



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

<input checked="" type="checkbox"/> PHOTOSTAKEN	<input checked="" type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION	2 2 0 3 5 3 8 5
<input type="checkbox"/> SECONDARY CRASH	<input checked="" type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*	HIT/SKIP
<input type="checkbox"/> PRIVATE PROPERTY			Fairfield Police Department	1 - SOLVED
			0 0 9 0 1	2 - UNSOLVED
				NUMBER OF UNITS
				0 3
				UNIT IN ERROR
				0 1 98 - ANIMAL
				99 - UNKNOWN

COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*	CRASH DATE / TIME*	CRASH SEVERITY
0 9	1 2 - VILLAGE 3 - TOWNSHIP	City of Fairfield	0 5 1 9 2 0 2 2 1 5 0 0	5

ROUTE TYPE	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES
		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	Nilles	R D	3 9 . 3 3 7 7 5 2
ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES
U S	1 2 7	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST			8 4 . 5 6 0 8 0 5

REFERENCE POINT	DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED
1 - INTERSECTION	1 - NORTH	IR - INTERSTATE ROUTE(TP)	AL - ALLEY HW - HIGHWAY RD - ROAD	<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH
2 - MILE POST	2 - SOUTH	US - FEDERAL US ROUTE	AV - AVENUE LA - LANE SQ - SQUARE	<input type="checkbox"/> WITHIN INTERCHANGE AREA
3 - HOUSE #	3 - EAST	SR - STATE ROUTE	BL - BOULEVARD MP - MILEPOST ST - STREET	NUMBER OF APPROACHES
	4 - WEST	CR - NUMBERED COUNTY ROUTE	CR - CIRCLE OV - OVAL TE - TERRACE	4
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE	TR - NUMBERED TOWNSHIP ROUTE	CT - COURT PK - PARKWAY TL - TRAIL	
1 0 0	1 - MILES		DR - DRIVE PI - PIKE WA - WAY	
	2 - FEET		HE - HEIGHTS PL - PLACE	
	3 - YARDS			

LOCATION OF FIRST HARMFUL EVENT	MANNER OF CRASH COLLISION/IMPACT	DIRECTION OF TRAVEL	MEDIAN TYPE
1 - ON ROADWAY	1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT	1 - NORTH	1 - DIVIDED FLUSH MEDIAN (<4 FEET)
2 - ON SHOULDER	2 - REAR-END	2 - SOUTH	2 - DIVIDED FLUSH MEDIAN (>4 FEET)
3 - IN MEDIAN	3 - HEAD-ON	3 - EAST	3 - DIVIDED, DEPRESSED MEDIAN
4 - ON ROADSIDE	4 - REAR-TO-REAR	4 - WEST	4 - DIVIDED, RAISED MEDIAN (ANY TYPE)
5 - ON GORE	5 - BACKING		9 - OTHER/UNKNOWN
6 - OUTSIDE TRAFFIC WAY	6 - ANGLE		
7 - ON RAMP	7 - SIDESWIPE, SAME DIRECTION		
8 - OFF RAMP	8 - SIDESWIPE, OPPOSITE DIRECTION		
	9 - OTHER / UNKNOWN		

