



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL REPORT NUMBER*					
				2 2 0 3 1 2 2 8					
<input checked="" type="checkbox"/> PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION		REPORTING AGENCY NAME* NCIC* Fairfield Police Department 0 0 9 0 1					
				HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR			
				1 - SOLVED	0 3	0 1 98 - ANIMAL			
				2 - UNSOLVED		99 - UNKNOWN			
COUNTY* 0 9		LOCALITY* 1 - CITY 1 1 - VILLAGE		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield					
				1 - CITY 2 - VILLAGE 3 - TOWNSHIP					
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME Symmes	ROAD TYPE R D	LATITUDE DECIMAL DEGREES 3 9 3 4 8 6 2 2			
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 2710	ROAD TYPE	LONGITUDE DECIMAL DEGREES - 8 4 5 2 7 9 2 4			
REFERENCE POINT 3	DIRECTION FROM REFERENCE 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	RD - ROAD LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	INTERSECTION RELATED				
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS	ROUTE TYPE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE	RD - ROAD LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	NUMBER OF APPROACHES				
LOCATION OF FIRST HARMFUL EVENT 0 1			MANNER OF CRASH COLLISION/IMPACT 3			DIRECTION OF TRAVEL	MEDIAN TYPE		
1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP			9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER/ UNKNOWN			1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (>4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN		
<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	CONDITIONS 2	SURFACE 2	
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE						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	
LIGHT CONDITION 1			WEATHER 0 4						
1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN			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.			
On 5-3-22 at about 7:49 a.m. Unit 2 and 3 were traveling east on Symmes Rd near 2710 and slowing for traffic. Unit 1 was traveling east on Symmes Rd and failed to maintain assured clear distance ahead striking Unit 2 and pushing Unit 2 into Unit 3.						See OH2			
CRASH REPORTED DATE / TIME 0 5 0 3 2 0 2 2 0 7 4 9				DISPATCH DATE / TIME 0 5 0 3 2 0 2 2 0 7 5 0		ARRIVAL DATE / TIME 0 5 0 3 2 0 2 2 0 7 5 7		SCENE CLEARED DATE / TIME 0 5 0 3 2 0 2 2 0 8 1 7	REPORT TAKEN BY
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 3 0		TOTAL MINUTES 5 7		OFFICER'S NAME* P.O. Hoelle		CHECKED BY OFFICER'S NAME* Sgt. J. Sprague	<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODDS)
						OFFICER'S BADGE NUMBER* 1 4 4		CHECKED BY OFFICER'S BADGE NUMBER* 8 4	



UNIT

OWNER

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> SAME AS DRIVER	OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER
0_1	Focus on Independence LLC	L
OWNER ADDRESS: STREET, CITY, STATE, ZIP <input type="checkbox"/> SAME AS DRIVER		
155 Northland Blvd. Cincinnati, OH 45246		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
O_H	PKX8991	1F1TPW14526FA54902	2006	Ford
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	Progressive	07773217	Gold	F150
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
		0_1	1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD

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
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0_4 # OF TRAILING UNITS

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
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UNIT TYPE	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
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CARGO BODY TYPE	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
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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
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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
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ACTION	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	PRE-CRASH ACTIONS 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - DRIVING REVERSE	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - DRIVING REVERSE	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVING REVERSE	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
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CONTRIBUTING CIRCUMSTANCES	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
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SEQUENCE OF EVENTS

