



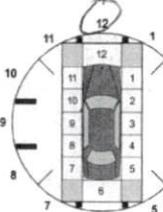
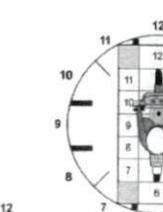
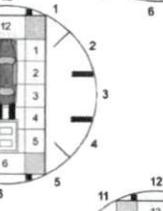
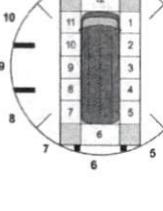
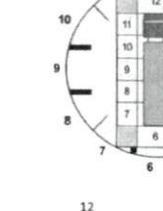
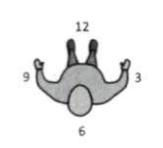
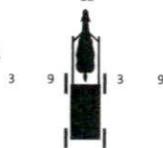
TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION		LOCAL REPORT NUMBER* 2 2 0 3 1 8 9 7						
		REPORTING AGENCY NAME* Fairfield Police Department		NCIC*	HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 0 3				
COUNTY* 0 9		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield						
LOCATION	ROUTE TYPE U S	ROUTE NUMBER 1 2 7	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES 3 9 • 3 1 0 5 6 9				
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Augusta	ROAD TYPE B L	LONGITUDE DECIMAL DEGREES - 8 4 • 5 6 2 1 4 8				
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 4 0	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	ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	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 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN TRANSPORT 4 - REAR-END 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - HEAD-ON 99 - 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 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 0 4		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 2	CONDITIONS 2	SURFACE 2	
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 4			1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN				
NARRATIVE On 05/05/2022 at about 5:24 PM, Unit 1 was traveling south on S.R. 127 and when at Augusta Blvd. failed to stop within the assured clear distance ahead and collided with Unit 2 which was also south and was stopped in traffic. This caused Unit 2 to collide with Unit 3 which was also south and stopped in traffic.									 Indicate the north direction with an "N" on the compass diagram.	
See OH-2										
CRASH REPORTED DATE / TIME 0 5 0 5 2 0 2 2 1 7 2 5		DISPATCH DATE / TIME 0 5 0 5 2 0 2 2 1 7 2 6		ARRIVAL DATE / TIME 0 5 0 5 2 0 2 2 1 7 2 7		SCENE CLEARED DATE / TIME 0 5 0 5 2 0 2 2 1 8 0 6		REPORT TAKEN BY		
TOTAL TIME ROADWAY CLOSED 4 0		OTHER INVESTIGATION TIME 0		TOTAL MINUTES 4 0		OFFICER'S NAME* S. Cook		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)		
						CHECKED BY OFFICER'S NAME* J. Sons				
						OFFICER'S BADGE NUMBER* 1 5 3		CHECKED BY OFFICER'S BADGE NUMBER* 1 5 0		

OWNER

UNIT # <u>0 1</u>	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER)		
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 <u>O H</u>	LICENSE PLATE # <u>JCX3129</u>	VEHICLE IDENTIFICATION # <u>4S3BL616597226853</u>	VEHICLE YEAR <u>2009</u>	VEHICLE MAKE <u>Subaru</u>
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>Elephant</u>	INSURANCE POLICY # <u>23600000510</u>	COLOR <u>Gray</u>	VEHICLE MODEL <u>Legacy</u>
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME <u>Wayne's</u>	
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS <u>0 1</u>	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 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		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 99 - UNKNOWN OR HIT/SKIP
# OF TRAILING UNITS <u>0</u>				
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>2</u> 1 - YES 2 - NO 9 - OTHER/UNKNOWN		AUTONOMOUS MODE LEVEL <u>0</u>	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION
SPECIAL FUNCTION 1 - TAXI 2 - ELECTRONIC RIDE SHARING 3 - SCHOOL TRANSPORT 4 - 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 1 - NONE 2 - BUS		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - CARGO VAN/ENCLOSED BOX 6 - GRAIN/CHIPS/GRAVEL	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP
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
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
ACTION 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
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	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN
SEQUENCE OF EVENTS				
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		NON-COLLISION 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 - DOWNSHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE		
25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE		COLLISION WITH FIXED OBJECT - STRUCK 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 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		
1 FIRST HARMFUL EVENT		1 MOST HARMFUL EVENT		

