



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*		NCIC*				
		Fairfield Police Department		0 0 9 0 1				
COUNTY* 0 9		LOCALITY* 1-CITY 1 2-VILLAGE 3-TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield				
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME Mack	ROAD TYPE R D	CRASH DATE / TIME* 0 4 0 5 2 0 2 2 1 4 5 9	CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY	
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 2760	ROAD TYPE			
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	LATITUDE DECIMAL DEGREES 3 9 . 3 1 1 1 1 5		
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS			ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	LONGITUDE DECIMAL DEGREES -8 4 . 5 2 7 6 2 5		
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 6 1-NOT COLLISION 2-BETWEEN 3-TWO MOTOR VEHICLES IN TRANSPORT 4-REAR-END 5-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 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 4 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL	1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN			
NARRATIVE On 04/05/2022 at 2:59 P.M. Unit 2 was traveling southeast on Mack Rd. Unit 1 was exiting from a private drive, attempting to go straight onto Kolb Dr. Unit 1 failed to yield to the right of way of Unit 2. Unit 2 struck Unit 1. Both occupants of Unit 2 had injuries and were transported to Mercy Hospital. Unit 1 was also cited for not having a Driver's License 335.01 A UM								Indicate the north direction with an "N" on the compass diagram.
CRASH REPORTED DATE / TIME 0 4 0 5 2 0 2 2 1 4 5 9		DISPATCH DATE / TIME 0 4 0 5 2 0 2 2 1 5 0 0		ARRIVAL DATE / TIME 0 4 0 5 2 0 2 2 1 5 0 5		SCENE CLEARED DATE / TIME 0 4 0 5 2 0 2 2 1 5 4 1		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 ODOT)
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 3 0		TOTAL MINUTES 7 1		OFFICER'S NAME* D. Miller		CHECKED BY OFFICER'S NAME*
						OFFICER'S BADGE NUMBER* 1 6 7		CHECKED BY OFFICER'S BADGE NUMBER*



UNIT

UNIT # 0 1	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 # GQC7441	VEHICLE IDENTIFICATION # 1N4AL3AP7DN5170939	VEHICLE YEAR 2013	VEHICLE MAKE Nissan	
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY Geico	INSURANCE POLICY # 4312616289	COLOR Bronze	VEHICLE MODEL Altima	
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME Wayne's		
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS 0 1	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD		
1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	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		
UNIT TYPE 0 1	1 - 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 0		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 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	
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	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 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 - CARGOTANK 10 - FLAT BED 11 - DUMP
VEHICLE DEFECTS 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
NON-MOTORIST LOCATION AT IMPACT 0 1		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
ACTION 0 1		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 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
CONTRIBUTING CIRCUMSTANCES 0 2		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 / A/CDA 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 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING
SEQUENCE OF EVENTS 0 1		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
NON-COLLISION 0 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 BARRIER 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
COLLISION WITH FIXED OBJECT - STRUCK 0 1		1 - MOST HARMFUL EVENT 1	1 - FIRST HARMFUL EVENT 1	COLLISION WITH FIXED OBJECT - STRUCK	

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

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 # HTQ7861 VEHICLE IDENTIFICATION # 1FMCU0G95DUA35388 VEHICLE YEAR 2013 VEHICLE MAKE FORD

INSURANCE VERIFIED INSURANCE COMPANY INSURANCE POLICY # COLOR Grey VEHICLE MODEL Escape

TYPE OF USE COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE
INTERLOCK EQUIPPED HIT/SKIP UNIT # OCCUPANTS 0 2 US DOT # TOWED BY: COMPANY NAME Marcell's
VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS.
2 - 10,001 - 26K LBS.
3 - >26K LBS. HAZARDOUS MATERIAL MATERIAL RELEASED CLASS # PLACARD ID #
 PLACARD

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 11 - ALL-TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR 27 - TRAIN
6 - VAN (9-15 SEATS) 17 - MOTORHOME 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE)
99 - UNKNOWN OR HIT/SKIP

UNIT TYPE 03 # OF TRAILING UNITS 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 YES 1 NO 9 OTHER / UNKNOWN AUTONOMOUS MODE LEVEL 0
0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN
1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION
2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER
2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN
3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL
4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING
5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

1 - NO CARGO BODY TYPE /NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER
2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER
7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE
11 - DUMP 99 - OTHER / UNKNOWN

1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN
2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT

1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER
2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS AT INCIDENT SCENE
5 - TRAIL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN

1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE
2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING
3 - STRIKING 01 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 10 - PARKED 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST
4 - STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE
5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN
6 - MAKING LEFT TURN
9 - OTHER / UNKNOWN

1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY
2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE
3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY
4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION
5 - UNSAFE SPEED 11 - DROVE OFF ROAD 12 - IMPROPER BACKING

