



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION		2 2 0 5 7 6 6 2	
COUNTY* 0 9		LOCALITY* 1 CITY 2 VILLAGE 3 TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield		CRASH DATE / TIME* 0 8 1 2 2 0 2 2 0 7 5 0	
ROUTE TYPE 1 NORTH 2 SOUTH 3 EAST 4 WEST		ROUTE NUMBER 1 NORTH 2 SOUTH 3 EAST 4 WEST		LOCATION ROAD NAME South Gilmore		ROAD TYPE R D	
REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 6120		ROAD TYPE R D		LATITUDE DECIMAL DEGREES 3 9 . 3 1 0 3 5 9		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 3		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	
DISTANCE FROM REFERENCE 1 - MILES 2 - FEET 3 - YARDS		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS		INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 4		ROADWAY <input type="checkbox"/> ROADWAY DIVIDED	
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 0 1		MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 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 2		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN	
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 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 1		WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 0 1		CONDITIONS 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN	
NARRATIVE Unit 1 was traveling north on S. Gilmore Rd. Unit 2 was stopped at the traffic light, facing north on S. Gilmore Rd. Unit 1 failed to maintain assured cleared distance ahead, and struck the rear of unit 2.				SEE OH2			
CRASH REPORTED DATE / TIME 0 8 1 2 2 0 2 2 0 7 5 0		DISPATCH DATE / TIME 0 8 1 2 2 0 2 2 0 7 5 1		ARRIVAL DATE / TIME 0 8 1 2 2 0 2 2 0 7 5 9		SCENE CLEARED DATE / TIME 0 8 1 2 2 0 2 2 0 8 3 6	
TOTAL TIME ROADWAY CLOSED 6 0		OTHER INVESTIGATION TIME 1 0 5		OFFICER'S NAME* Kamphaus		CHECKED BY OFFICER'S NAME* 37	
TOTAL MINUTES 1 0 5		OFFICER'S BADGE NUMBER* 1 7 3		CHECKED BY OFFICER'S BADGE NUMBER* 1 0 3		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DPS)	



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

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP					
VEHICLE	LP STATE OH	LICENSE PLATE # GCZ5668	VEHICLE IDENTIFICATION # 3C63R3HL6EG174698	VEHICLE YEAR 2014	VEHICLE MAKE Ram
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY State Farm	INSURANCE POLICY # 137-9827-F04-0335E	COLOR Silver	VEHICLE MODEL 3500
	<input type="checkbox"/> COMMERCIAL	TYPE OF USE <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	TOWED BY: COMPANY NAME	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 01	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID #	
	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.				
	UNIT TYPE 04				
	# OF TRAILING UNITS 0				
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 1-YES 2-NO 9-OTHER/UNKNOWN		AUTONOMOUS MODE LEVEL 0		
	SPECIAL FUNCTION 01				
	CARGO BODY TYPE 01				
VEHICLE DEFECTS					
NON-MOTORIST LOCATION AT IMPACT					
ACTION 3					
CONTRIBUTING CIRCUMSTANCES 08					
SEQUENCE OF EVENTS					
FIRST HARMFUL EVENT 1		MOST HARMFUL EVENT 1			

LOCAL REPORT NUMBER 22057662	
DAMAGE DAMAGE SCALE 2 1 - 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 13 - TOP 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 2 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 4	RAIL GRADE CROSSING 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 05	DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 35	

OWNER	UNIT # 012	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
VEHICLE	LP STATE KY	LICENSE PLATE # 0213KB	VEHICLE IDENTIFICATION # 4T1K1Z1A1K1M1U101516191614
	INSURANCE VERIFIED X	INSURANCE COMPANY Commonwealth of KY	INSURANCE POLICY # K3496272
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #
	INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD
	HIT/SKIP UNIT <input type="checkbox"/>		CLASS # PLACARD ID #
	#OCCUPANTS 01		VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.
	TOWED BY: COMPANY NAME		
	UNIT TYPE 01		
	# OF TRAILING UNITS 0		
	VARIABLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1-YES 2-NO 9-OTHER/UNKNOWN		AUTONOMOUS MODE LEVEL 0
SPECIAL FUNCTION	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
CARGO BODY TYPE	1 - NO CARGO BODY TYPE / NOT APPLICABLE		2 - BUS
	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE		4 - LOGGING
	5 - INTERMODAL CONTAINER CHASSIS		6 - CARGO VAN/ENCLOSED BOX
	7 - GRAIN/CHIPS/GRAVEL		8 - POLE
	9 - CARGO TANK		10 - FLAT BED
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
NON-MOTORIST LOCATION AT IMPACT	1 - INTERSECTION - MARKED CROSSWALK		2 - INTERSECTION - OTHER
	3 - INTERSECTION - UNMARKED CROSSWALK		4 - MIDBLOCK - MARKED
	5 - TRAVEL LANE - OTHER LOCATION		6 - BICYCLE LANE
	7 - SHOULDER / ROADSIDE		8 - SIDEWALK
	9 - MEDIAN/CROSSING ISLAND		10 - DRIVEWAY ACCESS
ACTION	1 - NON-CONTACT		2 - NON-COLLISION
	3 - STRIKING		4 - STRUCK
	5 - BOTH STRIKING & STRUCK		6 - MAKING RIGHT TURN
	7 - MAKING LEFT TURN		8 - ENTERING TRAFFIC LANE
	9 - OTHER / UNKNOWN		10 - PARKED
CONTRIBUTING CIRCUMSTANCES	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
SEQUENCE OF EVENTS	1 - OVERTURN/ROLLOVER		2 - FIRE/EXPLOSION
	3 - IMMERSION		4 - JACKKNIFE
	5 - CARGO / EQUIPMENT LOSS OR SHIFT		6 - EQUIPMENT FAILURE
	7 - SEPARATION OF UNITS		8 - RAN OFF ROAD RIGHT
	9 - RAN OFF ROAD LEFT		10 - CROSS MEDIAN
COLLISION WITH FIXED OBJECT - STRUCK	25 - IMPACT ATTENUATOR / CRASH CUSHION		26 - BRIDGE OVERHEAD STRUCTURE
	27 - BRIDGE PIER OR ABUTMENT		28 - BRIDGE PARAPET
	29 - BRIDGE RAIL		30 - GUARDRAIL FACE
	31 - GUARDRAIL END		32 - PORTABLE BARRIER
	33 - MEDIAN CABLE BARRIER		34 - MEDIAN GUARDRAIL BARRIER
FIRST HARMFUL EVENT	1 - OVERTURN/ROLLOVER		2 - FIRE/EXPLOSION
	3 - IMMERSION		4 - JACKKNIFE
	5 - CARGO / EQUIPMENT LOSS OR SHIFT		6 - EQUIPMENT FAILURE
	7 - SEPARATION OF UNITS		8 - RAN OFF ROAD RIGHT
	9 - RAN OFF ROAD LEFT		10 - CROSS MEDIAN

LOCAL REPORT NUMBER 2 2 0 5 7 6 6 2	
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UNIT SPEED 0	
DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	
POSTED SPEED 3 5	

HSY8306 OH1M 1/19 [760-1500]

LOCAL REPORT NUMBER 22057662	REPORTING AGENCY Fairfield Police Department	DATE OF CRASH M 08 D 12 Y 2022
IN COUNTY OF Butler	CRASH LOCATION S. Gilmore Rd @ 6120	

