



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL REPORT NUMBER*				
				2 2 0 4 6 6 6 4				
<input checked="" type="checkbox"/> PHOTOS TAKEN <input 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		LOCAL INFORMATION		REPORTING AGENCY NAME* NCIC* Fairfield Police Department 00901				
				HIT/SKIP	NUMBER OF UNITS			
				1 - SOLVED	0 2			
				2 - UNSOLVED				
COUNTY* 0 9		LOCALITY* 1 - CITY 1 2 - VILLAGE 3 - TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield				
				CRASH DATE / TIME*	CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY			
				0 7 0 1 2 0 2 2 0 6 0 9				
				4				
				0 7 0 1 2 0 2 2 0 6 0 9				
				0 7 0 1 2 0 2 2 0 6 0 9				
ROUTE TYPE		ROUTE NUMBER		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME UNION CENTRE	ROAD TYPE B L	LATITUDE DECIMAL DEGREES 3 9 4 3 4 7 8 5	
ROUTE TYPE		ROUTE NUMBER		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) SEWARD	ROAD TYPE R D	LONGITUDE DECIMAL DEGREES -8 4 4 9 1 5 8 4	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA	
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS					NUMBER OF APPROACHES 4	
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP				MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN 4 - REAR-END 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - HEAD-ON 10 - OTHER / UNKNOWN		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (>4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN	
<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 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL		1 - SNOW 2 - SEVERE CROSSWINDS 3 - BLOWING SAND, SOIL, DIRT, SNOW 4 - FREEZING RAIN OR FREEZING DRIZZLE 5 - OTHER / UNKNOWN		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
NARRATIVE On 07-01-22 at 6:09 a.m., Unit 1 was traveling west on Union Centre Blvd in the left turn lane. Unit 2 was traveling south on Seward Rd in the left turn lane. Unit 2 had a green arrow and attempted to make a left turn onto eastbound Union Centre Blvd when Unit 1 ran through a red light at the intersection of Seward Rd / Union Centre Blvd and struck the driver side rear of Unit 2. The driver of Unit 1 was also cited for OVI (333.01-A1/ D) and No OL (335.01A1) .						 Indicate the north direction with an "N" on the compass diagram.		
						SEE OH-2		
CRASH REPORTED DATE / TIME 0 7 0 1 2 0 2 2 0 6 1 0		DISPATCH DATE / TIME 0 7 0 1 2 0 2 2 0 6 1 2		ARRIVAL DATE / TIME 0 7 0 1 2 0 2 2 0 6 2 4		SCENE CLEARED DATE / TIME 0 7 0 1 2 0 2 2 0 7 0 5		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP)
TOTAL TIME ROADWAY CLOSED 5 5		OTHER INVESTIGATION TIME 3 0		TOTAL MINUTES 8 3		OFFICER'S NAME* P.O. J. DRAKE		CHECKED BY OFFICER'S NAME* S J
						OFFICER'S BADGE NUMBER* 8 8		CHECKED BY OFFICER'S BADGE NUMBER* 1 0 3

UNIT # **0_1** OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)
ZAMORA, VIRGINIA

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
829 JOSEPHINE DR. COLUMBUS, OHIO 43204

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

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LOCAL REPORT NUMBER
2 2 0 4 6 6 6 4

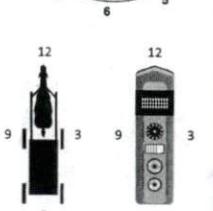
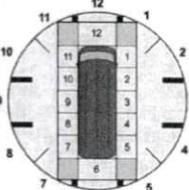
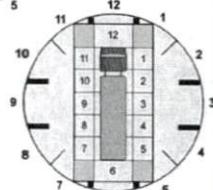
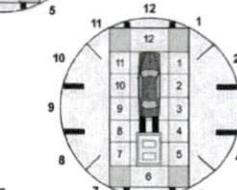
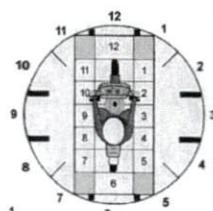
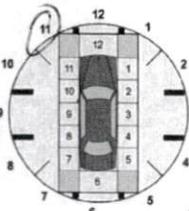
DAMAGE

