

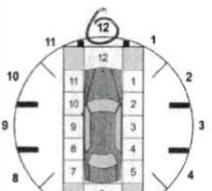
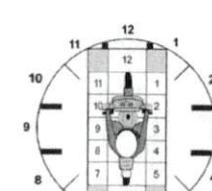
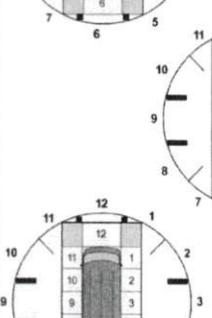
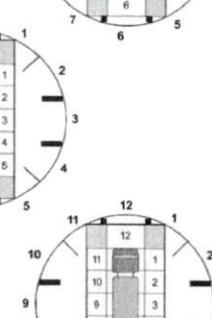
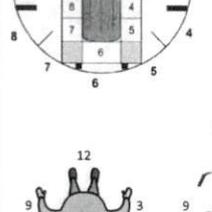
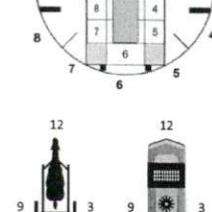
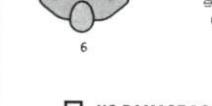


## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN		<input type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION		LOCAL REPORT NUMBER*					
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR		
				Fairfield Police Department		00901	1 - SOLVED	0 2	01 98-ANIMAL		
							2 - UNSOLVED		99-UNKNOWN		
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*						CRASH DATE / TIME*		CRASH SEVERITY	
0 9	1 CITY 2 VILLAGE 3 TOWNSHIP	City of Fairfield						0 6 3 0 2 0 2 2	1 4 3 5	1 - FATAL	
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME			ROAD TYPE	LATITUDE DECIMAL DEGREES		2 - SERIOUS INJURY SUSPECTED	
	U S	1, 2, 7						3 9	3 3 8 0 1 7	3 - MINOR INJURY SUSPECTED	
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)			ROAD TYPE	LONGITUDE DECIMAL DEGREES		4 - INJURY POSSIBLE	
				5200				8 4	5 6 0 0 4 8	5 - PROPERTY DAMAGE ONLY	
REFERENCE POINT	DIRECTION FROM REFERENCE		ROUTE TYPE		ROAD TYPE		INTERSECTION RELATED				
1 - INTERSECTION 3 - 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		<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA <span style="float: right;">NUMBER OF APPROACHES</span>				
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE						ROADWAY				
2 7	1 - MILES 2 - FEET 3 - YARDS						<input type="checkbox"/> ROADWAY DIVIDED				
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT				DIRECTION OF TRAVEL	MEDIAN TYPE		
0 1	1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 7 - ON RAMP 8 - OFF RAMP			1 - NOT COLLISION 2 - REAR-END 3 - HEAD-ON				1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	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		
WORK ZONE RELATED		WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE				CONTOUR	CONDITIONS	SURFACE	
<input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL 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				1	1	2	
LIGHT CONDITION		WEATHER						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 06/30/2022 at 2:35 PM, Unit #1 was traveling west from private property and was attempting to make a left turn to travel south on U.S.-127 and in so doing failed to yield the right of way to, and collided with Unit #2 which was traveling south on U.S.-127.											
Indicate the north direction with an "N" on the compass diagram.											
See OH-2											
CRASH REPORTED DATE / TIME			DISPATCH DATE / TIME			ARRIVAL DATE / TIME			SCENE CLEARED DATE / TIME		REPORT TAKEN BY
0 6 3 0 2 0 2 2 1 4 3 5			0 6 3 0 2 0 2 2 1 4 3 8			0 6 3 0 2 0 2 2 1 4 4 4			0 6 3 0 2 0 2 2 1 5 0 8		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OGPS)
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES	OFFICER'S NAME*			CHECKED BY OFFICER'S NAME*			 1 3 2
0		0			S. Cook			CHECKED BY OFFICER'S BADGE NUMBER*			
				3 0	1	5	3				

