



TRAFFIC CRASH REPORT

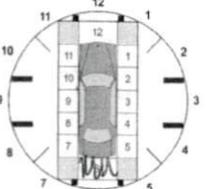
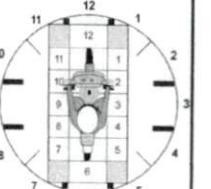
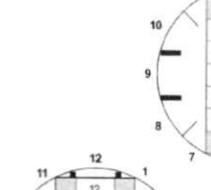
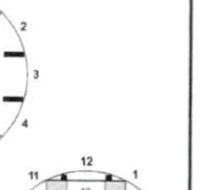
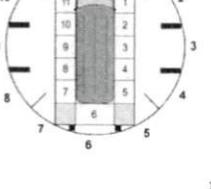
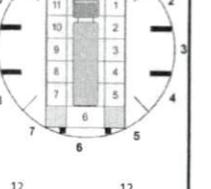
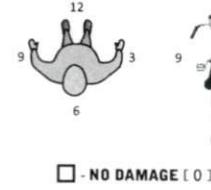
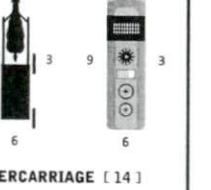
*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION		2 2 0 5 7 5 2 1			
		REPORTING AGENCY NAME*		NCIC*			
		Fairfield Police Department		0 0 9 0 1			
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES	
	S R	4				3 9 . 3 1 1 4 9 2	
REFERENCE ROUTE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES	
				Commercial	D R	8 4 . 4 8 7 3 5 1	
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	RD - ROAD ST - STREET TE - TERRACE TL - TRAIL WA - WAY	<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES	
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE					Roadway	
1 0	1 - MILES 2 - FEET 3 - YARDS					Roadway Divided	
LOCATION OF FIRST HARMFUL EVENT			MANNER OF CRASH COLLISION/IMPACT			MEDIAN TYPE	
1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY	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	2	1 - NOT COLLISION 2 - REAR-END 3 - HEAD-ON	4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN	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	
WORK ZONE RELATED		WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE
<input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		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 AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	1	1	2
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			1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	
NARRATIVE <p>On 8/11/22 at 4:20 P.M. Unit 1 was traveling northbound on State Route 4 at Commercial Drive. Unit 2 was sitting at the red light facing northbound on State Route 4 at Commercial Drive. Unit 1 failed to maintain an assured clear distance ahead and struck Unit 2 in the rear.</p> <p style="text-align: right;">SEE OH-2</p>							
 <p>Indicate the north direction with an "N" on the compass diagram.</p>							
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME	
0 8 1 1 2 0 2 2 1 6 2 0		0 8 1 1 2 0 2 2 1 6 2 1		0 8 1 1 2 0 2 2 1 6 2 8		0 8 1 1 2 0 2 2 1 8 1 4	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		REPORT TAKEN BY	
0 0 0		2 0		1 3 3		<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*	
0 0 0		2 0		1 3 3		N. Davis	
OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S NAME*		Sgt. Aaron Meyer			
						CHECKED BY OFFICER'S BADGE NUMBER*	
						1 3 7	

OWNER	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 (<input checked="" type="checkbox"/> SAME AS DRIVER)																																												
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																																									
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #		VEHICLE YEAR	VEHICLE MAKE																																							
A L	20AOH10	3 G N E C 1 2 0 9 8 G 2 8 3 4 7 8		2 0 0 8	Chevrolet																																							
