



## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

|   |  |  |   |  |  |  |   |  |
|---|--|--|---|--|--|--|---|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3<br><input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY |  | LOCAL INFORMATION  |   | 2 2 0 5 1 3 5 3  |  |  |   |  |
|   |  | REPORTING AGENCY NAME*   |   | NCIC*  |  |  |   |  |
|   |  | Fairfield Police Department  |   | 0 0 9 0 1  |  |  |   |  |
| COUNTY*   | LOCALITY*  | LOCATION: CITY, VILLAGE, TOWNSHIP*   |   |  |  | CRASH DATE / TIME*   |   |  |
|   |  | City of Fairfield  |   |  |  |  |   |  |
| 0 9   | 1  | 1-CITY<br>2-VILLAGE<br>3-TOWNSHIP  |   |  |  | 0 7 1 8 2 0 2 2 1 6 4 7  |   |  |
| LOCATION  | ROUTE TYPE   | ROUTE NUMBER   | PREFIX  | 1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST   | LOCATION ROAD NAME   | ROAD TYPE  | LATITUDE DECIMAL DEGREES  |  |
|   |  |  |   |  | SEWARD   | R D  | 3 9 3 4 0 9 3 8   |  |
| REFERENCE   | ROUTE TYPE   | ROUTE NUMBER   | PREFIX  | 1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST   | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)  | ROAD TYPE  | LONGITUDE DECIMAL DEGREES   |  |
|   |  |  |   |  | UNION CENTRE   | B L  | 8 4 4 9 1 8 0 6   |  |
| REFERENCE POINT   | DIRECTION FROM REFERENCE   |  | ROUTE TYPE  |  | ROAD TYPE  |  | INTERSECTION RELATED  |  |
|   | 1-INTERSECTION<br>2-MILE POST<br>3-HOUSE #   | 1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST   | IR - INTERSTATE ROUTE(TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE  | AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS                             | HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE     | RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY                  |   | <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA      |
| DISTANCE FROM REFERENCE   | DISTANCE UNIT OF MEASURE   |  | ROUTE TYPE  |  | ROAD TYPE  |  | NUMBER OF APPROACHES  |  |
|   | 3 5 4  | 3  | 1-MILES<br>2-FEET<br>3-YARDS  | CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE   | AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS | HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE | RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY   | ROADWAY  |
| LOCATION OF FIRST HARMFUL EVENT   |  |  |   | MANNER OF CRASH COLLISION/IMPACT   |  | DIRECTION OF TRAVEL  | MEDIAN TYPE   |  |
| 0 1   | 1-ON ROADWAY<br>2-ON SHOULDER<br>3-IN MEDIAN<br>4-ON ROADSIDE<br>5-ON GORE<br>6-OUTSIDE TRAFFIC WAY<br>7-ON RAMP<br>8-OFF RAMP | 9-CROSSOVER<br>10-DRIVEWAY/ALLEY ACCESS<br>11-RAILWAY GRADE CROSSING<br>12-SHARED USE PATHS OR TRAILS<br>13-BIKE LANE<br>14-TOLL BOOTH<br>99-OTHER/UNKNOWN | 2   | 1-NOT COLLISION<br>BETWEEN<br>TWO MOTOR<br>VEHICLES IN<br>TRANSPORT  | 4-REAR-TO-REAR<br>5-BACKING<br>6-ANGLE<br>7-SIDESWIPE, SAME DIRECTION                                  | 1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST   | 1-DIVIDED FLUSH MEDIAN (<4 FEET)<br>2-DIVIDED FLUSH MEDIAN (>4 FEET)<br>3-DIVIDED, DEPRESSED MEDIAN<br>4-DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9-OTHER/UNKNOWN |  |
| 1   | 1-NOT COLLISION<br>BETWEEN<br>TWO MOTOR<br>VEHICLES IN<br>TRANSPORT  | 2-REAR-END<br>3-HEAD-ON  | 4-REAR-TO-REAR<br>5-BACKING<br>6-ANGLE<br>7-SIDESWIPE, SAME DIRECTION<br>8-SIDESWIPE, OPPOSITE DIRECTION<br>9-OTHER / UNKNOWN |  |  |  |   |  |
| WORK ZONE RELATED   |  | WORK ZONE TYPE   |   | LOCATION OF CRASH IN WORK ZONE   |  | CONTOUR  | CONDITIONS  | SURFACE  |
| <input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE   |  | 1-LANE CLOSURE<br>2-LANE SHIFT/CROSSOVER<br>3-WORK ON SHOULDER OR MEDIAN<br>4-INTERMITTENT OR MOVING WORK<br>5-OTHER                                       |   | 1-BEFORE THE 1ST WORK ZONE<br>WARNING SIGN<br>2-ADVANCE WARNING AREA<br>3-TRANSITION AREA<br>4-ACTIVITY AREA<br>5-TERMINATION AREA |  | 1  | 1   | 2  |
| 1<br>1  |  | 1-CLEAR<br>2-CLOUDY<br>3-FOG, SMOG, SMOKE<br>4-RAIN<br>5-SLEET, HAIL   |   | 6-SNOW<br>7-SEVERE CROSSWINDS<br>8-BLOWING SAND, SOIL, DIRT, SNOW<br>9-FREEZING RAIN OR FREEZING DRIZZLE<br>99-OTHER / UNKNOWN     |  | 1-STRAIGHT LEVEL<br>2-STRAIGHT GRADE<br>3-CURVE LEVEL<br>4-CURVE GRADE<br>9-OTHER/UNKNOWN          | 1-DRY<br>2-WET<br>3-SNOW<br>4-ICE<br>5-SAND, MUD, DIRT, OIL, GRAVEL<br>6-WATER (STANDING, MOVING)<br>7-SLUSH<br>9-OTHER/UNKNOWN                               | 1-CONCRETE<br>2-BLACKTOP, BITUMINOUS, ASPHALT<br>3-BRICK/BLOCK<br>4-SLAG, GRAVEL, STONE<br>5-DIRT<br>9-OTHER/UNKNOWN |
| LIGHT CONDITION   |  | WEATHER  |   |  |  |  |   |  |
| 1-1<br>1  |  | 0 1  |   |  |  |  |   |  |
| <p>NARRATIVE</p> <p>On July 18, 2022 at approximately 4:47 PM, Units 1 and 2 were traveling northbound on Seward Road approaching Union Centre Boulevard. Unit 2 was stopped in traffic. Unit 1 then rear-ended Unit 2.</p>   |  |  |   |  |  |  |   |  |
| <p>SEE OH-2</p>   |  |  |   |  |  |  |   |  |
|  <p>Indicate the north direction with an "N" on the compass diagram.</p>   |  |  |   |  |  |  |   |  |