SEQUENCE OF EVENTS

1 2 0 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT
2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION
3 - IMMERSION 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOBILE OBJECT
4 - JACKKNIFE 12 - DOWNHILL RUNAWAY 14 - PEDESTRIAN 19 - ANIMAL - OTHER BY A MOTOR VEHICLE IN TRANSPORT
5 - CARGO / EQUIPMENT LOSS OR SHIFT 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT
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 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

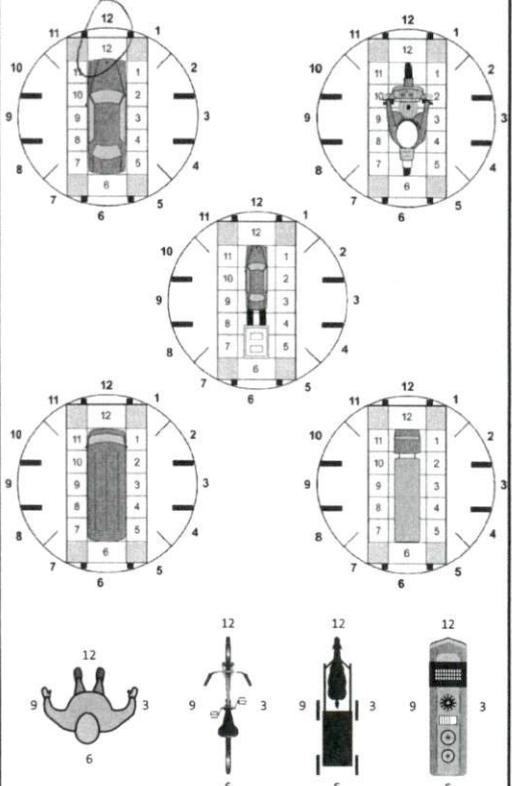
4 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL SUPPORT 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES 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

5 1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER
2 2 0 2 4 2 2 4

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

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
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
99 - UNKNOWN
13 - TOP

TRAFFIC
TRAFFIC WAY FLOW 2 / 6 TRAFFIC CONTROL
1 - ONE-WAY 4 - STOP SIGN
2 - TWO-WAY 5 - YIELD SIGN
3 - FLASHER 6 - NO CONTROL

OF THROUGH LANES ON ROAD 2 / 1 RAIL GRADE CROSSING
1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING
2 - INVOLVED-PASSIVE 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 4 TO 3 UNIT SPEED
1 - STATED / ESTIMATED SPEED
2 - CALCULATED / EDR
3 - UNDETERMINED