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY		INSURANCE POLICY #	COLOR	VEHICLE MODEL																																							
TYPE OF USE		US DOT #		TOWED BY: COMPANY NAME																																								
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE																																												
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED		#OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR	HAZARDOUS MATERIAL																																								
		0 1	1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	<input type="checkbox"/> MATERIAL RELEASED	CLASS #																																							
				<input type="checkbox"/> PLACARD	PLACARD ID #																																							
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4	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE
DAMAGED AREA(S) INDICATE ALL THAT APPLY		
<img alt="Diagram of a vehicle showing 12 numbered damage		

OWNER	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 2	OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER)					
COMMERCIAL CARRIER	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	JJU4471	J M 1 B L 1 V 7 1 C 1 5 4 1 7 7 7	2 0 1 2	Mazda			
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL			
All State		992025999	L. Gre	Mazda3			
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME				
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE					
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR				
0 1	0 1	0 1	1 - <10K LBS.	23 - PEDESTRIAN/SKATER			
UNIT TYPE	3 - SPORT UTILITY VEHICLE	8 - MOTORCYCLE 3-WHEELED	2 - 10,001 - 26K LBS.	24 - WHEELCHAIR (ANYTYPE)			
4 - PICK UP	9 - AUTOCYCLE	13 - SNOWMOBILE	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST			
5 - CARGO VAN	10 - MOPED OR MOTORIZED	14 - SINGLE UNIT TRUCK	21 - HEAVY EQUIPMENT	26 - BICYCLE			
6 - VAN (9-15 SEATS)	BICYCLE	15 - SEMI-TRACTOR	22 - ANIMAL WITH RIDER OR	27 - TRAIN			
0	11 - ALL TERRAIN VEHICLE (ATV / UTV)	16 - FARM EQUIPMENT	ANIMAL-DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP			
# OF TRAILING UNITS							
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN			
2	1 - YES	0	1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION			
	2 - NO	2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION				
SPECIAL FUNCTION		1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE			
0 1	2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	16 - FARM			
3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	17 - MOWING	21 - MAIL CARRIER			
4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	18 - SNOW REMOVAL	99 - OTHER / UNKNOWN			
5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	19 - TOWING				
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	
0 1	2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	9 - CARGO TANK	13 - AUTO TRANSPORTER		
			7 - GRAIN/CHIPS/GRAVEL	10 - FLAT BED	14 - GARBAGE/REFUSE		
				11 - DUMP	99 - OTHER / UNKNOWN		
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	
		2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	AT INCIDENT SCENE	
		5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	99 - OTHER / UNKNOWN		
