



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY	LOCAL INFORMATION REPORTING AGENCY NAME* Fairfield Police Department		NCIC* 0 0 9 0 1	2 2 0 2 6 0 9 2		HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 0 2	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN	
COUNTY* 0 9	LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield				CRASH DATE / TIME* 0 4 1 3 2 0 2 2 1 5 0 8		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 5			
ROUTE TYPE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME Mack		ROAD TYPE R D	LATITUDE DECIMAL DEGREES 3 9 . 3 1 3 4 6 2		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY			
ROUTE TYPE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Ross		ROAD TYPE R D	LONGITUDE DECIMAL DEGREES - 8 4 . 5 0 4 4 0 5					
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1	DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS		ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 4		ROADWAY <input type="checkbox"/> ROADWAY DIVIDED			
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 0 1			MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 6 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN			DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN			
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA			CONTOUR 2	CONDITIONS 2	SURFACE 2			
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 1		WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 0 4 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 4/13/2022 at about 3:08 P.M. Unit 1 was traveling north on Ross Road and when at Mack Road stopped for the red light. Unit 1 then attempted to make a right and in so doing failed to yield the right of way striking Unit 2 which was traveling east on Mack Road.					<p>Indicate the north direction with an "N" on the compass diagram.</p> <p>SEE OH-2</p>						
CRASH REPORTED DATE / TIME 0 4 1 3 2 0 2 2 1 5 0 8		DISPATCH DATE / TIME 0 4 1 3 2 0 2 2 1 5 0 9		ARRIVAL DATE / TIME 0 4 1 3 2 0 2 2 1 5 1 4		SCENE CLEARED DATE / TIME 0 4 1 3 2 0 2 2 1 5 4 4		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)			
TOTAL TIME ROADWAY CLOSED 3 0		OTHER INVESTIGATION TIME 6 5		TOTAL MINUTES 1 5 8		OFFICER'S NAME* C. Frazier		CHECKED BY OFFICER'S NAME* Sat 8		CHECKED BY OFFICER'S BADGE NUMBER* 8 7	

