



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 checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION		2 2 0 3 3 5 3 5			
		REPORTING AGENCY NAME* Fairfield Police Department		NCIC*	HIT/SKIP 1 - SOLVED 2 - UNSOLVED		
COUNTY* 0 9		LOCALITY* 1 - CITY 1 2 - VILLAGE 3 - TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield			
ROUTE TYPE S R		ROUTE NUMBER 4	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE		
ROUTE TYPE		ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 6625	ROAD TYPE		
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 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		
DISTANCE FROM REFERENCE 0		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS		RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY			
LOCATION OF FIRST HARMFUL EVENT 9 9				MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON	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	
WORK ZONE RELATED 1		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 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	CONTOUR 1 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	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
LIGHT CONDITION 1		WEATHER 0 1 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 05/12/2022 at 4:06 PM, Unit 1 stated they were traveling south on S.R. 4 and when at 6625 S.R. 4 attempted to make a right turn into the parking lot and, in so doing, collided with Unit 2, which was also traveling south on S.R. 4 outside the lane of travel. Unit 2 stated Unit 1 was traveling south on S.R. 4 and when at 6625 S.R. 4 attempted to make a right turn into the parking lot and, in so doing, collided with Unit 2, who was also traveling south on S.R. 4 and attempting to make a right turn into 6625 S.R. 4. Due to conflicting stories and no witnesses, neither party was cited.				See OH-2			
 Indicate the north direction with an "N" on the compass diagram.							



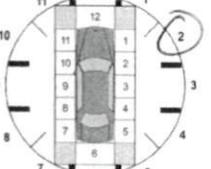
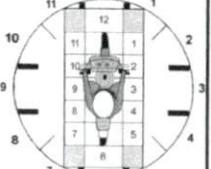
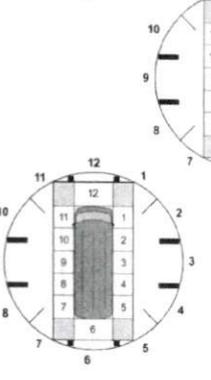
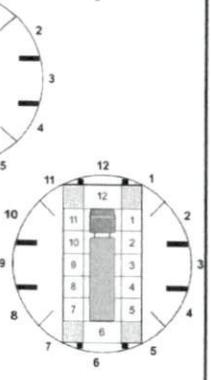
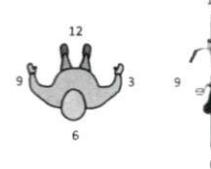
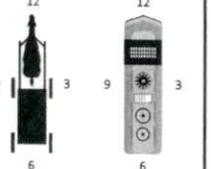
Indicate the north direction with an "N" on the compass diagram.

See OH-2

CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY
0 5 1 2 2 0 2 2	1 6 0 7	0 5 1 2 2 0 2 2	1 6 0 9	0 5 1 2 2 0 2 2	1 6 1 0	0 5 1 2 2 0 2 2	1 6 4 4	<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT <small>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DOTS)</small>
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME* S. Cook		CHECKED BY OFFICER'S NAME* <i>S. Cook</i>			
0	3 0	0 6 3	OFFICER'S BADGE NUMBER* 1 5 3		CHECKED BY OFFICER'S BADGE NUMBER* <i>8</i>			

OWNER

UNIT # <u>01</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>GRJ3509</u>	VEHICLE IDENTIFICATION # <u>3GKALPEV3ML353547</u>	VEHICLE YEAR <u>2021</u>	VEHICLE MAKE <u>GMC</u>
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>Liberty Mutual</u>	INSURANCE POLICY # <u>AV28156066470</u>	COLOR <u>Silver</u>	VEHICLE MODEL <u>Terrain</u>
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		#OCCUPANTS <u>0 1</u>	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
UNIT TYPE <u>0 3</u> 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD		
10 - OTHER VEHICLE 11 - CARGO VAN 12 - VAN (16+ SEATS)		CLASS # PLACARD ID #		
13 - ALL-TERRAIN VEHICLE (ATV / UTV)		14 - AUTOCYCLE 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 <u>0</u>				
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>2</u> 1 - YES 2 - NO 9 - OTHER / UNKNOWN		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
SPECIAL FUNCTION <u>0 1</u> 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
CARGO BODY TYPE <u>0 1</u> 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
VEHICLE DEFECTS <u>1</u> 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 <u>1</u> 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 <u>3</u> 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 <u>2 2</u> 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 22 - LYING IN ROADWAY 23 - NOT DISCERNIBLE 24 - OTHER IMPROPER ACTION
SEQUENCE OF EVENTS <u>1 2 0</u> 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
COLLISION WITH FIXED OBJECT - STRUCK <u>4 5 6</u> 1 - IMPACT ATTENUATOR / CRASH CUSHION 2 - BRIDGE OVERHEAD STRUCTURE 3 - BRIDGE PIER OR ABUTMENT 4 - BRIDGE PARAPET 5 - BRIDGE RAIL 6 - 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
1 - FIRST HARMFUL EVENT <u>1</u>		2 - MOST HARMFUL EVENT		

