



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN		<input type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION		LOCAL REPORT NUMBER*				
<input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR	
				Fairfield Police Department		0,0,9,0,1	1 - SOLVED	0,2	0,1 98 - ANIMAL 0,1 99 - UNKNOWN	
							12 - UNSOLVED			
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*						CRASH DATE / TIME*		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY
0,9	1 2 - VILLAGE 3 - TOWNSHIP	City of Fairfield						0,6,0,9,2,0,2,2,1,3,2,5	13,2,5	
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DECIMAL DEGREES			
	S R	4		Dixie		H W	3,9,3,0,3,3,6,7			
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)		ROAD TYPE	LONGITUDE DECIMAL DEGREES			
				7350			-8,4,4,8,5,7,8,6			
REFERENCE POINT	DIRECTION FROM REFERENCE		ROUTE TYPE		ROAD TYPE	INTERSECTION RELATED				
3 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		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	<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH	<input type="checkbox"/> WITHIN INTERCHANGE AREA	NUMBER OF APPROACHES
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE							ROADWAY		
	1 - MILES 2 - FEET 3 - YARDS							<input type="checkbox"/> ROADWAY DIVIDED		
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT			DIRECTION OF TRAVEL	MEDIAN TYPE		
0,1 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			1 - NOT COLLISION 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	7	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	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	WORK ZONE TYPE			LOCATION OF CRASH IN WORK ZONE			CONTOUR	CONDITIONS	SURFACE	
<input type="checkbox"/> WORKERS PRESENT	1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER			1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	1	1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	1	2	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN	
<input type="checkbox"/> LAW ENFORCEMENT PRESENT										
<input type="checkbox"/> ACTIVE SCHOOL ZONE										
LIGHT CONDITION			WEATHER							
1 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	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	0,1	1 - OTHER/UNKNOWN				
NARRATIVE										
On 06/09/2022 at about 1:25 P.M. Unit 1 was traveling southbound in the right lane of Dixie Hwy, when it failed to yield while changing lanes, and in so doing, collided with Unit 2 which was traveling southbound in the left lane of Dixie Hwy.										Indicate the north direction with an "N" on the compass diagram.
SEE OH-2										
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY		
0,6,0,9,2,0,2,2,1,3,2,6		0,6,0,9,2,0,2,2,1,3,3,2		0,6,0,9,2,0,2,2,1,3,3,8		0,6,0,9,2,0,2,2,1,4,0,3		<input checked="" type="checkbox"/> POLICE AGENCY		
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		<input type="checkbox"/> MOTORIST		
						C. Singleton		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODDS)		
						OFFICER'S BADGE NUMBER*				
						8 9		8 4		
										PAGE 1 OF 6

OWNER

UNIT # 0 1 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

LP STATE O H LICENSE PLATE # JSE1855 VEHICLE IDENTIFICATION # 1F7D17616VNA06525 VEHICLE YEAR 1997 VEHICLE MAKE Ford

INSURANCE VERIFIED INSURANCE COMPANY Safeco INSURANCE POLICY # K3914285 COLOR Green VEHICLE MODEL F150

TYPE OF USE COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE US DOT # TOWED BY: COMPANY NAME

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS 0 2 VEHICLE WEIGHT GVWR/GCWR HAZARDOUS MATERIAL MATERIAL RELEASED CLASS # PLACARD ID #

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 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 27 - TRAIN
6 - VAN (9-15 SEATS) 17 - MOTORHOME 23 - ANIMAL DRAWN VEHICLE 99 - UNKNOWN OR HIT/SKIP

UNIT TYPE 0 4 # OF TRAILING UNITS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 2 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 0 1 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 0 1 1 - NO CARGO BODY TYPE 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER 8 - POLE 12 - CONCRETE MIXER
/ NOT APPLICABLE MOTOR VEHICLE 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER
2 - BUS 7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE
11 - DUMP 99 - OTHER/UNKNOWN

VEHICLE DEFECTS 0 1 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER/UNKNOWN
2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT 10 - DISABLED FROM PRIOR
3 - TAIL LAMPS 6 - TIRE BLOWOUT DEFECTIVE ACCIDENT

NON-MOTORIST LOCATION AT IMPACT 0 1 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER
2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS AT INCIDENT SCENE
5 - TRAVEL LANE - OTHER LOCATION 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR 99 - OTHER/UNKNOWN
TRAILS

