

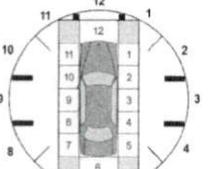
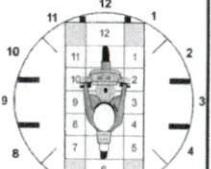
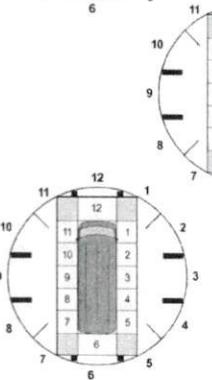
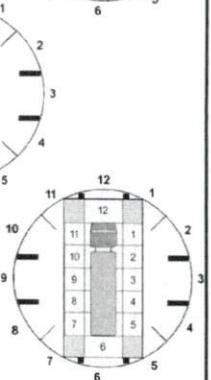
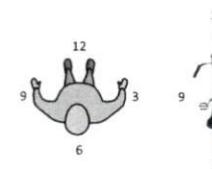
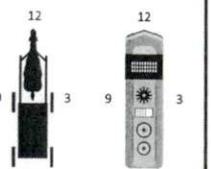


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

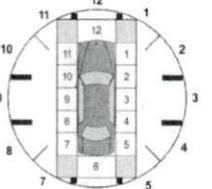
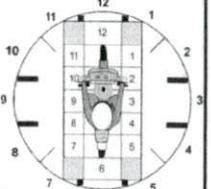
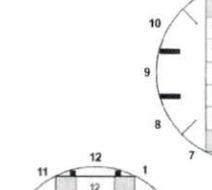
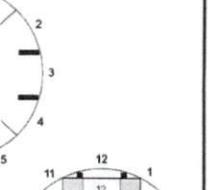
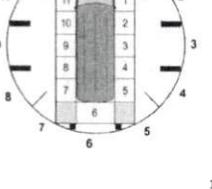
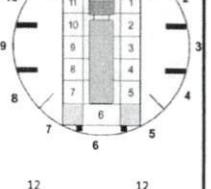
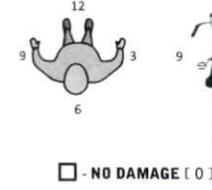
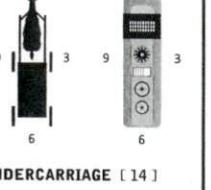
<input checked="" type="checkbox"/> PHOTOS TAKEN		<input checked="" type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION		LOCAL REPORT NUMBER*			
<input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*	HIT/SKIP	NUMBER OF UNITS	
				Fairfield Police Department		00901	1 - SOLVED	0 2	UNIT IN ERROR
							2 - UNSOLVED		0 1 98-ANIMAL
COUNTY*		LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*		City of Fairfield		CRASH DATE / TIME*		CRASH SEVERITY
0 9		1 - CITY 2 - VILLAGE 3 - TOWNSHIP					08142022 2106		1 - FATAL
									5
									2 - SERIOUS INJURY SUSPECTED
									3 - MINOR INJURY SUSPECTED
									4 - INJURY POSSIBLE
									5 - PROPERTY DAMAGE ONLY
ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DECIMAL DEGREES			
			Ross		R D	3 9 3 0 7 5 1 8			
ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)		ROAD TYPE	LONGITUDE DECIMAL DEGREES			
			Woodridge		B L	-8 4 5 0 2 5 6 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		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	<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA		
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE	CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE							NUMBER OF APPROACHES 3
	1 - MILES 2 - FEET 3 - YARDS								
LOCATION OF FIRST HARMFUL EVENT			MANNER OF CRASH COLLISION/IMPACT			DIRECTION OF TRAVEL		MEDIAN TYPE	
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	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	6	1 - NOT COLLISION 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN TRANSPORT 4 - REAR-END 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - HEAD-ON 3 - HEAD-ON 9 - OTHER / UNKNOWN			1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	<input checked="" type="checkbox"/> 1 - DIVIDED FLUSH MEDIAN (<4 FEET) <input type="checkbox"/> 2 - DIVIDED FLUSH MEDIAN (>4 FEET) <input type="checkbox"/> 3 - DIVIDED, DEPRESSED MEDIAN <input type="checkbox"/> 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) <input type="checkbox"/> 9 - OTHER/UNKNOWN		
<input type="checkbox"/> WORK ZONE RELATED	WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE		CONTOUR	CONDITIONS	SURFACE		
<input type="checkbox"/> WORKERS PRESENT	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 WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	1	1	1	2		
<input type="checkbox"/> LAW ENFORCEMENT PRESENT				1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - 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	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN			
<input type="checkbox"/> ACTIVE SCHOOL ZONE									
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	0 2	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						
NARRATIVE					 Indicate the north direction with an "N" on the compass diagram.				
On 08/14/2022, at around 9:06 P.M., Unit 1 was traveling westbound on Woodridge Blvd and attempted to make a left-hand turn onto Ross road. Unit 2 was traveling east on Ross Road. Unit 1 failed to yield to oncoming traffic, causing unit 2 to strike unit 1.					See OH-2				
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY	
08142022 2106		08142022 2107		08142022 2112		08142022 2155		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		<input checked="" type="checkbox"/> CHECKED BY OFFICER'S NAME* <i>J. Mitchell</i>	
						OFFICER'S BADGE NUMBER*		<input checked="" type="checkbox"/> CHECKED BY OFFICER'S BADGE NUMBER* <i>Sgt. B. Barnes</i>	
								<input checked="" type="checkbox"/> CHECKED BY OFFICER'S BADGE NUMBER* <i>1 3 9</i>	

