




# TRAFFIC CRASH REPORT

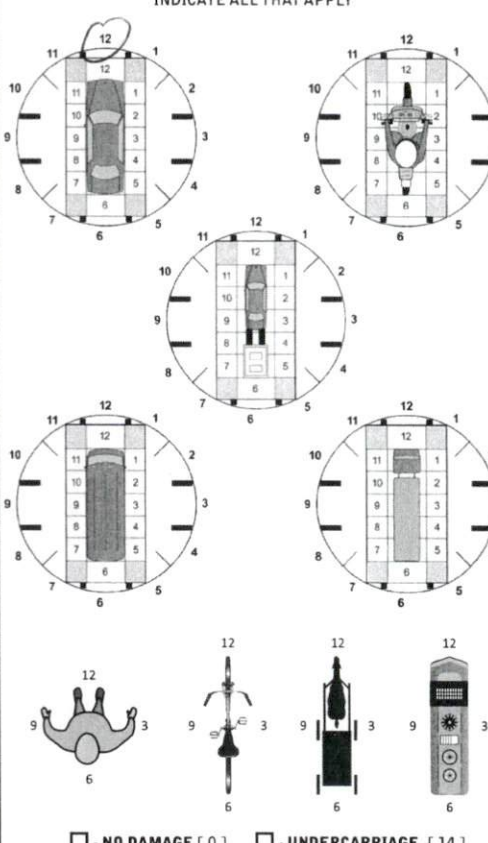
\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input checked="" type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION		2 2 0 3 9 6 2 5	
COUNTY* 09		LOCALITY* 1		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield		CRASH DATE / TIME* 06042022 0135	
ROUTE TYPE S R		ROUTE NUMBER 4		PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST		LATITUDE DECIMAL DEGREES 39.333064	
ROUTE TYPE		ROUTE NUMBER		PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST		LONGITUDE DECIMAL DEGREES -84.521921	
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE # 3		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		DISTANCE UNIT OF MEASURE 1-MILES 2- FEET 3-YARDS		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 5590		CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY	
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		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		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 WORKERS PRESENT LAW ENFORCEMENT PRESENT 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 1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-OTHER/UNKNOWN	
LIGHT CONDITION 3 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN		WEATHER 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		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	
NARRATIVE On 06-04-22 at approximately 1:35 a.m., the driver of unit 2 stated that unit 1 struck his front driver's side bumper as the other driver attempted to go around him in line. Unit 1 then left the scene.  This occurred on the private property lot of 5590 Dixie Hwy Fairfield, Ohio 45014.		 Indicate the north direction with an "N" on the compass diagram.  "See OH-2"					
CRASH REPORTED DATE / TIME 06042022 0953		DISPATCH DATE / TIME 06042022 0957		ARRIVAL DATE / TIME 06042022 1004		SCENE CLEARED DATE / TIME 06042022 1020	
TOTAL TIME ROADWAY CLOSED 30		OTHER INVESTIGATION TIME 53		OFFICER'S NAME* PO Kelly Smith		CHECKED BY OFFICER'S NAME* St. J. Sprague	
TOTAL MINUTES		OFFICER'S BADGE NUMBER* 114		CHECKED BY OFFICER'S BADGE NUMBER* 84		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 ODP)	



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 black	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 type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 01	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 03 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? 2 1-YES 2-NO 9-OTHER / UNKNOWN AUTONOMOUS MODE LEVEL 0 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 01 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 3 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE OR CROSSING SPECIFIED LOCATION 18 - APPROACHING OR LEAVING VEHICLE 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING 3 - STRIKING 04 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 02 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 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY 6 - IMPROPER TURN 12 - IMPROPER BACKING					
SEQUENCE OF EVENTS 1 2 0 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 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 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 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 55 - OTHER / UNKNOWN 49 - FIRE HYDRANT					
FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1					

LOCAL REPORT NUMBER 2 2 0 3 9 6 2 5	
DAMAGE DAMAGE SCALE 9 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 1 0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN	
TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 6 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 1	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM 1 TO 2 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 5	DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 1	



<b>OWNER</b>	UNIT # <div><div></div><div>02</div></div>		OWNER NAME: LAST, FIRST, MIDDLE ( ) SAME AS DRIVER Owens, Jasmine S.				OWNER PHONE: INCLUDE AREA CODE ( ) SAME AS DRIVER	
	OWNER ADDRESS: STREET, CITY, STATE, ZIP ( ) SAME AS DRIVER 1452 Sherwood Dr #C Fairfield, Ohio 45014							
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP						COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		