LOCAL REPORT NUMBER <u>2 2 0 3 3 5 3 5</u>	
DAMAGE	
3	DAMAGE SCALE 1 - NONE 2 - MINOR 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 2	0 - NO DAMAGE 1 - 12 - REFER TO UNIT 13 - TOP 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
TRAFFIC	
TRAFFICWAY FLOW <u>2</u>	TRAFFIC CONTROL 1 - ONE-WAY 2 - TWO-WAY 6
# OF THROUGH LANES ON ROAD <u>4</u>	RAIL GRADE CROSSING 1 - NOT INVOLVED 1 - INVOLVED - ACTIVE CROSSING 1 - INVOLVED - PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM <u>1</u> TO <u>4</u> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED <u>0 2</u>	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 1 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED <u>5 0</u>	

OWNER	UNIT # <u>0 2</u>	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) Feaqin, Candance	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>HQF3927</u>	VEHICLE IDENTIFICATION # <u>4T1BF1FK2FU877401</u>	VEHICLE YEAR <u>2015</u> VEHICLE MAKE <u>Toyota</u>											
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>Statefarm</u>	INSURANCE POLICY # <u>C396347A1635</u>	COLOR <u>Gray</u> VEHICLE MODEL <u>Camry</u>											
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 <u>0 2</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											
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AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN														
SPECIAL FUNCTION <u>0 1</u>	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											
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SEQUENCE OF EVENTS														
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NON-COLLISION		COLLISION WITH FIXED OBJECT - STRUCK												
1 <u>2</u> <u>0</u>	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 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN									
<table border="1"> <tr> <td colspan="2">COLLISION WITH FIXED OBJECT - STRUCK</td> <td colspan="2">UNIT SPEED</td> <td colspan="2">DETECTED SPEED</td> </tr> <tr> <td>4 <u>5</u> <u>6</u></td> <td>25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE</td> <td>31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER</td> <td>1 - 0</td> <td>1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED</td> </tr> </table>				COLLISION WITH FIXED OBJECT - STRUCK		UNIT SPEED		DETECTED SPEED		4 <u>5</u> <u>6</u>	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	1 - 0	1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED
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FIRST HARMFUL EVENT <u>1</u>		MOST HARMFUL EVENT <u>1</u>												

LOCAL REPORT NUMBER <u>2 2 0 3 3 5 3 5</u>	
DAMAGE	
DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<img alt="Diagram of a vehicle showing 12 numbered areas for damage assessment. Areas 1-12 are arranged in a circle around the vehicle, with 12 at the top and 1 at the	

