



## TRAFFIC CRASH REPORT

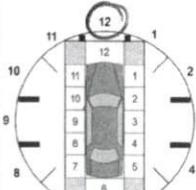
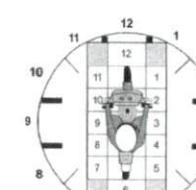
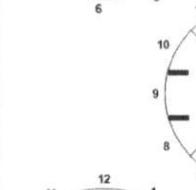
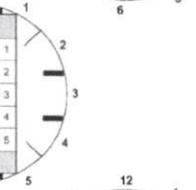
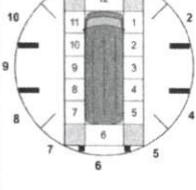
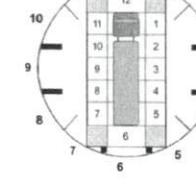
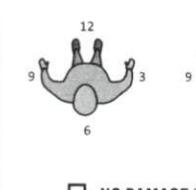
\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				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 type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION				2 2 0 2 0 4 0 0		
		REPORTING AGENCY NAME* NCIC* Fairfield Police Department 0 0 9 0 1				HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 0 3	UNIT IN ERROR 98 - ANIMAL 0 1 99 - UNKNOWN
LOCATION*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP* 0 9      1 - CITY 1 - VILLAGE 3 - TOWNSHIP City of Fairfield				CRASH DATE / TIME* 0 3 2 1 2 0 2 2 1 5 4 4	CRASH SEVERITY 5 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY	
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME RESOR	ROAD TYPE R D	LATITUDE DECIMAL DEGREES 3 9 3 2 1 3 2 0	LONGITUDE DECIMAL DEGREES - 8 4 5 6 1 2 5 4
REFERENCE POINT	DIRECTION FROM REFERENCE		ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED			
1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA	NUMBER OF APPROACHES 4
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE		1 - MILES 2 - FEET 3 - YARDS	ROADWAY				
5 5 0	2			<input type="checkbox"/> ROADWAY DIVIDED				
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT				
0 1	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		9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN	2	1 - NOT COLLISION 2 - REAR-END 3 - HEAD-ON	4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN	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		LOCATION OF CRASH IN WORK ZONE				
		1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA				
LIGHT CONDITION		WEATHER		CONTOUR 1	CONDITIONS 1	SURFACE 2		
1	1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	0 1	1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL	6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN	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	
NARRATIVE								
<p>On March 21, 2022 at approximately 3:44 PM, Units 1, 2, and 3 were traveling northbound on Pleasant Avenue approaching Resor Road. All Units were at a stop in traffic. Unit 1 then accelerated and struck Unit 2, which propelled it into Unit 3.</p> <p>SEE OH-2</p>								
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		
0 3 2 1 2 0 2 2 1 5 4 4		0 3 2 1 2 0 2 2 1 5 5 0		0 3 2 1 2 0 2 2 1 6 0 3		0 3 2 1 2 0 2 2 1 6 3 1		
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME* A. ROUSH OFFICER'S BADGE NUMBER* 1 7 0		
0		3 0		7 1		CHECKED BY OFFICER'S NAME* S. ROUSH CHECKED BY OFFICER'S BADGE NUMBER* 8		
REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OGPS)								



Indicate the north direction with an "N" on the compass diagram.

