



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

☒ PHOTOS TAKEN  
☐ SECONDARY CRASH  
☐ OH-2  
☐ OH-1P  
☒ PRIVATE PROPERTY  
☐ OTHER

LOCAL INFORMATION  
REPORTING AGENCY NAME\*  
Fairfield Police Department  
NCIC\*  
0 0 9 0 1

2 2 0 2 6 2 0 8  
HIT/SKIP  
1 - SOLVED  
2 - UNSOLVED  
NUMBER OF UNITS  
0 3  
UNIT IN ERROR  
98 - ANIMAL  
0 1  
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 4 2 0 2 2 0 2 0 8  
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  
LOCATION ROAD NAME  
PORT UNION  
ROAD TYPE  
R D

LATITUDE DECIMAL DEGREES  
3 9 . 3 3 1 9 0 6

ROUTE TYPE  
1 - NORTH  
2 - SOUTH  
3 - EAST  
4 - WEST  
ROUTE NUMBER  
PREFIX  
REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)  
4100  
ROAD TYPE

LONGITUDE DECIMAL DEGREES  
- 8 4 . 4 8 6 7 1 9

REFERENCE POINT  
1 - INTERSECTION  
2 - MILE POST  
3 - HOUSE #  
DIRECTION FROM REFERENCE  
1 - NORTH  
2 - SOUTH  
3 - EAST  
4 - WEST  
ROUTE TYPE  
IR - INTERSTATE ROUTE (TP)  
US - FEDERAL US ROUTE  
SR - STATE ROUTE  
CR - NUMBERED COUNTY ROUTE  
TR - NUMBERED TOWNSHIP ROUTE  
ROAD TYPE  
AL - ALLEY  
AV - AVENUE  
BL - BOULEVARD  
CR - CIRCLE  
CT - COURT  
DR - DRIVE  
HE - HEIGHTS  
HW - HIGHWAY  
LA - LANE  
MP - MILEPOST  
OV - OVAL  
PK - PARKWAY  
PI - PIKE  
PL - PLACE  
RD - ROAD  
SQ - SQUARE  
ST - STREET  
TE - TERRACE  
TL - TRAIL  
WA - WAY

INTERSECTION RELATED  
☐ WITHIN INTERSECTION OR ON APPROACH  
☐ WITHIN INTERCHANGE AREA  
NUMBER OF APPROACHES  
ROADWAY  
☐ 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  
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  
MANNER OF CRASH COLLISION/IMPACT  
1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT  
2 - REAR-END  
3 - HEAD-ON  
4 - REAR-TO-REAR  
5 - BACKING  
6 - ANGLE  
7 - SIDESWIPE, SAME DIRECTION  
8 - SIDESWIPE, OPPOSITE DIRECTION  
9 - OTHER / UNKNOWN

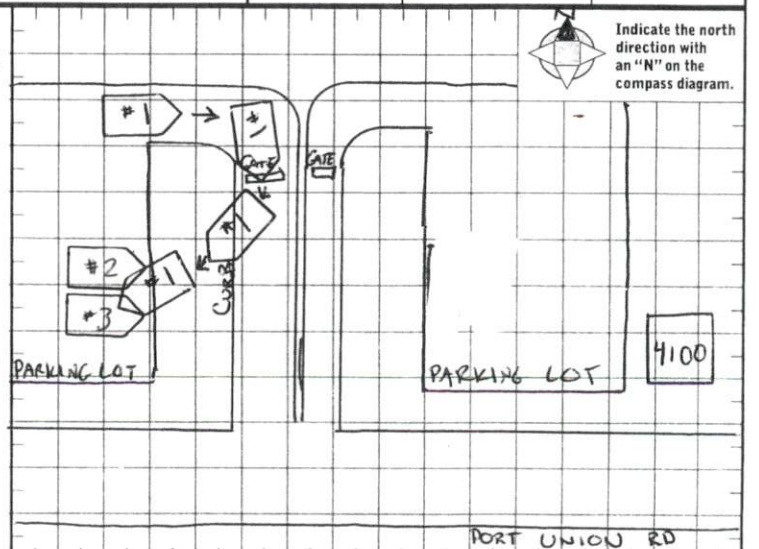
DIRECTION OF TRAVEL  
1 - NORTH  
2 - SOUTH  
3 - EAST  
4 - WEST  
MEDIAN TYPE  
1 - DIVIDED FLUSH MEDIAN (<4 FEET)  
2 - DIVIDED FLUSH MEDIAN (≥4 FEET)  
3 - DIVIDED, DEPRESSED MEDIAN  
4 - DIVIDED, RAISED MEDIAN (ANY TYPE)  
9 - OTHER/UNKNOWN

