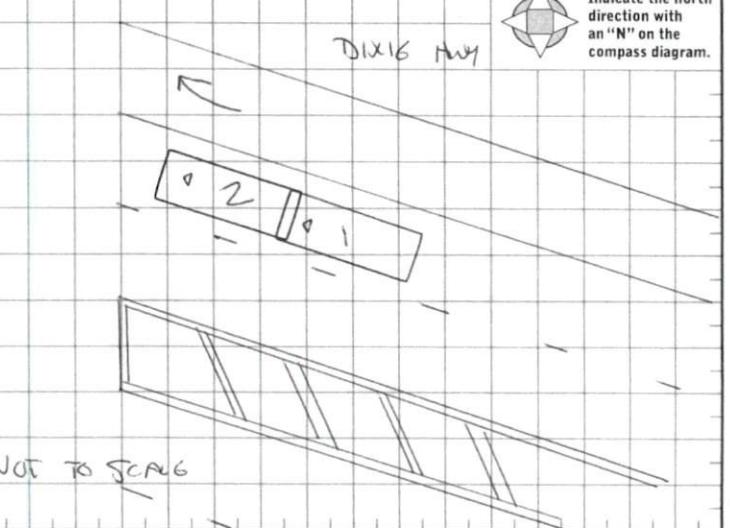




TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3</p> <p><input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER</p> </div> <div style="width: 55%;"> <p>LOCAL INFORMATION</p> <p>REPORTING AGENCY NAME* NCIC* Fairfield Police Department 0 0 9 0 1</p> </div> </div>				LOCAL REPORT NUMBER* 2 2 0 4 2 0 9 1			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>COUNTY* 0 9</p> <p>LOCALITY* 1-CITY 1 2-VILLAGE 2 3-TOWNSHIP 3</p> </div> <div style="width: 55%;"> <p>LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield</p> </div> </div>				HIT/SKIP 1-SOLVED 2-UNRESOLVED	NUMBER OF UNITS 0 2	UNIT IN ERROR 98-ANIMAL 0 1 99-UNKNOWN	
ROUTE LOCATION S R 4	ROUTE NUMBER 1 2 3 4	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME DIVERSION	ROAD TYPE R D	LATITUDE DECIMAL DEGREES 3 9 3 2 4 0 4 6	CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY	
					LONGITUDE DECIMAL DEGREES 8 4 5 0 6 2 3 5		
<div style="display: flex; justify-content: space-between;"> <div style="width: 25%;"> REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE # </div> <div style="width: 25%;"> DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-WEST </div> <div style="width: 25%;"> ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE </div> <div style="width: 25%;"> ROAD TYPE AL - ALLEY HW - HIGHWAY RD - ROAD AV - AVENUE LA - LANE SQ - SQUARE BL - BOULEVARD MP - MILEPOST ST - STREET CR - CIRCLE OV - OVAL TE - TERRACE CT - COURT PK - PARKWAY TL - TRAIL DR - DRIVE PI - PIKE WA - WAY HE - HEIGHTS PL - PLACE </div> </div>				INTERSECTION RELATED <div style="display: flex; justify-content: space-between;"> <div style="width: 50%;"> <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH </div> <div style="width: 50%;"> 3 </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 50%;"> <input type="checkbox"/> WITHIN INTERCHANGE AREA </div> <div style="width: 50%;"> NUMBER OF APPROACHES </div> </div>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 25%;"> DISTANCE FROM REFERENCE 5 0 </div> <div style="width: 25%;"> DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS </div> <div style="width: 25%;"></div> <div style="width: 25%;"></div> </div>				ROADWAY <div style="display: flex; justify-content: space-between;"> <div style="width: 50%;"> <input type="checkbox"/> ROADWAY DIVIDED </div> <div style="width: 50%;"> </div> </div>			
LOCATION OF FIRST HARMFUL EVENT <div style="display: flex; justify-content: space-between;"> <div style="width: 50%;"> 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 </div> <div style="width: 50%;"> 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 </div> </div>				MANNER OF CRASH COLLISION/IMPACT <div style="display: flex; justify-content: space-between;"> <div style="width: 50%;"> 1-NOT COLLISION 2-BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 3-HEAD-ON </div> <div style="width: 50%;"> 4-REAR-TO-REAR 5-BACKING 6-ANGLE 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 