UNIT #		OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)	
01					
OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)					
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE	
OH	JSC7740	KMHCT4AE7HU292557	2017	HYUNDAI	
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL	
<input checked="" type="checkbox"/>	GEICO	4429387352	BLUE	ACCENT	
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME		
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE			
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	HAZARDOUS MATERIAL		
<input type="checkbox"/>	<input type="checkbox"/>	01	<input type="checkbox"/> MATERIAL RELEASED CLASS # PLACARD ID #		
1 - PASSENGER CAR		7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	
2 - PASSENGER VAN (MINIVAN)		8 - MOTORCYCLE 3-WHEELED	13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)	
3 - SPORT UTILITY VEHICLE		9 - AUTOCYCLE	14 - SINGLE UNIT TRUCK	20 - OTHER VEHICLE	
4 - PICK UP		10 - MOPED OR MOTORIZED BICYCLE	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	
5 - CARGO VAN		11 - ALL TERRAIN VEHICLE (ATV / UTV)	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	
6 - VAN (9-15 SEATS)		17 - MOTORHOME	23 - PEDESTRIAN / SKATER	24 - WHEELCHAIR (ANY TYPE)	
UNIT TYPE		25 - OTHER NON-MOTORIST			
01		26 - BICYCLE			
0		27 - TRAIN			
# OF TRAILING UNITS		99 - UNKNOWN OR HIT/SKIP			
2					
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		AUTONOMOUS MODE LEVEL			
1 - YES 2 - NO 9 - OTHER / UNKNOWN		0			
1 - NONE		0 - NO AUTOMATION			
2 - TAXI		1 - DRIVER ASSISTANCE			
3 - ELECTRONIC RIDE SHARING		2 - PARTIAL AUTOMATION			
4 - SCHOOL TRANSPORT		3 - CONDITIONAL AUTOMATION			
5 - BUS - TRANSIT/COMMUTER		4 - HIGH AUTOMATION			
6 - BUS - CHARTER/TOUR		5 - FULL AUTOMATION			
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					
99 - OTHER / UNKNOWN					
1 - NO CARGO BODY TYPE / NOT APPLICABLE		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE			
2 - BUS		4 - LOGGING			
3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE		5 - INTERMODAL CONTAINER CHASSIS			
4 - LOGGING		6 - CARGO VAN/ENCLOSED BOX			
5 - INTERMODAL CONTAINER CHASSIS		7 - GRAIN/CHIPS/GRAVEL			
6 - CARGO VAN/ENCLOSED BOX		8 - POLE			
7 - GRAIN/CHIPS/GRAVEL		9 - CARGO TANK			
8 - POLE		10 - FLAT BED			
9 - CARGO TANK		11 - DUMP			
10 - FLAT BED		12 - CONCRETE MIXER			
11 - DUMP		13 - AUTO TRANSPORTER			
12 - CONCRETE MIXER		14 - GARBAGE/REFUSE			
13 - AUTO TRANSPORTER		99 - OTHER / UNKNOWN			
14 - GARBAGE/REFUSE					
99 - OTHER / UNKNOWN					
1 - TURN SIGNALS		4 - BRAKES			
2 - HEAD LAMPS		5 - STEERING			
3 - TAIL LAMPS		6 - TIRE BLOWOUT			
4 - BRAKES		7 - WORN OR SLICK TIRES			
5 - STEERING		8 - TRAILER EQUIPMENT DEFECTIVE			
6 - TIRE BLOWOUT		9 - MOTOR TROUBLE			
7 - WORN OR SLICK TIRES		10 - DISABLED FROM PRIOR ACCIDENT			
8 - TRAILER EQUIPMENT DEFECTIVE		99 - OTHER / UNKNOWN			
9 - MOTOR TROUBLE					
10 - DISABLED FROM PRIOR ACCIDENT					
99 - OTHER / UNKNOWN					
1 - INTERSECTION - MARKED CROSSWALK		3 - INTERSECTION - OTHER			
2 - INTERSECTION - UNMARKED CROSSWALK		4 - MIDBLOCK - MARKED CROSSWALK			
3 - INTERSECTION - OTHER		5 - TRAVEL LANE - OTHER LOCATION			
4 - MIDBLOCK - MARKED CROSSWALK		6 - BICYCLE LANE			
5 - TRAVEL LANE - OTHER LOCATION		7 - SHOULDER / ROADSIDE			
6 - BICYCLE LANE		8 - SIDEWALK			
7 - SHOULDER / ROADSIDE		9 - MEDIAN/CROSSING ISLAND			
8 - SIDEWALK		10 - DRIVEWAY ACCESS			
9 - MEDIAN/CROSSING ISLAND		11 - SHARED USE PATHS OR TRAILS			
10 - DRIVEWAY ACCESS		12 - FIRST RESPONDER AT INCIDENT SCENE			
11 - SHARED USE PATHS OR TRAILS		99 - OTHER / UNKNOWN			
12 - FIRST RESPONDER AT INCIDENT SCENE					
99 - OTHER / UNKNOWN					
1 - NON-CONTACT		1 - STRAIGHT AHEAD			
2 - NON-COLLISION		2 - BACKING			
3 - STRIKING		3 - CHANGING LANES			
4 - STRUCK		4 - OVERTAKING/PASSING			
5 - BOTH STRIKING & STRUCK		5 - MAKING RIGHT TURN			
6 - MAKING LEFT TURN		7 - MAKING U-TURN			
7 - MAKING U-TURN		8 - ENTERING TRAFFIC LANE			
8 - ENTERING TRAFFIC LANE		9 - LEAVING TRAFFIC LANE			
9 - LEAVING TRAFFIC LANE		10 - PARKED			
10 - PARKED		11 - SLOWING OR STOPPED IN TRAFFIC			
11 - SLOWING OR STOPPED IN TRAFFIC		12 - DRIVERLESS			
12 - DRIVERLESS		13 - NEGOTIATING A CURVE			
13 - NEGOTIATING A CURVE		14 - ENTERING OR CROSSING SPECIFIED LOCATION			
14 - ENTERING OR CROSSING SPECIFIED LOCATION		15 - WALKING, RUNNING, JOGGING, PLAYING			
15 - WALKING, RUNNING, JOGGING, PLAYING		16 - WORKING			
16 - WORKING		17 - PUSHING VEHICLE			
17 - PUSHING VEHICLE		18 - APPROACHING OR LEAVING VEHICLE			
18 - APPROACHING OR LEAVING VEHICLE		19 - STANDING			
19 - STANDING		20 - OTHER NON-MOTORIST			
20 - OTHER NON-MOTORIST		21 - STANDING OUTSIDE DISABLED VEHICLE			
21 - STANDING OUTSIDE DISABLED VEHICLE		99 - OTHER / UNKNOWN			
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					
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5 - CARGO / EQUIPMENT LOSS OR SHIFT		10 - CROSS MEDIAN			
6 - EQUIPMENT FAILURE		11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL			
7 - SEPARATION OF UNITS		12 - DOWNHILL RUNAWAY			
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OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)	
	02	MR. PLUMBER BY METZLER & HALLAM			
VEHICLE	OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)		COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		
	1033 3RD AVE SW SUITE 205, CARMEL, IN, 46032				
VEHICLE	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
	IN	TK106NPN	1FDWEJ3FLXEDB09897	2014	FORD
VEHICLE	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
		AMERISURE PARTNERS	CA 211775301105	BLUE	E350
VEHICLE	TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	
	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE				
VEHICLE	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	HAZARDOUS MATERIAL	
			02	<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
VEHICLE	UNIT TYPE		VEHICLE WEIGHT GVWR/GCWR		
	05		1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		
VEHICLE	# OF TRAILING UNITS		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		
	0		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN		
VEHICLE	SPECIAL FUNCTION		1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER		
	01		6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE		
VEHICLE	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		
	01		8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN		
VEHICLE	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		
	01				
VEHICLE	NON-MOTORIST LOCATION AT IMPACT		1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDDLEBLOCK - 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		
	01				
VEHICLE	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		
	04				
VEHICLE	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		
	01				
VEHICLE	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		
	120				
VEHICLE	COLLISION WITH FIXED OBJECT - STRUCK		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 BARRIER 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		
	1				
VEHICLE	FIRST HARMFUL EVENT		MOST HARMFUL EVENT		
	1		1		

