

## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL INFORMATION		REPORTING AGENCY NAME*		NCIC*	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR	
<input checked="" type="checkbox"/> PHOTOS TAKEN	<input checked="" type="checkbox"/> OH-2	<input checked="" type="checkbox"/> OH-3	<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	Fairfield Police Department	00901	0 1 98-ANIMAL 0 1 99-UNKNOWN	
<input type="checkbox"/> SECONDARY CRASH	<input type="checkbox"/> PRIVATE PROPERTY				1 - SOLVED 2 - UNSOLVED	0 2		
COUNTY* 0 9		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield		CRASH DATE / TIME* 0 4 1 1 2 0 2 2 2 1 1 5		
LOCATION REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME Mack	ROAD TYPE R D	LATITUDE DECIMAL DEGREES 3 9 . 3 1 2 1 0 1		
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Wildwood	ROAD TYPE D R	LONGITUDE DECIMAL DEGREES 8 4 . 5 1 3 5 9 5		
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1	DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 3	ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE 5	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	RD - ROAD LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA		
DISTANCE FROM REFERENCE 5 5	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS 2					NUMBER OF APPROACHES 4		
LOCATION OF FIRST HARMFUL EVENT 0 1 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP			MANNER OF CRASH COLLISION/IMPACT 2 1 - NOT COLLISION 2 - BACKING 3 - ANGLE 4 - BETWEEN 5 - MOTOR VEHICLES IN 6 - TRANSPORT 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - HEAD-ON 3			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	
WORK ZONE RELATED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER 0 1		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1	CONDITIONS 1	SURFACE 2
LIGHT CONDITION 3 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		WEATHER 0 1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL		1 - SNOW 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN		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
NARRATIVE On April 11, 2022 at 9:15 PM Unit 1 was traveling west on Mack Rd and when approaching the intersection of Mack Rd and Wildwood Dr. failed to stop within the assured clear distance ahead and collided with Unit 2 which was also traveling west on Mack Rd and was stopped at the intersection for a red light. Unit 1 was arrested and charged with: OVI-FCO 333.01A1								
SEE OH-2								

Indicate the north direction with an "N" on the compass diagram.

SEE OH-2

CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY
0 4 1 1 2 0 2 2 2 1 1 5		0 4 1 1 2 0 2 2 2 1 1 7		0 4 1 1 2 0 2 2 2 1 1 8		0 4 1 1 2 0 2 2 2 2 4 8		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT <small>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DPS)</small>
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*		 <small>87</small>	
			T. King		CHECKED BY OFFICER'S BADGE NUMBER*			
1 0	1 0 1	1 6 1	OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*			



UNIT #	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER)
0_1	Maluta, Phylis
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER)	

**OWNER PHONE:** INCLUDE AREA CODE. (  SAME AS DRIVER)

**COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP** **COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE

LP STATE O_H	LICENSE PLATE # EZL4401	VEHICLE IDENTIFICATION # WBAFB313511LH24311	VEHICLE YEAR 2001	VEHICLE MAKE BMW
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR Gold	VEHICLE MODEL X5

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

VEHICLE NUMBER [ 0 ]	# OF TRAILING UNITS		
	WAS VEHICLE OPERATING IN <b>AUTONOMOUS MODE</b> WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN		
[ 2 ]	AUTONOMOUS MODE LEVEL [ 0 ]	0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION
		1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION
		2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION

MODE LEVEL				
1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM	21 - MAIL CARRIER
<u>0</u> <u>1</u> 2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	17 - MOWING	99 - OTHER / UNKNOWN
<b>SPECIAL</b> 3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	18 - SNOW REMOVAL	
<b>FUNCTION</b> 4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	19 - TOWING	
	5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL

<u>0,1</u>	1 - NO CARGO BODY TYPE /NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER
<b>CARGO BODY TYPE</b>	2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	9 - CARGOTANK	13 - AUTO TRANSPORTER

