

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

			LOCAL INFORMATION			LOCAL REPORT NUMBER*			
<input checked="" type="checkbox"/> PHOTOS TAKEN <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			REPORTING AGENCY NAME* Fairfield Police Department			NCIC* 00901 HIT/SKIP 1-SOLVED 2-UNRESOLVED NUMBER OF UNITS 02 UNIT IN ERROR 98-ANIMAL 01 99-UNKNOWN			
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*	City of Fairfield			CRASH DATE / TIME*		CRASH SEVERITY	
09	1-CITY 2-VILLAGE 3-TOWNSHIP				04142022 1200		5	1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY	
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME NILLES	ROAD TYPE R D	LATITUDE DECIMAL DEGREES 39 33 74 29			
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 745	ROAD TYPE	LONGITUDE DECIMAL DEGREES -84 55 49 45			
REFERENCE POINT	DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED					
1-INTERSECTION 3-MILE POST 3-HOUSE #	1-NORTH 2-SOUTH 3-EAST 4-WEST	IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE	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	<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES			
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE	ROUTE TYPE	ROAD TYPE	ROADWAY					
	1-MILES 2- FEET 3-YARDS	CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	HE - HEIGHTS	<input type="checkbox"/> ROADWAY DIVIDED					
LOCATION OF FIRST HARMFUL EVENT			MANNER OF CRASH COLLISION/IMPACT			DIRECTION OF TRAVEL	MEDIAN TYPE		
01	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	1- NOT COLLISION 2- TWO MOTOR VEHICLES IN TRANSPORT 3- REAR-END 4- HEAD-ON	4- REAR-TO-REAR 5- BACKING 6- ANGLE 7- SIDESWIPE, SAME DIRECTION 8- SIDESWIPE, OPPOSITE DIRECTION 9- OTHER / UNKNOWN	1-NORTH 2-SOUTH 3-EAST 4-WEST	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		WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE		CONTOUR	CONDITIONS	SURFACE	
<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		1	1	2	
LIGHT CONDITION		WEATHER			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		
01		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									
<p>On March 14, 2022 at about 12:00 p.m. Unit 1 was traveling west on Nilles Rd. and when at 745 Nilles Rd. failed to stop within the assured clear distance ahead and collided with Unit 2 which was also westbound and had stopped in traffic.</p>									
 <p>Indicate the north direction with an "N" on the compass diagram.</p>									
<p>SEE OH-2</p>									
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY	
04142022 1204		04142022 1209		04142022 1209		04142022 1316		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OGPS)	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*	CHECKED BY OFFICER'S NAME*		
0		1 5		8 2		P.O. RYAN FLEENOR	P.O.C. More		
						OFFICER'S BADGE NUMBER*	CHECKED BY OFFICER'S BADGE NUMBER*		
						1 1 7	1 3 6		

UNIT

OWNER

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE	<input type="checkbox"/> SAME AS DRIVER	OWNER PHONE: INCLUDE AREA CODE	<input type="checkbox"/> SAME AS DRIVER
0 1	OHIO LOTTERY COMMISSION	[REDACTED]		
OWNER ADDRESS: STREET, CITY, STATE, ZIP		<input type="checkbox"/> SAME AS DRIVER		
615 W. SUPERIOR AVE. CLEVELAND, OH 44113-1815				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
O H	S70133	2 C 14 J R G A G 4 E R 3 2 7 5 1 4	2 0 1 4	RAM
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY STATE OF OHIO	INSURANCE POLICY # 0061	COLOR SILVER	VEHICLE MODEL TRADESMA
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME FOX TOWING	
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	HAZARDOUS MATERIAL	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 0 1	<input type="checkbox"/> MATERIAL RELEASED	CLASS # PLACARD ID #
		VEHICLE WEIGHT GVWR/GCWR 1. <=10K LBS. 2. 10,001 - 26K LBS. 3. >26K LBS.	<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	18 - LIMO (LIVERY VEHICLE)	29 - UNKNOWN OR HIT/SKIP	

