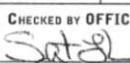




TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN		<input checked="" type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION		LOCAL REPORT NUMBER*				
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*	HIT/SKIP	NUMBER OF UNITS		
				Fairfield Police Department		00901	2 - SOLVED	0 2	UNIT IN ERROR	
							2 - UNSOLVED		0 1 98 - ANIMAL	
									0 1 99 - UNKNOWN	
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*					CRASH DATE / TIME*	CRASH SEVERITY		
0 9	1 - CITY 2 - VILLAGE 3 - TOWNSHIP	City of Fairfield					05112022 1715	1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY		
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DECIMAL DEGREES			
				Symmes		R D	3 9 3 5 2 7 0 0			
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)		ROAD TYPE	LONGITUDE DECIMAL DEGREES			
				River		R D	-8 4 5 6 6 9 9 7			
REFERENCE POINT		DIRECTION FROM REFERENCE		ROUTE TYPE		ROAD TYPE	INTERSECTION RELATED			
1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE CT - COURT TR - NUMBERED TOWNSHIP ROUTE		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	<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA	4 NUMBER OF APPROACHES
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE					ROADWAY			
		1 - MILES 2 - FEET 3 - YARDS					<input type="checkbox"/> ROADWAY DIVIDED			
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT			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				1 - NOT COLLISION 2 - BACKING 3 - ANGLE 4 - REAR-TO-REAR 5 - SIDESWIPE, SAME DIRECTION 6 - SIDESWIPE, OPPOSITE DIRECTION 7 - HEAD-ON 8 - 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		WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE	
<input type="checkbox"/> LAW ENFORCEMENT PRESENT		<input type="checkbox"/> ACTIVE SCHOOL ZONE		1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		1 - BEFORE THE 1ST WORK ZONE 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN	
LIGHT CONDITION				WEATHER						
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										
On 05-11-2022 at approximately 5:15 p.m. Unit 2 was traveling westbound on Symmes Road stopped at the intersection of River Road. Unit 1 was stopped directly behind Unit 2. Unit 1 rolled forward and struck the rear of Unit 2. Unit 1 left the scene without exchanging information or notifying the police.										
Unit 1 was described as a blue unknown year Subaru Impreza.										
 Indicate the north direction with an "N" on the compass diagram.										
SEE OH-2										
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY		
0 5 1 1 2 0 2 2 1 7 1 5		0 5 1 1 2 0 2 2 1 7 1 6		0 5 1 1 2 0 2 2 1 7 2 2		0 5 1 1 2 0 2 2 1 7 3 9		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST		
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*		
						P. O. Wells				
						OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*		
						1 4 8		8 7		
SUPPLEMENT (CORRECTION or ADDITION TO AN EXISTING REPORT SENT TO ODS)										

OWNER

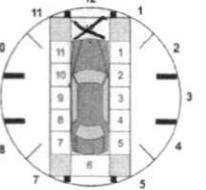
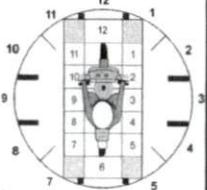
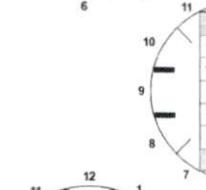
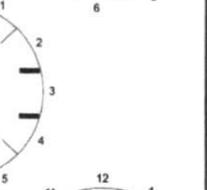
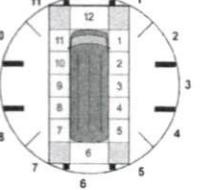
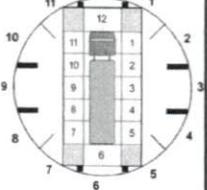
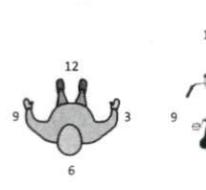
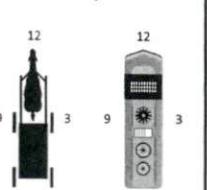
VEHICLE

EVENT(S)

