



## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL REPORT NUMBER*						
				2 2 0 4 6 7 3 2						
<input checked="" type="checkbox"/> PHOTOSTAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		<b>LOCAL INFORMATION</b> <b>REPORTING AGENCY NAME*</b> NCIC* Fairfield Police Department 0 0 9 0 1								
<b>COUNTY*</b> 0 9 <b>LOCALITY*</b> 1-CITY 1 2-VILLAGE 3-TOWNSHIP City of Fairfield		<b>CRASH DATE / TIME*</b> 0 7 0 1 2 0 2 2 1 4 5 1								
<b>LOCATION</b>	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES 3 9 3 0 9 7 4 5				
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES -8 4 5 6 2 2 6 3				
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 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	<b>INTERSECTION RELATED</b> <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH 4 <input type="checkbox"/> WITHIN INTERCHANGE AREA					
DISTANCE FROM REFERENCE 5 9 4	DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS				<b>ROADWAY</b> <input type="checkbox"/> ROADWAY DIVIDED					
<b>LOCATION OF FIRST HARMFUL EVENT</b> 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			<b>MANNER OF CRASH COLLISION/IMPACT</b> 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			<b>DIRECTION OF TRAVEL</b> 1-NORTH 2-SOUTH 3-EAST 4-WEST		<b>MEDIAN TYPE</b> 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		<b>WORK ZONE TYPE</b> 1-LANE CLOSURE 2-LANE SHIFT/CROSSOVER 3-WORK ON SHOULDER OR MEDIAN 4-INTERMITTENT OR MOVING WORK 5-OTHER		<b>LOCATION OF CRASH IN WORK ZONE</b> 1-BEFORE THE 1ST WORK ZONE 2-ADVANCE WARNING SIGN 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA		<b>CONTOUR</b> 1 1-Straight Level 2-Straight Grade 3-Curve Level 4-Curve Grade 9-Other/Unknown		<b>CONDITIONS</b> 1 1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-Other/Unknown		
<b>LIGHT CONDITION</b> 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN			<b>WEATHER</b> 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL					<b>SURFACE</b> 1 1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-Other/Unknown		
<b>NARRATIVE</b> <p>On July 1, 2022 at approximately 2:51 PM, Units 1 and 2 were traveling southbound on Pleasant Avenue approaching John Gray Road. Both Units were stopped in traffic. Unit 1 then accelerated and rear-ended Unit 2.</p> <p>Unit 1 driver was also charged with DUS (FCO - 335.074a, UM) and Possession of Marijuana (FCO - 513.03a, MM).</p>									 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 1 4 5 1		DISPATCH DATE / TIME 0 7 0 1 2 0 2 2 1 4 5 7		ARRIVAL DATE / TIME 0 7 0 1 2 0 2 2 1 5 0 0		SCENE CLEARED DATE / TIME 0 7 0 1 2 0 2 2 1 5 4 8		<b>REPORT TAKEN BY</b> <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODIS)		
<b>TOTAL TIME ROADWAY CLOSED</b> 0		<b>OTHER INVESTIGATION TIME</b> 3 0		<b>TOTAL MINUTES</b> 8 1		<b>OFFICER'S NAME*</b> A. ROUSH		<b>CHECKED BY OFFICER'S NAME*</b> D. POTH		
						<b>OFFICER'S BADGE NUMBER*</b> 1 7 0		<b>CHECKED BY OFFICER'S BADGE NUMBER*</b> 1 3 0		



UNIT

OWNER

EVENTS

SEQUENCE OF EVENTS

1

FIRST HARMFUL EVENT

1

MOST HARMFUL EVENT

1

OWNER #

01

OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER)OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER)