☐ WORK ZONE RELATED  
☐ WORKERS PRESENT  
☐ LAW ENFORCEMENT PRESENT  
☐ 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  
3  
1 - STRAIGHT LEVEL  
2 - STRAIGHT GRADE  
3 - CURVE LEVEL  
4 - CURVE GRADE  
9 - OTHER/UNKNOWN  
CONDITIONS  
2  
1 - DRY  
2 - WET  
3 - SNOW  
4 - ICE  
5 - SAND, MUD, DIRT, OIL, GRAVEL  
6 - WATER (STANDING, MOVING)  
7 - SLUSH  
9 - OTHER/UNKNOWN  
SURFACE  
2  
1 - CONCRETE  
2 - BLACKTOP, BITUMINOUS, ASPHALT  
3 - BRICK/BLOCK  
4 - SLAG, GRAVEL, STONE  
5 - DIRT  
9 - OTHER/UNKNOWN

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 4  
1 - CLEAR  
2 - CLOUDY  
3 - FOG, SMOG, SMOKE  
4 - RAIN  
5 - SLEET, HAIL  
6 - SNOW  
7 - SEVERE CROSSWINDS  
8 - BLOWING SAND, SOIL, DIRT, SNOW  
9 - FREEZING RAIN OR FREEZING DRIZZLE  
99 - OTHER / UNKNOWN

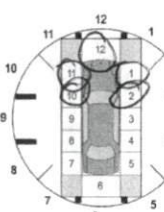
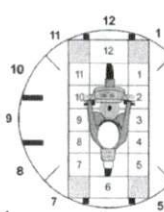
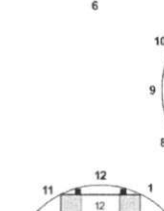
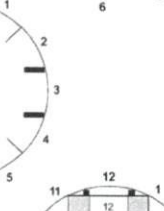
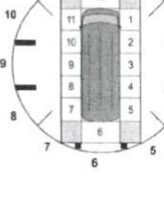
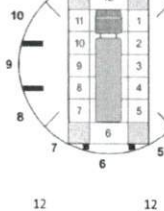
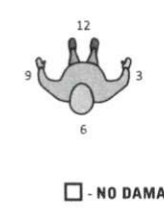
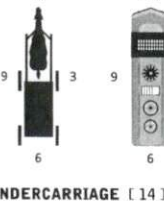
NARRATIVE  
ON APRIL 14, 2022 AT ABOUT 2:08 A.M. UNIT 1 WAS EXITING THE PARKING LOT (GATE B) AT KOCH FOODS LOCATED AT 4100 PORT UNION RD. AND FAILED TO CONTROL HER VEHICLE, STRIKING A CLOSED GATE, A CURB, AND TWO PARKED VEHICLES WHICH IS WHERE THE VEHICLE CAME TO A FINAL REST.  
UNIT 1 WAS ALSO CHARGED WITH DRIVING ON A TEMPORARY PERMIT WITHOUT A LICENSED DRIVER IN THE VEHICLE 335.03 (a) (2) (B) - MM.  
THE GATE BELONGS TO KOCH FOODS, LOCATED AT 4100 PORT UNION RD. THEIR PHONE NUMBER IS



CRASH REPORTED DATE / TIME  
0 4 1 4 2 0 2 2 0 3 5 7  
DISPATCH DATE / TIME  
0 4 1 4 2 0 2 2 0 4 0 7  
ARRIVAL DATE / TIME  
0 4 1 4 2 0 2 2 0 4 1 1  
SCENE CLEARED DATE / TIME  
0 4 1 4 2 0 2 2 0 5 3 6  
REPORT TAKEN BY  
☒ POLICE AGENCY  
☐ MOTORIST  
☐ SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO 909-9)  
TOTAL TIME ROADWAY CLOSED  
OTHER INVESTIGATION TIME  
TOTAL MINUTES  
OFFICER'S NAME\*  
P.O. S. FINLEY  
OFFICER'S BADGE NUMBER\*  
1 6 3  
CHECKED BY OFFICER'S NAME\*  
SGT. K. HARRINGTON  
CHECKED BY OFFICER'S BADGE NUMBER\*  
1 1 2

