



TRAFFIC CRASH REPORT

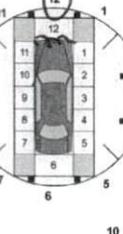
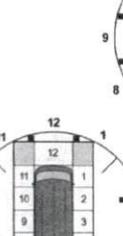
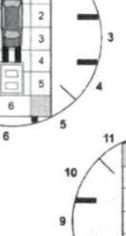
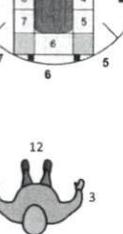
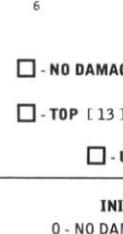
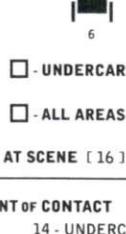
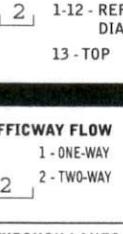
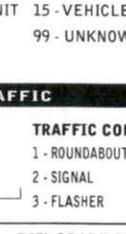
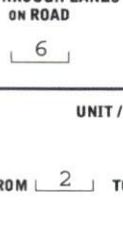
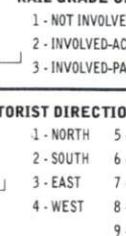
*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN		<input checked="" type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION		LOCAL REPORT NUMBER*			
<input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*			
				Fairfield Police Department		0 0 9 0 1			
COUNTY*		LOCALITY*		LOCATION: CITY, VILLAGE, TOWNSHIP*		CRASH DATE / TIME*		CRASH SEVERITY	
0 9		1 - CITY 1 - VILLAGE 3 - TOWNSHIP		City of Fairfield		0 4 0 9 2 0 2 2 1 3 5 3		1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY	
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES		
	S R	4			Muhlhauser	R D	3 9 . 3 1 4 6 3 1		
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		
							8 4 . 4 8 7 9 5 9		
REFERENCE POINT		DIRECTION FROM REFERENCE		ROUTE TYPE		ROAD TYPE		INTERSECTION RELATED	
1 - INTERSECTION 2 - 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 checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA	
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE				HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE		NUMBER OF APPROACHES	
		1 - MILES 2 - FEET 3 - YARDS						4	
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT				ROADWAY	
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				1 - NOT COLLISION 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN 4 - TRANSPORT 5 - REAR-END 6 - HEAD-ON				<input type="checkbox"/> ROADWAY DIVIDED	
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				7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN					
1 - WORK ZONE RELATED 2 - WORKERS PRESENT 3 - LAW ENFORCEMENT PRESENT 4 - ACTIVE SCHOOL ZONE		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		CONTOUR	CONDITIONS	SURFACE	
				1 - BEFORE THE 1ST WORK ZONE 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		1	1	2	
						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	
LIGHT CONDITION				WEATHER					
1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN				1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL				See OH-2	
0 1				6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN					
NARRATIVE									
On 4-9-22, at about 1:53 p.m., unit 2 was westbound on Muhlhauser Road when unit 1, which was northbound on SR4, failed to stop at a red signal and struck unit 2.									
 Indicate the north direction with an "N" on the compass diagram.									
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY	
0 4 0 9 2 0 2 2 1 3 5 5		0 4 0 9 2 0 2 2 1 3 5 6		0 4 0 9 2 0 2 2 1 4 0 2		0 4 0 9 2 0 2 2 1 5 3 5		<input checked="" type="checkbox"/> POLICE AGENCY	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		<input type="checkbox"/> MOTORIST	
0		0		9 9		T. Lucas		<input type="checkbox"/> SUPPLEMENT (CORRECTION or ADDITION TO AN EXISTING REPORT SENT TO OIPS)	
						CHECKED BY OFFICER'S NAME*			
						P.O.C. more			
						CHECKED BY OFFICER'S BADGE NUMBER*			
						1 3 6			