ACTION 0 3 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING
2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING 19 - STANDING
3 - STRIKING 0 3 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE SPECIFIED LOCATION 15 - WALKING, RUNNING,
4 - STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 20 - OTHER NON-MOTORIST
5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 21 - STANDING OUTSIDE
6 - MAKING LEFT TURN 6 - MAKING LEFT TURN 12 - DRIVERLESS DISABLED VEHICLE
9 - OTHER/UNKNOWN 17 - PUSHING VEHICLE 99 - OTHER/UNKNOWN

CONTRIBUTING CIRCUMSTANCES 0 9 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY
2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / AHEAD 14 - PARKED POSITION 18 - OPERATING DEFECTIVE 22 - NOT DISCERNIBLE
3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 14 - STOPPED OR PARKED EQUIPMENT 23 - OPENING DOOR INTO
4 - RAN STOP SIGN 10 - IMPROPER PASSING 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/ 20 - IMPROPER CROSSING
5 - UNSAFE SPEED 11 - DROVE OFF ROAD 16 - WRONG WAY SPILLING 99 - OTHER IMPROPER ACTION
6 - IMPROPER TURN 12 - IMPROPER BACKING

SEQUENCE OF EVENTS 0 1

1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE
2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - OPPOSITE DIRECTION OF 17 - ANIMAL - FARM EQUIPMENT
3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER
4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER
5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN
11 - CARGO / EQUIPMENT LOSS OR SHIFT 16 - RAILWAY VEHICLE 21 - PARKED MOTOR VEHICLE
22 - WORK ZONE MAINTENANCE EQUIPMENT
23 - STRUCK BY FALLING, SHIFTING CARGO OR
ANYTHING SET IN MOTION
BY A MOTOR VEHICLE
24 - OTHER MOBILE OBJECT

COLLISION WITH FIXED OBJECT - STRUCK 0 1 25 - IMPACT ATTENUATOR 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE
/ CRASH CUSHION 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH EQUIPMENT
26 - BRIDGE OVERHEAD STRUCTURE 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES 45 - EMBANKMENT 51 - WALL
34 - MEDIAN GUARDRAIL SUPPORT 46 - FENCE 52 - BUILDING
27 - BRIDGE PIER OR ABUTMENT BARRIER 40 - UTILITY POLE 47 - MAILBOX 53 - TUNNEL
28 - BRIDGE PARAPET 35 - MEDIAN CONCRETE 41 - OTHER POST, POLE 48 - TREE 54 - OTHER FIXED OBJECT
29 - BRIDGE RAIL BARRIER OR SUPPORT 42 - CULVERT 49 - FIRE HYDRANT 99 - OTHER/ UNKNOWN

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

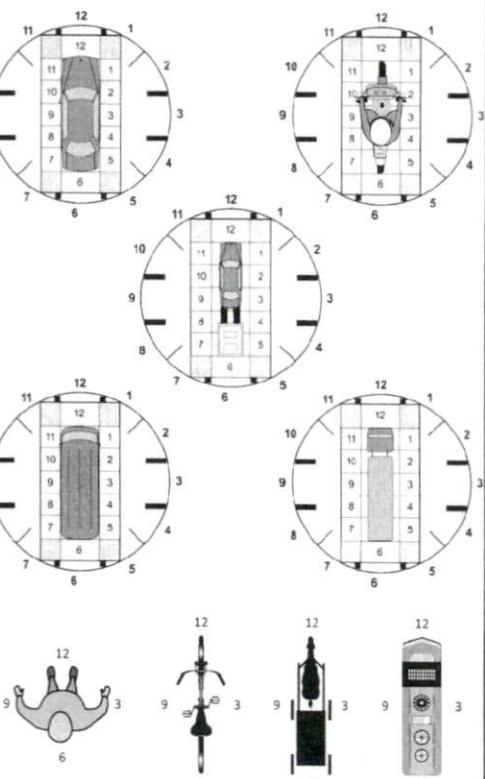
LOCAL REPORT NUMBER
2 2 0 4 0 8 2 5

DAMAGE

DAMAGE SCALE

1 - NONE 3 - FUNCTIONAL DAMAGE
2 - MINOR DAMAGE 4 - DISABLING DAMAGE
9 - UNKNOWN

DAMAGED AREA(S)
INDICATE ALL THAT APPLY



- NO DAMAGE [0] - UNDERCARRIAGE [14]