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> SAME AS DRIVER		OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER
0_1	Bradford, Elizabeth		
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	DINERO1	3N1A1B18C1V16L1Y1201612312	210210
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR
	Progressive	939945648	Black
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	1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.
UNIT TYPE	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		
	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 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
2	1 - YES	0	9 - UNKNOWN
AUTONOMOUS MODE LEVEL			
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 99 - OTHER / UNKNOWN		
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		
NON-MOTORIST LOCATION AT IMPACT	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		
	3 - INTERSECTION - OTHER CROSSWALK 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 99 - OTHER / UNKNOWN		
ACTION	1 - NON-CONTACT 2 - FAILURE TO YIELD 3 - STRIKING <u>0_6</u> 4 - STRUCK PRE-CRASH ACTIONS 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN		
	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN		
	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS		
	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 99 - OTHER / UNKNOWN		
CONTRIBUTING CIRCUMSTANCES	1 - RAN RED LIGHT 2 - RAN STOP SIGN 3 - UNSAFE SPEED 4 - IMPROPER TURN		
	5 - IMPROPER PASSING 6 - DROVE OFF ROAD 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE		
	10 - IMPROPER SWERVING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING		
SEQUENCE OF EVENTS			
1_2_0	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION		
	4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		
	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS		
	8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT		
	10 - CROSS MEDIAN		
	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL		
	12 - DOWNHILL RUNAWAY		
	13 - OTHER NON-COLLISION		
	14 - PEDESTRIAN		
	15 - PEDALCYCLE		
	16 - RAILWAY VEHICLE		
	17 - ANIMAL - FARM		
	18 - ANIMAL - DEER		
	19 - ANIMAL - OTHER		
	20 - MOTOR VEHICLE IN TRANSPORT		
	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 MOBILE OBJECT		
	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		
	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 - 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		
1	FIRST HARMFUL EVENT		
1	MOST HARMFUL EVENT		

LOCAL REPORT NUMBER		
2 2 0 4 6 3 7 2		
DAMAGE		
DAMAGE SCALE		
3	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN	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		
1_2 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE		
13 - TOP 99 - UNKNOWN		
TRAFFIC		
TRAFFICWAY FLOW	TRAFFIC CONTROL	
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL	
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING	
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		
FROM 3 TO 8	UNIT SPEED	
1_0	1 - STATED / ESTIMATED SPEED 1 - CALCULATED / EDR 3 - UNDETERMINED	
DETECTED SPEED		
POSTED SPEED		
2 5		

UNIT # **012** OWNER NAME: LAST, FIRST, MIDDLE  SAME AS DRIVER

OWNER PHONE: INCLUDE AREA CODE  SAME AS DRIVER

OWNER ADDRESS: STREET, CITY, STATE, ZIP  SAME AS DRIVER

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE **O H** LICENSE PLATE # **JSC6429** VEHICLE IDENTIFICATION # **2G12WP521251216062** VEHICLE YEAR **2005** VEHICLE MAKE **Pontiac**

INSURANCE VERIFIED INSURANCE COMPANY **Allstate** INSURANCE POLICY # **992970486** COLOR **Maroon** VEHICLE MODEL **Grand Pr**

TYPE OF USE  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

US DOT #

VEHICLE WEIGHT GVWR/GCWR

1 - ≤10K LBS.  
2 - 10,001 - 26K LBS.  
3 - >26K LBS.

TOWED BY: COMPANY NAME

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS **0, 1**

HAZARDOUS MATERIAL

MATERIAL RELEASED CLASS # **10** PLACARD ID # **10**

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)

1 - MOTORCYCLE 2-WHEELED  
2 - MOTORCYCLE 3-WHEELED  
3 - AUTOCYCLE  
4 - MOVED OR MOTORIZED  
5 - BICYCLE  
6 - 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

28 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE  
29 - UNKNOWN OR HIT/SKIP

# OF TRAILING UNITS **0**

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?