BRADY A LANTZ ENTERPRISES

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

11242 SEBRING DR, CINCINNATI, OH 45240

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

1

LP STATE

O H

LICENSE PLATE #

PFU6265

VEHICLE IDENTIFICATION #

1 G B J G 3 1 U 2 6 1 2 3 1 0 5

VEHICLE YEAR

2 0 0 6

VEHICLE MAKE

CHEVROLET

INSURANCE

VERIFIED

INSURANCE COMPANY

CINCINNATI INS CO

INSURANCE POLICY #

EBA0124110

COLOR

WHITE

VEHICLE MODEL

VAN

TYPE OF USE

COMMERCIAL

GOVERNMENT

IN EMERGENCY RESPONSE

US DOT #

1

TOWED BY: COMPANY NAME

HAZARDOUS MATERIAL

MATERIAL RELEASED

PLACARD

CLASS #

PLACARD ID #

# OCCUPANTS

0 1

VEHICLE WEIGHT GVWR/GCWR

1

3 - &gt;26K LBS.

1 - &lt;10K LBS.

2 - 10,001 - 26K LBS.

1 - PASSENGER CAR

2 - PASSENGER VAN (MINIVAN)

3 - SPORT UTILITY VEHICLE

4 - PICK UP

5 - CARGO VAN

6 - VAN (9-15 SEATS)

11 - ALL-TERRAIN VEHICLE (ATV / UTV)

7 - MOTORCYCLE 2-WHEELED

8 - MOTORCYCLE 3-WHEELED

9 - AUTOCYCLE

10 - MOPED OR MOTORIZED

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

27 - TRAIN

99 - UNKNOWN OR HIT/SKIP

1 - YES 2 - NO 9 - OTHER / UNKNOWN

# OF TRAILING UNITS

0 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?

0

AUTONOMOUS MODE LEVEL

0 - NO AUTOMATION

1 - DRIVER ASSISTANCE

2 - PARTIAL AUTOMATION

3 - CONDITIONAL AUTOMATION

4 - HIGH AUTOMATION

5 - FULL AUTOMATION

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 - MOPED OR MOTORIZED

11 - ALL-TERRAIN VEHICLE (ATV / UTV)

12 - GOLF CART

13 - SNOWMOBILE

14 - SINGLE UNIT TRUCK

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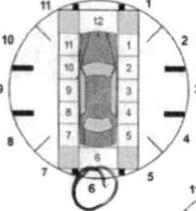
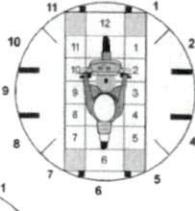
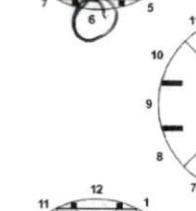
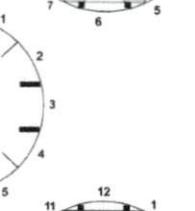
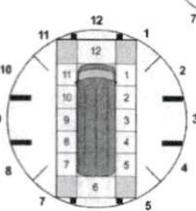
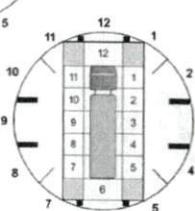
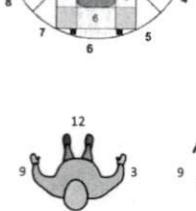
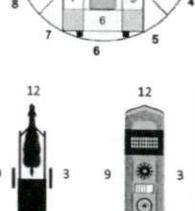
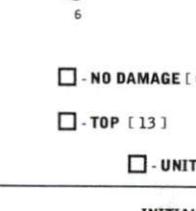
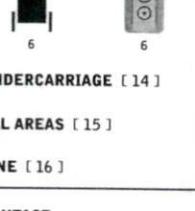
7 - BUS - INTERCITY

OWNER

VEHICLE

EVENT(S)

