



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

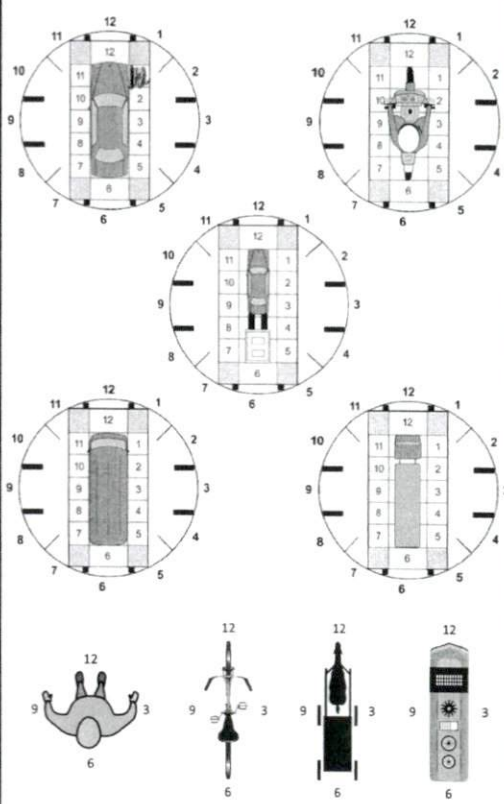
LOCAL REPORT NUMBER*

<input checked="" type="checkbox"/> PHOTOS TAKEN		<input checked="" type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION		2 2 0 3 5 1 9 8	
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*	HIT/SKIP
<input type="checkbox"/> PRIVATE PROPERTY				Fairfield Police Department		0 0 9 0 1	2 1-SOLVED 2-UNSOLVED
COUNTY* 0 9		LOCALITY* 1 2-VILLAGE 3-TOWNSHIP	LOCATION: CITY, VILLAGE, TOWNSHIP*		City of Fairfield		CRASH DATE / TIME*
0 5 1 8 2 0 2 2		1 8 3 6		5		CRASH SEVERITY	
ROUTE TYPE		ROUTE NUMBER	PREFIX	1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES
S R		4					3 9 . 3 2 6 8 3 9
ROUTE TYPE		ROUTE NUMBER	PREFIX	1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES
					Lighthouse	D R	8 4 . 5 1 1 2 8 2
REFERENCE POINT		DIRECTION FROM REFERENCE		ROUTE TYPE	ROAD TYPE		
1-INTERSECTION		1-NORTH		IR-INTERSTATE ROUTE(TP)	AL-ALLEY HW-HIGHWAY RD-ROAD		
2-MILE POST		2-SOUTH		US-FEDERAL US ROUTE	AV-AVENUE LA-LANE SQ-SQUARE		
3-HOUSE #		3-EAST		SR-STATE ROUTE	BL-BOULEVARD MP-MILEPOST ST-STREET		
		4-WEST		CR-NUMBERED COUNTY ROUTE	CR-CIRCLE OV-OVAL TE-TERRACE		
				TR-NUMBERED TOWNSHIP ROUTE	CT-COURT PK-PARKWAY TL-TRAIL		
					DR-DRIVE PI-PIKE WA-WAY		
					HE-HEIGHTS PL-PLACE		
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE		INTERSECTION RELATED			
2 0 0		2 1-MILES 2-FEET 3-YARDS		<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH			
				<input type="checkbox"/> WITHIN INTERCHANGE AREA			
				NUMBER OF APPROACHES 4			
				ROADWAY			
				<input type="checkbox"/> ROADWAY DIVIDED			
LOCATION OF FIRST HARMFUL EVENT		MANNER OF CRASH COLLISION/IMPACT		DIRECTION OF TRAVEL		MEDIAN TYPE	
1-ON ROADWAY		9-CROSSOVER		1-NORTH		1-DIVIDED FLUSH MEDIAN (<4 FEET)	
2-ON SHOULDER		10-DRIVEWAY/ALLEY ACCESS		2-SOUTH		2-DIVIDED FLUSH MEDIAN (>4 FEET)	
3-IN MEDIAN		11-RAILWAY GRADE CROSSING		3-EAST		3-DIVIDED, DEPRESSION MEDIAN	
4-ON ROADSIDE		12-SHARED USE PATHS OR TRAILS		4-WEST		4-DIVIDED, RAISED MEDIAN (ANY TYPE)	
5-ON GORE		13-BIKE LANE				9-OTHER/UNKNOWN	
6-OUTSIDE TRAFFIC WAY		14-TOLL BOOTH					
7-ON RAMP		99-OTHER / UNKNOWN					
8-OFF RAMP							
WORK ZONE RELATED		WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE		CONTOUR	
<input type="checkbox"/>		1-LANE CLOSURE		1-BEFORE THE 1ST WORK ZONE WARNING SIGN		1	
<input type="checkbox"/>		2-LANE SHIFT/CROSSOVER		2-ADVANCE WARNING AREA		2	
<input type="checkbox"/>		3-WORK ON SHOULDER OR MEDIAN		3-TRANSITION AREA		2	
<input type="checkbox"/>		4-INTERMITTENT OR MOVING WORK		4-ACTIVITY AREA		2	
<input type="checkbox"/>		5-OTHER		5-TERMINATION AREA		2	
LIGHT CONDITION		WEATHER		CONDITIONS		SURFACE	
1-DAYLIGHT		1-CLEAR		1-DRY		1-CONCRETE	
2-DAWN/DUSK		2-CLOUDY		2-WET		2-BLACKTOP, BITUMINOUS, ASPHALT	
3-DARK-LIGHTED ROADWAY		3-FOG, SMOG, SMOKE		3-SNOW		3-BRICK/BLOCK	
4-DARK-ROADWAY NOT LIGHTED		4-RAIN		4-ICE		4-SLAG, GRAVEL, STONE	
5-DARK-UNKNOWN ROADWAY LIGHTING		5-SLEET, HAIL		5-SAND, MUD, DIRT, OIL, GRAVEL		5-DIRT	
9-OTHER / UNKNOWN		99-OTHER / UNKNOWN		6-WATER (STANDING, MOVING)		9-OTHER/UNKNOWN	
				7-SLUSH			
				9-OTHER/UNKNOWN			
NARRATIVE							
On 5/18/22 at 6:36 P.M. unit 2 was traveling southbound on Dixie Highway near Lighthouse Drive in the right lane. Unknown unit 1 was also traveling southbound on Dixie Highway near Lighthouse but in the left lane. Unit 1 attempted to change lanes and stuck unit 2 in the front drivers side fender causing damage. Unknown unit 1 left the scene of the collision without reporting the crash to authorities.							
See OH-2							
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME	
0 5 1 8 2 0 2 2 1 8 3 6		0 5 1 8 2 0 2 2 1 8 3 7		0 5 1 8 2 0 2 2 1 8 4 5		0 5 1 8 2 0 2 2 1 8 5 8	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*	
0 0		2 0		4 1		N. Davis	
						OFFICER'S BADGE NUMBER*	
						1 6 9	
						CHECKED BY OFFICER'S NAME*	
						S. Davis	
						CHECKED BY OFFICER'S BADGE NUMBER*	
						8 7	
						REPORT TAKEN BY	
						<input checked="" type="checkbox"/> POLICE AGENCY	
						<input type="checkbox"/> MOTORIST	
						<input type="checkbox"/> SUPPLEMENT	
						(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DOPS)	