ACTION		1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE	
4	2 - NON-COLLISION	2 - BACKING	3 - CHANGING LANES	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19 - STANDING	
3 - STRIKING	1, 1	4 - OVERTAKING/PASSING	5 - MAKING RIGHT TURN	9 - LEAVING TRAFFIC LANE	15 - WALKING, RUNNING, JOGGING, PLAYING	20 - OTHER NON-MOTORIST	
4 - STRUCK	PRE-CRASH ACTIONS	5 - BOTH STRIKING & STRUCK	6 - MAKING LEFT TURN	10 - PARKED	11 - SLOWING OR STOPPED IN TRAFFIC	21 - STANDING OUTSIDE DISABLED VEHICLE	
5 - BOTH STRIKING & STRUCK		9 - OTHER / UNKNOWN		12 - DRIVERLESS	16 - WORKING	17 - PUSHING VEHICLE	
9 - OTHER / UNKNOWN					99 - OTHER / UNKNOWN		
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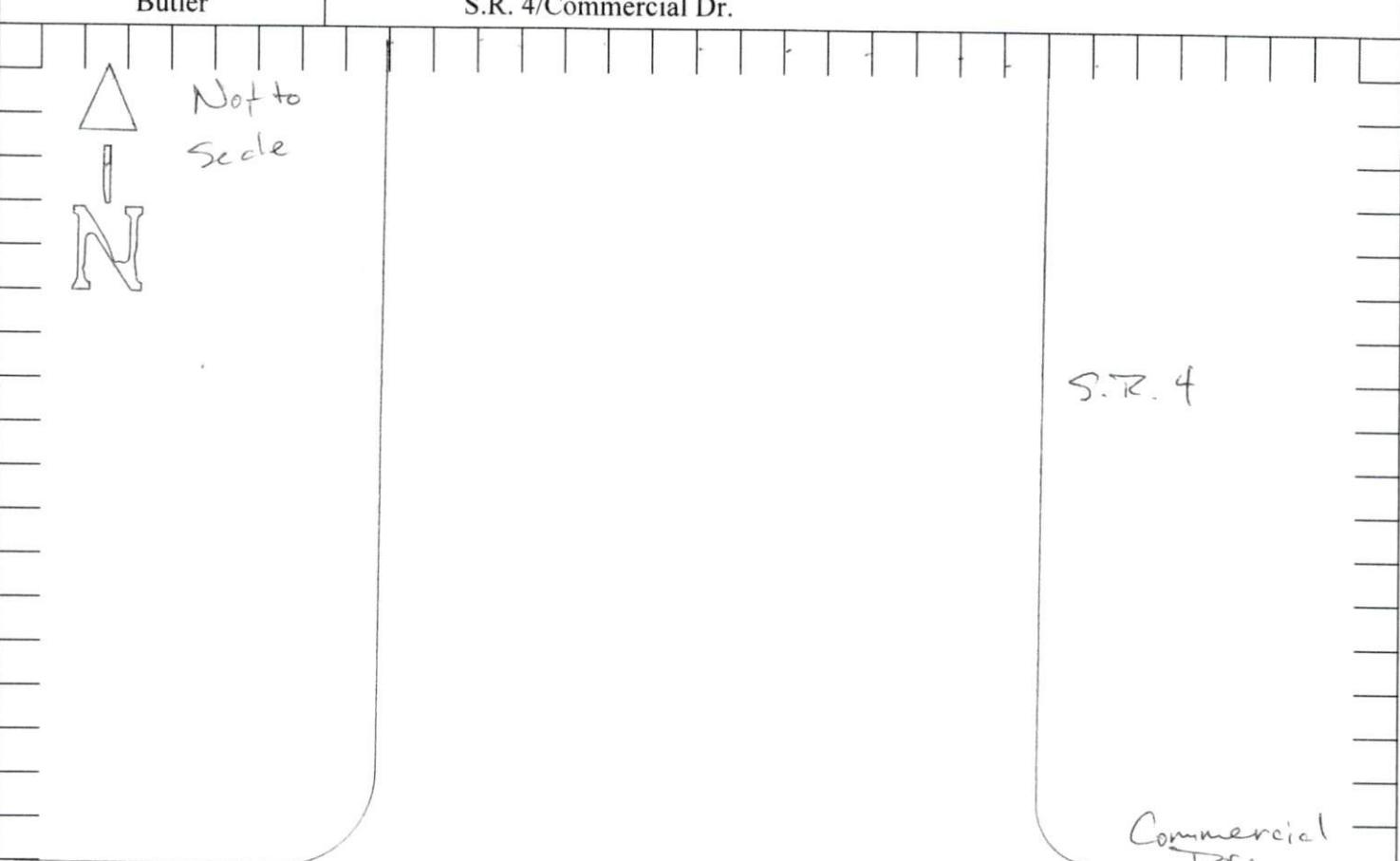
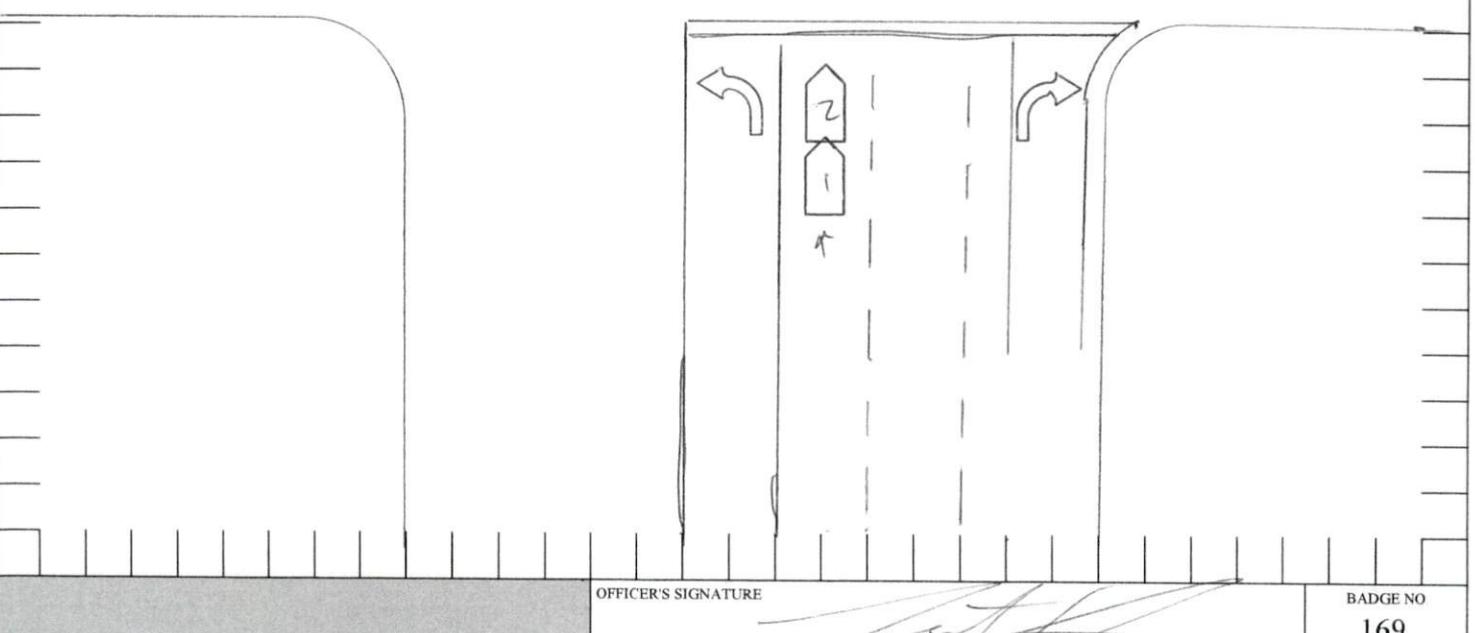
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DAMAGED AREA(S) INDICATE ALL THAT APPLY		
       		
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14]		
<input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15]		
<input type="checkbox"/> - UNIT NOT AT SCENE [16]		
INITIAL POINT OF CONTACT		
0 1 6	0 - NO DAMAGE	14 - UNDERCARRIAGE
	1-12 - REFER TO UNIT DIAGRAM	15 - VEHICLE NOT AT SCENE
		99 - UNKNOWN
	13 - TOP	
TRAFFIC		
TRAFFICWAY FLOW	TRAFFIC CONTROL	
1 - ONE-WAY	1 - ROUNDABOUT	
2 - TWO-WAY	2 - STOP SIGN	
2	3 - SIGNAL	
	5 - YIELD SIGN	
	3 - FLASHER	
	6 - NO CONTROL	
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING	
5	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 2 TO 1		
UNIT SPEED		
0	1 - STATED / ESTIMATED SPEED	
	2 - CALCULATED / EDR	
	3 - UNDETERMINED	
DETECTED SPEED		
1		
POSTED SPEED		
5 0		

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER																																																																																																																																																																																									
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1-NONE USED	10-SLEEPER SECTION OF TRUCK CAB	10-LIMITED TO DAYLIGHT ONLY	10-LIMITED TO DAYLIGHT ONLY																																																																																																																																																																																						
2-SHOULDER BELT ONLY USED	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11-LIMITED TO EMPLOYMENT	11-LIMITED TO EMPLOYMENT																																																																																																																																																																																						
3-LAP BELT ONLY USED	12-PASSENGER IN UNENCLOSED CARGO AREA	12-LIMITED - OTHER	12-LIMITED - OTHER																																																																																																																																																																																						
4-SHOULDER & LAP BELT USED	13-TRAILING UNIT	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)																																																																																																																																																																																						