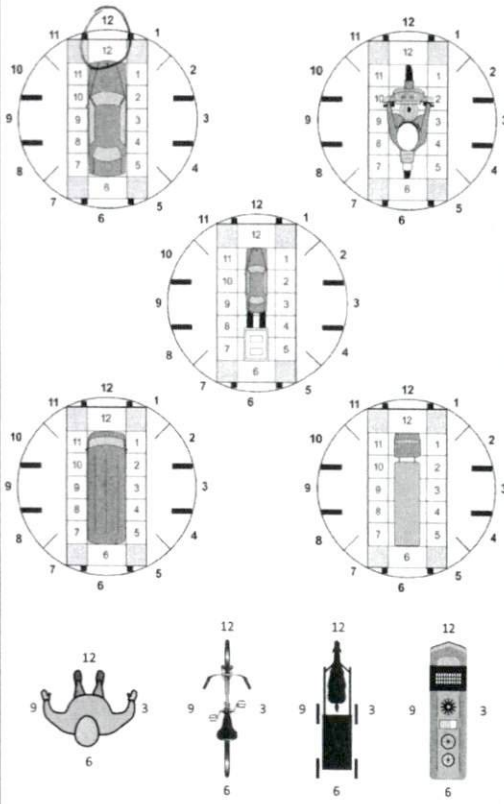
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE
<input type="checkbox"/> WORKERS PRESENT	1 - LANE CLOSURE	1 - BEFORE THE 1ST WORK ZONE WARNING SIGN	1	1 - DRY	1 - CONCRETE
<input type="checkbox"/> LAW ENFORCEMENT PRESENT	2 - LANE SHIFT/CROSSOVER	2 - ADVANCE WARNING AREA	2 - STRAIGHT GRADE	2 - WET	2 - BLACKTOP, BITUMINOUS, ASPHALT
<input type="checkbox"/> ACTIVE SCHOOL ZONE	3 - WORK ON SHOULDER OR MEDIAN	3 - TRANSITION AREA	3 - CURVE LEVEL	3 - SNOW	3 - BRICK/BLOCK
	4 - INTERMITTENT OR MOVING WORK	4 - ACTIVITY AREA	4 - CURVE GRADE	4 - ICE	4 - SLAG, GRAVEL, STONE
	5 - OTHER	5 - TERMINATION AREA	9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	5 - DIRT
				6 - WATER (STANDING, MOVING)	9 - OTHER/UNKNOWN
				7 - SLUSH	
				9 - OTHER/UNKNOWN	

LIGHT CONDITION	WEATHER
1 - DAYLIGHT	1 - CLEAR
2 - DAWN/DUSK	2 - CLOUDY
3 - DARK - LIGHTED ROADWAY	3 - FOG, SMOG, SMOKE
4 - DARK - ROADWAY NOT LIGHTED	4 - RAIN
5 - DARK - UNKNOWN ROADWAY LIGHTING	5 - SLEET, HAIL
9 - OTHER / UNKNOWN	6 - SNOW
	7 - SEVERE CROSSWINDS
	8 - BLOWING SAND, SOIL, DIRT, SNOW
	9 - FREEZING RAIN OR FREEZING DRIZZLE
	99 - OTHER / UNKNOWN

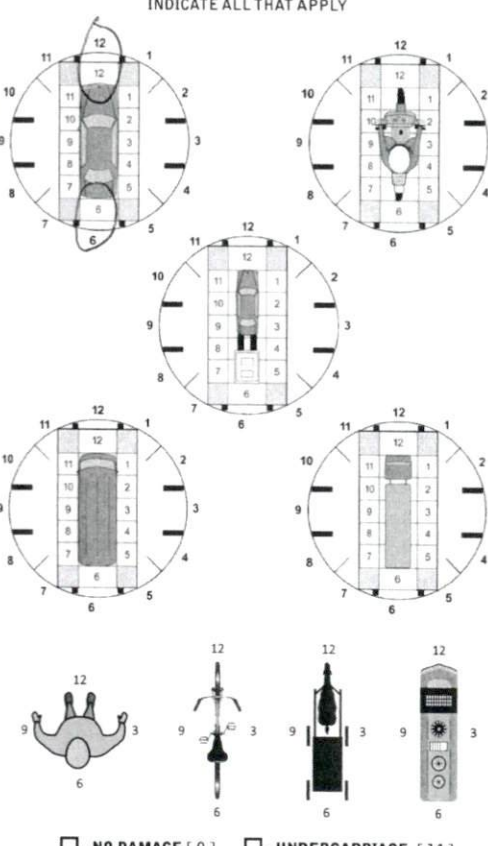
NARRATIVE	Indicate the north direction with an "N" on the compass diagram.
On 05/19/22 at 3:00 P.M. Unit 1 was traveling eastbound on Nilles Rd. Unit 1 failed to assure clear distance ahead, and rear ended Unit 2, Unit 2 then rear ended Unit 3 from the force of the impact of Unit 1. Unit 2 and 3 were stopped at a traffic light.	See OH-2

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

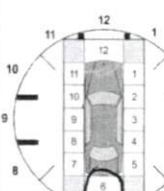
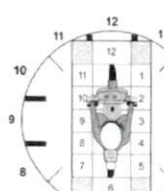
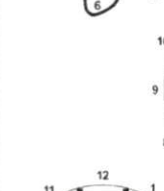

