

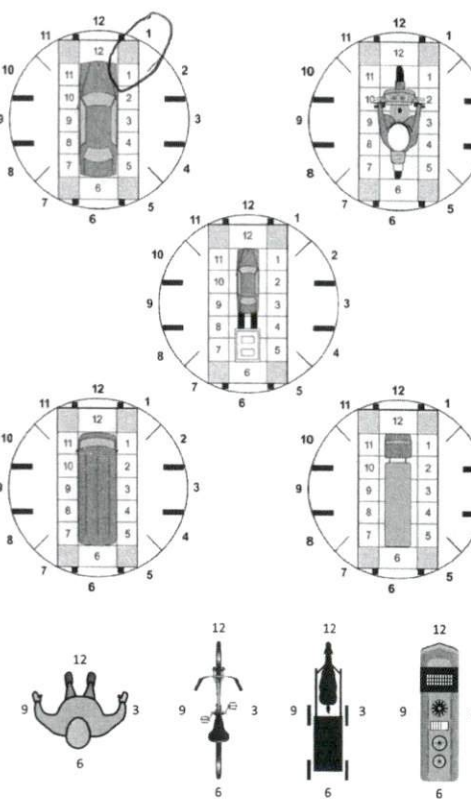


TRAFFIC CRASH REPORT

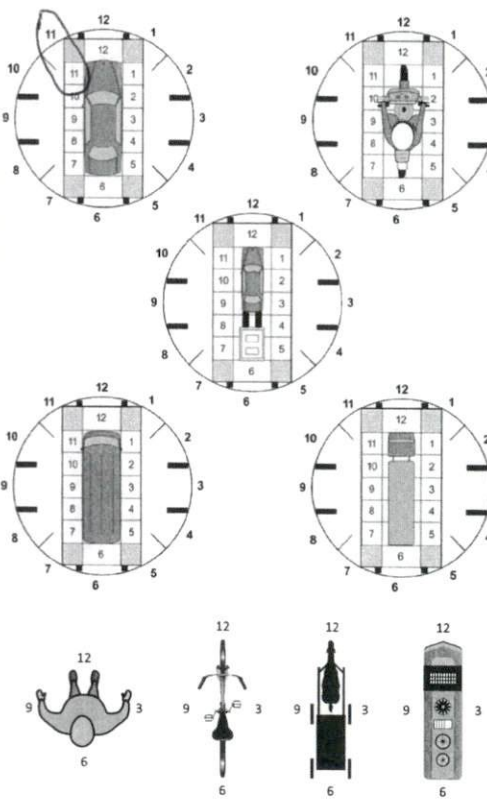
*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH				<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY				LOCAL INFORMATION				LOCAL REPORT NUMBER* 2 2 0 2 4 7 1 6			
COUNTY* 0 9				LOCALITY* 1 2-VILLAGE 3-TOWNSHIP				LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield				CRASH DATE / TIME* 04 07 2022 15 06			
ROUTE TYPE 1-NORTH 2-SOUTH 3-EAST 4-WEST				ROUTE NUMBER 1				PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST				LOCATION ROAD NAME Seward			
ROUTE TYPE 1-NORTH 2-SOUTH 3-EAST 4-WEST				ROUTE NUMBER 1				PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST				REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Tylersville			
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE # 1				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 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			
DISTANCE FROM REFERENCE 1				DISTANCE UNIT OF MEASURE 1-MILES 2- FEET 3-YARDS				INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 4				ROADWAY <input type="checkbox"/> ROADWAY DIVIDED			
LOCATION OF FIRST HARMFUL EVENT 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 0 1				MANNER OF CRASH COLLISION/IMPACT 1-NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2-REAR-END 3-HEAD-ON 6				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 1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-OTHER/UNKNOWN			
LIGHT CONDITION 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN 1				WEATHER 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 0 1				CONDITIONS 1 1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN				SURFACE 2 1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN			
NARRATIVE On 04/07/2022 at 3:06 P.M. Unit 2 was traveling south on Seward Rd. Unit 2 had the green light at Tylersville Rd. Unit 1 was in the left turn lane south on Seward at Tylersville Rd. Unit 1 made an improper lane change to turn west on Tylersville Rd. and Unit 1 struck Unit 2 on the driver's side.												 Indicate the north direction with an "N" on the compass diagram.			
See OH-2															
CRASH REPORTED DATE / TIME 04 07 2022 15 06				DISPATCH DATE / TIME 04 07 2022 15 07				ARRIVAL DATE / TIME 04 07 2022 15 16				SCENE CLEARED DATE / TIME 04 07 2022 15 51			
TOTAL TIME ROADWAY CLOSED 0				OTHER INVESTIGATION TIME 3 0				TOTAL MINUTES 7 4				OFFICER'S NAME* D. Miller			
								OFFICER'S BADGE NUMBER* 1 6 7				CHECKED BY OFFICER'S NAME* Satal			
												CHECKED BY OFFICER'S BADGE NUMBER* 8 7			
<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OHS)															

