 8 0

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 1 Barnes, Zoie				DATE OF BIRTH	AGE	GENDER																																																																										
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OHIO TRAFFIC ACCIDENT - DIAGRAM / NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER	22-016780	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	SR4 (Dixie Hwy) / Diversion Rd	3/8/22

SR4 — Dixie Hwy

*Not to scale

OFFICER'S SIGNATURE

BADGE NO. 169