



TRAFFIC CRASH REPORT

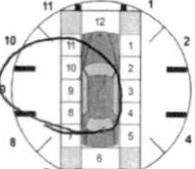
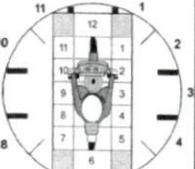
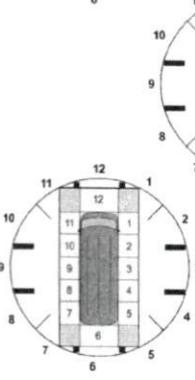
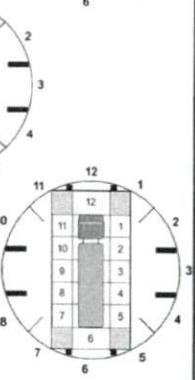
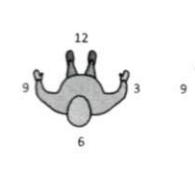
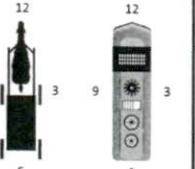
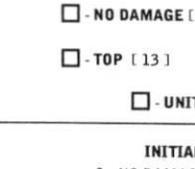
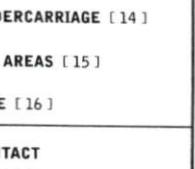
*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION		LOCAL REPORT NUMBER*							
		REPORTING AGENCY NAME* Fairfield Police Department		NCIC*	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR				
				0 0 9 0 1	1 - SOLVED 2 - UNSOLVED	0 2	98 - ANIMAL 0 1 99 - UNKNOWN				
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*				CRASH DATE / TIME*	CRASH SEVERITY				
0 9	1 - CITY 2 - VILLAGE 3 - TOWNSHIP	City of Fairfield				0 4 1 8 2 0 2 2 0 5 5 7	4 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY				
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES 3 9 3 4 2 0 2 8	REFERENCE				
	S R	4 B			R D	LONGITUDE DECIMAL DEGREES - 8 4 5 0 2 3 9 4					
REFERENCE POINT	DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED							
1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP 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					ROADWAY					
7 7 4	1 - MILES 2 - FEET 3 - YARDS					<input checked="" type="checkbox"/> ROADWAY DIVIDED					
LOCATION OF FIRST HARMFUL EVENT			MANNER OF CRASH COLLISION/IMPACT			DIRECTION OF TRAVEL			MEDIAN TYPE		
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	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	7	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	4	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		LOCATION OF CRASH IN WORK ZONE			CONTOUR	CONDITIONS	SURFACE		
		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	2	2	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN	
LIGHT CONDITION			WEATHER			9 - OTHER/UNKNOWN					
4	1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	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										 Indicate the north direction with an "N" on the compass diagram.	
<p>On April 18, 2022 Unit 1 was traveling southbound on SR 4B and when in the area of 774 ft. south of Symmes Rd. attempted to change lanes and in so doing collided with Unit 2 which was traveling south on Symmes Rd.</p>										SEE OH-2	
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY			
0 4 1 8 2 0 2 2 0 5 5 7		0 4 1 8 2 0 2 2 0 6 0 2		0 4 1 8 2 0 2 2 0 6 2 6		0 4 1 8 2 0 2 2 0 8 0 7		<input type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)			
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*			
						P. O. PORTALEOS					
						OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*			
						1 3 5					

