



## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

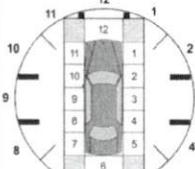
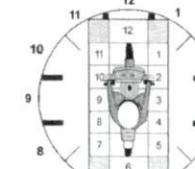
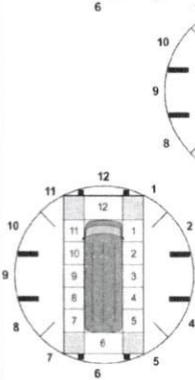
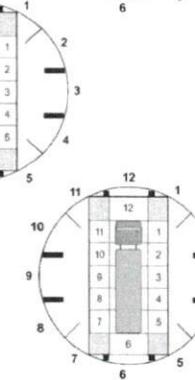
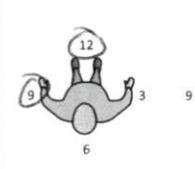
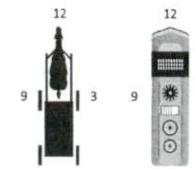
LOCAL INFORMATION				LOCAL REPORT NUMBER*				
<input checked="" type="checkbox"/> PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		REPORTING AGENCY NAME* Fairfield Police Department		NCIC*	HIT/SKIP 2 1-SOLVED 2 2-UNSOLVED	NUMBER OF UNITS 0 0 9 0 1 0 2		
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*			CRASH DATE / TIME* 0 6 0 9 2 0 2 2 2 0 0 3			
0 9	1 - CITY 2 - VILLAGE 3 - TOWNSHIP	City of Fairfield			CRASH SEVERITY 3			
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME RIVER	ROAD TYPE R D	LATITUDE DECIMAL DEGREES 3 9 0 3 3 4 0 5 5		
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 6210	ROAD TYPE	LONGITUDE DECIMAL DEGREES - 8 4 0 5 9 5 4 0 8		
REFERENCE POINT	DIRECTION FROM REFERENCE 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA    NUMBER OF APPROACHES			
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS	ROUTE TYPE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	ROADWAY <input type="checkbox"/> ROADWAY DIVIDED				
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 0 1 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			MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION 2 - TWO MOTOR VEHICLES IN TRANSPORT 3 - REAR-END 4 - HEAD-ON 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 (24 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		WEATHER 0 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	9 - OTHER/UNKNOWN	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 June 09, 2022 at approximately 8:03 P.M., Unit 1 was walking across River Road and when in front of 6210 River Road, he was struck by Unit 2, which was traveling northbound at the same location. Unit 2 left the scene of the accident without leaving identifying information or contacting law enforcement.								
SEE OH-2								
CRASH REPORTED DATE / TIME 0 6 0 9 2 0 2 2 2 0 0 3				DISPATCH DATE / TIME 0 6 0 9 2 0 2 2 2 0 0 4		ARRIVAL DATE / TIME 0 6 0 9 2 0 2 2 2 0 0 7	SCENE CLEARED DATE / TIME 0 6 0 9 2 0 2 2 2 0 2 7	REPORT TAKEN BY
TOTAL TIME ROADWAY CLOSED 2 0		OTHER INVESTIGATION TIME 0		TOTAL MINUTES 2 3		OFFICER'S NAME* J. TAYLOR	CHECKED BY OFFICER'S NAME* J. Sons	<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP)
						OFFICER'S BADGE NUMBER* 1 5 7	CHECKED BY OFFICER'S BADGE NUMBER* 1 5 0	



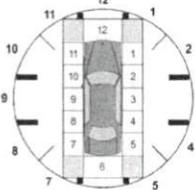
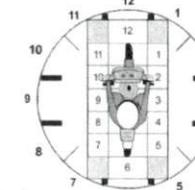
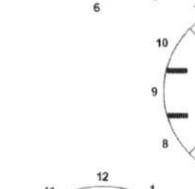
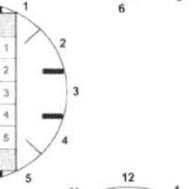
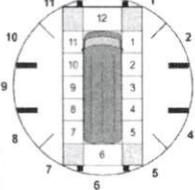
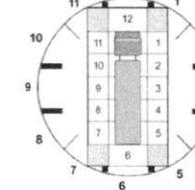
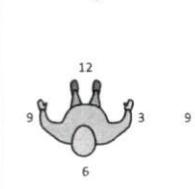
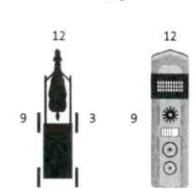
Indicate the north direction with an "N" on the compass diagram.

