




# TRAFFIC CRASH REPORT

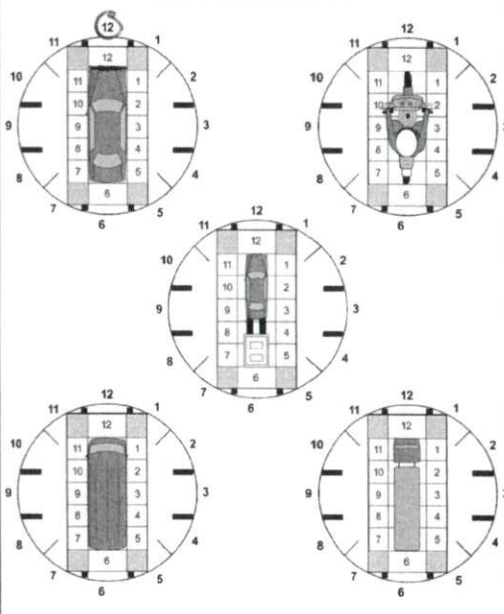
\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

|   |   |   |   |   |   |  |   |  |
|---|---|---|---|---|---|--|---|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH  |   | <input checked="" type="checkbox"/> OH-2<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY   | LOCAL INFORMATION<br>REPORTING AGENCY NAME*<br>Fairfield Police Department                            |   | NCIC*<br>0 0 9 0 1  | 2 2 0 1 8 5 0 9  |   |  |
| COUNTY*<br>0 9  | LOCALITY*<br>1-CITY<br>2-VILLAGE<br>3-TOWNSHIP<br>1                     | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>City of Fairfield   |   |   | CRASH DATE / TIME*<br>03152022 1117   |  | CRASH SEVERITY<br>1-FATAL<br>2-SERIOUS INJURY SUSPECTED<br>3-MINOR INJURY SUSPECTED<br>4-INJURY POSSIBLE<br>5-PROPERTY DAMAGE ONLY<br>5 |  |
| ROUTE TYPE<br>LOCATION  | ROUTE NUMBER  | PREFIX<br>1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST  | LOCATION ROAD NAME<br>Village   |   | ROAD TYPE<br>D R  | LATITUDE DECIMAL DEGREES<br>39.33330   |   |  |
| ROUTE TYPE<br>REFERENCE   | ROUTE NUMBER  | PREFIX<br>1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>Terrace  |   | ROAD TYPE<br>C T  | LONGITUDE DECIMAL DEGREES<br>-84.56191   |   |  |
| REFERENCE POINT<br>1-INTERSECTION<br>2-MILE POST<br>3-HOUSE #<br>1  | DIRECTION FROM REFERENCE<br>1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST<br>3 | ROUTE TYPE<br>IR-INTERSTATE ROUTE(TP)<br>US-FEDERAL US ROUTE<br>SR-STATE ROUTE<br>CR-NUMBERED COUNTY ROUTE<br>TR-NUMBERED TOWNSHIP ROUTE  | ROAD TYPE<br>AL-ALLEY<br>AV-AVENUE<br>BL-BOULEVARD<br>CR-CIRCLE<br>CT-COURT<br>DR-DRIVE<br>HE-HEIGHTS | ROAD TYPE<br>HW-HIGHWAY<br>LA-LANE<br>MP-MILEPOST<br>OV-OVAL<br>PK-PARKWAY<br>PI-PIKE<br>PL-PLACE   | RD-ROAD<br>SQ-SQUARE<br>ST-STREET<br>TE-TERRACE<br>TL-TRAIL<br>WA-WAY   | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES<br>ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED |   |  |
| LOCATION OF FIRST HARMFUL EVENT<br>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<br>0 1  |   | MANNER OF CRASH COLLISION/IMPACT<br>1-NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2-REAR-END<br>3-HEAD-ON<br>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<br>3 |   | DIRECTION OF TRAVEL<br>1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST   |   | MEDIAN TYPE<br>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<br>1-LANE CLOSURE<br>2-LANE SHIFT/CROSSOVER<br>3-WORK ON SHOULDER OR MEDIAN<br>4-INTERMITTENT OR MOVING WORK<br>5-OTHER  |   | LOCATION OF CRASH IN WORK ZONE<br>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 |   | CONTOUR<br>1<br>1-STRAIGHT LEVEL<br>2-STRAIGHT GRADE<br>3-CURVE LEVEL<br>4-CURVE GRADE<br>9-OTHER/UNKNOWN  |   |  |
| LIGHT CONDITION<br>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<br>1   |   | WEATHER<br>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<br>0 2  |   | CONDITIONS<br>1<br>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                |   | SURFACE<br>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<br>On March 15, 2022 at approximately 11:17 A.M. unit #2 was westbound on Village Dr. Unit #1 was turning right onto Village Dr. from Terrace Ct. The driver of unit #1 was distracted while watching her garage door close and veered into the westbound lane of Village Dr. colliding into unit #2. |   |   |   |   | <br>Indicate the north direction with an "N" on the compass diagram.<br><br>See OH-2 |  |   |  |
| CRASH REPORTED DATE / TIME<br>0 3 1 5 2 0 2 2 1 1 1 7   |   | DISPATCH DATE / TIME<br>0 3 1 5 2 0 2 2 1 1 2 1   |   | ARRIVAL DATE / TIME<br>0 3 1 5 2 0 2 2 1 1 2 4  |   | SCENE CLEARED DATE / TIME<br>0 3 1 5 2 0 2 2 1 1 5 5   |   | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPs) |
| TOTAL TIME ROADWAY CLOSED   | OTHER INVESTIGATION TIME  | TOTAL MINUTES<br>3 4  | OFFICER'S NAME*<br>Doug Day   |   | CHECKED BY OFFICER'S NAME*<br>6   |  | CHECKED BY OFFICER'S BADGE NUMBER*<br>1 0 3   |  |

