

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOSTAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION		LOCAL REPORT NUMBER* 2 2 0 2 5 1 2 3	
		REPORTING AGENCY NAME* Fairfield Police Department		NCIC*	HIT/SKIP 1 - SOLVED 2 - UNSOLVED
				0 0 9 0 1	NUMBER OF UNITS 0 2
COUNTY* 0 9		LOCALITY* 1 - CITY 1 2 - VILLAGE 3 - TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield	
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME Gilmore	ROAD TYPE D R
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Whitney	ROAD TYPE L A
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 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 PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY
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LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT	
1 - ON ROADWAY 1 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 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				1 - NOT COLLISION 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN TRANSPORT 4 - REAR-END 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - HEAD-ON 10 - REAR-TO-REAR 11 - OTHER / UNKNOWN	
DIRECTION FROM REFERENCE		DIRECTION UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS	ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS	ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		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		1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	
LIGHT CONDITION		WEATHER		CONTOUR 2	CONDITIONS 1
1 - DAYLIGHT 1 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		1 - CLEAR 0 1 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		SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN	
NARRATIVE					
On 4/9/2022 at about 3:30 P.M. Unit 1 was traveling south on Gilmore Drive and when at Whitney Lane made a left turn and in so doing struck Unit 2 which was also traveling south on Gilmore Drive and making a left turn onto Whitney Lane.					
Unit 1 believed Unit 2 was going to continue straight on Gilmore Drive because Unit 2 failed to use their turn signal.					
 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
0 4 0 9 2 0 2 2 1 5 3 0		0 4 0 9 2 0 2 2 1 5 3 2		0 4 0 9 2 0 2 2 1 5 4 3	0 4 0 9 2 0 2 2 1 6 1 9
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME* C. Frazier		REPORT TAKEN BY
			CHECKED BY OFFICER'S NAME* J. Sons		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP)
			OFFICER'S BADGE NUMBER* 1 5 8		CHECKED BY OFFICER'S BADGE NUMBER* 1 5 0

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS OWNER)
0 1	THAPA, BAL, BAHADUR	
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER)		
11944 CEDARCREEK DRIVE, CINCINNATI, OHIO, 45240		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LOCAL REPORT NUMBER							
2	2	0	2	5	1	2	3

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
O H	HER3150	1 9 X F B 2 F 5 1 D E 2 8 3 6 0 7	2 0 1 3	HONDA
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY STATEFARM	INSURANCE POLICY # 9507379D0635	COLOR BLACK	VEHICLE MODEL CIVIC
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 0 2		VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <input type="checkbox"/> PLACARD ID # <input type="checkbox"/> PLACARD	

1 - PASSENGER CAR 0 1 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 UNITTRUCK 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
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0 # OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	0 - NO AUTOMATION 1 - YES 2 - NO 9 - OTHER / UNKNOWN	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
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SPECIAL FUNCTION	0 - NONE 1 - TAXI 2 - ELECTRONIC RIDE SHARING 3 - SCHOOL TRANSPORT 4 - BUS-TRANSIT/COMMUTER	5 - BUS-CHARTER/TOUR 6 - BUS-INTERCITY 7 - BUS-SHUTTLE 8 - BUS-OTHER 9 - AMBULANCE	10 - FIRE 11 - MILITARY 12 - POLICE 13 - PUBLIC UTILITY 14 - CONSTRUCTION EQUIPMENT	15 - FARM 16 - MOWING 17 - SNOW REMOVAL 18 - TOWING 19 - SAFETY SERVICE PATROL	20 - MAIL CARRIER 21 - AUTO TRANSPORTER 22 - GARBAGE/REFUSE 23 - OTHER / UNKNOWN
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CARGO BODY TYPE	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN
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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

11 - MEDIAN/CROSSING ISLAND
12 - FIRST RESPONDER AT INCIDENT SCENE

13 - SHARED USE PATHS OR TRAILS

14 - APPROACHING OR LEAVING VEHICLE
15 - ENTERING OR CROSSING SPECIFIED LOCATION

16 - STANDING
17 - WORKING
18 - PUSHING VEHICLE

19 - WALKING, RUNNING, JOGGING, PLAYING
20 - OTHER NON-MOTORIST
21 - STANDING OUTSIDE DISABLED VEHICLE

22 - NOT DISCERNIBLE
23 - OPENING DOOR INTO ROADWAY

24 - OTHER UNKNOWN

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 - 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

24 - OTHER IMPROPER ACTION

1 - FAILURE TO YIELD
2 - FOLLOWING TOO CLOSE / ACDAA
3 - RAN RED LIGHT
4 - RAN STOP SIGN
5 - UNSAFE SPEED
6 - IMPROPER TURN