1

FIRST HARMFUL EVENT

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	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
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	VEHICLE MAKE
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS	MATERIAL RELEASED <input type="checkbox"/> PLACARD
UNIT TYPE	TOWED BY: COMPANY NAME		
1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOVED OR MOTORIZED 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
0 1	# OF TRAILING UNITS		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <input type="checkbox"/> 1 - YES <input type="checkbox"/> 2 - NO <input type="checkbox"/> 9 - OTHER / UNKNOWN		0 - NO AUTOMATION <input type="checkbox"/> 1 - DRIVER ASSISTANCE <input type="checkbox"/> 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION <input type="checkbox"/> 4 - HIGH AUTOMATION <input type="checkbox"/> 5 - FULL AUTOMATION 9 - UNKNOWN
SPECIAL FUNCTION		0 - NO CARGO BODY TYPE / NOT APPLICABLE <input type="checkbox"/> 1 - CARGO BODY TYPE	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS
VEHICLE DEFECTS		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
NON-MOTORIST LOCATION AT IMPACT		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
ACTION		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING <input type="checkbox"/> 0 1 4 - STRUCK PRE-CRASH 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 - TURN SIGNALS 8 - HEAD LAMPS 9 - TAIL LAMPS
CONTRIBUTING CIRCUMSTANCES		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
SEQUENCE OF EVENTS		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
COLLISION WITH FIXED OBJECT - STRUCK		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
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
1 1		1 1	FIRST HARMFUL EVENT MOST HARMFUL EVENT

LOCAL REPORT NUMBER	
2 2 0 3 3 2 7 6	
DAMAGE	
DAMAGE SCALE	
2	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 checked="" 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	
TRAFFIC WAY FLOW	TRAFFIC CONTROL
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	RAIL GRADE CROSSING
2	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM 3 TO 4	1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
UNIT SPEED	DETECTED SPEED
0 5	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	
2 5	

OWNER

UNIT # 012 **OWNER NAME:** LAST, FIRST, MIDDLE (SAME AS DRIVER) **OWNER PHONE:** INCLUDE AREA CODE SAME AS DRIVER

Dodson, John

OWNER ADDRESS: STREET, CITY, STATE, ZIP SAME AS DRIVER

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE O H **LICENSE PLATE #** JHW6087 **VEHICLE IDENTIFICATION #** 5IXXGN4A71EG298261 **VEHICLE YEAR** 2014 **VEHICLE MAKE** Kia

INSURANCE VERIFIED **INSURANCE COMPANY** American Family **INSURANCE POLICY #** 410 45-99603-87 **COLOR** Maroon **VEHICLE MODEL** Optima

TYPE OF USE COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE **US DOT #** **TOWED BY:** COMPANY NAME

INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>	HIT/SKIP UNIT <input type="checkbox"/>	#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 CLASS # <u> </u> PLACARD ID # <u> </u> <input type="checkbox"/> PLACARD
-----------------------------------------------------------	-----------------------------------------------	------------------------------	--------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

UNIT TYPE 0 1 **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** **15-SEMI-TRACTOR** **21-HEAVY EQUIPMENT** **26-BICYCLE**
5-CARGO VAN **BICYCLE** **16-FARM EQUIPMENT** **22-ANIMAL WITH RIDER OR** **27-TRAIN**
6-VAN (9-15 SEATS) **11-ALL TERRAIN VEHICLE (ATV / UTV)** **17-MOTORHOME** **18-ANIMAL WITH RIDER OR HIT/SKIP** **99-UNKNOWN OR HIT/SKIP**

OF TRAILING UNITS 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 **0 - NO AUTOMATION** **3 - CONDITIONAL AUTOMATION** **9 - UNKNOWN**
1 - YES **2 - NO** **9 - OTHER / UNKNOWN** **1 - DRIVER ASSISTANCE** **4 - HIGH AUTOMATION**
2 - PARTIAL AUTOMATION **5 - FULL AUTOMATION**