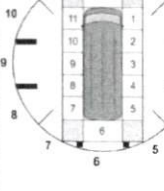
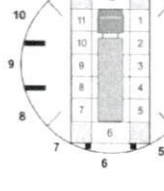
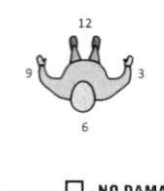
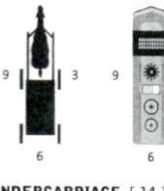
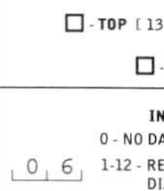
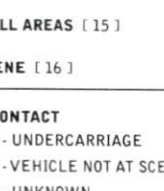
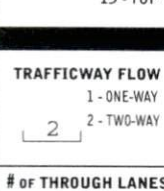
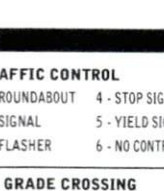
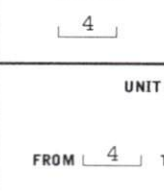
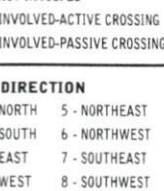
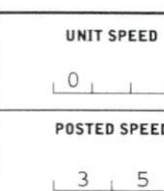
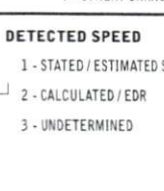


OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)
	01		
VEHICLE	OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
EVENTS	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #
	OH	DST2987	YV1CZ852551199151
VEHICLE	INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #
	X	Nationwide	9234J036120
VEHICLE	TYPE OF USE	US DOT #	VEHICLE YEAR
	COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE <input type="checkbox"/>		2005
VEHICLE	INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>	HIT/SKIP UNIT <input type="checkbox"/>	HAZARDOUS MATERIAL
			MATERIAL RELEASED <input type="checkbox"/> CLASS # PLACARD ID #
VEHICLE	UNIT TYPE	VEHICLE WEIGHT GVWR/GCWR	VEHICLE MAKE
	03	1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	Volvo
VEHICLE	# OF TRAILING UNITS	HAZARDOUS MATERIAL	VEHICLE MODEL
	0		XC90
VEHICLE	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION
	2		
VEHICLE	SPECIAL FUNCTION	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
	01		
VEHICLE	CARGO BODY TYPE	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING
	01		
VEHICLE	VEHICLE DEFECTS	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT
VEHICLE	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
VEHICLE	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
	3		
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
	08		
VEHICLE	SEQUENCE OF EVENTS	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
	120		
VEHICLE	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
VEHICLE	COLLISION WITH FIXED OBJECT - STRUCK	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 BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER
VEHICLE	FIRST HARMFUL EVENT	1 - MOST HARMFUL EVENT	
	1		

LOCAL REPORT NUMBER	
2 2 0 3 5 3 8 5	
DAMAGE	
DAMAGE SCALE	
1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
2	
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 1 - 12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
1 2	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
2	2
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
4	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
1	
UNIT / NON-MOTORIST DIRECTION	
1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
FROM 4 TO 3	
UNIT SPEED	DETECTED SPEED
1 0	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
1	
POSTED SPEED	
3 5	

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)		
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
	LP STATE OH	LICENSE PLATE # EUP3966	VEHICLE IDENTIFICATION # NM10G1S9F71H1320366
	INSURANCE VERIFIED X	INSURANCE COMPANY Statefarm	INSURANCE POLICY # C409909B2435
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		VEHICLE YEAR 2017
	INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>	HIT/SKIP UNIT <input type="checkbox"/>	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD
	#OCCUPANTS 01		VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.
	UNIT TYPE 05		VEHICLE MAKE Ford
	# OF TRAILING UNITS 0		VEHICLE MODEL Transit
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1-YES 2-NO 9-OTHER/UNKNOWN		HAZARDOUS MATERIAL CLASS # PLACARD ID #
	AUTONOMOUS MODE LEVEL 0		
EVENT(S)	SPECIAL FUNCTION 01		1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER
	CARGO BODY TYPE 06		2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)
	VEHICLE DEFECTS		3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST
	NON-MOTORIST LOCATION AT IMPACT		4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE
	ACTION 5		5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN
	PRE-CRASH ACTIONS 11		99 - UNKNOWN OR HIT/SKIP
	CONTRIBUTING CIRCUMSTANCES 01		
	SEQUENCE OF EVENTS		
	NON-COLLISION		
	COLLISION WITH FIXED OBJECT - STRUCK		
FIRST HARMFUL EVENT		MOST HARMFUL EVENT	