- TOP [13] - ALL AREAS [15]

- 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
99 - UNKNOWN
13 - TOP

TRAFFIC

TRAFFICWAY FLOW 2 TRAFFIC CONTROL 6
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 5 RAIL GRADE CROSSING 1
1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING
2 - INVOLVED-PASSIVE CROSSING
3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION 2
1 - NORTH 5 - NORTHEAST
2 - SOUTH 6 - NORTHEAST
3 - EAST 7 - SOUTHEAST
4 - WEST 8 - SOUTHWEST
9 - OTHER/ UNKNOWN

FROM 1 TO 2 UNIT SPEED 4 0 DETECTED SPEED 1
1 - STATED / ESTIMATED SPEED
2 - CALCULATED / EDR
3 - UNDETERMINED

POSTED SPEED 4 0

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER)
0 2		

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
0 H	JCC8381	3C14NJCB14JT193776	2018	Jeep
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	Progressive	905381261	Blue	Compass

TYPE OF USE
 COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

US DOT #

TOWED BY: COMPANY NAME

INTERLOCK EQUIPPED HIT/SKIP UNIT

#OCCUPANTS
0 1

VEHICLE WEIGHT GVWR/GCWR
1 - <10K LBS.
2 - 10,001 - 26K LBS.
3 - >26K LBS.

HAZARDOUS MATERIAL
 MATERIAL RELEASED
 PLACARD

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	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE
5 - CARGO VAN	BICYCLE	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR	27 - TRAIN
6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	ANIMAL-DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP

OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN
2	1 - YES 2 - NO 9 - OTHER/UNKNOWN	1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION
		2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION

1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM	21 - MAIL CARRIER
0, 1	2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	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/COMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL

1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER
0, 1	2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	9 - CARGOTANK
			7 - GRAIN/CHIPS/GRAVEL	13 - AUTOTRPORTER
				10 - FLAT BED
				14 - GARBAGE/REFUSE
				11 - DUMP
				99 - OTHER / UNKNOWN

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			

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	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	
		8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	99 - OTHER / UNKNOWN
		5 - TRAVEL LANE - OTHER LOCATION		

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
0, 1	3 - STRIKING	9 - LEAVING TRAFFIC LANE	15 - WALKING, RUNNING, JOGGING, PLAYING	20 - OTHER NON-MOTORIST
	4 - STRUCK PRE-CRASH ACTIONS	10 - PARKED	16 - WORKING	21 - STANDING OUTSIDE DISABLED VEHICLE
	5 - BOTH STRIKING & STRUCK	11 - SLOWING OR STOPPED IN TRAFFIC	17 - PUSHING VEHICLE	99 - OTHER / UNKNOWN
	9 - OTHER / UNKNOWN	12 - DRIVERLESS		

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
0, 1	3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	19 - LOAD SHIFTING/FALLING/SPILLING	23 - OPENING DOOR INTO ROADWAY
	4 - RAN STOP SIGN	10 - IMPROPER PASSING	15 - SWERVING TO AVOID	99 - OTHER IMPROPER ACTION
	5 - UNSAFE SPEED	11 - DROVE OFF ROAD	16 - WRONG WAY	20 - IMPROPER CROSSING
	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	17 - ANIMAL - FARM	18 - ANIMAL - DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	12 - DOWNHILL RUNAWAY	19 - ANIMAL - OTHER	BY A MOTOR VEHICLE
2, 1	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	13 - OTHER NON-COLLISION	20 - MOTOR VEHICLE IN TRANSPORT	24 - OTHER MOBILE OBJECT
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	14 - PEDESTRIAN	21 - PARKED MOTOR VEHICLE	
3, 1			15 - PEDALCYCLE		

4, 1	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
5, 1	27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES	45 - EMBANKMENT	52 - FENCE
	28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL	40 - SUPPORT	46 - FENCE	53 - TUNNEL
6, 1	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