UNIT #		OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER)	
0_1		LENHART, ROBERT, L			
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER)					
1068 PINEKNOT DR. CINCINNATI, OH 45238					
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP				COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE		LICENSE PLATE #		VEHICLE IDENTIFICATION #	
O_H		PMM5633		1_G_A_Z_G_1_F_G_2_E_1_1_8_7_1_3_5	
<input checked="" type="checkbox"/> INSURANCE VERIFIED		INSURANCE COMPANY		INSURANCE POLICY #	
		FRANKENMUTH MUTUAL		6619778	
TYPE OF USE		IN EMERGENCY RESPONSE		US DOT #	
<input type="checkbox"/> COMMERCIAL		<input type="checkbox"/> GOVERNMENT			
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED		<input type="checkbox"/> HIT/SKIP UNIT		# OCCUPANTS	
0_5		0_2		VEHICLE WEIGHT GVWR/GCWR	
1 - PASSENGER CAR		7 - MOTORCYCLE 2-WHEELED		1 - <10K LBS.	
2 - PASSENGER VAN (MINIVAN)		8 - MOTORCYCLE 3-WHEELED		2 - 10,001 - 26K LBS.	
3 - SPORT UTILITY VEHICLE		9 - AUTOCYCLE		3 - >26K LBS.	
4 - PICK UP		10 - MOPED OR MOTORIZED BICYCLE			
5 - CARGO VAN		11 - ALL TERRAIN VEHICLE (ATV / UTV)			
6 - VAN (9-15 SEATS)		12 - GOLF CART		18 - LIMO (LIVERY VEHICLE)	
0_0		13 - SNOWMOBILE		19 - BUS (16+ PASSENGERS)	
# OF TRAILING UNITS		14 - SINGLE UNIT TRUCK		20 - OTHER VEHICLE	
0_5		15 - SEMI-TRACTOR		21 - HEAVY EQUIPMENT	
1 - YES 2 - NO 9 - OTHER / UNKNOWN		16 - FARM EQUIPMENT		22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	
0_0		17 - MOTORHOME		23 - PEDESTRIAN / SKATER	
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION		24 - WHEELCHAIR (ANY TYPE)	
2		1 - DRIVER ASSISTANCE		25 - OTHER NON-MOTORIST	
AUTONOMOUS MODE LEVEL		2 - PARTIAL AUTOMATION		26 - BICYCLE	
3 - ELECTRONIC RIDE SHARING		3 - CONDITIONAL AUTOMATION		27 - TRAIN	
4 - SCHOOL TRANSPORT		4 - HIGH AUTOMATION		99 - UNKNOWN OR HIT/SKIP	
5 - BUS - TRANSIT/COMMUTER		5 - FULL AUTOMATION			
1 - NONE		6 - BUS - CHARTER/TOUR		21 - MAIL CARRIER	
2 - TAXI		7 - BUS - INTERCITY		22 - MOWING	
3 - ELECTRONIC RIDE SHARING		8 - BUS - SHUTTLE		99 - OTHER / UNKNOWN	
4 - SCHOOL TRANSPORT		9 - BUS - OTHER			
5 - BUS - TRANSIT/COMMUTER		10 - AMBULANCE			
1 - NONE		11 - FIRE		21 - MAIL CARRIER	
2 - TAXI		12 - MILITARY		22 - MOWING	
3 - ELECTRONIC RIDE SHARING		13 - POLICE		99 - OTHER / UNKNOWN	
4 - SCHOOL TRANSPORT		14 - PUBLIC UTILITY			
5 - BUS - TRANSIT/COMMUTER		15 - CONSTRUCTION EQUIPMENT			
1 - NO CARGO BODY TYPE / NOT APPLICABLE		16 - FARM		21 - MAIL CARRIER	
2 - BUS		17 - MOWING		99 - OTHER / UNKNOWN	
3 - ELECTRONIC RIDE SHARING		18 - SNOW REMOVAL			
4 - SCHOOL TRANSPORT		19 - TOWING			
5 - BUS - TRANSIT/COMMUTER		20 - SAFETY SERVICE PATROL			
1 - NO CARGO BODY TYPE / NOT APPLICABLE		21 - CONCRETE MIXER			
2 - BUS		22 - AUTO TRANSPORTER			
3 - ELECTRONIC RIDE SHARING		23 - GARBAGE/REFUSE			
4 - SCHOOL TRANSPORT		24 - DUMP			
5 - BUS - TRANSIT/COMMUTER		25 - OTHER / UNKNOWN			
