



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 checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER		LOCAL INFORMATION		2 2 0 2 4 9 2 2	
<input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> PRIVATE PROPERTY		REPORTING AGENCY NAME*		NCIC*		HIT/SKIP	NUMBER OF UNITS
		Fairfield Police Department		0 0 9 0 1		1 - SOLVED	0 2
COUNTY* 0 9		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield		CRASH DATE / TIME*	
ROUTE TYPE S R 4 B		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME Port Union		ROAD TYPE R D 8 4 5 0 2 5 9 4	
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 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		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS					
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				MANNER OF CRASH COLLISION/IMPACT 9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN			
<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			
LIGHT CONDITION 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 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN			
NARRATIVE <p>On 4/8/2022 Unit 1 was traveling south on S.R. 4B at about 35 m.p.h. and when Port Union Rd. collided with Unit 2 which was traveling north on S.R. 4B and attempting to make a left turn onto Port Union Rd. After the initial collision with Unit 2, Unit 1 lost control and struck the traffic light pole on the corner of the intersection. The pole was not damaged. The driver of Unit 1 stated the traffic light to travel straight through the intersection was yellow when she entered the intersection and Unit 2 turned in front of her failing to yield the right of way. The driver of Unit 2 stated he entered the intersection on a yellow light to turn left onto Port Union Rd. and waited till the traffic light turned red to turn. The driver of Unit 2 stated Unit 1 ran the red light. It could not be determined which unit was at fault for the crash.</p>				COND 1 2 3 4 5 6 7 8 9 CONTOUR 1 2 3 4 5 6 7 8 9 CONDITIONS 1 2 3 4 5 6 7 8 9 SURFACE 1 2 3 4 5 6 7 8 9			
CRASH REPORTED DATE / TIME 0 4 0 8 2 0 2 2 1 5 1 0				DISPATCH DATE / TIME 0 4 0 8 2 0 2 2 1 5 1 1			
ARRIVAL DATE / TIME 0 4 0 8 2 0 2 2 1 5 2 1				SCENE CLEARED DATE / TIME 0 4 0 8 2 0 2 2 1 5 5 0			
TOTAL TIME ROADWAY CLOSED 0 0 0		OTHER INVESTIGATION TIME 0 3 0		TOTAL MINUTES 0 6 9		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
OFFICER'S NAME* D. Gooch		CHECKED BY OFFICER'S NAME* <i>S. Gooch</i>		OFFICER'S BADGE NUMBER* 1 6 0		SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DEPT)	
OFFICER'S BADGE NUMBER* 1 6 0		CHECKED BY OFFICER'S BADGE NUMBER* <i>S. Gooch</i>					

OWNER

UNIT # **0_1** OWNER NAME: LAST, FIRST, MIDDLE SAME AS DRIVER
Patel, Hasmukhbhai

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 # HVS2988	VEHICLE IDENTIFICATION # WA1EFCFS2GR0213763	VEHICLE YEAR 2016	VEHICLE MAKE Audi
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY National General	INSURANCE POLICY # 2008234667	COLOR White	VEHICLE MODEL Q3
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME Waynes	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 0_3	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # 1 PLACARD ID # 1 <input type="checkbox"/> PLACARD	
		VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		

1 - PASSENGER CAR 0_3	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

0_0 # OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION 0_2 1 - YES 2 - NO 9 - OTHER / UNKNOWN	3 - CONDITIONAL AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	9 - UNKNOWN 4 - HIGH AUTOMATION 5 - FULL AUTOMATION
AUTONOMOUS MODE LEVEL				
SPECIAL FUNCTION 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER				
1 - BUS - CHARTER/TOUR 2 - BUS - INTERCITY 3 - BUS - SHUTTLE 4 - BUS - OTHER 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				
21 - MAIL CARRIER 22 - OTHER / UNKNOWN				
1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS				
3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL				
8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 15 - CONSTRUCTION EQUIPMENT				
16 - WORN OR SLICK TIRES 17 - TRAILER EQUIPMENT DEFECTIVE 18 - TURN SIGNALS 19 - BRAKES 20 - HEAD LAMPS 21 - STEERING 22 - TAIL LAMPS 23 - TIRE BLOWOUT				
24 - TURN SIGNALS 25 - BRAKES 26 - HEAD LAMPS 27 - STEERING 28 - TAIL LAMPS				