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

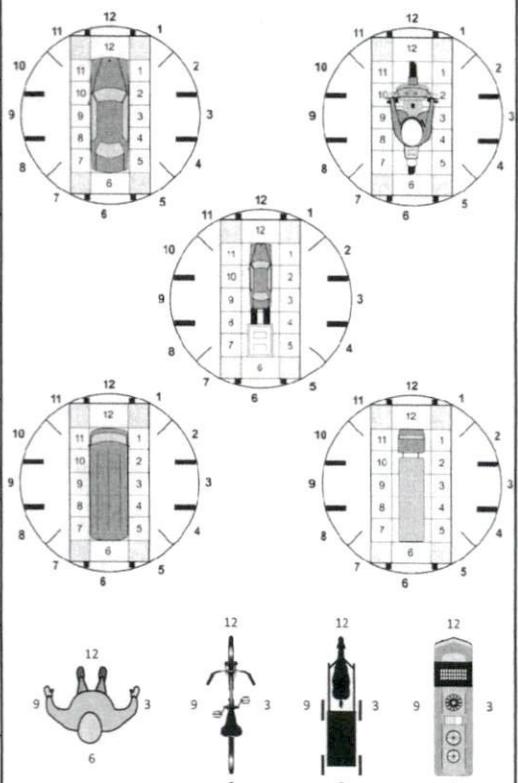
LOCAL REPORT NUMBER
2 2 0 4 0 8 2 5

DAMAGE

DAMAGE SCALE

3	1 - NONE	3 - FUNCTIONAL DAMAGE
	2 - MINOR DAMAGE	4 - DISABLING DAMAGE
	9 - UNKNOWN	

DAMAGED AREA(S)
INDICATE ALL THAT APPLY



INITIAL POINT OF CONTACT

0, 3	0 - NO DAMAGE	14 - UNDERCARRIAGE
	1-12 - REFER TO UNIT DIAGRAM	15 - VEHICLE NOT AT SCENE
	99 - UNKNOWN	
	13 - TOP	

TRAFFIC

2	TRAFFIC WAY FLOW 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
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5	# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
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1	UNIT / NON-MOTORIST DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
2	FROM 1 TO 2

4, 0	UNIT SPEED	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
4, 0	POSTED SPEED	

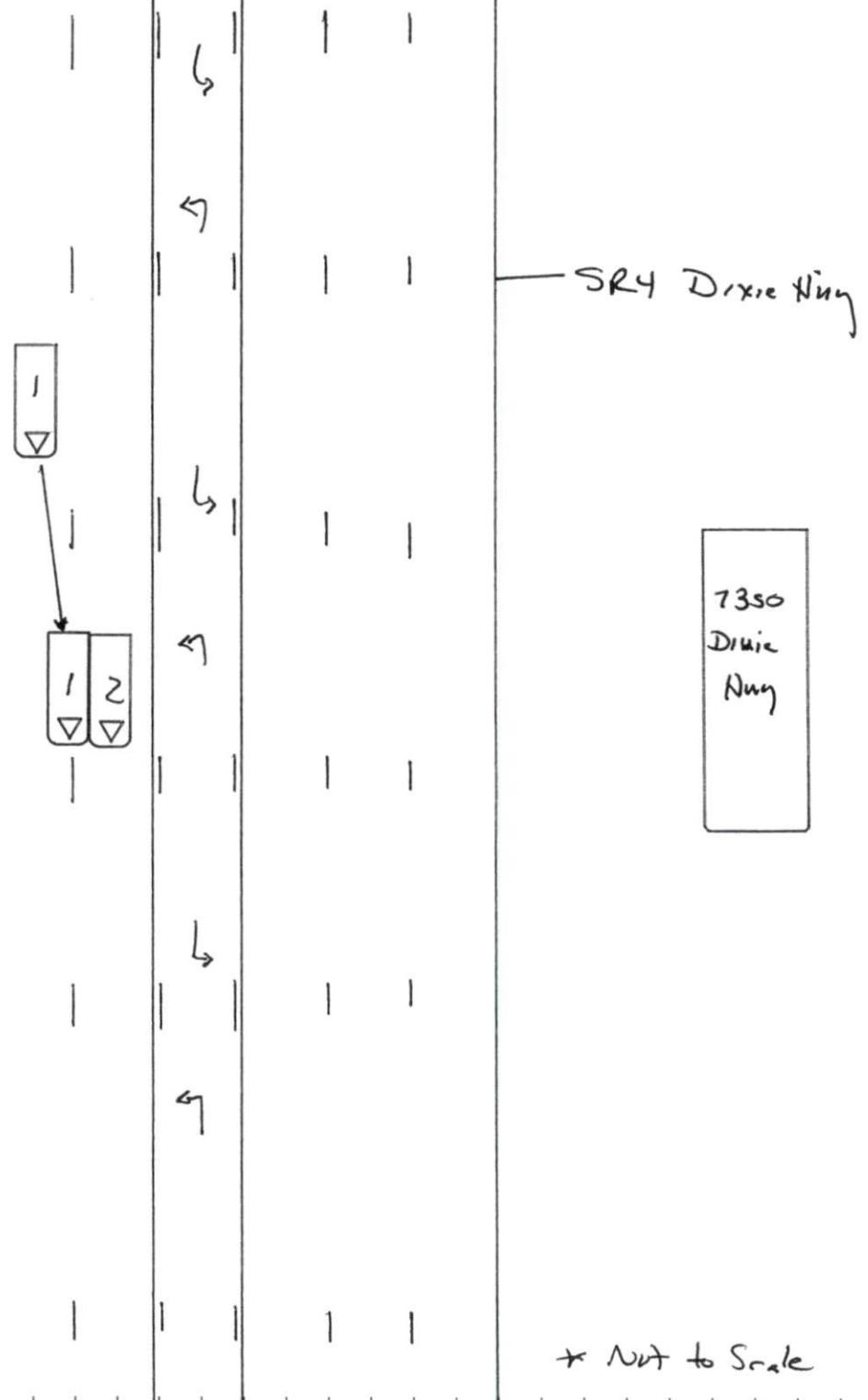
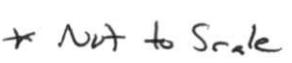


MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	LOCAL REPORT NUMBER													
	2 2 0 4 0 8 2 5	DATE OF BIRTH				AGE	GENDER							
	0 1	Garcia, Christopher				0 6 2 1 1 9 9 7	2 4	M						
	ADDRESS: STREET, CITY, STATE, ZIP 9977 Thoroughbred Ln. Cincinnati, Ohio 45231													
	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	AIR BAG USAGE	EJECTION	TRAPPED	
	DL STATE O H	OPERATOR LICENSE NUMBER			OFFENSE CHARGED 331.08A1		LOCAL CODE	<input checked="" type="checkbox"/>	OFFENSE DESCRIPTION Marked Lanes			CITATION NUMBER 251357		
	DL CLASS 4	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	1	<input type="checkbox"/> ALCOHOL TEST STATUS 1 TYPE 1 VALUE .	<input type="checkbox"/> DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4			
	UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Beatty, Teresa										DATE OF BIRTH 1 1 2 4 1 9 6 7	AGE 5 4	GENDER F
	ADDRESS: STREET, CITY, STATE, ZIP 4055 Freeman Ave. Hamilton, Ohio 45015										CONTACT PHONE - INCLUDE AREA CODE			
MOTORIST / NON-MOTORIST	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	AIR BAG USAGE	EJECTION	TRAPPED	
	DL STATE O H	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	<input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER		
	DL CLASS 4	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	1	<input type="checkbox"/> ALCOHOL TEST STATUS 1 TYPE 1 VALUE .	<input type="checkbox"/> DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4			
	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		
	DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER			
	MOTORIST / NON-MOTORIST	DL 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	<input type="checkbox"/> ALCOHOL TEST STATUS 1 TYPE 1 VALUE .	<input type="checkbox"/> DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4			
		INJURIES	SEATING POSITION	AIR BAG	DL CLASS	DL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS						
1-FATAL		1-FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1-NOT DEPLOYED	1-CLASS A	1-ALCOHOL INTERLOCK DEVICE	1-NOT DISTRACTED	1-NONE GIVEN							
2-SUSPECTED SERIOUS INJURY		2-FRONT - MIDDLE	2-DEPLOYED FRONT	2-CLASS B	2-CDL INTRASTATE ONLY	2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2-TEST REFUSED							
3-SUSPECTED MINOR INJURY		3-FRONT - RIGHT SIDE	3-DEPLOYED SIDE	3-CLASS C	3-CORRECTIVE LENSES	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE								
4-POSSIBLE INJURY		4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4-DEPLOYED BOTH FRONT / SIDE	4-REGULAR CLASS (OHIO = D)	4-FARM WAIVER	4-TEST GIVEN, RESULTS KNOWN								
5-NO APPARENT INJURY		5-SECOND - MIDDLE	5-NOT APPLICABLE	5-M/C MOPED ONLY	5-EXCEPT CLASS A BUS	5-TEST GIVEN, RESULTS UNKNOWN								
6-SECOND - RIGHT SIDE		6-SECOND - RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-NO VALID DL	6-EXCEPT CLASS A & CLASS B BUS									
7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		7-THIRD - MIDDLE	7-THIRD - RIGHT SIDE	7-NO VALID DL	7-EXCEPT TRACTOR-TRAILER									
8-EMS	8-THIRD - MIDDLE	8-THIRD - RIGHT SIDE	8-NO VALID DL	8-INTERMEDIATE LICENSE RESTRICTIONS	8-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE									
9-POLICE	9-THIRD - MIDDLE	9-THIRD - RIGHT SIDE	9-NO VALID DL	9-LEARNER'S PERMIT RESTRICTIONS	9-PASSENGER									
9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB	10-NO VALID DL	10-NO VALID DL	10-LIMITED TO DAYLIGHT ONLY	10-OTHER DISTRACTION INSIDE THE VEHICLE									
INJURED TAKEN BY	EJECTION	DL ENDORSEMENT	DRIVER DISTRACTION	TEST STATUS										
1-NOT TRANSPORTED /TREATED AT SCENE	1-NOT EJECTED	H-HAZMAT	1-NOT DISTRACTED	1-NONE GIVEN										
2-EMS	2-PARTIALLY EJECTED	M-MOTORCYCLE	2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2-TEST REFUSED										
3-POLICE	3-TOTALLY EJECTED	P-PASSENGER	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE											
9-OTHER / UNKNOWN	4-NOT APPLICABLE	N-TANKER	4-TEST GIVEN, RESULTS KNOWN											
SAFETY EQUIPMENT	TRAPPED	Q-MOTOR SCOOTER	5-TEST GIVEN, RESULTS UNKNOWN											
1-NONE USED	1-NOT TRAPPED	R-THREE-WHEEL MOTORCYCLE	5-TEST GIVEN, RESULTS UNKNOWN											
2-SHOULDER BELT ONLY USED	2-EXTRICATED BY MECHANICAL MEANS	S-SCHOOL BUS	6-BLOOD											
3-LAP BELT ONLY USED	3-FREED BY NON-MECHANICAL MEANS	T-T-DOUBLE & TRIPLE TRAILERS	7-URINE											
4-SHOULDER & LAP BELT USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	X-TANKER / HAZMAT	8-BREATH											
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	15-NO MOTORIST	14-MILITARY VEHICLES ONLY	5-OTHER											
6-CHILD RESTRAINT SYSTEM - REAR FACING	99-OTHER / UNKNOWN	15-MOTOR VEHICLES WITHOUT AIR BRAKES	DRUG TEST TYPE											
7-BOOSTER SEAT	16-OUTSIDE MIRROR	16-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	1-NONE											
8-HELMET USED	17-PROSTHETIC AID	17-ILLNESS	2-BLOOD											
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	18-OTHER	18-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	3-URINE											
10-REFLECTIVE CLOTHING		9-OTHER / UNKNOWN	4-OTHER											
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY			DRUG TEST RESULT(S)											
99-OTHER / UNKNOWN			1-AMPHETAMINES											