**2** 1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL **0**

0 - NO AUTOMATION  
1 - DRIVER ASSISTANCE  
2 - PARTIAL AUTOMATION  
3 - CONDITIONAL AUTOMATION  
4 - HIGH AUTOMATION  
5 - FULL AUTOMATION  
9 - UNKNOWN

**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

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

**0, 1**

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 - OTHER / UNKNOWN

**0, 1**

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

**0, 1**

1 - INTERSECTION - MARKED CROSSWALK  
2 - INTERSECTION - UNMARKED CROSSWALK

3 - INTERSECTION - OTHER  
4 - MIDBLOCK - MARKED  
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  
99 - OTHER / UNKNOWN

**4**

1 - NON-CONTACT  
2 - NON-COLLISION  
3 - STRIKING **0, 1**  
4 - STRUCK PRE-CRASH 4 - OVERTAKING/PASSING  
5 - BOTH STRIKING & STRUCK  
9 - OTHER / UNKNOWN

1 - STRAIGHT AHEAD  
2 - BACKING  
3 - CHANGING LANES  
4 - MAKING RIGHT TURN  
6 - MAKING LEFT TURN

7 - MAKING U-TURN  
8 - ENTERING TRAFFIC LANE  
9 - LEAVING TRAFFIC LANE  
10 - PARKED  
11 - SLOWING OR STOPPED IN TRAFFIC  
12 - DRIVERLESS

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  
99 - OTHER / UNKNOWN

**0, 1**

1 - NONE  
2 - FAILURE TO YIELD  
3 - RAN RED LIGHT  
4 - RAN STOP SIGN  
5 - UNSAFE SPEED  
6 - IMPROPER TURN

7 - LEFT OF CENTER  
8 - FOLLOWING TOO CLOSE /ACDA  
9 - IMPROPER LANE CHANGE  
10 - IMPROPER PASSING  
11 - DROVE OFF ROAD  
12 - IMPROPER BACKING

13 - IMPROPER START FROM A PARKED POSITION  
14 - STOPPED OR PARKED ILLEGALLY  
15 - SWERVING TO AVOID

16 - VISION OBSTRUCTION  
17 - OPERATING DEFECTIVE EQUIPMENT  
18 - LEAVING TRAFFIC LANE  
19 - LOAD SHIFTING/FALLING/SPILLING

21 - LYING IN ROADWAY  
22 - NOT DISCERNIBLE  
23 - OPENING DOOR INTO ROADWAY  
99 - OTHER IMPROPER ACTION

SEQUENCE OF EVENTS

**1, 2, 0**

1 - OVERTURN/ROLLOVER  
2 - FIRE/EXPLOSION  
3 - IMMERSION  
4 - JACKKNIFE  
5 - CARGO / EQUIPMENT LOSS OR SHIFT

6 - EQUIPMENT FAILURE  
7 - SEPARATION OF UNITS  
8 - RAN OFF ROAD RIGHT  
9 - RAN OFF ROAD LEFT  
10 - CROSS MEDIAN

11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL  
12 - DOWNHILL RUNAWAY  
13 - OTHER NON-COLLISION  
14 - PEDESTRIAN  
15 - PEDALCYCLE

16 - RAILWAY VEHICLE  
17 - ANIMAL - FARM  
18 - ANIMAL - DEER  
19 - ANIMAL - OTHER  
20 - MOTOR VEHICLE IN TRANSPORT

22 - WORK ZONE MAINTENANCE EQUIPMENT  
23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
24 - OTHER MOBILE OBJECT

**4, 5, 6**

25 - IMPACT ATTENUATOR /CRASH CUSHION  
26 - BRIDGE OVERHEAD STRUCTURE  
27 - BRIDGE PIER OR ABUTMENT  
28 - BRIDGE PARAPET  
29 - BRIDGE RAIL  
30 - GUARDRAIL FACE

31 - GUARDRAIL END  
32 - PORTABLE BARRIER  
33 - MEDIAN CABLE BARRIER  
34 - MEDIAN GUARDRAIL  
35 - MEDIAN CONCRETE BARRIER  
36 - MEDIAN OTHER BARRIER

37 - TRAFFIC SIGN POST  
38 - OVERHEAD SIGN POST  
39 - LIGHT / LUMINARIES SUPPORT  
40 - UTILITY POLE  
41 - OTHER POST, POLE OR SUPPORT  
42 - CULVERT