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )		OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS OWNER )
0 2	FRINK, FRANK A		
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
0 H	HSB8352	1 G Y F K 6 6 8 X 7 R 3 3 9 2 4 1	2 0 0 7
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	VEHICLE MAKE
	ALLSTATE	992469118	CADILLAC
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	
INTERLOCK DEVICE EQUIPPED		# OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR
		0 1	1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.
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
UNIT TYPE			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
0 3			
0 0 # OF TRAILING UNITS			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION
0 2 1 - YES 2 - NO 9 - OTHER/UNKNOWN			
SPECIAL FUNCTION		0 - NO CARGO BODY TYPE / NOT APPLICABLE 1 - BUS	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS
CARGO BODY TYPE		2 - BUS-CHARTER/TOUR 3 - LOGGING	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT
VEHICLE DEFECTS		5 - CARGO VAN/ENCLOSED BOX 6 - CARGO VAN/ENCLOSED BOX	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE
NON-MOTORIST LOCATION AT IMPACT		7 - GRAIN/CHIPS/GRAVEL 8 - SIDEWALK 9 - TRAVEL LANE - OTHER LOCATION	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT
0 1			
0 4 ACTION		1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION
0 1 CONTRIBUTING CIRCUMSTANCES		6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK 9 - TRAVEL LANE - OTHER LOCATION	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS
SEQUENCE OF EVENTS		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	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 15 - DUMP
1 2 0		14 - LEAVING TRAFFIC LANE 15 - SLOWING OR STOPPED IN TRAFFIC 16 - MAKING LEFT TURN 17 - MAKING RIGHT TURN 18 - PARKED 19 - SWERVING TO AVOID	16 - POLE 17 - CARGO TANK 18 - FLAT BED 19 - DUMP
4 - STRIKING 1, 1 3 - CHANGING LANES		20 - APPROACHING OR LEAVING VEHICLE 21 - STANDING 22 - OTHER NON-MOTORIST 23 - STANDING OUTSIDE DISABLED VEHICLE 24 - WORKING 25 - PUSHING VEHICLE	21 - MAIL CARRIER 24 - WHEELCHAIR (ANYTYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN
4 - STRUCK PRE-CRASH ACTIONS		26 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - UNKNOWN OR HIT/SKIP	28 - UNKNOWN
5 - BOTH STRIKING & STRUCK			
9 - OTHER/UNKNOWN			
1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN		13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE EQUIPMENT 23 - OPENING DOOR INTO ROADWAY 24 - OTHER IMPROPER ACTION
0 1		17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - SWERVING TO AVOID 20 - IMPROPER CROSSING	
1 2 0		21 - IMPROPER BACKING	
25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE		22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT 25 - RAILWAY VEHICLE 26 - ANIMAL - FARM 27 - ANIMAL - DEER 28 - ANIMAL - OTHER 29 - MOTOR VEHICLE IN TRANSPORT 30 - PARKED MOTOR VEHICLE	
31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER		31 - CURB 32 - DITCH 33 - EMBANKMENT 34 - FENCE 35 - MAILBOX 36 - TREE 37 - OTHER FIXED OBJECT 38 - FIRE HYDRANT	30 - WORK ZONE MAINTENANCE EQUIPMENT 31 - WALL 32 - BUILDING 33 - TUNNEL 34 - OTHER FIXED OBJECT 35 - FIRE HYDRANT
37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT			
1 FIRST HARMFUL EVENT		43 - CULVERT	
1 MOST HARMFUL EVENT		44 - DITCH	

