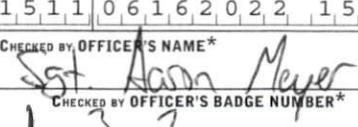




## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

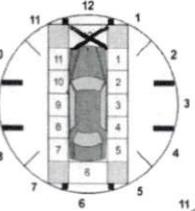
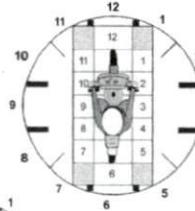
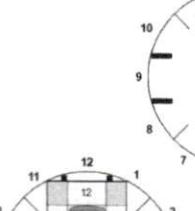
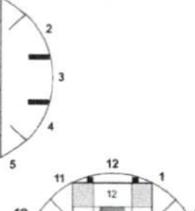
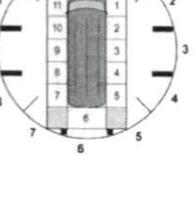
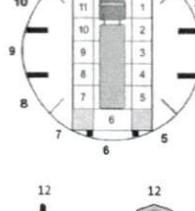
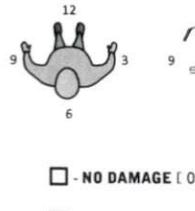
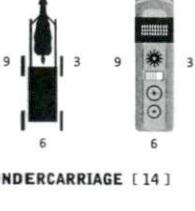
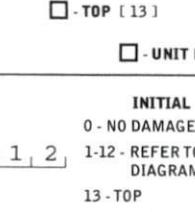
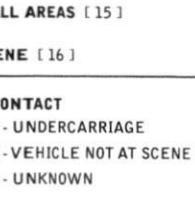
				LOCAL REPORT NUMBER*					
				2 2 0 4 2 6 2 8					
<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION		HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR			
		REPORTING AGENCY NAME*		NCIC*	1-SOLVED 2-UNSOLVED	0 2	98-ANIMAL 99-UNKNOWN		
		Fairfield Police Department 0 0 9 0 1							
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*			CRASH DATE / TIME*		CRASH SEVERITY		
0 9	1-CITY 2-VILLAGE 3-TOWNSHIP	City of Fairfield			0 6 1 6 2 0 2 2 1 4 4 8				
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					3 9 3 0 6 6 5 5		
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		
					Woodridge	B L	-84 48 67 49		
REFERENCE POINT	DIRECTION FROM REFERENCE		ROUTE TYPE		ROAD TYPE		INTERSECTION RELATED		
	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 checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA	NUMBER OF APPROACHES 4	
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	6	1-NOT COLLISION 2-BETWEEN 3-TWO MOTOR VEHICLES IN 4-TRANSPORT 5-BACKING 6-ANGLE 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 9-HEAD-ON	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 <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE		CONTOUR	CONDITIONS	SURFACE	
		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	2		
					1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-OTHER/UNKNOWN	1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN	1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN		
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	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					
<p>NARRATIVE</p> <p>On 6-16-2022 at approximately 2:48 p.m. Unit 2 was northbound in the left turn lane of S.R. 4 (Dixie Highway) preparing to turn left onto Woodridge Boulevard. Unit 1 was southbound on S.R. 4 (Dixie Highway) approaching the intersection of Woodridge Boulevard. An independent witness stated Unit 1 ran a red light at the intersection and struck Unit 2 who was completing a left turn.</p> <p>SEE OH-2</p>									
CRASH REPORTED DATE / TIME			DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY
0 6 1 6 2 0 2 2 1 4 4 8			0 6 1 6 2 0 2 2 1 4 5 0		0 6 1 6 2 0 2 2 1 5 1 1		0 6 1 6 2 0 2 2 1 5 5 9		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OIPS)
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*	
						P.O. Wells			
						OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*	1 3 2
0 0		2 0		8 9		1 4 8			



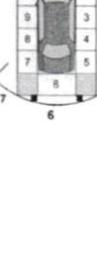
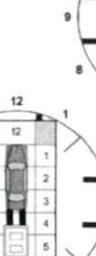
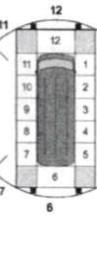
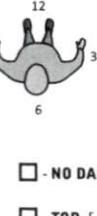
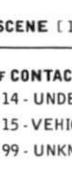
Indicate the north direction with an "N" on the compass diagram.