7 - LEFT OF CENTER
8 - SEPARATION OF UNITS
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 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL
18 - DOWNHILL RUNAWAY
19 - OTHER NON-COLLISION
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

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

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

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

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

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

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

6 - IMPROPER TURN

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 TRANSPORT

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

25 - PEDESTRIAN TRANSPORT

26 - RAILWAY VEHICLE

27 - ANIMAL - FARM

28 - ANIMAL - DEER

29 - ANIMAL - OTHER

30 - MOTOR VEHICLE IN TRANSPORT

31 - PARKED MOTOR VEHICLE

32 - WORK ZONE MAINTENANCE EQUIPMENT

33 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE

34 - OTHER MOVABLE OBJECT

35 - PEDESTRIAN TRANSPORT

36 - RAILWAY VEHICLE

37 - ANIMAL - FARM

38 - ANIMAL - DEER

39 - ANIMAL - OTHER

40 - MOTOR VEHICLE IN TRANSPORT

41 - PARKED MOTOR VEHICLE

42 - WORK ZONE MAINTENANCE EQUIPMENT

43 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE

44 - OTHER MOVABLE OBJECT

45 - PEDESTRIAN TRANSPORT

46 - RAILWAY VEHICLE

47 - ANIMAL - FARM

48 - ANIMAL - DEER

49 - ANIMAL - OTHER

50 - MOTOR VEHICLE IN TRANSPORT

51 - PARKED MOTOR VEHICLE

52 - WORK ZONE MAINTENANCE EQUIPMENT

53 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE

54 - OTHER MOVABLE OBJECT

55 - PEDESTRIAN TRANSPORT

56 - RAILWAY VEHICLE

57 - ANIMAL - FARM

58 - ANIMAL - DEER

59 - ANIMAL - OTHER

60 - MOTOR VEHICLE IN TRANSPORT

61 - PARKED MOTOR VEHICLE

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64 - OTHER MOVABLE OBJECT

65 - PEDESTRIAN TRANSPORT

66 - RAILWAY VEHICLE

67 - ANIMAL - FARM

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70 - MOTOR VEHICLE IN TRANSPORT

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84 - OTHER MOVABLE OBJECT

85 - PEDESTRIAN TRANSPORT

86 - RAILWAY VEHICLE

87 - ANIMAL - FARM

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94 - OTHER MOVABLE OBJECT

95 - PEDESTRIAN TRANSPORT

96 - RAILWAY VEHICLE

97 - ANIMAL - FARM

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105 - PEDESTRIAN TRANSPORT

106 - RAILWAY VEHICLE

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112 - WORK ZONE MAINTENANCE EQUIPMENT

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114 - OTHER MOVABLE OBJECT

115 - PEDESTRIAN TRANSPORT

116 - RAILWAY VEHICLE

117 - ANIMAL - FARM

118 - ANIMAL - DEER

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125 - PEDESTRIAN TRANSPORT

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127 - ANIMAL - FARM

128 - ANIMAL - DEER

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135 - PEDESTRIAN TRANSPORT

136 - RAILWAY VEHICLE

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144 - OTHER MOVABLE OBJECT

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146 - RAILWAY VEHICLE

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156 - RAILWAY VEHICLE

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159 - ANIMAL - OTHER

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161 - PARKED MOTOR VEHICLE

162 - WORK ZONE MAINTENANCE EQUIPMENT

163 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE

164 - OTHER MOVABLE OBJECT

165 - PEDESTRIAN TRANSPORT

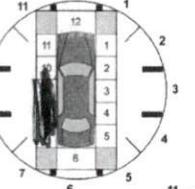
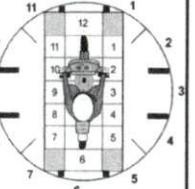
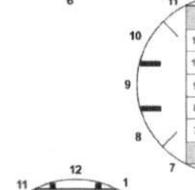
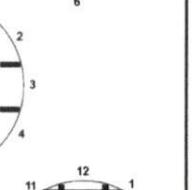
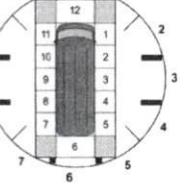
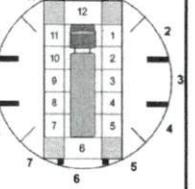
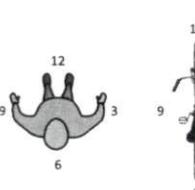
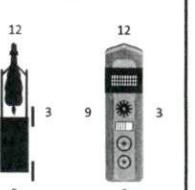
166 - RAILWAY VEHICLE