OWNER	UNIT # 011	OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER	OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER		
	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			
VEHICLE	LP STATE OH	LICENSE PLATE # HSS6553	VEHICLE IDENTIFICATION # JHMR A1861VC002511	VEHICLE YEAR 1997	VEHICLE MAKE Honda
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY Progressive	INSURANCE POLICY # 925680143	COLOR Blue	VEHICLE MODEL Odyssey
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 01	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
	TYPE OF USE		TOWED BY: COMPANY NAME		
	<input type="checkbox"/> PASSENGER CAR		HAZARDOUS MATERIAL		
	<input type="checkbox"/> PASSENGER VAN (MINIVAN)		<input type="checkbox"/> MATERIAL RELEASED		
	<input type="checkbox"/> SPORT UTILITY VEHICLE		<input type="checkbox"/> PLACARD		
	<input type="checkbox"/> PICK UP		CLASS # PLACARD ID #		
	<input type="checkbox"/> CARGO VAN				
EVENT(S)	UNIT TYPE 02		UNIT # OF TRAILING UNITS 0		
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		AUTONOMOUS MODE LEVEL		
	1 - YES 2 - NO 9 - OTHER / UNKNOWN		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION		
	1 - NONE		3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION		
	2 - TAXI		1 - FIRE		
	3 - ELECTRONIC RIDE SHARING		12 - MILITARY		
	4 - SCHOOL TRANSPORT		13 - POLICE		
	5 - BUS - TRANSIT/COMMUTER		14 - PUBLIC UTILITY		
	6 - BUS - CHARTER/TOUR		15 - CONSTRUCTION EQUIPMENT		
	7 - BUS - INTERCITY		16 - FARM		
NON-MOTORIST LOCATION AT IMPACT	1 - NO CARGO BODY TYPE / NOT APPLICABLE		21 - MAIL CARRIER		
	2 - BUS		99 - OTHER / UNKNOWN		
	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE		12 - CONCRETE MIXER		
	4 - LOGGING		13 - AUTO TRANSPORTER		
	5 - INTERMODAL CONTAINER CHASSIS		14 - GARBAGE/REFUSE		
	6 - CARGO VAN/ENCLOSED BOX		99 - OTHER / UNKNOWN		
	7 - GRAIN/CHIPS/GRAVEL				
	8 - POLE				
	9 - CARGO TANK				
	10 - FLAT BED				
VEHICLE DEFECTS	1 - TURN SIGNALS		99 - OTHER / UNKNOWN		
	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				
ACTION	1 - INTERSECTION - MARKED CROSSWALK		12 - FIRST RESPONDER AT INCIDENT SCENE		
	2 - INTERSECTION - UNMARKED CROSSWALK		99 - OTHER / UNKNOWN		
	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				
CONTRIBUTING CIRCUMSTANCES	1 - NON-CONTACT		13 - NEGOTIATING A CURVE		
	2 - NON-COLLISION		14 - ENTERING OR CROSSING SPECIFIED LOCATION		
	3 - STRIKING		15 - WALKING, RUNNING, JOGGING, PLAYING		
	4 - STRUCK		16 - WORKING		
	5 - BOTH STRIKING & STRUCK		17 - PUSHING VEHICLE		
	9 - OTHER / UNKNOWN				
	1 - STRAIGHT AHEAD				
	2 - BACKING				
	3 - CHANGING LANES				
	4 - OVERTAKING/PASSING				
SEQUENCE OF EVENTS	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 - IMPROPER START FROM A PARKED POSITION				
	14 - STOPPED OR PARKED ILLEGALLY				
FIRST HARMFUL EVENT	1 - NONE		21 - LYING IN ROADWAY		
	2 - FAILURE TO YIELD		22 - NOT DISCERNIBLE		
	3 - RAN RED LIGHT		23 - OPENING DOOR INTO ROADWAY		
	4 - RAN STOP SIGN		99 - OTHER IMPROPER ACTION		
	5 - UNSAFE SPEED				
	6 - IMPROPER TURN				
	7 - LEFT OF CENTER				
	8 - FOLLOWING TOO CLOSE / ACDA				
	9 - IMPROPER LANE CHANGE				
	10 - IMPROPER PASSING				
MOST HARMFUL EVENT	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				
NON-COLLISION	21 - RAILWAY VEHICLE				
	22 - WORK ZONE MAINTENANCE EQUIPMENT				
	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE				
	24 - OTHER MOVABLE OBJECT				
	25 - IMPACT ATTENUATOR / CRASH CUSHION				
	26 - BRIDGE OVERHEAD STRUCTURE				
	27 - BRIDGE PIER OR ABUTMENT				
	28 - BRIDGE PARAPET				
	29 - BRIDGE RAIL				
	30 - GUARDRAIL FACE				
COLLISION WITH FIXED OBJECT - STRUCK	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				
UNIT / NON-MOTORIST DIRECTION	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				
UNIT SPEED	51 - WALL				
	52 - BUILDING				
	53 - TUNNEL				
	54 - OTHER FIXED OBJECT				
	99 - OTHER / UNKNOWN				
	1 - STATED / ESTIMATED SPEED				
	2 - CALCULATED / EDR				
	3 - UNDETERMINED				
	1 - FIRST HARMFUL EVENT				
	1 - MOST HARMFUL EVENT				