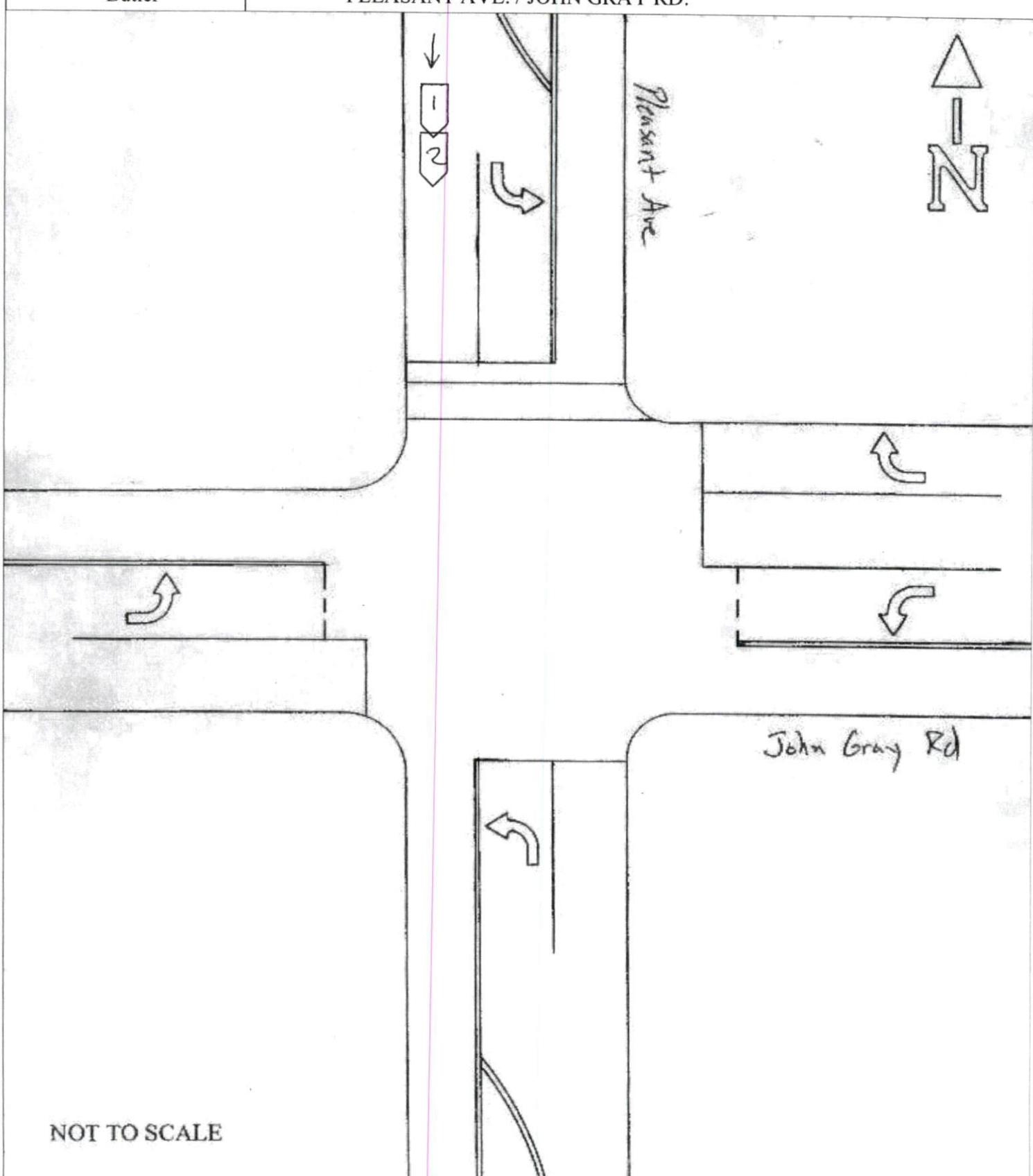
LOCAL REPORT NUMBER	
2 2 0 4 6 7 3 2	
DAMAGE	
1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
         	
<input type="checkbox"/> - NO DAMAGE [ 0 ] <input type="checkbox"/> - UNDERCARRIAGE [ 14 ] <input type="checkbox"/> - TOP [ 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	
TRAFFICWAY FLOW	TRAFFIC CONTROL
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	RAIL GRADE CROSSING
2	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM 1 TO 2	1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
UNIT SPEED	
0	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	
3 5	



