



## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<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		LOCAL REPORT NUMBER*				
				REPORTING AGENCY NAME* Fairfield Police Department		NCIC*	2 2 0 2 0 8 4 3	HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 0 2	UNIT IN ERROR 0 1 98 - ANIMAL 99 - UNKNOWN
COUNTY* 0 9	LOCALITY* 1 - CITY 1 2 - VILLAGE 3 - TOWNSHIP	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield				CRASH DATE / TIME* 0 3 2 3 2 0 2 2 0 7 5 5		CRASH SEVERITY 5 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY		
ROUTE TYPE S R	ROUTE NUMBER 4	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME HOLDEN			ROAD TYPE B L	LATITUDE DECIMAL DEGREES 3 9 3 3 2 6 2 4			
ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)			ROAD TYPE	LONGITUDE DECIMAL DEGREES - 8 4 5 2 1 7 6 8			
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	ROAD TYPE 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	INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA				
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS					NUMBER OF APPROACHES 0 4				
LOCATION OF FIRST HARMFUL EVENT 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				MANNER OF CRASH COLLISION/IMPACT 2 1 - NOT COLLISION 2 - TWO MOTOR VEHICLES IN TRANSPORT 3 - REAR-END 4 - HEAD-ON		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (>4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN		
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1	CONDITIONS 2	SURFACE 2		
LIGHT CONDITION 1 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		WEATHER 0 2 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 On 03-23-22 at 7:55 a.m., Unit 1 and Unit 2 were traveling south on SR4 (Dixie Hwy) in the right hand left turn lane. While making a left turn on to Holden Blvd, Unit 2 was stopped by traffic when Unit 1 drove into the rear of Unit 2.										
SEE OH-2										
CRASH REPORTED DATE / TIME 0 3 2 3 2 0 2 2 0 7 5 6		DISPATCH DATE / TIME 0 3 2 3 2 0 2 2 0 7 5 8		ARRIVAL DATE / TIME 0 3 2 3 2 0 2 2 0 8 0 5		SCENE CLEARED DATE / TIME 0 3 2 3 2 0 2 2 0 8 3 3		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 ODS)		
TOTAL TIME ROADWAY CLOSED 2 0		OTHER INVESTIGATION TIME 3 0		TOTAL MINUTES 6 5		OFFICER'S NAME* P. O. J. DRAKE		CHECKED BY OFFICER'S NAME* P.O. J. DRAKE		
						OFFICER'S BADGE NUMBER* 8 8		CHECKED BY OFFICER'S BADGE NUMBER* 8 8		

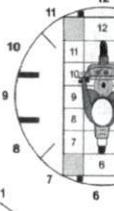
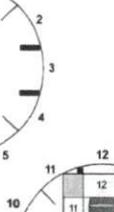
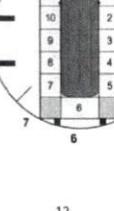
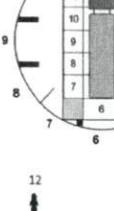
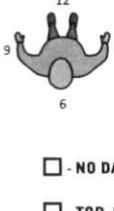
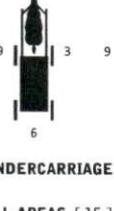


Indicate the north direction with an "N" on the compass diagram.

