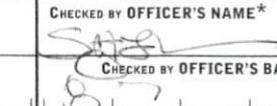
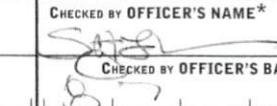


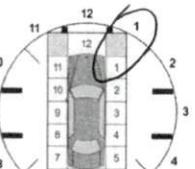
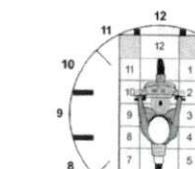
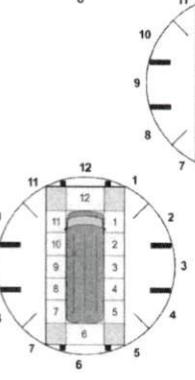
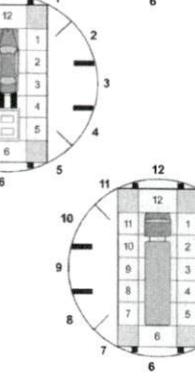
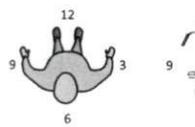
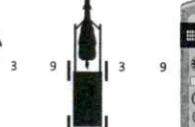


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY			LOCAL INFORMATION REPORTING AGENCY NAME* NCIC* Fairfield Police Department 00901			LOCAL REPORT NUMBER* 2 2 0 5 1 8 4 8		
COUNTY* 09 LOCALITY* 1-CITY 1 2-VILLAGE 1 3-TOWNSHIP 1			LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield			HIT/SKIP 1-SOLVED 2-UNSOLVED		
ROUTE TYPE L			ROUTE NUMBER L L L L			PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST		
ROUTE TYPE S R			ROUTE NUMBER 4			PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST		
REFERENCE POINT 1-INTERSECTION 1 2-MILE POST 3-HOUSE #			DIRECTION FROM REFERENCE 1-NORTH 1-NORTH 2-SOUTH 2-SOUTH 3-EAST 3-EAST 4-WEST 4-WEST			ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		
DISTANCE FROM REFERENCE			DISTANCE UNIT OF MEASURE 1-MILES 1-MILES 2 FEET 2 FEET 3-YARDS 3-YARDS			ROAD TYPE AL - ALLEY 1 ALLEY AV - AVENUE 2 AVENUE BL - BOULEVARD 3 BOULEVARD CR - CIRCLE 4 CIRCLE CT - COURT 5 COURT DR - DRIVE 6 DRIVE HE - HEIGHTS 7 HEIGHTS HW - HIGHWAY 8 HIGHWAY LA - LANE 9 LANE MP - MILEPOST 0 MILEPOST OV - OVAL 1 OVAL PK - PARKWAY 2 PARKWAY PI - PIKE 3 PIKE PL - PLACE 4 PLACE RD - ROAD 5 ROAD SQ - SQUARE 6 SQUARE ST - STREET 7 STREET TE - TERRACE 8 TERRACE TL - TRAIL 9 TRAIL WA - WAY 0 WAY		
LOCATION OF FIRST HARMFUL EVENT 1-ON ROADWAY 1-ON ROADWAY 2-ON SHOULDER 2-ON SHOULDER 3-IN MEDIAN 3-IN MEDIAN 4-ON ROADSIDE 4-ON ROADSIDE 5-ON GORE 5-ON GORE 6-OUTSIDE TRAFFIC WAY 6-OUTSIDE TRAFFIC WAY 7-ON RAMP 7-ON RAMP 8-OFF RAMP 8-OFF RAMP			MANNER OF CRASH COLLISION/IMPACT 1-NOT COLLISION 1-NOT COLLISION 2-BEFORE 2-BEFORE 3-BETWEEN 3-BETWEEN 4-TWO MOTOR VEHICLES IN 4-TWO MOTOR VEHICLES IN 5-BACKING 5-BACKING 6-ANGLE 6-ANGLE 7-SIDESWIPE, SAME DIRECTION 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 9-OTHER/ UNKNOWN 9-OTHER/ UNKNOWN			DIRECTION OF TRAVEL 1-NORTH 1-NORTH 2-SOUTH 2-SOUTH 3-EAST 3-EAST 4-WEST 4-WEST		
