



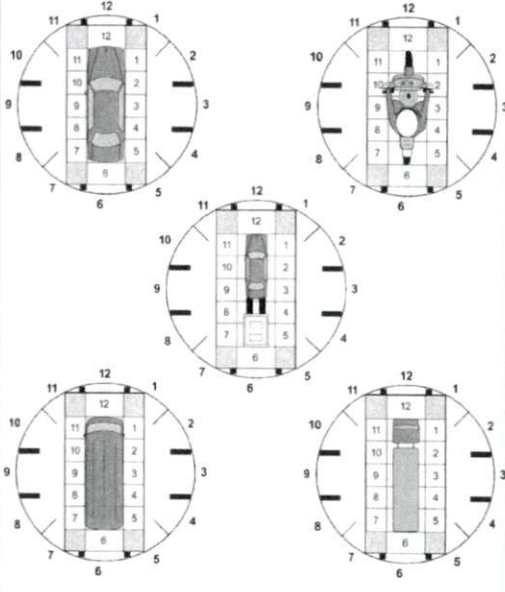
TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

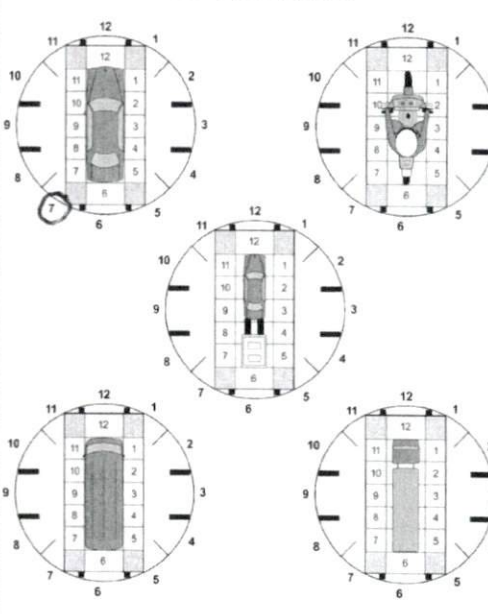
LOCAL REPORT NUMBER*

<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 REPORTING AGENCY NAME* Fairfield Police Department		NCIC* 00901	22029639	
COUNTY* 09	LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP 1	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield				CRASH DATE / TIME* 04272022 1500	CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY 2
ROUTE TYPE 1	ROUTE NUMBER 1	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME SYMMES	ROAD TYPE R D	LATITUDE DECIMAL DEGREES 39.351247	INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 03	
ROUTE TYPE 1	ROUTE NUMBER 1	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) BACH	ROAD TYPE L N	LONGITUDE DECIMAL DEGREES -84.540043		
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE # 1	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	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 01		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 6		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 1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-OTHER/UNKNOWN	
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 02		CONDITIONS 1 1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN		SURFACE 2 1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN	
NARRATIVE On April 27, 2022 at approximately 3:00 p.m. Unit 1 (a motorcycle) was traveling east on Symmes Rd. at a extremely high rate of speed and when at Bach Ln. struck Unit 2 which was in the process of turning westbound onto Symmes Rd. from Bach Ln. Unit 2 then left the scene. The driver of Unit 1 was ejected from the motorcycle without a helmet and sustained serious injuries. The driver of Unit 1 was Air Cared to UC Medical Center. A warrant request was issued for the driver of Unit 1 for not having a motorcycle endorsement and Operation in a Willful or Wanton Regard of Safety. SEE OH-2							
CRASH REPORTED DATE / TIME 04272022 1500		DISPATCH DATE / TIME 04272022 1501		ARRIVAL DATE / TIME 04272022 1503		SCENE CLEARED DATE / TIME 04272022 1845	
TOTAL TIME ROADWAY CLOSED 222		OTHER INVESTIGATION TIME 60		TOTAL MINUTES 284		OFFICER'S NAME* P.O. RYAN FLEENOR OFFICER'S BADGE NUMBER* 117	
CHECKED BY OFFICER'S NAME* P.O. C. Mone		CHECKED BY OFFICER'S BADGE NUMBER* 136		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 # 01	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE OH	LICENSE PLATE # HOW95	VEHICLE IDENTIFICATION # JLS1GT76A262101756	VEHICLE YEAR 2006	VEHICLE MAKE SUZUKI
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY 1ST CHOICE INS.	INSURANCE POLICY # ITPR158753	COLOR BLUE	VEHICLE MODEL GSX-R100
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	TOWED BY: COMPANY NAME FOX TOWING	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 01	HAZARDOUS MATERIAL CLASS # PLACARD ID #	
	TYPE OF USE		US DOT #	VEHICLE WEIGHT GVWR/GCWR	
	<input type="checkbox"/> PASSENGER CAR		1 - <10K LBS.	18 - LIMO (LIVERY VEHICLE)	
	<input type="checkbox"/> PASSENGER VAN (MINIVAN)		2 - 10,001 - 26K LBS.	19 - BUS (16+ PASSENGERS)	
	<input type="checkbox"/> SPORT UTILITY VEHICLE		3 - >26K LBS.	20 - OTHER VEHICLE	
	<input type="checkbox"/> PICK UP			21 - HEAVY EQUIPMENT	
	<input type="checkbox"/> CARGO VAN			22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	