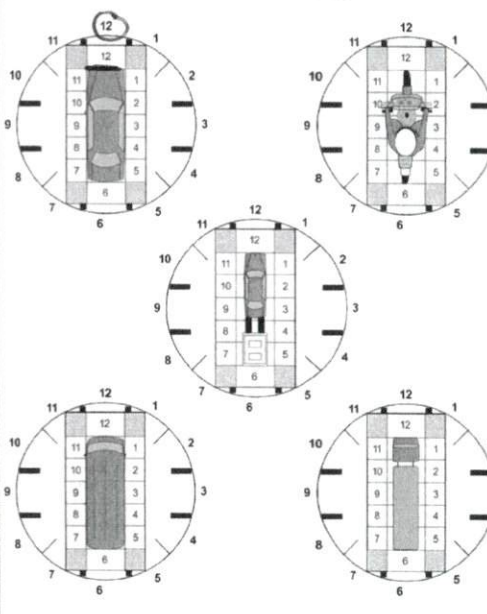


|   |   |   |  |  |   |  |
|---|---|---|--|--|---|--|
| OWNER   | UNIT #<br>01  | OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)  | OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)  |  |   |  |
|   | OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)  |   |  |  |   |  |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP |   | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE   |  |  |   |  |
| VEHICLE   | LP STATE<br>OH  | LICENSE PLATE #<br>HKA3535  | VEHICLE IDENTIFICATION #<br>1FM1C1U0G178GUA0170401   | VEHICLE YEAR<br>2016   | VEHICLE MAKE<br>Ford  |  |
|   | <input checked="" type="checkbox"/> INSURANCE VERIFIED  | INSURANCE COMPANY<br>State Farm   | INSURANCE POLICY #<br>312 2398-A17-35V   | COLOR<br>black   | VEHICLE MODEL<br>Escape   |  |
|   | TYPE OF USE<br><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<br>01   | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID #                           |   |  |
|   | UNIT TYPE<br>03   |   | 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 | 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<br>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 |
|   | # OF TRAILING UNITS   |   | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>2 1-YES 2-NO 9-OTHER / UNKNOWN  |  |   |  |
|   | AUTONOMOUS MODE LEVEL   |   | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>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<br>6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER / UNKNOWN |  |   |  |
|   | CARGO BODY TYPE<br>01   |   | 1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER / UNKNOWN   |  |   |  |
|   | VEHICLE DEFECTS   |   | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER / UNKNOWN   |  |   |  |
| NON-MOTORIST LOCATION AT IMPACT                     |   | 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER / ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER / UNKNOWN   |  |  |   |  |
| ACTION<br>3   |   | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER / UNKNOWN<br>1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>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<br>13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER / UNKNOWN                                     |  |  |   |  |
| CONTRIBUTING CIRCUMSTANCES<br>06                    |   | 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<br>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<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/FALLING/ SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION  |  |  |   |  |
| SEQUENCE OF EVENTS                                  |   | NON-COLLISION<br>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>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<br>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<br>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<br>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<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>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   |  |  |   |  |

