




# TRAFFIC CRASH REPORT

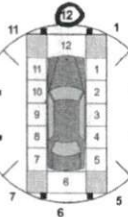
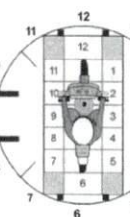
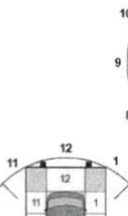
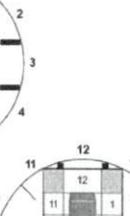
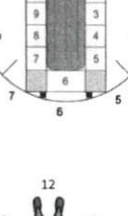
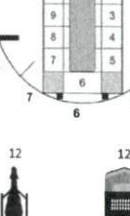



\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

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 6 9 4 3   |  |  |
| <input type="checkbox"/> SECONDARY CRASH   |  | <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER  |  | REPORTING AGENCY NAME*   |   | NCIC*   |  |  |
| <input type="checkbox"/> PRIVATE PROPERTY  |  |  |  | Fairfield Police Department  |   | 0 0 9 0 1   |  |  |
| COUNTY*  | LOCALITY*                              | LOCATION: CITY, VILLAGE, TOWNSHIP*   |  |  |   | CRASH DATE / TIME*  |  |  |
| 0 9  | 1 2-VILLAGE<br>3-TOWNSHIP              | City of Fairfield  |  |  |   | 0 3 0 9 2 0 2 2 1 4 1 5   |  |  |
| ROUTE TYPE   | ROUTE NUMBER                           | PREFIX   | 1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST   | LOCATION ROAD NAME   | ROAD TYPE   | LATITUDE DECIMAL DEGREES  |  |  |
| S R  | 4                                      |  |  |  |   | 3 9 . 3 0 5 7 2 8   |  |  |
| ROUTE TYPE   | ROUTE NUMBER                           | PREFIX   | 1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST   | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)  | ROAD TYPE   | LONGITUDE DECIMAL DEGREES   |  |  |
|  |  |  |  | 7341   |   | - 8 4 . 4 8 6 5 2 4   |  |  |
| REFERENCE POINT  | DIRECTION FROM REFERENCE               | ROUTE TYPE   | ROAD TYPE  | INTERSECTION RELATED   |   |   |  |  |
| 1- INTERSECTION<br>2- MILE POST<br>3- HOUSE #  | 1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST | IR - INTERSTATE ROUTE(TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE   | AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS | HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE   | <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA |   |  |  |
| DISTANCE FROM REFERENCE  | DISTANCE UNIT OF MEASURE               | ROADWAY  |  |  |   |   |  |  |
|  | 1-MILES<br>2- FEET<br>3-YARDS          | <input type="checkbox"/> ROADWAY DIVIDED   |  |  |   |   |  |  |
| LOCATION OF FIRST HARMFUL EVENT  |  | MANNER OF CRASH COLLISION/IMPACT   |  | DIRECTION OF TRAVEL  |   | MEDIAN TYPE   |  |  |
| 1- ON ROADWAY<br>2- ON SHOULDER<br>3- IN MEDIAN<br>4- ON ROADSIDE<br>5- ON GORE<br>6- OUTSIDE TRAFFIC WAY<br>7- ON RAMP<br>8- OFF RAMP   |  | 9- CROSSOVER<br>10- DRIVEWAY/ALLEY ACCESS<br>11- RAILWAY GRADE CROSSING<br>12- SHARED USE PATHS OR TRAILS<br>13- BIKE LANE<br>14- TOLL BOOTH<br>99- OTHER / UNKNOWN  |  | 1- NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2- REAR-END<br>3- HEAD-ON<br>4- REAR-TO-REAR<br>5- BACKING<br>6- ANGLE<br>7- SIDESWIPE, SAME DIRECTION<br>8- SIDESWIPE, OPPOSITE DIRECTION<br>9- OTHER / UNKNOWN |   | 1- NORTH<br>2- SOUTH<br>3- EAST<br>4- WEST  |  |  |