DAMAGE SCALE

4 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 15 - VEHICLE NOT AT SCENE
DIAGRAM 99 - UNKNOWN
13 - TOP

TRAFFIC

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

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

OF THROUGH LANES
ON ROAD

RAIL GRADE CROSSING
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

4 5

DETECTED SPEED

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

POSTED SPEED

5 0

OWNER

VEHICLE

EVENT(S)

LP STATE
O H

LICENSE PLATE #
JJP8063

VEHICLE IDENTIFICATION #

5 J 6 R M 4 H 5 6 G L 1 3 6 4 6 2

VEHICLE YEAR

2 0 1 6

VEHICLE MAKE

HONDA

INSURANCE
VERIFIED

INSURANCE COMPANY
COMMERCIAL GOVERNMENT IN EMERGENCY
RESPONSE

INSURANCE POLICY #

US DOT #

TOWED BY: COMPANY NAME

MARCELL'S

HAZARDOUS MATERIAL
MATERIAL
RELEASED
PLACARD

INTERLOCK
DEVICE
EQUIPPED

HIT/SKIP UNIT
#OCCUPANTS
0 1

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

UNIT TYPE
0 3

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 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
0

WAS VEHICLE OPERATING IN AUTONOMOUS
MODE WHEN CRASH OCCURRED?