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

SEE OH-2

|                              |                             |                           |                 |                                    |                            |                           |                         |  |
|------------------------------|-----------------------------|---------------------------|-----------------|------------------------------------|----------------------------|---------------------------|-------------------------|--|
| CRASH REPORTED DATE / TIME   |                             | DISPATCH DATE / TIME      |                 | ARRIVAL DATE / TIME                |                            | SCENE CLEARED DATE / TIME |                         | REPORT TAKEN BY  |
| 0 7 1 8 2 0 2 2 , 1 6 4 7    |                             | 0 7 1 8 2 0 2 2 , 1 6 4 8 |                 | 0 7 1 8 2 0 2 2 , 1 6 5 1          |                            | 0 7 1 8 2 0 2 2 , 1 7 1 3 |                         | <input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT<br><small>(CORRECTION or ADDITION<br/>TO AN EXISTING REPORT SENT TO 911PS)</small> |
| TOTAL TIME<br>ROADWAY CLOSED | OTHER<br>INVESTIGATION TIME | TOTAL<br>MINUTES          | OFFICER'S NAME* |                                    | CHECKED BY OFFICER'S NAME* |                           | <i>Sgt. Aaron Meyer</i> |  |
|                              |                             |                           | A. ROUSH        |                                    |                            |                           |                         |  |
|                              |                             | OFFICER'S BADGE NUMBER*   |                 | CHECKED BY OFFICER'S BADGE NUMBER* |                            | <i>1 3 2</i>              |                         |  |
| 0                            | 3 0                         | 5 5                       | 1 7 0           |                                    |                            |                           |                         |  |