1 - NONE **6 - BUS - CHARTER/TOUR** **11 - FIRE** **16 - FARM** **21 - MAIL CARRIER**
2 - TAXI **7 - BUS - INTERCITY** **12 - MILITARY** **17 - MOWING** **99 - OTHER / UNKNOWN**
3 - ELECTRONIC RIDE SHARING **8 - BUS - SHUTTLE** **13 - POLICE** **18 - SNOW REMOVAL**
4 - SCHOOL TRANSPORT **9 - BUS - OTHER** **14 - PUBLIC UTILITY** **19 - TOWING**
5 - BUS - TRANSIT/COMMUTER **10 - AMBULANCE** **15 - CONSTRUCTION EQUIPMENT** **20 - SAFETY SERVICE PATROL**

1 - NO CARGO BODY TYPE / NOT APPLICABLE **3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE** **5 - INTERMODAL CONTAINER CHASSIS** **8 - POLE** **12 - CONCRETE MIXER**
2 - BUS **4 - LOGGING** **6 - CARGO VAN/ENCLOSED BOX** **9 - CARGO TANK** **13 - AUTO TRANSPORTER**
7 - GRAIN/CHIPS/GRAVEL **10 - FLAT BED** **11 - DUMP** **14 - GARBAGE/REFUSE**
99 - OTHER / UNKNOWN

1 - TURN SIGNALS **4 - BRAKES** **7 - WORN OR SLICK TIRES** **9 - MOTOR TROUBLE** **99 - OTHER / UNKNOWN**
2 - HEAD LAMPS **5 - STEERING** **8 - TRAILER EQUIPMENT DEFECTIVE** **10 - DISABLED FROM PRIOR ACCIDENT**
3 - TAIL LAMPS **6 - TIRE BLOWOUT**

1 - INTERSECTION - MARKED CROSSWALK **3 - INTERSECTION - OTHER** **6 - BICYCLE LANE** **9 - MEDIAN/CROSSING ISLAND** **12 - FIRST RESPONDER AT INCIDENT SCENE**
2 - INTERSECTION - UNMARKED CROSSWALK **4 - MIDBLOCK - MARKED** **7 - SHOULDER / ROADSIDE** **10 - DRIVEWAY ACCESS** **11 - SHARED USE PATHS OR TRAILS**
5 - TRAVEL LANE - OTHER LOCATION

1 - NON-CONTACT **1 - STRAIGHT AHEAD** **7 - MAKING U-TURN** **13 - NEGOTIATING A CURVE** **18 - APPROACHING OR LEAVING VEHICLE**
2 - NON-COLLISION **2 - BACKING** **8 - ENTERING TRAFFIC LANE** **14 - ENTERING OR CROSSING SPECIFIED LOCATION** **19 - STANDING**
3 - STRIKING **1 1 - 3 - CHANGING LANES** **9 - LEAVING TRAFFIC LANE** **10 - PARKED** **15 - WALKING, RUNNING, JOGGING, PLAYING**
4 - STRUCK **4 - OVERTAKING/PASSING** **11 - SLOWING OR STOPPED IN TRAFFIC** **16 - WORKING** **20 - OTHER NON-MOTORIST**
5 - BOTH STRIKING & STRUCK **5 - MAKING RIGHT TURN** **17 - DRIVINGLESS** **18 - PUSHING VEHICLE** **21 - STANDING OUTSIDE DISABLED VEHICLE**
9 - OTHER / UNKNOWN

1 - NONE **7 - LEFT OF CENTER** **13 - IMPROPER START FROM A PARKED POSITION** **17 - VISION OBSTRUCTION** **21 - LYING IN ROADWAY**
2 - FAILURE TO YIELD **8 - FOLLOWING TOO CLOSE / ACDA** **14 - STOPPED OR PARKED ILLEGALLY** **18 - OPERATING DEFECTIVE EQUIPMENT** **22 - NOT DISCERNIBLE**
3 - RAN RED LIGHT **9 - IMPROPER LANE CHANGE** **15 - SWERVING TO AVOID** **19 - LOAD SHIFTING/FALLING/SPILLING** **23 - OPENING DOOR INTO ROADWAY**
4 - RAN STOP SIGN **10 - IMPROPER PASSING** **16 - WRONG WAY** **20 - IMPROPER CROSSING** **99 - OTHER IMPROPER ACTION**