OWNER

UNIT # <u>01</u>	OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> SAME AS DRIVER	OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER				
OWNER ADDRESS: STREET, CITY, STATE, ZIP <input type="checkbox"/> SAME AS DRIVER						
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE				
LP STATE <input type="checkbox"/>	LICENSE PLATE # <input type="checkbox"/>	VEHICLE IDENTIFICATION # <input type="checkbox"/>	VEHICLE YEAR <input type="checkbox"/>	VEHICLE MAKE <input type="checkbox"/>		
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <input type="checkbox"/>	INSURANCE POLICY # <input type="checkbox"/>	COLOR <input type="checkbox"/>	VEHICLE MODEL <input type="checkbox"/>		
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT # <input type="checkbox"/>	TOWED BY: COMPANY NAME <input type="checkbox"/>			
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <input type="checkbox"/>		# OCCUPANTS <input type="checkbox"/>	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. <input type="checkbox"/>	HAZARDOUS MATERIAL MATERIAL RELEASED <input type="checkbox"/> PLACARD <input type="checkbox"/> CLASS # <input type="checkbox"/> PLACARD ID # <input type="checkbox"/>		
UNIT TYPE <u>2 3</u> 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL-TERRAIN VEHICLE (ATV / UTV)	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	
# OF TRAILING UNITS <input type="checkbox"/>						
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>1</u> - YES <u>2</u> - NO <u>9</u> - OTHER / UNKNOWN		AUTONOMOUS MODE LEVEL <input type="checkbox"/>	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN	
SPECIAL FUNCTION <u>4</u> - SCHOOL TRANSPORT 5 - BUS - TRANSIT / COMMUTER		1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING	6 - BUS - CHARTER / TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	
CARGO BODY TYPE <input type="checkbox"/>		1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN / ENCLOSED BOX 7 - GRAIN / CHIPS / GRAVEL	8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE / REFUSE 99 - OTHER / UNKNOWN
VEHICLE DEFECTS <input type="checkbox"/>		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 <u>05</u> 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	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN	
ACTION <u>04</u> 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - PRE-CRASH 5 - BOTH STRIKING & STRUCK 6 - MAKING LEFT TURN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING / PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - 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	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN
CONTRIBUTING CIRCUMSTANCES <u>20</u> 1 - RAN RED LIGHT 2 - FAILURE TO YIELD 3 - RAN STOP SIGN 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	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING / FALLING / SPILLING 20 - IMPROPER CROSSING	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION	
SEQUENCE OF EVENTS <input type="checkbox"/>		1 - OVERTURN / ROLLOVER 2 - FIRE / EXPLOSION 3 - IMMERSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	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	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 <u>4</u> 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 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 <u>1</u>		MOST HARMFUL EVENT <u>1</u>				

LOCAL REPORT NUMBER <u>2 2 0 4 0 9 0 7</u>	
DAMAGE DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
     	
<input type="checkbox"/> - NO DAMAGE <u>0</u> <input type="checkbox"/> - UNDERCARRIAGE <u>14</u> <input type="checkbox"/> - TOP <u>13</u> <input type="checkbox"/> - ALL AREAS <u>15</u> <input type="checkbox"/> - UNIT NOT AT SCENE <u>16</u>	
INITIAL POINT OF CONTACT 0 - NO DAMAGE 1 - REFER TO UNIT DIAGRAM 12 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC TRAFFIC WAY FLOW <u>2</u> - ONE-WAY 2 - TWO-WAY	
TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL	
# OF THROUGH LANES ON ROAD <u>2</u>	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM <u>3</u> TO <u>4</u> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED <input type="checkbox"/>	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / FDR 3 - UNDETERMINED
POSTED SPEED <u>2</u> <u>5</u>	