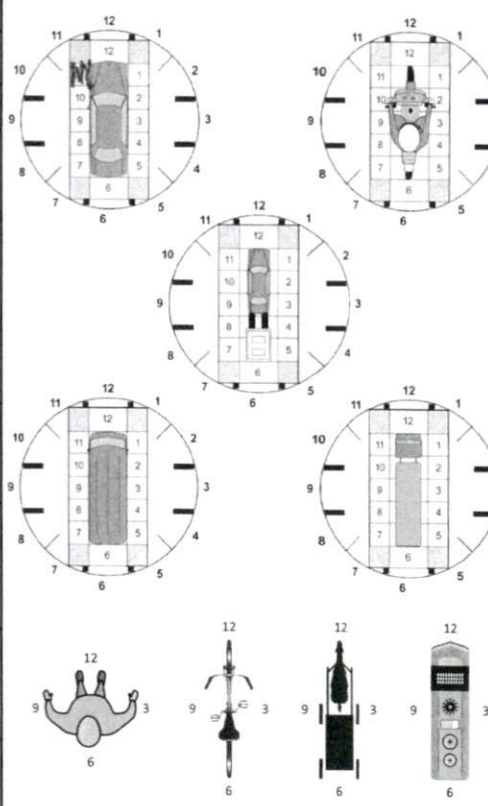


Indicate the north direction with an "N" on the compass diagram.