UNIT

OWNER	UNIT # <u>0 1</u>	OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER	OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER	LOCAL REPORT NUMBER 2 2 0 4 2 6 2 8		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER		DAMAGE			
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		DAMAGE SCALE			
			1 - NONE 3 - FUNCTIONAL DAMAGE			
			4 - MINOR 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>			
	EVENT(S)	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		INITIAL POINT OF CONTACT		
		<u>2</u> 1-YES 2-NO 9-OTHER/UNKNOWN		0 - NO AUTOMATION 9 - UNKNOWN 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION		
		0 - NO DAMAGE 14 - UNDERCARRIAGE 1 - 12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE DIAGRAM 99 - UNKNOWN 13 - TOP				
		TRAFFIC				
		TRAFFIC WAY FLOW		TRAFFIC CONTROL		
		<u>2</u> 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 <u>5</u>		RAIL GRADE CROSSING		
				1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING		
		UNIT / NON-MOTORIST DIRECTION FROM <u>1</u> TO <u>2</u>		1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN		
		SEQUENCE OF EVENTS		UNIT SPEED		
		1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO/EQUIPMENT LOSS OR SHIFT 6 - IMPROPER TURN		1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED		
		NON-COLLISION		POSTED SPEED		
		1 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 2 - RAN OFF ROAD RIGHT 3 - RAN OFF ROAD LEFT 4 - CROSS MEDIAN		<u>4</u> 0		
		22 - WORK ZONE MAINTENANCE EQUIPMENT 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE		5 0		
		23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT				
		COLLISION WITH FIXED OBJECT - STRUCK				
		25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE		1 - OVERHEAD SIGN POST 2 - PORTABLE BARRIER 3 - MEDIAN CABLE BARRIER 4 - MEDIAN GUARDRAIL BARRIER 5 - MEDIAN CONCRETE BARRIER 6 - 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		
		40 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN				
		FIRE/HYDRANT				
		FIRST HARMFUL EVENT <u>1</u> MOST HARMFUL EVENT <u>1</u>				