<b>VEHICLE</b>	LP STATE <div><div></div><div>OH</div></div>		LICENSE PLATE # JBR9028		VEHICLE IDENTIFICATION # JN1CV6AR5CM971932			VEHICLE YEAR <div><div></div><div>2012</div></div>		VEHICLE MAKE Infiniti		
	<input type="checkbox"/> INSURANCE VERIFIED		INSURANCE COMPANY Progressive Ins.			INSURANCE POLICY #			COLOR black		VEHICLE MODEL G37X	
	<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 type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS <div><div></div><div>01</div></div>		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		
	<div><div></div><div>01</div></div> 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)		25 - OTHER NON-MOTORIST	
	3 - SPORT UTILITY VEHICLE		9 - AUTOCYCLE		14 - SINGLE UNIT TRUCK		20 - OTHER VEHICLE		26 - BICYCLE		27 - TRAIN	
	4 - PICK UP		10 - MOPED OR MOTORIZED BICYCLE		15 - SEMI-TRACTOR		21 - HEAVY EQUIPMENT		22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE		99 - UNKNOWN OR HIT/SKIP	
	5 - CARGO VAN		11 - ALL TERRAIN VEHICLE (ATV / UTV)		16 - FARM EQUIPMENT							
	6 - VAN (9-15 SEATS)				17 - MOTORHOME							
<div><div></div><div></div></div> # of TRAILING UNITS												
<div><div></div><div>2</div></div>		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		9 - UNKNOWN		
		<div><div></div><div></div></div> AUTONOMOUS MODE LEVEL										
<div><div></div><div>01</div></div> SPECIAL FUNCTION		1 - NONE		6 - BUS - CHARTER/TOUR		11 - FIRE		16 - FARM		21 - MAIL CARRIER		
2 - TAXI		7 - BUS - INTERCITY		12 - MILITARY		17 - MOWING		18 - SNOW REMOVAL		99 - OTHER / UNKNOWN		
3 - ELECTRONIC RIDE SHARING		8 - BUS - SHUTTLE		13 - POLICE		14 - PUBLIC UTILITY		19 - TOWING				
4 - SCHOOL TRANSPORT		9 - BUS - OTHER		15 - CONSTRUCTION EQUIPMENT		20 - SAFETY SERVICE PATROL						
5 - BUS - TRANSIT/COMMUTER		10 - AMBULANCE										
<div><div></div><div>01</div></div> 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		10 - FLAT BED		13 - AUTO TRANSPORTER		
				7 - GRAIN/CHIPS/GRAVEL		11 - DUMP				14 - GARBAGE/REFUSE		
										99 - OTHER / UNKNOWN		
<div><div></div><div></div></div> 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										
<div><div></div><div></div></div> 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		5 - TRAVEL LANE - OTHER LOCATION		7 - SHOULDER / ROADSIDE		10 - DRIVEWAY ACCESS		99 - OTHER / UNKNOWN		
						8 - SIDEWALK		11 - SHARED USE PATHS OR TRAILS				
<div><div></div><div>4</div></div> 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		2 - BACKING		8 - ENTERING TRAFFIC LANE		14 - ENTERING OR CROSSING SPECIFIED LOCATION		19 - STANDING		
3 - STRIKING		<div><div></div><div>11</div></div> PRE-CRASH ACTIONS		3 - CHANGING LANES		9 - LEAVING TRAFFIC LANE		15 - WALKING, RUNNING, JOGGING, PLAYING		20 - OTHER NON-MOTORIST		
4 - STRUCK		4 - OVERTAKING/PASSING		4 - OVERTAKING/PASSING		10 - PARKED		16 - WORKING		21 - STANDING OUTSIDE DISABLED VEHICLE		
5 - BOTH STRIKING & STRUCK		5 - MAKING RIGHT TURN		5 - MAKING RIGHT TURN		11 - SLOWING OR STOPPED IN TRAFFIC		17 - PUSHING VEHICLE		99 - OTHER / UNKNOWN		
9 - OTHER / UNKNOWN		6 - MAKING LEFT TURN		6 - MAKING LEFT TURN		12 - DRIVERLESS						
<div><div></div><div>01</div></div> 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		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		9 - IMPROPER LANE CHANGE		15 - SWERVING TO AVOID		19 - LOAD SHIFTING/FALLING/ SPILLING		23 - OPENING		