DETECTED SPEED
POSTED SPEED
3 - 5



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

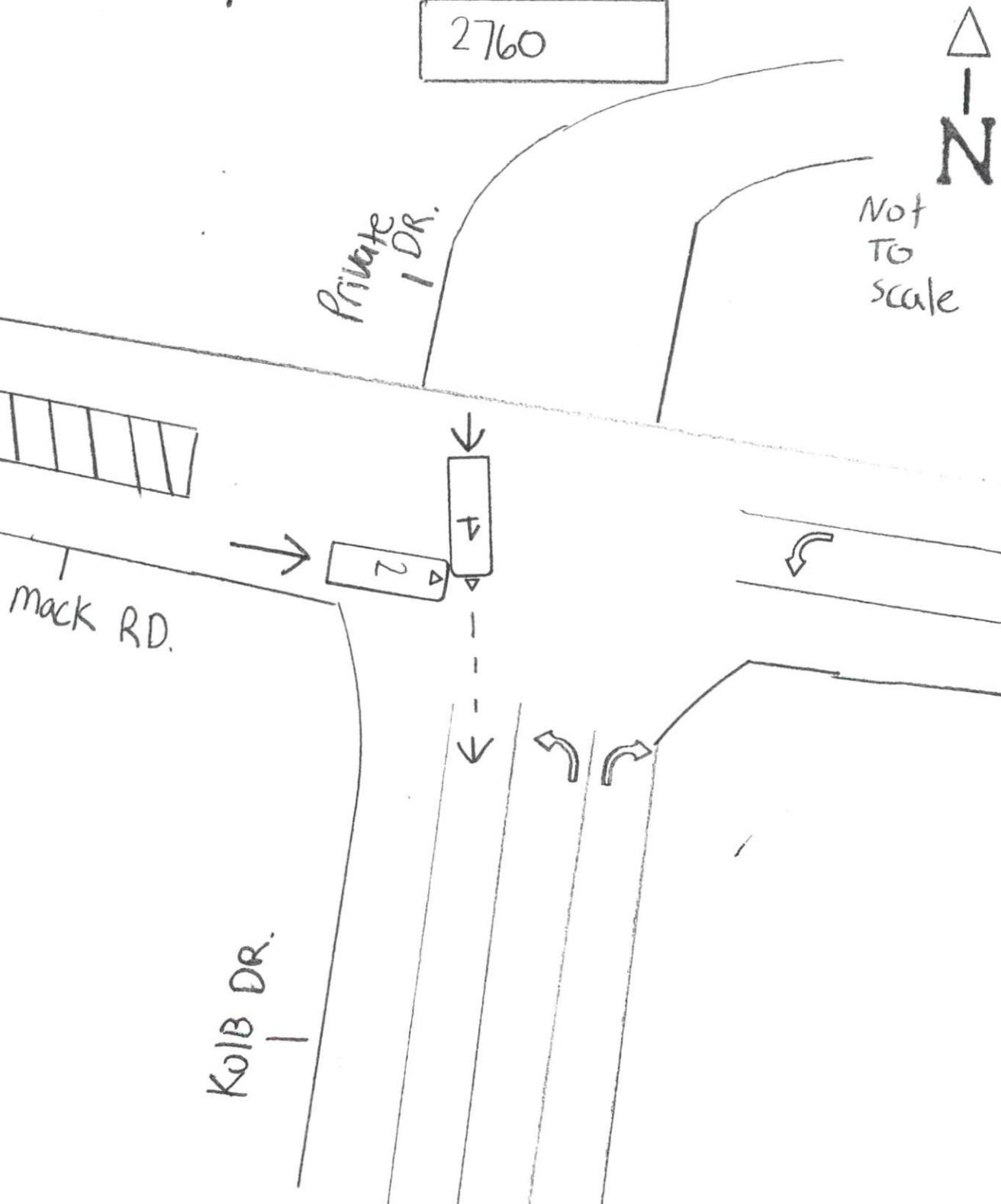
2 2 0 2 4 2 2 4

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
	0 1	Cherry, Marilyn					0 5 2 9 1 9 4 4	7 7	F		
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE					
5900 Gray Rd., Fairfield, OH, 45014											
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	1				0 4	<input type="checkbox"/>	0 1	1	1	1	
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER			
			331.22 A		<input checked="" type="checkbox"/>	Failure to Yield		250909			
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	STATUS 1	TYPE 1	VALUE 1	STATUS 1	TYPE 1	RESULT SELECT UP TO 4
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER			
0 2	Sunnenburg, Kris					1 2 2 5 1 9 7 0	5 1	M			
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE					
1140 Hunt Ave., Hamilton, OH, 45013											
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	
2	2	Fairfield	Mercy		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					<input type="checkbox"/>						
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	STATUS 1	TYPE 1	VALUE 1	STATUS 1	TYPE 1	RESULT SELECT UP TO 4
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER			
						1	0				
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE					
CONTACT PHONE - INCLUDE AREA CODE											
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	
						<input type="checkbox"/>					
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER			
					<input type="checkbox"/>						
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST	DRUG TEST(S)				
				<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4
INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS					
1-FATAL	1-FRONT-LEFT SIDE (MOTORCYCLE DRIVER)	1-NOT DEPLOYED	1-CLASS A	1-ALCOHOL INTERLOCK DEVICE	1-NOT DISTRACTED	1-NONE GIVEN					
2-SUSPECTED SERIOUS INJURY	2-DEPLOYED FRONT	2-CLASS B	2-CDL INTRASTATE ONLY	2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2-TEST REFUSED	2-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE					
3-SUSPECTED MINOR INJURY	3-DEPLOYED SIDE	3-CLASS C	3-CORRECTIVE LENSES	3-FARM WAIVER	3-TEST GIVEN, RESULTS KNOWN	3-TEST GIVEN, RESULTS UNKNOWN					
4-POSSIBLE INJURY	4-DEPLOYED BOTH FRONT / SIDE	4-REGULAR CLASS (OHIO = D)	4-EXCEPT CLASS A BUS	4-EXCEPT CLASS A & CLASS B BUS	4-TALKING ON HAND-HELD COMMUNICATION DEVICE	4-TEST GIVEN, RESULTS UNKNOWN					
5-NO APPARENT INJURY	5-NOT APPLICABLE	5-M/C MOVED ONLY	5-EXCEPT CLASS A & CLASS B BUS	5-EXCEPT TRACTOR-TRAILER	5-TALKING ON HAND-HELD COMMUNICATION DEVICE	5-TEST GIVEN, RESULTS UNKNOWN					
INJURED TAKEN BY	5-SECOND-MIDDLE	9-DEPLOYMENT UNKNOWN	6-NO VALID OL	6-INTERMEDIATE LICENSE RESTRICTIONS	6-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	6-NONE					
1-NOT TRANSPORTED / TREATED AT SCENE	6-SECOND-RIGHT SIDE	7-THIRD-LEFT SIDE (MOTORCYCLE SIDE CAR)	7-EXTRICATED BY MECHANICAL MEANS	7-PASSERGER	7-PASSERGER	6-BLOOD					
2-EMS	7-THIRD-MIDDLE	8-THIRD-RIGHT SIDE	8-FREED BY NON-MECHANICAL MEANS	8-Q-MOTOR SCOOTER	8-Q-MOTOR SCOOTER	6-URINE					
3-POLICE	9-THIRD-RIGHT SIDE	10-SLEEPER SECTION OF TRUCK CAB	9-NOT APPLICABLE	9-R-THREE-WHEEL MOTORCYCLE	9-R-THREE-WHEEL MOTORCYCLE	6-BREATH					
9-OTHER / UNKNOWN				10-SCHOOL BUS	10-SCHOOL BUS	5-OTHER					
SAFETY EQUIPMENT	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11-NOT APPLICABLE	11-T-DOUBLE & TRIPLE TRAILERS	11-T-DOUBLE & TRIPLE TRAILERS	5-ALCOHOL TEST TYPE					
1-NONE USED	12-PASSENGER IN UNENCLOSED CARGO AREA	12-PASSENGER IN UNENCLOSED CARGO AREA	12-FREED BY NON-MECHANICAL MEANS	12-X-TANKER / HAZMAT	12-X-TANKER / HAZMAT	1-NONE					