|        |   |  |
|--------|---|--|
| UNIT # | OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER) | OWNER PHONE: INCLUDE AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER) |
| 0   1  |   |  |

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

|   |  |   |
|---|--|---|
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP |  | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE |
|---|--|---|

|          |                 |   |               |              |
|----------|-----------------|---|---------------|--------------|
| LP STATE | LICENSE PLATE # | VEHICLE IDENTIFICATION #  | VEHICLE YEAR  | VEHICLE MAKE |
| O   H    | JNL3727         | 1   G   C   U   Y   E   E   D   2   M   Z   3   9   6   1   5   9 | 2   0   2   1 | CHEVROLET    |

|  |                   |                    |       |               |
|--|-------------------|--------------------|-------|---------------|
| <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY | INSURANCE POLICY # | COLOR | VEHICLE MODEL |
| HANOVER INSURANCE                                      |                   | ANWDS543592        | BLACK | SILVERAD      |

|  |          |                        |
|--|----------|------------------------|
| 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                                | HAZARDOUS MATERIAL   |
| <input type="checkbox"/> HIT/SKIP UNIT | 0   1       | 1 - <10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS. | <input type="checkbox"/> MATERIAL RELEASED<br><input type="checkbox"/> PLACARD |

|           |                     |   |  |   |   |   |
|-----------|---------------------|---|--|---|---|---|
| UNIT TYPE | # OF TRAILING UNITS | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>6 - VAN (9-15 SEATS) | 7 - MOTORCYCLE 2-WHEELED<br>8 - MOTORCYCLE 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV / UTV) | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME | 18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE | 23 - PEDESTRIAN / SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP |
|-----------|---------------------|---|--|---|---|---|

|         |   |  |  |             |
|---------|---|--|--|-------------|
| VEHICLE | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION | 3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION | 9 - UNKNOWN |
|---------|---|--|--|-------------|

|                  |       |  |                       |  |  |             |
|------------------|-------|--|-----------------------|--|--|-------------|
| SPECIAL FUNCTION | 0   2 | 1 - YES<br>2 - NO<br>9 - OTHER / UNKNOWN | AUTONOMOUS MODE LEVEL | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION | 3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION | 9 - UNKNOWN |
|------------------|-------|--|-----------------------|--|--|-------------|

|                 |   |   |   |  |   |
|-----------------|---|---|---|--|---|
| CARGO BODY TYPE | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT/COMMUTER | 6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE | 11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT | 16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL | 21 - MAIL CARRIER<br>99 - OTHER / UNKNOWN |
|-----------------|---|---|---|--|---|

|                 |  |  |  |  |                      |
|-----------------|--|--|--|--|----------------------|
| VEHICLE DEFECTS | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS | 4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT | 7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE | 9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT | 99 - OTHER / UNKNOWN |
|-----------------|--|--|--|--|----------------------|

|                                 |  |   |   |   |  |
|---------------------------------|--|---|---|---|--|
| NON-MOTORIST LOCATION AT IMPACT | 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK | 3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION | 6 - BICYCLE LANE<br>7 - SHOULDER / ROADSIDE<br>8 - SIDEWALK | 9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS | 12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER / UNKNOWN |
|---------------------------------|--|---|---|---|--|