OWNER	UNIT # 0 1	OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER)
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER)		COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP	
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
LP STATE O H	LICENSE PLATE # J0Q4095	VEHICLE IDENTIFICATION # W D D G F 5 E B 7 A R 1 1 9 6 4 1	VEHICLE YEAR 2 0 1 0
INSURANCE VERIFIED <input checked="" type="checkbox"/>	INSURANCE COMPANY National General	INSURANCE POLICY # 210558961	VEHICLE MAKE Merz
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	COLOR White
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>	# OCCUPANTS 0 1	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	VEHICLE MODEL C300
TOWED BY: COMPANY NAME Wayne's Towing		HAZARDOUS MATERIAL	
MATERIAL RELEASED <input type="checkbox"/>		CLASS #	PLACARD ID #
PLACARD <input type="checkbox"/>			
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 - MOVED OR MOTORIZED BICYCLE 11 - ALL-TERRAIN VEHICLE (ATV / UTV)	
12 - GOLF CART		18 - LIMO (LIVERY VEHICLE)	
13 - SNOWMOBILE		19 - BUS (6+ PASSENGERS)	
14 - SINGLE UNIT TRUCK		20 - OTHER VEHICLE	
15 - SEMI-TRACTOR		21 - HEAVY EQUIPMENT	
16 - FARM EQUIPMENT		22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	
17 - MOTORHOME		23 - PEDESTRIAN / SKATER	
18 - LIMO (LIVERY VEHICLE)		24 - WHEELCHAIR (ANY TYPE)	
19 - BUS (6+ PASSENGERS)		25 - OTHER NON-MOTORIST	
20 - OTHER VEHICLE		26 - BICYCLE	
21 - HEAVY EQUIPMENT		27 - TRAIN	
22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE		99 - UNKNOWN OR HIT/SKIP	
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? 1 - YES 2 - NO 9 - OTHER / UNKNOWN		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	
AUTONOMOUS MODE LEVEL 0		3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	
1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING		6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE	
4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER		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	
1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - TRAILER EQUIPMENT	
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 15 - OTHER / UNKNOWN			
1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	
7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT 9 - DEFECTIVE		9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT	
11 - INTERSECTION - MARKED CROSSWALK		12 - BICYCLE LANE	
13 - INTERSECTION - OTHER CROSSWALK		14 - MIDDLE - MARKED CROSSWALK	
15 - TRAVEL LANE - OTHER LOCATION		16 - SHOULDER / ROADSIDE 17 - SIDEWALK	
18 - MEDIAN/CROSSING ISLAND 19 - DRIVEWAY ACCESS 20 - SHARED USE PATHS OR TRAILS			
1 - INTERSECTION - MARKED CROSSWALK		21 - FIRST RESPONDER AT INCIDENT SCENE	
2 - INTERSECTION - UNMARKED CROSSWALK		22 - OTHER / UNKNOWN	
3 - TURN SIGNALS 4 - HEAD LAMPS 5 - TAIL LAMPS		23 - STANDING	
6 - BRAKES 7 - STEERING 8 - TIRE BLOWOUT		24 - WORKING	
9 - DEFECTIVE		25 - PUSHING VEHICLE	
10 - TRAILER EQUIPMENT		26 - APPROACHING OR LEAVING VEHICLE	
11 - MIDDLE - MARKED CROSSWALK		27 - STANDING OUTSIDE DISABLED VEHICLE	
12 - BICYCLE LANE		28 - WORKING	
13 - MEDIAN/CROSSING ISLAND 14 - DRIVEWAY ACCESS 15 - SHARED USE PATHS OR TRAILS		29 - PUSHING VEHICLE	
16 - SHOULDER / ROADSIDE 17 - SIDEWALK		30 - APPROACHING OR LEAVING VEHICLE	
18 - MEDIAN/CROSSING ISLAND 19 - DRIVEWAY ACCESS 20 - SHARED USE PATHS OR TRAILS		31 - STANDING	
21 - FIRST RESPONDER AT INCIDENT SCENE		32 - WORKING	
22 - OTHER / UNKNOWN		33 - PUSHING VEHICLE	
23 - STANDING		34 - APPROACHING OR LEAVING VEHICLE	
24 - WORKING		35 - STANDING	
25 - PUSHING VEHICLE		36 - WORKING	
26 - APPROACHING OR LEAVING VEHICLE		37 - PUSHING VEHICLE	
27 - STANDING		38 - APPROACHING OR LEAVING VEHICLE	
28 - WORKING		39 - STANDING	
29 - PUSHING VEHICLE		40 - APPROACHING OR LEAVING VEHICLE	
30 - APPROACHING OR LEAVING VEHICLE		41 - STANDING	
31 - STANDING		42 - APPROACHING OR LEAVING VEHICLE	
32 - WORKING		43 - STANDING	
33 - PUSHING VEHICLE		44 - APPROACHING OR LEAVING VEHICLE	
34 - APPROACHING OR LEAVING VEHICLE		45 - STANDING	
35 - STANDING		46 - APPROACHING OR LEAVING VEHICLE	
36 - APPROACHING OR LEAVING VEHICLE		47 - APPROACHING OR LEAVING VEHICLE	
37 - APPROACHING OR LEAVING VEHICLE		48 - APPROACHING OR LEAVING VEHICLE	
38 - APPROACHING OR LEAVING VEHICLE		49 - APPROACHING OR LEAVING VEHICLE	
39 - STANDING		50 - APPROACHING OR LEAVING VEHICLE	
40 - APPROACHING OR LEAVING VEHICLE		51 - APPROACHING OR LEAVING VEHICLE	
41 - STANDING		52 - APPROACHING OR LEAVING VEHICLE	
42 - APPROACHING OR LEAVING VEHICLE		53 - APPROACHING OR LEAVING VEHICLE	
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44 - APPROACHING OR LEAVING VEHICLE		55 - APPROACHING OR LEAVING VEHICLE	
45 - APPROACHING OR LEAVING VEHICLE		56 - APPROACHING OR LEAVING VEHICLE	
46 - APPROACHING OR LEAVING VEHICLE		57 - APPROACHING OR LEAVING VEHICLE	
47 - APPROACHING OR LEAVING VEHICLE		58 - APPROACHING OR LEAVING VEHICLE	
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223 - APPROACHING<br			