2

1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS
MODE LEVEL

0 - NO AUTOMATION
1 - DRIVER ASSISTANCE
2 - PARTIAL AUTOMATION
5 - FULL AUTOMATION

0 1

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 - SAFETY SERVICE PATROL

17 - FARM
18 - MOWING
19 - SNOW REMOVAL
20 - TOWING

21 - MAIL CARRIER
99 - OTHER / UNKNOWN

0 1

1 - NO CARGO BODY TYPE
/ NOT APPLICABLE

3 - VEHICLE TOWING ANOTHER
MOTOR VEHICLE

5 - INTERMODAL CONTAINER
CHASSIS

8 - POLE

12 - CONCRETE MIXER

CARGO
BODY
TYPE

2 - BUS

4 - LOGGING

6 - CARGO VAN/ENCLOSED BOX

9 - CARGO TANK

13 - AUTO TRANSPORTER

0 1

5 - GRAIN/CHIPS/GRAVEL

7 - GRAIN/CHIPS/GRAVEL

10 - FLAT BED

11 - DUMP

14 - GARBAGE/REFUSE

0 1

1 - TURN SIGNALS

4 - BRAKES

7 - WORN OR SLICK TIRES

9 - MOTOR TROUBLE

99 - OTHER / UNKNOWN

0 1

2 - HEAD LAMPS

5 - STEERING

8 - TRAILER EQUIPMENT

DEFECTIVE

10 - DISABLED FROM PRIOR
ACCIDENT

0 1

3 - TAIL LAMPS

6 - TIRE BLOWOUT

0 1

1 - INTERSECTION - MARKED
CROSSWALK

3 - INTERSECTION - OTHER

6 - BICYCLE LANE

9 - MEDIAN/CROSSING ISLAND

12 - FIRST RESPONDER

0 1

2 - INTERSECTION - UNMARKED
CROSSWALK

4 - MIDBLOCK - MARKED

7 - SHOULDER / ROADSIDE

10 - DRIVEWAY ACCESS

AT INCIDENT SCENE

0 1

5 - TRAVEL LANE - OTHER LOCATION

8 - SIDEWALK

11 - SHARED USE PATHS OR
TRAILS

13 - NECESSITATING A CURVE

18 - APPROACHING
OR LEAVING VEHICLE

0 1

1 - NON-CONTACT

1 - STRIKING

2 - BACKING

8 - ENTERING TRAFFIC LANE

19 - STANDING

0 1

3 - STRIKING
PRE-CRASH
ACTIONS

4 - OVERTAKING/PASSING

9 - LEAVING TRAFFIC LANE

14 - ENTERING OR CROSSING
SPECIFIED LOCATION

20 - OTHER NON-MOTORIST

0 1

5 - BOTH STRIKING
& STRUCK

6 - MAKING LEFT TURN

10 - PARKED

15 - WALKING, RUNNING,
JOGGING, PLAYING

21 - STANDING OUTSIDE
DISABLED VEHICLE

0 1

9 - OTHER / UNKNOWN

6 - MAKING RIGHT TURN

11 - SLOWING OR STOPPED
IN TRAFFIC

16 - WORKING

17 - PUSHING VEHICLE

0 1

1 - NONE

7 - LEFT OF CENTER

13 - IMPROPER START FROM A
PARKED POSITION

18 - VISION OBSTRUCTION

21 - LYING IN ROADWAY

0 1

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

15 - SWERVING TO AVOID

19 - LOAD SHIFTING/FALLING/
SPILLING

23 - OPENING DOOR INTO
ROADWAY

0 1

4 - RAN STOP SIGN

10 - IMPROPER PASSING

16 - WRONG WAY

20 - IMPROPER CROSSING

99 - OTHER IMPROPER ACTION

0 1

5 - UNSAFE SPEED

11 - DROVE OFF ROAD

17 - CROSS CENTERLINE -
OPPOSITE DIRECTION OF
TRAVEL

22 - WORK ZONE MAINTENANCE
EQUIPMENT

24 - OTHER MOVABLE OBJECT

0 1

6 - IMPROPER TURN

12 - DOWNHILL RUNAWAY

18 - ANIMAL - DEER

23 - STRUCK BY FALLING,
SHIFTING CARGO OR
ANYTHING SET IN MOTION

25 - IMPACT ATTENUATOR
/ CRASH CUSHION

0 1

26 - BRIDGE OVERHEAD
STRUCTURE

33 - MEDIAN CABLE BARRIER

39 - LIGHT / LUMINARIES

45 - EMBANKMENT

51 - WALL

0 1

27 - BRIDGE PIER OR ABUTMENT

34 - MEDIAN GUARDRAIL

40 - UTILITY POLE

46 - FENCE

52 - BUILDING

0 1

28 - BRIDGE PARAPET

35 - MEDIAN CONCRETE
BARRIER

41 - OTHER POST, POLE
OR SUPPORT

47 - MAILBOX

53 - TUNNEL

0 1

29 - BRIDGE RAIL

36 - MEDIAN OTHER BARRIER

48 - TREE

49 - FIRE HYDRANT

54 - OTHER FIXED OBJECT
99 - OTHER / UNKNOWN

0 1

30 - GUARDRAIL FACE

37 - TRAFFIC SIGN POST

38 - OVERHEAD SIGN POST

44 - DITCH

50 - WORK ZONE MAINTENANCE
EQUIPMENT

0 1

1 FIRST HARMFUL EVENT

39 - LIGHT / LUMINARIES

45 - EMBANKMENT

51 - WALL

52 - BUILDING

0 1

1 MOST HARMFUL EVENT

40 - UTILITY POLE

46 - FENCE

53 - TUNNEL

54 - OTHER FIXED OBJECT

0 1

1 HARMFUL EVENT

41 - OTHER POST, POLE
OR SUPPORT

47 - MAILBOX

48 - TREE

49 - FIRE HYDRANT

0 1

1 HARMFUL EVENT

42 - CULVERT

49 - FIRE HYDRANT

50 - WORK ZONE MAINTENANCE
EQUIPMENT

54 - OTHER FIXED OBJECT

0 1

1 HARMFUL EVENT

43 - CURB

44 - DITCH

51 - WALL