|        |   |   |  |   |   |
|--------|---|---|--|---|---|
| ACTION | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER / UNKNOWN | 1 - STRAIGHTAHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN | 7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE<br>9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS | 13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE | 18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER / UNKNOWN |
|--------|---|---|--|---|---|

|                            |   |   |  |  |   |
|----------------------------|---|---|--|--|---|
| CONTRIBUTING CIRCUMSTANCES | 1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN | 7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE / ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING | 13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY | 17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/FALLING/SPILLING<br>20 - IMPROPER CROSSING | 21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION |
|----------------------------|---|---|--|--|---|

#### SEQUENCE OF EVENTS

|           |  |  |   |  |  |
|-----------|--|--|---|--|--|
| 1   2   0 | 1 - OVERTURN/ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT | 6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE | 16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT | 22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT |
|-----------|--|--|---|--|--|

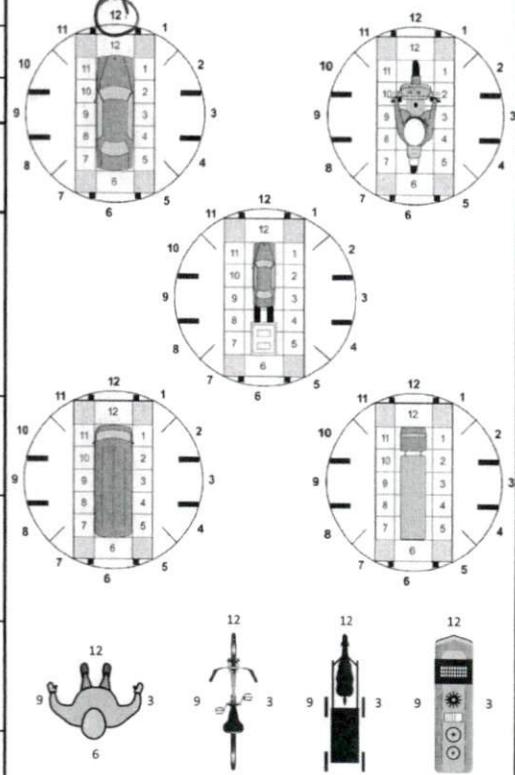
|               |  |  |   |  |  |
|---------------|--|--|---|--|--|
| 4   5   6   1 | 25 - IMPACT ATTENUATOR / CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE | 31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER | 37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT / LUMINARIES<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT | 43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT | 50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER / UNKNOWN |
|---------------|--|--|---|--|--|

|       |                     |                    |
|-------|---------------------|--------------------|
| 1   1 | FIRST HARMFUL EVENT | MOST HARMFUL EVENT |
|-------|---------------------|--------------------|

LOCAL REPORT NUMBER  
2 | 2 | 0 | 5 | 1 | 3 | 5 | 3

DAMAGE  
DAMAGE SCALE  
1 - NONE  
2 - MINOR DAMAGE  
3 - FUNCTIONAL 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  
1-12 - REFER TO UNIT DIAGRAM  
13 - TOP  
14 - UNDERCARRIAGE  
15 - VEHICLE NOT AT SCENE  
99 - UNKNOWN