1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE	99 - OTHER / UNKNOWN
VEHICLE 2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT	10 - DISABLED FROM PRIOR	
DEFECTS 3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE	ACCIDENT	

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

1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE
2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19 - STANDING
0 3	0 1	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	20 - OTHER NON-MOTORIST
<b>ACTION</b>	<b>PRE-CRASH ACTIONS</b>	<b>4 - OVERTAKING/PASSING</b>	<b>10 - PARKED</b>	<b>21 - STANDING OUTSIDE DISABLED VEHICLE</b>
5 - BOTH STRIKING	5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	16 - WORKING	99 - OTHER / UNKNOWN
& STRUCK	6 - MAKING LEFT TURN	12 - DRIVERLESS	17 - PUSHING VEHICLE	
9 - OTHER / UNKNOWN				

<b>08</b> <b>CONTRIBUTING CIRCUMSTANCES</b>	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 SPILLING	19 - LOAD SHIFTING/FALLING/ROADWAY	23 - OPENING DOOR INTO
	4 - RAN STOP SIGN	10 - IMPROPER PASSING	16 - WRONG WAY	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION
	5 - UNSAFE SPEED	11 - DROVE OFF ROAD			
	6 - IMPROPER TURN	12 - IMPROPER BACKING			

## SEQUENCE OF EVENTS

		NON-COLLISION					
1	2 0	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT	
		2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	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		
2		4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	14 - PEDESTRIAN	19 - ANIMAL - OTHER		
		5 - CARGO / EQUIPMENT	10 - CROSS MEDIAN	20 - MOTOR VEHICLE IN TRANSPORT			
		PRO 22 CLASS					

LOSS OR SHIFT		15 - PEDAL CYCLE	21 - PARKED MOTOR VEHICLE	24 - OTHER MOVEABLE OBJECT
<b>COLLISION WITH FIXED OBJECT - STRUCK</b>				
3		25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST
4		26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST
5		27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES
		28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL	45 - EMBANKMENT
6		29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	46 - FENCE
		30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	40 - UTILITY POLE
				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

LOCAL REPORT NUMBER  
2 2 0 2 5 6 3 3

<b>DAMAGE</b>	
<b>DAMAGE SCALE</b>	
2	1 - NONE      3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE      4 - DISABLING DAMAGE 9 - UNKNOWN

**DAMAGED AREA(S)**  
INDICATE ALL THAT APPLY

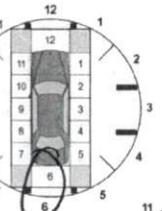
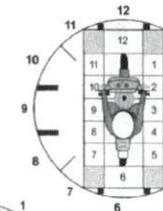
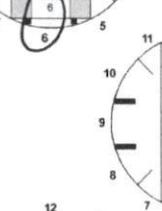
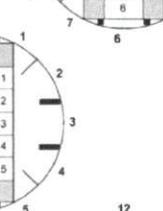
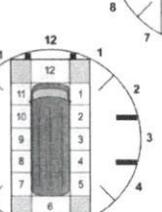
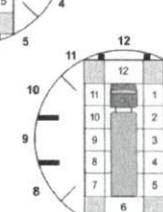
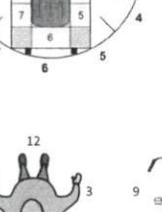
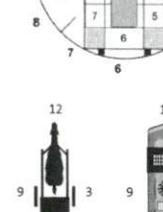
**INITIAL POINT OF CONTACT**  
0 - NO DAMAGE 14 - UNDERCARRIAGE  
1 - 2 15 - VEHICLE NOT AT SCENE  
1-12 - REFER TO UNIT DIAGRAM 99 - UNKNOWN  
13 - TOP

# 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  
FROM   3   TO   4        3 - EAST      7 - SOUTHEAST  
4 - WEST      8 - SOUTHWEST  
9 - OTHER / UNKNOWN

UNIT SPEED	DETECTED SPEED
<u>1 5</u>	<u>1</u>
POSTED SPEED	1 - STATED / ESTIMATED SPEED
<u>1 2 5</u>	2 - CALCULATED / EDR
	3 - UNDETERMINED