|  |   |
|--|---|
| LOCAL REPORT NUMBER<br>2 2 0 1 8 5 0 9   |   |
| DAMAGE<br>DAMAGE SCALE<br>2 1 - NONE<br>2 - MINOR DAMAGE<br>3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE<br>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<br>1-12 - REFER TO UNIT DIAGRAM<br>13 - TOP<br>14 - UNDERCARRIAGE<br>15 - VEHICLE NOT AT SCENE<br>99 - UNKNOWN   |   |
| TRAFFIC  |   |
| TRAFFICWAY FLOW<br>1 - ONE-WAY<br>2 - TWO-WAY  | TRAFFIC CONTROL<br>1 - ROUNDABOUT<br>2 - SIGNAL<br>3 - FLASHER<br>4 - STOP SIGN<br>5 - YIELD SIGN<br>6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD<br>2  | RAIL GRADE CROSSING<br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING            |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 2 TO 3<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - OTHER / UNKNOWN                                    |   |
| UNIT SPEED<br>1 0  | DETECTED SPEED<br>1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED                          |
| POSTED SPEED<br>2 5  |   |



|   |  |   |   |   |                         |
|---|--|---|---|---|-------------------------|
| OWNER   | UNIT #<br>02   | OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)  | OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)   |   |                         |
|   | OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)   |   |   |   |                         |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP   |  | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE   |   |   |                         |
| VEHICLE   | LP STATE<br>OH   | LICENSE PLATE #<br>GAF6878  | VEHICLE IDENTIFICATION #<br>5TDK3D3B1S076370  | VEHICLE YEAR<br>2011  | VEHICLE MAKE<br>Toyota  |
|   | <input checked="" type="checkbox"/> INSURANCE VERIFIED   | INSURANCE COMPANY<br>State Farm   | INSURANCE POLICY #<br>D34 0805-D05-35   | COLOR<br>gray   | VEHICLE MODEL<br>Sienna |
|   | TYPE OF USE<br><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<br>01  | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD |                         |
|   | VEHICLE WEIGHT GVWR/GCWR<br>1 - <10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS.  |   |   |   |                         |
|   | UNIT TYPE<br>02<br>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) |   | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME<br>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<br>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 |   |                         |
|   | # OF TRAILING UNITS  |   |   |   |                         |
|   | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>2<br>1 - YES 2 - NO 9 - OTHER / UNKNOWN   |   | AUTONOMOUS MODE LEVEL<br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN  |   |                         |
|   | SPECIAL FUNCTION<br>01<br>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<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER / UNKNOWN   |   |                         |
|   | CARGO BODY TYPE<br>01<br>1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS  |   | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER / UNKNOWN  |   |                         |
| VEHICLE DEFECTS<br>1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS   |  | 4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER / UNKNOWN  |   |   |                         |
| NON-MOTORIST LOCATION AT IMPACT<br>1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK   |  | 3 - INTERSECTION - OTHER<br>4 - MIDDLEBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER / ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER / UNKNOWN  |   |   |                         |
| ACTION<br>4<br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER / UNKNOWN  |  | PRE-CRASH ACTIONS<br>01<br>1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>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<br>13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER / UNKNOWN |   |   |                         |
| CONTRIBUTING CIRCUMSTANCES<br>01<br>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<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/FALLING/ SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION   |   |   |                         |
| SEQUENCE OF EVENTS<br>120<br>1 - OVERTURN/ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT   |  | NON-COLLISION<br>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>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<br>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<br>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<br>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<br>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<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>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   |   |   |                         |

|   |   |
|---|---|
| LOCAL REPORT NUMBER<br>22018509   |   |
| DAMAGE<br>DAMAGE SCALE<br>3 1 - NONE 3 - FUNCTIONAL DAMAGE<br>2 - MINOR DAMAGE 4 - DISABLING DAMAGE<br>9 - UNKNOWN  |   |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY<br><br><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 14 - UNDERCARRIAGE<br>1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE<br>13 - TOP 99 - UNKNOWN   |   |
| TRAFFICWAY FLOW<br>1 - ONE-WAY<br>2 - TWO-WAY<br>2  | TRAFFIC CONTROL<br>1 - ROUNDABOUT 4 - STOP SIGN<br>2 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 6 - NO CONTROL<br>6 |
| # OF THROUGH LANES ON ROAD<br>2   | RAIL GRADE CROSSING<br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING<br>1   |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 3 TO 4<br>1 - NORTH 5 - NORTHEAST<br>2 - SOUTH 6 - NORTHWEST<br>3 - EAST 7 - SOUTHEAST<br>4 - WEST 8 - SOUTHWEST<br>9 - OTHER / UNKNOWN   |   |
| UNIT SPEED<br>25  | DETECTED SPEED<br>1 1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED                    |
| POSTED SPEED<br>25  |   |