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

SPECIAL FUNCTION		1 - NONE			
4 - SCHOOL TRANSPORT		6 - BUS-CHARTERTOUR	11 - FIRE	16 - FARM	21 - MAIL CARRIER
5 - BUS-TRANSIT/COMMUTER		7 - BUS-INTERCITY	12 - MILITARY	17 - MOWING	99 - OTHER/UNKNOWN
6 - VAN (9-15 SEATS)		8 - BUS-SHUTTLE	13 - POLICE	18 - SNOW/REMOVAL	
7 - CARGO VAN		9 - BUS-OTHER	14 - PUBLIC UTILITY	19 - TOWING	
8 - VAN (16+ SEATS)		10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL	

CARGO BODY TYPE		1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER
2 - BUS		4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	9 - CARGOTANK	13 - AUTOTRANSPORTER	
3 - VAN (16+ SEATS)		7 - GRAIN/CHIPS/GRAVEL	10 - FLAT BED	14 - GARBAGE/REFUSE		
4 - CARGO VAN		8 - TIRE BLOWOUT	11 - DUMP	99 - OTHER/UNKNOWN		

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

NON-MOTORIST LOCATION AT IMPACT		1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER CROSSWALK	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE
2 - INTERSECTION - UNMARKED CROSSWALK		4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	11 - SHARED USE PATHS OR TRAILS	99 - OTHER/UNKNOWN
3 - SIDEWALK		5 - TRAVEL LANE - OTHER LOCATION				

ACTION		1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE
3 - STRIKING		2 - BACKING	8 - ENTERING TRAFFIC LANE	9 - LEAVING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19 - STANDING
4 - STRUCK		3 - CHANGING LANES	10 - PARKED	15 - WALKING, RUNNING, JOGGING, PLAYING	20 - OTHER NON-MOTORIST	
5 - BOTH STRIKING & STRUCK		4 - OVERTAKING/PASSING	11 - SLOWING OR STOPPED IN TRAFFIC	16 - WORKING	21 - STANDING OUTSIDE DISABLED VEHICLE	
9 - OTHER/UNKNOWN		5 - MAKING RIGHT TURN	12 - MAKING LEFT TURN	17 - PUSHING VEHICLE	99 - OTHER/UNKNOWN	

CONTRIBUTING CIRCUMSTANCES		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	23 - OPENING DOOR INTO ROADWAY
3 - RAN RED LIGHT		9 - IMPROPER LANE CHANGE	15 - SWERVING TO AVOID	19 - LOAD SHIFTING/FALLING/SPILLING	24 - OTHER IMPROPER ACTION	99 - OTHER IMPROPER ACTION
4 - RAN STOP SIGN		10 - IMPROPER PASSING	16 - WRONG WAY			
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 - 1		2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	17 - ANIMAL - FARM	18 - ANIMAL - DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION
3 - 1		3 - IMMERSION	8 - RAN OFF ROAD RIGHT	18 - ANIMAL - OTHER	19 - ANIMAL - OTHER	20 - MOTOR VEHICLE IN TRANSPORT
4 - 1		4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	20 - MOTOR VEHICLE IN TRANSPORT	21 - PARKED MOTOR VEHICLE	24 - OTHER MOBILE OBJECT
5 - 1		5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	14 - PEDESTRIAN		
6 - 1		6 - PEDESTRIAN	15 - PEDALCYCLE			