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE			WORK ZONE TYPE 1-LANE CLOSURE 1-LANE CLOSURE 2-LANE SHIFT/CROSSOVER 2-LANE SHIFT/CROSSOVER 3-WORK ON SHOULDER OR MEDIAN 3-WORK ON SHOULDER OR MEDIAN 4-INTERMITTENT OR MOVING WORK 4-INTERMITTENT OR MOVING WORK 5-OTHER 5-OTHER			LOCATION OF CRASH IN WORK ZONE 1-BEFORE THE 1ST WORK ZONE 1-BEFORE THE 1ST WORK ZONE 2-WARNING SIGN 2-WARNING SIGN 3-ADVANCE WARNING AREA 3-ADVANCE WARNING AREA 4-TRANSITION AREA 4-TRANSITION AREA 5-ACTIVITY AREA 5-ACTIVITY AREA 6-TERMINATION AREA 6-TERMINATION AREA		
LIGHT CONDITION 1-DAYLIGHT 1-DAYLIGHT 2-DAWN/DUSK 2-DAWN/DUSK 3-DARK-LIGHTED ROADWAY 3-DARK-LIGHTED ROADWAY 4-DARK-ROADWAY NOT LIGHTED 4-DARK-ROADWAY NOT LIGHTED 5-DARK-UNKNOWN ROADWAY LIGHTING 5-DARK-UNKNOWN ROADWAY LIGHTING 9-OTHER/UNKNOWN 9-OTHER/UNKNOWN			WEATHER 1-CLEAR 1-CLEAR 2-CLOUDY 2-CLOUDY 3-FOG, SMOG, SMOKE 3-FOG, SMOG, SMOKE 4-RAIN 4-RAIN 5-SLEET, HAIL 5-SLEET, HAIL 6-SNOW 6-SNOW 7-SEVERE CROSSWINDS 7-SEVERE CROSSWINDS 8-BLOWING SAND, SOIL, DIRT, SNOW 8-BLOWING SAND, SOIL, DIRT, SNOW 9-FREEZING RAIN OR FREEZING DRIZZLE 9-FREEZING RAIN OR FREEZING DRIZZLE 99-OTHER/ UNKNOWN 99-OTHER/ UNKNOWN			CONDITIONS 1 1 2-DRY 2-DRY 2-WET 2-WET 3-SNOW 3-SNOW 4-ICE 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 6-WATER (STANDING, MOVING) 7-SLUSH 7-SLUSH 9-OTHER/UNKNOWN 9-OTHER/UNKNOWN		
SURFACE 1 1 2-CONCRETE 2-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 4-SLAG, GRAVEL, STONE 5-DIRT 5-DIRT 9-OTHER/UNKNOWN 9-OTHER/UNKNOWN								
NARRATIVE <p>On 07/20/22 at 4:59 P.M. Unit 1 was traveling northeast on South Gilmore Rd. Unit 2 was traveling southwest on Holden Blvd in the left most lane to go straight on South Gilmore Rd. Unit 1 entered the turn lane to travel north west on SR-4. Unit 1 failed to yield the right of way of Unit 2. Unit 2 struck Unit 1 on the front passenger side.</p>						 Indicate the north direction with an "N" on the compass diagram.		
						See OH-2		
CRASH REPORTED DATE / TIME 07202022 1659		DISPATCH DATE / TIME 07202022 1700		ARRIVAL DATE / TIME 07202022 1702		SCENE CLEARED DATE / TIME 07202022 1755		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 OOPS)
TOTAL TIME ROADWAY CLOSED 5 5		OTHER INVESTIGATION TIME 3 0		TOTAL MINUTES 8 5		OFFICER'S NAME* D. Miller		CHECKED BY OFFICER'S NAME* 
						OFFICER'S BADGE NUMBER* 1 6 7		CHECKED BY OFFICER'S BADGE NUMBER* 