1 - TURN SIGNALS		3 - BRAKES		21 - MAIL CARRIER	
2 - HEAD LAMPS		4 - STEERING		22 - MOWING	
3 - TAIL LAMPS		5 - DEFECTIVE		99 - OTHER / UNKNOWN	
1 - TURN SIGNALS		6 - TIRE BLOWOUT			
2 - HEAD LAMPS		7 - WORN OR SLICK TIRES			
3 - TAIL LAMPS		8 - TRAILER EQUIPMENT			
1 - TURN SIGNALS		9 - DEFECTIVE			
2 - HEAD LAMPS		10 - DISABLED FROM PRIOR ACCIDENT			
3 - TAIL LAMPS		11 - ACCIDENT			
1 - INTERSECTION - MARKED CROSSWALK		3 - INTERSECTION - OTHER		12 - FIRST RESPONDER AT INCIDENT SCENE	
2 - INTERSECTION - UNMARKED CROSSWALK		4 - MIDBLOCK - MARKED CROSSWALK		13 - DRIVeway ACCESS	
3 - TRAFFIC		5 - TRAVEL LANE - OTHER LOCATION		14 - SHARED USE PATHS OR TRAILS	
1 - NON-CONTACT		6 - BICYCLE LANE		15 - FIRST RESPONDER AT INCIDENT SCENE	
2 - NON-COLLISION		7 - SHOULDER / ROADSIDE		16 - DRIVeway ACCESS	
3 - STRIKING		8 - SIDEWALK		17 - SHARED USE PATHS OR TRAILS	
4 - STRUCK		9 - BICYCLE LANE		18 - APPROACHING OR LEAVING VEHICLE	
5 - BOTH STRIKING & STRUCK		10 - SHOULDER / ROADSIDE		19 - STANDING	
6 - STRIKING		11 - SIDEWALK		20 - OTHER NON-MOTORIST	
7 - STRUCK		12 - BICYCLE LANE		21 - STANDING OUTSIDE DISABLED VEHICLE	
8 - OTHER / UNKNOWN		13 - SHOULDER / ROADSIDE		99 - OTHER / UNKNOWN	
1 - NONE		14 - SIDEWALK		22 - LYING IN ROADWAY	
2 - FAILURE TO YIELD		15 - BICYCLE LANE		23 - NOT DISCERNIBLE	
3 - RAN RED LIGHT		16 - SHOULDER / ROADSIDE		24 - OPENING DOOR INTO ROADWAY	
4 - RAN STOP SIGN		17 - SIDEWALK		99 - OTHER IMPROPER ACTION	
5 - UNSAFE SPEED		18 - BICYCLE LANE			
6 - IMPROPER TURN		19 - SHOULDER / ROADSIDE			
1 - OVERTURN/ROLLOVER		20 - SIDEWALK			
2 - FIRE/EXPLOSION		21 - BICYCLE LANE			
3 - IMMERSION		22 - SHOULDER / ROADSIDE			
4 - JACKKNIFE		23 - SIDEWALK			
5 - CARGO / EQUIPMENT LOSS OR SHIFT		24 - BICYCLE LANE			
6 - IMPROPER BACKING		25 - SHOULDER / ROADSIDE			
7 - IMPROPER TURN		26 - SIDEWALK			
8 - IMPROPER TURN		27 - BICYCLE LANE			
9 - IMPROPER TURN		28 - SHOULDER / ROADSIDE			
10 - IMPROPER TURN		29 - SIDEWALK			
11 - IMPROPER TURN		30 - BICYCLE LANE			
12 - IMPROPER TURN		31 - SHOULDER / ROADSIDE			
13 - IMPROPER TURN		32 - SIDEWALK			
14 - IMPROPER TURN		33 - BICYCLE LANE			
15 - IMPROPER TURN		34 - SHOULDER / ROADSIDE			
16 - IMPROPER TURN		35 - SIDEWALK			
17 - IMPROPER TURN		36 - BICYCLE LANE			
18 - IMPROPER TURN		37 - SHOULDER / ROADSIDE			
19 - IMPROPER TURN		38 - SIDEWALK			
20 - IMPROPER TURN		39 - BICYCLE LANE			
21 - IMPROPER TURN		40 - SHOULDER / ROADSIDE			
22 - IMPROPER TURN		41 - SIDEWALK			
23 - IMPROPER TURN		42 - BICYCLE LANE			
24 - IMPROPER TURN		43 - SHOULDER / ROADSIDE			
25 - IMPROPER TURN		44 - SIDEWALK			
26 - IMPROPER TURN		45 - BICYCLE LANE			
27 - IMPROPER TURN		46 - SHOULDER / ROADSIDE			
28 - IMPROPER TURN		47 - SIDEWALK			
29 - IMPROPER TURN		48 - BICYCLE LANE			
30 - IMPROPER TURN		49 - SHOULDER / ROADSIDE			
1 - FIRST HARMFUL EVENT		2 - MOST HARMFUL EVENT			