NON-MOTORIST LOCATION AT IMPACT		1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS	12 - FIRST RESPONDER AT INCIDENT SCENE 13 - APPROACHING OR LEAVING VEHICLE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE
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ACTION		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	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN
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CONTRIBUTING CIRCUMSTANCES		1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / 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 - WRONG WAY	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION
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SEQUENCE OF EVENTS

1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 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 MOVABLE OBJECT
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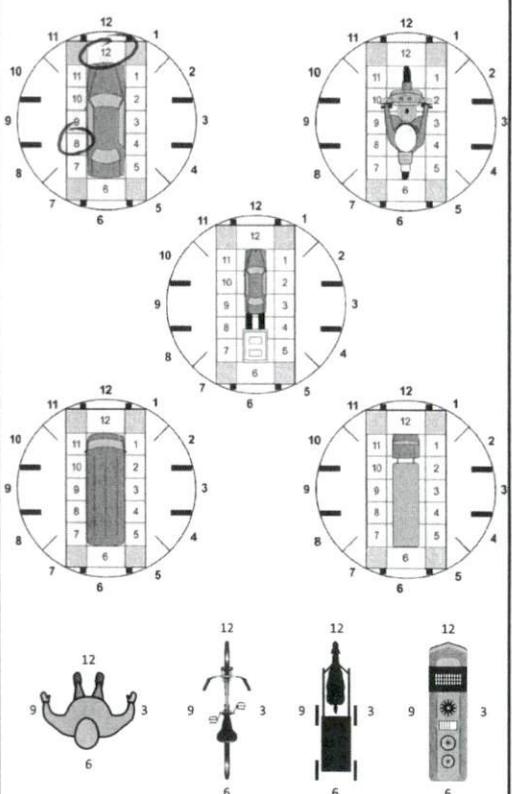
4 - IMPACT ATTENUATOR / CRASH CUSHION 5 - BRIDGE OVERHEAD STRUCTURE 5 - BRIDGE PIER OR ABUTMENT 6 - BRIDGE PARAPET 6 - BRIDGE RAIL 30 - GUARDRAIL FACE		31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	37 - 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
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1 FIRST HARMFUL EVENT **1** MOST HARMFUL EVENT

LOCAL REPORT NUMBER
2 2 0 2 4 9 2 2

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 15 - VEHICLE NOT AT SCENE
DIAGRAM 99 - UNKNOWN
13 - TOP

TRAFFIC
TRAFFICWAY FLOW
1 - ONE-WAY **2** 2 - TWO-WAY
TRAFFIC CONTROL
1 - ROUNDABOUT 4 - STOP SIGN
2 - SIGNAL 5 - YIELD SIGN
3 - FLASHER 6 - NO CONTROL

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
0 3 5 DETECTED SPEED
1 - STATED / ESTIMATED SPEED
2 - CALCULATED / EDR
3 - UNDETERMINED
POSTED SPEED
5 0