UNIT # <u>0_1</u>	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) MARQUAT, GERISE M	OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS OWNER )		
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
LP STATE <u>O_H</u>	LICENSE PLATE # <u>HVB3615</u>	VEHICLE IDENTIFICATION # <u>1N14AL2AP9CC113473</u>	VEHICLE YEAR <u>2012</u>	VEHICLE MAKE <u>NISSAN</u>
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY STATE FARM	INSURANCE POLICY # C139618A3135F	COLOR <u>SILVER</u>	VEHICLE MODEL <u>ALTIMA</u>
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT EQUIPPED		#OCCUPANTS <u>0_1</u>	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD
UNIT TYPE 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		#OCCUPANTS <u>0_1</u>		
1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		1 - PASSENGER CAR 2 - MOTORCYCLE 2-WHEELED 3 - PASSENGER VAN (MINIVAN) 4 - SPORT UTILITY VEHICLE 5 - PICK UP 6 - CARGO VAN 7 - MOTORCYCLE 3-WHEELED 8 - AUTOCYCLE 9 - ALL-TERRAIN VEHICLE (ATV / UTV) 10 - MOPED OR MOTORIZED BICYCLE 11 - SEMI-TRACTOR 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME 18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP		
# OF TRAILING UNITS <u>0_0</u>				
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>0_2</u> 1 - YES 2 - NO 9 - OTHER / UNKNOWN		AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN		
SPECIAL FUNCTION 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		
CARGO BODY TYPE 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 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL		
VEHICLE DEFECTS 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN		
NON-MOTORIST LOCATION AT IMPACT 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 12 - FIRST RESPONDER AT INCIDENT SCENE 13 - NEGOTIATING 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 22 - DRIVING 23 - OPENING DOOR INTO ROADWAY 24 - LOAD SHIFTING/FALLING/SPILLING 25 - OTHER IMPROPER ACTION		
ACTION 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 6 - OTHER / UNKNOWN		7 - STRAIGHT AHEAD 8 - BACKING 9 - CHANGING LANES 10 - OVERTAKING/PASSING 11 - MAKING RIGHT TURN 12 - MAKING LEFT TURN 13 - MAKING U-TURN 14 - ENTERING TRAFFIC LANE 15 - LEAVING TRAFFIC LANE 16 - PARKED 17 - SLOWING OR STOPPED IN TRAFFIC 18 - DRIVING 19 - NEUTRAL 20 - PUSHING VEHICLE 21 - APPROACHING OR LEAVING VEHICLE 22 - STANDING 23 - WALKING, RUNNING, JOGGING, PLAYING 24 - WORKING 25 - PUSHING VEHICLE 26 - DRIVING 27 - OPENING DOOR INTO ROADWAY 28 - LOAD SHIFTING/FALLING/SPILLING 29 - OTHER IMPROPER ACTION		
CONTRIBUTING CIRCUMSTANCES 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 / AHEAD 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 - SWERVING TO AVOID 20 - IMPROPER CROSSING 21 - LIVING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 24 - OTHER IMPROPER ACTION		
SEQUENCE OF EVENTS 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 EQUIPMENT 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVEABLE OBJECT		
COLLISION WITH FIXED OBJECT - STRUCK 1 - IMPACT ATTENUATOR / CRASH CUSHION 2 - BRIDGE OVERHEAD STRUCTURE 3 - BRIDGE PIER OR ABUTMENT 4 - BRIDGE PARAPET 5 - BRIDGE RAIL 6 - GUARDRAIL FACE		7 - GUARDRAIL END 8 - PORTABLE BARRIER 9 - MEDIAN CABLE BARRIER 10 - MEDIAN GUARDRAIL 11 - GUARDRAIL 12 - OVERHEAD SIGN POST 13 - LIGHT / LUMINARIES SUPPORT 14 - UTILITY POLE 15 - OTHER POST, POLE OR SUPPORT 16 - CULVERT 17 - CURB 18 - DITCH 19 - FENCE 20 - MAILBOX 21 - TREE 22 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN		
FIRST HARMFUL EVENT <u>1</u>		MOST HARMFUL EVENT <u>1</u>		

LOCAL REPORT NUMBER <u>2 2 0 2 0 4 0 0</u>	
DAMAGE 2 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGE SCALE 1 - NO DAMAGE 2 - UNDERCARRIAGE 3 - TOP 4 - ALL AREAS 5 - UNIT NOT AT SCENE	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
       	