UNIT

OWNER	UNIT # 0 1 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																															
LP STATE K Y	LICENSE PLATE # A9N522	VEHICLE IDENTIFICATION # 1C6R71FT4FS168198		VEHICLE YEAR 2015	VEHICLE MAKE Ram																														
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY GEICO	INSURANCE POLICY # 6075099256		COLOR White	VEHICLE MODEL 1500																														
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #		TOWED BY: COMPANY NAME																															
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS 0 2	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD																														
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WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?			0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN																														
2	1 - YES	2 - NO	9 - OTHER / UNKNOWN	1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION																														
			AUTONOMOUS MODE LEVEL	2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION																														
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<table border="0"> <tr> <td>1 - NONE</td> <td>7 - LEFT OF CENTER</td> <td>13 - IMPROPER START FROM A PARKED POSITION</td> <td>17 - VISION OBSTRUCTION</td> <td>21 - LYING IN ROADWAY</td> </tr> <tr> <td>0 3</td> <td>2 - FAILURE TO YIELD</td> <td>8 - FOLLOWING TOO CLOSE / ACDA</td> <td>18 - OPERATING DEFECTIVE EQUIPMENT</td> <td>22 - NOT DISCRIMINABLE</td> </tr> <tr> <td>CONTRIBUTING CIRCUMSTANCES</td> <td>3 - RAN RED LIGHT</td> <td>9 - IMPROPER LANE CHANGE</td> <td>14 - STOPPED OR PARKED ILLEGALLY</td> <td>23 - OPENING DOOR INTO ROADWAY</td> </tr> <tr> <td>4 - RAN STOP SIGN</td> <td>10 - IMPROPER PASSING</td> <td>15 - SWERVING TO AVOID</td> <td>19 - LOAD SHIFTING/FALLING/SPILLING</td> <td>99 - OTHER IMPROPER ACTION</td> </tr> <tr> <td>5 - UNSAFE SPEED</td> <td>11 - DROVE OFF ROAD</td> <td>16 - WRONG WAY</td> <td>20 - IMPROPER CROSSING</td> <td></td> </tr> <tr> <td>6 - IMPROPER TURN</td> <td>12 - IMPROPER BACKING</td> <td></td> <td></td> <td></td> </tr> </table>						1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY	0 3	2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / ACDA	18 - OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCRIMINABLE	CONTRIBUTING CIRCUMSTANCES	3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	14 - STOPPED OR PARKED ILLEGALLY	23 - OPENING DOOR INTO ROADWAY	4 - RAN STOP SIGN	10 - IMPROPER PASSING	15 - SWERVING TO AVOID	19 - LOAD SHIFTING/FALLING/SPILLING	99 - OTHER IMPROPER ACTION	5 - UNSAFE SPEED	11 - DROVE OFF ROAD	16 - WRONG WAY	20 - IMPROPER CROSSING		6 - IMPROPER TURN	12 - IMPROPER BACKING			
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SEQUENCE OF EVENTS																																			
NON-COLLISION																																			
0 1 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	17 - ANIMAL - FARM	17 - ANIMAL - DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION																														
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	18 - ANIMAL - OTHER	19 - ANIMAL - OTHER	BY A MOTOR VEHICLE																														
0 1	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	20 - MOTOR VEHICLE IN TRANSPORT	21 - PARKED MOTOR VEHICLE	24 - OTHER MOVABLE OBJECT																														
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	21 - PARKED MOTOR VEHICLE																																
0 1																																			
COLLISION WITH FIXED OBJECT - STRUCK																																			
0 1	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT																														
	26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH	51 - WALL																														
0 1	27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES	45 - EMBANKMENT	52 - BUILDING																														
	28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER	40 - SUPPORT	46 - FENCE	53 - TUNNEL																														
0 1	29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX	54 - OTHER FIXED OBJECT																														
	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	48 - TREE	99 - OTHER / UNKNOWN																														
0 1				49 - FIRE HYDRANT																															
1 FIRST HARMFUL EVENT		1 MOST HARMFUL EVENT																																	

LOCAL REPORT NUMBER											
2	2	0	2	5	1	1	7				
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											
<u>1</u>	<u>2</u>	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 <u>2</u> - TWO-WAY						1 - ROUNDABOUT <u>2</u> - SIGNAL 3 - FLASHER					
1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING						RAIL GRADE CROSSING					
<u>6</u> # OF THROUGH LANES ON ROAD						<u>1</u>					
UNIT / NON-MOTORIST DIRECTION											
FROM <u>2</u> TO <u>1</u>						1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER/UNKNOWN					
UNIT SPEED						DETECTED SPEED					
<u>5</u> <u>0</u>						<u>1</u>					
POSTED SPEED						1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED					
<u>5</u> <u>0</u>											



