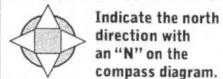


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

			LOCAL INFORMATION			LOCAL REPORT NUMBER*				
<input checked="" type="checkbox"/> PHOTOS TAKEN		<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		REPORTING AGENCY NAME*			NCIC*	2 2 0 2 7 5 4 0		
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER		Fairfield Police Department			0 0 9 0 1	HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 0 2	UNIT IN ERROR 98 - ANIMAL 0 1 99 - UNKNOWN
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*			City of Fairfield			CRASH DATE / TIME*		CRASH SEVERITY
0 9	1 1 - CITY 2 - VILLAGE 3 - TOWNSHIP							0 4 1 9 2 0 2 2 1 6 4 2	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 Resor			ROAD TYPE R D	LATITUDE DECIMAL DEGREES 3 9 . 3 2 1 3 8 3		INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Salem			ROAD TYPE A V	LONGITUDE DECIMAL DEGREES - 8 4 . 5 4 6 9 9 6		
REFERENCE POINT	DIRECTION FROM REFERENCE 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	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	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	NUMBER OF APPROACHES 4				
DISTANCE FROM REFERENCE 1 0 0	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS						ROADWAY			
LOCATION OF FIRST HARMFUL EVENT 0 1 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP				MANNER OF CRASH COLLISION/IMPACT 6 1 - NOT COLLISION 2 - REAR-END 3 - HEAD-ON			DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN	
WORK ZONE RELATED <input type="checkbox"/> 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 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA			CONTOUR 1	CONDITIONS 1	SURFACE 2	
LIGHT CONDITION 1 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		WEATHER 0 1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL					1 - 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 4/19/22 at 4:42 P.M. unit 1 was attempting to turn onto westbound Resor Road near Salem Avenue. Unit 2 was traveling westbound on Resor Road approaching Salem Avenue in the left turn lane. Unit 1 failed to yield and struck unit 2 in the left rear quarter panel.										
See OH-2										
CRASH REPORTED DATE / TIME 0 4 1 9 2 0 2 2 1 6 4 2		DISPATCH DATE / TIME 0 4 1 9 2 0 2 2 1 6 4 4		ARRIVAL DATE / TIME 0 4 1 9 2 0 2 2 1 6 5 2		SCENE CLEARED DATE / TIME 0 4 1 9 2 0 2 2 1 7 2 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 OOPS)		
TOTAL TIME ROADWAY CLOSED 0 0		OTHER INVESTIGATION TIME 2 0		TOTAL MINUTES 6 0		OFFICER'S NAME* N. Davis		CHECKED BY OFFICER'S NAME* <i>S. Davis</i>		
						OFFICER'S BADGE NUMBER* 1 6 9		CHECKED BY OFFICER'S BADGE NUMBER* 8 7		



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

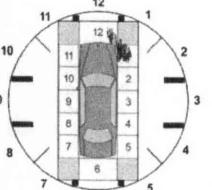
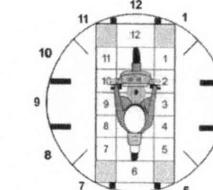
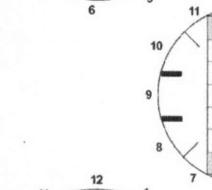
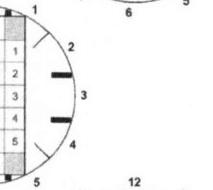
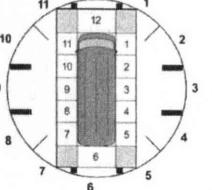
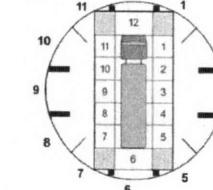
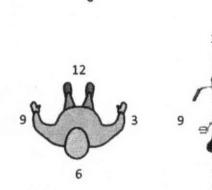
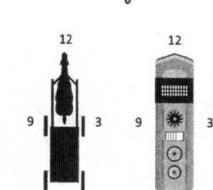
OWNER

