



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

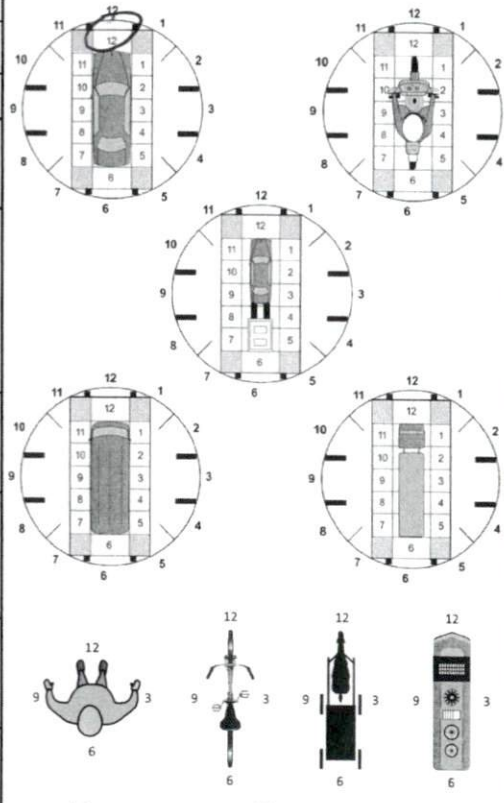
<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY	LOCAL INFORMATION REPORTING AGENCY NAME* Fairfield Police Department		NCIC* 00901	22036461		HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 02	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN 01
COUNTY* 09	LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield		CRASH DATE / TIME* 05232022 1601		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 4				
ROUTE TYPE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME River	ROAD TYPE RD	LATITUDE DECIMAL DEGREES 39.337859	INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 04 ROADWAY <input type="checkbox"/> ROADWAY DIVIDED				
ROUTE TYPE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Nilles	ROAD TYPE RD	LONGITUDE DECIMAL DEGREES -84.568491					
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1	DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS 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	DISTANCE FROM REFERENCE 1 - MILES 2 - FEET 3 - YARDS		LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN 01				
MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN 6		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN						
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	CONTOUR 1	CONDITIONS 1	SURFACE 2				
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 1		WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN 01		1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN		1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN		
NARRATIVE On 5/23/2022 at about 4:01 p.m. Unit 1 was traveling east on River Rd. and when at Nilles Rd. attempted to turn left to travel north on River Rd. and in so doing failed to yield the right of way to oncoming traffic and collided with Unit 2 which was traveling west on Nilles Rd. onto River Rd. After being struck by Unit 1, Unit 2 continued west and struck a traffic light pole.  Pole Owner: City of Fairfield 5350 Pleasant Ave. Fairfield, OH, 45014				See OH-2						
CRASH REPORTED DATE / TIME 05232022 1601		DISPATCH DATE / TIME 05232022 1602		ARRIVAL DATE / TIME 05232022 1606		SCENE CLEARED DATE / TIME 05232022 1646		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 OOPS)		
TOTAL TIME ROADWAY CLOSED 045	OTHER INVESTIGATION TIME 030	TOTAL MINUTES 074	OFFICER'S NAME* D. Gooch	CHECKED BY OFFICER'S NAME* Satal		OFFICER'S BADGE NUMBER* 160		CHECKED BY OFFICER'S BADGE NUMBER* 87		



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



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: NAME, ADDRESS, CITY, STATE, ZIP		
EVENT(S)	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #
	OH	HCR8363	2GKALEK2H6244396
VEHICLE	INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #
	X	State Farm	3242554C0135P
VEHICLE	TYPE OF USE	US DOT #	TOWED BY: COMPANY NAME
	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		Fox
VEHICLE	INTERLOCK DEVICE EQUIPPED	HIT/SKIP UNIT	HAZARDOUS MATERIAL CLASS # PLACARD ID #
	<input type="checkbox"/>	<input type="checkbox"/>	
VEHICLE	UNIT TYPE	VEHICLE WEIGHT GVWR/GCWR	HAZARDOUS MATERIAL CLASS # PLACARD ID #
	03	1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
VEHICLE	# OF TRAILING UNITS	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	AUTONOMOUS MODE LEVEL
	00	1 - YES 2 - NO 9 - OTHER / UNKNOWN	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION
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	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING
VEHICLE	CARGO BODY TYPE	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT
	01	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
VEHICLE	VEHICLE DEFECTS	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - STRIKING	4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK
	03	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
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
	02	1 - IMPROPER START FROM A PARKED POSITION 2 - STOPPED OR PARKED ILLEGALLY 3 - SWERVING TO AVOID 4 - WRONG WAY	5 - IMPROPER CROSSING 6 - RAILWAY VEHICLE 7 - ANIMAL - FARM 8 - ANIMAL - DEER 9 - ANIMAL - OTHER 10 - MOTOR VEHICLE IN TRANSPORT 11 - PARKED MOTOR VEHICLE
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	1 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 2 - DOWNHILL RUNAWAY 3 - OTHER NON-COLLISION 4 - PEDESTRIAN 5 - PEDALCYCLE	6 - RAILWAY VEHICLE 7 - ANIMAL - FARM 8 - ANIMAL - DEER 9 - ANIMAL - OTHER 10 - MOTOR VEHICLE IN TRANSPORT 11 - 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
	1	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
VEHICLE	FIRST HARMFUL EVENT	MOST HARMFUL EVENT	
	1	1	