LOCAL REPORT NUMBER <u>2 2 0 3 1 8 9 7</u>	
DAMAGE 4 - NONE 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 [<u>0</u>] <input type="checkbox"/> - UNDERCARRIAGE [<u>14</u>] <input type="checkbox"/> - TOP [<u>13</u>] <input type="checkbox"/> - ALL AREAS [<u>15</u>] <input type="checkbox"/> - UNIT NOT AT SCENE [<u>16</u>]	
INITIAL POINT OF CONTACT 0 - NO DAMAGE 14 - UNDERCARRIAGE 1 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN 13 - TOP	
TRAFFIC TRAFFIC WAY FLOW 1 - ONE-WAY 2 - TWO-WAY <u>2</u>	
TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER <u>6</u>	
# OF THROUGH LANES ON ROAD <u>2</u>	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 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN FROM <u>1</u> TO <u>2</u>	
UNIT SPEED <u>3 5</u>	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED <u>4 0</u>	

OWNER

VEHICLE

EVENT(S)

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

61

62

63

64

65

66

67

68

69

70

71

72

73

74

75

76

77

78

79

80

81

82

83

84

85

86

87

88

89

90

91

92

93

94

95

96

97

98

99

100

101

102

103

104

105

106

107

108

109

110

111

112

113

114

115

116

117

118

119

120

121

122

123

124

125

126

127

128

129

130

131

132

133

134

135

136

137

138

139

140

141

142

143

144

145

146

147

148

149

150

151

152

153

154

155

156

157

158

159

160

161

162

163

164

165

166

167

168

169

170

171

172

173

174

175

176

177

178

179

180

181

182

183

184

185

186

187

188

189

190

191

192

193

194

195

196

197

198

199

200

201

202

203

204

205

206

207

208

209

210

211

212

213

214

215

216

217

218

219

220

221

222

223

224

225

226

227

228

229

230

231

232

233

234

235

236

237

238

239

240

241

242

243

244

245

246

247

248

249

250

251

252

253

254

255

256

257

258

259

260

261

262

263

264

265

266

267

268

269

270

271

272

273

274

275

276

277

278

279

280

281

282

283

284

285

286

287

288

289

290

291

292

293

294

295

296

297

298

299

300

301

302

303

304

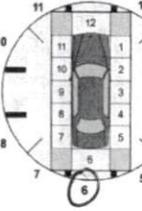
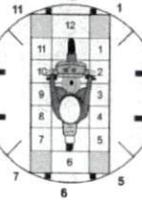
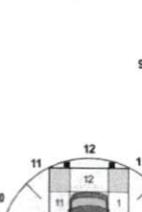
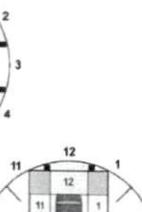
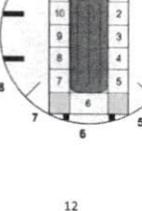
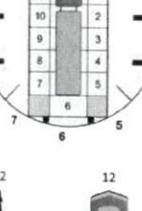
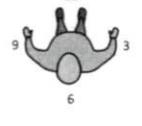
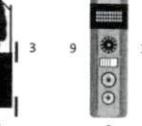
305

306

307

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)			
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	JIN2046	2T1BURHE9JC017386	2018	Toyota		
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL		
	Progressive	955251940	White	Corolla		
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 EQUIPPED		#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 - 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 0						
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN			
AUTONOMOUS MODE LEVEL 0 1		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		
SPECIAL FUNCTION 0 1		1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	6 - CARGO BODY TYPE / NOT APPLICABLE 7 - 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
CARGO BODY TYPE 0 1		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
VEHICLE DEFECTS 0 1		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
NON-MOTORIST LOCATION AT IMPACT 0 1		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
ACTION 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	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION
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	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT
COLLISION WITH FIXED OBJECT - STRUCK 4 5 6		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
FIRST HARMFUL EVENT 1		MOST HARMFUL EVENT 1				