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	Principle Merchants Leasing	
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER)		
14 Central Park Dr. Hooksett, NH 03106		

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE		
N. J.	D16PCN	W 1 Y 4 0 C H Y 2 M T 0 6 2 6 6 0	2 0 2 1	Mercedes		
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL		
	Old Republic	ALA20072625	White	Sprinter		
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 EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	HAZARDOUS MATERIAL			
0 5		0 1	<input type="checkbox"/> MATERIAL RELEASED	CLASS #		
UNIT TYPE			<input type="checkbox"/> PLACARD	PLACARD ID #		
4 - PICK UP	10 - MOPED OR MOTORIZED	1 - <10K LBS.				
5 - CARGO VAN	BICYCLE	2 - 10,001 - 26K LBS.				
6 - VAN (9-15 SEATS)	11 - ALL-TERRAIN VEHICLE (ATV / UTV)	3 - >26K LBS.				
0	# OF TRAILING UNITS					
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN		
2	1 - YES	1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION			
	2 - NO	2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION			
0 1	3 - OTHER / UNKNOWN	AUTONOMOUS MODE LEVEL				
SPECIAL FUNCTION		1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE		
	2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	16 - FARM		
	3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	21 - MAIL CARRIER		
	4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	24 - WHEELCHAIR (ANY TYPE)		
	5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	25 - OTHER NON-MOTORIST		
0 6	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 - CARGO TANK	13 - AUTO TRANSPORTER	
			10 - FLAT BED	14 - GARBAGE/REFUSE		
			11 - DUMP	99 - OTHER / UNKNOWN		
0 1	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				
0 1	NON-MOTORIST LOCATION AT IMPACT	1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER
	2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	AT INCIDENT SCENE	
		5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	99 - OTHER / UNKNOWN	
3	ACTION	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE
	2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19 - STANDING	
0 6	3 - STRIKING	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	10 - PARKED	15 - WALKING, RUNNING, JOGGING, PLAYING	20 - OTHER NON-MOTORIST
	4 - STRUCK PRE-CRASH ACTIONS	4 - OVERTAKING/PASSING	11 - SLOWING OR STOPPED IN TRAFFIC	16 - WORKING	21 - STANDING OUTSIDE DISABLED VEHICLE	
	5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	12 - MAKING LEFT TURN	17 - PUSHING VEHICLE	99 - OTHER / UNKNOWN	
	9 - OTHER / UNKNOWN					
0 2	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 / ACD	9 - IMPROPER LANE CHANGE	14 - STOPPED OR PARKED ILLEGALLY	18 - OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE
	3 - RAN RED LIGHT	10 - IMPROPER PASSING	11 - DROVE OFF ROAD	15 - SWERVING TO AVOID	19 - LOAD SHIFTING/FALLING/SPILLING	23 - OPENING DOOR INTO ROADWAY
	4 - RAN STOP SIGN	12 - IMPROPER BACKING	16 - WRONG WAY	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION	
SEQUENCE OF EVENTS						
1 2 0	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT	
	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	17 - ANIMAL - FARM	18 - ANIMAL - DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION	
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	12 - DOWNHILL RUNAWAY	19 - ANIMAL - OTHER	20 - MOTOR VEHICLE IN TRANSPORT	
2 1	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	13 - OTHER NON-COLLISION	21 - PARKED MOTOR VEHICLE	24 - OTHER MOVEABLE OBJECT	
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	14 - PEDESTRIAN			
3 1			15 - PEDALCYCLE			
4 1	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT	
	26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH	51 - WALL	
5 1	27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES	45 - EMBANKMENT	52 - BUILDING	
	28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL	40 - UTILITY POLE	46 - FENCE	53 - TUNNEL	
6 1	29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX	54 - OTHER FIXED OBJECT	
	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	48 - TREE	99 - OTHER / UNKNOWN	
1	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT			