UNIT # <u>0 1 2</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)		
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 <u>O H</u>	LICENSE PLATE # <u>GLN9691</u>	VEHICLE IDENTIFICATION # <u>1HGC1R2F30GA2317450</u>	VEHICLE YEAR <u>2001</u>	VEHICLE MAKE <u>Honda</u>
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>Statefarm</u>	INSURANCE POLICY # <u>109-8547-D26-351</u>	COLOR <u>Black</u>	VEHICLE MODEL <u>Accord</u>
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 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>0 1</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)		12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME		
18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE		23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP		
# OF TRAILING UNITS <u>0</u>		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>0 2</u> 1 - YES 2 - NO 9 - OTHER / UNKNOWN		
		AUTONOMOUS MODE LEVEL <u>0</u> 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN		
SPECIAL FUNCTION <u>0 1</u>		1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER		
CARGO BODY TYPE <u>0 1</u>		6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE		
VEHICLE DEFECTS <u>0 1</u>		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		
NON-MOTORIST LOCATION AT IMPACT <u>0 1</u>		1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		
ACTION <u>0 4</u>		4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT		
CONTRIBUTING CIRCUMSTANCES <u>0 1</u>		7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT		
SEQUENCE OF EVENTS <u>1 2 0</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 13 - DRIVING 14 - STANDING 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 22 - 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 - 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 22 - OTHER UNKNOWN		
		1 - LEFT OF CENTER 2 - FOLLOWING TOO CLOSE / ACDA 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN		
		7 - RIGHT OF CENTER 8 - IMPROPER LANE CHANGE 9 - IMPROPER PASSING 10 - SWERVING TO AVOID 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 24 - OTHER IMPROPER ACTION		
		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		
		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 FIRST HARMFUL EVENT		1 MOST HARMFUL EVENT		

LOCAL REPORT NUMBER <u>2 2 0 2 5 6 3 3</u>		DAMAGE 2 - 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>0 1 6</u>		0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	
TRAFFIC			
TRAFFIC WAY FLOW <u>2</u>		TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 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>3</u> TO <u>4</u>		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED <u>0 1</u>		DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	
POSTED SPEED <u>2 5</u>			