9-OTHER / UNKNOWN </div> </div>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 25%;"> <input type="checkbox"/> WORK ZONE RELATED </div> <div style="width: 25%;"> <input type="checkbox"/> WORKERS PRESENT </div> <div style="width: 25%;"> <input type="checkbox"/> LAW ENFORCEMENT PRESENT </div> <div style="width: 25%;"> <input type="checkbox"/> ACTIVE SCHOOL ZONE </div> </div>				WORK ZONE TYPE <div style="display: flex; justify-content: space-between;"> <div style="width: 50%;"> 1-LANE CLOSURE 2-LANE SHIFT/CROSSOVER 3-WORK ON SHOULDER OR MEDIAN 4-INTERMITTENT OR MOVING WORK 5-OTHER </div> <div style="width: 50%;"> 1-BEFORE THE 1ST WORK ZONE WARNING SIGN 2-ADVANCE WARNING AREA 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA </div> </div>			
LIGHT CONDITION <div style="display: flex; justify-content: space-between;"> <div style="width: 50%;"> 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN </div> <div style="width: 50%;"> 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL </div> </div>				WEATHER <div style="display: flex; justify-content: space-between;"> <div style="width: 50%;"> 6-SNOW 7-SEVERE CROSSWINDS 8-BLOWING SAND, SOIL, DIRT, SNOW 9-FREEZING RAIN OR FREEZING DRIZZLE 99-OTHER / UNKNOWN </div> </div>			
NARRATIVE <p>On June 14, 2022 at about 11:36 A.M. Unit 2 was stopped in traffic on Dixie Hwy. Unit 1 failed to maintain the assured clear distance ahead and struck Unit 2 in the rear. The driver of Unit 1 was cited for ACDA.</p>				<div style="text-align: center; padding: 10px;">  Indicate the north direction with an "N" on the compass diagram. <p>DIXIE Hwy</p> <p>NOT TO SCALE</p>  </div>			
CRASH REPORTED DATE / TIME 0 6 1 4 2 0 2 2 1 1 3 8		DISPATCH DATE / TIME 0 6 1 4 2 0 2 2 1 1 4 1		ARRIVAL DATE / TIME 0 6 1 4 2 0 2 2 1 1 4 5		SCENE CLEARED DATE / TIME 0 6 1 4 2 0 2 2 1 2 0 3	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 OEMS)
TOTAL TIME ROADWAY CLOSED 0	OTHER INVESTIGATION TIME 3 0	TOTAL MINUTES 5 2	OFFICER'S NAME* R. CORNER		CHECKED BY OFFICER'S NAME* S. J. Springer		
				OFFICER'S BADGE NUMBER* 8 5		CHECKED BY OFFICER'S BADGE NUMBER* 8 4	

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 1		

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

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
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LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
0 H	JSH4079	5 G A E V 2 3 7 7 8 J 2 7 8 0 2 5	2 0 0 8	BUICK
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	GEICO	6026334463	GOLD	ENCLAVE

TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE		
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	VEHICLE WEIGHT GVWR/GCW	
0 2		0 1	1 - <10K LBS.	MATERIAL RELEASED
3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	2 - 10,001 - 26K LBS.	2 - 10,001 - 26K LBS.	CLASS #
4 - PICK UP	10 - MOPED OR MOTORIZED	3 - >26K LBS.	3 - >26K LBS.	PLACARD ID #
5 - CARGO VAN	BICYCLE			
6 - VAN (9-15 SEATS)	11 - ALL-TERRAIN VEHICLE (ATV / UTV)			

