



# TRAFFIC CRASH REPORT

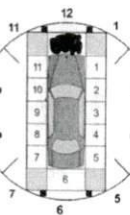
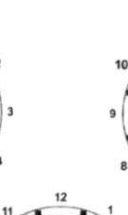
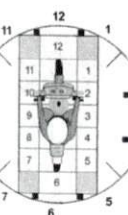
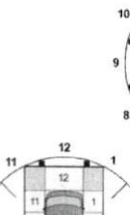
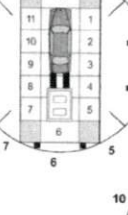
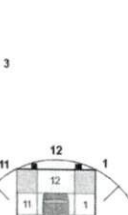
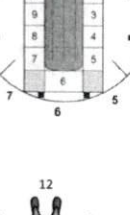

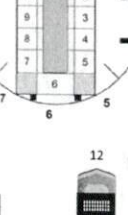

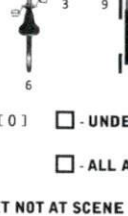
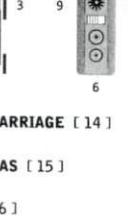
\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input checked="" type="checkbox"/> PRIVATE PROPERTY	LOCAL INFORMATION REPORTING AGENCY NAME* Fairfield Police Department		NCIC* 0 0 9 0 1	2 2 0 5 0 4 1 9							
COUNTY* 0 9	LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP 1	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield				CRASH DATE / TIME* 0 7 1 4 2 0 2 2 2 2 1 7		HIT/SKIP 1-SOLVED 2-UNSOLVED 0 1		NUMBER OF UNITS 0 1		UNIT IN ERROR 98-ANIMAL 99-UNKNOWN 0 1	
ROUTE TYPE S R	ROUTE NUMBER 4	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME Dixie			ROAD TYPE H W	LATITUDE DECIMAL DEGREES 3 9 . 3 6 2 1 6		CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY				
ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 3256			ROAD TYPE	LONGITUDE DECIMAL DEGREES - 8 4 . 5 4 2 0 5						
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE # 3		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 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		INTERSECTION RELATED <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	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 3		WEATHER 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 0 1		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							
NARRATIVE Unit 1 was eastbound driving through the parking lot attempting to park when it struck the roof of the building. Unit 1 struck the roof because unit 1 was too tall for the actual over hang of the roof.  The roof belonged to the Capri Motel located at 3256 Dixie Hwy. Fairfield, OH. 45014. Their telephone number is  The driver of unit 1 fled from the vehicle and I was unable to locate him.													
Private Property													
CRASH REPORTED DATE / TIME 0 7 1 4 2 0 2 2 2 2 1 7		DISPATCH DATE / TIME 0 7 1 4 2 0 2 2 2 2 2 1		ARRIVAL DATE / TIME 0 7 1 4 2 0 2 2 2 2 3 5		SCENE CLEARED DATE / TIME 0 7 1 5 2 0 2 2 0 0 1 1		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 DPS)					
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 0 3 0		TOTAL MINUTES 0 8 0		OFFICER'S NAME* PO Greg Bailes		CHECKED BY OFFICER'S NAME* Sgt. K. HARRINGTON		OFFICER'S BADGE NUMBER* 1 2 2		CHECKED BY OFFICER'S BADGE NUMBER* 1 1 2	