<b>LOCAL REPORT NUMBER</b> <div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; width: 100%;"> <span>2</span><span>2</span><span>0</span><span>3</span><span>9</span><span>6</span><span>2</span><span>5</span> </div>	
<b>DAMAGE</b> <b>DAMAGE SCALE</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 - NONE  <div style="border-bottom: 1px solid black; width: 50px; margin-top: 5px;">3</div> 2 - MINOR DAMAGE </div> <div style="width: 45%;"> 3 - FUNCTIONAL DAMAGE  4 - DISABLING DAMAGE  9 - UNKNOWN </div> </div>	
<b>DAMAGED AREA(S)</b> INDICATE ALL THAT APPLY	
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> - NO DAMAGE [ 0 ] </div> <div style="text-align: center;"> <input type="checkbox"/> - UNDERCARRIAGE [ 14 ] </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> <input type="checkbox"/> - TOP [ 13 ] </div> <div style="text-align: center;"> <input type="checkbox"/> - ALL AREAS [ 15 ] </div> </div> <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ] </div>	
<b>INITIAL POINT OF CONTACT</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 0 - NO DAMAGE  <div style="border-bottom: 1px solid black; width: 50px; margin-top: 5px;">1, 2</div> 12 - REFER TO UNIT DIAGRAM  13 - TOP </div> <div style="width: 45%;"> 14 - UNDERCARRIAGE  15 - VEHICLE NOT AT SCENE  99 - UNKNOWN </div> </div>	
<b>TRAFFIC</b>	
<b>TRAFFICWAY FLOW</b> 1 - ONE-WAY <div style="border-bottom: 1px solid black; width: 50px; margin-top: 5px;">2</div> 2 - TWO-WAY	<b>TRAFFIC CONTROL</b> 1 - ROUNDABOUT <div style="border-bottom: 1px solid black; width: 50px; margin-top: 5px;">6</div> 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
<b># OF THROUGH LANES ON ROAD</b> <div style="border-bottom: 1px solid black; width: 50px; margin-top: 5px;"></div>	<b>RAIL GRADE CROSSING</b> 1 - NOT INVOLVED <div style="border-bottom: 1px solid black; width: 50px; margin-top: 5px;">1</div> 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
<b>UNIT / NON-MOTORIST DIRECTION</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> FROM <div style="border-bottom: 1px solid black; width: 50px; margin-top: 5px;">1</div> TO <div style="border-bottom: 1px solid black; width: 50px; margin-top: 5px;">2</div> </div> <div style="width: 45%;"> 1 - NORTH  2 - SOUTH  3 - EAST  4 - WEST  5 - NORTHEAST  6 - NORTHWEST  7 - SOUTHEAST  8 - SOUTHWEST  9 - OTHER / UNKNOWN </div> </div>	
<b>UNIT SPEED</b> <div style="border-bottom: 1px solid black; width: 100px; margin-top: 5px;">0</div>	<b>DETECTED SPEED</b> 1 - STATED / ESTIMATED SPEED <div style="border-bottom: 1px solid black; width: 50px; margin-top: 5px;">1</div> 2 - CALCULATED / EDR 3 - UNDETERMINED
<b>POSTED SPEED</b> <div style="border-bottom: 1px solid black; width: 100px; margin-top: 5px;"></div>	





# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 2 0 3 9 6 2 5

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE 0	GENDER F				
ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE							
INJURIES 5	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 Allen, Karrel Andrew		DATE OF BIRTH 1 0 2 4 1 9 8 9		AGE 3 2	GENDER M				
ADDRESS: STREET, CITY, STATE, ZIP 1452 Sherwood Dr. #C Fairfield, Ohio 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 1	EJECTION 1	TRAPPED 1	
OL STATE OH	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 9	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 - M/C 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>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>DRUG TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - 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>TRAPPED</b> 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	<b>DRUG TEST RESULT(S)</b> 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS				

LOCAL REPORT NUMBER <b>22-039625</b>	REPORTING AGENCY <b>Fairfield Police Department</b>	DATE OF ACCIDENT <b>06-04-22</b>
IN COUNTY OF <b>Butler</b>	ACCIDENT LOCATION <b>5590 Dixie Hwy</b>	

5590  
SR4 (Dixie Hwy.)

2  
1

5590 Dixie Hwy.  
(white Castle)

NOT TO  
SCALE

OFFICER'S SIGNATURE <b>PO Kelly Smith</b>	BADGE NO <b>114</b>
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