| 1- DIVIDED FLUSH MEDIAN (<4 FEET)<br>2- DIVIDED FLUSH MEDIAN (≥4 FEET)<br>3- DIVIDED, DEPRESSED MEDIAN<br>4- DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9- OTHER/UNKNOWN   |  |  |  |  |   |   |  |  |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE  |  | WORK ZONE TYPE   |  | LOCATION OF CRASH IN WORK ZONE   |   | CONTOUR   |  |  |
|  |  | 1- LANE CLOSURE<br>2- LANE SHIFT/CROSSOVER<br>3- WORK ON SHOULDER OR MEDIAN<br>4- INTERMITTENT OR MOVING WORK<br>5- OTHER  |  | 1- BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2- ADVANCE WARNING AREA<br>3- TRANSITION AREA<br>4- ACTIVITY AREA<br>5- TERMINATION AREA   |   | 1<br>1- STRAIGHT LEVEL<br>2- STRAIGHT GRADE<br>3- CURVE LEVEL<br>4- CURVE GRADE<br>9- OTHER/UNKNOWN                             |  |  |
| LIGHT CONDITION  |  | WEATHER  |  | CONDITIONS   |   | SURFACE   |  |  |
| 1- DAYLIGHT<br>2- DAWN/DUSK<br>3- DARK - LIGHTED ROADWAY<br>4- DARK - ROADWAY NOT LIGHTED<br>5- DARK - UNKNOWN ROADWAY LIGHTING<br>9- OTHER / UNKNOWN  |  | 1- CLEAR<br>2- CLOUDY<br>3- FOG, SMOG, SMOKE<br>4- RAIN<br>5- SLEET, HAIL<br>6- SNOW<br>7- SEVERE CROSSWINDS<br>8- BLOWING SAND, SOIL, DIRT, SNOW<br>9- FREEZING RAIN OR FREEZING DRIZZLE<br>99- OTHER / UNKNOWN |  | 1- DRY<br>2- WET<br>3- SNOW<br>4- ICE<br>5- SAND, MUD, DIRT, OIL, GRAVEL<br>6- WATER (STANDING, MOVING)<br>7- SLUSH<br>9- OTHER/UNKNOWN  |   | 2<br>1- CONCRETE<br>2- BLACKTOP, BITUMINOUS, ASPHALT<br>3- BRICK/BLOCK<br>4- SLAG, GRAVEL, STONE<br>5- DIRT<br>9- OTHER/UNKNOWN |  |  |
| NARRATIVE  |  |  |  |  |   |   |  |  |
| <p>On 3-9-22 at about 2:15 PM Unit 1 was traveling southbound on S.R. 4 (Dixie Hwy.) at approximately 10 m.p.h. and when at 7341 S.R. 4 (Dixie Hwy) failed to stop within the assured clear distance ahead and collided with Unit 2 which was also southbound and was slowing down in traffic.</p> <p>Driver of Unit 1 only had a Temporary Permit and was operating the vehicle by herself. She was also cited with Temporary Permit w/o a Licensed Driver 335.03A2B.</p> |  |  |  |  |   |   |  |  |
|   |  |  |  |  |   |   |  |  |
| SEE OH-2   |  |  |  |  |   |   |  |  |
| CRASH REPORTED DATE / TIME   |  | DISPATCH DATE / TIME   |  | ARRIVAL DATE / TIME  |   | SCENE CLEARED DATE / TIME   |  |  |
| 0 3 0 9 2 0 2 2 1 4 1 5  |  | 0 3 0 9 2 0 2 2 1 4 1 8  |  | 0 3 0 9 2 0 2 2 1 4 3 4  |   | 0 3 0 9 2 0 2 2 1 5 0 4   |  |  |
| TOTAL TIME ROADWAY CLOSED  | OTHER INVESTIGATION TIME               | TOTAL MINUTES  | OFFICER'S NAME*  | CHECKED BY OFFICER'S NAME*   |   | REPORT TAKEN BY   |  |  |
|  | 1 0                                    | 5 6  | P.O. JOSH MOSSMAN  | Sgt. J. Smith  |   | <input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST  |  |  |
|  |  |  | OFFICER'S BADGE NUMBER*  | CHECKED BY OFFICER'S BADGE NUMBER*   |   | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DOPS)                                 |  |  |
|  |  |  | 1 4 7  | 1 1 8  |   |   |  |  |