LOCAL REPORT NUMBER	
2 2 0 3 6 4 6 1	
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 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
3	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
0 0 3	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	
3 5	



OWNER	UNIT # 02	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 # JEY4455	VEHICLE IDENTIFICATION # 3GNKBDRS5LS710952	VEHICLE YEAR 2020	VEHICLE MAKE Chevy
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY Allstate	INSURANCE POLICY # 826303143	COLOR Silver	VEHICLE MODEL Blazer
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	TOWED BY: COMPANY NAME Marcells	
	<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.	18 - 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 03			24 - WHEELCHAIR (ANY TYPE)		
# OF TRAILING UNITS 00			25 - OTHER NON-MOTORIST		
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 0		2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION		
SPECIAL FUNCTION 01		1 - NONE	16 - FARM		
2 - TAXI		6 - BUS - CHARTER/TOUR	21 - MAIL CARRIER		
3 - ELECTRONIC RIDE SHARING		7 - BUS - INTERCITY	99 - OTHER / UNKNOWN		
4 - SCHOOL TRANSPORT		8 - BUS - SHUTTLE			
5 - BUS - TRANSIT/COMMUTER		9 - BUS - OTHER			
CARGO BODY TYPE 01		10 - AMBULANCE			
1 - NO CARGO BODY TYPE / NOT APPLICABLE		11 - FIRE	12 - CONCRETE MIXER		
2 - BUS		12 - MILITARY	13 - AUTO TRANSPORTER		
		13 - POLICE	14 - GARBAGE/REFUSE		
		14 - PUBLIC UTILITY	99 - OTHER / UNKNOWN		
		15 - CONSTRUCTION EQUIPMENT			
VEHICLE DEFECTS		16 - FARM			
1 - TURN SIGNALS		17 - MOWING			
2 - HEAD LAMPS		18 - SNOW REMOVAL			
3 - TAIL LAMPS		19 - TOWING			
		20 - SAFETY SERVICE PATROL			
		8 - POLE			
		9 - CARGO TANK			
		10 - FLAT BED			
		11 - DUMP			
		12 - CONCRETE MIXER			
		13 - AUTO TRANSPORTER			
		14 - GARBAGE/REFUSE			
		99 - OTHER / UNKNOWN			
		1 - TURN SIGNALS			
		2 - HEAD LAMPS			
		3 - TAIL LAMPS			
		4 - BRAKES			
		5 - STEERING			
		6 - TIRE BLOWOUT			
		7 - WORN OR SLICK TIRES			
		8 - TRAILER EQUIPMENT DEFECTIVE			
		9 - MOTOR TROUBLE			
		10 - DISABLED FROM PRIOR ACCIDENT			
		99 - OTHER / UNKNOWN			
NON-MOTORIST LOCATION AT IMPACT		1 - INTERSECTION - MARKED CROSSWALK	12 - FIRST RESPONDER AT INCIDENT SCENE		
2 - INTERSECTION - UNMARKED CROSSWALK		3 - INTERSECTION - OTHER	14 - UNDERCARRIAGE		
		4 - MIDDLEBLOCK - MARKED CROSSWALK	15 - VEHICLE NOT AT SCENE		
		5 - TRAVEL LANE - OTHER LOCATION	99 - UNKNOWN		
		6 - BICYCLE LANE			
		7 - SHOULDER / ROADSIDE			
		8 - SIDEWALK			
		9 - MEDIAN/CROSSING ISLAND			
		10 - DRIVEWAY ACCESS			
		11 - SHARED USE PATHS OR TRAILS			
ACTION 04		1 - NON-CONTACT	18 - APPROACHING OR LEAVING VEHICLE		
2 - NON-COLLISION		2 - BACKING	19 - STANDING		
3 - STRIKING		3 - CHANGING LANES	20 - OTHER NON-MOTORIST		
4 - STRUCK		4 - OVERTAKING/PASSING	21 - STANDING OUTSIDE DISABLED VEHICLE		
5 - BOTH STRIKING & STRUCK		5 - MAKING RIGHT TURN	99 - OTHER / UNKNOWN		
9 - OTHER / UNKNOWN		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 01		1 - NONE	21 - LYING IN ROADWAY		
2 - FAILURE TO YIELD		7 - LEFT OF CENTER	22 - NOT DISCERNIBLE		
3 - RAN RED LIGHT		8 - FOLLOWING TOO CLOSE / ACDA	23 - OPENING DOOR INTO ROADWAY		
4 - RAN STOP SIGN		9 - IMPROPER LANE CHANGE	99 - OTHER IMPROPER ACTION		
5 - UNSAFE SPEED		10 - IMPROPER PASSING			
6 - IMPROPER TURN		11 - DROVE OFF ROAD			
		12 - IMPROPER BACKING			
SEQUENCE OF EVENTS		13 - IMPROPER START FROM A PARKED POSITION			
1 2 0		14 - STOPPED OR PARKED ILLEGALLY			
2 3 9		15 - SWERVING TO AVOID			
3		16 - WRONG WAY			
		17 - VISION OBSTRUCTION			
		18 - OPERATING DEFECTIVE EQUIPMENT			
		19 - LOAD SHIFTING/FALLING/SPILLING			
		20 - IMPROPER CROSSING			
		21 - RAILWAY VEHICLE			
		22 - WORK ZONE MAINTENANCE EQUIPMENT			
		23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE			
		24 - OTHER MOVABLE OBJECT			
		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			
		37 - TRAFFIC SIGN POST			
		38 - OVERHEAD SIGN POST			
		39 - LIGHT / LUMINARIES SUPPORT			
		40 - UTILITY POLE			
		41 - OTHER POST, POLE OR SUPPORT			
		42 - CULVERT			
		43 - CURB			
		44 - DITCH			
		45 - EMBANKMENT			
		46 - FENCE			
		47 - MAILBOX			
		48 - TREE			
		49 - FIRE HYDRANT			
		50 - WORK ZONE MAINTENANCE EQUIPMENT			
		51 - WALL			
		52 - BUILDING			
		53 - TUNNEL			
		54 - OTHER FIXED OBJECT			
		99 - OTHER / UNKNOWN			
FIRST HARMFUL EVENT 1		MOST HARMFUL EVENT 1			