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14-MILITARY VEHICLES ONLY	14-MILITARY VEHICLES ONLY																																																																																																																																																																																						
6-CHILD RESTRAINT SYSTEM - REAR FACING	15-NON-MOTORIST	15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-MOTOR VEHICLES WITHOUT AIR BRAKES																																																																																																																																																																																						
7-BOOSTER SEAT	99-OTHER / UNKNOWN	16-OUTSIDE MIRROR	16-OUTSIDE MIRROR																																																																																																																																																																																						
8-HELMET USED		17-PROSTHETIC AID	17-PROSTHETIC AID																																																																																																																																																																																						
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		18-OTHER	18-OTHER																																																																																																																																																																																						
10-REFLECTIVE CLOTHING		CONDITION																																																																																																																																																																																							
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY		1-APPARENTLY NORMAL	1-APPARENTLY NORMAL																																																																																																																																																																																						
12-REFLECTIVE CLOTHING / BICYCLE ONLY		2-PHYSICAL IMPAIRMENT	2-PHYSICAL IMPAIRMENT																																																																																																																																																																																						
13-REFLECTIVE CLOTHING / BICYCLE ONLY		3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)																																																																																																																																																																																						
14-REFLECTIVE CLOTHING / BICYCLE ONLY		4-ILLNESS	4-ILLNESS																																																																																																																																																																																						
15-REFLECTIVE CLOTHING / BICYCLE ONLY		5-FELL ASLEEP, FAINTED, FATIGUED, ETC.	5-FELL ASLEEP, FAINTED, FATIGUED, ETC.																																																																																																																																																																																						
16-REFLECTIVE CLOTHING / BICYCLE ONLY		6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL																																																																																																																																																																																						