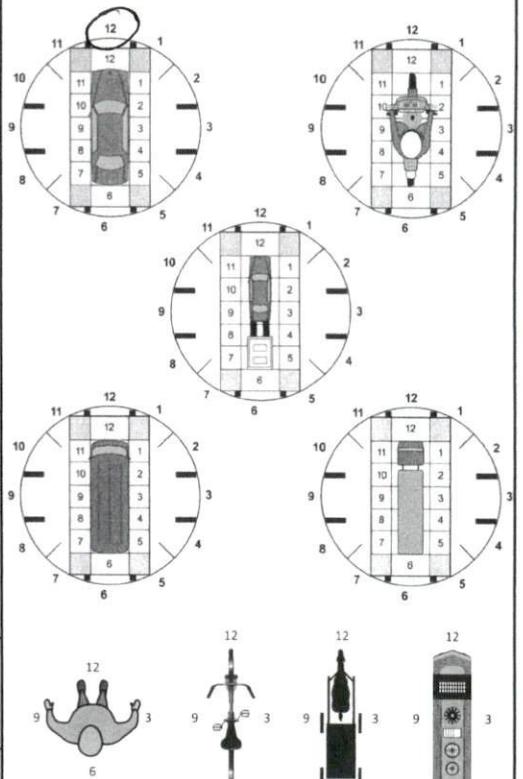
COLLISION WITH FIXED OBJECT - STRUCK		COLLISION WITH FIXED OBJECT - STRUCK				
4 - 1		25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT
5 - 1		26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH	51 - WALL
6 - 1		27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT/LUMINARIES SUPPORT	45 - EMBANKMENT	52 - BUILDING
7 - 1		28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER	40 - UTILITY POLE	46 - FENCE	53 - TUNNEL
8 - 1		29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX	54 - OTHER FIXED OBJECT
9 - 1		30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	48 - TREE	49 - FIRE HYDRANT	99 - OTHER/UNKNOWN

1	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT
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LOCAL REPORT NUMBER	
2 2 0 2 6 2 9 7	

DAMAGE		
DAMAGE SCALE		
4	1 - NONE	3 - FUNCTIONAL DAMAGE
	2 - MINOR DAMAGE	4 - DISABLING DAMAGE
	9 - UNKNOWN	

DAMAGED AREA(S)
INDICATE ALL THAT APPLY



- NO DAMAGE [0] - UNDERCARRIAGE [14]

- TOP [13] - ALL AREAS [15]

- 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
99 - UNKNOWN	
13 - TOP	

TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY	1 - ROUNDABOUT
2 - TWO-WAY	2 - SIGNAL
6	3 - FLASHER
	4 - STOP SIGN
	5 - YIELD SIGN
	6 - NO CONTROL

# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
4	1 - NOT INVOLVED
	2 - INVOLVED-ACTIVE CROSSING
	3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION	
1 - NORTH	5 - NORTHEAST
2 - SOUTH	6 - NORTHEAST
3 - EAST	7 - SOUTHEAST
4 - WEST	8 - SOUTHWEST
9 - OTHER/UNKNOWN	
FROM 3	TO 4