LOCAL REPORT NUMBER 2 2 0 3 6 4 6 1	
DAMAGE DAMAGE SCALE 4 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	
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 3	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 3 5	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 3 5	





# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 2 0 3 6 4 6 1

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE Hardewig, Jamie, Lynn	DATE OF BIRTH 0 2 0 9 1 9 8 8	AGE 3 4	GENDER F						
ADDRESS: STREET, CITY, STATE, ZIP 133 Cole Dr., Fairfield, OH, 45014		CONTACT PHONE - INCLUDE AREA CODE								
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 4	EJECTION 1	TRAPPED 1	
OL STATE O H	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 331.17a	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION ROW Turning Left		CITATION NUMBER 251435			
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE 1 1 .		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1	

UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Vangen, Julie, Ann	DATE OF BIRTH 0 1 0 4 1 9 6 1	AGE 6 1	GENDER F						
ADDRESS: STREET, CITY, STATE, ZIP 1096 South Branch, Harrison, OH, 45030		CONTACT PHONE - INCLUDE AREA CODE								
INJURIES 4	INJURED TAKEN BY 1	EMS AGENCY (NAME) Fairfield EMS	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 2	EJECTION 1	TRAPPED 1	
OL STATE O H	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER			
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3 0 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 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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
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	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4	

<b>INJURIES</b> 1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	<b>SEATING POSITION</b> 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	<b>AIR BAG</b> 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	<b>OL CLASS</b> 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - MIC MOPED ONLY 6 - NO VALID OL	<b>OL RESTRICTION(S)</b> 1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER	<b>DRIVER DISTRACTION</b> 1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN	<b>TEST STATUS</b> 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN
<b>INJURED TAKEN BY</b> 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN	<b>EJECTION</b> 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	<b>OL ENDORSEMENT</b> H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT	<b>TRAPPED</b> 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	<b>GENDER</b> F - FEMALE M - MALE U - OTHER / UNKNOWN	<b>CONDITION</b> 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN	<b>ALCOHOL TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER
<b>SAFETY EQUIPMENT</b> 1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	<b>DRUG TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER					<b>DRUG TEST RESULT(S)</b> 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS





# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER			
2	2	0	3
6	4	6	1
DATE OF BIRTH		AGE	GENDER
		0	
CONTACT PHONE - INCLUDE AREA CODE			
DOT-COMPLIANT MC HELMET		SEATING POSITION	AIR BAG USAGE
EJECTION		TRAPPED	

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	

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	

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	

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	

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			

EJECTION	
1 - NOT EJECTED	
2 - PARTIALLY EJECTED	
3 - TOTALLY EJECTED	
4 - NOT APPLICABLE	

TRAPPED	
1 - NOT TRAPPED	
2 - EXTRICATED BY MECHANICAL MEANS	
3 - FREED BY NON-MECHANICAL MEANS	

UNIT #		NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE		GENDER	
		James, Brian		0 2 2 1 1 9 8 1		4 1		M	
ADDRESS: STREET, CITY, STATE, ZIP									
240 Fairview Ave., Hamilton, OH, 45015									
CONTACT PHONE - INCLUDE AREA CODE									

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

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

## OHIO TRAFFIC ACCIDENT - DIAGRAM / NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER	22036461	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	5/23/22
IN COUNTY OF	Butler	ACCIDENT LOCATION	River Rd. and Nilles Rd.		

NOT TO SCALE

RIVER RD

POLE

5200

RIVER RD

NILLES RD

SOUTHGATE BLD

OFFICER'S SIGNATURE

D. Gooch

BADGE NO.

160