UNIT

OWNER

UNIT #

OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

0_2_

North, Lillie

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 #

GWH6000 KNAFX4A186G5522367

VEHICLE IDENTIFICATION #

VEHICLE YEAR

VEHICLE MAKE

2016

Kia

INSURANCE

4

VERIFIED INSURANCE COMPANY

Progressive

INSURANCE POLICY #

942918058

COLOR

White

VEHICLE MODEL

Forte

TYPE OF USE

1

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED

0_1_

 HIT/SKIP UNIT

US DOT #

11

VEHICLE WEIGHT GVWR/GCWR

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

TOWED BY: COMPANY NAME

FOX

HAZARDOUS MATERIAL

 MATERIAL RELEASED
 PLACARD

CLASS #

PLACARD ID #

UNIT TYPE

0_1_

1 - PASSENGER CAR
2 - PASSENGER VAN (MINIVAN)
3 - SPORT UTILITY VEHICLE4 - PICK UP
5 - CARGO VAN
6 - VAN (9-15 SEATS)7 - MOTORCYCLE 2-WHEELED
8 - AUTOCYCLE
9 - AUTOCYCLE10 - MOPED OR MOTORIZED
11 - ALL-TERRAIN VEHICLE
(ATV / UTV)12 - GOLF CART
13 - SNOWMOBILE
14 - SINGLE UNIT TRUCK
15 - SEMI-TRACTOR
16 - FARM EQUIPMENT
17 - MOTORHOME18 - LIMO (LIVERY VEHICLE)
19 - BUS (16+ PASSENGERS)
20 - OTHER VEHICLE
21 - HEAVY EQUIPMENT
22 - ANIMAL WITH RIDER OR
ANIMAL-DRAWN VEHICLE23 - PEDESTRIAN / SKATER
24 - WHEELCHAIR (ANY TYPE)
25 - OTHER NON-MOTORIST
26 - BICYCLE
27 - TRAIN

99 - UNKNOWN OR HIT/SKIP

0

OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?

2

1 - YES
2 - NO
9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL

1

1 - NONE
2 - TAXI
3 - ELECTRONIC RIDE SHARING4 - SCHOOL TRANSPORT
5 - BUS - TRANSIT/COMMUTER6 - BUS - CHARTER/TOUR
7 - BUS - INTERCITY
8 - BUS - SHUTTLE
9 - BUS - OTHER