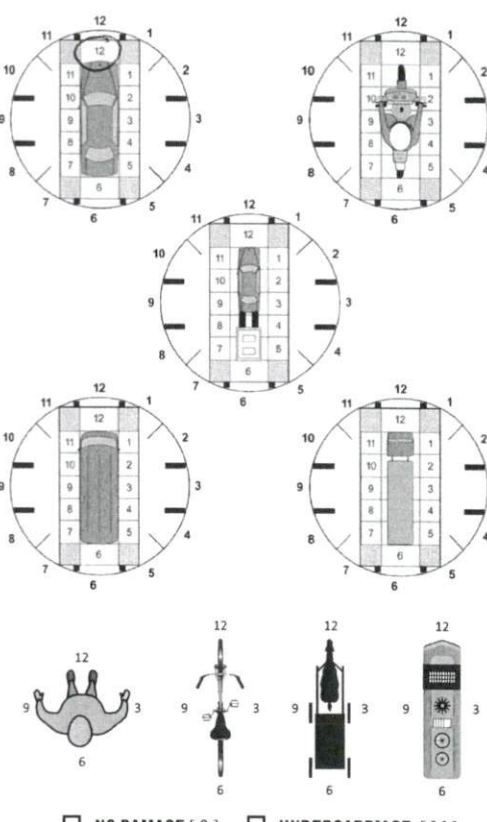


OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE OH	LICENSE PLATE # JJP9316	VEHICLE IDENTIFICATION # JTDTK14K38B5332661	VEHICLE YEAR 2011	VEHICLE MAKE TOYOTA
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY STATE FARM	INSURANCE POLICY # C98 9402-E10-35	COLOR WHITE	VEHICLE MODEL YARIS
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 01	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	TOWED BY: COMPANY NAME MARCELLS TOWING
	TYPE OF USE		HAZARDOUS MATERIAL		
	<input type="checkbox"/> PASSENGER CAR		<input type="checkbox"/> MATERIAL RELEASED		
	<input type="checkbox"/> PASSENGER VAN (MINIVAN)		<input type="checkbox"/> PLACARD		
	<input type="checkbox"/> SPORT UTILITY VEHICLE		CLASS # PLACARD ID #		
	<input type="checkbox"/> PICK UP				
	<input type="checkbox"/> CARGO VAN				
<input type="checkbox"/> VAN (9-15 SEATS)					
# OF TRAILING UNITS					
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		AUTONOMOUS MODE LEVEL			
1 - YES 2 - NO 9 - OTHER / UNKNOWN		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN			
SPECIAL FUNCTION					
1 - NONE		6 - BUS - CHARTER/TOUR			
2 - TAXI		7 - BUS - INTERCITY			
3 - ELECTRONIC RIDE SHARING		8 - BUS - SHUTTLE			
4 - SCHOOL TRANSPORT		9 - BUS - OTHER			
5 - BUS - TRANSIT/COMMUTER		10 - AMBULANCE			
11 - FIRE		12 - MILITARY			
13 - POLICE		14 - PUBLIC UTILITY			
15 - CONSTRUCTION EQUIPMENT		20 - SAFETY SERVICE PATROL			
CARGO BODY TYPE					
1 - NO CARGO BODY TYPE / NOT APPLICABLE		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE			
2 - BUS		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 - AUTOTRANSporter		14 - GARBAGE/REFUSE			
99 - OTHER / UNKNOWN		99 - OTHER / UNKNOWN			
VEHICLE DEFECTS					
1 - TURN SIGNALS		4 - BRAKES			
2 - HEAD LAMPS		5 - STEERING			
3 - TAIL LAMPS		6 - TIRE BLOWOUT			
7 - WORN OR SLICK TIRES		9 - MOTOR TROUBLE			
8 - TRAILER EQUIPMENT DEFECTIVE		99 - OTHER / UNKNOWN			
10 - DISABLED FROM PRIOR ACCIDENT					
NON-MOTORIST LOCATION AT IMPACT					
1 - INTERSECTION - MARKED CROSSWALK		3 - INTERSECTION - OTHER			
2 - INTERSECTION - UNMARKED CROSSWALK		4 - MIDBLOCK - MARKED CROSSWALK			
5 - TRAVEL LANE - OTHER LOCATION		6 - BICYCLE LANE			
7 - SHOULDER / ROADSIDE		9 - MEDIAN/CROSSING ISLAND			
8 - SIDEWALK		10 - DRIVEWAY ACCESS			
11 - SHARED USE PATHS OR TRAILS		12 - FIRST RESPONDER AT INCIDENT SCENE			
99 - OTHER / UNKNOWN		99 - OTHER / UNKNOWN			
ACTION					
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			
9 - OTHER / UNKNOWN		6 - MAKING LEFT TURN			
12 - DRIVERLESS					
17 - PUSHING VEHICLE					
99 - OTHER / UNKNOWN					