UNIT

OWNER	UNIT # <u>012</u>	OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> SAME AS DRIVER	OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER				
	OWNER ADDRESS: STREET, CITY, STATE, ZIP <input type="checkbox"/> SAME AS DRIVER						
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP Tri State Foliage Inc., 10520 Pippin Rd., Cincinnati, OH, 45231		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE 513-8251885					
LP STATE <u>OH</u>	LICENSE PLATE # <u>PMA1481</u>	VEHICLE IDENTIFICATION # <u>1N6AF0LY7LN810413</u>	VEHICLE YEAR <u>2020</u> VEHICLE MAKE <u>Nissan</u>				
<input checked="" type="checkbox"/> INSURED <input type="checkbox"/> VERIFIED	INSURANCE COMPANY <u>Selective Ins. Co.</u>	INSURANCE POLICY # <u>S 2430222</u>	COLOR <u>White</u> VEHICLE MODEL <u>NV Cargo</u>				
TYPE OF USE <input checked="" 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 <u>0 1</u>	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.				
UNIT TYPE <u>05</u>		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)		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					
<u>00</u> # OF TRAILING UNITS							
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>02</u> 1-YES 2-NO 9-OTHER/UNKNOWN		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION				
SPECIAL FUNCTION <u>01</u> 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 21 - MAIL CARRIER				
CARGO BODY TYPE <u>06</u>		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	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 99 - OTHER/UNKNOWN		
NON-MOTORIST LOCATION AT IMPACT <u>01</u>		1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER /ROADSIDE 8 - SIDEWALK	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER/UNKNOWN	
ACTION <u>03</u> 3 - STRIKING <u>06</u> 3 - CHANGING LANES 4 - STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 5 - BOTH STRIKING & STRUCK 6 - MAKING LEFT TURN 9 - OTHER/UNKNOWN		1 - NON-CONTACT 2 - NON-COLLISION 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	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 <u>22</u>		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 - WRONG WAY	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION	
SEQUENCE OF EVENTS							
<u>120</u> 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 MOVABLE OBJECT		
41		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	
<u>1</u> FIRST HARMFUL EVENT <u>1</u> MOST HARMFUL EVENT							

LOCAL REPORT NUMBER <u>22024922</u>	
DAMAGE DAMAGE SCALE 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<img alt="Diagram of a vehicle showing 12 numbered areas for damage assessment. Areas 1-12 are arranged in a circle around the vehicle, with 12 at the top and 1 at the bottom. Area 11 is at the top-left, 10 at top-right, 9 at bottom-right,	