LOCAL REPORT NUMBER		
2 2 0 2 7 5 4 0		
DAMAGE		
DAMAGE SCALE		
2	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 1	0 - NO DAMAGE	14 - UNDERCARRIAGE
	1 - 12 - REFER TO UNIT	15 - VEHICLE NOT AT SCENE
	DIAGRAM	99 - UNKNOWN
	13 - TOP	
TRAFFIC		
TRAFFIC WAY FLOW	TRAFFIC CONTROL	
1 - ONE-WAY	1 - ROUNDABOUT	
2 - TWO-WAY	2 - SIGNAL	
6	5 - YIELD SIGN	
	3 - FLASHER	
6	6 - NO CONTROL	
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING	
4	1 - NOT INVOLVED	
1	2 - INVOLVED-ACTIVE CROSSING	
	3 - INVOLVED-PASSIVE CROSSING	
UNIT / NON-MOTORIST DIRECTION		
FROM 2	TO 4	
	1 - NORTH	
	5 - NORTHEAST	
	2 - SOUTH	
	6 - NORTHWEST	
	3 - EAST	
	7 - SOUTHEAST	
	4 - WEST	
	8 - SOUTHWEST	
	9 - OTHER / UNKNOWN	
UNIT SPEED	DETECTED SPEED	
1 0	1 - STATED / ESTIMATED SPEED	
1	2 - CALCULATED / EDR	
	3 - UNDETERMINED	
POSTED SPEED		
2 5		



OWNED

OWNER	UNIT # 0_2 OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) Burris, Bradly W			OWNER PHONE: INCLUDE AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER)					
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 6099 Lancashire Trail Liberty Township, OH 45044									
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE						
LP STATE O_H	LICENSE PLATE # HHG9341	VEHICLE IDENTIFICATION # 3FA16P01LU5F1156845		VEHICLE YEAR 2015					
INSURANCE <input checked="" type="checkbox"/> VERIFIED	INSURANCE COMPANY State Farm	INSURANCE POLICY # 9063740C0735C		COLOR Tan					
VEHICLE MODEL Fusion									
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #		TOWED BY: COMPANY NAME					
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS 0_1	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD				
UNIT TYPE 0_1		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 - MOVED OR MOTORIZED BICYCLE 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 99 - UNKNOWN OR HIT/SKIP
# OF TRAILING UNITS 0									
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION		3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION		9 - UNKNOWN			
1 - YES 2 - NO 9 - OTHER / UNKNOWN		AUTONOMOUS MODE LEVEL 0							
SPECIAL FUNCTION 0_1		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	
CARGO BODY TYPE 0_1		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 - POLE 9 - CARGOTANK 10 - FLAT BED 11 - DUMP	
VEHICLE DEFECTS 0		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	
NON-MOTORIST LOCATION AT IMPACT 0		1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK				3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS	
ACTION 1_4		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 0_1 4 - STRUCK 5 - BOTH STRIKING & STRUCK				1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 9 - OTHER / UNKNOWN	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	
CONTRIBUTING CIRCUMSTANCES 0_1		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	
SEQUENCE OF EVENTS						NON-COLLISION			
1_2_0		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 MOBILE OBJECT	
4_1_1		25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT				31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 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	
5_1_1		28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE				35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN		
1		FIRST HARMFUL EVENT				1	MOST HARMFUL EVENT		

LOCAL REPORT NUMBER											
2	2	0	2	7	5	4	0				
DAMAGE											
DAMAGE SCALE											
<u>2</u>		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					
<u>0</u> <u>7</u>						15 - VEHICLE NOT AT SCENE					
1-12 - REFER TO UNIT DIAGRAM						99 - UNKNOWN					
13 - TOP											
TRAFFIC											
TRAFFICWAY FLOW						TRAFFIC CONTROL					
<u>1</u> - ONE-WAY <u>2</u> - 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					
<u>4</u>						1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING					
UNIT / NON-MOTORIST DIRECTION											
FROM <u>3</u> TO <u>4</u>						1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER/UNKNOWN					
UNIT SPEED						DETECTED SPEED					
<u>1</u> <u>5</u>						1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED					
POSTED SPEED											
<u>2</u> <u>5</u>											