TRAFFIC  
TRAFFIC FLOW  
1 - ONE-WAY  
2 - TWO-WAY  
6  
# OF THROUGH LANES ON ROAD  
2

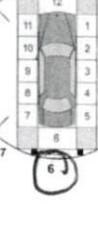
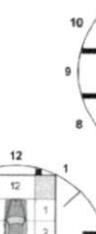
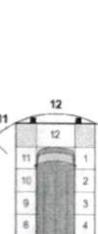
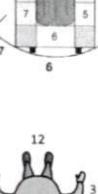
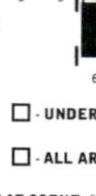
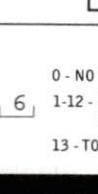
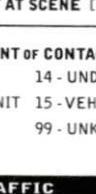
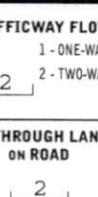
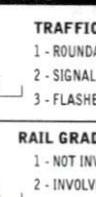
RAIL GRADE CROSSING  
1 - NOT INVOLVED  
2 - INVOLVED-ACTIVE CROSSING  
3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION  
1 - NORTH  
2 - SOUTH  
3 - EAST  
4 - WEST  
5 - NORTHEAST  
6 - NORTHWEST  
7 - SOUTHEAST  
8 - SOUTHWEST  
9 - OTHER / UNKNOWN