LOCAL REPORT NUMBER 2 2 0 3 1 8 9 7	
DAMAGE	
DAMAGE SCALE 2 - 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	
0 1 2 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE DIAGRAM 99 - UNKNOWN	
13 - TOP	
TRAFFIC	
TRAFFICWAY FLOW 2	TRAFFIC CONTROL 6
1 - ONE-WAY 2 - TWO-WAY	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
1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE 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 1 TO 2	
UNIT SPEED 0 5	
DETECTED SPEED 1	
1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	
POSTED SPEED 4 0	



MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	LOCAL REPORT NUMBER														
	UNIT #	NAME: LAST, FIRST, MIDDLE			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED	DATE OF BIRTH			AGE	GENDER		
0 1	Monday, Devin						0 4	0 7 2 0 1 9 9 5			2 6	M			
ADDRESS: STREET, CITY, STATE, ZIP 20 N Timber Hollow Dr Apt. 2016, 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	DOT-Compliant MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
OL STATE O H	OPERATOR LICENSE NUMBER			OFFENSE CHARGED 333.03A			LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION ACDA			CITATION NUMBER 251284				
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 TYPE 1 VALUE .	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4				
UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Hill, Jacqueline							DATE OF BIRTH 0 7 0 4 1 9 6 1			AGE 6 0	GENDER F			
ADDRESS: STREET, CITY, STATE, ZIP 3903 E Gatewood Ln Apt. 1, Cincinnati, OH 45236													CONTACT PHONE - INCLUDE AREA CODE		
INJURIES 5	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 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 TYPE 1 VALUE .	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4				
UNIT # 0 3	NAME: LAST, FIRST, MIDDLE Hartman, Mary E.							DATE OF BIRTH 0 2 1 2 1 9 6 0			AGE 6 2	GENDER F			
ADDRESS: STREET, CITY, STATE, ZIP 5515 Nottingham Pl, 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	DOT-Compliant MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
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 TYPE 1 VALUE .	DRUG TEST(S) STATUS 1 TYPE 1 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)	2-DEPLOYED FRONT	1-NOT DEPLOYED	1-CLASS A	1-ALCOHOL INTERLOCK DEVICE	1-NOT DISTRACTED	1-NONE GIVEN								
2-SUSPECTED SERIOUS INJURY	2-FRONT - MIDDLE	3-DEPLOYED SIDE	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	4-DEPLOYED BOTH FRONT / SIDE	3-CLASS C	3-CORRECTIVE LENSES	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE										
4-Possible INJURY	4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	5-NOT APPLICABLE	4-REGULAR CLASS (OHIO=D)	4-FARM WAIVER	4-TEST GIVEN, RESULTS KNOWN										
5-NO APPARENT INJURY	5-SECOND - MIDDLE	9-DEPLOYMENT UNKNOWN	5-M/C MOPED ONLY	5-EXCEPT CLASS A BUS	5-EXCEPT CLASS A & CLASS B BUS	5-TEST GIVEN, RESULTS UNKNOWN									
INJURED TAKEN BY		6-SECOND - RIGHT SIDE	6-NO VALID OL	6-EXCEPT CLASS A & CLASS B BUS	6-EXCEPT TRACTOR-TRAILER	6-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE									
1-NOT TRANSPORTED / TREATED AT SCENE	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD - MIDDLE	7-NOT EJECTED	7-INTERMEDIATE LICENSE RESTRICTIONS	7-INTERMEDIATE LICENSE RESTRICTIONS	7-PASSenger	1-NONE								