LOCAL REPORT NUMBER 22035385	
DAMAGE DAMAGE SCALE 2 1 - NONE 3 - FUNCTIONAL DAMAGE 2 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 1 ONE-WAY 2 TWO-WAY # 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 4 TO 3 UNIT SPEED 0 POSTED SPEED 3 5 DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)
	013		
VEHICLE	OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)		
	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
EVENT(S)	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #
	OH	264YMK	1HGCV2F51JA011325
	INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #
	X	Cincinnati Inc.	A020356000
	TYPE OF USE	IN EMERGENCY RESPONSE	US DOT #
	COMMERCIAL	GOVERNMENT	
	INTERLOCK DEVICE EQUIPPED	HIT/SKIP UNIT	#OCCUPANTS
			03
	VEHICLE WEIGHT GVWR/GCWR	HAZARDOUS MATERIAL	
	1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	CLASS # PLACARD ID #	
UNIT TYPE	TOWED BY: COMPANY NAME		
01			
EVENT(S)	1 - PASSENGER CAR		23 - PEDESTRIAN / SKATER
	2 - PASSENGER VAN (MINIVAN)		24 - WHEELCHAIR (ANY TYPE)
	3 - SPORT UTILITY VEHICLE		25 - OTHER NON-MOTORIST
	4 - PICK UP		26 - BICYCLE
	5 - CARGO VAN		27 - TRAIN
	6 - VAN (9-15 SEATS)		99 - UNKNOWN OR HIT/SKIP
	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			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION
1 - YES 2 - NO 9 - OTHER / UNKNOWN		1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION
AUTONOMOUS MODE LEVEL		2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION
0			
SPECIAL FUNCTION		1 - NONE	6 - BUS - CHARTER/TOUR
01		2 - TAXI	7 - BUS - INTERCITY
3 - ELECTRONIC RIDE SHARING		8 - BUS - SHUTTLE	11 - FIRE
4 - SCHOOL TRANSPORT		9 - BUS - OTHER	12 - MILITARY
5 - BUS - TRANSIT/COMMUTER		10 - AMBULANCE	13 - POLICE
6 - BUS - TRANSIT/COMMUTER		10 - AMBULANCE	14 - PUBLIC UTILITY
7 - BUS - TRANSIT/COMMUTER		10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT
8 - BUS - TRANSIT/COMMUTER		10 - AMBULANCE	20 - SAFETY SERVICE PATROL
CARGO BODY TYPE		1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE
01		2 - BUS	4 - LOGGING
5 - BUS - TRANSIT/COMMUTER		6 - CARGO VAN/ENCLOSED BOX	7 - GRAIN/CHIPS/GRAVEL
VEHICLE DEFECTS		1 - TURN SIGNALS	4 - BRAKES
2 - HEAD LAMPS		5 - STEERING	7 - WORN OR SLICK TIRES
3 - TAIL LAMPS		6 - TIRE BLOWOUT	8 - TRAILER EQUIPMENT DEFECTIVE
NON-MOTORIST LOCATION AT IMPACT		1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER
2 - INTERSECTION - UNMARKED CROSSWALK		4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE
5 - TRAVEL LANE - OTHER LOCATION		8 - SIDEWALK	9 - MEDIAN/CROSSING ISLAND
ACTION		1 - NON-CONTACT	7 - MAKING U-TURN
4		2 - NON-COLLISION	8 - ENTERING TRAFFIC LANE
3 - STRIKING		3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE
5 - BOTH STRIKING & STRUCK		4 - OVERTAKING/PASSING	10 - PARKED
9 - OTHER / UNKNOWN		5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC
1 - STRAIGHT AHEAD		6 - MAKING LEFT TURN	12 - DRIVERLESS
2 - BACKING		7 - MAKING U-TURN	13 - NEGOTIATING A CURVE
3 - CHANGING LANES		8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION
4 - OVERTAKING/PASSING		9 - LEAVING TRAFFIC LANE	15 - WALKING, RUNNING, JOGGING, PLAYING
5 - MAKING RIGHT TURN		10 - PARKED	16 - WORKING
6 - MAKING LEFT TURN		11 - SLOWING OR STOPPED IN TRAFFIC	17 - PUSHING VEHICLE
7 - MAKING U-TURN		12 - DRIVERLESS	99 - OTHER / UNKNOWN
8 - ENTERING TRAFFIC LANE		9 - LEAVING TRAFFIC LANE	10 - PARKED