NO DAMAGE <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/>	
TOP <input type="checkbox"/> ALL AREAS <input type="checkbox"/>	
UNIT NOT AT SCENE <input type="checkbox"/>	
INITIAL POINT OF CONTACT 0 - NO DAMAGE 1 - REFER TO UNIT DIAGRAM 13 - TOP	
TRAFFIC TRAFFIC FLOW 1 - ONE-WAY 2 - TWO-WAY	
TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL	
# OF THROUGH LANES ON ROAD <u>2</u>	
RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	
UNIT / NON-MOTORIST DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
FROM <u>2</u> TO <u>1</u>	
UNIT SPEED 1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED	
POSTED SPEED <u>3_5</u>	

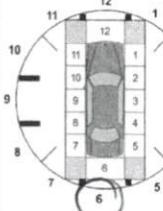
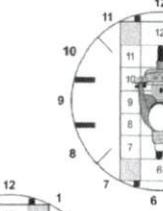
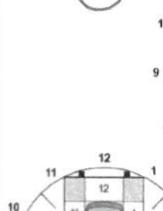
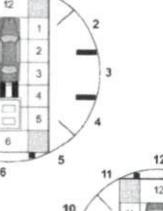
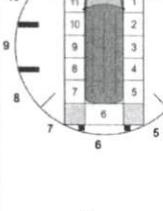
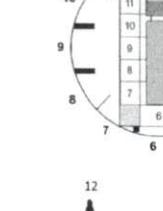
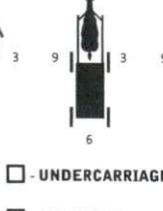
OWNER

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER)		
0 2					
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		
O H	HHZ1359	1N4AL3APXHC161836	2017		
INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR		
	GEICO	6003332050	RED		
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME		
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	FOX TOWING		
INTERLOCK DEVICE EQUIPPED	HIT/SKIP UNIT	#OCCUPANTS	HAZARDOUS MATERIAL		
		0 1	<input type="checkbox"/> MATERIAL RELEASED	CLASS #	PLACARD ID #
			<input type="checkbox"/> PLACARD		
VEHICLE WEIGHT GVWR/GCWR					
1 - ≤10K LBS.		1			
2 - 10,001 - 26K LBS.					
3 - >26K LBS.					
1 - PASSENGER CAR		7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER
2 - PASSENGER VAN (MINIVAN)		8 - MOTORCYCLE 3-WHEELED	13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)
3 - SPORT UTILITY VEHICLE		9 - AUTOCYCLE	14 - SINGLE UNIT TRUCK	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST
4 - PICK UP		10 - MOPED OR MOTORIZED	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE
5 - CARGO VAN		BICYCLE	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR	27 - TRAIN
6 - VAN (9-15 SEATS)		11 - ALL-TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	ANIMAL-DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP
0 0 # OF TRAILING UNITS					
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN	
0 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN		1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION		
		2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION		
0 1 SPECIAL FUNCTION		1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM
		2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	21 - MAIL CARRIER
		3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	24 - WHEELCHAIR (ANY TYPE)
		4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	25 - OTHER NON-MOTORIST
		5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	26 - BICYCLE