LOCAL REPORT NUMBER 22024716	
DAMAGE	
DAMAGE SCALE	
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	
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
2 - TWO-WAY	2 - SIGNAL 5 - YIELD SIGN
	3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	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
10	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED
POSTED SPEED	
25	

OWNER	UNIT # 02	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) Schill, David	OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 7547 Vinnedge Rd. Hamilton, OH 45011				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE OH	LICENSE PLATE # GZY2380	VEHICLE IDENTIFICATION # 1G1YFK161878R13165	VEHICLE YEAR 2008	VEHICLE MAKE Cadillac
	INSURANCE VERIFIED	INSURANCE COMPANY Geico	INSURANCE POLICY # 4518496510	COLOR White	VEHICLE MODEL Escalade
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS 01	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> 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 BICYCLE 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 ANIMAL-DRAWN VEHICLE 27 - TRAIN		6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP		
	# OF TRAILING UNITS 0		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - 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		
	SPECIAL FUNCTION 01		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		
EVENT(S)	CARGO BODY TYPE 01		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 99 - OTHER / UNKNOWN		
	VEHICLE DEFECTS 01		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 3 - TAIL LAMPS 6 - TIRE BLOWOUT		
	NON-MOTORIST LOCATION AT IMPACT 01		1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 15 - WALKING, RUNNING, JOGGING, PLAYING 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 16 - WORKING 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN		
	ACTION 01		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 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST 4 - STRUCK 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS		
	CONTRIBUTING CIRCUMSTANCES 01		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 21 - PARKED MOTOR VEHICLE 6 - IMPROPER TURN 12 - IMPROPER BACKING		
	SEQUENCE OF EVENTS 120		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 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE		
	NON-COLLISION		31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE		
	COLLISION WITH FIXED OBJECT - STRUCK		51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN		
	FIRST HARMFUL EVENT 1		MOST HARMFUL EVENT 1		