9 - LEAVING TRAFFIC LANE		10 - PARKED	11 - SLOWING OR STOPPED IN TRAFFIC
10 - PARKED		11 - SLOWING OR STOPPED IN TRAFFIC	12 - DRIVERLESS
11 - SLOWING OR STOPPED IN TRAFFIC		12 - DRIVERLESS	13 - NEGOTIATING A CURVE
12 - DRIVERLESS		13 - NEGOTIATING A CURVE	14 - ENTERING OR CROSSING SPECIFIED LOCATION
13 - NEGOTIATING A CURVE		14 - ENTERING OR CROSSING SPECIFIED LOCATION	15 - WALKING, RUNNING, JOGGING, PLAYING
14 - ENTERING OR CROSSING SPECIFIED LOCATION		15 - WALKING, RUNNING, JOGGING, PLAYING	16 - WORKING
15 - WALKING, RUNNING, JOGGING, PLAYING		16 - WORKING	17 - PUSHING VEHICLE
16 - WORKING		17 - PUSHING VEHICLE	99 - OTHER / UNKNOWN
17 - PUSHING VEHICLE		99 - OTHER / UNKNOWN	18 - APPROACHING OR LEAVING VEHICLE
18 - APPROACHING OR LEAVING VEHICLE		19 - STANDING	20 - OTHER NON-MOTORIST
19 - STANDING		20 - OTHER NON-MOTORIST	21 - STANDING OUTSIDE DISABLED VEHICLE
20 - OTHER NON-MOTORIST		21 - STANDING OUTSIDE DISABLED VEHICLE	99 - OTHER / UNKNOWN
21 - STANDING OUTSIDE DISABLED VEHICLE		99 - OTHER / UNKNOWN	22 - WORK ZONE MAINTENANCE EQUIPMENT
22 - WORK ZONE MAINTENANCE EQUIPMENT		23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE	24 - OTHER MOVABLE OBJECT
23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE		24 - OTHER MOVABLE OBJECT	25 - IMPACT ATTENUATOR / CRASH CUSHION
24 - OTHER MOVABLE OBJECT		25 - IMPACT ATTENUATOR / CRASH CUSHION	26 - BRIDGE OVERHEAD STRUCTURE
25 - IMPACT ATTENUATOR / CRASH CUSHION		26 - BRIDGE OVERHEAD STRUCTURE	27 - BRIDGE PIER OR ABUTMENT
26 - BRIDGE OVERHEAD STRUCTURE		27 - BRIDGE PIER OR ABUTMENT	28 - BRIDGE PARAPET
27 - BRIDGE PIER OR ABUTMENT		28 - BRIDGE PARAPET	29 - BRIDGE RAIL
28 - BRIDGE PARAPET		29 - BRIDGE RAIL	30 - GUARDRAIL FACE
29 - BRIDGE RAIL		30 - GUARDRAIL FACE	31 - GUARDRAIL END
30 - GUARDRAIL FACE		31 - GUARDRAIL END	32 - PORTABLE BARRIER
31 - GUARDRAIL END		32 - PORTABLE BARRIER	33 - MEDIAN CABLE BARRIER
32 - PORTABLE BARRIER		33 - MEDIAN CABLE BARRIER	34 - MEDIAN GUARDRAIL BARRIER
33 - MEDIAN CABLE BARRIER		34 - MEDIAN GUARDRAIL BARRIER	35 - MEDIAN CONCRETE BARRIER
34 - MEDIAN GUARDRAIL BARRIER		35 - MEDIAN CONCRETE BARRIER	36 - MEDIAN OTHER BARRIER
35 - MEDIAN CONCRETE BARRIER		36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST
36 - MEDIAN OTHER BARRIER		37 - TRAFFIC SIGN POST	38 - OVERHEAD SIGN POST
37 - TRAFFIC SIGN POST		38 - OVERHEAD SIGN POST	39 - LIGHT / LUMINARIES SUPPORT
38 - OVERHEAD SIGN POST		39 - LIGHT / LUMINARIES SUPPORT	40 - UTILITY POLE
39 - LIGHT / LUMINARIES SUPPORT		40 - UTILITY POLE	41 - OTHER POST, POLE OR SUPPORT
40 - UTILITY POLE		41 - OTHER POST, POLE OR SUPPORT	42 - CULVERT
41 - OTHER POST, POLE OR SUPPORT		42 - CULVERT	43 - CURB
42 - CULVERT		43 - CURB	44 - DITCH
43 - CURB		44 - DITCH	45 - EMBANKMENT
44 - DITCH		45 - EMBANKMENT	46 - FENCE
45 - EMBANKMENT		46 - FENCE	47 - MAILBOX
46 - FENCE		47 - MAILBOX	48 - TREE
47 - MAILBOX		48 - TREE	49 - FIRE HYDRANT
48 - TREE		49 - FIRE HYDRANT	50 - WORK ZONE MAINTENANCE EQUIPMENT
49 - FIRE HYDRANT		50 - WORK ZONE MAINTENANCE EQUIPMENT	51 - WALL
50 - WORK ZONE MAINTENANCE EQUIPMENT		51 - WALL	52 - BUILDING
51 - WALL		52 - BUILDING	53 - TUNNEL
52 - BUILDING		53 - TUNNEL	54 - OTHER FIXED OBJECT
53 - TUNNEL		54 - OTHER FIXED OBJECT	99 - OTHER / UNKNOWN
54 - OTHER FIXED OBJECT		99 - OTHER / UNKNOWN	
99 - OTHER / UNKNOWN			
FIRST HARMFUL EVENT		MOST HARMFUL EVENT	
1		1	