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

0 # OF TRAILING UNITS

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

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	

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

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

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
3 - STRIKING	0 1 3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	10 - PARKED	20 - OTHER NON-MOTORIST
4 - STRUCK	4 - OVERTAKING/PASSING	11 - SLOWING OR STOPPED IN TRAFFIC	15 - WALKING, RUNNING, JOGGING, PLAYING	21 - STANDING OUTSIDE DISABLED VEHICLE
5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	12 - MAKING LEFT TURN	16 - WORKING	
9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	17 - DRIVERLESS	17 - PUSHING VEHICLE	99 - OTHER / UNKNOWN

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			
6 - IMPROPER TURN	12 - IMPROPER BACKING			

SEQUENCE OF EVENTS

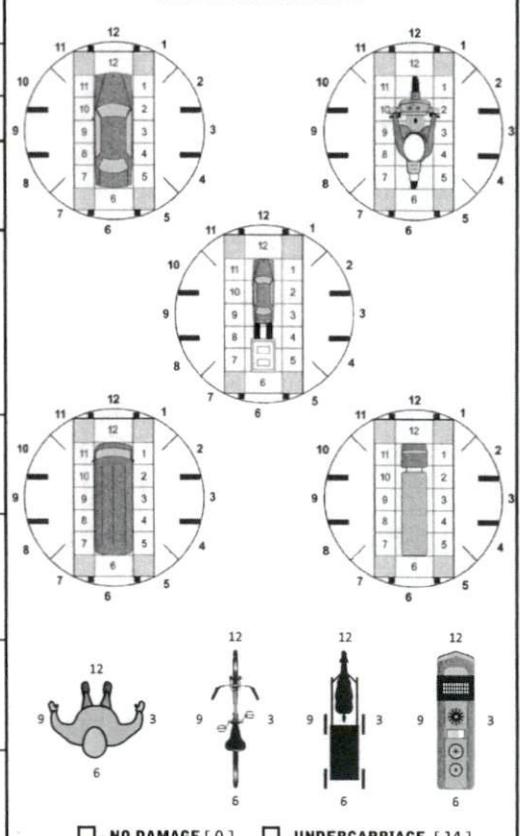
1 2 0	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT
	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	12 - DOWNHILL RUNAWAY	17 - ANIMAL - FARM	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	13 - OTHER NON-COLLISION	18 - ANIMAL - DEER	BY A MOTOR VEHICLE
2 1 1	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	24 - OTHER MOBILE OBJECT

4 1 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 1	27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES SUPPORT	45 - EMBANKMENT	52 - BUILDING
	28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL	40 - UTILITY POLE	46 - FENCE	53 - TUNNEL
6 1 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 2 0 9 1	

DAMAGE	
DAMAGE SCALE	
2	1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL 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
1-2 - REFER TO UNIT DIAGRAM	15 - VEHICLE NOT AT SCENE
13 - TOP	99 - UNKNOWN

TRAFFIC WAY FLOW	TRAFFIC CONTROL
1 - ONE WAY	1 - ROUNDABOUT 4 - STOP SIGN
2 - TWO WAY	2 - SIGNAL 5 - YIELD SIGN
	3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
4	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
1 0	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED
POSTED SPEED	
5 0	



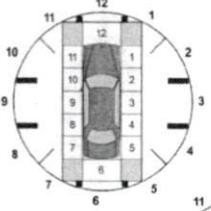
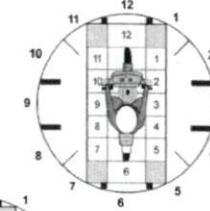
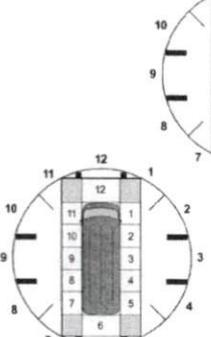
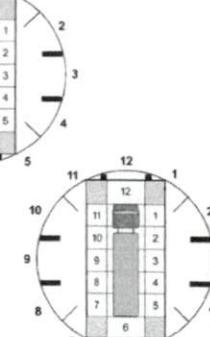
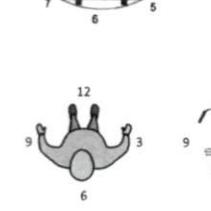
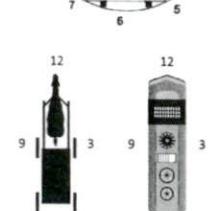
UNIT

