




# TRAFFIC CRASH REPORT

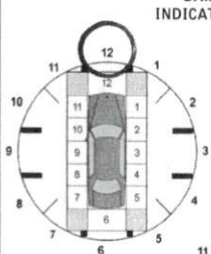
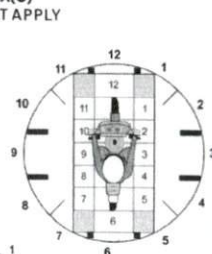
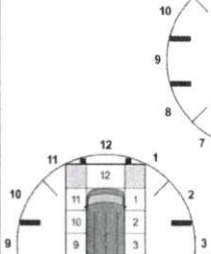
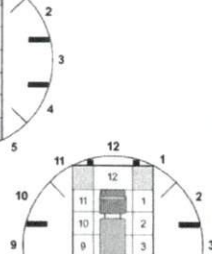
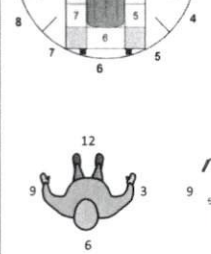
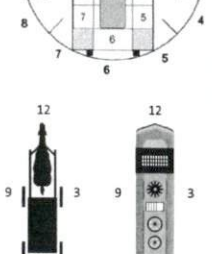
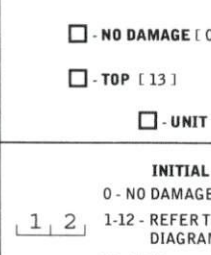
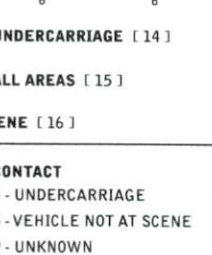
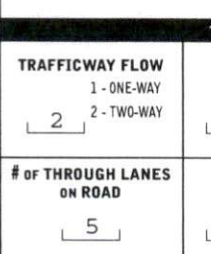
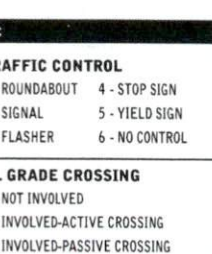
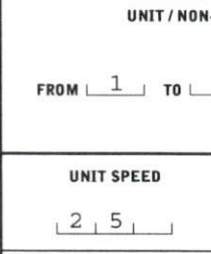
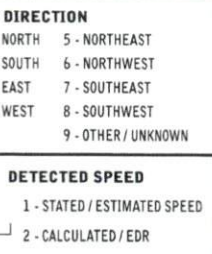
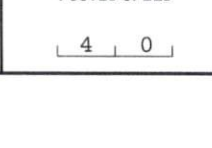
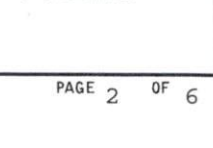
\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION		2 2 0 2 9 0 4 7	
REPORTING AGENCY NAME* Fairfield Police Department				NCIC* 0 0 9 0 1		HIT/SKIP 1 - SOLVED 2 - UNSOLVED 2 1 2	
COUNTY* 0 9		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield		CRASH DATE / TIME* 0 4 2 5 2 0 2 2 1 2 1 0	
ROUTE TYPE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		ROUTE NUMBER 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME DIXIE		ROAD TYPE H W	
ROUTE TYPE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		ROUTE NUMBER 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 7255		ROAD TYPE H W	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 3		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	
DISTANCE FROM REFERENCE 1 - MILES 2 - FEET 3 - YARDS		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 5		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES ROADWAY <input type="checkbox"/> ROADWAY DIVIDED	
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 0 1		MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN 2		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 (ANY TYPE) 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN	
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN 1	
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 1		WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN 0 2		CONDITIONS 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN 1		SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN 2	
NARRATIVE On April 25, 2022 at about 12:10 p.m. Unit 1 was traveling south on S.R. 4 (Dixie Hwy.) and when at 7255 Dixie Hwy. failed to stop within the assured clear distance ahead and collided with Unit 2 which was also southbound and was stopped in traffic. Unit 1 then fled the scene.						 Indicate the north direction with an "N" on the compass diagram.	
CRASH REPORTED DATE / TIME 0 4 2 5 2 0 2 2 1 2 1 4						DISPATCH DATE / TIME 0 4 2 5 2 0 2 2 1 2 1 7	
ARRIVAL DATE / TIME 0 4 2 5 2 0 2 2 1 2 2 4						SCENE CLEARED DATE / TIME 0 4 2 5 2 0 2 2 1 2 3 5	
TOTAL TIME ROADWAY CLOSED 1 5		OTHER INVESTIGATION TIME 3 3		OFFICER'S NAME* P.O. RYAN FLEENOR		CHECKED BY OFFICER'S NAME* Sgt. J Sprague	
TOTAL MINUTES 3 3		OFFICER'S BADGE NUMBER* 1 1 7		CHECKED BY OFFICER'S BADGE NUMBER* 8 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 DOPS)	



OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )	OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )
	01		
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )			
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
VEHICLE	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #
	<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input checked="" type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS
			01
	UNIT TYPE	1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED
	01	2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED
	3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	
	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	
		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		
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		
	02		
	1 - YES 2 - NO 9 - OTHER / UNKNOWN		
	AUTONOMOUS MODE LEVEL		
	01		
	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 99 - OTHER / UNKNOWN		
	CARGO BODY TYPE		
	01		
	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 - CARGO TANK 10 - FLAT BED 11 - DUMP		
	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN		
	VEHICLE DEFECTS		
	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		
	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT		
	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE		
	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT		
	99 - OTHER / UNKNOWN		
	NON-MOTORIST LOCATION AT IMPACT		
	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		
	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN		
	ACTION		
	03		
	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN		
	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN		
	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS		
	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE		
	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN		
	CONTRIBUTING CIRCUMSTANCES		
	08		
	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN		
	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING		
	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY		
	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/ SPILLING 20 - IMPROPER CROSSING		
	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION		
	SEQUENCE OF EVENTS		
	120		
	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		
	NON-COLLISION		
	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE		
	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE		
	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT		
	COLLISION WITH FIXED OBJECT - STRUCK		
	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE		
	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER		
	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT		
	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT		
	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN		
	FIRST HARMFUL EVENT		
	1		
	MOST HARMFUL EVENT		
	1		