OCCUPANT / WITNESS ADDENDUM

OCCUPANT	LOCAL REPORT NUMBER 2 2 0 4 0 8 2 5										
	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER			
1	Kang, Kexin			0 8 2 4	1 9 9 7	2 4	F				
ADDRESS: STREET, CITY, STATE, ZIP 9977 Thoroughbred Ln. Cincinnati, Ohio 45231											
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET 0 3 1 1 1						
5				0 4							
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER			
					0						
ADDRESS: STREET, CITY, STATE, ZIP											
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET 0 3 1 1 1						
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER			
					0						
ADDRESS: STREET, CITY, STATE, ZIP											
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET 0 3 1 1 1						
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER			
					0						
ADDRESS: STREET, CITY, STATE, ZIP											
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET 0 3 1 1 1						
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER			
					0						
ADDRESS: STREET, CITY, STATE, ZIP											
INJURIES			SAFETY EQUIPMENT USED		SEATING POSITION			AIR BAG USAGE			
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY			1 - NONE USED - VEHICLE OCCUPANT 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		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			1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN			
INJURED TAKEN BY			1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		7 - 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			1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE			
GENDER			F - FEMALE M - MALE U - 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			1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 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						
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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	22-040825	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	7350 Dixie Hwy	6/9/22
				
				
		OFFICER'S SIGNATURE	C. Singleton	
			BADGE NO	89