LOCAL REPORT NUMBER	
22026092	
DAMAGE	
DAMAGE SCALE	
1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
2	
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 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
03	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
2	2
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
2	1
UNIT / NON-MOTORIST DIRECTION	
1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
FROM 4 TO 3	
UNIT SPEED	DETECTED SPEED
20	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
20	1
POSTED SPEED	
25	

HSY8306 OH1M 1/19 [760-1500]



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
2 2 0 2 6 0 9 2

OCCUPANT	UNIT # 2	NAME: LAST, FIRST, MIDDLE MURTHY, KAMERON, SURYA			DATE OF BIRTH 0 3 1 5 1 9 9 5		AGE 2 7	GENDER M	
	ADDRESS: STREET, CITY, STATE, ZIP 7739 DERBYSHIRE CT, LIBERTY TWP, OHIO, 45044				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 MC HELMET	SEATING POSITION 0 3	AIR BAG USAGE 0 1	EJECTION 1

OCCUPANT	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 MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION

OCCUPANT	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 MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION

OCCUPANT	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 MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION

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 PASSENGER)		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		99 - OTHER / UNKNOWN		12 - PASSENGER IN UNENCLOSED CARGO AREA		TRAPPED	
M - MALE				13 - TRAILING UNIT		1 - NOT TRAPPED	
U - OTHER / UNKNOWN				14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		2 - EXTRICATED BY MECHANICAL MEANS	
				15 - NON-MOTORIST		3 - FREED BY NON-MECHANICAL MEANS	
				99 - OTHER / UNKNOWN			

WITNESS	NAME: LAST, FIRST, MIDDLE JUMP, VICKIE, KIMMEY	DATE OF BIRTH 0 6 2 6 1 9 5 1		AGE 7 0	GENDER F
	ADDRESS: STREET, CITY, STATE, ZIP 5241 LEATHERWOOD DRIVE, WEST CHESTER, OHIO, 45069				
	CONTACT PHONE - INCLUDE AREA CODE				

WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE 0	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP				
	CONTACT PHONE - INCLUDE AREA CODE				

WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE 0	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP				
	CONTACT PHONE - INCLUDE AREA CODE				

LOCAL REPORT NUMBER	PD-22-026092	REPORTING AGENCY	City of Fairfield Police Dept	DATE OF CRASH	M 4 10 13 14 2022
IN COUNTY OF	Butler	CRASH LOCATION	Mack Road and Ross Road		