2-SHOULDER BELT ONLY USED	13-TRAILING UNIT	13-TRAILING UNIT	13-FREED BY NON-MECHANICAL MEANS	13-F-FEMALE	13-F-FEMALE	2-BLOOD					
3-LAP BELT ONLY USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14-M-MALE	14-M-MALE	14-M-MALE	3-URINE					
4-SHOULDER & LAP BELT USED	15-NON-MOTORIST	15-NON-MOTORIST	15-U-OTHER / UNKNOWN	15-U-OTHER / UNKNOWN	15-U-OTHER / UNKNOWN	4-OTHER					
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	99-OTHER / UNKNOWN	99-OTHER / UNKNOWN				5-DRUG TEST TYPE					
6-CHILD RESTRAINT SYSTEM - REAR FACING						1-NONE					
7-BOOSTER SEAT						2-BLOOD					
8-HELMET USED						3-URINE					
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						4-OTHER					
10-REFLECTIVE CLOTHING						5-DRUG TEST RESULT(S)					
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY						1-AMPHETAMINES					
12-OTHER / UNKNOWN						2-BARBITURATES					
13-OTHER / UNKNOWN						3-BENZODIAZEPINES					
14-OTHER / UNKNOWN						4-CANNABINOIDS					
15-OTHER / UNKNOWN						5-COCAININE					
16-OTHER / UNKNOWN						6-OPIATES / OPIOIDS					
17-OTHER / UNKNOWN						7-OTHER					
18-OTHER / UNKNOWN						8-NEGATIVE RESULTS					



OCCUPANT / WITNESS ADDENDUM

										LOCAL REPORT NUMBER									
2 2 0 2 4 2 2 4																			
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 2 Sunnenburg, Brandy				DATE OF BIRTH		AGE		GENDER									
		0 4 1	0 1 9	7 5	4 6	F													
ADDRESS: STREET, CITY, STATE, ZIP 1140 Hunt Ave., Hamilton, OH, 45013										CONTACT PHONE - INCLUDE AREA CODE									
INJURIES INJURED TAKEN BY EMS AGENCY (NAME) 2 2 Fairfield										INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) Mercy		SAFETY EQUIPMENT USED 0 4		<input type="checkbox"/> DOT-COMPLIANT MC HELMET		SEATING POSITION 0 2	AIR BAG USAGE 0 1	EJECTION 1	TRAPPED 1
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE		GENDER									
						0													
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
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE		GENDER									
						0													
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
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE		GENDER									
						0													
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE									
INJURIES			SAFETY EQUIPMENT USED			SEATING POSITION			AIR BAG USAGE										
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY			1 - NONE USED - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN			1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN			1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN										
INJURED TAKEN BY									EJECTION										
1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN									1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE										
GENDER									TRAPPED										
F - FEMALE M - MALE U - OTHER / UNKNOWN									1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS										
WITNESS	NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH		AGE		GENDER				
											0								
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE									
WITNESS	NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH		AGE		GENDER				
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ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE									
WITNESS	NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH		AGE		GENDER				
											0								
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE									

LOCAL REPORT NUMBER	PD-22-024224	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	4/5/22
IN COUNTY OF	Butler	ACCIDENT LOCATION	2760 Mack Rd.		
					
OFFICER'S SIGNATURE			D. Miller		BADGE NO. 167