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 MOVABLE OBJECT
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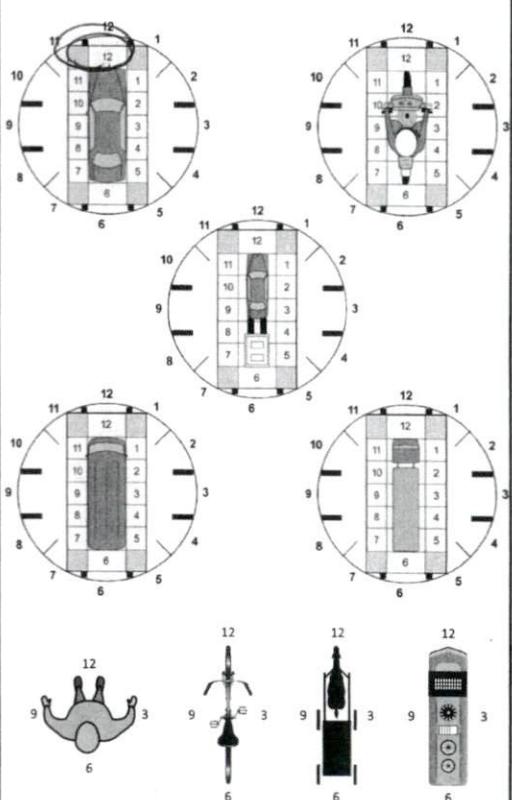
4_1_1	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	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
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1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER
2 2 0 3 1 2 2 8

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

DAMAGED AREA(S)
INDICATE ALL THAT APPLY



- NO DAMAGE [0] - UNDERCARRIAGE [14]

- TOP [13] - ALL AREAS [15]

- UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT
0 - NO DAMAGE 14 - UNDERCARRIAGE
1 - 12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE
2 - 99 - UNKNOWN
13 - TOP

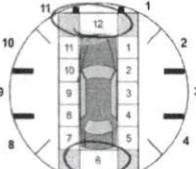
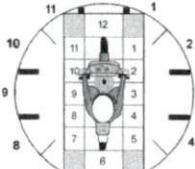
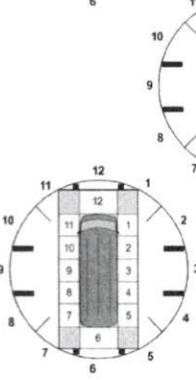
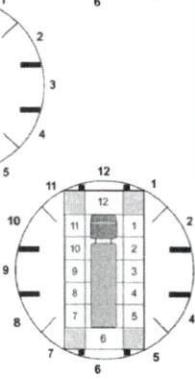
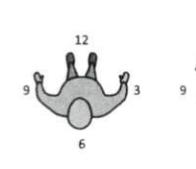
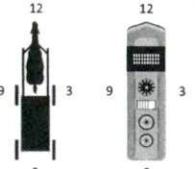
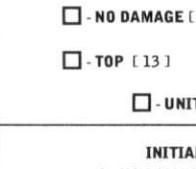
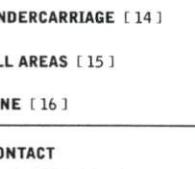
TRAFFIC
TRAFFIC WAY FLOW
1 - ONE-WAY
2 - TWO-WAY
OF THROUGH LANES ON ROAD
1

RAIL GRADE CROSSING
1 - NOT INVOLVED
2 - INVOLVED-ACTIVE CROSSING
3 - INVOLVED-PASSIVE CROSSING

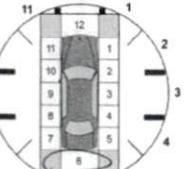
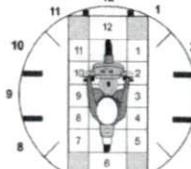
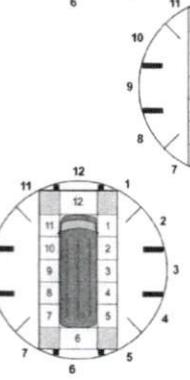
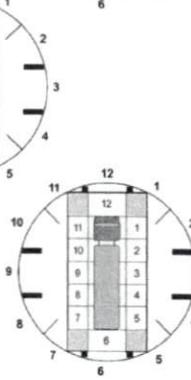
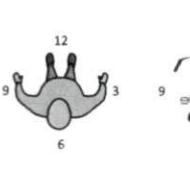
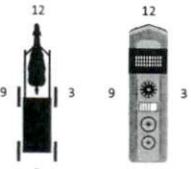
UNIT / NON-MOTORIST DIRECTION
1 - NORTH 5 - NORTHEAST
2 - SOUTH 6 - NORTHWEST
3 - EAST 7 - SOUTHEAST
4 - WEST 8 - SOUTHWEST
9 - OTHER / UNKNOWN
FROM 4 TO 3