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



## **MOTORIST / Non-MOTORIST**

MOTORIST / NON-MOTORIST							DATE OF BIRTH			AGE	GENDER
UNIT #	NAME: LAST, FIRST, MIDDLE 0 1 Moore-Bray, Glenda						0 8 0 5 1 9 7 1			5 0	F
ADDRESS: STREET, CITY, STATE, ZIP 2517 Warren St. #4, Covington, KY 41014							CONTACT PHONE - INCLUDE AREA CODE L				
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 K Y	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 313.01A	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION Traffic Control Device		CITATION NUMBER 251088				
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	<b>ALCOHOL TEST</b> STATUS 1 TYPE 1 VALUE • 1	<b>DRUG TEST(S)</b> STATUS 1 TYPE 1 RESULT SELECT UP TO 4				
UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Luminella, Shirahn						DATE OF BIRTH 0 5 1 1 1 9 8 1			AGE 4 1	GENDER F
ADDRESS: STREET, CITY, STATE, ZIP 2625 Montana Ave. Apt. 36, Cincinnati, OH 45211							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 O H	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER				
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	<b>ALCOHOL TEST</b> STATUS 1 TYPE 1 VALUE • 1	<b>DRUG TEST(S)</b> 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	
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	<b>ALCOHOL TEST</b> STATUS 1 TYPE 1 VALUE • 1	<b>DRUG TEST(S)</b> STATUS 1 TYPE 1 RESULT SELECT UP TO 4				
<b>INJURIES</b>	<b>SEATING POSITION</b>	<b>AIR BAG</b>	<b>OL CLASS</b>	<b>OL 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 - TEST REFUSED	2 - BLOOD					
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C	3 - CORRECTIVE LENSES	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	3 - URINE					
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	4 - BREATH					
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	5 - OTHER					
<b>INJURED TAKEN BY</b>	<b>OL RESTRICTION(S)</b>	<b>DRIVER DISTRACTION</b>	<b>TEST STATUS</b>								
1 - NOT TRANSPORTED / TREATED AT SCENE	6 - SECOND - RIGHT SIDE	6 - NOT APPLICABLE	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	6 - PASSENGER	6 - BLOOD					
2 - EMS	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7 - NOT APPLICABLE	7 - NOT VALID OL	7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE	7 - URINE					
3 - POLICE	8 - THIRD - MIDDLE	8 - NOT APPLICABLE	8 - NOT VALID OL	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	8 - BREATH					
9 - OTHER / UNKNOWN	9 - THIRD - RIGHT SIDE	9 - NOT APPLICABLE	9 - NOT VALID OL	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	9 - OTHER					
<b>SAFETY EQUIPMENT</b>	<b>OL ENDORSEMENT</b>	<b>TEST STATUS</b>									
1 - NONE USED	H - HAZMAT	1 - NONE									
2 - SHOULDER BELT ONLY USED	M - MOTORCYCLE	2 - TEST REFUSED									
3 - LAP BELT ONLY USED	P - PASSEGER	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE									
4 - SHOULDER & LAP BELT USED	N - TANKER	4 - TEST GIVEN, RESULTS KNOWN									
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	Q - MOTOR SCOOTER	5 - TEST GIVEN, RESULTS UNKNOWN									
6 - CHILD RESTRAINT SYSTEM - REARFACING	R - THREE-WHEEL MOTORCYCLE	<b>ALCOHOL TEST TYPE</b>									
7 - BOOSTER SEAT	S - SCHOOL BUS	1 - NONE									
8 - HELMET USED	T - DOUBLE & TRIPLE TRAILERS	2 - BLOOD									
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	X - TANKER / HAZMAT	3 - URINE									
10 - REFLECTIVE CLOTHING	<b>TRAPPED</b>	4 - BREATH									
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	1 - NOT TRAPPED	5 - OTHER									
12 - PASSENGER IN UNENCLOSED CARGO AREA	2 - EXTRICATED BY MECHANICAL MEANS	<b>DRUG TEST TYPE</b>									
13 - TRAILING UNIT	3 - FREED BY NON-MECHANICAL MEANS	1 - NONE									
14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	<b>CONDITION</b>	2 - BLOOD									
15 - NON-MOTORIST	F - FEMALE	3 - URINE									
99 - OTHER / UNKNOWN	M - MALE	4 - OTHER									
	U - OTHER / UNKNOWN	<b>DRUG TEST RESULT(S)</b>									
	16 - OUTSIDE MIRROR	1 - AMPHETAMINES									
	17 - PROSTHETIC AID	2 - BARBITURATES									
	18 - OTHER	3 - BENZODIAZEPINES									
		4 - CANNABINOID									
		5 - COCAINE									
		6 - OPIATES / OPIOIDS									
		7 - OTHER									
		8 - NEGATIVE RESULTS									