SEQUENCE OF EVENTS

1 2 0 **1 - OVERTURN/ROLLOVER** **6 - EQUIPMENT FAILURE** **11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL** **16 - RAILWAY VEHICLE** **22 - WORK ZONE MAINTENANCE EQUIPMENT**
2 - FIRE/EXPLOSION **7 - SEPARATION OF UNITS** **17 - ANIMAL - FARM** **18 - ANIMAL - DEER** **23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION**
3 - IMMERSION **8 - RAN OFF ROAD RIGHT** **12 - DOWNHILL RUNAWAY** **19 - ANIMAL - OTHER** **20 - MOTOR VEHICLE IN TRANSPORT** **21 - OTHER MOVABLE OBJECT**
4 - JACKKNIFE **9 - RAN OFF ROAD LEFT** **13 - OTHER NON-COLLISION** **20 - MOTOR VEHICLE IN TRANSPORT** **22 - WORK ZONE MAINTENANCE EQUIPMENT**
5 - CARGO / EQUIPMENT LOSS OR SHIFT **10 - CROSS MEDIAN** **14 - PEDESTRIAN** **23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION**
11 - PEDESTRIAN **15 - PEDALCYCLE** **24 - OTHER MOVABLE OBJECT**

COLLISION WITH FIXED OBJECT - STRUCK

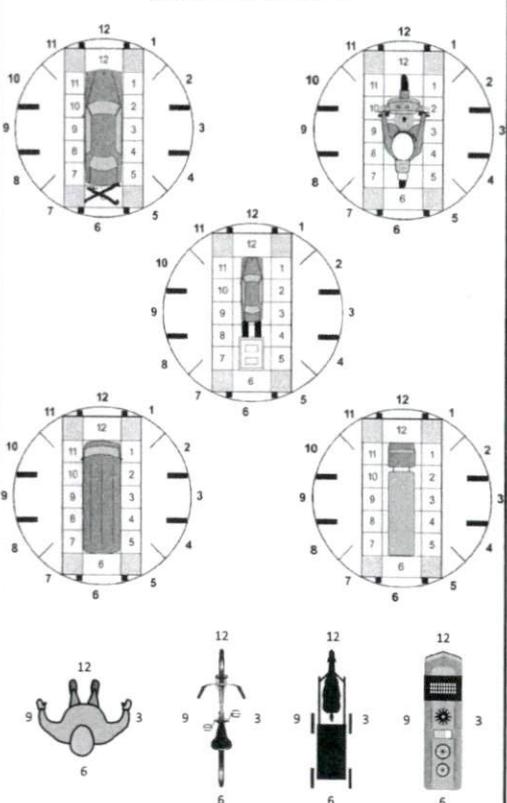
25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT
26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH	51 - WALL
27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES	45 - EMBANKMENT	52 - BUILDING
28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL	40 - UTILITY POLE	46 - FENCE	53 - TUNNEL
29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX	54 - OTHER FIXED OBJECT
30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	48 - TREE	49 - FIRE HYDRANT	99 - OTHER / UNKNOWN

1 **FIRST HARMFUL EVENT** **1** **MOST HARMFUL EVENT**

LOCAL REPORT NUMBER
2 2 0 3 3 2 7 6

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

DAMAGED AREA(S)
INDICATE ALL THAT APPLY



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

TRAFFIC WAY FLOW 2	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
FROM **3** **TO** **4**
1 - NORTH **5 - NORTHEAST**
2 - SOUTH **6 - NORTHWEST**
3 - EAST **7 - SOUTHEAST**
4 - WEST **8 - SOUTHWEST**
9 - OTHER / UNKNOWN