LOCAL REPORT NUMBER												
2	2	0	2	7	2	0	8					
DAMAGE												
DAMAGE SCALE												
4	1 - NONE			3 - FUNCTIONAL DAMAGE								
	2 - MINOR DAMAGE			4 - DISABLING DAMAGE								
				9 - UNKNOWN								
DAMAGED AREA(S) INDICATE ALL THAT APPLY												
<img alt="Diagram of a vehicle showing damage to the front left corner (area												

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER)
	0 2	OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER)		
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
	LP STATE O H	LICENSE PLATE # CMM9957	VEHICLE IDENTIFICATION # KNDUP131246603879	VEHICLE YEAR 2004
<input checked="" type="checkbox"/> INSURANCE VERIFIED <input checked="" type="checkbox"/> INSURANCE COMPANY STATE FARM		INSURANCE POLICY # C370485D1535	COLOR BLUE	VEHICLE MODEL SEDONA
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME FOX TOWING	
<input type="checkbox"/> INTERLOCK <input type="checkbox"/> DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS 0 1	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
UNIT TYPE 0 2 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		
VEHICLE 0 # OF TRAILING UNITS		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 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 28 - ANIMAL DRAWN VEHICLE 29 - UNKNOWN OR HIT/SKIP				
0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION		3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION		
SPECIAL FUNCTION 0 1 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER		6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE		
CARGO BODY TYPE 0 1 2 - BUS		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		
VEHICLE DEFECTS 0 1 3 - TAIL LAMPS		1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - HEAD LAMPS 3 - TURN SIGNALS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT		
NON-MOTORIST LOCATION AT IMPACT 0 1 2 - INTERSECTION - UNMARKED CROSSWALK		7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT		
ACTION 0 4 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN		11 - CHANGING LANES 12 - MAKING RIGHT TURN 13 - MAKING LEFT TURN 14 - OVERTAKING / PASSING 15 - SWERVING TO AVOID		
CONTRIBUTING CIRCUMSTANCES 0 1 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN		16 - DRIVING ON ROAD 17 - DRIVING ON ROAD 18 - DRIVING ON ROAD 19 - DRIVING ON ROAD 20 - DRIVING ON ROAD		
SEQUENCE OF EVENTS		NON-COLLISION 1 - OVERTURN / ROLLOVER 2 - FIRE / EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		
COLLISION WITH FIXED OBJECT - STRUCK		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 EQUIPMENT 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE		
COLLISION WITH FIXED OBJECT - CRASHED INTO		22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT		
COLLISION WITH FIXED OBJECT - HIT		25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE		
FIRST HARMFUL EVENT 1		MOST HARMFUL EVENT 1		