10 - AMBULANCE

11 - FIRE
12 - MILITARY
13 - POLICE
14 - PUBLIC UTILITY

15 - CONSTRUCTION EQUIPMENT

16 - FARM
17 - MOWING
18 - SNOW REMOVAL
19 - TOWING

20 - SAFETY SERVICE PATROL

1

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

15 - OTHER / UNKNOWN

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

9 - DEFECTIVE

10 - MOTOR TROUBLE

11 - DISABLED FROM PRIOR

ACCIDENT

1

1 - INTERSECTION - MARKED
CROSSWALK2 - INTERSECTION - UNMARKED
CROSSWALK

3 - INTERSECTION - OTHER

4 - MIDBLOCK - MARKED
CROSSWALK

5 - SHOULDER / ROADSIDE

6 - SIDEWALK

7 - BICYCLE LANE

8 - MEDIAN/CROSSING ISLAND

9 - MEDIAN/CROSSING ISLAND

10 - DRIVEWAY ACCESS

11 - SHARED USE PATHS OR

TRAILS

12 - FIRST RESPONDER
AT INCIDENT SCENE

13 - MAIL CARRIER

14 - OTHER / UNKNOWN

1

1 - NON-CONTACT

2 - NON-COLLISION

3 - STRIKING

4 - STRUCK

5 - BOTH STRIKING
& STRUCK

6 - 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 LOCATION15 - WALKING, RUNNING,
JOGGING, PLAYING

16 - WORKING

17 - PUSHING VEHICLE

18 - APPROACHING
OR LEAVING VEHICLE

19 - STANDING

20 - OTHER NON-MOTORIST

21 - STANDING OUTSIDE
DISABLED VEHICLE

22 - LYING IN ROADWAY

23 - NOT DISCERNIBLE

24 - OPENING DOOR INTO
ROADWAY25 - LOAD SHIFTING/FALLING/
SPILLING

26 - OTHER IMPROPER ACTION

27 - SWERVING TO AVOID

28 - WRONG WAY

29 - IMPROPER CROSSING

1

1 - LEFT OF CENTER

2 - FOLLOWING TOO CLOSE / ACD

3 - RAN RED LIGHT

4 - RAN STOP SIGN

5 - UNSAFE SPEED

6 - IMPROPER TURN

31 - IMPROPER START FROM A
PARKED POSITION32 - STOPPED OR PARKED
ILLEGALLY

33 - SWERVING TO AVOID

34 - WRONG WAY

35 - IMPROPER CROSSING

36 - SWERVING TO AVOID

37 - IMPROPER START FROM A
PARKED POSITION

38 - SWERVING TO AVOID

39 - OTHER POST, POLE
OR SUPPORT40 - OTHER POST, POLE
OR SUPPORT41 - 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

55 - OTHER / UNKNOWN

1

1 - OVERTURN/ROLLOVER

2 - FIRE/EXPLOSION

3 - IMMERSION

4 - JACKKNIFE

5 - CARGO / EQUIPMENT
LOSS OR SHIFT6 - IMPACT ATTENUATOR
/ CRASH CUSHION26 - BRIDGE OVERHEAD
STRUCTURE

27 - BRIDGE PIER OR ABUTMENT

28 - BRIDGE PARAPET

29 - BRIDGE RAIL

30 - GUARDRAIL FACE

6 - EQUIPMENT FAILURE

7 - SEPARATION OF UNITS

8 - RAN OFF ROAD RIGHT

9 - RAN OFF ROAD LEFT

10 - CROSS MEDIAN

11 - DOWNHILL RUNAWAY

12 - PEDESTRIAN

13 - OTHER NON-COLLISION

14 - MEDIAN GUARDRAIL
BARRIER

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
EQUIPMENT23 - STRUCK BY FALLING,
SHIFTING CARGO OR
ANYTHING SET IN MOTION

24 - OTHER MOVABLE OBJECT

25 - OTHER / UNKNOWN

1

1 - FIRST HARMFUL EVENT

1 - MOST HARMFUL EVENT

LOCAL REPORT NUMBER

2 2 0 2 5 1 1 7

DAMAGE

DAMAGE SCALE

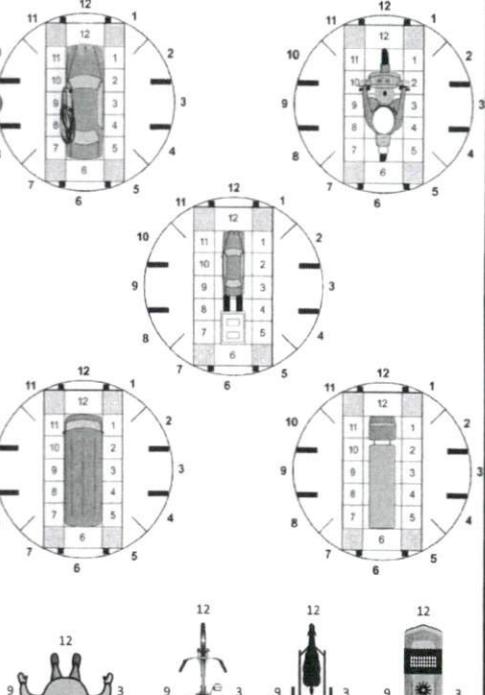
1 - NONE 3 - FUNCTIONAL DAMAGE

2 - MINOR DAMAGE 4 - DISABLING DAMAGE

9 - UNKNOWN

DAMAGED AREA(S)