43 - CURB  
44 - DITCH  
45 - EMBANKMENT  
46 - FENCE  
47 - MAILBOX  
48 - TREE  
49 - FIRE HYDRANT

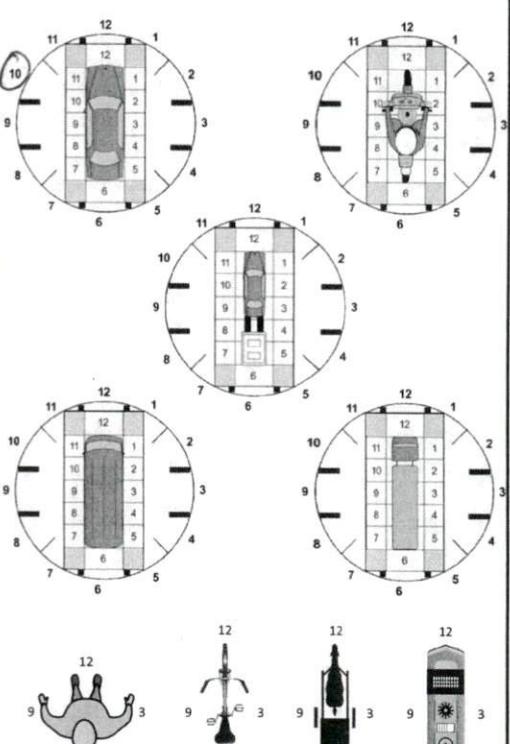
50 - WORK ZONE MAINTENANCE EQUIPMENT  
51 - WALL  
52 - BUILDING  
53 - TUNNEL  
54 - OTHER FIXED OBJECT  
99 - OTHER / UNKNOWN

**1** FIRST HARMFUL EVENT **1** MOST HARMFUL EVENT

LOCAL REPORT NUMBER  
**2 2 0 4 6 3 7 2**

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

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY



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

INITIAL POINT OF CONTACT  
0 - NO DAMAGE 14 - UNDERCARRIAGE  
1 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
99 - UNKNOWN  
13 - TOP

TRAFFIC  
TRAFFIC WAY FLOW  
1 - ONE WAY  
2 - TWO WAY  
6 - 6

TRAFFIC CONTROL  
1 - ROUNDABOUT 4 - STOP SIGN  
2 - SIGNAL 5 - YIELD SIGN  
3 - FLASHER 6 - NO CONTROL  
1 - NOT INVOLVED  
2 - INVOLVED-ACTIVE CROSSING  
3 - INVOLVED-PASSIVE CROSSING

# OF THROUGH LANES ON ROAD  
4

RAIL GRADE CROSSING  
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 **1** TO **2**

UNIT SPEED  
3

DETECTED SPEED  
1 - STATED / ESTIMATED SPEED  
2 - CALCULATED / EDR  
3 - UNDETERMINED

POSTED SPEED  
2 5



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER									
2 2 0 4 6 3 7 2									
DATE OF BIRTH					AGE	GENDER			
0 8 1 2 1 9 9 5					26	M			