LOCAL REPORT NUMBER	
2 2 0 2 7 2 0 8	
DAMAGE	
DAMAGE SCALE	
4	1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL 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 1 - REFER TO UNIT DIAGRAM 12 - TOP	
TRAFFIC	
TRAFFIC FLOW 1 - ONE WAY 2 - TWO WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM 1 TO 2	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
UNIT SPEED	DETECTED SPEED
3	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	5 0



MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	LOCAL REPORT NUMBER									
	2 2 0 2 7 2 0 8									
	UNIT #	NAME: LAST, FIRST, MIDDLE								
	0 1	BURKE, RICKY, LAMONT								
	ADDRESS: STREET, CITY, STATE, ZIP									
	5322 SECTION AVENUE HAMILTON, OH 45212									
	INJURIES 4	INJURED TAKEN BY 2	EMS AGENCY (NAME) FAIRFIELD MEDICS	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) MERCY HOSPITAL	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
	DL STATE O H	OPERATOR LICENSE NUMBER --			OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER
	DL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE .	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4		
	UNIT # NAME: LAST, FIRST, MIDDLE									
0 2	WIDMER, THOMAS, W.									
ADDRESS: STREET, CITY, STATE, ZIP										
3040 HAMILTON MIDDLETON ROAD FAIRFIELD TOWNSHIP, OH 45011										
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 2	EJECTION 1	TRAPPED 1	
DL STATE O H	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER	
DL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE .	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4			
UNIT # NAME: LAST, FIRST, MIDDLE										
0	DATE OF BIRTH									
ADDRESS: STREET, CITY, STATE, ZIP										
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	
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER	
DL 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 1 TYPE 1 VALUE .	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4			
INJURIES										
1-FATAL	1-FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1-NOT DEPLOYED	1-CLASS A	1-ALCOHOL INTERLOCK DEVICE	1-NOT DISTRACTED	1-NONE GIVEN				
2-SUSPECTED SERIOUS INJURY	2-FRONT - MIDDLE	2-DEPLOYED FRONT	2-CLASS B	2-CDL INTRASTATE ONLY	2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2-TEST REFUSED				
3-SUSPECTED MINOR INJURY	3-FRONT - RIGHT SIDE	3-DEPLOYED SIDE	3-CLASS C	3-CORRECTIVE LENSES	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE					
4-POSSIBLE INJURY	4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4-DEPLOYED BOTH FRONT / SIDE	4-REGULAR CLASS (OHIO = D)	4-FARM WAIVER	4-TEST GIVEN, RESULTS KNOWN					