INDICATE ALL THAT APPLY



INITIAL POINT OF CONTACT

0 - NO DAMAGE 14 - UNDERCARRIAGE

1 - 12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE

99 - UNKNOWN

13 - TOP

TRAFFIC

TRAFFICWAY FLOW

1 - ONE-WAY 2 - TWO-WAY

OF THROUGH LANES ON ROAD

1 - 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

UNIT SPEED

1 - 2 - 5

POSTED SPEED

1 - 3 - 5

DETECTED SPEED

1 - STATED / ESTIMATED SPEED

2 - CALCULATED / EDR

3 - UNDETERMINED



MOTORIST / Non-MOTORIST

										LOCAL REPORT NUMBER				
										2 2 0 2 5 1 1 7				
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE 0 1 Southers, William F Jr.									DATE OF BIRTH	AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP 5800 Sante Fe Trail #1 Louisville, Kentucky 40258									CONTACT PHONE - INCLUDE AREA CODE				
	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 <input type="checkbox"/> MC HELMET		SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
	DL STATE K Y	OPERATOR LICENSE NUMBER			OFFENSE CHARGED 313.01		LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION Red light			CITATION NUMBER 250859			
	DL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE 1		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4				
	UNIT # 0 2	NAME: LAST, FIRST, MIDDLE North, Stephen C									DATE OF BIRTH 1 1 2 9 1 9 8 5	AGE 3 6	GENDER M	
	ADDRESS: STREET, CITY, STATE, ZIP 4308 Yacht Haven Way West Chester, Ohio 45069										CONTACT PHONE - INCLUDE AREA CODE			
	INJURIES 2	INJURED TAKEN BY 2	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT <input type="checkbox"/> MC HELMET		SEATING POSITION 0 1	AIR BAG USAGE 3	EJECTION 1	TRAPPED 1	
	DL STATE O H	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER			
	DL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE 1		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4				
UNIT #	NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH	AGE 0	GENDER		
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 <input type="checkbox"/> MC HELMET		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER				
DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS 1 TYPE 1 VALUE 1		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4					
INJURIES	SEATING POSITION	AIR BAG	DL CLASS	DL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS								
1-FATAL	1-FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1-NOT DEPLOYED	1-CLASS A	1-ALCOHOL INTERLOCK DEVICE	1-NOT DISTRACTED	1-NONE GIVEN								
2-SUSPECTED SERIOUS INJURY	2-FRONT - MIDDLE	2-DEPLOYED FRONT	2-CLASS B	2-CDL INTRASTATE ONLY	2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2-TEST REFUSED								
3-SUSPECTED MINOR INJURY	3-FRONT - RIGHT SIDE	3-DEPLOYED SIDE	3-CLASS C	3-CORRECTIVE LENSES	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE									
4-POSSIBLE INJURY	4-SECOND - LEFT SIDE	4-DEPLOYED BOTH FRONT / SIDE	4-REGULAR CLASS (OHIO = D)	4-FARM WAIVER	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									
6-SECOND - RIGHT SIDE	6-SECOND - RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-NO VALID DL	6-EXCEPT CLASS A & CLASS B BUS										
7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD - MIDDLE	10-SLEEPER SECTION OF TRUCK CAB	7-EXCEPT TRACTOR-TRAILER	7-EXCEPT TRACTOR-TRAILER										
8-THIRD - MIDDLE	9-THIRD - RIGHT SIDE	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	8-INTERMEDIATE LICENSE RESTRICTIONS	8-INTERMEDIATE LICENSE RESTRICTIONS										
9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB	12-PASSENGER IN UNENCLOSED CARGO AREA	9-LEARNER'S PERMIT RESTRICTIONS	9-LEARNER'S PERMIT RESTRICTIONS										
INJURED TAKEN BY	EJECTION	DL ENDORSEMENT	10-LIMITED TO DAYLIGHT ONLY	10-LIMITED TO DAYLIGHT ONLY										
1-NOT TRANSPORTED /TREATED AT SCENE	1-NOT EJECTED	H-HAZMAT	11-LIMITED TO EMPLOYMENT	11-LIMITED TO EMPLOYMENT										
2-EMS	2-PARTIALLY EJECTED	M-MOTORCYCLE	12-LIMITED - OTHER	12-LIMITED - OTHER										
3-POLICE	3-TOTALLY EJECTED	P-PASSENGER	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)										
9-OTHER / UNKNOWN	4-NOT APPLICABLE	N-TANKER	14-MILITARY VEHICLES ONLY	14-MILITARY VEHICLES ONLY										
SAFETY EQUIPMENT	TRAPPED	Q-MOTOR SCOOTER	15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-MOTOR VEHICLES WITHOUT AIR BRAKES										
1-NONE USED	1-NOT TRAPPED	R-THREE-WHEEL MOTORCYCLE	16-OUTSIDE MIRROR	16-OUTSIDE MIRROR										
2-SHOULDER BELT ONLY USED	2-EXTRICATED BY MECHANICAL MEANS	S-SCHOOL BUS	17-PROSTHETIC AID	17-PROSTHETIC AID										
3-LAP BELT ONLY USED	3-FREED BY NON-MECHANICAL MEANS	T-T-DOUBLE & TRIPLE TRAILERS	18-OTHER	18-OTHER										
4-SHOULDER & LAP BELT USED		X-X-TANKER / HAZMAT												
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														
GENDER	CONDITION	DRUG TEST TYPE												
F-FEMALE	1-APPARENTLY NORMAL	1-NONE												
M-MALE	2-PHYSICAL IMPAIRMENT	2-BLOOD												
U-OTHER / UNKNOWN	3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3-URINE												
	4-ILLNESS	4-BREATH												
	5-FELL ASLEEP, FAINTED, FATIGUED, ETC.	5-OTHER												
	6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6-CANNABINOID												
	9-OTHER / UNKNOWN	5-COCaine												
		6-OPIATES / OPIOIDS												
		7-OTHER												
		8-NEGATIVE RESULTS												