<input type="checkbox"/> VAN (9-15 SEATS)			23 - PEDESTRIAN / SKATER		
# OF TRAILING UNITS			24 - WHEELCHAIR (ANY TYPE)		
			25 - OTHER NON-MOTORIST		
			26 - BICYCLE		
			27 - TRAIN		
			99 - UNKNOWN OR HIT/SKIP		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION			
1 - YES 2 - NO 9 - OTHER / UNKNOWN		1 - DRIVER ASSISTANCE			
		2 - PARTIAL AUTOMATION			
		3 - CONDITIONAL AUTOMATION			
		4 - HIGH AUTOMATION			
		5 - FULL AUTOMATION			
1 - NONE		6 - BUS - CHARTER/TOUR			
2 - TAXI		7 - BUS - INTERCITY			
3 - ELECTRONIC RIDE SHARING		8 - BUS - SHUTTLE			
4 - SCHOOL TRANSPORT		9 - BUS - OTHER			
5 - BUS - TRANSIT/COMMUTER		10 - AMBULANCE			
		11 - FIRE			
		12 - MILITARY			
		13 - POLICE			
		14 - PUBLIC UTILITY			
		15 - CONSTRUCTION EQUIPMENT			
		16 - FARM			
		17 - MOWING			
		18 - SNOW REMOVAL			
		19 - TOWING			
		20 - SAFETY SERVICE PATROL			
1 - NO CARGO BODY TYPE / NOT APPLICABLE		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE			
2 - BUS		4 - LOGGING			
		5 - INTERMODAL CONTAINER CHASSIS			
		6 - CARGO VAN/ENCLOSED BOX			
		7 - GRAIN/CHIPS/GRAVEL			
		8 - POLE			
		9 - CARGO TANK			
		10 - FLAT BED			
		11 - DUMP			
		12 - CONCRETE MIXER			
		13 - AUTO TRANSPORTER			
		14 - GARBAGE/REFUSE			
		99 - OTHER / UNKNOWN			
1 - TURN SIGNALS		4 - BRAKES			
2 - HEAD LAMPS		5 - STEERING			
3 - TAIL LAMPS		6 - TIRE BLOWOUT			
		7 - WORN OR SLICK TIRES			
		8 - TRAILER EQUIPMENT DEFECTIVE			
		9 - MOTOR TROUBLE			
		10 - DISABLED FROM PRIOR ACCIDENT			
		99 - OTHER / UNKNOWN			
1 - INTERSECTION - MARKED CROSSWALK		3 - INTERSECTION - OTHER			
2 - INTERSECTION - UNMARKED CROSSWALK		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			
1 - NON-CONTACT		1 - STRAIGHT AHEAD			
2 - NON-COLLISION		2 - BACKING			
3 - STRIKING		3 - CHANGING LANES			
4 - STRUCK		4 - OVERTAKING/PASSING			
5 - BOTH STRIKING & STRUCK		5 - MAKING RIGHT TURN			
9 - OTHER / UNKNOWN		6 - MAKING LEFT TURN			
		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			
1 - NONE		7 - LEFT OF CENTER			
2 - FAILURE TO YIELD		8 - FOLLOWING TOO CLOSE / ACDA			
3 - RAN RED LIGHT		9 - IMPROPER LANE CHANGE			
4 - RAN STOP SIGN		10 - IMPROPER PASSING			
5 - UNSAFE SPEED		11 - DROVE OFF ROAD			
6 - IMPROPER TURN		12 - IMPROPER BACKING			
		13 - IMPROPER START FROM A PARKED POSITION			
		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			
CONTRIBUTING CIRCUMSTANCES		SEQUENCE OF EVENTS			
1 - OVERTURN/ROLLOVER		2 - EQUIPMENT FAILURE			
2 - FIRE/EXPLOSION		3 - SEPARATION OF UNITS			
3 - IMMERSION		4 - RAN OFF ROAD RIGHT			
4 - JACKKNIFE		5 - RAN OFF ROAD LEFT			
5 - CARGO / EQUIPMENT LOSS OR SHIFT		6 - CROSS MEDIAN			
		7 - IMPROPER TURN			
		8 - IMPROPER BACKING			
		9 - IMPROPER START FROM A PARKED POSITION			
		10 - STOPPED OR PARKED ILLEGALLY			
		11 - SWERVING TO AVOID			
		12 - WRONG WAY			
		13 - VISION OBSTRUCTION			
		14 - OPERATING DEFECTIVE EQUIPMENT			
		15 - LOAD SHIFTING/FALLING/ SPILLING			
		16 - IMPROPER CROSSING			
		17 - LYING IN ROADWAY			
		18 - NOT DISCERNIBLE			
		19 - OPENING DOOR INTO ROADWAY			
		99 - OTHER IMPROPER ACTION			
		1 - NOT INVOLVED			
		2 - INVOLVED-ACTIVE CROSSING			
		3 - INVOLVED-PASSIVE CROSSING			
		1 - NORTH			
		2 - SOUTH			
		3 - EAST			
		4 - WEST			
		5 - NORTHEAST			
		6 - NORTHWEST			
		7 - SOUTHEAST			
		8 - SOUTHWEST			
		9 - OTHER / UNKNOWN			
		1 - STATED / ESTIMATED SPEED			
		2 - CALCULATED / EDR			
		3 - UNDETERMINED			
		1 - FIRST HARMFUL EVENT			
		4 - MOST HARMFUL EVENT			