5-NO APPARENT INJURY	5-SECOND - MIDDLE	5-NOT APPLICABLE	5-M/C MOPED ONLY	5-EXCEPT CLASS A BUS	5-TEST GIVEN, RESULTS UNKNOWN					
INJURED TAKEN BY										
1-NOT TRANSPORTED /TREATED AT SCENE	6-SECOND - RIGHT SIDE	6-DEPLOYMENT UNKNOWN	6-NO VALID DL	6-EXCEPT CLASS A & CLASS B BUS	6-TALKING ON HAND-HELD COMMUNICATION DEVICE					
2-EMS	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD - MIDDLE	7-THIRD - RIGHT SIDE	7-EXCEPT TRACTOR-TRAILER	7-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE					
3-POLICE	8-THIRD - MIDDLE	9-THIRD - RIGHT SIDE	8-PARTIALLY EJECTED	8-INTERMEDIATE LICENSE RESTRICTIONS	8-PASSENER					
9-OTHER/UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	9-TOTALLY EJECTED	9-LEARNER'S PERMIT RESTRICTIONS	9-OTHER DISTRACTION INSIDE THE VEHICLE					
SAFETY EQUIPMENT										
1-NONE USED	11-PASSENGER IN UNENCLOSED CARGO AREA	12-PASSENGER IN UNENCLOSED CARGO AREA	13-TRAILING UNIT	10-LIMITED TO DAYLIGHT ONLY	10-OTHER DISTRACTION OUTSIDE THE VEHICLE					
2-SHOULDER BELT ONLY USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	15-NON-MOTORIST	14-NOT APPLICABLE	11-LIMITED TO EMPLOYMENT	11-OTHER UNKNOWN					
3-LAP BELT ONLY USED	15-NON-MOTORIST	16-OTHER / UNKNOWN	15-NOT TRAPPED	12-LIMITED - OTHER	12-OTHER / UNKNOWN					
4-SHOULDER & LAP BELT USED	16-OUTSIDE MIRROR	17-PROSTHETIC AID	16-EXTRICATED BY MECHANICAL MEANS	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13-OTHER / UNKNOWN					
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	17-PROSTHETIC AID	18-OTHER	17-FREED BY NON-MECHANICAL MEANS	14-MILITARY VEHICLES ONLY	14-OTHER / UNKNOWN					
6-CHILD RESTRAINT SYSTEM - REAR FACING	18-OTHER	F- FEMALE	15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	15-OTHER / UNKNOWN					
7-BOOSTER SEAT	19-OTHER / UNKNOWN	M- MALE	16-OUTSIDE MIRROR	16-ILLNESS	16-AMPHETAMINES					
8-HELMET USED	19-OTHER / UNKNOWN	U- OTHER / UNKNOWN	17-PROSTHETIC AID	17-FELL ASLEEP, FAINTED, FATIGUED, ETC.	17-BARBITURATES					
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	19-OTHER / UNKNOWN	GENDER	18-OTHER	18-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	18-BENZODIAZEPINES					
10-REFLECTIVE CLOTHING	19-OTHER / UNKNOWN	F-FEMALE	19-OTHER / UNKNOWN	19-OTHER / UNKNOWN	19-CANNABINOID					
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY	19-OTHER / UNKNOWN	M-MALE	19-OTHER / UNKNOWN	19-OTHER / UNKNOWN	19-COCAIN					
99-OTHER / UNKNOWN	19-OTHER / UNKNOWN	U- OTHER / UNKNOWN	19-OTHER / UNKNOWN	19-OTHER / UNKNOWN	19-OPIATES / OPIOIDS					
19-OTHER / UNKNOWN	19-OTHER / UNKNOWN	19-OTHER / UNKNOWN	19-OTHER / UNKNOWN	19-OTHER / UNKNOWN	19-OTHER					
19-OTHER / UNKNOWN	19-OTHER / UNKNOWN	19-OTHER / UNKNOWN	19-OTHER / UNKNOWN	19-OTHER / UNKNOWN	19-Negative Results					