LOCAL REPORT NUMBER 22024716	
DAMAGE DAMAGE SCALE 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 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN	
TRAFFIC TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY # OF THROUGH LANES ON ROAD 2	
TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL	
RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	
UNIT / NON-MOTORIST DIRECTION FROM 1 TO 2 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 20 POSTED SPEED 25	
DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER												
2 2 0 2 4 7 1 6												
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER				
0 1	Horn, Forrest				0 4 2 9 1 9 6 9		5 2	M				
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
1224 Parkamo 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			331.08 A1		<input checked="" type="checkbox"/>	Improper lane Change		251151				
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	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4
							1	1		1	1	
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER				
0 2	Prall, Trace				0 4 2 6 1 9 9 2		2 9	M				
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
7547 Vinnedge Rd., Fairfield Twp., 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					<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	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4
							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							
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												
1 - FATAL												
2 - SUSPECTED SERIOUS INJURY												
3 - SUSPECTED MINOR INJURY												
4 - POSSIBLE INJURY												
5 - NO APPARENT INJURY												
INJURED TAKEN BY												
1 - NOT TRANSPORTED / TREATED AT SCENE												
2 - EMS												
3 - POLICE												
9 - OTHER / UNKNOWN												
SAFETY EQUIPMENT												
1 - NONE USED												
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												
SEATING POSITION												
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												
AIR BAG												
1 - NOT DEPLOYED												
2 - DEPLOYED FRONT												
3 - DEPLOYED SIDE												
4 - DEPLOYED BOTH FRONT / SIDE												
5 - NOT APPLICABLE												
9 - DEPLOYMENT UNKNOWN												
EJECTION												
1 - NOT EJECTED												
2 - PARTIALLY EJECTED												
3 - TOTALLY EJECTED												
4 - NOT APPLICABLE												
TRAPPED												
1 - NOT TRAPPED												
2 - EXTRICATED BY MECHANICAL MEANS												
3 - FREED BY NON-MECHANICAL MEANS												
OL CLASS												
1 - CLASS A												
2 - CLASS B												
3 - CLASS C												
4 - REGULAR CLASS (OHIO = D)												
5 - M/C MOPED ONLY												
6 - NO VALID OL												
OL RESTRICTION(S)												
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												
DRIVER DISTRACTION												
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												
TEST STATUS												
1 - NONE GIVEN												
2 - TEST REFUSED												
3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE												
4 - TEST GIVEN, RESULTS KNOWN												
5 - TEST GIVEN, RESULTS UNKNOWN												
ALCOHOL TEST TYPE												
1 - NONE												
2 - BLOOD												
3 - URINE												
4 - BREATH												
5 - OTHER												
DRUG TEST TYPE												
1 - NONE												
2 - BLOOD												
3 - URINE												
4 - OTHER												
CONDITION												
1 - APPARENTLY NORMAL												
2 - PHYSICAL IMPAIRMENT												
3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)												
4 - ILLNESS												
5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.												
6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL												
9 - OTHER / UNKNOWN												
DRUG TEST RESULT(S)												
1 - AMPHETAMINES												
2 - BARBITURATES												
3 - BENZODIAZEPINES												
4 - CANNABINOIDS												
5 - COCAINE												
6 - OPIATES / OPIOIDS												
7 - OTHER												
8 - NEGATIVE RESULTS												

LOCAL REPORT NUMBER	22-024716	REPORTING AGENCY	FAIRFIELD P.D. 00901	DATE OF ACCIDENT	M 4 10 7 12 2022
IN COUNTY OF	BUTLER	ACCIDENT LOCATION	SEWARD RD. / TYLERSVILLE RD		

Diagram illustrating the accident location at the intersection of Seward Rd. and Tylersville Rd. The diagram shows the layout of the roads, including the intersection and surrounding streets. Arrows indicate the direction of traffic flow, and the text "ONLY" is used to denote specific lane restrictions (e.g., "ONLY" for left turn, "ONLY" for right turn). The diagram also includes a north arrow pointing upwards and the text "NOT TO SCALE".

OFFICERS SIGNATURE

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