|   |  |   |  |                                    |  |                        |   |                       |  |  |
|---|--|---|--|------------------------------------|--|------------------------|---|-----------------------|--|--|
| OWNER   | UNIT #<br>01   |   | 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   |                       |  |  |
| VEHICLE   | LP STATE<br>OH   | LICENSE PLATE #<br>JBD2338  | VEHICLE IDENTIFICATION #<br>JMBL1V1F8B1467294  |                                    |  |                        | VEHICLE YEAR<br>2011  | VEHICLE MAKE<br>MAZDA |  |  |
|   | <input checked="" type="checkbox"/> INSURANCE VERIFIED                                     | INSURANCE COMPANY<br>TREXIS   |  | INSURANCE POLICY #<br>113401588428 |  | COLOR<br>SILVER        | VEHICLE MODEL<br>MAZDA3   |                       |  |  |
|   | <input type="checkbox"/> COMMERCIAL  | TYPE OF USE<br><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<br>01                   | VEHICLE WEIGHT GVWR/GCWR<br>1 - <10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS.  |                        | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD   |                       |  |  |
|   | UNIT TYPE<br>01  |   | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>6 - VAN (9-15 SEATS)                                      |                                    | 7 - MOTORCYCLE 2-WHEELED<br>8 - MOTORCYCLE 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV / UTV)                       |                        | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME                                     |                       |  |  |
|   | # OF TRAILING UNITS<br>0   |   | 18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE                    |                                    | 23 - PEDESTRIAN / SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP                            |                        |   |                       |  |  |
|   | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>0 2                       |   | 1 - YES 2 - NO 9 - OTHER / UNKNOWN   |                                    | AUTONOMOUS MODE LEVEL<br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION  |                        | 3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN   |                       |  |  |
|   | SPECIAL FUNCTION<br>01   |   | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT/COMMUTER  |                                    | 6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE  |                        | 11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT   |                       |  |  |
|   | CARGO BODY TYPE<br>01  |   | 1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS   |                                    | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING  |                        | 5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL  |                       |  |  |
|   | VEHICLE DEFECTS  |   | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS   |                                    | 4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT   |                        | 7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER / UNKNOWN                  |                       |  |  |
| EVENT(S)  | NON-MOTORIST LOCATION AT IMPACT<br>03  |   | 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK   |                                    | 3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION  |                        | 6 - BICYCLE LANE<br>7 - SHOULDER / ROADSIDE<br>8 - SIDEWALK   |                       |  |  |
|   | ACTION<br>03   |   | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER / UNKNOWN  |                                    | 1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN                                     |                        | 7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE<br>9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS            |                       |  |  |
|   | CONTRIBUTING CIRCUMSTANCES<br>08   |   | 1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN  |                                    | 7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE / ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING              |                        | 13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY                                    |                       |  |  |
|   | SEQUENCE OF EVENTS   |   | 1 - OVERTURN/ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT   |                                    | 6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN   |                        | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE               |                       |  |  |
|   | NON-COLLISION  |   | 16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE                    |                                    | 22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT               |                        |   |                       |  |  |
|   | COLLISION WITH FIXED OBJECT - STRUCK   |   | 25 - IMPACT ATTENUATOR / CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE |                                    | 31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER |                        | 37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT / LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT |                       |  |  |
|   |  |   | 43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT   |                                    | 50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER / UNKNOWN                                   |                        |   |                       |  |  |
|   | FIRST HARMFUL EVENT<br>1   |   | MOST HARMFUL EVENT<br>1  |                                    |  |                        |   |                       |  |  |