OWNER	UNIT # <u>0_1</u>	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER)																																																																																																								
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER)																																																																																																										
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																																																																																																									
VEHICLE	LP STATE <u>O_H</u>	LICENSE PLATE # <u>JSH5265</u>	VEHICLE IDENTIFICATION # <u>3N1CP5BV7NL481538</u>	VEHICLE YEAR <u>2022</u>	VEHICLE MAKE <u>Nissan</u>																																																																																																						
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>Progressive</u>	INSURANCE POLICY # <u>956431213</u>	COLOR <u>White</u>	VEHICLE MODEL <u>Kicks</u>																																																																																																						
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME <u>FOX</u>																																																																																																							
	INTERLOCK EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS <u>0_1</u>	MATERIAL RELEASED	HAZARDOUS MATERIAL CLASS #	PLACARD ID #																																																																																																					
	1 - DEVICE EQUIPPED <input type="checkbox"/> 2 - HIT/SKIP UNIT <input type="checkbox"/>		VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.																																																																																																								
	UNIT TYPE <u>0_3</u>	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV/UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	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																																																																																																					
	<u>0</u>	# OF TRAILING UNITS																																																																																																									
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>2</u> 1 - YES 2 - NO 9 - OTHER / UNKNOWN		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN																																																																																																							
	SPECIAL FUNCTION <u>0_1</u>	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																																																																																																					
	CARGO BODY TYPE <u>0_1</u>	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	8 - POLE 9 - CARGOTANK 10 - FLAT BED 11 - DUMP	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN																																																																																																					
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																																																																																																						
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 <u>4</u>	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																																																																																																						