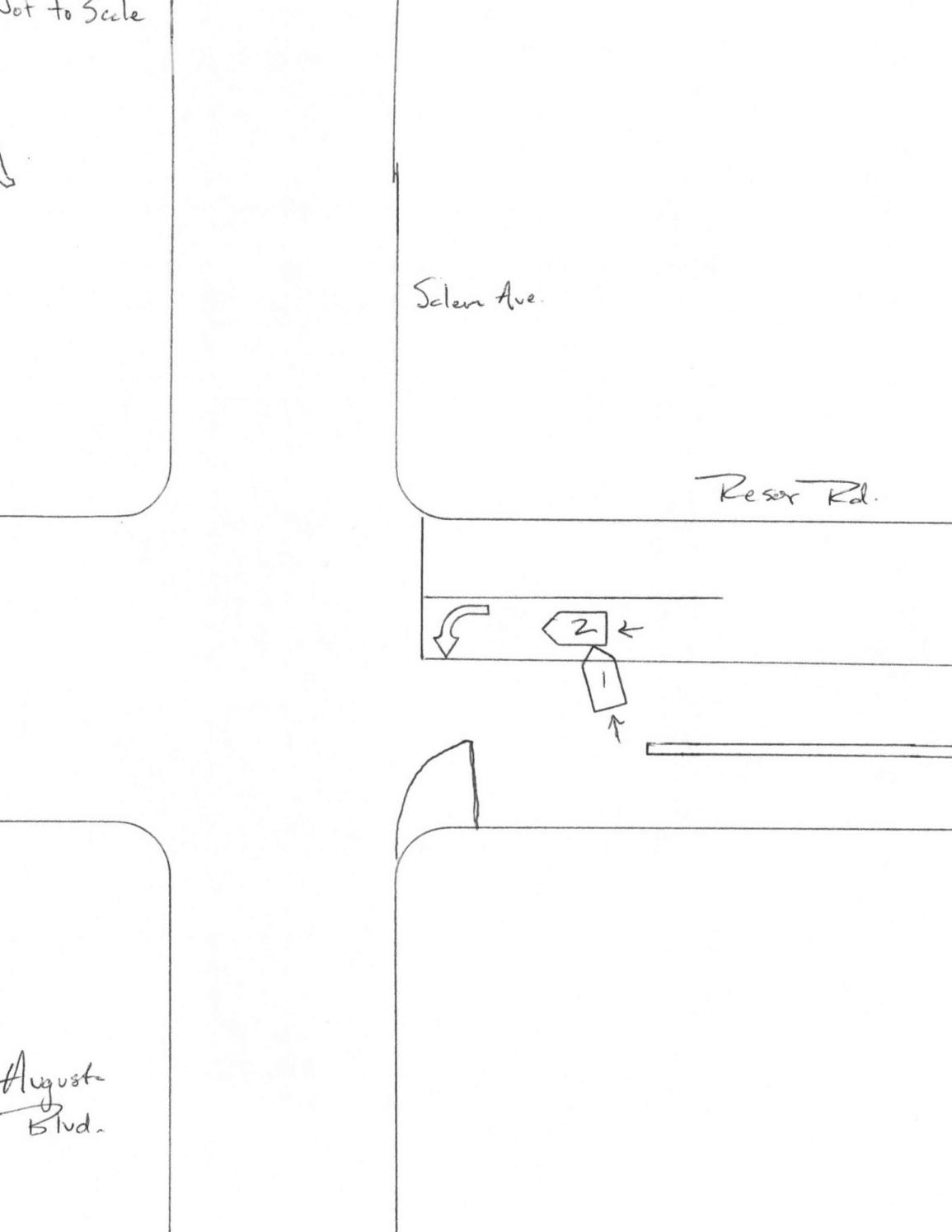


MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

2 2 0 2 7 5 4 0

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER					
	0 1	Hayes, Antonio Doneil					1 1 1 5 1 9 9 7	2 4	M						
	ADDRESS: STREET, CITY, STATE, ZIP 1860 Dalewood Pl. Cincinnati, OH 45237														
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 0 4	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 331.22A	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION Duty to Yield		CITATION NUMBER 251024						
	OL 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 1		DRUG TEST(S) SELECT UP TO 4 1 1						
	UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Burris, Austin Wayne					DATE OF BIRTH 1 1 0 1 2 0 0 0		AGE 2 1	GENDER M					
	ADDRESS: STREET, CITY, STATE, ZIP 245 Knollridge Ct. Apt. 103 Fairfield, OH 45014														
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 0 4	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	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER						
OL 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 1		DRUG TEST(S) SELECT UP TO 4 1 1							
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE 0	GENDER						
ADDRESS: STREET, CITY, STATE, ZIP															
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	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 1 1		DRUG TEST(S) 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-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										6-SECOND - RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-EXCEPT CLASS A & CLASS B BUS	6-EXCEPT TRACTOR-TRAILER	6-TALKING ON HAND-HELD COMMUNICATION DEVICE	
1-NOT TRANSPORTED /TREATED AT SCENE	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-NOT EJECTED	7-H - HAZMAT	7-INTERMEDIATE LICENSE RESTRICTIONS	7-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE										
2-EMS	8-THIRD - MIDDLE	8-PARTIALLY EJECTED	8-M - MOTORCYCLE	8-PASSENGER											