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER)
OWNER ADDRESS: STREET, CITY, STATE, ZIP <input type="checkbox"/> SAME AS DRIVER)			
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR RED
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input checked="" type="checkbox"/> HIT/SKIP UNIT		# OCCUPANTS 0 1	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.
UNIT TYPE 0 1 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		HAZARDOUS MATERIAL MATERIAL RELEASED <input type="checkbox"/> PLACARD <input type="checkbox"/> PLACARD ID #	
1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	
1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 99 - UNKNOWN OR HIT/SKIP	
1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP	
# OF TRAILING UNITS 0		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 - YES 1 - NO 0 - OTHER / UNKNOWN	
SPECIAL FUNCTION 9 9 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER		AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	
CARGO BODY TYPE 0 1 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS		1 - NONE 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	
VEHICLE DEFECTS 0 1 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING	
NON-MOTORIST LOCATION AT IMPACT 0 1 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	
ACTION 0 3 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN		1 - INTERSECTION - OTHER 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	
CONTRIBUTING CIRCUMSTANCES 0 1 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN		6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 22 - LIVING IN ROADWAY 23 - NOT DISCERNIBLE 24 - OPENING DOOR INTO ROADWAY 25 - LOAD SHIFTING/FALLING/SPILLING 26 - OTHER IMPROPER ACTION	
SEQUENCE OF EVENTS 1 4 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION		1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVING REVERSE 13 - NECESSITATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 22 - LIVING IN ROADWAY 23 - NOT DISCERNIBLE 24 - OPENING DOOR INTO ROADWAY 25 - LOAD SHIFTING/FALLING/SPILLING 26 - OTHER IMPROPER ACTION	
4 1 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE		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 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT	
5 1 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 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	
6 1 1 - FIRST HARMFUL EVENT		1 - MOST HARMFUL EVENT	

LOCAL REPORT NUMBER 2 2 0 4 0 9 0 7	
DAMAGE DAMAGE SCALE 9 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 0 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
       	
<input type="checkbox"/> - NO DAMAGE <input type="checkbox"/> - UNDERCARRIAGE [ 14 ] <input type="checkbox"/> - TOP [ 13 ] <input type="checkbox"/> - ALL AREAS [ 15 ] <input checked="" type="checkbox"/> - UNIT NOT AT SCENE [ 16 ]	
INITIAL POINT OF CONTACT 0 - NO DAMAGE 14 - UNDERCARRIAGE 1 - 12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE 2 - DIAGRAM 99 - UNKNOWN 13 - TOP	
TRAFFIC TRAFFICWAY FLOW 1 - ONE-WAY <input type="checkbox"/> 2 - TWO-WAY <input type="checkbox"/> # OF THROUGH LANES ON ROAD 1 - NOT INVOLVED <input type="checkbox"/> 2 - INVOLVED-ACTIVE CROSSING <input type="checkbox"/> 3 - INVOLVED-PASSIVE CROSSING	
RAIL GRADE CROSSING 1 - NOT INVOLVED <input type="checkbox"/> 2 - INVOLVED-ACTIVE CROSSING <input type="checkbox"/> 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 1 - STATED / ESTIMATED SPEED <input type="checkbox"/> 3 - CALCULATED / EDR <input type="checkbox"/> 2 - UNDETERMINED	
POSTED SPEED 2 - 5	