167 - ANIMAL - FARM



UNIT

OWNER	UNIT # <u>012</u>	OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER)																														
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LP STATE <u>O_H</u>	LICENSE PLATE # <u>JMU1977</u>	VEHICLE IDENTIFICATION # <u>KMHCN46C29U342896</u>	VEHICLE YEAR <u>2009</u> VEHICLE MAKE <u>HYUNDAI</u>																														
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>TRAVELERS</u>	INSURANCE POLICY # <u>9962281592031</u>	COLOR <u>MAROON</u> VEHICLE MODEL <u>ACCENT</u>																														
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3 - IMPACT ATTENUATOR / CRASH CUSHION	8 - RAN OFF ROAD LEFT	9 - RAN OFF ROAD RIGHT	10 - CROWN																														
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26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH																														
27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES SUPPORT	45 - EMBANKMENT																														
28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL	40 - UTILITY POLE	46 - FENCE																														
29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX																														
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<u>1</u> FIRST HARMFUL EVENT	<u>1</u> MOST HARMFUL EVENT																																

LOCAL REPORT NUMBER <u>2 2 0 2 5 1 2 3</u>	
DAMAGE	
DAMAGE SCALE <u>3</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>0</u> 1 - 12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE	DIAGRAM 99 - UNKNOWN
13 - TOP	
TRAFFIC	
TRAFFICWAY FLOW <u>2</u> 1 - ONE-WAY 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 <u>2</u>	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM <u>1</u> TO <u>7</u>	1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
UNIT SPEED	
<u>2</u> 5	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED <u>2</u> 5	