UNIT SPEED  
1 | 5 |  
DETECTED SPEED  
1  
POSTED SPEED  
3 | 5 |  
PAGE 2 OF 5



## UNIT

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



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

2 2 0 5 1 3 5 3

|  |   |                                     |  |   |  |   |   |                                  |   |   |                                   |             |                                   |  |  |
|--|---|-------------------------------------|--|---|--|---|---|----------------------------------|---|---|-----------------------------------|-------------|-----------------------------------|--|--|
| MOTORIST / NON-MOTORIST  | UNIT #  | NAME: LAST, FIRST, MIDDLE           |  |   |  | DATE OF BIRTH   |   |                                  | AGE   | GENDER  |                                   |             |                                   |  |  |
|  | 0 1   | HAYES, MICHAEL TIMOTHY              |  |   |  | 0 4   | 1 4   | 1 9                              | 7 8   | 4 4   | M                                 |             |                                   |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>403 CRANEWOOD DR, TRENTON, OH 45067 |   |                                     |  |   |  |   |   |                                  |   |   | CONTACT PHONE - INCLUDE AREA CODE |             |                                   |  |  |
| INJURIES<br>5  | INJURED<br>TAKEN<br>BY  | EMS AGENCY (NAME)                   |  | INJURED TAKEN TO:   | MEDICAL FACILITY (NAME, CITY)  |   | SAFETY EQUIPMENT<br>USED                        | 0 4                              | <input type="checkbox"/> DOT-COMPLIANT<br>MC HELMET           | SEATING POSITION  | AIR BAG USAGE                     | EJECTION    | TRAPPED                           |  |  |
| DL STATE<br>O H  | OPERATOR LICENSE NUMBER   |                                     |  | OFFENSE CHARGED<br>333.03a  |  | LOCAL<br>CODE<br><input checked="" type="checkbox"/>  | OFFENSE DESCRIPTION<br>ACDA                     |                                  |   | CITATION NUMBER<br>252010   |                                   |             |                                   |  |  |
| DL CLASS<br>1  | ENDORSEMENT<br>SELECT UP TO 2   | RESTRICTION SELECT UP TO 3          |  | DRIVER<br>DISTRACTED<br>BY<br>1   | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |   | CONDITION                                       | 1                                | <b>ALCOHOL TEST</b><br>STATUS<br>1<br>TYPE<br>1<br>VALUE<br>1 | <b>DRUG TEST(S)</b><br>STATUS<br>1<br>TYPE<br>1<br>RESULT<br>SELECT UP TO 4 |                                   |             |                                   |  |  |
| UNIT #<br>0 2  | NAME: LAST, FIRST, MIDDLE<br>WEST, BLAINE NICOLE  |                                     |  |   | ADDRESS: STREET, CITY, STATE, ZIP<br>102 DAY PL, TRENTON, OH 45067   |   |   | DATE OF BIRTH<br>0 7 1 2 1 9 9 4 |   |   | AGE<br>2 8                        | GENDER<br>F | CONTACT PHONE - INCLUDE AREA CODE |  |  |
| INJURIES<br>5  | INJURED<br>TAKEN<br>BY  | EMS AGENCY (NAME)                   |  | INJURED TAKEN TO:   | MEDICAL FACILITY (NAME, CITY)  |   | SAFETY EQUIPMENT<br>USED                        | 0 4                              | <input type="checkbox"/> DOT-COMPLIANT<br>MC HELMET           | SEATING POSITION  | AIR BAG USAGE                     | EJECTION    | TRAPPED                           |  |  |
| DL STATE<br>O H  | OPERATOR LICENSE NUMBER   |                                     |  | OFFENSE CHARGED   |  | LOCAL<br>CODE<br><input type="checkbox"/>   | OFFENSE DESCRIPTION                             |                                  |   | CITATION NUMBER   |                                   |             |                                   |  |  |
| DL CLASS<br>4  | ENDORSEMENT<br>SELECT UP TO 2   | RESTRICTION SELECT UP TO 3          |  | DRIVER<br>DISTRACTED<br>BY<br>1   | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |   | CONDITION                                       | 1                                | <b>ALCOHOL TEST</b><br>STATUS<br>1<br>TYPE<br>1<br>VALUE<br>1 | <b>DRUG TEST(S)</b><br>STATUS<br>1<br>TYPE<br>1<br>RESULT<br>SELECT UP TO 4 |                                   |             |                                   |  |  |
| UNIT #   | NAME: LAST, FIRST, MIDDLE   |                                     |  |   | ADDRESS: STREET, CITY, STATE, ZIP  |   |   | DATE OF BIRTH                    |   |   | AGE<br>0                          | GENDER      | CONTACT PHONE - INCLUDE AREA CODE |  |  |
| INJURIES   | INJURED<br>TAKEN<br>BY  | EMS AGENCY (NAME)                   |  | INJURED TAKEN TO:   | MEDICAL FACILITY (NAME, CITY)  |   | SAFETY EQUIPMENT<br>USED                        |                                  | <input type="checkbox"/> DOT-COMPLIANT<br>MC HELMET           | SEATING POSITION  | AIR BAG USAGE                     | EJECTION    | TRAPPED                           |  |  |