UNIT SPEED	DETECTED SPEED
1 - 5	1
	2 - CALCULATED / EDR
	3 - UNDETERMINED

POSTED SPEED	
3 - 5	

OWNER	UNIT # <u>0 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>GOZ-5573</u>	VEHICLE IDENTIFICATION # <u>1B18HS78Z122F180991</u>	VEHICLE YEAR <u>2002</u> VEHICLE MAKE <u>DODGE</u>
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>USAA</u>	INSURANCE POLICY # <u>008159267U</u>	COLOR <u>BLACK</u> VEHICLE MODEL <u>DURANGO</u>
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT # <u></u>	TOWED BY: COMPANY NAME <u></u>
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>	HIT/SKIP UNIT <input type="checkbox"/>	# OCCUPANTS <u>0 2</u>	VEHICLE WEIGHT GVWR/GCWR <u>1</u>
1 - PASSENGER CAR 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 11 - ALL TERRAIN VEHICLE (ATV / UTV)	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	
28 - UNKNOWN OR HIT/SKIP		29 - UNKNOWN	
# 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 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	
1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT / COMMUTER		6 - BUS - CHARTER / TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT
16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL		21 - MAIL CARRIER 22 - OTHER / UNKNOWN	
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 - BRAKES 9 - STEERING 10 - TIRE BLOWOUT		8 - TRAILER EQUIPMENT DEFECTIVE	8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP
12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE / REFUSE 15 - OTHER / UNKNOWN		12 - TURN SIGNALS 13 - HEAD LAMPS 14 - TAIL LAMPS	12 - TURN SIGNALS 13 - HEAD LAMPS 14 - TAIL LAMPS
16 - APPROACHING OR LEAVING VEHICLE 17 - STANDING 18 - OTHER NON-MOTORIST 19 - STANDING OUTSIDE DISABLED VEHICLE 20 - OTHER / UNKNOWN		15 - CHANGING LANES 16 - MAKING RIGHT TURN IN TRAFFIC 17 - MAKING LEFT TURN	15 - CHANGING LANES 16 - MAKING RIGHT TURN IN TRAFFIC 17 - MAKING LEFT TURN
21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 24 - OTHER IMPROPER ACTION		18 - ENTERING TRAFFIC LANE 19 - LEAVING TRAFFIC LANE 20 - PARKED 21 - WORKING 22 - DRIVING ON SWEDISH	18 - ENTERING TRAFFIC LANE 19 - LEAVING TRAFFIC LANE 20 - PARKED 21 - WORKING 22 - DRIVING ON SWEDISH
25 - SWERVING TO AVOID SPILLING 26 - OTHER IMPROPER ACTION		23 - SWERVING TO AVOID SPILLING 24 - OTHER IMPROPER ACTION	23 - SWERVING TO AVOID SPILLING 24 - OTHER IMPROPER ACTION
27 - OTHER IMPROPER ACTION		25 - OTHER IMPROPER ACTION	25 - OTHER IMPROPER ACTION
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MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER											
UNIT #		DATE OF BIRTH									
0 1		1 0 2 7 1 9 8 9 3 2 F									
ADDRESS: STREET, CITY, STATE, ZIP 9385 LOWER VALLEY PK. NEW CARLISLE, OH 45344-8904											
CONTACT PHONE - INCLUDE AREA CODE											
INJURIES		INJURED TAKEN BY		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED			
5				BITEMAN, ALANA MARIE				0 4			
OL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION			
O H				333.03 (A)		X		ACDA			
OL CLASS		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY		ALCOHOL / DRUG SUSPECTED			
4						1		<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			
UNIT #		NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH	
0 2		MCMILLAN, JERRY EUGENE								0 9 2 6 1 9 6 4 5 7 M	
ADDRESS: STREET, CITY, STATE, ZIP 610 BAY PL. TRENTON, OH 45067-8612											
CONTACT PHONE - INCLUDE AREA CODE											
INJURIES		INJURED TAKEN BY		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED			
5								0 4			
OL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION			
O H											
OL CLASS		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY		ALCOHOL / DRUG SUSPECTED			