LOCAL REPORT NUMBER	
2 2 0 3 5 3 8 5	
DAMAGE	
DAMAGE SCALE	
1 - NONE 3 - FUNCTIONAL DAMAGE	
2 - MINOR DAMAGE 4 - DISABLING DAMAGE	
9 - UNKNOWN	
2	
DAMAGED AREA(S)	
INDICATE ALL THAT APPLY	
	
	
	
	
	
	
	
	
	
	
	
	
	
	
	
	
	
	
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OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER									
2	2	0	3	5	3	8	5		

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH			AGE	GENDER	
	3	Purcell, Brenda			0 1 0 4 1 9 4 7			75	F	
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
1336 Dalton Ct., Fairfield, OH 45014										
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
5					0 4		0 3	0 1	1	1

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH			AGE	GENDER	
	3	Purcell, Justin			0 4 1 3 1 9 8 3			39	M	
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
1336 Dalton Ct. Fairfield, OH 45014										
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
5					0 4		0 6	0 1	1	1

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH			AGE	GENDER	
								0		
	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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH			AGE	GENDER	
								0		
	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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED

INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE
4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE
5 - NO APPARENT INJURY	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	5 - SECOND - MIDDLE	5 - NOT APPLICABLE
	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	
	8 - HELMET USED	8 - THIRD - MIDDLE	
	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE	
	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	
	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	
	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	
		13 - TRAILING UNIT	
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	
		15 - NON-MOTORIST	
		99 - OTHER / UNKNOWN	

INJURED TAKEN BY	EJECTION
1 - NOT TRANSPORTED / TREATED AT SCENE	1 - NOT EJECTED
2 - EMS	2 - PARTIALLY EJECTED
3 - POLICE	3 - TOTALLY EJECTED
9 - OTHER / UNKNOWN	4 - NOT APPLICABLE

GENDER	TRAPPED
F - FEMALE	1 - NOT TRAPPED
M - MALE	2 - EXTRICATED BY MECHANICAL MEANS
U - OTHER / UNKNOWN	3 - FREED BY NON-MECHANICAL MEANS

WITNESS	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH			AGE	GENDER	
							0		
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE				

WITNESS	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH			AGE	GENDER	
							0		
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE				

WITNESS	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH			AGE	GENDER	
							0		
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE				



LOCAL REPORT NUMBER PD-22-035385	REPORTING AGENCY Fairfield Police Department	DATE OF CRASH M 05 D 19 Y 22
IN COUNTY OF Butler	CRASH LOCATION Nilles Rd. // U.S. 127	

* NOT TO SCALE

OFFICER'S SIGNATURE PO [Signature]	BADGE NUMBER 167
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