17-REFLECTIVE CLOTHING / BICYCLE ONLY		7-OTHER	7-OTHER																																																																																																																																																																																						
18-REFLECTIVE CLOTHING / BICYCLE ONLY		8-Negative results	8-Negative results																																																																																																																																																																																						
19-REFLECTIVE CLOTHING / BICYCLE ONLY		DRUG TEST RESULT(S)																																																																																																																																																																																							
20-REFLECTIVE CLOTHING / BICYCLE ONLY		1-AMPHETAMINES	1-AMPHETAMINES																																																																																																																																																																																						
21-REFLECTIVE CLOTHING / BICYCLE ONLY		2-BARBITURATES	2-BARBITURATES																																																																																																																																																																																						
22-REFLECTIVE CLOTHING / BICYCLE ONLY		3-BENZODIAZEPINES	3-BENZODIAZEPINES																																																																																																																																																																																						
23-REFLECTIVE CLOTHING / BICYCLE ONLY		4-CANNABINOIDS	4-CANNABINOIDS																																																																																																																																																																																						
24-REFLECTIVE CLOTHING / BICYCLE ONLY		5-COCAINA	5-COCAINA																																																																																																																																																																																						
25-REFLECTIVE CLOTHING / BICYCLE ONLY		6-OPIATES / OPIOIDS	6-OPIATES / OPIOIDS																																																																																																																																																																																						
26-REFLECTIVE CLOTHING / BICYCLE ONLY		7-OTHER	7-OTHER																																																																																																																																																																																						
27-REFLECTIVE CLOTHING / BICYCLE ONLY		8-Negative results	8-Negative results																																																																																																																																																																																						

OHIO TRAFFIC ACCIDENT - DIAGRAM / NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER	22-057521	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	S.R. 4/Commercial Dr.	8/11/22
				
				
		OFFICER'S SIGNATURE	BADGE NO	
			169	