CONTRIBUTING CIRCUMSTANCES					
1 - NONE		7 - LEFT OF CENTER			
2 - FAILURE TO YIELD		8 - FOLLOWING TOO CLOSE / ACDA			
3 - RAN RED LIGHT		9 - IMPROPER LANE CHANGE			
4 - RAN STOP SIGN		10 - IMPROPER PASSING			
5 - UNSAFE SPEED		11 - DROVE OFF ROAD			
6 - IMPROPER TURN		12 - IMPROPER BACKING			
13 - IMPROPER START FROM A PARKED POSITION		17 - VISION OBSTRUCTION			
14 - STOPPED OR PARKED ILLEGALLY		18 - OPERATING DEFECTIVE EQUIPMENT			
15 - SWERVING TO AVOID		19 - LOAD SHIFTING/FALLING/SPILLING			
16 - WRONG WAY		20 - IMPROPER CROSSING			
21 - LYING IN ROADWAY					
22 - NOT DISCERNIBLE					
23 - OPENING DOOR INTO ROADWAY					
99 - OTHER IMPROPER ACTION					
SEQUENCE OF EVENTS					
1 - OVERTURN/ROLLOVER		NON-COLLISION			
2 - FIRE/EXPLOSION		11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL			
3 - IMMERSION		12 - DOWNHILL RUNAWAY			
4 - JACKKNIFE		13 - OTHER NON-COLLISION			
5 - CARGO / EQUIPMENT LOSS OR SHIFT		14 - PEDESTRIAN			
6 - EQUIPMENT FAILURE		15 - PARKED MOTOR VEHICLE			
7 - SEPARATION OF UNITS		16 - RAILWAY VEHICLE			
8 - RAN OFF ROAD RIGHT		17 - ANIMAL - FARM			
9 - RAN OFF ROAD LEFT		18 - ANIMAL - DEER			
10 - CROSS MEDIAN		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					
COLLISION WITH FIXED OBJECT - STRUCK					
25 - IMPACT ATTENUATOR / CRASH CUSHION		31 - GUARDRAIL END			
26 - BRIDGE OVERHEAD STRUCTURE		32 - PORTABLE BARRIER			
27 - BRIDGE PIER OR ABUTMENT		33 - MEDIAN CABLE BARRIER			
28 - BRIDGE PARAPET		34 - MEDIAN GUARDRAIL BARRIER			
29 - BRIDGE RAIL		35 - MEDIAN CONCRETE BARRIER			
30 - GUARDRAIL FACE		36 - MEDIAN OTHER BARRIER			
37 - TRAFFIC SIGN POST		43 - CURB			
38 - OVERHEAD SIGN POST		44 - DITCH			
39 - LIGHT / LUMINARIES SUPPORT		45 - EMBANKMENT			
40 - UTILITY POLE		46 - FENCE			
41 - OTHER POST, POLE OR SUPPORT		47 - MAILBOX			
42 - CULVERT		48 - TREE			
49 - FIRE HYDRANT		50 - WORK ZONE MAINTENANCE EQUIPMENT			
51 - WALL		52 - BUILDING			
53 - TUNNEL		54 - OTHER FIXED OBJECT			
99 - OTHER / UNKNOWN		99 - OTHER / UNKNOWN			
FIRST HARMFUL EVENT		MOST HARMFUL EVENT			

LOCAL REPORT NUMBER 2 2 0 2 6 2 0 8	
DAMAGE	
DAMAGE SCALE	
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 checked="" 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	
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE	
13 - TOP 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN
2 - TWO-WAY	2 - SIGNAL 5 - YIELD SIGN
	3 - FLASHER 6 - NO CONTROL
# 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	
3 - EAST 7 - SOUTHEAST	
4 - WEST 8 - SOUTHWEST	
9 - OTHER / UNKNOWN	
UNIT SPEED	DETECTED SPEED
	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED
POSTED SPEED	
1 5	