0 1 CARGO BODY TYPE		1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE
		2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	9 - CARGO TANK
0 1 VEHICLE DEFECTS		1 - TURN SIGNALS	4 - BRAKES	7 - GRAIN/CHIPS/GRAVEL	10 - FLAT BED
		2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	11 - DUMP
		3 - TAIL LAMPS	6 - TIRE BLOWOUT		99 - OTHER / UNKNOWN
0 1 NON-MOTORIST LOCATION AT IMPACT		1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND
		2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED	7 - SHOULDER / ROADSIDE	12 - FIRST RESPONDER AT INCIDENT SCENE
			5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	10 - DRIVEWAY ACCESS
					11 - SHARED USE PATHS OR TRAILS
0 5 ACTION		1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE
		2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION
		3 - STRIKING	1 1 3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	19 - STANDING
		4 - STRUCK PRE-CRASH ACTIONS	4 - OVERTAKING/PASSING	10 - PARKED	15 - WALKING, RUNNING, JOGGING, PLAYING
		5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	20 - OTHER NON-MOTORIST
		9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	12 - DRIVERLESS	21 - STANDING OUTSIDE DISABLED VEHICLE
0 1 CONTRIBUTING CIRCUMSTANCES		1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	18 - APPROACHING OR LEAVING VEHICLE
		2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / ACDA	14 - STOPPED OR PARKED ILLEGALLY	22 - NOT DISCERNIBLE
		3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	15 - SWERVING TO AVOID	23 - OPENING DOOR INTO ROADWAY
		4 - RAN STOP SIGN	10 - IMPROPER PASSING	16 - WRONG WAY	19 - LOAD SHIFTING/FALLING/SPILLING
		5 - UNSAFE SPEED	11 - DROVE OFF ROAD	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION
0 1 SEQUENCE OF EVENTS		6 - IMPROPER TURN	12 - IMPROPER BACKING		
0 1 2 0		1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE
		2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	17 - ANIMAL - FARM EQUIPMENT	22 - WORK ZONE MAINTENANCE EQUIPMENT
		3 - IMMERSION	8 - RAN OFF ROAD RIGHT	18 - ANIMAL - DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION
		2 2 0 4 0 1 4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	19 - ANIMAL - OTHER	20 - MOTOR VEHICLE IN TRANSPORT
		5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	21 - PEDESTRIAN	24 - OTHER MOVABLE OBJECT
0 1 2 0				15 - PEDALCYCLE	21 - PARKED MOTOR VEHICLE
0 1 2 0					
0 1 2 0		25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB
		26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH
		34 - MEDIAN GUARDRAIL SUPPORT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES	45 - EMBANKMENT
		35 - MEDIAN CONCRETE BARRIER	34 - MEDIAN GUARDRAIL SUPPORT	40 - UTILITY POLE	51 - WALL
		36 - MEDIAN OTHER BARRIER	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	52 - BUILDING
		30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	53 - TUNNEL
0 1		FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT	3 5