52 - BUILDING

0 1

1 HARMFUL EVENT

45 - EMBANKMENT

46 - FENCE

53 - TUNNEL

54 - OTHER FIXED OBJECT

0 1

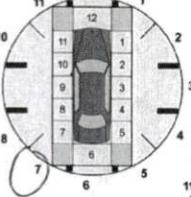
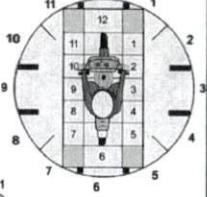
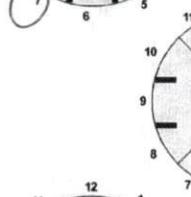
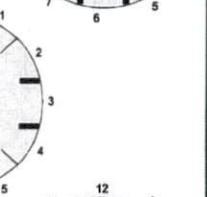
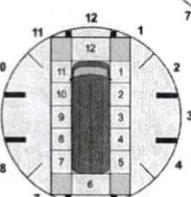
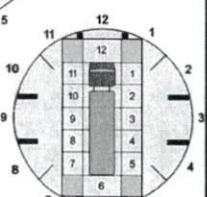
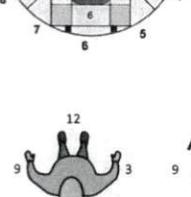
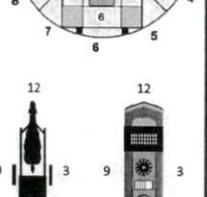
1 HARMFUL EVENT

47 - MAILBOX

48 - TREE

49 - FIRE HYDRANT

OWNER	UNIT # <u>012</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)	
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER)			
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
	LP STATE <u>O H</u>	LICENSE PLATE # <u>JFZ9108</u>	VEHICLE IDENTIFICATION # <u>1J8HG48K06C144367</u>	VEHICLE YEAR <u>2006</u>
<input type="checkbox"/> INSURANCE VERIFIED INSURANCE COMPANY <u></u>		INSURANCE POLICY # <u></u>	COLOR <u>GREEN</u>	VEHICLE MODEL <u>COMMANDER</u>
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT # <u></u>	TOWED BY: COMPANY NAME <u>WAYNE'S</u>	
<input type="checkbox"/> INTERLOCK EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <input type="checkbox"/> #OCCUPANTS <u>0 1</u>		VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # <u></u> PLACARD ID # <u></u>	
UNIT TYPE 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 BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	
# OF TRAILING UNITS <u>0</u>		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		
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		
SPECIAL FUNCTION 1 - ELECTRONIC RIDE SHARING 2 - SCHOOL TRANSPORT 3 - 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	
CARGO BODY TYPE <u>0 1</u> 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - STEERING 6 - TIRE BLOWOUT	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 8 - TURN SIGNALS 9 - BRAKES 10 - HEAD LAMPS 11 - TAIL LAMPS	
VEHICLE DEFECTS		12 - POLE 13 - CARGO TANK 14 - FLAT BED 15 - DUMP	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 15 - OTHER/UNKNOWN	
NON-MOTORIST LOCATION AT IMPACT		1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT	
CONTRIBUTING CIRCUMSTANCES		4 - BRAKES 5 - TRAILER EQUIPMENT DEFECTIVE 6 - TIRE BLOWOUT	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS	
ACTION <u>4</u> 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING <u>0 6</u> 4 - STRUCK PRE-CRASH 5 - BOTH STRIKING & STRUCK 9 - OTHER/UNKNOWN		1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - MIDBLOCK - MARKED 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - TURNING	12 - FIRST RESPONDER AT INCIDENT SCENE 13 - NECESSARY 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	
SEQUENCE OF EVENTS		8 - LEFT OF CENTER 9 - FOLLOWING TOO CLOSE / ACDA 10 - IMPROPER LANE CHANGE 11 - RAN RED LIGHT 12 - RAN STOP SIGN 13 - UNSAFE SPEED 14 - IMPROPER TURN	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - OPENING DOOR INTO ROADWAY 24 - OTHER MOVABLE OBJECT	
COLLISION WITH FIXED OBJECT - STRUCK		15 - IMPROPER START FROM A PARKED POSITION 16 - IMPROPER PASSING 17 - SWERVING TO AVOID 18 - WRONG WAY	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPERATING DEFECTIVE EQUIPMENT 24 - LOAD SHIFTING/FALLING/SPILLING 25 - OTHER IMPROPER ACTION	
20 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	26 - WORK ZONE MAINTENANCE EQUIPMENT 27 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 28 - OTHER MOVABLE OBJECT	
21 1 - IMPACT ATTENUATOR / CRASH CUSHION 2 - BRIDGE OVERHEAD STRUCTURE 3 - BRIDGE PIER OR ABUTMENT 4 - BRIDGE PARAPET 5 - BRIDGE RAIL 6 - 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	
22 1 - FIRST HARMFUL EVENT		23 1 - MOST HARMFUL EVENT		