CONTRIBUTING CIRCUMSTANCES <u>0_2</u>	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 / ACD/A 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	<table border="1"> <tr> <td colspan="2">NON-COLLISION</td> </tr> <tr> <td>1 - OVERTURN/ROLLOVER</td> <td>6 - EQUIPMENT FAILURE</td> </tr> <tr> <td>2 - FIRE/EXPLOSION</td> <td>7 - SEPARATION OF UNITS</td> </tr> <tr> <td>3 - IMMERSION</td> <td>8 - RAN OFF ROAD RIGHT</td> </tr> <tr> <td>4 - JACKKNIFE</td> <td>9 - RAN OFF ROAD LEFT</td> </tr> <tr> <td>5 - CARGO / EQUIPMENT LOSS OR SHIFT</td> <td>10 - CROSS MEDIAN</td> </tr> <tr> <td>6 - IMPROPER TURN</td> <td>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL</td> </tr> <tr> <td>7 - IMPROPER LANE CHANGE</td> <td>12 - DOWNHILL RUNAWAY</td> </tr> <tr> <td>8 - DROVE OFF ROAD</td> <td>13 - OTHER NON-COLLISION</td> </tr> <tr> <td>9 - IMPROPER PASSING</td> <td>14 - PEDESTRIAN</td> </tr> <tr> <td>10 - IMPROPER TURN</td> <td>15 - PEDALCYCLE</td> </tr> <tr> <td>11 - IMPROPER BACKING</td> <td>16 - RAILWAY VEHICLE</td> </tr> <tr> <td>12 - IMPROPER TURN</td> <td>17 - ANIMAL - FARM</td> </tr> <tr> <td>13 - IMPROPER LANE CHANGE</td> <td>18 - 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IMPROPER TURN</td> <td>31 - GUARDRAIL END</td> </tr> <tr> <td>27 - IMPROPER BACKING</td> <td>32 - PORTABLE BARRIER</td> </tr> <tr> <td>28 - IMPROPER LANE CHANGE</td> <td>33 - MEDIAN CABLE BARRIER</td> </tr> <tr> <td>29 - DROVE OFF ROAD</td> <td>34 - MEDIAN GUARDRAIL</td> </tr> <tr> <td>30 - IMPROPER PASSING</td> <td>35 - MEDIAN CONCRETE BARRIER</td> </tr> <tr> <td>31 - IMPROPER TURN</td> <td>36 - MEDIAN OTHER BARRIER</td> </tr> <tr> <td>32 - IMPROPER BACKING</td> <td>37 - TRAFFIC SIGN POST</td> </tr> <tr> <td>33 - IMPROPER LANE CHANGE</td> <td>38 - OVERHEAD SIGN POST</td> </tr> <tr> <td>34 - DROVE OFF ROAD</td> <td>39 - LIGHT / LUMINARIES</td> </tr> <tr> <td>35 - IMPROPER PASSING</td> <td>40 - UTILITY POLE</td> </tr> <tr> <td>36 - IMPROPER TURN</td> <td>41 - OTHER POST, POLE OR SUPPORT</td> </tr> <tr> <td>37 - IMPROPER BACKING</td> <td>42 - CULVERT</td> </tr> <tr> <td>38 - IMPROPER LANE CHANGE</td> <td>43 - CURB</td> </tr> <tr> <td>39 - DROVE OFF ROAD</td> <td>44 - DITCH</td> </tr> <tr> <td>40 - 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OPPOSITE DIRECTION OF TRAVEL	7 - IMPROPER LANE CHANGE	12 - DOWNHILL RUNAWAY	8 - DROVE OFF ROAD	13 - OTHER NON-COLLISION	9 - IMPROPER PASSING	14 - PEDESTRIAN	10 - IMPROPER TURN	15 - PEDALCYCLE	11 - IMPROPER BACKING	16 - RAILWAY VEHICLE	12 - IMPROPER TURN	17 - ANIMAL - FARM	13 - IMPROPER LANE CHANGE	18 - ANIMAL - DEER	14 - DROVE OFF ROAD	19 - ANIMAL - OTHER	15 - IMPROPER PASSING	20 - MOTOR VEHICLE IN TRANSPORT	16 - IMPROPER TURN	21 - PARKED MOTOR VEHICLE	17 - IMPROPER BACKING	22 - WORK ZONE MAINTENANCE EQUIPMENT	18 - IMPROPER LANE CHANGE	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE	19 - DROVE OFF ROAD	24 - OTHER MOBILE OBJECT	20 - IMPROPER PASSING	25 - IMPACT ATTENUATOR / CRASH CUSHION	21 - IMPROPER TURN	26 - BRIDGE OVERHEAD STRUCTURE	22 - IMPROPER BACKING	27 - BRIDGE PIER OR ABUTMENT	23 - IMPROPER LANE CHANGE	28 - BRIDGE PARAPET	24 - DROVE OFF ROAD	29 - BRIDGE RAIL	25 - IMPROPER PASSING	30 - GUARDRAIL FACE	26 - IMPROPER TURN	31 - GUARDRAIL END	27 - 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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 <u>0_1</u> 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN 13 - TOP					
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UNIT / NON-MOTORIST DIRECTION FROM <u>8</u> TO <u>1</u> 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN					
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POSTED SPEED <u>3_5</u>					