LOCAL REPORT NUMBER 2 2 0 2 9 6 3 9	
DAMAGE	
DAMAGE SCALE	
1 - NONE 3 - FUNCTIONAL DAMAGE	
2 - MINOR DAMAGE 4 - DISABLING DAMAGE	
9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
	
<input type="checkbox"/> NO DAMAGE [0] <input type="checkbox"/> UNDERCARRIAGE [14]	
<input type="checkbox"/> TOP [13] <input checked="" type="checkbox"/> ALL AREAS [15]	
<input type="checkbox"/> UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT	
0 - NO DAMAGE 14 - UNDERCARRIAGE	
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE	
13 - TOP 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN
2 - TWO-WAY	2 - SIGNAL 5 - YIELD SIGN
	3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	1 - NOT INVOLVED
	2 - INVOLVED-ACTIVE CROSSING
	3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM 4 TO 3	
UNIT SPEED	
9 9	
POSTED SPEED	
3 5	

OWNER	UNIT # 02	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)			
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)					
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE				
VEHICLE	LP STATE OH	LICENSE PLATE # JSC-6062	VEHICLE IDENTIFICATION # 1HGFA16581043514	VEHICLE YEAR 2008	VEHICLE MAKE HONDA	
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY NATIONWIDE	INSURANCE POLICY # 9234J392824	COLOR SILVER	VEHICLE MODEL CIVIC	
	<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 DEVICE EQUIPPED	<input checked="" type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 03	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		
	<input type="checkbox"/> MATERIAL RELEASED			<input type="checkbox"/> PLACARD		
	1 - PASSENGER CAR			7 - MOTORCYCLE 2-WHEELED		
	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			
7 - PASSENGER CAR			13 - SNOWMOBILE			
8 - MOTORCYCLE 2-WHEELED			14 - SINGLE UNIT TRUCK			
9 - AUTOCYCLE			15 - SEMI-TRACTOR			
10 - MOPED OR MOTORIZED BICYCLE			16 - FARM EQUIPMENT			
11 - ALL TERRAIN VEHICLE (ATV / UTV)			17 - MOTORHOME			
12 - GOLF CART			18 - LIMO (LIVERY VEHICLE)			
13 - SNOWMOBILE			19 - BUS (16+ PASSENGERS)			
14 - SINGLE UNIT TRUCK			20 - OTHER VEHICLE			
15 - SEMI-TRACTOR			21 - HEAVY EQUIPMENT			
16 - FARM EQUIPMENT			22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE			
17 - MOTORHOME			23 - PEDESTRIAN / SKATER			
18 - LIMO (LIVERY VEHICLE)			24 - WHEELCHAIR (ANY TYPE)			
19 - BUS (16+ PASSENGERS)			25 - OTHER NON-MOTORIST			
20 - OTHER VEHICLE			26 - BICYCLE			
21 - HEAVY EQUIPMENT			27 - TRAIN			
22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE			99 - UNKNOWN OR HIT/SKIP			
# OF TRAILING UNITS						
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						
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						
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						
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						
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						
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						
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						
CONTRIBUTING CIRCUMSTANCES						
SEQUENCE OF EVENTS						
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 MOST HARMFUL EVENT						

LOCAL REPORT NUMBER 2 2 0 2 9 6 3 9	
DAMAGE SCALE	
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 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN 13 - TOP	
TRAFFIC	
TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 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	
1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHWEST 6 - SOUTHWEST 7 - SOUTHEAST 8 - WEST 9 - OTHER / UNKNOWN	
UNIT SPEED 1 5	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 2 5	