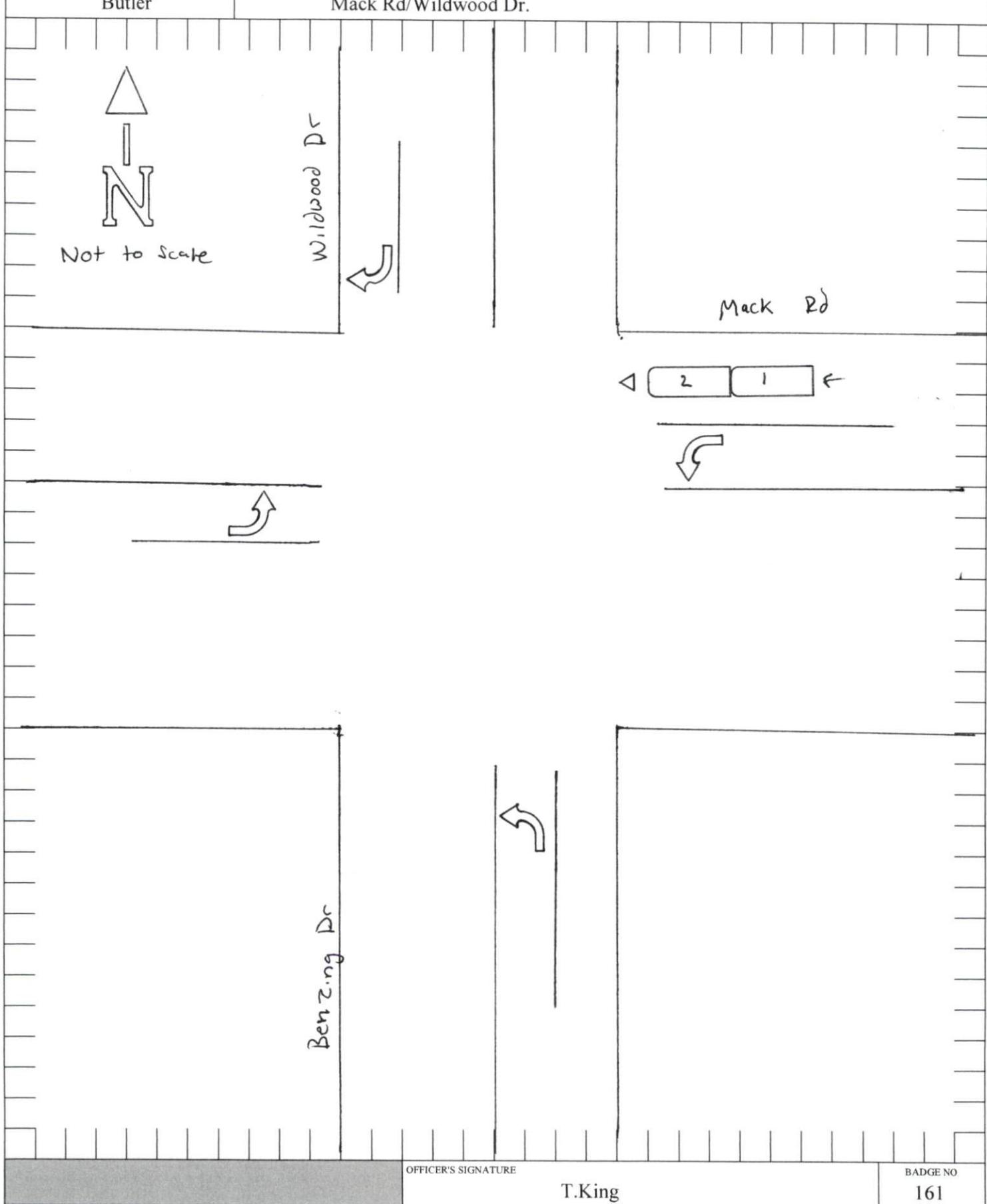


# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

2 2 0 2 5 6 3 3

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH			AGE	GENDER	
	0 1	Kungu, Peter, N				0 9 0 3 1 9 7 1	5 0		M		
	ADDRESS: STREET, CITY, STATE, ZIP 18 Planet Ct, Fairfield OH 45014				CONTACT PHONE - INCLUDE AREA CODE						
INJURIES		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	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE	<input checked="" type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER		
OL CLASS		ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	1	<input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	OVI		251155		
UNIT #		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH			AGE	GENDER	
0 2		Vail, Robert, Kent				0 7 0 1 1 9 5 2	6 9		M		
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE									
1024 Olde Station Ct, Fairfield OH 45014											
INJURIES		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	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE	<input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER		
OL CLASS		ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION		<input type="checkbox"/> ALCOHOL TEST	DRUG TEST(S)	
UNIT #		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH			AGE	GENDER	
0						0	0		0		0
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE									
INJURIES		INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE	<input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER		
OL CLASS		ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION		<input type="checkbox"/> ALCOHOL TEST	DRUG TEST(S)	
INJURIES		SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS				
1-FATAL		1-FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1-NOT DEPLOYED	1-CLASS A	1-ALCOHOL INTERLOCK DEVICE	1-NOT DISTRACTED	1-NONE GIVEN				
2-SUSPECTED SERIOUS INJURY		2-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	3-TEST GIVEN, RESULTS UNKNOWN				
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	4-TEST GIVEN, RESULTS UNKNOWN				
5-NO APPARENT INJURY		5-SECOND - MIDDLE	5-NOT APPLICABLE	5-M/C MOPED ONLY	5-EXCEPT CLASS A BUS	5-TALKING ON HAND-FREE COMMUNICATION DEVICE	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	6-ON HAND HELD COMMUNICATION DEVICE	6-TEST GIVEN, RESULTS UNKNOWN				
1-NOT TRANSPORTED / TREATED AT SCENE		7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	1-NOT EJECTED	H-HAZMAT	7-EXCEPT TRACTOR-TRAILER	7-TALKING ON HAND HELD COMMUNICATION DEVICE	7-TEST GIVEN, RESULTS UNKNOWN				