OWNER	UNIT # <u>0 2</u>	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER)																																					
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER)																																							
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																																						
LP STATE <u>O H</u>	LICENSE PLATE # <u>HPS2094</u>	VEHICLE IDENTIFICATION # <u>5GAEV23D139J1013293</u>	VEHICLE YEAR <u>2009</u> VEHICLE MAKE <u>Buick</u>																																					
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>Trexis</u>	INSURANCE POLICY # <u>1134015700030</u>	COLOR <u>Maroon</u> VEHICLE MODEL <u>Enclave</u>																																					
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME <u>Wayne's</u>																																					
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <u>0 2</u>		VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <u>1</u> PLACARD ID # <u>1</u> <input type="checkbox"/> PLACARD																																					
UNIT TYPE <u>0 3</u>	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL-TERRAIN VEHICLE (ATV/UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	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																																			
VEHICLE <u>0</u>	# OF TRAILING UNITS																																							
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>2</u> 1 - YES 2 - NO 9 - OTHER / UNKNOWN		AUTONOMOUS MODE LEVEL <u>0</u> 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION																																						
SPECIAL FUNCTION <u>0 1</u> 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER		1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL																																						
CARGO BODY TYPE <u>0 1</u>	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS																																							
VEHICLE DEFECTS <u>1</u>	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																																							
NON-MOTORIST LOCATION AT IMPACT <u>1</u>	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - MIDBLOCK - MARKED CROSSWALK 4 - MIDBLOCK - UNMARKED 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																																							
ACTION <u>3</u>	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 6 - PRE-CRASH ACTIONS 7 - STRIKING 8 - 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 22 - LYING IN ROADWAY 23 - NOT DISCERNIBLE 24 - OPENING DOOR INTO ROADWAY 25 - LOAD SHIFTING/FALLING/SPILLING 26 - IMPROPER CROSSING 27 - SWERVING TO AVOID 28 - SWERVING TO AVOID 29 - OTHER IMPROPER ACTION																																							
CONTRIBUTING CIRCUMSTANCES <u>0 1</u>	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																																							
SEQUENCE OF EVENTS																																								
<u>1 2 0</u>	<table border="1"> <tr><td>1 - OVERTURN/ROLLOVER</td><td>6 - EQUIPMENT FAILURE</td><td>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL</td><td>16 - RAILWAY VEHICLE</td><td>22 - WORK ZONE MAINTENANCE EQUIPMENT</td></tr> <tr><td>2 - FIRE/EXPLOSION</td><td>7 - SEPARATION OF UNITS</td><td>17 - ANIMAL - FARM</td><td>18 - ANIMAL - DEER</td><td>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE</td></tr> <tr><td>3 - IMMERSION</td><td>8 - RAN OFF ROAD RIGHT</td><td>12 - DOWNHILL RUNAWAY</td><td>19 - ANIMAL - OTHER</td><td>24 - OTHER MOBILE OBJECT</td></tr> <tr><td>2</td><td>4 - JACKKNIFE</td><td>9 - RAN OFF ROAD LEFT</td><td>13 - OTHER NON-COLLISION</td><td>20 - MOTOR VEHICLE IN TRANSPORT</td></tr> <tr><td>1</td><td>5 - CARGO / EQUIPMENT LOSS OR SHIFT</td><td>10 - CROSS MEDIAN</td><td>14 - PEDESTRIAN</td><td>21 - PARKED MOTOR VEHICLE</td></tr> <tr><td>3</td><td></td><td></td><td>15 - PEDALCYCLE</td><td></td></tr> </table>					1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	17 - ANIMAL - FARM	18 - ANIMAL - DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	12 - DOWNHILL RUNAWAY	19 - ANIMAL - OTHER	24 - OTHER MOBILE OBJECT	2	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	13 - OTHER NON-COLLISION	20 - MOTOR VEHICLE IN TRANSPORT	1	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	14 - PEDESTRIAN	21 - PARKED MOTOR VEHICLE	3			15 - PEDALCYCLE						
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DAMAGE	
DAMAGE SCALE 4 - 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	
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TRAFFIC WAY FLOW <u>2</u> 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL <u>2</u> 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD <u>4</u>	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	
FROM <u>5</u> TO <u>8</u>	UNIT SPEED <u>3 5</u> DETECTED SPEED <u>1</u> 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED <u>3 5</u>	