| DL STATE   | OPERATOR LICENSE NUMBER   |                                     |  | OFFENSE CHARGED   |  | LOCAL<br>CODE<br><input type="checkbox"/>   | OFFENSE DESCRIPTION                             |                                  |   | CITATION NUMBER   |                                   |             |                                   |  |  |
| DL CLASS   | ENDORSEMENT<br>SELECT UP TO 2   | RESTRICTION SELECT UP TO 3          |  | DRIVER<br>DISTRACTED<br>BY  | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |   | CONDITION                                       | 1                                | <b>ALCOHOL TEST</b><br>STATUS<br>1<br>TYPE<br>1<br>VALUE<br>1 | <b>DRUG TEST(S)</b><br>STATUS<br>1<br>TYPE<br>1<br>RESULT<br>SELECT UP TO 4 |                                   |             |                                   |  |  |
| <b>INJURIES</b>  | <b>SEATING POSITION</b>   | <b>AIR BAG</b>                      |  | <b>DL CLASS</b>   | <b>DL RESTRICTION(S)</b>   | <b>DRIVER DISTRACTION</b>   | <b>TEST STATUS</b>                              |                                  |   |   |                                   |             |                                   |  |  |
| 1-FATAL  | 1-FRONT - LEFT SIDE<br>(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<br>ELECTRONIC COMMUNICATION<br>DEVICE (TEXTING, TYPING,<br>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<br>SAMPLE / UNUSABLE   | 3-TEST GIVEN, CONTAMINATED<br>SAMPLE / UNUSABLE |                                  |   |   |                                   |             |                                   |  |  |
| 4-POSSIBLE INJURY  | 4-SECOND - LEFT SIDE  | 4-DEPLOYED BOTH FRONT / SIDE        |  | 4-REGULAR CLASS<br>(OHIO=D)   | 4-FARM WAIVER  | 4-TEST GIVEN, RESULTS KNOWN   | 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<br>UNKNOWN  | 5-TEST GIVEN, RESULTS<br>UNKNOWN                |                                  |   |   |                                   |             |                                   |  |  |
| <b>INJURED TAKEN BY</b>  | 6-SECOND - RIGHT SIDE   | 6-DEPLOYMENT UNKNOWN                |  | 6-NO VALID DL   | 6-EXCEPT CLASS A<br>& CLASS B BUS  | 6-TALKING ON HAND-HELD<br>COMMUNICATION DEVICE  | 6-TALKING ON HAND-HELD<br>COMMUNICATION DEVICE  |                                  |   |   |                                   |             |                                   |  |  |
| 1-NOT TRANSPORTED<br>/TREATED AT SCENE                                   | 7-THIRD - LEFT SIDE<br>(MOTORCYCLE SIDE CAR)  | 7-NOT EJECTED                       |  | 7-EXCEPT TRACTOR-TRAILER  | 7-TALKING ON HAND-HELD<br>COMMUNICATION DEVICE   | 7-OTHER ACTIVITY WITH AN<br>ELECTRONIC DEVICE   | 7-OTHER ACTIVITY WITH AN<br>ELECTRONIC DEVICE   |                                  |   |   |                                   |             |                                   |  |  |
| 2-EMS  | 8-THIRD - MIDDLE  | 8-PARTIALLY EJECTED                 |  | 8-INTERMEDIATE LICENSE<br>RESTRICTIONS  | 8-INTERMEDIATE LICENSE<br>RESTRICTIONS   | 8-2-BLOOD   | 8-2-BLOOD                                       |                                  |   |   |                                   |             |                                   |  |  |
| 3-POLICE   | 9-THIRD - RIGHT SIDE  | 9-TOTALLY EJECTED                   |  | 9-LEARNER'S PERMIT<br>RESTRICTIONS  | 9-LEARNER'S PERMIT<br>RESTRICTIONS   | 9-3-URINE   | 9-3-URINE                                       |                                  |   |   |                                   |             |                                   |  |  |
| 9-OTHER/UNKNOWN  | 10-SLEEPER SECTION<br>OF TRUCK CAB  | 4-NOT APPLICABLE                    |  | 10-LIMITED TO DAYLIGHT ONLY   | 10-LIMITED TO DAYLIGHT ONLY  | 10-4-BREATH   | 10-4-BREATH                                     |                                  |   |   |                                   |             |                                   |  |  |
| <b>SAFETY EQUIPMENT</b>  | 11-PASSENGER IN OTHER<br>ENCLOSED CARGO AREA<br>(NON-TRAILING UNIT, BUS,<br>PICK-UP WITH CAP) | <b>TRAPPED</b>                      |  | 11-LIMITED TO EMPLOYMENT  | 11-LIMITED TO EMPLOYMENT   | 11-5-OTHER  | 11-5-OTHER                                      |                                  |   |   |                                   |             |                                   |  |  |