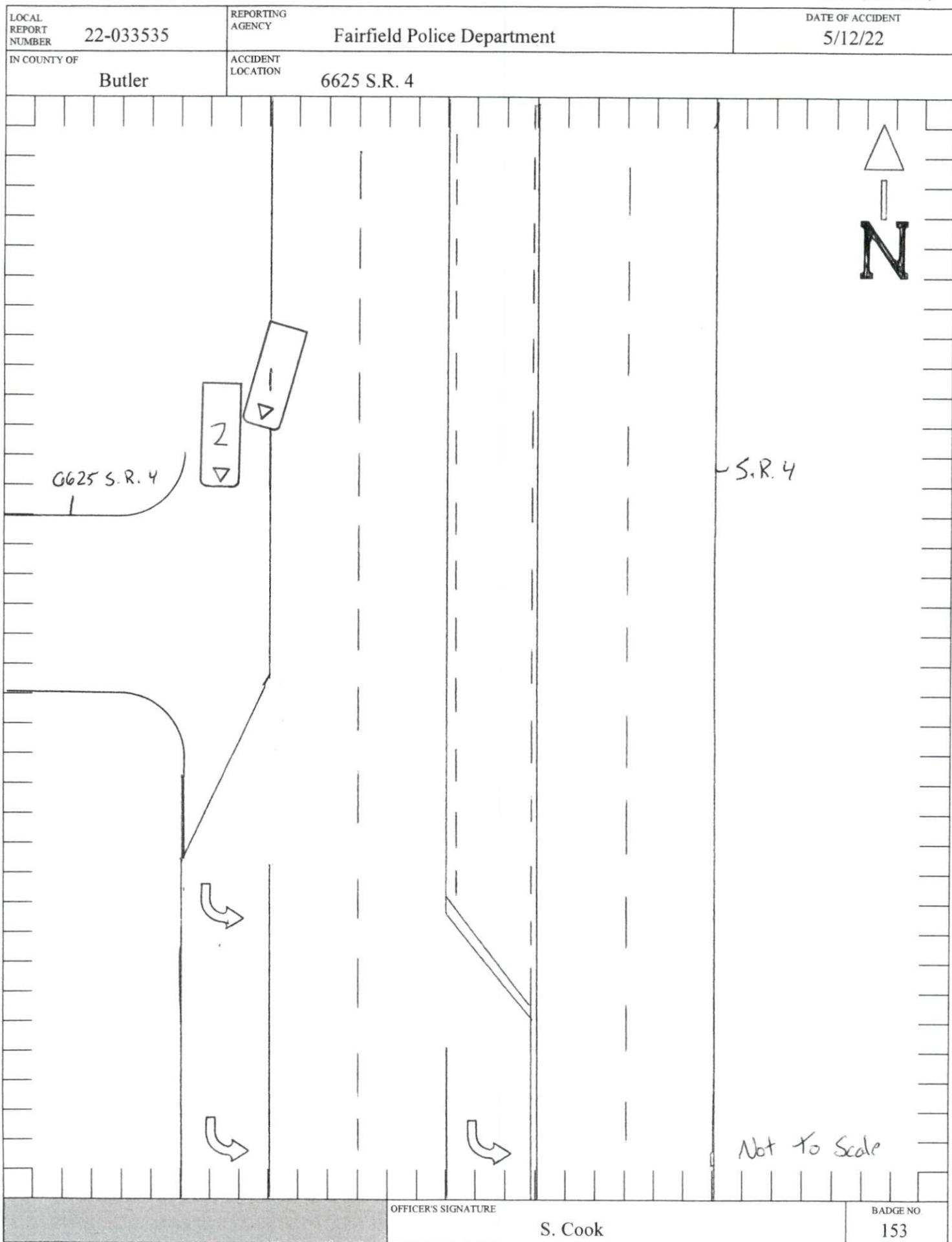


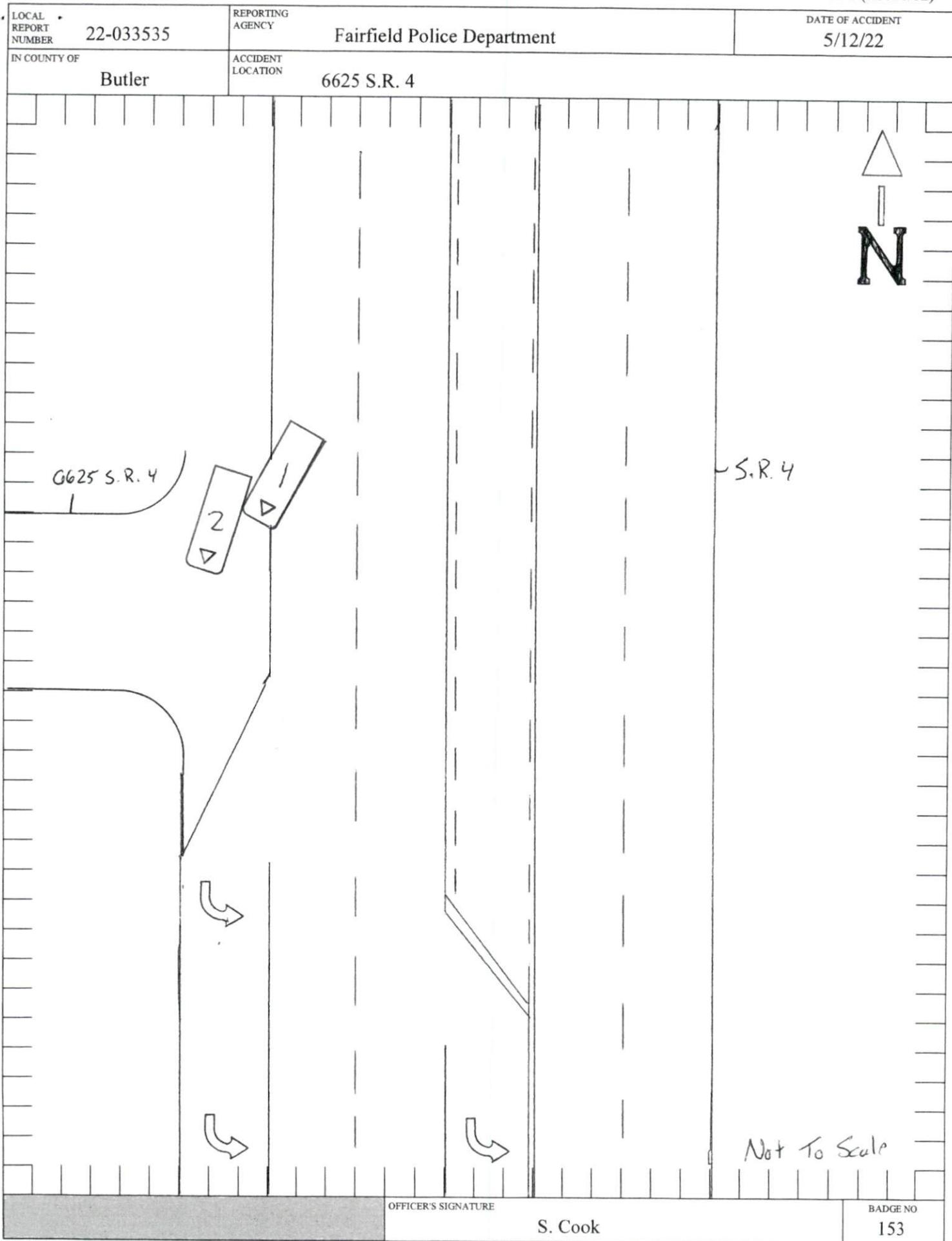
MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	LOCAL REPORT NUMBER									
	2 2 0 3 3 5 3 5									
	DATE OF BIRTH AGE GENDER									
	0 3 1 3 1 9 9 4 2 8 F									
	CONTACT PHONE - INCLUDE AREA CODE									
	INJURIES INJURED TAKEN BY EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED									
	0 5 0 1 Woodruff, Lainey 0 4									
	DL STATE DL CLASS ENDORSEMENT RESTRICTION SELECT UP TO 3 DRIVER DISTRACTED BY ALCOHOL / DRUG SUSPECTED									
	O H 4 0 1 3 1 9 9 4 2 8 F									
	LOCAL CODE LOCAL CODE OFFENSE DESCRIPTION CITATION NUMBER									
CONDITION STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4										
1 1 1 1 1 1										
UNIT # NAME: LAST, FIRST, MIDDLE DATE OF BIRTH AGE GENDER										
0 2 Rollins, Julian 0 1 0 3 1 9 8 5 3 7 M										
ADDRESS: STREET, CITY, STATE, ZIP CONTACT PHONE - INCLUDE AREA CODE										
6045 Boymel Dr Apt A, Fairfield, OH 45014										
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LOCAL CODE LOCAL CODE OFFENSE DESCRIPTION CITATION NUMBER										
CONDITION STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4										
1 1 1 1 1 1										
INJURIES SEATING POSITION AIR BAG DL CLASS										
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-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE										
4-Possible INJURY 4-SECOND - LEFT SIDE 4-DEPLOYED BOTH FRONT / SIDE 4-REGULAR CLASS (OHIO=D) 4-FARM WAIVER 4-TEST GIVEN, RESULTS KNOWN										
5-NO APPARENT INJURY 5-SECOND - MIDDLE 5-NOT APPLICABLE 5-MIC MOPED ONLY 5-EXCEPT CLASS A BUS 5-EXCEPT CLASS A & CLASS B BUS 5-TEST GIVEN, RESULTS UNKNOWN										
INJURED TAKEN BY EJECTION DL ENDORSEMENT										
