



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

| | | | | LOCAL REPORT NUMBER* | | | | | |
|---|-----------------------------------|--|---|--|--|--|---|--|--|
| | | | | 2 2 0 4 9 6 7 6 | | | | | |
| <input checked="" type="checkbox"/> PHOTOS TAKEN <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 | | LOCAL INFORMATION | | REPORTING AGENCY NAME* NCIC* Fairfield Police Department 0 0 9 0 1 | | HIT/SKIP NUMBER OF UNITS 1-SOLVED 0 2 2-UNRESOLVED | UNIT IN ERROR 98-ANIMAL 0 1 99-UNKNOWN | | |
| COUNTY* | LOCALITY* | LOCATION: CITY, VILLAGE, TOWNSHIP* | | | CRASH DATE / TIME* | | CRASH SEVERITY | | |
| 0 9 | 1-CITY 2-VILLAGE 3-TOWNSHIP | City of Fairfield | | | 0 7 1 2 2 0 2 2 0 9 4 5 | 3 | | 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY | |
| LOCATION | ROUTE TYPE | ROUTE NUMBER | PREFIX | 1-NORTH 2-SOUTH 3-EAST 4-WEST | LOCATION ROAD NAME | ROAD TYPE | LATITUDE DECIMAL DEGREES | | |
| | U S | 1 2 7 | | | | R D | 3 9 3 1 6 5 8 0 | | |
| 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 | | |
| | | | | | HUNTER | R D | -8 4 5 6 1 6 1 0 | | |
| 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 | <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES | | |
| DISTANCE FROM REFERENCE | | DISTANCE UNIT OF MEASURE | | 1-MILES 2-FEET 3-YARDS | RD - ROAD ST - STREET TE - TERRACE TL - TRAIL WA - WAY | ROADWAY | | | |
| 1 0 0 | | 2 | | | | <input type="checkbox"/> ROADWAY DIVIDED | | | |
| LOCATION OF FIRST HARMFUL EVENT | | | | MANNER OF CRASH COLLISION/IMPACT | | DIRECTION OF TRAVEL | | MEDIAN TYPE | |
| 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 | | | | 1-NOT COLLISION 2-BETWEEN 3-TWO MOTOR VEHICLES IN 4-TRANSPORT 5-REAR-END 6-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 | |
| 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 | | | | 9-COLLISION 5-BACKING 6-ANGLE 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 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 2-ADVANCE WARNING SIGN 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-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN | | | | 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 | | | |
| NARRATIVE | | | | | | | | | |
| On July 12, 2022 at about 9:45 A.M. Unit 2 was stopped in traffic on Pleasant Ave. Unit 1 failed to maintain an assured clear distance ahead and struck Unit 2 in the rear. The driver of Unit 1 was cited for ACDA. | | | | | | | | | |
| Indicate the north direction with an "N" on the compass diagram. | | |  PLLEASANT AV | | | | | | |
| CRASH REPORTED DATE / TIME | | DISPATCH DATE / TIME | | ARRIVAL DATE / TIME | | SCENE CLEARED DATE / TIME | | REPORT TAKEN BY | |
| 0 7 1 2 2 0 2 2 0 9 4 7 | | 0 7 1 2 2 0 2 2 0 9 4 8 | | 0 7 1 2 2 0 2 2 0 9 4 8 | | 0 7 1 2 2 0 2 2 1 0 3 7 | | <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS) | |
| TOTAL TIME ROADWAY CLOSED | | OTHER INVESTIGATION TIME | | TOTAL MINUTES | | OFFICER'S NAME* R. CORNER | | CHECKED BY OFFICER'S NAME* S. J. Springer | |
| 2 0 | | 6 9 | | 8 5 | | OFFICER'S BADGE NUMBER* 8 4 | | CHECKED BY OFFICER'S BADGE NUMBER* T 4 | |