|  |   |
|--|---|
| <b>LOCAL REPORT NUMBER</b><br><div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; width: 100%;"> <span>2</span><span>2</span><span>0</span><span>1</span><span>6</span><span>9</span><span>4</span><span>3</span> </div>  |   |
| <b>DAMAGE</b><br><b>DAMAGE SCALE</b><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 - NONE<br/> 2 - MINOR DAMAGE<br/> 3 - UNKNOWN </div> <div style="width: 45%;"> 4 - FUNCTIONAL DAMAGE<br/> 5 - DISABLING DAMAGE<br/> 6 - UNKNOWN </div> </div>   |   |
| <b>DAMAGED AREA(S)</b><br>INDICATE ALL THAT APPLY  |   |
|                                |   |
| <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> </div>  |   |
| <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> - NO DAMAGE [ 0 ]         <input type="checkbox"/> - UNDERCARRIAGE [ 14 ]       </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> - TOP [ 13 ]         <input type="checkbox"/> - ALL AREAS [ 15 ]       </div> <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ]       </div>  |   |
| <b>INITIAL POINT OF CONTACT</b><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 0 - NO DAMAGE<br/> 1-12 - REFER TO UNIT DIAGRAM<br/> 13 - TOP </div> <div style="width: 45%;"> 14 - UNDERCARRIAGE<br/> 15 - VEHICLE NOT AT SCENE<br/> 99 - UNKNOWN </div> </div>   |   |
| <b>TRAFFIC</b>   |   |
| <b>TRAFFICWAY FLOW</b><br>1 - ONE-WAY<br>2 - TWO-WAY<br><div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; width: 100%;"> <span>2</span> </div>  | <b>TRAFFIC CONTROL</b><br>1 - ROUNDABOUT<br>2 - SIGNAL<br>3 - FLASHER<br>4 - STOP SIGN<br>5 - YIELD SIGN<br>6 - NO CONTROL<br><div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; width: 100%;"> <span>6</span> </div> |
| <b># OF THROUGH LANES ON ROAD</b><br><div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; width: 100%;"> <span>5</span> </div>   | <b>RAIL GRADE CROSSING</b><br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING<br><div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; width: 100%;"> <span>1</span> </div>            |
| <b>UNIT / NON-MOTORIST DIRECTION</b><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">         1 - NORTH<br/>         2 - SOUTH<br/>         3 - EAST<br/>         4 - WEST       </div> <div style="width: 45%;">         5 - NORTHEAST<br/>         6 - NORTHWEST<br/>         7 - SOUTHEAST<br/>         8 - SOUTHWEST<br/>         9 - OTHER / UNKNOWN       </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>FROM 1</span> <span>TO 2</span> </div> |   |
| <b>UNIT SPEED</b><br><div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; width: 100%;"> <span>1</span><span>0</span> </div>   | <b>DETECTED SPEED</b><br>1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED<br><div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; width: 100%;"> <span>1</span> </div>                          |
| <b>POSTED SPEED</b><br><div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; width: 100%;"> <span>5</span><span>0</span> </div>   |   |



|          |  |   |   |
|----------|--|---|---|
| OWNER    | UNIT #<br>012  | 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)   |   |   |
| VEHICLE  | COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  |   | COMMERCIAL CARRIER PHONE: (INCLUDE AREA CODE)                                       |
|          | LP STATE<br>OH   | LICENSE PLATE #<br>GOJ1469  | VEHICLE IDENTIFICATION #<br>3MEHM08179R617377                                       |
|          | <input checked="" type="checkbox"/> INSURANCE VERIFIED   | INSURANCE COMPANY<br>PROGRESSIVE  | INSURANCE POLICY #<br>934511905   |
|          | <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | TYPE OF USE   | US DOT #  |
|          | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT                              | #OCCUPANTS<br>01  | VEHICLE WEIGHT GVWR/GCWR<br>1 - <10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS. |
|          | UNIT TYPE<br>01  | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD   |   |
|          | 0  | TOWED BY: COMPANY NAME  |   |
|          | 02   | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER / UNKNOWN |   |
|          | 01   | AUTONOMOUS MODE LEVEL   |   |
|          | 01   | SPECIAL FUNCTION  |   |
| 01       | CARGO BODY TYPE  |   |   |
| EVENT(S) | VEHICLE DEFECTS  |   |   |
|          | NON-MOTORIST LOCATION AT IMPACT  |   |   |
|          | ACTION   |   |   |
|          | CONTRIBUTING CIRCUMSTANCES   |   |   |
|          | SEQUENCE OF EVENTS   |   |   |
|          | NON-COLLISION  |   |   |
|          | COLLISION WITH FIXED OBJECT - STRUCK   |   |   |
|          | FIRST HARMFUL EVENT  |   |   |
|          | MOST HARMFUL EVENT   |   |   |