OCCUPANT / WITNESS ADDENDUM

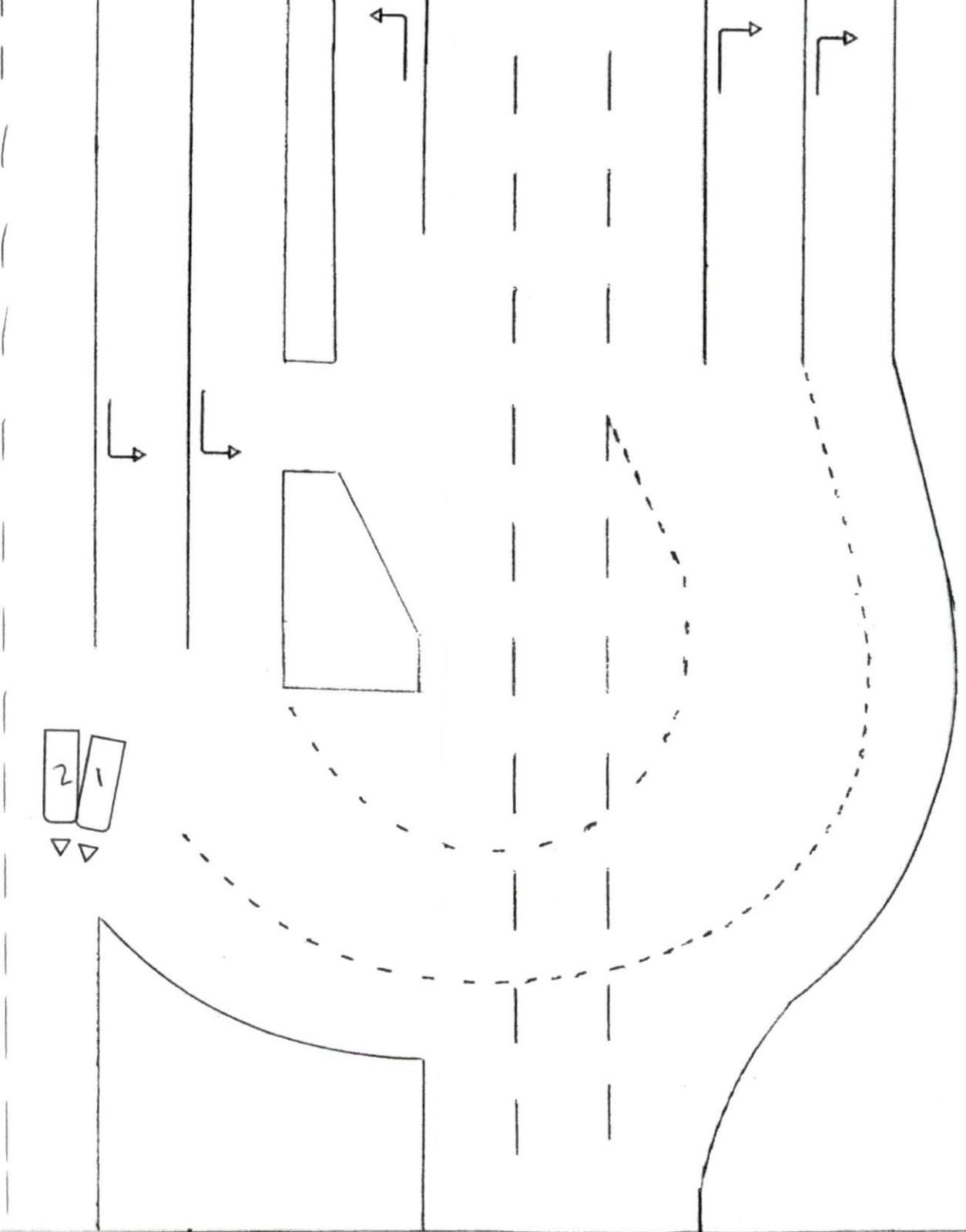
LOCAL REPORT NUMBER

2 2 0 2 7 2 0 8

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 1 TAYLOR, RAYMOND, WOODWARD			DATE OF BIRTH	AGE	GENDER			
			1 2 1 1 1 9 6 3	5 8	M					
ADDRESS: STREET, CITY, STATE, ZIP 1112 GARDEN ST. CINCINNATI, OH 45214				CONTACT PHONE - INCLUDE AREA CODE						
INJURIES 4 INJURED TAKEN BY 2 EMS AGENCY (NAME) FAIRFIELD MEDICS				INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) MERCY HOSPITAL	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 0 1	EJECTION 1	TRAPPED 1
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER			
			0							
ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE						
INJURIES INJURED TAKEN BY EMS AGENCY (NAME)				INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER			
			0							
ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE						
INJURIES INJURED TAKEN BY EMS AGENCY (NAME)				INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER			
			0							
ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE						
INJURIES			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			1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		EJECTION					
GENDER			11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN		1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE					
F - FEMALE M - MALE U - OTHER / UNKNOWN			12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN		TRAPPED					
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER			
					0					
ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE						
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER			
					0					
ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE						
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER			
					0					
ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE						

OHIO TRAFFIC ACCIDENT - DIAGRAM / NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER	22-027208	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	4-18-22
IN COUNTY OF Butler		ACCIDENT LOCATION	S124 B 774 FT SOUTH OF SYMMES RD.		
					
OFFICER'S SIGNATURE			BADGE NO. 135		

HSY 7002

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