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER													
2 2 0 2 9 6 3 9													
UNIT # 0 1	NAME: LAST, FIRST, MIDDLE WHITEHEAD, BRANDON MATTHEW				DATE OF BIRTH 0 6 2 9 1 9 9 2		AGE 2 9	GENDER M					
ADDRESS: STREET, CITY, STATE, ZIP 894 SYMMES RD. FAIRFIELD, OH 450141737					CONTACT PHONE - INCLUDE AREA CODE								
INJURIES 2	INJURED TAKEN BY 9	EMS AGENCY (NAME) UC AIR CARE	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) UC MEDICAL CENTER		SAFETY EQUIPMENT USED 0 1	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 5	EJECTION 3	TRAPPED 1			
OL STATE O H	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 333.02 (A)		LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION RECKLESS OPERATION		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 TYPE VALUE 1 1 .		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1				
UNIT # 0 2	NAME: LAST, FIRST, MIDDLE DHITAL, RUPA DEVI				DATE OF BIRTH 0 5 3 0 1 9 9 0		AGE 3 1	GENDER F					
ADDRESS: STREET, CITY, STATE, ZIP 6122 PRIMROSE LN. FAIRFIELD, OH 45014-3277					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 335.12 (A) (1) (B)		LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION LEAVING THE SCENE		CITATION NUMBER 250612					
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4				
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE 0	GENDER					
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER					
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4				
INJURIES		SEATING POSITION		AIR BAG		OL CLASS		OL RESTRICTION(S)		DRIVER DISTRACTION		TEST STATUS	
1 - FATAL		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED		1 - CLASS A		1 - ALCOHOL INTERLOCK DEVICE		1 - NOT DISTRACTED		1 - NONE GIVEN	
2 - SUSPECTED SERIOUS INJURY		2 - FRONT - MIDDLE		2 - DEPLOYED FRONT		2 - CLASS B		2 - CDL INTRASTATE ONLY		2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)		2 - TEST REFUSED	
3 - SUSPECTED MINOR INJURY		3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE		3 - CLASS C		3 - CORRECTIVE LENSES		3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE		3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	
4 - POSSIBLE INJURY		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT / SIDE		4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER		4 - TALKING ON HAND-HELD COMMUNICATION DEVICE		4 - TEST GIVEN, RESULTS KNOWN	
5 - NO APPARENT INJURY		5 - SECOND - MIDDLE		5 - NOT APPLICABLE		5 - M/C MOPED ONLY		5 - EXCEPT CLASS A BUS		5 - OTHER DISTRACTION INSIDE THE VEHICLE		5 - TEST GIVEN, RESULTS UNKNOWN	
INJURED TAKEN BY		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN		6 - NO VALID OL		6 - EXCEPT CLASS A & CLASS B BUS		6 - PASSENGER		ALCOHOL TEST TYPE	
1 - NOT TRANSPORTED / TREATED AT SCENE		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		EJECTION		OL ENDORSEMENT		7 - EXCEPT TRACTOR-TRAILER		7 - OTHER DISTRACTION INSIDE THE VEHICLE		1 - NONE	
2 - EMS		8 - THIRD - MIDDLE		1 - NOT EJECTED		H - HAZMAT		8 - INTERMEDIATE LICENSE RESTRICTIONS		8 - OTHER DISTRACTION OUTSIDE THE VEHICLE		2 - BLOOD	