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

2 2 0 4 0 9 0 7

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER	
	0 1	SCHAEFER, JAMES, ROBERT				0 3 1 3 2 0 0 6	1 6	M	
ADDRESS:	STREET, CITY, STATE, ZIP 6131 RIVER ROAD, FAIRFIELD, OHIO, 45014				CONTACT PHONE - INCLUDE AREA CODE				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
3	2	FAIRFIELD	CHILDRENS LIBERTY	0 1	<input type="checkbox"/>	1 5	5	4	
DL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER		
DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST	DRUG TEST(S)		
6				<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	03	1 1	1	1	
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	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	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
DL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER		
DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST	DRUG TEST(S)		
				<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG					
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	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	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
DL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER		
DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST	DRUG TEST(S)		
				<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG					
<b>INJURIES</b>	<b>SEATING POSITION</b>	<b>AIR BAG</b>	<b>DL CLASS</b>	<b>DL RESTRICTION(S)</b>	<b>DRIVER DISTRACTION</b>	<b>TEST STATUS</b>			
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-MIC MOPED ONLY	5-EXCEPT CLASS A BUS	5-TEST GIVEN, RESULTS UNKNOWN				
<b>INJURED TAKEN BY</b>	<b>EJECTION</b>	<b>DL ENDORSEMENT</b>	<b>OL RESTRICTION(S)</b>	<b>DRIVER DISTRACTION</b>	<b>TEST STATUS</b>				
1-NOT TRANSPORTED /TREATED AT SCENE	1-NOT EJECTED	H - HAZMAT	1-ALCOHOL INTERLOCK DEVICE	1-NOT DISTRACTED	1-NONE GIVEN				
2-EMS	2-PARTIALLY EJECTED	M - MOTORCYCLE	2-CDL INTRASTATE ONLY	2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2-TEST REFUSED				
3-POLICE	3-TOTALLY EJECTED	P - PASSENGER	3-CORRECTIVE LENSES	3-TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE					
9-OTHER/UNKNOWN	4-NOT APPLICABLE	N - TANKER	4-FARM WAIVER						
<b>SAFETY EQUIPMENT</b>	<b>TRAPPED</b>	Q - MOTOR SCOOTER	5-EXCEPT CLASS A BUS						
1-NONE USED	1-NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE	6-EXCEPT CLASS A & CLASS B BUS						
2-SHOULDER BELT ONLY USED	2-EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	7-EXCEPT TRACTOR-TRAILER						
3-LAP BELT ONLY USED	3-FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	8-INTERMEDIATE LICENSE RESTRICTIONS						
4-SHOULDER & LAP BELT USED		X - TANKER / HAZMAT	9-LEARNER'S PERMIT RESTRICTIONS						
5-CHILD RESTRAINT SYSTEM-FORWARD FACING			10-LIMITED TO DAYLIGHT ONLY						
6-CHILD RESTRAINT SYSTEM-REAR FACING			11-LIMITED TO EMPLOYMENT						
7-BOOSTER SEAT			12-LIMITED - OTHER						
8-HELMET USED			13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)						
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			14-MILITARY VEHICLES ONLY						
10-REFLECTIVE CLOTHING			15-MOTOR VEHICLES WITHOUT AIR BRAKES						
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY			16-OUTSIDE MIRROR						
99-OTHER / UNKNOWN			17-PROSTHETIC AID						
			18-OTHER						
<b>CONDITION</b>	<b>DRUG TEST TYPE</b>								
1-APPARENTLY NORMAL	1-NONE								
2-PHYSICAL IMPAIRMENT	2-BLOOD								
3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3-URINE								
4-ILLNESS	4-BREATH								
5-FELL ASLEEP, FAINTED, FATIGUED, ETC.	5-OTHER								
6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6-AMPHETAMINES								
9-OTHER / UNKNOWN	2-BARBITURATES								
	3-BENZODIAZEPINES								
	4-CANNABINOID								
	5-COCAIN								
	6-OPIATES / OPIOIDS								
	7-OTHER								
	8-NEGATIVE RESULTS								

LOCAL REPORT NUMBER	PD-22-040907	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	6210 RIVER ROAD, FAIRFIELD, OHIO 45014	
<p>Hand-drawn diagram of a road segment labeled "River Road" with a north arrow and a scale indicator. The diagram shows a horizontal line with a vertical line extending upwards from its center, labeled "N" (North). Below the horizontal line, the text "Not To Scale" is written. To the right of the road line, there is a vertical line with a small square containing a number "2" and a vertical arrow pointing upwards. To the right of this vertical line is a rectangular box containing the number "6210".</p>				
OFFICER'S SIGNATURE			J. TAYLOR	BADGE NO 157