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE () SAME AS DRIVER	OWNER PHONE: INCLUDE AREA CODE () SAME AS DRIVER		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP () SAME AS DRIVER				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
	<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	TOWED BY: COMPANY NAME
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input checked="" type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	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 CLASS # PLACARD ID #
	UNIT TYPE				
	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				
	# OF TRAILING UNITS				
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?				
	1 - YES 2 - NO 9 - OTHER / UNKNOWN				
	AUTONOMOUS MODE LEVEL				
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					
CARGO BODY TYPE					
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 14 - GARBAGE/REFUSE 11 - DUMP 99 - OTHER / UNKNOWN					
VEHICLE DEFECTS					
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					
NON-MOTORIST LOCATION AT IMPACT					
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 CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS					
ACTION					
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 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST 4 - STRUCK 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS					
CONTRIBUTING CIRCUMSTANCES					
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 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 6 - IMPROPER TURN 12 - IMPROPER BACKING					
SEQUENCE OF EVENTS					
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 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE					
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 SUPPORT 45 - EMBANKMENT 52 - BUILDING 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 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 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN 49 - FIRE HYDRANT					
FIRST HARMFUL EVENT MOST HARMFUL EVENT					

LOCAL REPORT NUMBER 2 2 0 3 5 1 9 8	
DAMAGE	
DAMAGE SCALE 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
	
<input type="checkbox"/> NO DAMAGE [0] <input type="checkbox"/> UNDERCARRIAGE [14] <input type="checkbox"/> TOP [13] <input 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 13 - TOP 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 4	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM 6 TO 7	
UNIT SPEED 3 5	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 5 0	

OWNER	UNIT # 012	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE OH	LICENSE PLATE # JFZ2597	VEHICLE IDENTIFICATION # MAJ13S2GE7LC153882	VEHICLE YEAR 2020	VEHICLE MAKE Ford
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY Progressive	INSURANCE POLICY # 21588214	COLOR Blue	VEHICLE MODEL EcoSport
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	TOWED BY: COMPANY NAME	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 01	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
	TYPE OF USE		US DOT #	VEHICLE WEIGHT GVWR/GCWR	
	<input type="checkbox"/> PASSENGER CAR		1 - <10K LBS.	1 - LIMO (LIVERY VEHICLE)	
	<input type="checkbox"/> PASSENGER VAN (MINIVAN)		2 - 10,001 - 26K LBS.	19 - BUS (16+ PASSENGERS)	
	<input type="checkbox"/> SPORT UTILITY VEHICLE		3 - >26K LBS.	20 - OTHER VEHICLE	
	<input type="checkbox"/> PICK UP			21 - HEAVY EQUIPMENT	
	<input type="checkbox"/> CARGO VAN			22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	
<input type="checkbox"/> VAN (9-15 SEATS)			23 - PEDESTRIAN / SKATER		
UNIT TYPE			24 - WHEELCHAIR (ANY TYPE)		
2 - PASSENGER VAN (MINIVAN)			25 - OTHER NON-MOTORIST		
3 - SPORT UTILITY VEHICLE			26 - BICYCLE		
4 - PICK UP			27 - TRAIN		
5 - CARGO VAN			99 - UNKNOWN OR HIT/SKIP		
6 - VAN (9-15 SEATS)					
# OF TRAILING UNITS					
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN	
1 - YES 2 - NO 9 - OTHER / UNKNOWN		1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION		
AUTONOMOUS MODE LEVEL		2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION		
SPECIAL FUNCTION		1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	
1 - NONE		2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	
3 - ELECTRONIC RIDE SHARING		8 - BUS - SHUTTLE	13 - POLICE	16 - FARM	
4 - SCHOOL TRANSPORT		9 - BUS - OTHER	14 - PUBLIC UTILITY	17 - MOWING	
5 - BUS - TRANSIT/COMMUTER		10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	18 - SNOW REMOVAL	
CARGO BODY TYPE		1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	8 - POLE	
2 - BUS		4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	9 - CARGO TANK	
VEHICLE DEFECTS		7 - WORN OR SLICK TIRES	8 - TRAILER EQUIPMENT DEFECTIVE	10 - FLAT BED	
1 - TURN SIGNALS		4 - BRAKES	7 - WORN OR SLICK TIRES	11 - DUMP	
2 - HEAD LAMPS		5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	12 - CONCRETE MIXER	
3 - TAIL LAMPS		6 - TIRE BLOWOUT	9 - MOTOR TROUBLE	13 - AUTO TRANSPORTER	
NON-MOTORIST LOCATION AT IMPACT		1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	
2 - INTERSECTION - UNMARKED CROSSWALK		4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	9 - MEDIAN/CROSSING ISLAND	
3 - TRAVEL LANE - OTHER LOCATION		5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	10 - DRIVEWAY ACCESS	
ACTION		1 - NON-CONTACT	2 - NON-COLLISION	3 - STRIKING	
4 - STRUCK		5 - BOTH STRIKING & STRUCK	9 - OTHER / UNKNOWN	1 - STRAIGHT AHEAD	
PRE-CRASH ACTIONS		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 - OTHER / UNKNOWN		10 - PARKED	11 - SLOWING OR STOPPED IN TRAFFIC	12 - DRIVERLESS	
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	
SEQUENCE OF EVENTS		8 - FOLLOWING TOO CLOSE / ACDA	9 - IMPROPER LANE CHANGE	10 - IMPROPER PASSING	
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 - IMPROPER START FROM A PARKED POSITION	12 - STOPPED OR PARKED ILLEGALLY	
12 - IMPROPER BACKING		13 - IMPROPER PASSING	14 - SWERVING TO AVOID	15 - WRONG WAY	
NON-COLLISION		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		37 - TRAFFIC SIGN POST	38 - OVERHEAD SIGN POST	39 - LIGHT / LUMINARIES SUPPORT	
40 - UTILITY POLE		41 - OTHER POST, POLE OR SUPPORT	42 - CULVERT	43 - CURB	
44 - DITCH		45 - EMBANKMENT	46 - FENCE	47 - MAILBOX	
48 - TREE		49 - FIRE HYDRANT	50 - WORK ZONE MAINTENANCE EQUIPMENT	51 - WALL	
52 - BUILDING		53 - TUNNEL	54 - OTHER FIXED OBJECT	99 - OTHER / UNKNOWN	
FIRST HARMFUL EVENT		MOST HARMFUL EVENT			