UNIT SPEED 0 0	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 2 5	



MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	LOCAL REPORT NUMBER																	
	UNIT #		NAME: LAST, FIRST, MIDDLE															
	0 1		DATE OF BIRTH															
			AGE GENDER															
			0 M															
	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		DOT-Compliant MC HELMET								
	5							9 9		0 1								
	OL STATE		OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER						
OL CLASS		ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)							
4					9	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		9	1 1 .		1 1							
UNIT #		NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH			AGE GENDER					
0 2		Dodson, Brittany								0 7 1 1 1 9 8 6			3 5 F					
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE								
5114 E Scioto Dr. Fairfield, OH 45014																		
INJURIES		INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED		DOT-Compliant MC HELMET		SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED	
5							0 4				0 1		1		1		1	
OL STATE		OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER							
OL CLASS		ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)							
4					1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	1 1 .		1 1							
UNIT #		NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH			AGE		GENDER			
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OL STATE		OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER							
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4					1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	1 1 .		1 1							
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-PASSenger		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-EXCEPT CLASS A BUS		4-TEST GIVEN, RESULTS KNOWN						
5-NO APPARENT INJURY		5-SECOND - MIDDLE		5-NOT APPLICABLE		5-M/C MOPED ONLY		5-EXCEPT CLASS A & CLASS B BUS		5-EXCEPT CLASS B BUS		5-TEST GIVEN, RESULTS UNKNOWN						
INJURED TAKEN BY		6-SECOND - RIGHT SIDE		9-DEPLOYMENT UNKNOWN		6-NO VALID OL		7-EXCEPT TRACTOR-TRAILER		7-EXCEPT TRACTOR-TRAILER		7-ALCOHOL TEST TYPE						
1- NOT TRANSPORTED / TREATED AT SCENE		7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		1-NOT EJECTED		H - HAZMAT		8-INTERMEDIATE LICENSE RESTRICTIONS		8-INTERMEDIATE LICENSE RESTRICTIONS		1-NONE						
2- EMS		8-THIRD - MIDDLE		2-PARTIALLY EJECTED		M - MOTORCYCLE		9-LEARNER'S PERMIT RESTRICTIONS		9-LEARNER'S PERMIT RESTRICTIONS		2-BLOOD						
3- POLICE		9-THIRD - RIGHT SIDE		3-TOTALLY EJECTED		P - PASSENGER		10-LIMITED TO DAYLIGHT ONLY		10-LIMITED TO DAYLIGHT ONLY		3-URINE						
9- OTHER / UNKNOWN		10-SLEEPER SECTION OF TRUCK CAB		4-NOT APPLICABLE		N - TANKER		11-LIMITED TO EMPLOYMENT		11-LIMITED TO EMPLOYMENT		4-BREATH						
SAFETY EQUIPMENT		11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		1-NOT TRAPPED		Q - MOTOR SCOOTER		12-LIMITED - OTHER		12-LIMITED - OTHER		5-OTHER						
1-NONE USED		12-PASSENGER IN UNENCLOSED CARGO AREA		2-EXTRICATED BY MECHANICAL MEANS		R - THREE-WHEEL MOTORCYCLE		13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		DRUG TEST TYPE						
2-SHOULDER BELT ONLY USED		13-TRAILING UNIT		3-FREED BY NON-MECHANICAL MEANS		S - SCHOOL BUS		14-MILITARY VEHICLES ONLY		14-MILITARY VEHICLES ONLY		1-NONE						
3-LAP BELT ONLY USED		14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				T - DOUBLE & TRIPLE TRAILERS		15-MOTOR VEHICLES WITHOUT AIR BRAKES		15-MOTOR VEHICLES WITHOUT AIR BRAKES		2-BLOOD						
4-SHOULDER & LAP BELT USED		15-NON-MOTORIST				X - TANKER / HAZMAT		16-OUTSIDE MIRROR		16-OUTSIDE MIRROR		3-URINE						
5-CHILD RESTRAINT SYSTEM - FORWARD FACING		99-OTHER / UNKNOWN				F - FEMALE		17-PROSTHETIC AID		17-PROSTHETIC AID		4-OTHER						
6-CHILD RESTRAINT SYSTEM - REAR FACING						M - MALE		18-OTHER		18-OTHER		DRUG TEST RESULT(S)						
7- BOOSTER SEAT						U - OTHER / UNKNOWN						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						
12- OTHER / UNKNOWN												6-OPIATES / OPIOIDS						
												7-OTHER						
												8-Negative results						

LOCAL REPORT NUMBER	22-033276	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	Symmes Road at River Road in Fairfield, OH 45014	
<p>NOT TO SCALE</p>				
<p>OFFICER'S SIGNATURE</p> <p>Po. wells 148</p>				
<p>BADGE NO</p> <p>148</p>				