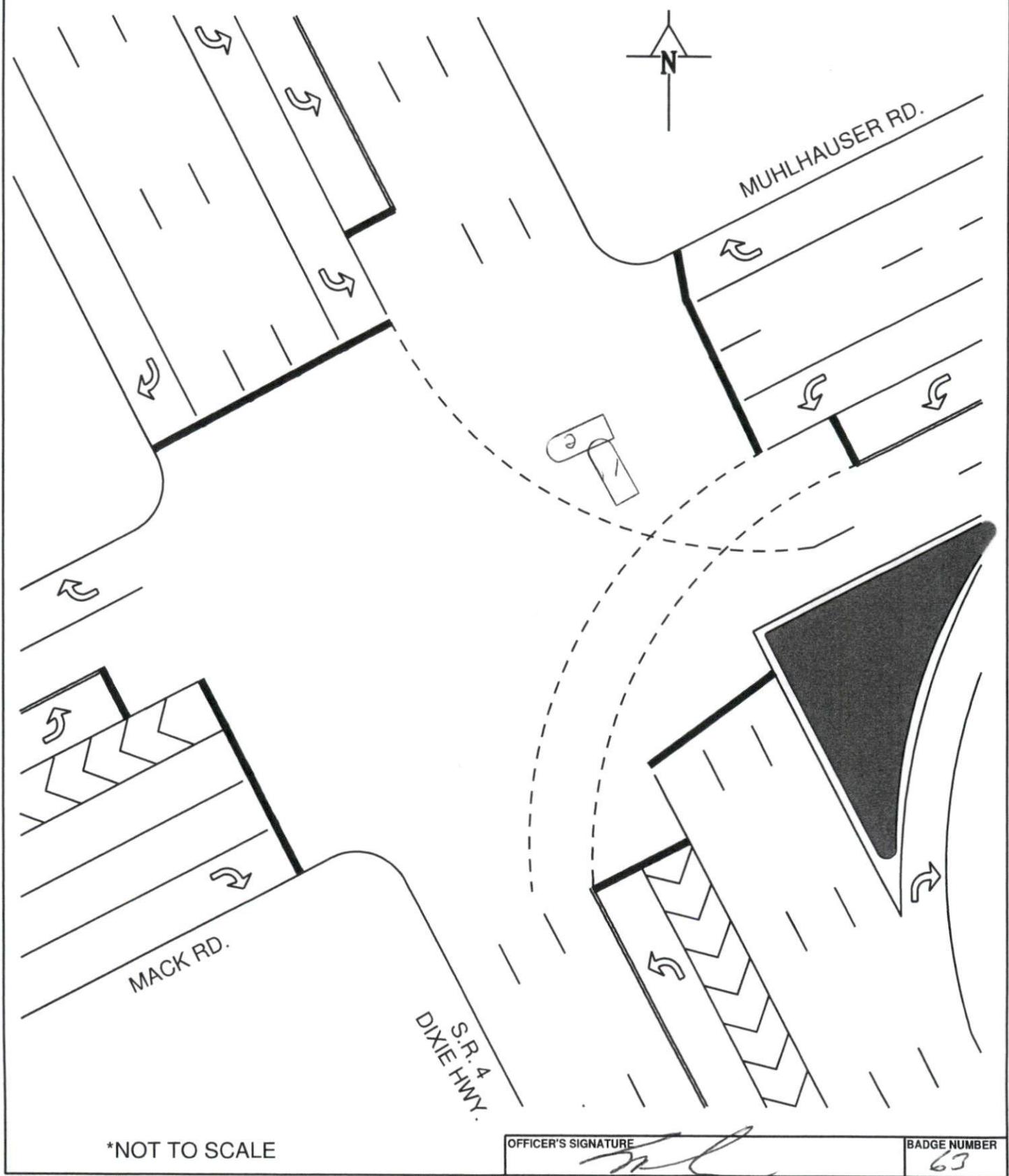


OCCUPANT / WITNESS ADDENDUM

OCCUPANT	LOCAL REPORT NUMBER									
	2 2 0 2 5 1 1 7					DATE OF BIRTH	AGE	GENDER		
UNIT # 1	NAME: LAST, FIRST, MIDDLE Staten, Chasticy					0 6 0 9 1 9 8 4	3 7	F		
ADDRESS: STREET, CITY, STATE, ZIP 5800 Sante Fe Trail #1 Louisville, Kentucky 40258										
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 0 3	AIR BAG USAGE 0 1	EJECTION 1	TRAPPED 1	
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP										
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	
ADDRESS: STREET, CITY, STATE, ZIP										
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	
ADDRESS: STREET, CITY, STATE, ZIP										
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	
INJURIES			SAFETY EQUIPMENT USED	SEATING POSITION			AIR BAG USAGE			
1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED							
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT							
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE							
4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE							
5 - NO APPARENT INJURY	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	5 - SECOND - MIDDLE	5 - NOT APPLICABLE							
INJURED TAKEN BY			6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN					
1 - NOT TRANSPORTED /TREATED AT SCENE	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION							