ALCOHOL TEST TYPE										
1-NOT TRANSPORTED /TREATED AT SCENE 7-SECOND - RIGHT SIDE 6-SECOND - RIGHT SIDE 1-NOT EJECTED H-HAZMAT 1-NOT DISTRACTED 1-NONE										
2-EMS 7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 7-THIRD - MIDDLE 2-PARTIALLY EJECTED M-MOTORCYCLE 2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 2-TEST REFUSED										
3-POLICE 8-THIRD - MIDDLE 8-THIRD - RIGHT SIDE 3-TOTALLY EJECTED P-PASSENGER 3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE										
9-OTHER / UNKNOWN 10-SLEEPER SECTION OF TRUCK CAB 4-NOT APPLICABLE N-TANKER 4-TEST GIVEN, RESULTS UNKNOWN										
SAFETY EQUIPMENT TRAPPED										
DRUG TEST TYPE										
1-NONE USED 11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 1-NOT TRAPPED R-THREE-WHEEL MOTORCYCLE 8-INTERMEDIATE LICENSE RESTRICTIONS 8-TEST GIVEN, RESULTS UNKNOWN										
2-SHOULDER BELT ONLY USED 12-PASSENGER IN UNENCLOSED CARGO AREA 2-EXTRICATED BY MECHANICAL MEANS S-SCHOOL BUS 9-LEARNER'S PERMIT RESTRICTIONS 9-TEST GIVEN, RESULTS UNKNOWN										
3-LAP BELT ONLY USED 13-TRAILING UNIT 3-FREED BY NON-MECHANICAL MEANS T-T-DOUBLE & TRIPLE TRAILERS 10-LIMITED TO DAYLIGHT ONLY 10-TEST GIVEN, RESULTS UNKNOWN										
4-SHOULDER & LAP BELT USED 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 4-APPARENTLY NORMAL 4-PHYSICAL IMPAIRMENT										
5-CHILD RESTRAINT SYSTEM - FORWARD FACING 15-NON-MOTORIST 5-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) 5-TEST GIVEN, RESULTS UNKNOWN										
6-CHILD RESTRAINT SYSTEM - REAR FACING 99-OTHER / UNKNOWN 6-ILLNESS 6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL										
7-BOOSTER SEAT										
8-HELMET USED										
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)										