OWNER	UNIT # 01		OWNER NAME: LAST, FIRST, MIDDLE ( ) SAME AS DRIVER Uhaul		OWNER PHONE: INCLUDE AREA CODE ( ) SAME AS DRIVER		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP ( ) SAME AS DRIVER 2727 North Central Ave Phoenix, AZ. 85004					COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP							
VEHICLE	LP STATE AZ	LICENSE PLATE # AH01120	VEHICLE IDENTIFICATION # 1FDNF6CYXGD1B03384			VEHICLE YEAR 2016	VEHICLE MAKE Ford
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY REP West		INSURANCE POLICY # S012		COLOR White	VEHICLE MODEL F650
	<input type="checkbox"/> COMMERCIAL	TYPE OF USE <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 03	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # PLACARD ID # <input type="checkbox"/> PLACARD	
	UNIT TYPE		1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER
			2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED	13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)
			3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14 - SINGLE UNIT TRUCK	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST
			4 - PICK UP	10 - MOPED OR MOTORIZED BICYCLE	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE
			5 - CARGO VAN	11 - ALL TERRAIN VEHICLE (ATV / UTV)	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER or ANIMAL-DRAWN VEHICLE	27 - TRAIN
			6 - VAN (9-15 SEATS)		17 - MOTORHOME		99 - UNKNOWN or HIT/SKIP
EVENT(S)	# of TRAILING UNITS		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN				
			AUTONOMOUS MODE LEVEL 0		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION		
					3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION		
	SPECIAL FUNCTION		1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM	21 - MAIL CARRIER
			2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	17 - MOWING	99 - OTHER / UNKNOWN
			3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	18 - SNOW REMOVAL	
			4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	19 - TOWING	
			5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL	
	CARGO BODY TYPE		1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER
			2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	9 - CARGO TANK	13 - AUTO TRANSPORTER
EVENT(S)	VEHICLE DEFECTS		1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE	99 - OTHER / UNKNOWN
			2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	10 - DISABLED FROM PRIOR ACCIDENT	
			3 - TAIL LAMPS	6 - TIRE BLOWOUT			
	NON-MOTORIST LOCATION AT IMPACT		1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE
			2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	99 - OTHER / UNKNOWN
				5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	
	ACTION		1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE
			2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19 - STANDING
			3 - STRIKING	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	15 - WALKING, RUNNING, JOGGING, PLAYING	20 - OTHER NON-MOTORIST
			4 - STRUCK	4 - OVERTAKING/PASSING	10 - PARKED	16 - WORKING	21 - STANDING OUTSIDE DISABLED VEHICLE
EVENT(S)			5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	17 - PUSHING VEHICLE	99 - OTHER / UNKNOWN
			9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	12 - DRIVERLESS		
	CONTRIBUTING CIRCUMSTANCES		1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY
			2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / ACDA	14 - STOPPED OR PARKED ILLEGALLY	18 - OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE
			3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	15 - SWERVING TO AVOID	19 - LOAD SHIFTING/FALLING/ SPILLING	23 - OPENING DOOR INTO ROADWAY
			4 - RAN STOP SIGN	10 - IMPROPER PASSING	16 - WRONG WAY	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION
			5 - UNSAFE SPEED	11 - DROVE OFF ROAD			
			6 - IMPROPER TURN	12 - IMPROPER BACKING			
	SEQUENCE OF EVENTS		NON-COLLISION				
			1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT
EVENT(S)			2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	12 - DOWNHILL RUNAWAY	17 - ANIMAL - FARM	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
			3 - IMMERSION	8 - RAN OFF ROAD RIGHT	13 - OTHER NON-COLLISION	18 - ANIMAL - DEER	24 - OTHER MOVABLE OBJECT
			4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	14 - PEDESTRIAN	19 - ANIMAL - OTHER	
			5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	15 - PEDALCYCLE	20 - MOTOR VEHICLE IN TRANSPORT	
			COLLISION WITH FIXED OBJECT - STRUCK				
			25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT
			26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH	51 - WALL
			27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES SUPPORT	45 - EMBANKMENT	52 - BUILDING
			28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER	40 - UTILITY POLE	46 - FENCE	53 - TUNNEL
			29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX	54 - OTHER FIXED OBJECT
		30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULTVERT	48 - TREE	99 - OTHER / UNKNOWN	
		1 - FIRST HARMFUL EVENT	1 - MOST HARMFUL EVENT				

<b>LOCAL REPORT NUMBER</b>	
2   2   0   5   0   4   1   9	
<b>DAMAGE</b>	
<b>DAMAGE SCALE</b>	
1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE
<b>DAMAGED AREA(S)</b> 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 ]	
<b>INITIAL POINT OF CONTACT</b>	
0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
<b>TRAFFIC</b>	
<b>TRAFFICWAY FLOW</b> 1 - ONE-WAY 2 - TWO-WAY	<b>TRAFFIC CONTROL</b> 1 - ROUNDABOUT    4 - STOP SIGN 2 - SIGNAL            5 - YIELD SIGN 3 - FLASHER          6 - NO CONTROL
<b># OF THROUGH LANES ON ROAD</b>	<b>RAIL GRADE CROSSING</b> 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
<b>UNIT / NON-MOTORIST DIRECTION</b>	
FROM 4 TO 3 1 - NORTH      5 - NORTHEAST 2 - SOUTH      6 - NORTHWEST 3 - EAST        7 - SOUTHEAST 4 - WEST       8 - SOUTHWEST 9 - OTHER / UNKNOWN	
<b>UNIT SPEED</b> 0   0   5	<b>DETECTED SPEED</b> 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
<b>POSTED SPEED</b> 1   0	



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# OCCUPANT / WITNESS ADDENDUM

					LOCAL REPORT NUMBER																																																																									
					2 2 0 5 0 4 1 9																																																																									
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH			AGE	GENDER																																																																					
	1	Brown, Betty			1 0 2 3 1 9 3 8			8 3	F																																																																					
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE																																																																									
LKA 1305 Parkamo Ave. Hamilton, OH. 45011																																																																														
OCCUPANT	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED																																																																				
	5				0 4	<input type="checkbox"/>	0 2	0 1	1	1																																																																				
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH			AGE	GENDER																																																																					
	1	Wood, Thomas			0 6 2 7 1 9 7 4			4 8	M																																																																					
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE																																																																									
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