OWNER	UNIT # <u>012</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)	5538 TIMBER WAY DR CINCINNATI, OH 45238					
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE					
LP STATE <u>O_H</u>	LICENSE PLATE # <u>FBK7438</u>	VEHICLE IDENTIFICATION # <u>5FNR1L3H41AB104846</u>	VEHICLE YEAR <u>2011</u> VEHICLE MAKE <u>HONDA</u>				
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>WESTFIELD</u>	INSURANCE POLICY # <u>WNP7044215</u>	COLOR <u>GRAY</u> VEHICLE MODEL <u>ODYSSEY</u>				
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME				
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS <u>0 3</u>	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.				
UNIT TYPE <u>02</u>		1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED 11 - ALL-TERRAIN VEHICLE (ATV / UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNITTRUCK 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	
VEHICLE	# OF TRAILING UNITS <u>0</u>						
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>2</u> 1 - YES 2 - NO 9 - OTHER / UNKNOWN		AUTONOMOUS MODE LEVEL	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN		
SPECIAL FUNCTION <u>01</u>		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	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	21 - MAIL CARRIER 99 - OTHER / UNKNOWN	
CARGO BODY TYPE <u>01</u>		1 - NO CARGO BODY TYPE /NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 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		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 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		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	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		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	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							
<u>120</u>		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	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 MOVABLE OBJECT	
<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	
<u>1</u>		FIRST HARMFUL EVENT	MOST HARMFUL EVENT				

LOCAL REPORT NUMBER
22042091

DAMAGE	
DAMAGE SCALE	
<u>2</u>	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN
3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE	

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
1-12 - REFER TO UNIT DIAGRAM
13 - TOP

TRAFFIC

TRAFFICWAY FLOW
2 - ONE-WAY
2 - TWO-WAY

TRAFFIC CONTROL
1 - ROUNDABOUT
2 - SIGNAL
3 - FLASHER
4 - STOP SIGN
5 - YIELD SIGN
6 - NO CONTROL

OF THROUGH LANES ON ROAD
4

RAIL GRADE CROSSING
1 - NOT INVOLVED
2 - INVOLVED-ACTIVE CROSSING
3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

FROM 7 TO 6
1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST
5 - NORTH
6 - NORTHWEST
7 - SOUTHEAST
8 - SOUTHWEST
9 - OTHER / UNKNOWN