## **MOTORIST / Non-MOTORIST**

UNIT #		NAME: LAST, FIRST, MIDDLE COOPER, DAVID J				DATE OF BIRTH 0 1 1 8 1 9 7 6		AGE 4 6	GENDER M
ADDRESS: STREET, CITY, STATE, ZIP 548 MAPLE AVE, CINCINNATI, OH 45229		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 333.03a	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION ACDA		CITATION NUMBER 252006		
OL CLASS 6	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 FRINK, TANYA L				DATE OF BIRTH 0 8 2 4 1 9 8 0		AGE 4 1	GENDER F	
ADDRESS: STREET, CITY, STATE, ZIP 2331 PLEASANT AVE, HAMILTON, 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	<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		
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				
4-POSSIBLE INJURY	4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4-DEPLOYED BOTH FRONT / SIDE	4-REGULAR CLASS (OHIO = D)	4-FARM WAIVER	4-TEST GIVEN, RESULTS KNOWN				
5-NO APPARENT INJURY	5-SECOND - MIDDLE	5-NOT APPLICABLE	5-M/C MOPED ONLY	5-EXCEPT CLASS A BUS	5-TEST GIVEN, RESULTS UNKNOWN				
<b>INJURED TAKEN BY</b>	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-EXCEPT TRACTOR-TRAILER COMMUNICATION DEVICE						
2-EMS	8-THIRD - MIDDLE		8-INTERMEDIATE LICENSE RESTRICTIONS						
3-POLICE	9-THIRD - RIGHT SIDE		9-LEARNER'S PERMIT RESTRICTIONS						
9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB		10-LIMITED TO DAYLIGHT ONLY						
<b>SAFETY EQUIPMENT</b>	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		11-LIMITED TO EMPLOYMENT						
1-NONE USED	12-PASSENGER IN UNENCLOSED CARGO AREA		12-LIMITED - OTHER						
2-SHOULDER BELT ONLY USED	13-TRAILING UNIT		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-MILITARY VEHICLES ONLY						
4-SHOULDER & LAP BELT USED	15-NON-MOTORIST		15-MOTOR VEHICLES WITHOUT AIR BRAKES						
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	99-OTHER / UNKNOWN		16-OUTSIDE MIRROR						
6-CHILD RESTRAINT SYSTEM - REAR FACING			17-PROSTHETIC AID						
7-BOOSTER SEAT			18-OTHER						
8-Helmet USED									
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)									
10-REFLECTIVE CLOTHING									
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY									
99-OTHER / UNKNOWN									
<b>TRAPPED</b>									
1-NOT TRAPPED									
2-EXTRICATED BY MECHANICAL MEANS									
3-FREED BY NON-MECHANICAL MEANS									
<b>CONDITION</b>									
1-APPARENTLY NORMAL									
2-PHYSICAL IMPAIRMENT									
3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)									
4-ILLNESS									
5-FELL ASLEEP, FAINTED, FATIGUED, ETC.									
6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL									
9-OTHER / UNKNOWN									
<b>DRUG TEST TYPE</b>									
1-NONE									
2-BLOOD									
3-URINE									
4-OTHER									
<b>DRUG TEST RESULT(S)</b>									
1-AMPHETAMINES									
2-BARBITURATES									
3-BENZODIAZEPINES									
4-CANNABINOID									
5-COCAIN									
6-OPIATES / OPIOIDS									
7-OTHER									
8-NEGATIVE RESULTS									

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF ACCIDENT
22046732	Fairfield Police Department	7/1/22
IN COUNTY OF	ACCIDENT LOCATION	
Butler	PLEASANT AVE. / JOHN GRAY RD.	



A hand-drawn diagram of a street intersection. Pleasant Ave. is a vertical street with a one-way arrow pointing down. A vertical line labeled 'Pleasant Ave' runs along its right side. A small vertical sign on the left side of Pleasant Ave. has the number '1' at the top and '2' at the bottom. A curved arrow points from the bottom of Pleasant Ave. to the right, indicating a turn onto John Gray Rd. John Gray Rd. is a horizontal street that branches off from Pleasant Ave. to the right. There are two curved arrows on John Gray Rd.: one pointing up and one pointing down, indicating traffic flow in both directions. A north arrow is located in the upper right corner of the diagram area.

NOT TO SCALE

	OFFICER'S SIGNATURE	BADGE NO.
	A. ROUSH	170