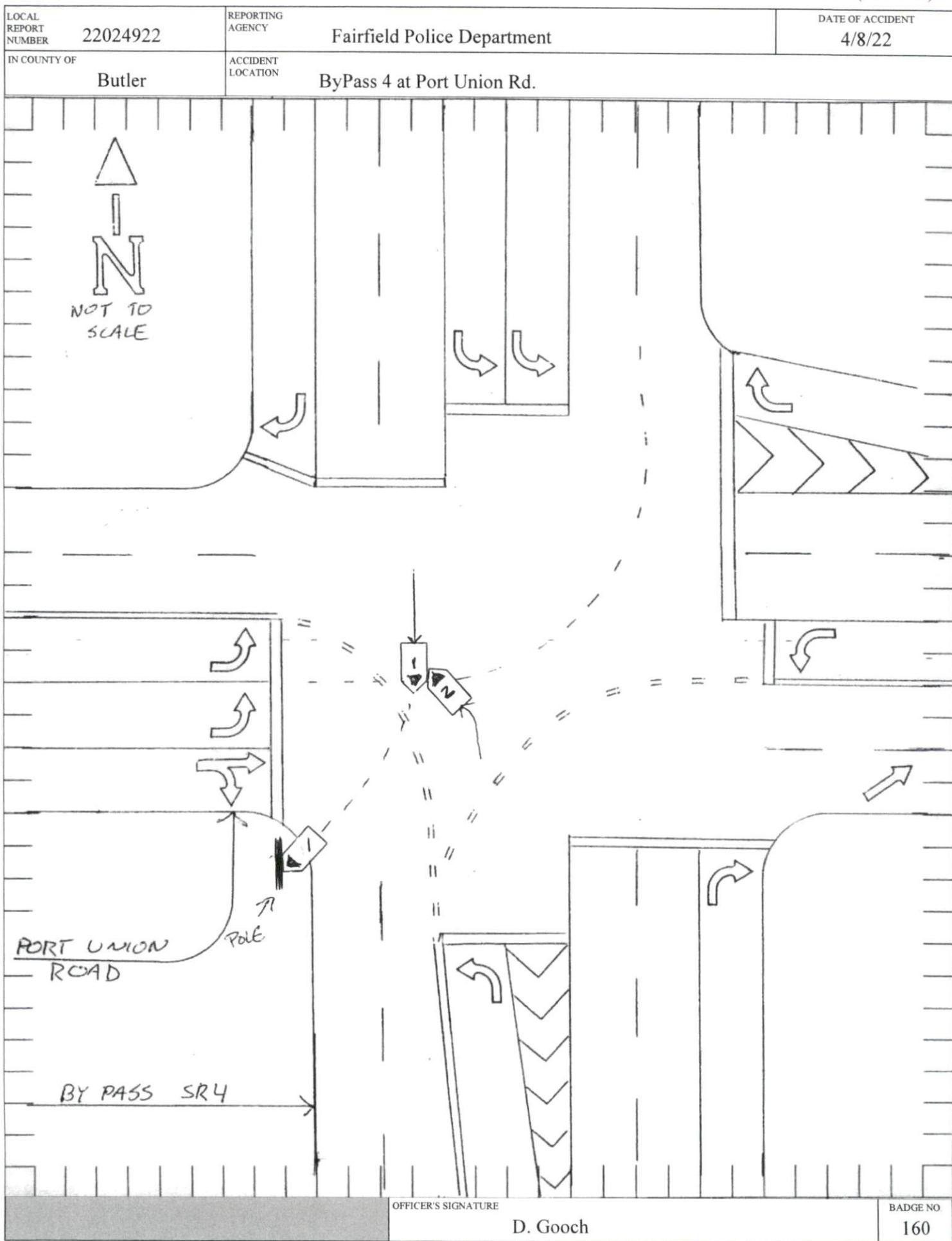
MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER									
UNIT #		DATE OF BIRTH							
0 1		0 9 1 1 1 9 8 7 3 4 F							
NAME: LAST, FIRST, MIDDLE Patel, Kinjalben, Bharatbhai									
ADDRESS: STREET, CITY, STATE, ZIP 3539 Spruce Hill Dr., Fairfield, OH, 45014									
INJURIES INJURED TAKEN BY EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED									
5						0 4	DOT-COMPLIANT MC HELMET		
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	SEATING POSITION		
O H						□	AIR BAG USAGE		
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	EJECTION	
4				1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	1	
DATE OF BIRTH									
0 2		0 9 0 5 1 9 9 0 3 1 M							
NAME: LAST, FIRST, MIDDLE Hiler, Jeremy, David									
ADDRESS: STREET, CITY, STATE, ZIP 4250 Endeavor Dr. Unit 208, Cincinnati, OH, 45252									
INJURIES INJURED TAKEN BY EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED									
5						0 4	DOT-COMPLIANT MC HELMET		
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O H						□	AIR BAG USAGE		
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	EJECTION	
4		0 3		1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	1	
DATE OF BIRTH									
0		0 9 0 5 1 9 9 0 3 1 M							
NAME: LAST, FIRST, MIDDLE									
ADDRESS: STREET, CITY, STATE, ZIP									
INJURIES INJURED TAKEN BY EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED									
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	SEATING POSITION		
O H						□	AIR BAG USAGE		
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	EJECTION	
				1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	1	
DATE OF BIRTH									
0		0 9 0 5 1 9 9 0 3 1 M							
INJURIES SEATING POSITION AIR BAG OL CLASS									
1-FATAL	1-FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1-NOT DEPLOYED	1-CLASS A	OL RESTRICTION(S)	DRIVER DISTRACTION		TEST STATUS		
2-SUSPECTED SERIOUS INJURY	2-FRONT - MIDDLE	2-DEPLOYED FRONT	2-CLASS B	1-ALCOHOL INTERLOCK DEVICE	1-NOT DISTRACTED		1-NONE GIVEN		
3-SUSPECTED MINOR INJURY	3-FRONT - RIGHT SIDE	3-DEPLOYED SIDE	3-CLASS C	2-CDL INTRASTATE ONLY	2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)		2-TEST REFUSED		
4-POSSIBLE INJURY	4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4-DEPLOYED BOTH FRONT / SIDE	4-REGULAR CLASS (OHIO = D)	3-CORRECTIVE LENSES	3-TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE		3-TEST GIVEN, RESULTS KNOWN		
5-NO APPARENT INJURY	5-SECOND - MIDDLE	5-NOT APPLICABLE	5-M/C MOPED ONLY	4-FARM WAIVER	4-TALKING ON HAND-HELD COMMUNICATION DEVICE		4-TEST GIVEN, RESULTS UNKNOWN		