MOTORIST / Non-MOTORIST

Unit # 0 1 Name: Last, First, Middle Smith, Angelica						Date of Birth 1 1 2 2 1 9 9 6		Age 25	Gender F			
Address: Street, City, State, Zip 194 Westbrook Dr. Apt. 6, Hamilton, OH 45013						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 331.17A	Local Code X	Offense Description FTY Turning Left			Citation Number 251760			
OL Class 4	Endorsement Select Up To 2	Restriction Select Up To 3		Driver Distracted By 1	Alcohol / Drug Suspected	Condition 1	Alcohol Test		Drug Test(s)			
						<input type="checkbox"/> Alcohol <input type="checkbox"/> Marijuana <input type="checkbox"/> Other Drug	Status 1	Type 1	Value	Status 1	Type 1	Result Select Up To 4
Unit # 0 2	Name: Last, First, Middle Owusu, Akwasi						Date of Birth 0 8 2 7 1 9 6 8		Age 53	Gender M		
Address: Street, City, State, Zip 2866 Resor Rd., Fairfield, OH 45014						Contact Phone - Include Area Code						
Injuries 3	Injured Taken By 2	EMS Agency (Name) Fairfield		Injured Taken To: Medical Facility (Name, City) Mercy Fairfield	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 X	Offense Description			Citation Number			
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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	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	4 - TEST GIVEN, RESULTS KNOWN					
5 - No Apparent Injury	5 - SECOND - MIDDLE	5 - NOT APPLICABLE		5 - M/C MOVED ONLY	5 - EXCEPT CLASS A BUS	5 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN					
Injured Taken By		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN	6 - EXCEPT CLASS A & CLASS B BUS	6 - TALKING ON HAND-HELD COMMUNICATION DEVICE						
1 - NOT TRANSPORTED / TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7 - NOT DEPLOYED		7 - NO VALID OL	7 - EXCEPT TRACTOR-TRAILER	7 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE						
2 - EMS	8 - THIRD - MIDDLE	8 - PARTIALLY EJECTED			8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - TEST REFUSED						
3 - POLICE	9 - THIRD - RIGHT SIDE	9 - TOTALLY EJECTED			9 - LEARNER'S PERMIT RESTRICTIONS	9 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE						
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	10 - NOT APPLICABLE			10 - LIMITED TO DAYLIGHT ONLY	10 - TEST GIVEN, RESULTS UNKNOWN						
Safety Equipment						Ejection	OL Endorsement	Alcohol Test Type				
1 - NONE USED	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOT TRAPPED		H - HAZMAT	1 - NONE							
2 - SHOULDER BELT ONLY USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	2 - EXTRICATED BY MECHANICAL MEANS		M - MOTORCYCLE	2 - BLOOD							
3 - LAP BELT ONLY USED	13 - TRAILING UNIT	3 - FREED BY NON-MECHANICAL MEANS		P - PASSENGER	3 - URINE							
4 - SHOULDER & LAP BELT USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			N - TANKER	4 - BREATH							
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	15 - NON-MOTORIST			Q - MOTOR SCOOTER	5 - OTHER							
6 - CHILD RESTRAINT SYSTEM - REAR FACING	99 - OTHER / UNKNOWN			R - THREE-WHEEL MOTORCYCLE	6 - ALCOHOL TEST							
7 - BOOSTER SEAT				S - SCHOOL BUS	7 - DRUG TEST							
8 - HELMET USED				T - DOUBLE & TRIPLE TRAILERS	8 - OTHER TEST							
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)				X - TANKER / HAZMAT	9 - OTHER / UNKNOWN							
10 - REFLECTIVE CLOTHING				Gender		Condition	Drug Test Type					
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY				F - FEMALE		1 - APPARENTLY NORMAL	1 - NONE					
99 - OTHER / UNKNOWN				M - MALE		2 - PHYSICAL IMPAIRMENT	2 - BLOOD					
				U - OTHER / UNKNOWN		3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3 - URINE					
						4 - ILLNESS	4 - OTHER					
						5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	5 - DRUG TEST					
						6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6 - OTHER					
						9 - OTHER / UNKNOWN	9 - OTHER / UNKNOWN					
							8 - NEGATIVE RESULTS					



OCCUPANT / WITNESS ADDENDUM

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE Owusu, Michael				DATE OF BIRTH	AGE	GENDER																																																																						
	2	0 5 1 0 1 9 9 6	2 6	M																																																																										
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LOCAL REPORT NUMBER
PD-22-051848