LOCAL REPORT NUMBER 2 2 0 3 5 1 9 8	
DAMAGE	
DAMAGE SCALE	
1 - NONE 3 - FUNCTIONAL DAMAGE	
2 - MINOR DAMAGE 4 - DISABLING DAMAGE	
9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
	
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14]	
<input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15]	
<input type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT	
0 - NO DAMAGE 14 - UNDERCARRIAGE	
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE	
13 - TOP 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN
2 - TWO-WAY	2 - SIGNAL 5 - YIELD SIGN
	3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
4	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	
UNIT SPEED	DETECTED SPEED
3 5	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED
POSTED SPEED	
5 0	

Motorist / Non-Motorist

LOCAL REPORT NUMBER																																																																																																																																																																																			
2 2 0 3 5 1 9 8																																																																																																																																																																																			
UNIT # 0 1		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE 0	GENDER																																																																																																																																																																										
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE																																																																																																																																																																													
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 9 9	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1																																																																																																																																																																								
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER																																																																																																																																																																										
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 9	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 9	ALCOHOL TEST STATUS TYPE VALUE 1 1 .		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1																																																																																																																																																																									
UNIT # 0 2						NAME: LAST, FIRST, MIDDLE Baiden, Daniel Nanabenyin		DATE OF BIRTH 0 7 3 1 1 9 6 8		AGE 5 3	GENDER M																																																																																																																																																																								
ADDRESS: STREET, CITY, STATE, ZIP 7331 William Hensley Dr. 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 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1																																																																																																																																																																								
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER																																																																																																																																																																										
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE 1 1 .		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1																																																																																																																																																																									
UNIT #						NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER																																																																																																																																																																								
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TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE	4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER	4 - TALKING ON HAND-HELD COMMUNICATION DEVICE	4 - TEST GIVEN, RESULTS KNOWN	5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M/C MOPED ONLY	5 - EXCEPT CLASS A BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN	INJURED TAKEN BY			OL ENDORSEMENT			ALCOHOL TEST TYPE	1 - NOT TRANSPORTED / TREATED AT SCENE	6 - SECOND - RIGHT SIDE	EJECTION		H - HAZMAT	6 - PASSENGER	1 - NONE	2 - EMS	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	1 - NOT EJECTED	1 - NOT TRAPPED	M - MOTORCYCLE	7 - OTHER DISTRACTION INSIDE THE VEHICLE	2 - BLOOD	3 - POLICE	8 - THIRD - MIDDLE	2 - PARTIALLY EJECTED	2 - EXTRICATED BY MECHANICAL MEANS	P - PASSENGER	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	3 - URINE	9 - OTHER / UNKNOWN	9 - THIRD - RIGHT SIDE	3 - TOTALLY EJECTED	3 - FREED BY NON-MECHANICAL MEANS	Q - 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LOCAL REPORT NUMBER	22-035198	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	5/18/22
IN COUNTY OF	Butler	ACCIDENT LOCATION	Dixie Hwy. / Lighthouse Dr.		

Not to Scale

N

Dixie Highway

Lighthouse Dr.

OFFICER'S SIGNATURE

BADGE NO
169