INJURED TAKEN BY	6-SECOND - RIGHT SIDE	6-DEPLOYMENT UNKNOWN	6-NO VALID OL	5-EXCEPT CLASS A BUS	5-TEST GIVEN, RESULTS UNKNOWN		5-TEST GIVEN, RESULTS UNKNOWN		
1-NOT TRANSPORTED / TREATED AT SCENE	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-NOT EJECTED	7-H-HAZMAT	6-EXCEPT CLASS A & CLASS B BUS	6-ALCOHOL TEST TYPE		1-NONE		
2-EMS	8-THIRD - MIDDLE	8-PARTIALLY EJECTED	8-M-MOTORCYCLE	7-EXCEPT TRACTOR-TRAILER	2-BLOOD		2-BLOOD		
3-POLICE	9-THIRD - RIGHT SIDE	9-TOTALLY EJECTED	9-P-PASSENGER	8-INTERMEDIATE LICENSE RESTRICTIONS	3-URINE		3-URINE		
9-OTHER/UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB	4-NOT APPLICABLE	N-NANKER	9-LEARNER'S PERMIT RESTRICTIONS	4-BREATH		4-BREATH		
SAFETY EQUIPMENT	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11-NOT PASSENGER	Q-Q-MOTOR SCOOTER	10-LIMITED TO DAYLIGHT ONLY	5-OTHER		5-OTHER		
1-NONE USED	12-PASSENGER IN UNENCLOSED CARGO AREA	12-EXTRICATED BY MECHANICAL MEANS	R-R-THREE-WHEEL MOTORCYCLE	11-LIMITED TO EMPLOYMENT	1-ALCOHOL TEST TYPE		1-ALCOHOL TEST TYPE		
2-SHOULDER BELT ONLY USED	13-TRAILING UNIT	3-FREED BY NON-MECHANICAL MEANS	S-S-SCHOOL BUS	12-LIMITED - OTHER	2-BLOOD		2-BLOOD		
3-LAP BELT ONLY USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14-NOT TRAPPED	T-T-DOUBLE & TRIPLE TRAILERS	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	3-URINE		3-URINE		
4-SHOULDER & LAP BELT USED	15-NON-MOTORIST	2-EXTRICATED BY MECHANICAL MEANS	X-X-TANKER / HAZMAT	14-MILITARY VEHICLES ONLY	4-BREATH		4-BREATH		
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	99-OTHER / UNKNOWN	3-FREED BY NON-MECHANICAL MEANS	F-F-FEMALE	15-MOTOR VEHICLES WITHOUT AIR BRAKES	5-OTHER		5-OTHER		
6-CHILD RESTRAINT SYSTEM - REAR FACING			M-M-MALE	16-OUTSIDE MIRROR	1-APPARENTLY NORMAL		1-APPARENTLY NORMAL		
7-BOOSTER SEAT			U-U-OTHER / UNKNOWN	17-PROSTHETIC AID	2-PHYSICAL IMPAIRMENT		2-PHYSICAL IMPAIRMENT		
8-HELMET USED				18-OTHER	3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)		3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)		
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)					4-ILLNESS		4-ILLNESS		
10-REFLECTIVE CLOTHING					5-FELL ASLEEP, FAINTED, FATIGUED, ETC.		5-FELL ASLEEP, FAINTED, FATIGUED, ETC.		
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY					6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		
99-OTHER / UNKNOWN					7-OTHER		7-OTHER		
					8-Negative results		8-Negative results		



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IN COUNTY OF	Butler	ACCIDENT LOCATION	ByPass 4 at Port Union Rd.	
 <p>NOT TO SCALE</p>				
 <p>D. Gooch</p>				
BADGE NO 160				