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



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER									
UNIT #		DATE OF BIRTH							
0 1		0 4 0 1 1 9 9 5 2 7 M							
ADDRESS: STREET, CITY, STATE, ZIP 2213 JERMAIN DR COLUMBUS, OHIO 43211									
CONTACT PHONE - INCLUDE AREA CODE									
INJURIES INJURED TAKEN BY EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED									
4		1				0 4		<input type="checkbox"/> DOT-COMPLIANT MC HELMET	
OL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE		SEATING POSITION	
06				313.01A		X		AIR BAG USAGE	
OL CLASS		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY		ALCOHOL / DRUG SUSPECTED	
06						1		<input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	
UNIT #		DATE OF BIRTH							
0 2		1 1 0 3 2 0 0 0 2 1 M							
ADDRESS: STREET, CITY, STATE, ZIP 3760 DUST COMMANDER DR FAIRFIELD TWP, OHIO 45011									
CONTACT PHONE - INCLUDE AREA CODE									
INJURIES INJURED TAKEN BY EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED									
5		1				0 4		<input type="checkbox"/> DOT-COMPLIANT MC HELMET	
OL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE		SEATING POSITION	
O H								AIR BAG USAGE	
OL CLASS		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY		ALCOHOL / DRUG SUSPECTED	
4						1		<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	
UNIT #		DATE OF BIRTH							
0		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									
OL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE		SEATING POSITION	
OL CLASS		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY		ALCOHOL / DRUG SUSPECTED	
OL						1		<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	
INJURIES		SEATING POSITION		AIR BAG		OL CLASS		OL RESTRICTION(S)	
1-FATAL		1-FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1-NOT DEPLOYED		1-CLASS A		1-ALCOHOL INTERLOCK DEVICE	
2-SUSPECTED SERIOUS INJURY		2-FRONT - MIDDLE		2-DEPLOYED FRONT		2-CLASS B		2-CDL INTRASTATE ONLY	
3-SUSPECTED MINOR INJURY		3-FRONT - RIGHT SIDE		3-DEPLOYED SIDE		3-CLASS C		3-CORRECTIVE LENSES	
4-POSSIBLE INJURY		4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4-DEPLOYED BOTH FRONT / SIDE		4-REGULAR CLASS (OHIO = D)		4-FARM WAIVER	
5-NO APPARENT INJURY		5-SECOND - MIDDLE		5-NOT APPLICABLE		5-M/C MOPED ONLY		5-EXCEPT CLASS A BUS	
INJURED TAKEN BY		6-SECOND - RIGHT SIDE		9-DEPLOYMENT UNKNOWN		6-NO VALID OL		6-EXCEPT CLASS A & CLASS B BUS	
1-NOT TRANSPORTED / TREATED AT SCENE		7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		7-NOT EJECTED		7-EXCEPT TRACTOR-TRAILER		7-EXCEPT TRACTOR-TRAILER	
2-EMS		8-THIRD - MIDDLE		8-PARTIALLY EJECTED		8-INTERMEDIATE LICENSE RESTRICTIONS		8-INTERMEDIATE LICENSE RESTRICTIONS	
3-POLICE		9-THIRD - RIGHT SIDE		9-TOTALLY EJECTED		9-LEARNER'S PERMIT RESTRICTIONS		9-LEARNER'S PERMIT RESTRICTIONS	
9-OTHER / UNKNOWN		10-SLEEPER SECTION OF TRUCK CAB		4-NOT APPLICABLE		10-LIMITED TO DAYLIGHT ONLY		10-LIMITED TO DAYLIGHT ONLY	
SAFETY EQUIPMENT		11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		11-LIMITED TO EMPLOYMENT		11-LIMITED TO EMPLOYMENT	
1-NONE USED		12-PASSENGER IN UNENCLOSED CARGO AREA		12-PASSENGER IN UNENCLOSED CARGO AREA		12-LIMITED - OTHER		12-LIMITED - OTHER	
2-SHOULDER BELT ONLY USED		13-TRAILING UNIT		13-TRAILING UNIT		13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	
3-LAP BELT ONLY USED		14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		14-MILITARY VEHICLES ONLY		14-MILITARY VEHICLES ONLY	
4-SHOULDER & LAP BELT USED		15-NON-MOTORIST		15-NON-MOTORIST		15-MOTOR VEHICLES WITHOUT AIR BRAKES		15-MOTOR VEHICLES WITHOUT AIR BRAKES	
5-CHILD RESTRAINT SYSTEM - FORWARD FACING		99-OTHER / UNKNOWN		99-OTHER / UNKNOWN		16-OUTSIDE MIRROR		16-OUTSIDE MIRROR	
6-CHILD RESTRAINT SYSTEM - REAR FACING						17-PROSTHETIC AID		17-PROSTHETIC AID	
7-BOOSTER SEAT						18-OTHER		18-OTHER	
8-HELMET USED									
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)									
10-REFLECTIVE CLOTHING									
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY									
99-OTHER / UNKNOWN									
TEST STATUS									
ALCOHOL TEST TYPE									
DRUG TEST TYPE									
CONDITION									
DRUG TEST RESULT(S)									