LOCAL REPORT NUMBER	
2 2 0 2 0 4 0 0	
DAMAGE	
4	DAMAGE SCALE
1 - NONE	3 - FUNCTIONAL DAMAGE
2 - MINOR DAMAGE	4 - DISABLING DAMAGE
9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<img alt="Diagram of a vehicle showing numbered areas 1-12 for damage assessment. The diagram shows a front-three-quarter view of a car with numbered circles	

OWNER

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER)																																																																								
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1 FIRST HARMFUL EVENT		1 MOST HARMFUL EVENT																																																																									

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



# MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	LOCAL REPORT NUMBER										
	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER						
	0 1	MARQUAT, JUSTIN JOSEF	1 1 2 6 2 0 0 3	1 8	M						
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE									
	2694 MERRITTVIEW LN, CINCINNATI, OH 45231										
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-Compliant MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
	5					0 4	<input type="checkbox"/>	0 1	1	1	1
	OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER		
	O H			333.03a		X	ACDA		250636		
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)	
4		0 3		1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	1	1	1	
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER						
	0 2	COOKSEY, ANNE ELIZABETH	0 2 1 7 1 9 5 1	7 1	F						
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE									
	217 WALNUT ST, HAMILTON, OH 45011										
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-Compliant MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
	5					0 4	<input type="checkbox"/>	0 1	1	1	1
	OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER		
	O H										
	OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)
4		0 3		1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	1	1	1	
UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER							
0 3	HALL, RHONDA G	0 1 1 2 1 9 5 9	6 3	F							
ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE										
6878 PADUCAH AVE, HAMILTON, OH 45011											
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-Compliant MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
5					0 4	<input type="checkbox"/>	0 1	1	1	1	
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER			
O H											
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)	
4				1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	1	1	1	
INJURIES		SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS				
1- FATAL		1-FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1-NOT DEPLOYED 2-DEPLOYED FRONT	1-CLASS A 2-CLASS B 3-CLASS C 4-REGULAR CLASS (OHIO D-1)	1-ALCOHOL INTERLOCK DEVICE 2-CDL INTRASTATE ONLY 3-CORRECTIVE LENSES 4-FARM WAIVER 5-EXCEPT CLASS A BUS 6-EXCEPT CLASS A & CLASS B BUS 7-EXCEPT TRACTOR-TRAILER 8-INTERMEDIATE LICENSE RESTRICTIONS 9-LEARNER'S PERMIT RESTRICTIONS 10-LIMITED TO DAYLIGHT ONLY 11-LIMITED TO EMPLOYMENT 12-LIMITED - OTHER 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14-MILITARY VEHICLES ONLY 15-MOTOR VEHICLES WITHOUT AIR BRAKES 16-OUTSIDE MIRROR 17-PROSTHETIC AID 18-OTHER	1-NOT DISTRACTED 2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3-TALKING ON HANDS-FREE COMMUNICATION DEVICE 4-TALKING ON HAND-HELD COMMUNICATION DEVICE 5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6-PASSENGER 7-OTHER DISTRACTION INSIDE THE VEHICLE 8-OTHER DISTRACTION OUTSIDE THE VEHICLE 9-OTHER / UNKNOWN	1-NONE GIVEN 2-TEST REFUSED 3-TEST-GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4-TEST-GIVEN, RESULTS KNOWN 5-TEST-GIVEN, RESULTS UNKNOWN				