|  |  |
|--|--|
| LOCAL REPORT NUMBER<br>22016943  |  |
| DAMAGE   |  |
| DAMAGE SCALE<br>1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN   |  |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY   |  |
|  |  |
| <input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14]<br><input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15]<br><input type="checkbox"/> - UNIT NOT AT SCENE [16] |  |
| INITIAL POINT OF CONTACT<br>0 - NO DAMAGE 12 - REFER TO UNIT DIAGRAM 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN   |  |
| TRAFFIC  |  |
| TRAFFICWAY FLOW<br>1 - ONE-WAY 2 - TWO-WAY   | TRAFFIC CONTROL<br>1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD<br>5  | RAIL GRADE CROSSING<br>1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING   |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 1 TO 2   |  |
| UNIT SPEED<br>5  | DETECTED SPEED<br>1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED                 |
| POSTED SPEED<br>50   |  |



# Motorist / Non-Motorist

LOCAL REPORT NUMBER  
2 2 0 1 6 9 4 3

|   |   |                            |   |  |  |                         |
|---|---|----------------------------|---|--|--|-------------------------|
| UNIT #<br>0 1   | NAME: LAST, FIRST, MIDDLE<br>MENDOZA ORTIZ, LUCIA |                            | DATE OF BIRTH<br>0 6 2 2 1 9 9 7                |  | AGE<br>2 4                                       | GENDER<br>F             |
| ADDRESS: STREET, CITY, STATE, ZIP<br>1 WOODMOSS DR. APT. 2B FAIRFIELD, OH 45014 |   |                            | CONTACT PHONE - INCLUDE AREA CODE               |  |  |                         |
| INJURIES<br>5   | INJURED TAKEN BY                                  | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0 4   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 1 |
| OL STATE<br>O H   | OPERATOR LICENSE NUMBER                           |                            | OFFENSE CHARGED<br>ACDA                         | LOCAL CODE<br><input checked="" type="checkbox"/>  | OFFENSE DESCRIPTION<br>333.03 (A)                |                         |
| OL CLASS<br>6   | ENDORSEMENT<br>SELECT UP TO 2                     | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY<br>1                       | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | CONDITION<br>1          |
| ALCOHOL TEST  |   | DRUG TEST(S)               |   |  |  |                         |
| STATUS<br>1   | TYPE<br>1   | VALUE                      | STATUS<br>1                                     | TYPE<br>1  | RESULT SELECT UP TO 4                            |                         |

|  |  |                            |   |  |  |                         |
|--|--|----------------------------|---|--|--|-------------------------|
| UNIT #<br>0 2  | NAME: LAST, FIRST, MIDDLE<br>FRASHER, ERICK A. |                            | DATE OF BIRTH<br>0 4 1 4 1 9 8 5                |  | AGE<br>3 6                                       | GENDER<br>M             |
| ADDRESS: STREET, CITY, STATE, ZIP<br>11755 NORBOURNE DR. APT. 708 CINCINNATI, OH 45240 |  |                            | CONTACT PHONE - INCLUDE AREA CODE               |  |  |                         |
| INJURIES<br>5  | INJURED TAKEN BY                               | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0 4   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 1 |
| OL STATE<br>O H  | OPERATOR LICENSE NUMBER                        |                            | OFFENSE CHARGED                                 | LOCAL CODE<br><input type="checkbox"/>   | OFFENSE DESCRIPTION                              |                         |
| OL CLASS<br>4  | ENDORSEMENT<br>SELECT UP TO 2                  | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY<br>1                       | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | CONDITION<br>1          |
| ALCOHOL TEST   |  | DRUG TEST(S)               |   |  |  |                         |
| STATUS<br>1  | TYPE<br>1                                      | VALUE                      | STATUS<br>1                                     | TYPE<br>1  | RESULT SELECT UP TO 4                            |                         |