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| UNIT # | OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) | OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER) |
| 0 1 | HENRY, RANDALL J | |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) | | |
| 3934 FREEMAN AVE HAMILTON, OH 45015 | | |
| 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 |
| O H | HSU4378 | 1FADP3J20FL208102 | 2015 | FORD |

| | | | | |
|--|---------------------------------|-------------------------------------|----------------|-------------------------|
| <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY STATE FARM | INSURANCE POLICY # 8212394A28351 | COLOR BLACK | VEHICLE MODEL FUSION |
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| TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | US DOT # | TOWED BY: COMPANY NAME WAYNE'S |
| INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT | #OCCUPANTS 0 1 | VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. |
| | | MATERIAL RELEASED PLACARD |
| | | CLASS # PLACARD ID # |

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| UNIT TYPE 0 1 | 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) | 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 |
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|---|---------------------|
| 0 | # OF TRAILING UNITS |
|---|---------------------|

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| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 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 |
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| SPECIAL FUNCTION 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 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER / UNKNOWN |
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| CARGO BODY TYPE 0 1 | 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - GRAN/CHIPS/GRAVEL | 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - DUMP | 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP | 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN |
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| VEHICLE DEFECTS 0 1 | 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 |
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| NON-MOTORIST LOCATION AT IMPACT 0 1 | 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 |
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| ACTION 0 1 | 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN | PRE-CRASH ACTIONS 0 1 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN | 1 - STRAIGHT AHEAD 2 - BACKING 3 - TURNING 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 |
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| CONTRIBUTING CIRCUMSTANCES 0 1 8 | 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 |
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| SEQUENCE OF EVENTS | | | | | |
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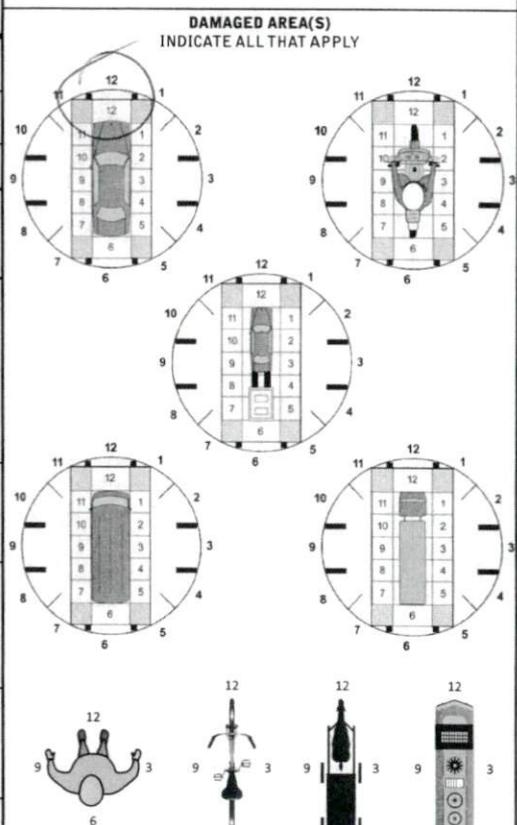
| | | | | | |
|-------|--|--|---|---|---|
| 1 2 0 | 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN | 11 - CROSS CENTERLINE - OPPOSITE 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 MOBILE OBJECT |
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| 4 5 6 | 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 |
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| 1 | FIRST HARMFUL EVENT | 1 | MOST HARMFUL EVENT |
|---|---------------------|---|--------------------|

LOCAL REPORT NUMBER
2 2 0 4 9 6 7 6

DAMAGE
DAMAGE SCALE
1 - NONE 3 - FUNCTIONAL DAMAGE
2 - MINOR DAMAGE 4 - DISABLING DAMAGE
9 - UNKNOWN



- 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
TRAFFIC WAY FLOW
1 - ONE-WAY 2 - TWO-WAY
2 6

OF THROUGH LANES ON ROAD
2 1

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
2 5 1

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

POSTED SPEED
4 0

| | | |
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| UNIT # | OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) | OWNER PHONE: INCLUDE AREA CODE / <input type="checkbox"/> SAME AS DRIVER |
| 0 2 | BALL, JOHN | |