## OCCUPANT / WITNESS ADDENDUM

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER			
						0				
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER			
						0				
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER			
						0				
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER			
						0				
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER			
						0				
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
INJURIES			SAFETY EQUIPMENT USED		SEATING POSITION		AIR BAG USAGE			
1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED							
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT							
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE							
4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE							
5 - NO APPARENT INJURY	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	5 - SECOND - MIDDLE	5 - NOT APPLICABLE							
INJURED TAKEN BY			6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN					
1 - NOT TRANSPORTED /TREATED AT SCENE	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)								
2 - EMS	8 - HELMET USED	8 - THIRD - MIDDLE	1 - NOT EJECTED							
3 - POLICE	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED							
9 - OTHER / UNKNOWN	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED							
GENDER			11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE					
F - FEMALE	12 - PASSENGER IN UNENCLOSED CARGO AREA	12 - PASSENGER IN UNENCLOSED CARGO AREA	1 - NOT TRAPPED							
M - MALE	13 - TRAILING UNIT	13 - TRAILING UNIT	2 - EXTRICATED BY MECHANICAL MEANS							
U - OTHER / UNKNOWN	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	3 - FREED BY NON-MECHANICAL MEANS							
	15 - NON-MOTORIST	15 - NON-MOTORIST								
	99 - OTHER / UNKNOWN	99 - OTHER / UNKNOWN								
NAME: LAST, FIRST, MIDDLE Collins, Alex					DATE OF BIRTH	AGE	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP 3 Woodmoss Dr. Apt. 1B, Fairfield, OH 45014					0 6 0 4 1 9 9 5	27	M			
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP						0				
NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP						0				
NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP										

LOCAL REPORT NUMBER	PD-22-042628	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	S.R. 4 Dixie Highway @ Woodridge Boulevard	
<p>Diagram description: The diagram shows a multi-lane highway (S.R. 4 Dixie Hwy) with arrows indicating traffic flow. A cross street, Woodridge Blvd, is shown with an arrow pointing towards the highway. A 'NOT TO SCALE' note is present. The 'OFFICER'S SIGNATURE' field contains the signature 'P.O. Weller 148'.</p>				