|                                   |                               |                            |   |  |  |                  |
|-----------------------------------|-------------------------------|----------------------------|---|--|--|------------------|
| UNIT #                            | NAME: LAST, FIRST, MIDDLE     |                            | DATE OF BIRTH                                   |  | AGE<br>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  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION |
| OL STATE                          | OPERATOR LICENSE NUMBER       |                            | OFFENSE CHARGED                                 | LOCAL CODE<br><input type="checkbox"/>   | OFFENSE DESCRIPTION                              |                  |
| OL CLASS                          | ENDORSEMENT<br>SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | CONDITION        |
| ALCOHOL TEST                      |                               | DRUG TEST(S)               |   |  |  |                  |
| STATUS                            | TYPE                          | VALUE                      | 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  | 4 - TALKING ON HAND-HELD 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 & CLASS B BUS   | 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE   | 5 - TEST GIVEN, RESULTS UNKNOWN                |
| INJURED TAKEN BY                              | 6 - SECOND - RIGHT SIDE  | 9 - DEPLOYMENT UNKNOWN             | 6 - NO VALID OL              | 7 - EXCEPT TRACTOR-TRAILER   | 6 - PASSENGER  | ALCOHOL TEST TYPE                              |
| 1 - NOT TRANSPORTED / TREATED AT SCENE        | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  | EJECTION                           | H - HAZMAT                   | 8 - INTERMEDIATE LICENSE RESTRICTIONS  | 7 - OTHER DISTRACTION INSIDE THE VEHICLE   | 1 - NONE                                       |
| 2 - EMS                                       | 8 - THIRD - MIDDLE   | 1 - NOT EJECTED                    | M - MOTORCYCLE               | 9 - LEARNER'S PERMIT RESTRICTIONS  | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE  | 2 - BLOOD                                      |
| 3 - POLICE                                    | 9 - THIRD - RIGHT SIDE   | 2 - PARTIALLY EJECTED              | P - PASSENGER                | 10 - LIMITED TO DAYLIGHT ONLY  | 9 - OTHER / UNKNOWN  | 3 - URINE                                      |
| 9 - OTHER / UNKNOWN                           | 10 - SLEEPER SECTION OF TRUCK CAB  | 3 - TOTALLY EJECTED                | N - TANKER                   | 11 - LIMITED TO EMPLOYMENT   | CONDITION  | 4 - BREATH                                     |
| SAFETY EQUIPMENT                              | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE                 | Q - MOTOR SCOOTER            | 12 - LIMITED - OTHER   | 1 - APPARENTLY NORMAL  | 5 - OTHER                                      |
| 1 - NONE USED                                 | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | TRAPPED                            | R - THREE-WHEEL MOTORCYCLE   | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 2 - PHYSICAL IMPAIRMENT  | DRUG TEST TYPE                                 |
| 2 - SHOULDER BELT ONLY USED                   | 13 - TRAILING UNIT   | 1 - NOT TRAPPED                    | S - SCHOOL BUS               | 14 - MILITARY VEHICLES ONLY  | 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)                                     | 1 - NONE                                       |
| 3 - LAP BELT ONLY USED                        | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 2 - EXTRICATED BY MECHANICAL MEANS | T - DOUBLE & TRIPLE TRAILERS | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES   | 4 - ILLNESS  | 2 - BLOOD                                      |
| 4 - SHOULDER & LAP BELT USED                  | 15 - NON-MOTORIST  | 3 - FREED BY NON-MECHANICAL MEANS  | X - TANKER / HAZMAT          | 16 - OUTSIDE MIRROR  | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.   | 3 - URINE                                      |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING   | 99 - OTHER / UNKNOWN   | GENDER                             | F - FEMALE                   | 17 - PROSTHETIC AID  | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             | 4 - OTHER                                      |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING      |  |                                    | M - MALE                     | 18 - OTHER   | 9 - OTHER / UNKNOWN  | DRUG TEST RESULT(S)                            |
| 7 - BOOSTER SEAT                              |  |                                    | U - 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<br>REPORT<br>NUMBER | 22-016943 | REPORTING<br>AGENCY  | Fairfield Police Department   | DATE OF ACCIDENT | 3/9/22 |
| IN COUNTY OF              | Butler    | ACCIDENT<br>LOCATION | DIXIE HWY. AT 7341 DIXIE HWY. |                  |        |

7341

Dixie Hwy.

N  
Not to Scale

|                     |                   |          |     |
|---------------------|-------------------|----------|-----|
| OFFICER'S SIGNATURE | P.O. JOSH MOSSMAN | BADGE NO | 147 |
|---------------------|-------------------|----------|-----|