10-REFLECTIVE CLOTHING										
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY										
12-OTHER / UNKNOWN										
GENDER										
CONDITION										
F-FEMALE 16-OUTSIDE MIRROR 1-APPARENTLY NORMAL										
M-MALE 17-PROSTHETIC AID 2-PHYSICAL IMPAIRMENT										
U-OTHER / UNKNOWN 18-OTHER 3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)										
DRUG TEST RESULT(S)										
1-AMPHETAMINES 4-ILLNESS 4-TEST GIVEN, RESULTS UNKNOWN										
2-BARBITURATES 5-FELL ASLEEP, FAINTED, FATIGUED, ETC. 5-TEST GIVEN, RESULTS UNKNOWN										
3-BENZODIAZEPINES 6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 6-TEST GIVEN, RESULTS UNKNOWN										
4-CANNABINOID										
5-COCAIN										
6-OPIATES / OPIOIDS										
7-OTHER										
8-NEGATIVE RESULTS										

OCCUPANT / WITNESS ADDENDUM

OCCUPANT						LOCAL REPORT NUMBER																																									
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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																																						
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LOCAL REPORT NUMBER	22-033535	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	5/12/22
IN COUNTY OF	Butler	ACCIDENT LOCATION	6625 S.R. 4		
					
OFFICER'S SIGNATURE			S. Cook		BADGE NO 153

LOCAL REPORT NUMBER	22-033535	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	6625 S.R. 4	5/12/22
 <p>Diagram illustrating a traffic accident on S.R. 4. Two vehicles are shown: one with a curved arrow and another with a 'Not To Scale' note. The accident occurred at 6625 S.R. 4 in Butler County, Ohio. The report number is 22-033535 and the date is 5/12/22. The diagram is drawn on a grid with a north arrow.</p>				
		OFFICER'S SIGNATURE	S. Cook	BADGE NO 153