# MOTORIST / Non-MOTORIST

|                     |   |   |   |   |   |   |   |  |  |
|---------------------|---|---|---|---|---|---|---|--|--|
| LOCAL REPORT NUMBER |   |   |   |   |   |   |   |  |  |
| 2                   | 2 | 0 | 1 | 8 | 5 | 0 | 9 |  |  |

|  |   |                            |   |                           |  |  |                        |  |                           |  |
|--|---|----------------------------|---|---------------------------|--|--|------------------------|--|---------------------------|--|
| UNIT #<br>01   | NAME: LAST, FIRST, MIDDLE<br>Bowling, Shirley |                            |   |                           | DATE OF BIRTH<br>06011944  |  |                        |  | AGE<br>77                 | GENDER<br>F  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>136 Terrace Ct. Fairfield, Ohio 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>04  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>01 | AIR BAG USAGE<br>1                       | EJECTION<br>1             | TRAPPED<br>1   |
| OL STATE<br>OH   | OPERATOR LICENSE NUMBER                       |                            | OFFENSE CHARGED<br>331.10A1                     |                           | LOCAL CODE<br><input checked="" type="checkbox"/>  | OFFENSE DESCRIPTION<br>Improper Right Turn       |                        |  | CITATION NUMBER<br>250722 |  |
| OL CLASS<br>4  | ENDORSEMENT<br>SELECT UP TO 2                 | RESTRICTION SELECT UP TO 3 |   | DRIVER DISTRACTED BY<br>8 | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | CONDITION<br>1         | ALCOHOL TEST<br>STATUS TYPE VALUE<br>1 1 |                           | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4<br>1 1 |

|   |   |                            |   |                           |  |  |                        |  |                 |  |
|---|---|----------------------------|---|---------------------------|--|--|------------------------|--|-----------------|--|
| UNIT #<br>02  | NAME: LAST, FIRST, MIDDLE<br>Williams, Robert |                            |   |                           | DATE OF BIRTH<br>05201964  |  |                        |  | AGE<br>57       | GENDER<br>M  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>3342 Village Dr. Fairfield, Ohio 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>04  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>01 | AIR BAG USAGE<br>1                       | EJECTION<br>1   | TRAPPED<br>1   |
| OL STATE<br>OH  | OPERATOR LICENSE NUMBER                       |                            | OFFENSE CHARGED                                 |                           | LOCAL CODE<br><input type="checkbox"/>   | OFFENSE DESCRIPTION                              |                        |  | CITATION NUMBER |  |
| 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<br>STATUS TYPE VALUE<br>1 1 |                 | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4<br>1 1 |

|                                   |                               |                            |   |                      |  |  |                  |                                   |                 |   |
|-----------------------------------|-------------------------------|----------------------------|---|----------------------|--|--|------------------|-----------------------------------|-----------------|---|
| 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 | AIR BAG USAGE                     | EJECTION        | TRAPPED   |
| OL STATE                          | OPERATOR LICENSE NUMBER       |                            | OFFENSE CHARGED                                 |                      | LOCAL CODE<br><input type="checkbox"/>   | OFFENSE DESCRIPTION                              |                  |                                   | CITATION NUMBER |   |
| 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<br>STATUS TYPE VALUE |                 | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4 |

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

|                           |           |                      |                             |                  |         |
|---------------------------|-----------|----------------------|-----------------------------|------------------|---------|
| LOCAL<br>REPORT<br>NUMBER | 22-018509 | REPORTING<br>AGENCY  | Fairfield Police Department | DATE OF ACCIDENT | 3/15/22 |
| IN COUNTY OF              | Butler    | ACCIDENT<br>LOCATION | Village Dr. at Terrace Ct.  |                  |         |

VILLAGE DR.

TERRACE CT

NOT TO SCALE

#1

#2

OFFICER'S SIGNATURE

Doug Day

BADGE NO

76