OWNER UNIT # 0_1	OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> SAME AS DRIVER HERBERT, EMILY A		OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER					
	OWNER ADDRESS: STREET, CITY, STATE, ZIP <input type="checkbox"/> SAME AS DRIVER 5431 BOEHM DR FAIRFIELD, OHIO 45014		COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE					
VEHICLE LP STATE O_H	LICENSE PLATE # JCC8458	VEHICLE IDENTIFICATION # KMHDN55D172U034830	VEHICLE YEAR 2002	VEHICLE MAKE HYUNDAI				
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY PROGRESSIVE	INSURANCE POLICY # 944989712	COLOR RED				
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME				
	INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS 0_1	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <input type="checkbox"/> PLACARD ID # <input type="checkbox"/> PLACARD			
	UNIT TYPE 0_1		1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)			2 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED 11 - ALL TERRAIN VEHICLE (ATV / UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
	# OF TRAILING UNITS 0		1 - YES 2 - NO 9 - OTHER / UNKNOWN			0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION		
	AUTONOMOUS MODE LEVEL 0_2		3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION			9 - UNKNOWN		
	SPECIAL FUNCTION 0_1		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		
	CARGO BODY TYPE 0_1		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		
	VEHICLE DEFECTS 0_1		1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS			4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT		
NON-MOTORIST LOCATION AT IMPACT 0_1		7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE			9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT			
ACTION 0_3		1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK			3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION			
CONTRIBUTING CIRCUMSTANCES 0_8		6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK			9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS			
SEQUENCE OF EVENTS 1_2_0		12 - FIRST RESPONDER 13 - DRIVING 14 - STANDING 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 - LYING IN ROADWAY 23 - NOT DISCERNIBLE 24 - OTHER MOVABLE OBJECT			
COLLISION WITH FIXED OBJECT - STRUCK 4_1		1 - LEFT OF CENTER 2 - FOLLOWING TOO CLOSE / ACDA PARKED POSITION 3 - IMPROPER LANE CHANGE 4 - IMPROPER PASSING 5 - SWERVING TO AVOID 6 - WRONG WAY			7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS			
IMPACT ATTENUATOR / CRASH CUSHION 5_1		13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY			17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING			
BRIDGE OVERHEAD STRUCTURE 6_1		11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN TRANSPORT 15 - PEDALCYCLE			16 - RAILWAY VEHICLE 17 - ANIMAL - FARM EQUIPMENT 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN BY A MOTOR VEHICLE 21 - PARKED MOTOR VEHICLE			
IMPACT ATTENUATOR / CRASH CUSHION 5_1		25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE			31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL SUPPORT 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER			
IMPACT ATTENUATOR / CRASH CUSHION 6_1		37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT			43 - CURB 44 - DITCH 45 - EMANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT			
IMPACT ATTENUATOR / CRASH CUSHION 1_1		50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 55 - OTHER / UNKNOWN			56 - WORK ZONE MAINTENANCE EQUIPMENT 57 - OTHER / UNKNOWN			
FIRST HARMFUL EVENT 1		1 MOST HARMFUL EVENT 1			2 POSTED SPEED 3			

LOCAL REPORT NUMBER 2 2 0 2 0 8 4 3		DAMAGE 3 - NONE 2 - MINOR DAMAGE 1 - UNKNOWN		DAMAGE SCALE 3 - FUNCTIONAL DAMAGE 2 - DISABLING DAMAGE 1 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY					
<img alt="Diagram of a vehicle showing 12 numbered areas for damage assessment. Areas 1-12 are arranged in a circle around					

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	JGF6774	KNAF14A212C5532487	2012	
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	VEHICLE MAKE	
	GEICO	4290376302	KIA	
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE		
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR	
0 1		0 1	1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
UNIT TYPE	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)			
0	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED 11 - ALL TERRAIN VEHICLE (ATV / UTV)			
12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME				
18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP				
# OF TRAILING UNITS				
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	
0 2	1 - YES 2 - NO 9 - OTHER / UNKNOWN	AUTONOMOUS MODE LEVEL		
1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER				6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE
11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT				16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL
1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS				3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL
1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS				8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP
1 - MIDBLOCK - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK				12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN
3 - INTERSECTION - OTHER CROSSWALK 4 - INTERSECTION - UNMARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION				15 - CONSTRUCTION EQUIPMENT
6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK				16 - MAIL CARRIER
9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS				21 - MAIL CARRIER
12 - FIRST RESPONDER AT INCIDENT SCENE 13 - STANDING 14 - WORKING 15 - STANDING OUTSIDE DISABLED VEHICLE 16 - PUSHING VEHICLE				99 - OTHER / UNKNOWN
17 - APPROACHING OR LEAVING VEHICLE 18 - STANDING 19 - WORKING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 24 - OTHER / UNKNOWN				12 - FIRST RESPONDER AT INCIDENT SCENE 13 - STANDING 14 - WORKING 15 - STANDING OUTSIDE DISABLED VEHICLE 16 - PUSHING VEHICLE
18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 24 - OTHER / UNKNOWN				12 - FIRST RESPONDER AT INCIDENT SCENE 13 - STANDING 14 - WORKING 15 - STANDING OUTSIDE DISABLED VEHICLE 16 - PUSHING VEHICLE
25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE				25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE
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43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT				43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT
50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN				50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN

LOCAL REPORT NUMBER	
2 2 0 2 0 8 4 3	
DAMAGE	
DAMAGE SCALE	
2	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN
3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
       	
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT	
0 - NO DAMAGE 14 - UNDERCARRIAGE	
1 - 12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE	
DIAGRAM 99 - UNKNOWN	
13 - TOP	
TRAFFIC	
TRAFFIC WAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
4	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	
UNIT SPEED	DETECTED SPEED
0 0	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	
3 5	



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER									
2 2 0 2 0 8 4 3									
					DATE OF BIRTH			AGE	GENDER
					0 2 1 8 2 0 0 4	1 8	M		
CONTACT PHONE - INCLUDE AREA CODE									