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 |
| O H | HIR5560 | 1C14RJFAG12DC542241 | 2013 | JEEP |

| | | | | |
|--|------------------------------|----------------------------------|-------------|------------------------|
| <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY STATE FARM | INSURANCE POLICY # 7583270C1435D | COLOR BLACK | VEHICLE MODEL GRAND CH |
|--|------------------------------|----------------------------------|-------------|------------------------|

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| TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | | US DOT # | TOWED BY: COMPANY NAME | |
| <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT | | #OCCUPANTS 0 1 | HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # PLACARD ID # <input type="checkbox"/> PLACARD | |
| VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. | | 1 | | |

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| 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 | 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION | 9 - UNKNOWN |
|--|--|---|--|-------------|

| | | | | |
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| SPECIAL FUNCTION 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 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL |
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|------------------------|--|---|--|--|---|
| CARGO BODY TYPE 0 1 | 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING | 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL | 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP | 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN |
|------------------------|--|---|--|--|---|

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| 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 |
|-----------------|--|--|--|--|----------------------|

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|---------------------------------|--|---|---|---|--|
| NON-MOTORIST LOCATION AT IMPACT | 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK | 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED 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 4 | 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 |
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| CONTRIBUTING CIRCUMSTANCES 0 1 | 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

| | | | | | |
|-------|--|--|---|---|---|
| 1 2 0 | 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 MOBILE OBJECT |
|-------|--|--|---|---|---|

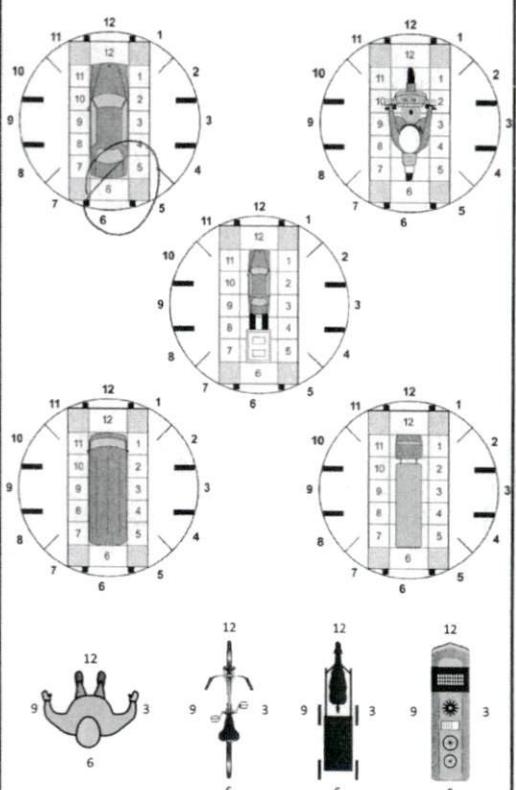
| | | | | | |
|-------|--|--|---|--|--|
| 4 1 1 | 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE | 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - 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 |
|-------|--|--|---|--|--|

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER
2 2 0 4 9 6 7 6

DAMAGE
DAMAGE SCALE
2 - 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
TRAFFIC WAY FLOW
1 - ONE-WAY 2 - TWO-WAY
2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL

OF THROUGH LANES ON ROAD
2 - SIGNAL 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