3 - POLICE		9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED		M - MOTORCYCLE		9 - LEARNER'S PERMIT RESTRICTIONS		9 - OTHER / UNKNOWN		3 - URINE	
9 - OTHER / UNKNOWN		10 - SLEEPER SECTION OF TRUCK CAB		3 - TOTALLY EJECTED		P - PASSENGER		10 - LIMITED TO DAYLIGHT ONLY		CONDITION		4 - BREATH	
SAFETY EQUIPMENT		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		4 - NOT APPLICABLE		N - TANKER		11 - LIMITED TO EMPLOYMENT		1 - APPARENTLY NORMAL		5 - OTHER	
1 - NONE USED		12 - PASSENGER IN UNENCLOSED CARGO AREA		TRAPPED		Q - MOTOR SCOOTER		12 - LIMITED - OTHER		2 - PHYSICAL IMPAIRMENT		DRUG TEST TYPE	
2 - SHOULDER BELT ONLY USED		13 - TRAILING UNIT		1 - NOT TRAPPED		R - THREE-WHEEL MOTORCYCLE		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)		1 - NONE	
3 - LAP BELT ONLY USED		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		2 - EXTRICATED BY MECHANICAL MEANS		S - SCHOOL BUS		14 - MILITARY VEHICLES ONLY		4 - ILLNESS		2 - BLOOD	
4 - SHOULDER & LAP BELT USED		15 - NON-MOTORIST		3 - FREED BY NON-MECHANICAL MEANS		T - DOUBLE & TRIPLE TRAILERS		15 - MOTOR VEHICLES WITHOUT AIR BRAKES		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		3 - URINE	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		99 - OTHER / UNKNOWN				X - TANKER / HAZMAT		16 - OUTSIDE MIRROR		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		4 - OTHER	
6 - CHILD RESTRAINT SYSTEM - REAR FACING								17 - PROSTHETIC AID		9 - OTHER / UNKNOWN		DRUG TEST RESULT(S)	
7 - BOOSTER SEAT								18 - OTHER				1 - AMPHETAMINES	
8 - HELMET USED												2 - BARBITURATES	
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)												3 - BENZODIAZEPINES	
10 - REFLECTIVE CLOTHING												4 - CANNABINOIDS	
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY												5 - COCAINE	
99 - OTHER / UNKNOWN												6 - OPIATES / OPIOIDS	
												7 - OTHER	
												8 - NEGATIVE RESULTS	

Occupant / Witness Addendum

LOCAL REPORT NUMBER
2 2 0 2 9 6 3 9

OCCUPANT	UNIT # 2	NAME: LAST, FIRST, MIDDLE BHATTARAI, LIAM	DATE OF BIRTH 0 2 2 7 2 0 1 7	AGE 5	GENDER M
	ADDRESS: STREET, CITY, STATE, ZIP 6122 PRIMROSE LN. FAIRFIELD, OH 45014		CONTACT PHONE - INCLUDE AREA CODE		

INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 5	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 4	AIR BAG USAGE 0 5	EJECTION 1	TRAPPED 1
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OCCUPANT	UNIT # 2	NAME: LAST, FIRST, MIDDLE BHATTARAI, ANNA	DATE OF BIRTH 0 6 2 1 2 0 1 9	AGE 2	GENDER F
	ADDRESS: STREET, CITY, STATE, ZIP 6122 PRIMROSE LN. FAIRFIELD, OH 45014		CONTACT PHONE - INCLUDE AREA CODE		

INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 5	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 6	AIR BAG USAGE 0 5	EJECTION 1	TRAPPED 1
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OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE 0	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE		