| 1-NONE USED  | 12-PASSENGER IN UNENCLOSED<br>CARGO AREA  | 1-NOT TRAPPED                       |  | 12-MECHANICAL DEVICES<br>(SPECIAL BRAKES, HAND<br>CONTROLS, OR OTHER<br>ADAPTIVE DEVICES) | 12-MECHANICAL DEVICES<br>(SPECIAL BRAKES, HAND<br>CONTROLS, OR OTHER<br>ADAPTIVE DEVICES)  | 12-DRUG TEST TYPE   | 12-DRUG TEST TYPE                               |                                  |   |   |                                   |             |                                   |  |  |
| 2-SHOULDER BELT ONLY USED  | 13-TRAILING UNIT  | 2-EXTRICATED BY<br>MECHANICAL MEANS |  | 13-MOTOR VEHICLES ONLY  | 13-MOTOR VEHICLES ONLY   | 13-1-NONE   | 13-1-NONE                                       |                                  |   |   |                                   |             |                                   |  |  |
| 3-LAP BELT ONLY USED   | 14-RIDING ON VEHICLE EXTERIOR<br>(NON-TRAILING UNIT)  | 3-FREED BY<br>NON-MECHANICAL MEANS  |  | 14-MOTOR VEHICLES WITHOUT<br>AIR BRAKES   | 14-MOTOR VEHICLES WITHOUT<br>AIR BRAKES  | 14-2-BLOOD  | 14-2-BLOOD                                      |                                  |   |   |                                   |             |                                   |  |  |
| 4-SHOULDER & LAP BELT USED   | 15-NON-MOTORIST   | 16-OUTSIDE MIRROR                   |  | 15-EMOTIONAL (E.G., DEPRESSED,<br>ANGRY, DISTURBED)                                       | 15-EMOTIONAL (E.G., DEPRESSED,<br>ANGRY, DISTURBED)  | 15-3-URINE  | 15-3-URINE                                      |                                  |   |   |                                   |             |                                   |  |  |
| 5-CHILD RESTRAINT SYSTEM -<br>FORWARD FACING                             | 99-OTHER / UNKNOWN  | 17-PROSTHETIC AID                   |  | 16-ILLNESS  | 16-ILLNESS   | 16-4-OTHER  | 16-4-OTHER                                      |                                  |   |   |                                   |             |                                   |  |  |
| 6-CHILD RESTRAINT SYSTEM -<br>REAR FACING                                |   | 18-OTHER                            |  | 17-FELL ASLEEP, FAINTED,<br>FATIGUED, ETC.  | 17-FELL ASLEEP, FAINTED,<br>FATIGUED, ETC.   | 17-DRUG TEST RESULT(S)  | 17-DRUG TEST RESULT(S)                          |                                  |   |   |                                   |             |                                   |  |  |
| 7-BOOSTER SEAT   |   |                                     |  | 18-OTHER  | 18-OTHER   | 18-1-AMPHETAMINES   | 18-1-AMPHETAMINES                               |                                  |   |   |                                   |             |                                   |  |  |
| 8-HELMET USED  |   |                                     |  |   |  | 18-2-BARBITURATES   | 18-2-BARBITURATES                               |                                  |   |   |                                   |             |                                   |  |  |
| 9-PROTECTIVE PADS USED<br>(ELBOW, KNEES, ETC.)                           |   |                                     |  |   |  | 18-3-BENZODIAZEPINES  | 18-3-BENZODIAZEPINES                            |                                  |   |   |                                   |             |                                   |  |  |
| 10-REFLECTIVE CLOTHING   |   |                                     |  |   |  | 18-4-CANNABINOID  | 18-4-CANNABINOID                                |                                  |   |   |                                   |             |                                   |  |  |
| 11-LIGHTING - PEDESTRIAN<br>/ BICYCLE ONLY                               |   |                                     |  |   |  | 18-5-COCAIN   | 18-5-COCAIN                                     |                                  |   |   |                                   |             |                                   |  |  |
| 99-OTHER / UNKNOWN   |   |                                     |  |   |  | 18-6-OPIATES / OPIOIDS  | 18-6-OPIATES / OPIOIDS                          |                                  |   |   |                                   |             |                                   |  |  |
|  |   |                                     |  |   |  | 18-7-OTHER  | 18-7-OTHER                                      |                                  |   |   |                                   |             |                                   |  |  |
|  |   |                                     |  |   |  | 18-8-NEGATIVE RESULTS   | 18-8-NEGATIVE RESULTS                           |                                  |   |   |                                   |             |                                   |  |  |

REPORT NUMBER 22-051353

AGENCY

FAIRFIELD P.D. 00901

DATE OF ACCIDENT  
M 07 10 18 JV 22

IN COUNTY OF

BUTLER

ACCIDENT LOCATION

Seward Rd / Union Center Blvd.