IN COUNTY OF
BUTLER

REPORTING AGENCY

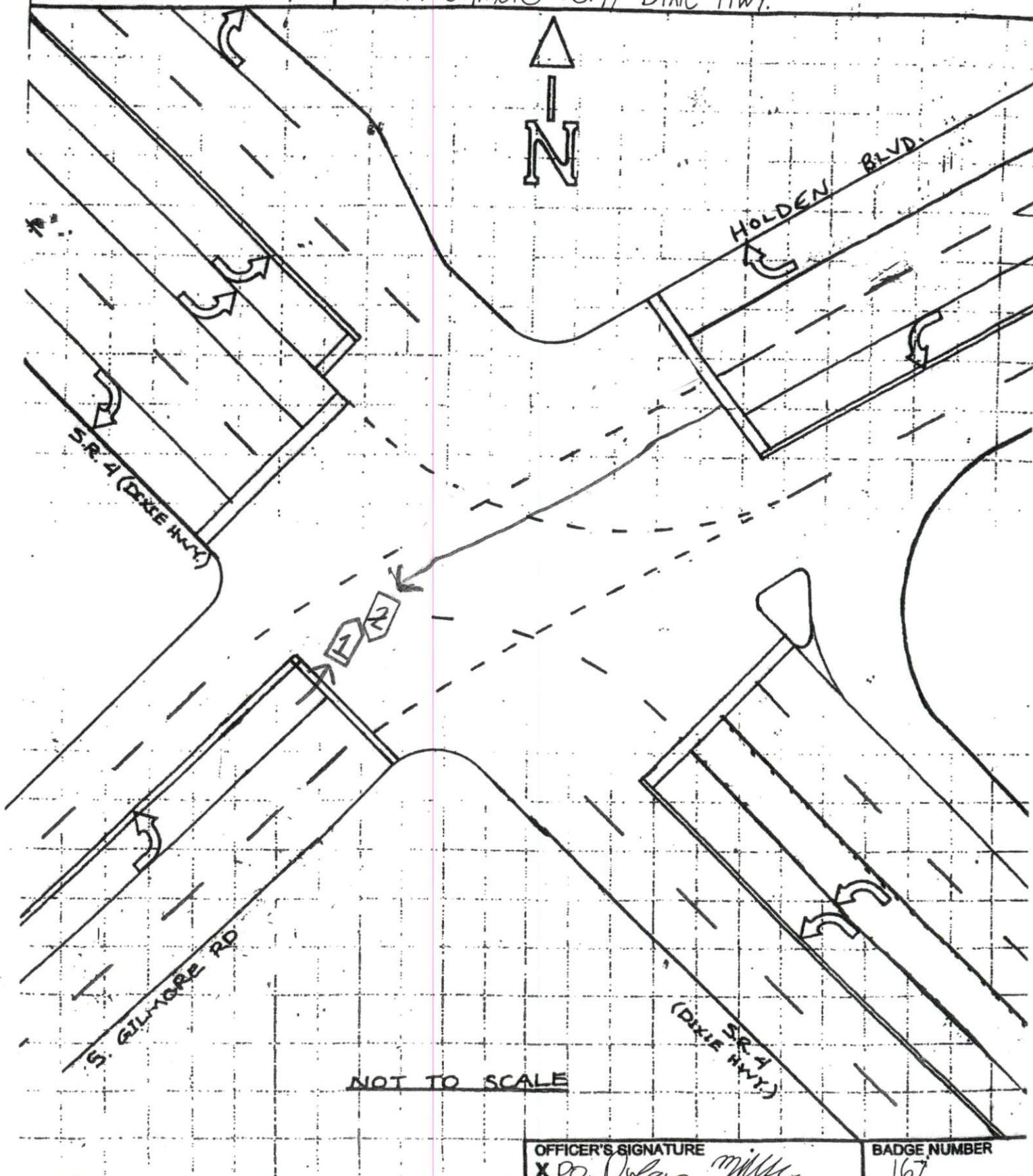
FAIRFIELD P.D.

DATE OF CRASH

M 7 20 2022

CRASH LOCATION

South Gilmore Rd. // Dixie Hwy.



OFFICER'S SIGNATURE

X PO. Dylan Miller

BADGE NUMBER

167