2-EMS	8-THIRD - MIDDLE	8-THIRD - RIGHT SIDE	8-PARTIALLY EJECTED	8-LEARNER'S PERMIT RESTRICTIONS	8-LEARNER'S PERMIT RESTRICTIONS	8-OTHER DISTRACTION INSIDE THE VEHICLE	2-BLOOD								
3-POLICE	9-THIRD - RIGHT SIDE	10-SLEEPER SECTION OF TRUCK CAB	9-TOTALLY EJECTED	9-LIMITED TO DAYLIGHT ONLY	9-LIMITED TO DAYLIGHT ONLY	9-OTHER DISTRACTION OUTSIDE THE VEHICLE	3-URINE								
9-OTHER / UNKNOWN	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11-NOT APPLICABLE	11-LIMITED TO EMPLOYMENT	11-LIMITED TO EMPLOYMENT	11-OTHER UNKNOWN	4-BREATH								
SAFETY EQUIPMENT		12-PASSENGER IN UNENCLOSED CARGO AREA	12-EXTRICATED BY MECHANICAL MEANS	12-LIMITED - OTHER	12-LIMITED - OTHER	12-OTHER	5-OTHER								
1-NONE USED	13-TRAILING UNIT	13-FREED BY NON-MECHANICAL MEANS	13-TRAILING UNIT	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13-OTHER									
2-SHOULDER BELT ONLY USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14-MOTOR VEHICLES ONLY	14-MOTOR VEHICLES ONLY	14-MOTOR VEHICLES ONLY	14-MOTOR VEHICLES ONLY	14-OTHER									
3-LAP BELT ONLY USED	15-NON-MOTORIST	15-FEMALE	15-FEMALE	15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-OTHER									
4-SHOULDER & LAP BELT USED	99-OTHER / UNKNOWN	16-MALE	16-MALE	16-OUTSIDE MIRROR	16-OUTSIDE MIRROR	16-OTHER									
5-CHILD RESTRAINT SYSTEM - FORWARD FACING		17-OTHER / UNKNOWN	17-OTHER / UNKNOWN	17-PROSTHETIC AID	17-PROSTHETIC AID	17-OTHER									
6-CHILD RESTRAINT SYSTEM - REAR FACING				18-OTHER	18-OTHER	18-OTHER									
7-BOOSTER SEAT															
8-HELMET USED															
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)															
10-REFLECTIVE CLOTHING															
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY															
99-OTHER / UNKNOWN															
EJECTION													OL ENDORSEMENT		
TRAPPED													GENDER		
F-FEMALE													CONDITION		
M-MALE													APPARENTLY NORMAL		
U-OTHER / UNKNOWN													PHYSICAL IMPAIRMENT		
F-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)													EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)		
4-ILLNESS													ILLNESS		
5-FELL ASLEEP, FAINTED, FATIGUED, ETC.													FELL ASLEEP, FAINTED, FATIGUED, ETC.		
6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL													UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		
9-OTHER / UNKNOWN													OTHER / UNKNOWN		
DRUG TEST TYPE													AMPHETAMINES		
DRUG TEST TYPE													B- BARBITURATES		
DRUG TEST TYPE													3- BENZODIAZEPINES		
DRUG TEST TYPE													4- CANNABINOIDs		
DRUG TEST TYPE													5- COCAINE		
DRUG TEST TYPE													6- OPIATES / OPIOIDS		
DRUG TEST TYPE													7- OTHER		
DRUG TEST TYPE													8- NEGATIVE RESULTS		

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF ACCIDENT
22-031897	FAIRFIELD P.D. 00901	M 5 10 5 1972
IN COUNTY OF BUTLER	ACCIDENT LOCATION	US 127 / Augusta Blvd.
<p>US 127 Pleasant Ave.</p> <p>AUGUSTA BLVD</p> <p>PRIVATE DRIVE 6330 PLEASANT AVE.</p> <p>NOT TO SCALE</p>		
OFFICERS SIGNATURE		BADGE NO.
<i>S. Cook</i>		153