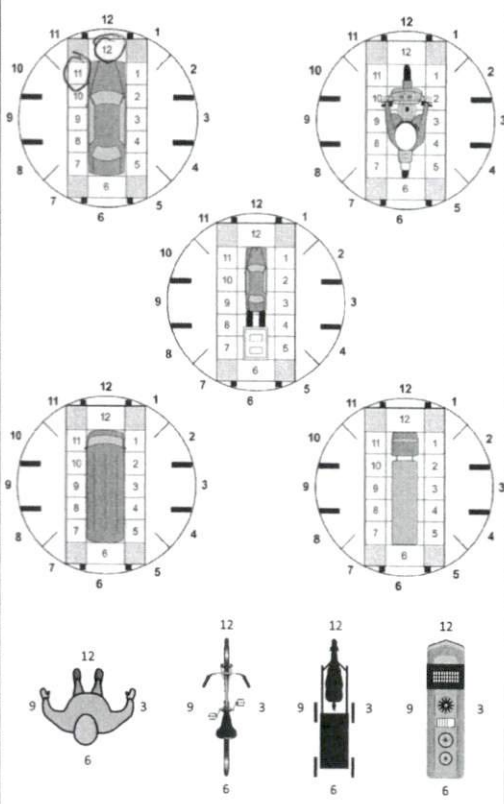


OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )		OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )	
	012	FATAKI, BENEDICTE M			
VEHICLE	OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )				
	490 CREEKSIDE DR. APT. 100 FAIRFIELD, OHIO 45014				
EVENT(S)	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
VEHICLE	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
	OH	JSC7019	4T4B6K89R069665	2009	TOYOTA
VEHICLE	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
		STATEFARM	2013905048	BLUE	CAMRY
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	
			00	<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
VEHICLE	VEHICLE WEIGHT GVWR/GCWR		CLASS # PLACARD ID #		
	1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.				
VEHICLE	UNIT TYPE		UNIT TYPE		
	01		01		
VEHICLE	# OF TRAILING UNITS		# OF TRAILING UNITS		
VEHICLE	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		AUTONOMOUS MODE LEVEL		
	1 - YES 2 - NO 9 - OTHER / UNKNOWN		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN		
VEHICLE	SPECIAL FUNCTION		SPECIAL FUNCTION		
	01		01		
VEHICLE	CARGO BODY TYPE		CARGO BODY TYPE		
	01		01		
VEHICLE	VEHICLE DEFECTS		VEHICLE DEFECTS		
	01		01		
VEHICLE	NON-MOTORIST LOCATION AT IMPACT		NON-MOTORIST LOCATION AT IMPACT		
	01		01		
VEHICLE	ACTION		ACTION		
	01		01		
VEHICLE	CONTRIBUTING CIRCUMSTANCES		CONTRIBUTING CIRCUMSTANCES		
	01		01		
VEHICLE	SEQUENCE OF EVENTS		SEQUENCE OF EVENTS		
	01		01		
VEHICLE	FIRST HARMFUL EVENT		MOST HARMFUL EVENT		
	01		01		

LOCAL REPORT NUMBER	
22026208	
DAMAGE	
DAMAGE SCALE	
1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
3	
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 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN	
1 2	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# 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 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED	DETECTED SPEED
0	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	
1 5	