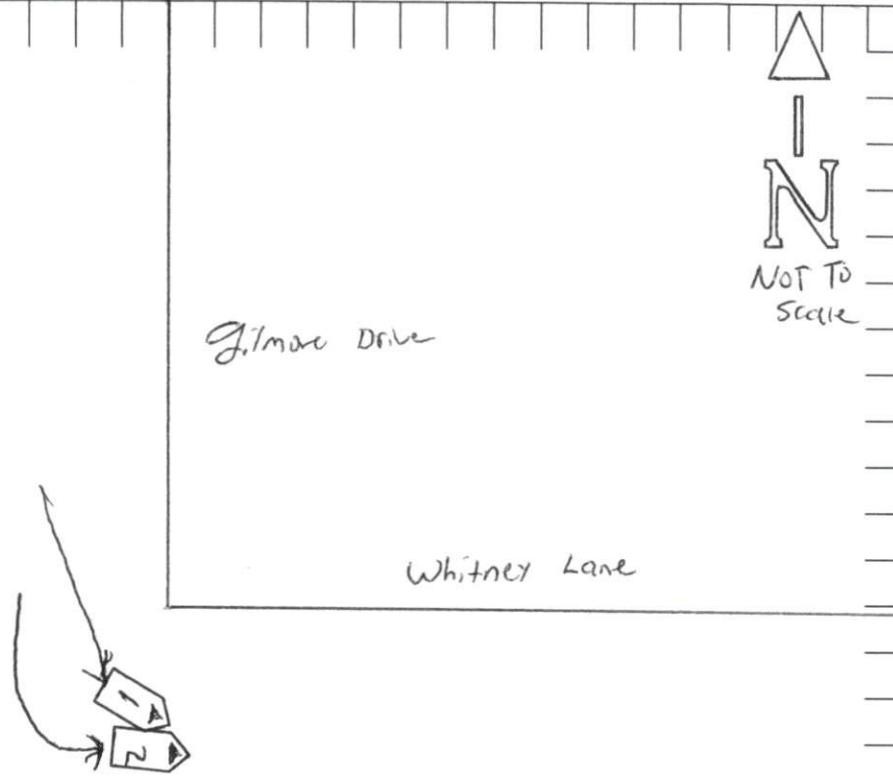
MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER																					
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MOTORIST / NON-MOTORIST	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH		AGE	GENDER										
	0 1	THAPA, BINOD							0 4 1 9 1 9 9 9	2 2	M										
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CONTACT PHONE - INCLUDE AREA CODE																					
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	UNIT # 0 2			NAME: LAST, FIRST, MIDDLE MATTHEW, WARREN, GEORGIE		ADDRESS: STREET, CITY, STATE, ZIP 6043 FLAIG DRIVE, FAIRFIELD, OHIO, 45014		DATE OF BIRTH 1 1 1 6 1 9 5 0		AGE 7 1		GENDER M									
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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 (MOTORCYCLE PASSENGER)		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											
INJURED TAKEN BY		6-SECOND - RIGHT SIDE		9-DEPLOYMENT UNKNOWN		6-NO VALID OL		6-EXCEPT CLASS A & CLASS B BUS		7-EXCEPT TRACTOR-TRAILER											
1-NOT TRANSPORTED / TREATED AT SCENE		7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		1-NOT EJECTED		H-HAZMAT		8-INTERMEDIATE LICENSE RESTRICTIONS		8-INTERMEDIATE LICENSE RESTRICTIONS		1-NONE									
2-EMS		8-THIRD - MIDDLE		2-PARTIALLY EJECTED		M-MOTORCYCLE		9-LEARNER'S PERMIT RESTRICTIONS		9-PASSENGER		2-BLOOD									
3-POLICE		9-THIRD - RIGHT SIDE		3-TOTALLY EJECTED		P-PASSENGER		10-LIMITED TO DAYLIGHT ONLY		7-OTHER DISTRACTION INSIDE THE VEHICLE		3-URINE									
9-OTHER / UNKNOWN		10-SLEEPER SECTION OF TRUCK CAB		4-NOT APPLICABLE		N-TANKER		11-LIMITED TO EMPLOYMENT		8-OTHER DISTRACTION OUTSIDE THE VEHICLE		4-BREATH									
SAFETY EQUIPMENT		11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		1-NOT TRAPPED		Q-MOTOR SCOOTER		12-LIMITED - OTHER		9-OTHER / UNKNOWN		5-OTHER									
1-NONE USED		12-PASSENGER IN UNENCLOSED CARGO AREA		2-EXTRICATED BY MECHANICAL MEANS		R-THREE-WHEEL MOTORCYCLE		13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		14-MILITARY VEHICLES ONLY		DRUG TEST TYPE									
2-SHOULDER BELT ONLY USED		13-TRAILING UNIT		3-FREED BY NON-MECHANICAL MEANS		S-SCHOOL BUS		15-MOTOR VEHICLES WITHOUT AIR BRAKES		15-MOTOR VEHICLES WITHOUT AIR BRAKES		1-NONE									
3-LAP BELT ONLY USED		14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		F-FEMALE		T-TIME & TRAILER		16-OUTSIDE MIRROR		16-OUTSIDE MIRROR		2-BLOOD									
4-SHOULDER & LAP BELT USED		15-NON-MOTORIST		M-MALE		X-TANKER / HAZMAT		17-PROSTHETIC AID		17-PROSTHETIC AID		3-URINE									
5-CHILD RESTRAINT SYSTEM - FORWARD FACING		99-OTHER / UNKNOWN		U-OTHER / UNKNOWN		GENDER		18-OTHER		18-OTHER		4-OTHER									
6-CHILD RESTRAINT SYSTEM - REAR FACING												DRUG TEST RESULT(S)									
7-BOOSTER SEAT												1-AMPHETAMINES									
8-HELMET USED												2-BARBITURATES									
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)												3-BENZODIAZEPINES									
10-REFLECTIVE CLOTHING												4-CANNABINOID									
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY												5-COCAIN									
99-OTHER / UNKNOWN												6-OPIATES / OPIOIDS									
												7-OTHER									
												8-Negative results									



OCCUPANT / WITNESS ADDENDUM

					LOCAL REPORT NUMBER					
					2 2 0 2 5 1 2 3					
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER		
	1	THAPA, DEEPAK			0 4 0 4 1 9 9 8	24		M		
ADDRESS: STREET, CITY, STATE, ZIP 2204 MEADOWLAWN WAY APT C, FAIRFIELD, OHIO, 45014					CONTACT PHONE - INCLUDE AREA CODE					
OCCUPANT	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
	5				0 4	0 3	0 1	1	1	
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER		
					0					
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
OCCUPANT	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					
OCCUPANT	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	SEATING POSITION	AIR BAG USAGE				
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								
NAME: LAST, FIRST, MIDDLE POUDEL, MINA, KUMARI					DATE OF BIRTH	AGE	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP 5941 N TURTLE CREEK DRIVE, FAIRFIELD, OHIO, 45014					1 2 1 2 1 9 9 7	24	F			
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER			
					0					
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER			
					0					
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					

LOCAL REPORT NUMBER	PD22025123	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	4/9/22
IN COUNTY OF	Butler	ACCIDENT LOCATION	Gilmore Drive and Whitney Lane		
					
<p>NOT To Scale</p>					
OFFICER'S SIGNATURE	C.Frazier				BADGE NO
				158	