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		
O H	HYW1215	2 H G F A 1 6 5 9 9 H 3 5 0 0 5 7	2 0 0 9		
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	VEHICLE MAKE		
	Incline Casualty	OHA2210TD00128	Honda		
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME		
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	Waynes		
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR		
0 1		0 1	1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		
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 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					
# OF TRAILING UNITS					
0					
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?					
0 2	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		
AUTONOMOUS MODE LEVEL					
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					
1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS					
3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - CARGO VAN/ENCLOSED BOX 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL					
8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP					
12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN					
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					
1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK					
3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED 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					
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					
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					
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					
1 2 0	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	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNSHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT
4 1	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 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE	49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN
1	1 - FIRST HARMFUL EVENT	1 - MOST HARMFUL EVENT			

LOCAL REPORT NUMBER	
2 2 0 5 8 3 3 5	
DAMAGE	
4	DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL 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 1 3	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP
14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC	
TRAFFIC WAY FLOW	TRAFFIC CONTROL
2	1 - ONE-WAY 2 - TWO-WAY
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM 3 TO 2	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
UNIT SPEED	
1 0	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	
2 5	

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: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR		
O H	JFZ6034	1 H G C M 1 7 2 6 3 3 A 0 0 5 9 7 8	2 0 0 3		
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR		
	Bristol West	G01-1100494-00	Gray		
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME		
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	FOX Towing		
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	HAZARDOUS MATERIAL		
0 1		0 2	<input type="checkbox"/> MATERIAL RELEASED	CLASS #	PLACARD ID #
UNIT TYPE	#OCCUPANTS		<input type="checkbox"/> PLACARD		
1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN/SKATER	
2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED	13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)	
3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14 - SINGLE UNIT TRUCK	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST	
4 - PICK UP	10 - MOPED OR MOTORIZED	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE	
5 - CARGO VAN	BICYCLE	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR	27 - TRAIN	
6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	ANIMAL-DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP	
0	# OF TRAILING UNITS				
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN	
0 2	1 - YES	2 - NO	9 - OTHER / UNKNOWN	<input type="checkbox"/> AUTONOMOUS MODE LEVEL	
0 1	0	1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION		
SPECIAL FUNCTION	2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION			
1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM	21 - MAIL CARRIER	
2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	17 - MOWING	99 - OTHER / UNKNOWN	