2 - EMS	8 - HELMET USED	8 - THIRD - MIDDLE	1 - NOT EJECTED							
3 - POLICE	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED							
9 - OTHER / UNKNOWN	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED							
GENDER			11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE					
F - FEMALE	12 - PASSENGER IN UNENCLOSED CARGO AREA	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED							
M - MALE	13 - TRAILING UNIT	13 - TRAILING UNIT	1 - NOT TRAPPED							
U - OTHER / UNKNOWN	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS							
			15 - NON-MOTORIST	15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS					
			99 - OTHER / UNKNOWN	99 - OTHER / UNKNOWN						
WITNESS	NAME: LAST, FIRST, MIDDLE Pendleton, Jody					0 3 2 9 1 9 8 2	4 0	F		
ADDRESS: STREET, CITY, STATE, ZIP 4043 Springfield Pike Wyoming, Ohio 45215										
WITNESS	NAME: LAST, FIRST, MIDDLE Thomas, Priya					0 3 3 0 1 9 9 7	2 5	F		
ADDRESS: STREET, CITY, STATE, ZIP 820 Pine Valley Lane #201 Liberty Township, Ohio 43615										
WITNESS	NAME: LAST, FIRST, MIDDLE					0 3 3 0 1 9 9 7	2 5	F		
ADDRESS: STREET, CITY, STATE, ZIP										



LOCAL REPORT NUMBER 22-025117	REPORTING AGENCY Fairfield Police Department	DATE OF CRASH M 4 D 9 Y 22
IN COUNTY OF Butler	CRASH LOCATION SR4 + Muhlhauser	



*NOT TO SCALE

OFFICER'S SIGNATURE

BADGE NUMBER