UNIT SPEED
0

DETECTED SPEED
1 - STATED / ESTIMATED SPEED
2 - CALCULATED / EDR
3 - UNDETERMINED

POSTED SPEED
50



MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	LOCAL REPORT NUMBER											
	2 2 0 4 2 0 9 1					DATE OF BIRTH		AGE	GENDER			
UNIT #	NAME: LAST, FIRST, MIDDLE 0 1 ALFARO, DYLAN JUAN					1 0 0 5 2 0 0 0		2 1	M			
ADDRESS: STREET, CITY, STATE, ZIP 1950 FAIRFAX AVE FAIRFIELD TWP, OH 45015										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	DOT-COMPLIANT MC HELMET		SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE O H	OPERATOR LICENSE NUMBER			OFFENSE CHARGED 333.03A		LOCAL CODE X	OFFENSE DESCRIPTION ACDA		CITATION NUMBER 248185			
OL CLASS 4	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 1	ALCOHOL TEST STATUS 1 TYPE 1		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4			
UNIT # 0 2	NAME: LAST, FIRST, MIDDLE SCHUTTE, JENNIFER ANN					DATE OF BIRTH 0 8 1 0 1 9 6 8		AGE 5 3	GENDER F			
ADDRESS: STREET, CITY, STATE, ZIP 8746 QUIETWOOD LN CLEVES, OH 45002										CONTACT PHONE - INCLUDE AREA CODE		
INJURIES 4	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT MC HELMET		SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE O H	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE X	OFFENSE DESCRIPTION		CITATION NUMBER			
OL CLASS 4	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 1	ALCOHOL TEST STATUS 1 TYPE 1		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4			
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH 0		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
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE X	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 1 TYPE 1		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4			
INJURIES	SEATING POSITION	AIR BAG		OL CLASS	OL 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	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE					
4-Possible INJURY	4-SECOND - LEFT SIDE	4-DEPLOYED BOTH FRONT / SIDE		4-REGULAR CLASS (OHIO = D)	4-FARM WAIVER	4-TEST GIVEN, RESULTS KNOWN	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	5-TEST GIVEN, RESULTS UNKNOWN					
6-SECOND - RIGHT SIDE	6-SECOND - RIGHT SIDE	9-DEPLOYMENT UNKNOWN		6-NO VALID OL	6-EXCEPT CLASS A & CLASS B BUS	6-TALKING ON HANDS-FREE COMMUNICATION DEVICE	6-TALKING ON HANDS-FREE COMMUNICATION DEVICE					
7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD - MIDDLE	7-THIRD - RIGHT SIDE		7-EXCEPT TRACTOR-TRAILER	7-EXCEPT TRACTOR-TRAILER	7-TALKING ON HAND-HELD COMMUNICATION DEVICE	7-TALKING ON HAND-HELD COMMUNICATION DEVICE					
8-THIRD - MIDDLE	9-THIRD - RIGHT SIDE	8-PARTIALLY EJECTED		8-INTERMEDIATE LICENSE RESTRICTIONS	8-INTERMEDIATE LICENSE RESTRICTIONS	8-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	8-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE					
10-SLEEPER SECTION OF TRUCK CAB	10-NOT APPLICABLE	9-TOTALLY EJECTED		9-LEARNER'S PERMIT RESTRICTIONS	9-LEARNER'S PERMIT RESTRICTIONS	9-PASSENGER	9-PASSENGER					
11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11-PASSENGER IN UNENCLOSED CARGO AREA	10-NOT EJECTED		10-LIMITED TO DAYLIGHT ONLY	10-LIMITED TO DAYLIGHT ONLY	10-OTHER DISTRACTION INSIDE THE VEHICLE	10-OTHER DISTRACTION INSIDE THE VEHICLE					
12-PASSENGER IN UNENCLOSED CARGO AREA	12-FREED BY NON-MECHANICAL MEANS	11-PARTIALLY EJECTED		11-LIMITED TO EMPLOYMENT	11-LIMITED TO EMPLOYMENT	11-OTHER DISTRACTION OUTSIDE THE VEHICLE	11-OTHER DISTRACTION OUTSIDE THE VEHICLE					