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

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 2	Wimmers, Gregory L		
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	
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
O H	GCY2197	3 G N F K 1 6 Z 3 3 G 1 2 4 1 0 8	2 0 0 3	Chevy
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	Grange Ins	4788311	Gold	Suburban
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	HAZARDOUS MATERIAL	
0 3		0 1	<input type="checkbox"/> MATERIAL RELEASED	CLASS #
UNIT TYPE			<input type="checkbox"/> PLACARD	PLACARD ID #
1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER
2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED	13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)
3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14 - SINGLE UNIT TRUCK	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST
4 - PICK UP	10 - MOPED OR MOTORIZED BICYCLE	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE
5 - CARGO VAN	11 - ALL TERRAIN VEHICLE (ATV / UTV)	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN
6 - VAN (9-15 SEATS)		17 - MOTORHOME		99 - UNKNOWN OR HIT/SKIP
0	# OF TRAILING UNITS			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN
2	1 - YES	2 - NO	3 - OTHER / UNKNOWN	
AUTONOMOUS MODE LEVEL		1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION	
		2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION	
0 1	1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM
SPECIAL FUNCTION	2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	21 - MAIL CARRIER
	3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	99 - OTHER / UNKNOWN
	4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	
	5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	19 - TOWING
0 1	1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE
CARGO BODY TYPE	2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	12 - CONCRETE MIXER
			7 - GRAIN/CHIPS/GRAVEL	9 - CARGO TANK
				13 - AUTO TRANSPORTER
				10 - FLAT BED
				14 - GARBAGE/REFUSE
				11 - DUMP
				99 - OTHER / UNKNOWN
0 1	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE
VEHICLE DEFECTS	2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	99 - OTHER / UNKNOWN
	3 - TAIL LAMPS	6 - TIRE BLOWOUT		10 - DISABLED FROM PRIOR ACCIDENT
0 1	1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND
NON-MOTORIST LOCATION AT IMPACT	2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	12 - FIRST RESPONDER AT INCIDENT SCENE
		5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	10 - DRIVEWAY ACCESS
				11 - SHARED USE PATHS OR TRAILS
0 1	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE
ACTION	2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION
	3 - STRIKING	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	19 - STANDING
	4 - STRUCK	PRE-CRASH 4 - OVERTAKING/PASSING	10 - PARKED	15 - WALKING, RUNNING, JOGGING, PLAYING
	5 - BOTH STRIKING & STRUCK ACTIONS	5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	20 - OTHER NON-MOTORIST
		6 - MAKING LEFT TURN	12 - DRIVERLESS	21 - STANDING OUTSIDE DISABLED VEHICLE
				16 - WORKING
				17 - PUSHING VEHICLE
				99 - OTHER / UNKNOWN
0 1	1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	18 - APPROACHING OR LEAVING VEHICLE
CONTRIBUTING CIRCUMSTANCES	2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / ACDA	14 - STOPPED OR PARKED ILLEGALLY	19 - STANDING
	3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	15 - SWERVING TO AVOID	20 - OTHER NON-MOTORIST
	4 - RAN STOP SIGN	10 - IMPROPER PASSING	16 - WRONG WAY	21 - STANDING OUTSIDE DISABLED VEHICLE
	5 - UNSAFE SPEED	11 - DROVE OFF ROAD	17 - VISION OBSTRUCTION	18 - APPROACHING OR LEAVING VEHICLE
	6 - IMPROPER TURN	12 - IMPROPER BACKING	18 - OPERATING DEFECTIVE EQUIPMENT	19 - STANDING
SEQUENCE OF EVENTS				
1 2 0	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE
	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	17 - ANIMAL - FARM EQUIPMENT	22 - WORK ZONE MAINTENANCE EQUIPMENT
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	18 - ANIMAL - DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION
2 2 0	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	19 - ANIMAL - OTHER	20 - MOTOR VEHICLE IN TRANSPORT
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	21 - PARKED MOTOR VEHICLE	24 - OTHER MOVABLE OBJECT
3 1 1				
4 1	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB
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6 1	29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX
	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	48 - TREE
1	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT	