2-EMS		8-THIRD - MIDDLE	2-PARTIALLY EJECTED	M-MOTORCYCLE	8-INTERMEDIATE LICENSE RESTRICTIONS	8-ON HAND HELD COMMUNICATION DEVICE	8-TEST GIVEN, RESULTS UNKNOWN				
3-POLICE		9-THIRD - RIGHT SIDE	3-TOTALLY EJECTED	P-PASSENGER	9-LEARNER'S PERMIT RESTRICTIONS	9-ON HAND HELD COMMUNICATION DEVICE	9-TEST GIVEN, RESULTS UNKNOWN				
9-OTHER / UNKNOWN		10-SLEEPER SECTION OF TRUCK CAB	4-NOT APPLICABLE	N-TANKER	10-LIMITED TO DAYLIGHT ONLY	10-ON HAND HELD COMMUNICATION DEVICE	10-TEST GIVEN, RESULTS UNKNOWN				
SAFETY EQUIPMENT		11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1-NOT TRAPPED	Q-MOTOR SCOOTER	11-LIMITED TO EMPLOYMENT	11-ON HAND HELD COMMUNICATION DEVICE	11-TEST GIVEN, RESULTS UNKNOWN				
1-None USED		12-PASSENGER IN UNENCLOSED CARGO AREA	2-EXTRICATED BY MECHANICAL MEANS	R-THREE-WHEEL MOTORCYCLE	12-LIMITED - OTHER	12-ON HAND HELD COMMUNICATION DEVICE	12-TEST GIVEN, RESULTS UNKNOWN				
2-SHOULDER BELT ONLY USED		13-TRAILING UNIT	3-FREED BY NON-MECHANICAL MEANS	S-SCHOOL BUS	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13-ON HAND HELD COMMUNICATION DEVICE	13-TEST GIVEN, RESULTS UNKNOWN				
3-LAP BELT ONLY USED		14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		T-DOUBLE & TRIPLE TRAILERS	14-MILITARY VEHICLES ONLY	14-ON HAND HELD COMMUNICATION DEVICE	14-TEST GIVEN, RESULTS UNKNOWN				
4-SHOULDER & LAP BELT USED		15-NDN-MOTORIST		X-TANKER / HAZMAT	15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-ON HAND HELD COMMUNICATION DEVICE	15-TEST GIVEN, RESULTS UNKNOWN				
5-CHILD RESTRAINT SYSTEM - FORWARD FACING		99-OTHER / UNKNOWN			16-OUTSIDE MIRROR	16-ON HAND HELD COMMUNICATION DEVICE	16-TEST GIVEN, RESULTS UNKNOWN				
6-CHILD RESTRAINT SYSTEM - REAR FACING					17-PROSTHETIC AID	17-ON HAND HELD COMMUNICATION DEVICE	17-TEST GIVEN, RESULTS UNKNOWN				
7-BOOSTER SEAT					18-OTHER	18-ON HAND HELD COMMUNICATION DEVICE	18-TEST GIVEN, RESULTS UNKNOWN				
8-HELMET USED							19-TEST GIVEN, RESULTS UNKNOWN				
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)							20-TEST GIVEN, RESULTS UNKNOWN				
10-REFLECTIVE CLOTHING							21-TEST GIVEN, RESULTS UNKNOWN				
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY							22-TEST GIVEN, RESULTS UNKNOWN				
99-OTHER / UNKNOWN							23-TEST GIVEN, RESULTS UNKNOWN				

LOCAL REPORT NUMBER	PD-22-025633	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	Mack Rd/Wildwood Dr.	4/11/22
				
<p>Not to scale</p>				
<p>Officer's Signature: T.King</p>				
<p>Badge No: 161</p>				