13-TRAILING UNIT	13-FREE BY NON-MECHANICAL MEANS	12-EXTRICATED BY MECHANICAL MEANS		12-LIMITED - OTHER	12-LIMITED - OTHER	12-MILITARY VEHICLES ONLY	12-MILITARY VEHICLES ONLY					
14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14-MOTOR SCOOTER	13-FREE BY NON-MECHANICAL MEANS		13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	13-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)					
15-NON-MOTORIST	15-TWO-WHEEL MOTORCYCLE	14-TRAPPED		14-MILITARY VEHICLES ONLY	14-MILITARY VEHICLES ONLY	14-ILLNESS	14-ILLNESS					
99-OTHER / UNKNOWN	15-SCHOOL BUS	15-EXTRICATED BY MECHANICAL MEANS		15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-FELL ASLEEP, FAINTED, FATIGUED, ETC.	15-FELL ASLEEP, FAINTED, FATIGUED, ETC.					
99-OTHER / UNKNOWN	16-T-DOUBLE & TRIPLE TRAILERS	16-OUTSIDE MIRROR		16-OUTSIDE MIRROR	16-OUTSIDE MIRROR	16-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	16-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL					
99-OTHER / UNKNOWN	17-X-TANKER / HAZMAT	17-PROSTHETIC AID		17-PROSTHETIC AID	17-PROSTHETIC AID	17-OTHER	17-OTHER					
99-OTHER / UNKNOWN	18-OTHER	18-OTHER		18-OTHER	18-OTHER	18-OTHER	18-OTHER					
SAFETY EQUIPMENT	TRAPPED	GENDER		CONDITION	DRUG TEST TYPE	DRUG TEST RESULT(S)						
1-NONE USED	1-F-FEMALE	2-M-MALE		1-APPARENTLY NORMAL	1-NONE	1-AMPHETAMINES						
2-SHOULDER BELT ONLY USED	2-U-U-OTHER / UNKNOWN	3-F-FEMALE		2-PHYSICAL IMPAIRMENT	2-BLOOD	2-BARBITURATES						
3-LAP BELT ONLY USED	3-M-MALE	4-M-MALE		3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3-URINE	3-BENZODIAZEPINES						
4-SHOULDER & LAP BELT USED	4-U-U-OTHER / UNKNOWN	5-F-FEMALE		4-ILLNESS	4-CANNABINOID	4-COCAIN						
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	5-U-U-OTHER / UNKNOWN	6-M-MALE		5-FELL ASLEEP, FAINTED, FATIGUED, ETC.	5-OPIATES / OPIOIDS	5-OPiates / OPIOIDS						
6-CHILD RESTRAINT SYSTEM - REAR FACING	6-U-U-OTHER / UNKNOWN	7-U-U-OTHER / UNKNOWN		6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6-OTHER	6-OTHER						
7-BOOSTER SEAT	7-U-U-OTHER / UNKNOWN	8-U-U-OTHER / UNKNOWN		9-U-U-OTHER / UNKNOWN	9-OTHER / UNKNOWN	9-NEGATIVE RESULTS						
8-HELMET USED	8-U-U-OTHER / UNKNOWN	9-U-U-OTHER / UNKNOWN		9-U-U-OTHER / UNKNOWN	9-U-U-OTHER / UNKNOWN	9-U-U-OTHER / UNKNOWN						
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9-U-U-OTHER / UNKNOWN	10-U-U-OTHER / UNKNOWN		10-U-U-OTHER / UNKNOWN	10-U-U-OTHER / UNKNOWN	10-U-U-OTHER / UNKNOWN						
10-REFLECTIVE CLOTHING	10-U-U-OTHER / UNKNOWN	11-U-U-OTHER / UNKNOWN		11-U-U-OTHER / UNKNOWN	11-U-U-OTHER / UNKNOWN	11-U-U-OTHER / UNKNOWN						
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY	11-U-U-OTHER / UNKNOWN	12-U-U-OTHER / UNKNOWN		12-U-U-OTHER / UNKNOWN	12-U-U-OTHER / UNKNOWN	12-U-U-OTHER / UNKNOWN						
99-OTHER / UNKNOWN	99-U-U-OTHER / UNKNOWN	13-U-U-OTHER / UNKNOWN		13-U-U-OTHER / UNKNOWN	13-U-U-OTHER / UNKNOWN	13-U-U-OTHER / UNKNOWN						



OCCUPANT / WITNESS ADDENDUM

					LOCAL REPORT NUMBER																																																																																					
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 2 WOLFROM, KATHLEEN A			DATE OF BIRTH		AGE	GENDER																																																																																		
						0 6 0 5 1 9 4 0	8 2	F																																																																																		
ADDRESS: STREET, CITY, STATE, ZIP 5538 TIMBER WAY DR CINCINNATI, OH 45238					CONTACT PHONE - INCLUDE AREA CODE																																																																																					
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