OWNER	UNIT # 013	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) THIAM, KALIDOU DJIBY	OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 1 MULBERRY CT. APT. 56 CINCINNATI, OHIO 45215				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE OH	LICENSE PLATE # JDF3483	VEHICLE IDENTIFICATION # JTMBF4DV6AD030571	VEHICLE YEAR 2010	VEHICLE MAKE TOYOTA
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY ERIE INSURANCE	INSURANCE POLICY # Q12 665 0247	COLOR BLACK	VEHICLE MODEL RAV4
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 00	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	TOWED BY: COMPANY NAME WAYNE'S TOWING
	TYPE OF USE		HAZARDOUS MATERIAL		
	<input type="checkbox"/> PASSENGER CAR		<input type="checkbox"/> MATERIAL RELEASED		
	<input type="checkbox"/> PASSENGER VAN (MINIVAN)		<input type="checkbox"/> PLACARD		
	<input type="checkbox"/> SPORT UTILITY VEHICLE		CLASS # PLACARD ID #		
	<input type="checkbox"/> PICK UP				
	<input type="checkbox"/> CARGO VAN				
<input type="checkbox"/> VAN (9-15 SEATS)					
# OF TRAILING UNITS					
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		AUTONOMOUS MODE LEVEL			
1 - YES 2 - NO 9 - OTHER / UNKNOWN		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN			
SPECIAL FUNCTION					
1 - NONE		6 - BUS - CHARTER/TOUR			
2 - TAXI		7 - BUS - INTERCITY			
3 - ELECTRONIC RIDE SHARING		8 - BUS - SHUTTLE			
4 - SCHOOL TRANSPORT		9 - BUS - OTHER			
5 - BUS - TRANSIT/COMMUTER		10 - AMBULANCE			
CARGO BODY TYPE					
1 - NO CARGO BODY TYPE / NOT APPLICABLE		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE			
2 - BUS		4 - LOGGING			
VEHICLE DEFECTS					
1 - TURN SIGNALS		4 - BRAKES			
2 - HEAD LAMPS		5 - STEERING			
3 - TAIL LAMPS		6 - TIRE BLOWOUT			
NON-MOTORIST LOCATION AT IMPACT					
1 - INTERSECTION - MARKED CROSSWALK		3 - INTERSECTION - OTHER			
2 - INTERSECTION - UNMARKED CROSSWALK		4 - MIDBLOCK - MARKED CROSSWALK			
3 - TRAVEL LANE - OTHER LOCATION		5 - TRAVEL LANE - OTHER LOCATION			
ACTION					
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			
9 - OTHER / UNKNOWN		6 - MAKING LEFT TURN			
CONTRIBUTING CIRCUMSTANCES					
1 - NONE		7 - LEFT OF CENTER			
2 - FAILURE TO YIELD		8 - FOLLOWING TOO CLOSE / ACDA			
3 - RAN RED LIGHT		9 - IMPROPER LANE CHANGE			
4 - RAN STOP SIGN		10 - IMPROPER PASSING			
5 - UNSAFE SPEED		11 - DROVE OFF ROAD			
6 - IMPROPER TURN		12 - IMPROPER BACKING			
SEQUENCE OF EVENTS					
1 - OVERTURN/ROLLOVER		6 - EQUIPMENT FAILURE			
2 - FIRE/EXPLOSION		7 - SEPARATION OF UNITS			
3 - IMMERSION		8 - RAN OFF ROAD RIGHT			
4 - JACKKNIFE		9 - RAN OFF ROAD LEFT			
5 - CARGO / EQUIPMENT LOSS OR SHIFT		10 - CROSS MEDIAN			
NON-COLLISION					
11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL		16 - RAILWAY VEHICLE			
12 - DOWNHILL RUNAWAY		17 - ANIMAL - FARM			
13 - OTHER NON-COLLISION		18 - ANIMAL - DEER			
14 - PEDESTRIAN		19 - ANIMAL - OTHER			
15 - PEDALCYCLE		20 - MOTOR VEHICLE IN TRANSPORT			
COLLISION WITH FIXED OBJECT - STRUCK					
31 - GUARDRAIL END		37 - TRAFFIC SIGN POST			
32 - PORTABLE BARRIER		38 - OVERHEAD SIGN POST			
33 - MEDIAN CABLE BARRIER		39 - LIGHT / LUMINARIES SUPPORT			
34 - MEDIAN GUARDRAIL BARRIER		40 - UTILITY POLE			
35 - MEDIAN CONCRETE BARRIER		41 - OTHER POST, POLE OR SUPPORT			
36 - MEDIAN OTHER BARRIER		42 - CULVERT			
43 - CURB		50 - WORK ZONE MAINTENANCE EQUIPMENT			
44 - DITCH		51 - WALL			
45 - EMBANKMENT		52 - BUILDING			
46 - FENCE		53 - TUNNEL			
47 - MAILBOX		54 - OTHER FIXED OBJECT			
48 - TREE		99 - OTHER / UNKNOWN			
49 - FIRE HYDRANT					
FIRST HARMFUL EVENT		MOST HARMFUL EVENT			

LOCAL REPORT NUMBER 2 2 0 2 6 2 0 8	
DAMAGE	
DAMAGE SCALE	
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	
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE	
13 - TOP 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN
2 - TWO-WAY	2 - SIGNAL 5 - YIELD SIGN
	3 - FLASHER 6 - NO CONTROL
# 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	
3 - EAST 7 - SOUTHEAST	
4 - WEST 8 - SOUTHWEST	
9 - OTHER / UNKNOWN	
UNIT SPEED	DETECTED SPEED
0	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED
POSTED SPEED	
1 5	





# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER													
2 2 0 2 6 2 0 8													
UNIT # 0 1		NAME: LAST, FIRST, MIDDLE BEDIAKO, GRACE SARPOMAH				DATE OF BIRTH 0 7 0 3 1 9 6 8		AGE 5 3	GENDER F				
ADDRESS: STREET, CITY, STATE, ZIP 7743 WILDBRANCH RD. HAMILTON, OHIO 45011						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 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1			
OL STATE O H	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 331.34 (a)		LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION FAILURE TO CONTROL		CITATION NUMBER 251176					
OL CLASS 1	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 9	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE 1 1 .		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1			
UNIT #						NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	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	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	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4			
UNIT #						NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	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	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	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4			
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 - TALKING ON HANDS-FREE COMMUNICATION DEVICE		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 - TALKING ON HAND-HELD COMMUNICATION DEVICE		4 - TEST GIVEN, RESULTS KNOWN	
5 - NO APPARENT INJURY		5 - SECOND - MIDDLE		5 - NOT APPLICABLE		5 - M/C MOPED ONLY		5 - EXCEPT CLASS A & CLASS B BUS		5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		5 - TEST GIVEN, RESULTS UNKNOWN	
INJURED TAKEN BY		6 - SECOND - RIGHT SIDE		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		EJECTION		OL ENDORSEMENT		ALCOHOL TEST TYPE			
1 - NOT TRANSPORTED / TREATED AT SCENE		7 - THIRD - MIDDLE		8 - THIRD - RIGHT SIDE		1 - NOT EJECTED		H - HAZMAT		1 - NONE			
2 - EMS		9 - THIRD - RIGHT SIDE		10 - SLEEPER SECTION OF TRUCK CAB		2 - PARTIALLY EJECTED		M - MOTORCYCLE		2 - BLOOD			
3 - POLICE		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		12 - PASSENGER IN UNENCLOSED CARGO AREA		3 - TOTALLY EJECTED		N - TANKER		3 - URINE			
9 - OTHER / UNKNOWN		13 - TRAILING UNIT		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		4 - NOT APPLICABLE		Q - MOTOR SCOOTER		4 - BREATH			
SAFETY EQUIPMENT		15 - NON-MOTORIST		99 - OTHER / UNKNOWN		TRAPPED		R - THREE-WHEEL MOTORCYCLE		5 - OTHER			
1 - NONE USED		16 - BOOSTER SEAT				1 - NOT TRAPPED		S - SCHOOL BUS		6 - PASSENGER		DRUG TEST TYPE	
2 - SHOULDER BELT ONLY USED		7 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)				2 - EXTRICATED BY MECHANICAL MEANS		T - DOUBLE & TRIPLE TRAILERS		7 - OTHER DISTRACTION INSIDE THE VEHICLE		1 - NONE	
3 - LAP BELT ONLY USED		10 - REFLECTIVE CLOTHING				3 - FREED BY NON-MECHANICAL MEANS		X - TANKER / HAZMAT		8 - OTHER DISTRACTION OUTSIDE THE VEHICLE		2 - BLOOD	
4 - SHOULDER & LAP BELT USED		11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						GENDER		9 - OTHER / UNKNOWN		3 - URINE	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		99 - OTHER / UNKNOWN						F - FEMALE		CONDITION		4 - OTHER	
6 - CHILD RESTRAINT SYSTEM - REAR FACING								M - MALE		1 - APPARENTLY NORMAL			
7 - BOOSTER SEAT								U - OTHER / UNKNOWN		2 - PHYSICAL IMPAIRMENT			
8 - HELMET USED										3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)			
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)										4 - ILLNESS			
10 - REFLECTIVE CLOTHING										5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.			
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY										6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL			
99 - OTHER / UNKNOWN										9 - OTHER / UNKNOWN		DRUG TEST RESULT(S)	
												1 - AMPHETAMINES	
												2 - BARBITURATES	
												3 - BENZODIAZEPINES	
												4 - CANNABINOIDS	
												5 - COCAINE	
												6 - OPIATES / OPIOIDS	
												7 - OTHER	
												8 - NEGATIVE RESULTS	