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE														
	0 1	BRANSCUM, AIDAN MICHAEL														
ADDRESS: STREET, CITY, STATE, ZIP																
5483 BOEHM DR FAIRFIELD, OHIO 45014																
INJURIES		INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED	0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
OL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED			LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER					
OL CLASS		ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)				
O H			0 3		1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		01	1	1	1	1	1			
UNIT #		NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH			AGE	GENDER
0 2		GOODWIN, KIMBERLY LYNN										0 7 0 8 1 9 6 7			5 4	F
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE						
5327 LAKESIDE DR FAIRFIELD, OHIO 45014																
INJURIES		INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED	0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
OL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED			LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER					
OL CLASS		ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)				
O H					1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		01	1	1	1	1	1			
UNIT #		NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH			AGE	GENDER
												0				
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE						
5327 LAKESIDE DR FAIRFIELD, OHIO 45014																
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	OFFENSE DESCRIPTION			CITATION NUMBER					
OL CLASS		ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)				
O H					1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		01	1	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		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		5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		5 - TEST GIVEN, RESULTS UNKNOWN						
INJURED TAKEN BY		6 - SECOND - RIGHT SIDE		6 - DEPLOYMENT UNKNOWN		6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS		6 - PASSENGER		ALCOHOL TEST TYPE					
1 - NOT TRANSPORTED / TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		7 - NOT EJECTED		H - HAZMAT	7 - OTHER DISTRACTION INSIDE THE VEHICLE		7 - OTHER DISTRACTION OUTSIDE THE VEHICLE		1 - NONE						
2 - EMS	8 - THIRD - MIDDLE		8 - PARTIALLY EJECTED		M - MOTORCYCLE	8 - OTHER DISTRACTION INSIDE THE VEHICLE		8 - OTHER DISTRACTION OUTSIDE THE VEHICLE		2 - BLOOD						
3 - POLICE	9 - THIRD - RIGHT SIDE		9 - TOTALLY EJECTED		P - PASSENGER	9 - OTHER / UNKNOWN		9 - OTHER / UNKNOWN		3 - URINE						
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB		4 - NOT APPLICABLE		N - TANKER	10 - LIMITED TO DAYLIGHT ONLY		10 - LIMITED TO DAYLIGHT ONLY		4 - BREATH						
SAFETY EQUIPMENT		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		11 - NOT APPLICABLE		Q - MOTOR SCOOTER	11 - LIMITED TO EMPLOYMENT		11 - LIMITED - OTHER		5 - OTHER					
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA		12 - EXTRICATED BY MECHANICAL MEANS		R - THREE-WHEEL MOTORCYCLE	12 - LIMITED - OTHER		12 - LIMITED - OTHER		DRUG TEST TYPE						
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT		13 - FREED BY NON-MECHANICAL MEANS		S - SCHOOL BUS	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		1 - NONE						
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		14 - NOT APPLICABLE		T - DOUBLE & TRIPLE TRAILERS	14 - MILITARY VEHICLES ONLY		14 - MILITARY VEHICLES ONLY		2 - BLOOD						
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST		15 - NOT TRAPPED		X - TANKER / HAZMAT	15 - MOTOR VEHICLES WITHOUT AIR BRAKES		15 - MOTOR VEHICLES WITHOUT AIR BRAKES		3 - URINE						
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN		16 - EXTRICATED BY MECHANICAL MEANS		16 - OUTSIDE MIRROR		16 - OUTSIDE MIRROR		4 - OTHER							
6 - CHILD RESTRAINT SYSTEM - REAR FACING			17 - FREED BY NON-MECHANICAL MEANS		17 - PROSTHETIC AID		17 - PROSTHETIC AID		DRUG TEST RESULT(S)							
7 - BOOSTER SEAT			18 - OTHER		18 - OTHER		18 - OTHER		1 - AMPHETAMINES							
8 - HELMET USED			F - FEMALE		19 - OTHER		19 - OTHER		2 - BARBITURATES							
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			M - MALE		20 - OTHER		20 - OTHER		3 - BENZODIAZEPINES							
10 - REFLECTIVE CLOTHING			U - OTHER / UNKNOWN		21 - OTHER		21 - OTHER		4 - CANNABINOID							
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY					22 - OTHER		22 - OTHER		5 - COCAINE							
99 - OTHER / UNKNOWN					23 - OTHER		23 - OTHER		6 - OPIATES / OPIOIDS							
										7 - OTHER						
										8 - NEGATIVE RESULTS						

LOCAL REPORT NUMBER 22-020843

REPORTING AGENCY FAIRFIELD P.D. 00901

DATE OF ACCIDENT  
M 3 10 23, y 22

IN COUNTY OF

BUTLER

ACCIDENT LOCATION

S.R. 4 (DIXIE HWY) / HOLDEN BLVD