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

POSTED SPEED
4 - SIGNAL 0 - SIGNAL



MOTORIST / Non-MOTORIST

| | | | | | | | | | |
|---------------------|--|--|--|--|-----|--------|--|--|--|
| LOCAL REPORT NUMBER | | | | | | | | | |
| 2 2 0 4 9 6 7 6 | | | | | | | | | |
| DATE OF BIRTH | | | | | AGE | GENDER | | | |
| 0 8 3 0 2 0 0 0 | | | | | 21 | F | | | |

| | | | | | | | | | | | | |
|---|--|--|-------------------------------------|--|--|-----------------------------------|--|------------------|---------------|-----------------|-----------------------|--------|
| MOTORIST / NON-MOTORIST | UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | | | | | |
| | 0 1 | LUNSFORD, MACAYLA LOISANN | | | | | 0 8 3 0 2 0 0 0 | | | | | |
| | ADDRESS: STREET, CITY, STATE, ZIP 5466 CAMELOT DR APT 23 FAIRFIELD, OH 45014 | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | |
| INJURIES | 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 | AIR BAG USAGE | EJECTION | TRAPPED | |
| 3 | 2 | CFFD | | MERCY | | | | 0 1 | 2 | 1 | 1 | |
| DL STATE | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | LOCAL CODE | | OFFENSE DESCRIPTION | | | CITATION NUMBER | | |
| O H | | | | 333.03A | | | ACDA | | | 248193 | | |
| DL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | CONDITION | | <input type="checkbox"/> ALCOHOL TEST | STATUS | TYPE | VALUE | DRUG TEST(S) | |
| 4 | | | 1 | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | 1 | | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | 1 | 1 | 1 | RESULT SELECT UP TO 4 | |
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | | | | | AGE | GENDER |
| 0 2 | BALL, DEBRA SUE | | | | | 0 2 1 1 1 9 6 9 | | | | | 53 | F |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | |
| 1830 BRIARROSE CT CINCINNATI, OH 45231 | | | | | | | | | | | | |
| INJURIES | 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 | AIR BAG USAGE | EJECTION | TRAPPED | |
| 5 | | | | | | | | 0 1 | 1 | 1 | 1 | |
| DL STATE | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | LOCAL CODE | | OFFENSE DESCRIPTION | | | CITATION NUMBER | | |
| M I | | | | | | | | | | | | |
| DL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | CONDITION | | <input type="checkbox"/> ALCOHOL TEST | STATUS | TYPE | VALUE | DRUG TEST(S) | |
| 4 | | | 1 | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | 1 | | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | 1 | 1 | 1 | RESULT SELECT UP TO 4 | |
| 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 | |
| | | | | | | | | | | | | |
| DL STATE | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | LOCAL CODE | | OFFENSE DESCRIPTION | | | CITATION NUMBER | | |
| | | | | | | | | | | | | |
| DL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | CONDITION | | <input type="checkbox"/> ALCOHOL TEST | STATUS | TYPE | VALUE | DRUG TEST(S) | |
| | | | | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | | | | RESULT SELECT UP TO 4 | |
| INJURIES | SEATING POSITION | AIR BAG | DL 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 | | | | | | | |
| 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-EXCEPT TRACTOR-TRAILER | 7-EXCEPT TRACTOR-TRAILER | | | | | | | | |
| 2-EMS | 8-THIRD - MIDDLE | 1-NOT EJECTED | 8-INTERMEDIATE LICENSE RESTRICTIONS | 8-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE | | | | | | | | |
| 3-POLICE | 9-THIRD - RIGHT SIDE | 2-PARTIALLY EJECTED | 9-LEARNER'S PERMIT RESTRICTIONS | 6-PASSENGER | | | | | | | | |
| 9-OTHER / UNKNOWN | 10-SLEEPER SECTION OF TRUCK CAB | 3-TOTALLY EJECTED | N-TANKER | 7-OTHER DISTRACTION INSIDE THE VEHICLE | | | | | | | | |
| SAFETY EQUIPMENT | 11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT; BUS, PICK-UP WITH CAP) | 4-NOT APPLICABLE | Q-MOTOR SCOOTER | 8-OTHER DISTRACTION OUTSIDE THE VEHICLE | | | | | | | | |
| 1-NONE USED | 12-PASSENGER IN UNENCLOSED CARGO AREA | TRAPPED | R-THREE-WHEEL MOTORCYCLE | 9-OTHER / UNKNOWN | | | | | | | | |
| 2-SHOULDER BELT ONLY USED | 13-TRAILING UNIT | 1-NOT TRAPPED | S-SCHOOL BUS | | | | | | | | | |
| 3-LAP BELT ONLY USED | 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 2-EXTRICATED BY MECHANICAL MEANS | T-DOUBLE & TRIPLE TRAILERS | | | | | | | | | |
| 4-SHOULDER & LAP BELT USED | 15-NON-MOTORIST | 3-FREED BY NON-MECHANICAL MEANS | X-TANKER / HAZMAT | | | | | | | | | |
| 5-CHILD RESTRAINT SYSTEM - FORWARD FACING | 99-OTHER / UNKNOWN | | | | | | | | | | | |
| 6-CHILD RESTRAINT SYSTEM - REAR FACING | | | | | | | | | | | | |
| 7-BOOSTER SEAT | | | | | | | | | | | | |
| 8-HELMET USED | | | | | | | | | | | | |
| 9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | | | | | | | | | | | |
| 10-REFLECTIVE CLOTHING | | | | | | | | | | | | |
| 11-LIGHTING - PEDESTRIAN / BICYCLE ONLY | | | | | | | | | | | | |
| 12-OTHER / UNKNOWN | | | | | | | | | | | | |
| EJECTION | OL ENDORSEMENT | COND | TEST STATUS | | | | | | | | | |
| 1-NOT EJECTED | H-HAZMAT | 1-APPARENTLY NORMAL | 1-NONE GIVEN | | | | | | | | | |
| 2-PARTIALLY EJECTED | M-MOTORCYCLE | 2-PHYSICAL IMPAIRMENT | 2-BLOOD | | | | | | | | | |
| 3-TOTALLY EJECTED | P-PASSENGER | 3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) | 3-URINE | | | | | | | | | |
| 4-NOT APPLICABLE | N-TANKER | 4-ILLNESS | 4-BREATH | | | | | | | | | |
| TRAPPED | Q-MOTOR SCOOTER | 5-FELL ASLEEP, FAINTED, FATIGUED, ETC. | 5-OTHER | | | | | | | | | |
| 1-NOT TRAPPED | R-THREE-WHEEL MOTORCYCLE | 6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL | 6-AMPHETAMINES | | | | | | | | | |
| 2-EXTRICATED BY MECHANICAL MEANS | S-SCHOOL BUS | 7-PROSTHETIC AID | 2-BARBITURATES | | | | | | | | | |
| 3-FREED BY NON-MECHANICAL MEANS | T-DOUBLE & TRIPLE TRAILERS | 8-OTHER | 3-BENZODIAZEPINES | | | | | | | | | |
| COND | X-TANKER / HAZMAT | 9-OTHER / UNKNOWN | 4-CANNABINOID | | | | | | | | | |
| F-FEMALE | | | 5-COCAIN | | | | | | | | | |
| M-MALE | | | 6-OPIATES / OPIOIDS | | | | | | | | | |
| U-OTHER / UNKNOWN | | | 7-OTHER | | | | | | | | | |
| | | | 8-Negative results | | | | | | | | | |
| GENDER | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| DRUG TEST TYPE | | | | | | | | | | | | |
| 1-NONE | | | | | | | | | | | | |
| 2-BLOOD | | | | | | | | | | | | |
| 3-URINE | | | | | | | | | | | | |
| 4-BREATH | | | | | | | | | | | | |
| 5-OTHER | | | | | | | | | | | | |
| DRUG TEST RESULT(S) | | | | | | | | | | | | |
| 1-AMPHETAMINES | | | | | | | | | | | | |
| 2-BARBITURATES | | | | | | | | | | | | |
| 3-BENZODIAZEPINES | | | | | | | | | | | | |
| 4-CANNABINOID | | | | | | | | | | | | |
| 5-COCAIN | | | | | | | | | | | | |
| 6-OPIATES / OPIOIDS | | | | | | | | | | | | |
| 7-OTHER | | | | | | | | | | | | |
| 8-Negative results | | | | | | | | | | | | |