2- SUSPECTED SERIOUS INJURY		2-FRONT - MIDDLE	3-DEPLOYED SIDE	H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT	ALCOHOL TEST TYPE	1-NONE 2-BLOOD 3-URINE 4-BREATH 5-OTHER					
3- SUSPECTED MINOR INJURY		3-FRONT - RIGHT SIDE	4-DEPLOYED BOTH FRONT / SIDE	1-NOT EJECTED 2-PARTIALLY EJECTED 3-TOTALLY EJECTED 4-NOT APPLICABLE	EJECTION	OL ENDORSEMENT	ALCOHOL TEST TYPE				
4- POSSIBLE INJURY		4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	5-NOT APPLICABLE	H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT	1-NOT EJECTED 2-PARTIALLY EJECTED 3-TOTALLY EJECTED 4-NOT APPLICABLE	OL ENDORSEMENT	1-NONE 2-BLOOD 3-URINE 4-BREATH 5-OTHER				
5- NO APPARENT INJURY		5-SECOND - MIDDLE	9-DEPLOYMENT UNKNOWN	1-NOT EJECTED 2-PARTIALLY EJECTED 3-TOTALLY EJECTED 4-NOT APPLICABLE	EJECTION	OL ENDORSEMENT	ALCOHOL TEST TYPE				
INJURED TAKEN BY		6-SECOND - RIGHT SIDE	6-SECOND - RIGHT SIDE (MOTORCYCLE SIDE CAR)	1-NOT EJECTED 2-PARTIALLY EJECTED 3-TOTALLY EJECTED 4-NOT APPLICABLE	1-NOT EJECTED 2-PARTIALLY EJECTED 3-TOTALLY EJECTED 4-NOT APPLICABLE	OL ENDORSEMENT	1-NONE 2-BLOOD 3-URINE 4-BREATH 5-OTHER				
1- NOT TRANSPORTED / TREATED AT SCENE		7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	1-NOT EJECTED 2-PARTIALLY EJECTED 3-TOTALLY EJECTED 4-NOT APPLICABLE	1-NOT EJECTED 2-PARTIALLY EJECTED 3-TOTALLY EJECTED 4-NOT APPLICABLE	OL ENDORSEMENT	ALCOHOL TEST TYPE				
2- EMS		8-THIRD - MIDDLE	8-THIRD - MIDDLE	1-NOT EJECTED 2-PARTIALLY EJECTED 3-TOTALLY EJECTED 4-NOT APPLICABLE	1-NOT EJECTED 2-PARTIALLY EJECTED 3-TOTALLY EJECTED 4-NOT APPLICABLE	OL ENDORSEMENT	1-NONE 2-BLOOD 3-URINE 4-BREATH 5-OTHER				
3- POLICE		9-THIRD - RIGHT SIDE	9-THIRD - RIGHT SIDE	1-NOT EJECTED 2-PARTIALLY EJECTED 3-TOTALLY EJECTED 4-NOT APPLICABLE	1-NOT EJECTED 2-PARTIALLY EJECTED 3-TOTALLY EJECTED 4-NOT APPLICABLE	OL ENDORSEMENT	ALCOHOL TEST TYPE				
9- OTHER / UNKNOWN		10-SLEEPER SECTION OF TRUCK CAB	10-SLEEPER SECTION OF TRUCK CAB	1-NOT EJECTED 2-PARTIALLY EJECTED 3-TOTALLY EJECTED 4-NOT APPLICABLE	1-NOT EJECTED 2-PARTIALLY EJECTED 3-TOTALLY EJECTED 4-NOT APPLICABLE	OL ENDORSEMENT	1-NONE 2-BLOOD 3-URINE 4-BREATH 5-OTHER				
SAFETY EQUIPMENT		TRAPPED	GENDER	CONDITION	DRUG TEST RESULT(S)						
1- NONE USED		11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	F - FEMALE	1-APPARENTLY NORMAL	1-AMPHETAMINES						
2- SHOULDER BELT ONLY USED		12-PASSENGER IN UNENCLOSED CARGO AREA	M - MALE	2-PHYSICAL IMPAIRMENT	2-BARBITURATES						
3- LAP BELT ONLY USED		13-TRAILING UNIT	U - OTHER / UNKNOWN	3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3-BENZODIAZEPINES						
4- SHOULDER & LAP BELT USED		14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	15-MOTOR VEHICLES WITHOUT AIR BRAKES	4-ILLNESS	4-CANNABINOIDS						
5- CHILD RESTRAINT SYSTEM - FORWARD FACING		15-NON-MOTORIST	16-OUTSIDE MIRROR	5-FELL ASLEEP, FAINTED, FATIGUED, ETC.	5-COCAIN						
6- CHILD RESTRAINT SYSTEM - REAR FACING		99- OTHER / UNKNOWN	17-PROSTHETIC AID	6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6-OPIATES / OPIOIDS						
7- BOOSTER SEAT		99- OTHER / UNKNOWN	18-OTHER	9- OTHER / UNKNOWN	7- OTHER						
8- HELMET USED		99- OTHER / UNKNOWN	DRUG TEST RESULT(S)	8- NEGATIVE RESULTS							
9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		99- OTHER / UNKNOWN	DRUG TEST RESULT(S)	8- NEGATIVE RESULTS							
10- REFLECTIVE CLOTHING		99- OTHER / UNKNOWN	DRUG TEST RESULT(S)	8- NEGATIVE RESULTS							
11- LIGHTING - PEDESTRIAN / BICYCLE ONLY		99- OTHER / UNKNOWN	DRUG TEST RESULT(S)	8- NEGATIVE RESULTS							
99- OTHER / UNKNOWN		99- OTHER / UNKNOWN	DRUG TEST RESULT(S)	8- NEGATIVE RESULTS							

NUMBER 22-020400

FAIRFIELD P.D. 00901

MO 3 10 21 1922

IN COUNTY OF

BUTLER

ACCIDENT  
LOCATION

Pleasant Ave. / Resor Rd.