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					CONTACT PHONE - INCLUDE AREA CODE						
	0 1	Bradford, Corey					0 8 1 2 1 9 9 5						
	ADDRESS: STREET, CITY, STATE, ZIP 761 Laurel Ave, Hamilton, OH 45015					26 M							
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	0 4	<input type="checkbox"/> DOT-Compliant MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE O H	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	<input checked="" type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER			
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	1	ALCOHOL / DRUG SUSPECTED		1	ROW- Exiting P/P		251300		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Coover, Barbara					DATE OF BIRTH					AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP 150 Bent Tree Dr Apt. 1C, Fairfield, OH 45014					0 2 2 9 1 9 6 0					62	F		
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	0 4	<input type="checkbox"/> DOT-Compliant MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE O H	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	<input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER			
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	1	ALCOHOL / DRUG SUSPECTED		1	ALCOHOL TEST		DRUG TEST(S)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH					AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP					0					0			
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	<input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER			
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	1	ALCOHOL / DRUG SUSPECTED		1	ALCOHOL TEST		DRUG TEST(S)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>INJURIES</b>	<b>SEATING POSITION</b>	<b>AIR BAG</b>		<b>OL CLASS</b>	<b>OL RESTRICTION(S)</b>	<b>DRIVER DISTRACTION</b>	<b>TEST STATUS</b>						
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-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE						
4-POSSIBLE INJURY	4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4-DEPLOYED BOTH FRONT / SIDE		4-REGULAR CLASS (OHIO = D)	4-FARM WAIVER	4-TEST GIVEN, RESULTS KNOWN	4-TEST GIVEN, RESULTS KNOWN						
5-NO APPARENT INJURY	5-SECOND - MIDDLE	5-NOT APPLICABLE		5-M/C MOPED ONLY	5-EXCEPT CLASS A BUS	5-TEST GIVEN, RESULTS UNKNOWN	5-TEST GIVEN, RESULTS UNKNOWN						
INJURED TAKEN BY		6-SECOND - RIGHT SIDE		6-DEPLOYMENT UNKNOWN	6-EXCEPT CLASS A & CLASS B BUS	6-TALKING ON HAND-HELD COMMUNICATION DEVICE	6-TALKING ON HAND-HELD COMMUNICATION DEVICE						
1-NOT TRANSPORTED /TREATED AT SCENE	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-DEPLOYED		7-EXCEPT TRACTOR-TRAILER	7-INTERMEDIATE LICENSE RESTRICTIONS	7-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	7-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE						
2-EMS	8-THIRD - MIDDLE	8-DEPLOYED		8-LEARNER'S PERMIT RESTRICTIONS	8-PASSenger	8-TEST REFUSED	8-TEST REFUSED						
3-POLICE	9-THIRD - RIGHT SIDE	9-DEPLOYED		9-LIMITED TO DAYLIGHT ONLY	9-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	9-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	9-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE						
9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB	10-DEPLOYED		10-LIMITED TO DAYLIGHT ONLY	10-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	10-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	10-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE						
<b>SAFETY EQUIPMENT</b>		<b>TRAPPED</b>		11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	11-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	11-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE						
1-NONE USED	12-PASSENGER IN UNENCLOSED CARGO AREA	12-EXTRICATED BY MECHANICAL MEANS		12-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	12-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	12-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	12-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE						
2-SHOULDER BELT ONLY USED	13-TRAILING UNIT	13-FREED BY NON-MECHANICAL MEANS		13-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	13-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	13-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	13-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE						
3-LAP BELT ONLY USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE		14-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	14-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	14-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	14-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE						
4-SHOULDER & LAP BELT USED	15-NON-MOTORIST	15-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE		15-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	15-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	15-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	15-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE						
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	99-OTHER / UNKNOWN	99-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE		16-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	16-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	16-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	16-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE						
6-CHILD RESTRAINT SYSTEM - REAR FACING				17-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	17-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	17-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	17-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE						
7-BOOSTER SEAT				18-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	18-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	18-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	18-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE						
8-HELMET USED													
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)													
10-REFLECTIVE CLOTHING													
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY													
99-OTHER / UNKNOWN													
<b>ALCOHOL TEST TYPE</b>													
1-NONE										1-NONE			
2-BLOOD										2-BLOOD			
3-URINE										3-URINE			
4-BREATH										4-BREATH			
5-OTHER										5-OTHER			
<b>DRUG TEST TYPE</b>													
1-NONE										1-NONE			
2-BLOOD										2-BLOOD			
3-URINE										3-URINE			
4-OTHER										4-OTHER			
<b>DRUG TEST RESULT(S)</b>													
1-AMPHETAMINES										1-AMPHETAMINES			
2-BARBITURATES										2-BARBITURATES			
3-BENZODIAZEPINES										3-BENZODIAZEPINES			
4-CANNABINOIDs										4-CANNABINOIDs			
5-COCAINe										5-COCAINe			
6-OPIATES / OPIOIDs										6-OPIATES / OPIOIDs			
7-OTHER										7-OTHER			
8-NEGATIVE RESULTS										8-NEGATIVE RESULTS			

LOCAL REPORT NUMBER 22-046372	REPORTING AGENCY Fairfield Police Department	DATE OF CRASH M 06 D 30 Y 22
IN COUNTY OF Butler	CRASH LOCATION 5200 U.S. 127	


**NILLES RD.**

5200 Pleasant Ave.


U.S. 127  
(PLEASANT AVE.)

OFFICER'S SIGNATURE

BADGE NUMBER  
153

\* NOT TO SCALE