4				0 3		1		<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			
UNIT #		NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH	
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			
OL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION			
OL CLASS		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY		ALCOHOL / DRUG SUSPECTED			
						1		<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			
INJURIES											
1-FATAL		1-FRONT-LEFT SIDE (MOTORCYCLE DRIVER)		1-NOT DEPLOYED		1-CLASS A		1-ALCOHOL INTERLOCK DEVICE			
2-SUSPECTED SERIOUS INJURY		2-FRONT-MIDDLE		2-DEPLOYED FRONT		2-CLASS B		2-CDL INTRASTATE ONLY			
3-SUSPECTED MINOR INJURY		3-FRONT-RIGHT SIDE		3-DEPLOYED SIDE		3-CLASS C		3-CORRECTIVE LENSES			
4-POSSIBLE INJURY		4-SECOND-LEFT SIDE (MOTORCYCLE PASSENGER)		4-DEPLOYED BOTH FRONT / SIDE		4-REGULAR CLASS (OHID = D)		4-FARM WAIVER			
5-NO APPARENT INJURY		5-SECOND-MIDDLE		5-NOT APPLICABLE		5-M/C MOPED ONLY		5-EXCEPT CLASS A BUS			
INJURED TAKEN BY		6-SECOND-RIGHT SIDE		9-DEPLOYMENT UNKNOWN		6-NO VALID OL		6-EXCEPT CLASS A & CLASS B BUS			
1-NOT TRANSPORTED /TREATED AT SCENE		7-THIRD-LEFT SIDE (MOTORCYCLE SIDE CAR)		7-THIRD- MIDDLE		8-THIRD-RIGHT SIDE		7-EXCEPT TRACTOR-TRAILER			
2-EMS		8-THIRD-MIDDLE		9-THIRD-RIGHT SIDE		9-LEARNER'S PERMIT RESTRICTIONS		8-INTERMEDIATE LICENSE RESTRICTIONS			
3-POLICE		10-SLEEPER SECTION OF TRUCK CAB		10-NOT APPLICABLE		10-LIMITED TO DAYLIGHT ONLY		10-LIMITED TO DAYLIGHT ONLY			
9-OTHER/UNKNOWN		11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		11-NOT EJECTED		11-H- HAZMAT		11-LIMITED TO DAYLIGHT ONLY			
SAFETY EQUIPMENT		12-PASSENGER IN UNENCLOSED CARGO AREA		12-PARTIALLY EJECTED		12-M-MOTORCYCLE		12-LIMITED- OTHER			
1-NONE USED		13-TRAILING UNIT		13-TOTALLY EJECTED		13-P-PASSENGER		13-Q-Q-MOTOR SCOOTER			
2-SHOULDER BELT ONLY USED		14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		14-F-FREE		14-R-R-THREE-WHEEL MOTORCYCLE		14-S-SCHOOL BUS			
3-LAP BELT ONLY USED		15-15-NON-MOTORIST		15-X-X-TANKER / HAZMAT		15-T-T-DOUBLE & TRIPLE TRAILERS		15-X-X-TANKER / HAZMAT			
4-SHOULDER & LAP BELT USED		99-99-OTHER / UNKNOWN		16-F-FREE		16-F-F-F-OUTSIDE MIRROR		16-F-F-F-OUTSIDE MIRROR			
5-CHILD RESTRAINT SYSTEM - FORWARD FACING		17-F-F-F-PROSTHETIC AID		17-U-U-U-OTHER		17-U-U-U-OTHER		17-U-U-U-OTHER			
6-CHILD RESTRAINT SYSTEM - REAR FACING		18-F-F-F-OTHER		18-U-U-U-OTHER		18-U-U-U-OTHER		18-U-U-U-OTHER			
7-BOOSTER SEAT		19-F-F-F-OTHER		20-U-U-U-OTHER		20-U-U-U-OTHER		20-U-U-U-OTHER			
8-HELMET USED		21-F-F-F-OTHER		22-U-U-U-OTHER		22-U-U-U-OTHER		22-U-U-U-OTHER			
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		23-F-F-F-OTHER		24-U-U-U-OTHER		24-U-U-U-OTHER		24-U-U-U-OTHER			
10-REFLECTIVE CLOTHING		25-F-F-F-OTHER		26-U-U-U-OTHER		26-U-U-U-OTHER		26-U-U-U-OTHER			
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY		27-F-F-F-OTHER		28-U-U-U-OTHER		28-U-U-U-OTHER		28-U-U-U-OTHER			
99-99-OTHER / UNKNOWN		29-F-F-F-OTHER		30-U-U-U-OTHER		30-U-U-U-OTHER		30-U-U-U-OTHER			
TEST STATUS											
EJECTION		OL ENDORSEMENT		OL RESTRICTION(S)		DRIVER DISTRACTION		TEST STATUS			
1-NOT EJECTED		H-HAZMAT		1-1-ALCOHOL INTERLOCK DEVICE		1-1-NOT DISTRACTED		1-1-NONE GIVEN			
2-PARTIALLY EJECTED		M-MOTORCYCLE		2-2-CDL INTRASTATE ONLY		2-2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)		2-2-TEST REFUSED			
3-TOTALLY EJECTED		P-P-PASSENGER		3-3-CORRECTIVE LENSES		3-3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE		3-3-TEST GIVEN, RESULTS KNOWN			
4-NOT APPLICABLE		N-N-TANKER		4-4-FARM WAIVER		4-4-TALKING ON HAND-HELD COMMUNICATION DEVICE		4-4-TEST GIVEN, RESULTS UNKNOWN			