OCCUPANT / WITNESS ADDENDUM

OCCUPANT	LOCAL REPORT NUMBER											
	2 2 0 4 6 6 6 4					DATE OF BIRTH	AGE	GENDER				
UNIT #	NAME: LAST, FIRST, MIDDLE					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			
UNIT #	NAME: LAST, FIRST, MIDDLE					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			
UNIT #	NAME: LAST, FIRST, MIDDLE					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			
UNIT #	NAME: LAST, FIRST, MIDDLE					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			
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										9 - DEPLOYMENT UNKNOWN		
1 - NOT TRANSPORTED /TREATED AT SCENE	6 - CHILD RESTRAINT SYSTEM - REAR FACING	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	9 - DEPLOYMENT UNKNOWN									
2 - EMS	7 - BOOSTER SEAT	8 - THIRD - MIDDLE	1 - NOT EJECTED									
3 - POLICE	8 - HELMET USED	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED									
9 - OTHER / UNKNOWN	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED									
GENDER										4 - NOT APPLICABLE		
F - FEMALE	10 - REFLECTIVE CLOTHING	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOT EJECTED									
M - MALE	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	12 - PASSENGER IN UNENCLOSED CARGO AREA	2 - PARTIALLY EJECTED									
U - OTHER / UNKNOWN	99 - OTHER / UNKNOWN	13 - TRAILING UNIT	3 - TOTALLY EJECTED									
NAME: LAST, FIRST, MIDDLE										4 - NOT APPLICABLE		
BRADSHAW, DAVID ELROY										1 - NOT TRAPPED		
ADDRESS: STREET, CITY, STATE, ZIP										2 - EXTRICATED BY MECHANICAL MEANS		
820 MILLER RUN CT FAIRFIELD, OHIO 45014										3 - FREED BY NON-MECHANICAL MEANS		
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER				
						0 1 2 5 1 9 6 0	6 2	M				
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		
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER				
						0						
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE		

REPORT NUMBER 22-046664

AGENCY

FAIRFIELD P.D. 00901

DATE OF ACCIDENT

M 07 10 01 2022

IN COUNTY OF

BUTLER

ACCIDENT LOCATION

UNION CENTRE BLVD / SEWARD RD