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

INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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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
INJURED TAKEN BY	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	
1 - NOT TRANSPORTED / TREATED AT SCENE	8 - HELMET USED	8 - THIRD - MIDDLE	EJECTION
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
GENDER	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	4 - NOT APPLICABLE
F - FEMALE		13 - TRAILING UNIT	TRAPPED
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

WITNESS	NAME: LAST, FIRST, MIDDLE TAYLOR, MICHAEL KEITH	DATE OF BIRTH 1 0 1 7 1 9 8 9	AGE 3 2	GENDER M
	ADDRESS: STREET, CITY, STATE, ZIP 1395 A SYMMES RD. FAIRFIELD, OH 45014		CONTACT PHONE - INCLUDE AREA CODE	

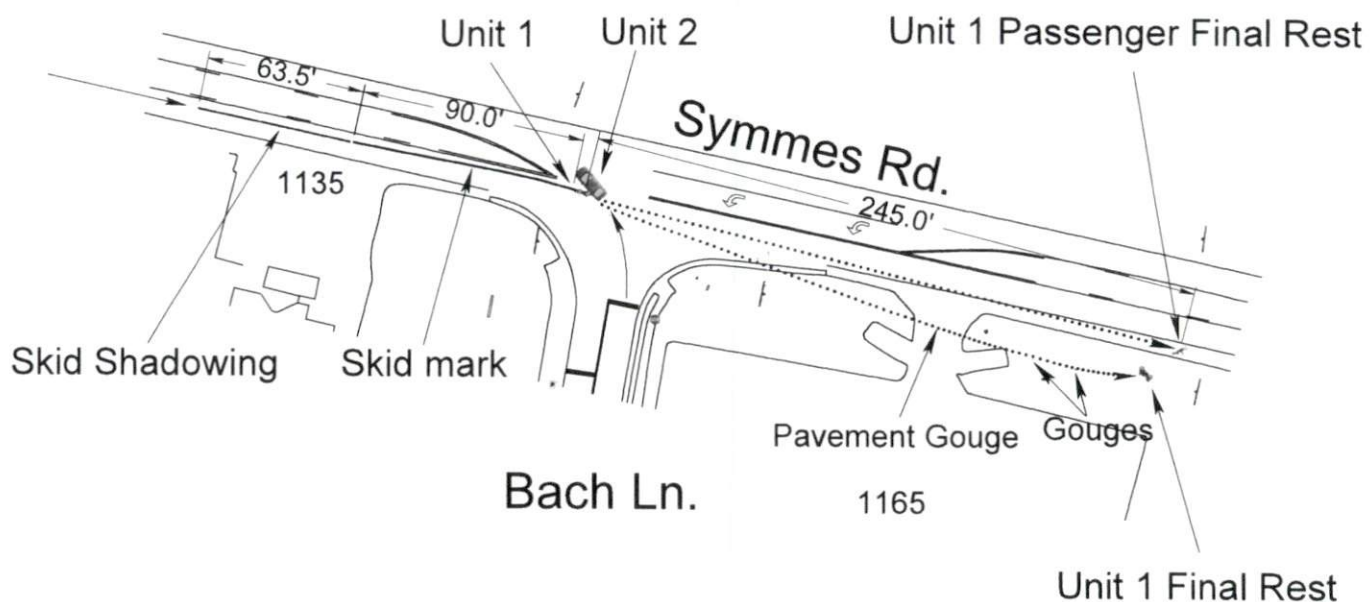
WITNESS	NAME: LAST, FIRST, MIDDLE BEATTY, DARRIN	DATE OF BIRTH 0 2 2 4 1 9 7 1	AGE 5 1	GENDER M
	ADDRESS: STREET, CITY, STATE, ZIP 4055 FREEMAN AVE. HAMILTON, OH 45015		CONTACT PHONE - INCLUDE AREA CODE	

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

OHIO TRAFFIC CRASH REPORT
DIAGRAM / NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 22-029639	REPORTING AGENCY Fairfield Police Department	DATE OF CRASH M 04 D 27 Y 22
IN COUNTY OF Butler	CRASH LOCATION Symmes Rd. @ Bach Ln.	



OFFICER'S SIGNATURE
P.O. Ryan Fleenor

BADGE NUMBER
117