3-POLICE	9-THIRD - RIGHT SIDE	9-TOTALLY EJECTED	9-P - PASSENGER												
9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB	10-NOT APPLICABLE	10-N - TANKER												
SAFETY EQUIPMENT										11-Q - MOTOR SCOOTER	11-Q - MOTOR SCOOTER	11-LIMITED TO DAYLIGHT ONLY	11-LIMITED TO DAYLIGHT ONLY	11-LIMITED - OTHER	
1-NONE USED	11-P - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	12-R - THREE-WHEEL MOTORCYCLE	12-S - SCHOOL BUS	12-ADAPTIVE DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)											
2-SHOULDER BELT ONLY USED	12-P - EXTRICATED BY MECHANICAL MEANS	13-T - DOUBLE & TRIPLE TRAILERS	13-X - TANKER / HAZMAT												
3-LAP BELT ONLY USED	13-F - FREED BY NON-MECHANICAL MEANS	14-F - FEMALE	14-M - MOTOR VEHICLES WITHOUT AIR BRAKES												
4-SHOULDER & LAP BELT USED	14-R - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	15-M - MALE	15-OUTSIDE MIRROR												
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	15-U - OTHER / UNKNOWN	16-U - OTHER / UNKNOWN	16-PROSTHETIC AID												
6-CHILD RESTRAINT SYSTEM - REAR FACING	16-OTHER / UNKNOWN	17-OTHER	17-OTHER												
7-BOOSTER SEAT	17-OTHER / UNKNOWN	18-OTHER	18-OTHER												
8-HELMET USED	18-OTHER / UNKNOWN	19-OTHER / UNKNOWN	19-OTHER / UNKNOWN												
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	19-OTHER / UNKNOWN	20-OTHER / UNKNOWN	20-OTHER / UNKNOWN												
10-REFLECTIVE CLOTHING	20-OTHER / UNKNOWN	21-OTHER / UNKNOWN	21-OTHER / UNKNOWN												
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY	21-OTHER / UNKNOWN	22-OTHER / UNKNOWN	22-OTHER / UNKNOWN												
99-OTHER / UNKNOWN	22-OTHER / UNKNOWN	23-OTHER / UNKNOWN	23-OTHER / UNKNOWN												
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INJURIES										130-OTHER / UNKNOWN	130-OTHER / UNKNOWN	1			

LOCAL REPORT NUMBER	22-027540	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	Resor Rd./Salem Ave.	4/19/22
 <p>Not to Scale</p> <p>August Blvd.</p> <p>Not to Scale</p> <p>Resor Rd.</p> <p>Salem Ave.</p> <p>Not to Scale</p>				