LOCAL REPORT NUMBER	
2 2 0 2 9 0 4 7	
DAMAGE	
DAMAGE SCALE	
9 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
              <p><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]</p>	
INITIAL POINT OF CONTACT	
0 - NO DAMAGE 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
12 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
5	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED	DETECTED SPEED
25	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	
40	



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	
	02				
VEHICLE	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	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
	OH	EDV-5697	1HGC M56387A147799	2007	HONDA
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
		STATE FARM	C080084C0135G	RED	ACCORD
	TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	
	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE				
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR	HAZARDOUS MATERIAL	
	02	1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID #		
EVENT(S)	UNIT TYPE				
	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 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				
	01				
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?				
	1 - YES 2 - NO 9 - OTHER / UNKNOWN				
	AUTONOMOUS MODE LEVEL				
	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 99 - OTHER / UNKNOWN				
	SPECIAL FUNCTION				
	01				
CARGO BODY TYPE					
01					
VEHICLE DEFECTS					
1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN					
NON-MOTORIST LOCATION AT IMPACT					
1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDDLEBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN					
ACTION					
04					
PRE-CRASH ACTIONS					
1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN					
CONTRIBUTING CIRCUMSTANCES					
01					
SEQUENCE OF EVENTS					
120					
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT					
COLLISION WITH FIXED OBJECT - STRUCK					
25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN					
FIRST HARMFUL EVENT					
1					
MOST HARMFUL EVENT					
1					

LOCAL REPORT NUMBER	
22029047	
DAMAGE	
DAMAGE SCALE	
3 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 - 12 - REFER TO UNIT DIAGRAM 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN 13 - TOP	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
5	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED	DETECTED SPEED
0	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	
40	





LOCAL REPORT NUMBER  
2 2 0 2 9 0 4 7

MOTORIST / NON-MOTORIST	UNIT # 0 1		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH				AGE 0		GENDER M							
	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE													
	INJURIES 5		INJURED TAKEN BY		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 9 9		<input type="checkbox"/> DOT-COMPLIANT MC HELMET		SEATING POSITION 0 1		AIR BAG USAGE 9		EJECTION 1		TRAPPED 1	
	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 1		ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 9		ALCOHOL TEST STATUS 1 TYPE 1 VALUE .			DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4					

MOTORIST / NON-MOTORIST	UNIT # 0 2		NAME: LAST, FIRST, MIDDLE OLEARY, PAMELA M.				DATE OF BIRTH 1 0 0 7 1 9 4 3				AGE 7 8		GENDER F							
	ADDRESS: STREET, CITY, STATE, ZIP 2838 ASHTON CIR. HAMILTON, OH 45011-7868						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 			LOCAL CODE <input type="checkbox"/>		OFFENSE DESCRIPTION 				CITATION NUMBER 					
	OL CLASS 4		ENDORSEMENT SELECT UP TO 2 		RESTRICTION SELECT UP TO 3 1 0			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 TYPE VALUE 1 1			DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1			

[illegible][illegible]



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
2 2 0 2 9 0 4 7

<b>OCCUPANT</b>	<b>UNIT #</b> 2	<b>NAME: LAST, FIRST, MIDDLE</b> OLEARY, TIMOTHY	<b>DATE OF BIRTH</b> 0 7 2 9 1 9 4 0		<b>AGE</b> 8 1	<b>GENDER</b> M
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 2838 ASHTON CIR. HAMILTON, OH 45011-7868		<b>CONTACT PHONE - INCLUDE AREA CODE</b>			

<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 0 3	<b>AIR BAG USAGE</b> 0 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1
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<b>OCCUPANT</b>	<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>	<b>DATE OF BIRTH</b>		<b>AGE</b> 0	<b>GENDER</b>
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b>		<b>CONTACT PHONE - INCLUDE AREA CODE</b>			

<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>
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<b>OCCUPANT</b>	<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>	<b>DATE OF BIRTH</b>		<b>AGE</b> 0	<b>GENDER</b>
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b>		<b>CONTACT PHONE - INCLUDE AREA CODE</b>			

<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>
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<b>OCCUPANT</b>	<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>	<b>DATE OF BIRTH</b>		<b>AGE</b> 0	<b>GENDER</b>
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b>		<b>CONTACT PHONE - INCLUDE AREA CODE</b>			

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

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

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

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

LOCAL REPORT NUMBER	22-029047	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	04-25-22
IN COUNTY OF	Butler	ACCIDENT LOCATION	7255 Dixie Hwy.		

7255

S.R. 4 (Dixie Hwy.)

The diagram shows a horizontal road labeled 'S.R. 4 (Dixie Hwy.)'. A vertical dashed line intersects the road. To the left of this line, there are two rectangular boxes labeled '#1' and '#2' stacked vertically. An arrow points from the right towards these boxes. Below the boxes, there are two curved arrows: the top one points right and then down, and the bottom one points right and then up.

Not To Scale

OFFICER'S SIGNATURE

P.O. RYAN FLEENOR

BADGE NO.  
117