LOCAL REPORT NUMBER		
2 2 0 3 1 2 2 8		
DAMAGE		
2	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 type="checkbox"/> ALL AREAS [15]	
<input type="checkbox"/> UNIT NOT AT SCENE [16]		
INITIAL POINT OF CONTACT		
0 1 6	0 - NO DAMAGE	14 - UNDERCARRIAGE
	1-12 - REFER TO UNIT DIAGRAM	15 - VEHICLE NOT AT SCENE
		99 - UNKNOWN
	13 - TOP	
TRAFFIC		
TRAFFICWAY FLOW	TRAFFIC CONTROL	
1 - ONE-WAY	1 - ROUNDABOUT	
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	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		
3 5		

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 3	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																														
O H	HYD9280	1 G K L V N E D X A J 1 7 5 1 5 3		2 0 1 0	GMC																														
<input type="checkbox"/> INSURED VERIFIED	INSURANCE COMPANY		INSURANCE POLICY #	COLOR	VEHICLE MODEL																														
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		#OCCUPANTS 0 5	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																															
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MOTORIST / Non-MOTORIST

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0 1	Darlington, Brian						0 4	0 4 2 3 2 0 0 4	1 8	M																																																																																																																																																																																																		
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		LOCAL REPORT NUMBER							
		2 2 0 3 1 2 2 8				DATE OF BIRTH	AGE	GENDER	
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 3 Owens, Jasime				0 7 1 0 1 9 9 1	30	F	
	ADDRESS: STREET, CITY, STATE, ZIP 430 Connie Ct. #C Fairfield, OH. 45014				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 0 3 1 1 1				
5				0 4					
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 3 Allen, Kairo				0 5 0 8 2 0 2 1	0	M	
	ADDRESS: STREET, CITY, STATE, ZIP 430 Connie Ct. #C Fairfield, OH. 45014				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 0 6 5 1 1				
5				0 5					
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 3 Allen, Karrel				0 5 0 3 2 0 2 0	2	M	
	ADDRESS: STREET, CITY, STATE, ZIP 430 Connie Ct. #C Fairfield, OH. 45014				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 0 4 5 1 1				
5				0 5					
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 3 Bryant, Trevon				0 2 1 7 2 0 1 1	11	M	
	ADDRESS: STREET, CITY, STATE, ZIP 430 Connie Ct. #C Fairfield, OH. 45014				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 0 4 5 1 1				
5				0 4					
INJURIES		SAFETY EQUIPMENT USED		SEATING POSITION		AIR BAG USAGE			
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY		1 - NONE USED - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN		1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN			
INJURED TAKEN BY		GENDER		EJECTION		TRAPPED			
1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		F - FEMALE M - MALE U - OTHER / UNKNOWN		1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS			
NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE				
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE				
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE				

LOCAL REPORT NUMBER	22-031228	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	5/3/22
IN COUNTY OF	Butler	ACCIDENT LOCATION	Symmes Rd. near 2710		
<p>→ 1 > 2 > 3 ></p>					
<p style="text-align: right;">SYMMES RD</p>					
<p>* NOT TO SCALE</p>					
OFFICER'S SIGNATURE			P.O. Hoelle		BADGE NO
					144