TRAPPED		Q-Q-MOTOR SCOOTER		5-5-EXCEPT CLASS A BUS		5-5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		5-5-TEST GIVEN, RESULTS UNKNOWN			
1-NOT TRAPPED		R-R-THREE-WHEEL MOTORCYCLE		6-6-EXCEPT CLASS A & CLASS B BUS		6-6-P-PASSENGER		6-6-TEST GIVEN, RESULTS UNKNOWN			
2-EXTRICATED BY MECHANICAL MEANS		S-S-SCHOOL BUS		7-7-EXCEPT TRACTOR-TRAILER		7-7-OTHER DISTRACTION INSIDE THE VEHICLE		7-7-TEST GIVEN, RESULTS UNKNOWN			
3-FREED BY NON-MECHANICAL MEANS		T-T-T-DOUBLE & TRIPLE TRAILERS		8-8-INTERMEDIATE LICENSE RESTRICTIONS		8-8-OTHER DISTRACTION OUTSIDE THE VEHICLE		8-8-TEST GIVEN, RESULTS UNKNOWN			
GENDER		X-X-X-TANKER / HAZMAT		9-9-LEARNER'S PERMIT RESTRICTIONS		9-9-OTHER / UNKNOWN		9-9-TEST GIVEN, RESULTS UNKNOWN			
F-F-F-F-MALE		10-10-LIMITED TO DAYLIGHT ONLY		11-11-LIMITED TO DAYLIGHT ONLY		12-12-LIMITED- OTHER		13-13-MOTOR VEHICLES ONLY			
M-M-M-M-MALE		13-13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		14-14-MILITARY VEHICLES ONLY		15-15-MOTOR VEHICLES WITHOUT AIR BRAKES		16-16-APPARENTLY NORMAL			
U-U-U-U-OTHER / UNKNOWN		15-15-MOTOR VEHICLES WITHOUT AIR BRAKES		16-16-OUTSIDE MIRROR		17-17-PROSTHETIC AID		18-18-PHYSICAL IMPAIRMENT			
TEST STATUS		TEST STATUS		TEST STATUS		TEST STATUS		TEST STATUS			
1-NONE		2-BLOOD		3-URINE		4-BREATH		5-OTHER			
DRUG TEST TYPE		DRUG TEST TYPE		DRUG TEST TYPE		DRUG TEST TYPE		DRUG TEST TYPE			
1-NONE		2-BLOOD		3-URINE		4-BREATH		5-OTHER			
CONDITION		CONDITION		CONDITION		CONDITION		CONDITION			
1-APPARENTLY NORMAL		2-PHYSICAL IMPAIRMENT		3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		4-ILLNESS		5-FELL ASLEEP, FAINTED, FATIGUED, ETC.			
DRUG TEST RESULT(S)		DRUG TEST RESULT(S)		DRUG TEST RESULT(S)		DRUG TEST RESULT(S)		DRUG TEST RESULT(S)			
1-AMPHETAMINES		2-BARBITURATES		3-BENZODIAZEPINES		4-CANNABINOID		5-COCAIN			
2-BARBITURATES		3-BENZODIAZEPINES		4-CANNABINOID		5-COCAIN		6-OPIATES / OPIOIDS			
3-BENZODIAZEPINES		4-CANNABINOID		5-COCAIN		6-OPIATES / OPIOIDS		7-OTHER			
4-CANNABINOID		5-COCAIN		6-OPIATES / OPIOIDS		7-OTHER		8-NEGATIVE RESULTS			



OCCUPANT / WITNESS ADDENDUM

		LOCAL REPORT NUMBER								
		2 2 0 2 6 2 9 7			DATE OF BIRTH	AGE	GENDER			
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 2 CARR, SAMUEL DEWAYNE			0 9 1 1 1 9 7 5	46	M			
	ADDRESS: STREET, CITY, STATE, ZIP 6464 WESSELMAN RD. CINCINNATI, OH 45248-1239			CONTACT PHONE - INCLUDE AREA CODE						
INJURIES		INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED					
5					0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE						
INJURIES		INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED					
					1	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE						
INJURIES		INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED					
					1	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE						
INJURIES		INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED					
					1	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
INJURIES		SAFETY EQUIPMENT USED		SEATING POSITION		AIR BAG USAGE				
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY		1 - NONE USED - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN		1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN				
INJURED TAKEN BY		GENDER		EJECTION		TRAPPED				
1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		F - FEMALE M - MALE U - OTHER / UNKNOWN		1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS				
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				

LOCAL REPORT NUMBER	22-026297	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	745 Nilles Rd.	04-14-22

Not To Scale



Nilles Rd.



745

765

OFFICER'S SIGNATURE

P.O. RYAN FLEENOR

BADGE NO.

117