3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	18 - SNOW REMOVAL		
4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	19 - TOWING		
5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL		
0 1	1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER
CARGO BODY TYPE	2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	9 - CARGO TANK	13 - AUTO TRANSPORTER
0 1	7 - HEAD LAMPS	5 - STEERING	7 - GRAIN/CHIPS/GRAVEL	10 - FLAT BED	14 - GARBAGE/REFUSE
VEHICLE DEFECTS	3 - TAIL LAMPS	6 - TIRE BLOWOUT		11 - DUMP	99 - OTHER / UNKNOWN
0 1	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE	99 - OTHER / UNKNOWN
VEHICLE DEFECTS	2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	10 - DISABLED FROM PRIOR ACCIDENT	
0 1	3 - TAIL LAMPS	6 - TIRE BLOWOUT			
0 1	1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE
NON-MOTORIST LOCATION AT IMPACT	2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	
0 1	5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	11 - SHARED USE PATHS OR TRAILS	99 - OTHER / UNKNOWN
0 3	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE
ACTION	2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19 - STANDING
0 1	3 - STRIKING	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	10 - PARKED	20 - OTHER NON-MOTORIST
ACTIONS	4 - STRUCK	4 - OVERTAKING/PASSING	11 - SLOWING OR STOPPED IN TRAFFIC	15 - WALKING, RUNNING, JOGGING, PLAYING	21 - STANDING OUTSIDE DISABLED VEHICLE
0 1	5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	6 - MAKING LEFT TURN	16 - WORKING	17 - PUSHING VEHICLE
CONTRIBUTING CIRCUMSTANCES	9 - OTHER / UNKNOWN		12 - DRIVERLESS	18 - OPERATING DEFECTIVE EQUIPMENT	99 - OTHER / UNKNOWN
0 1	1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY
0 1	2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / ACDA	14 - STOPPED OR PARKED ILLEGALLY	18 - OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE
0 1	3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	15 - SWERVING TO AVOID	19 - LOAD SHIFTING/FALLING/SPILLING	23 - OPENING DOOR INTO ROADWAY
0 1	4 - RAN STOP SIGN	10 - IMPROPER PASSING	16 - WRONG WAY	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION
0 1	5 - UNSAFE SPEED	11 - DROVE OFF ROAD			
0 1	6 - IMPROPER TURN	12 - IMPROPER BACKING			
SEQUENCE OF EVENTS					
1 2 0	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	12 - DOWNHILL RUNAWAY	17 - ANIMAL - FARM	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	13 - OTHER NON-COLLISION	18 - ANIMAL - DEER	20 - MOTOR VEHICLE IN BY A MOTOR VEHICLE TRANSPORT
2 1 1	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	14 - PEDESTRIAN	19 - ANIMAL - OTHER	21 - PARKED MOTOR VEHICLE
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	15 - PEDALCYCLE	24 - OTHER MOVABLE OBJECT	
3 1 1					
4 1 1	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT
	26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH	
5 1 1	27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES	45 - EMBANKMENT	51 - WALL
	28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL	40 - UTILITY POLE	46 - FENCE	52 - BUILDING
6 1 1	29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX	53 - TUNNEL
	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	48 - TREE	54 - OTHER FIXED OBJECT
1	1 - FIRST HARMFUL EVENT	1 - MOST HARMFUL EVENT		49 - FIRE HYDRANT	99 - OTHER / UNKNOWN

LOCAL REPORT NUMBER		
2 2 0 5 8 3 3 5	DAMAGE	
DAMAGE SCALE		
4	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		
1 1 2	0 - NO DAMAGE	14 - UNDERCARRIAGE
	1-12 - REFER TO UNIT DIAGRAM	15 - VEHICLE NOT AT SCENE
	13 - TOP	99 - UNKNOWN
TRAFFIC		
2	TRAFFIC WAY FLOW	TRAFFIC CONTROL
	1 - ONE-WAY	1 - ROUNDABOUT
	2 - TWO-WAY	2 - SIGNAL
6		5 - YIELD SIGN
		3 - FLASHER
		6 - NO CONTROL
2	# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
	1	1 - NOT INVOLVED
	1	2 - INVOLVED-ACTIVE CROSSING
		3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION		
4	1 - NORTH	5 - NORTHEAST
	2 - SOUTH	6 - NORTHWEST
	3 - EAST	7 - SOUTHEAST
	4 - WEST	8 - SOUTHWEST
	9 - OTHER / UNKNOWN	
FROM [4] TO [3]		
UNIT SPEED		DETECTED SPEED
2 5	1 - STATED / ESTIMATED SPEED	
	2 - CALCULATED / EDR	
	3 - UNDETERMINED	
POSTED SPEED		
2 5		



MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	LOCAL REPORT NUMBER											
	2 2 0 5 8 3 3 5					DATE OF BIRTH		AGE		GENDER		
UNIT #	NAME: LAST, FIRST, MIDDLE 0 1 Rubio, Carlos											
ADDRESS: STREET, CITY, STATE, ZIP 144 Kinbury Drive, Cincinnati, OH 45240										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 <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION Yeild when turning left			CITATION NUMBER 255236		
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	<input type="checkbox"/> ALCOHOL TEST STATUS 1	TYPE 1	VALUE .	DRUG TEST(S) STATUS 1	RESULT SELECT UP TO 4 1	
UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Rodriguez-Rodriguez, Andry										DATE OF BIRTH 0 3 1 9 2 0 0 0 0 2 2 M	
ADDRESS: STREET, CITY, STATE, ZIP 3603 Woodridge Blvd, Fairfield, OH 45014 Apt 3										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		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER		
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	<input type="checkbox"/> ALCOHOL TEST STATUS 1	TYPE 1	VALUE .	DRUG TEST(S) STATUS 1	RESULT SELECT UP TO 4 1	
UNIT #	NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH 0 0 0 0 0 0 0 0 0 0	
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE		
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-Compliant MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER		
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	<input type="checkbox"/> ALCOHOL TEST STATUS 1	TYPE 1	VALUE .	DRUG TEST(S) STATUS 1	RESULT SELECT UP TO 4 1	
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							
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							
5-NO APPARENT INJURY	5-SECOND - MIDDLE	5-NOT APPLICABLE	5-M/C MOPED ONLY	5-EXCEPT CLASS A BUS	5-TEST GIVEN, RESULTS UNKNOWN							
INJURED TAKEN BY	6-SECOND - RIGHT SIDE	6-DEPLOYED	6-NO VALID OL	6-EXCEPT CLASS A & CLASS B BUS								
1-NOT TRANSPORTED /TREATED AT SCENE	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-NOT DEPLOYED	7-EXCEPT TRACTOR-TRAILER									
2-EMS	8-THIRD - MIDDLE	8-NOT DEPLOYED	8-INTERMEDIATE LICENSE RESTRICTIONS									
3-POLICE	9-THIRD - RIGHT SIDE	9-NOT DEPLOYED	9-LEARNER'S PERMIT RESTRICTIONS									
9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB	10-NOT DEPLOYED	10-LIMITED TO DAYLIGHT ONLY									
SAFETY EQUIPMENT	TRAPPED	R	11-LIMITED TO EMPLOYMENT									
1-NONE USED	1-NOT TRAPPED	12-LIMITED - OTHER										
2-SHOULDER BELT ONLY USED	2-EXTRICATED BY MECHANICAL MEANS	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)										
3-LAP BELT ONLY USED	3-FREED BY NON-MECHANICAL MEANS	14-MILITARY VEHICLES ONLY										
4-SHOULDER & LAP BELT USED		15-MOTOR VEHICLES WITHOUT AIR BRAKES										
5-CHILD RESTRAINT SYSTEM - FORWARD FACING		16-OUTSIDE MIRROR										
6-CHILD RESTRAINT SYSTEM - REAR FACING		17-PROSTHETIC AID										
7-BOOSTER SEAT		18-OTHER										
8-Helmet USED		CONDITION										
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		1-APPARENTLY NORMAL										
10-REFLECTIVE CLOTHING		2-PHYSICAL IMPAIRMENT										
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY		3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)										
99-OTHER / UNKNOWN		4-ILLNESS										
		5-FELL ASLEEP, FAINTED, FATIGUED, ETC.										
		6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL										
		7-OTHER										
		8-NEGATIVE RESULTS										



OCCUPANT / WITNESS ADDENDUM

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 2 Rodriguez, Andres				DATE OF BIRTH 0 8 2 4 2 0 2 2	AGE - 1	GENDER M	
	ADDRESS: STREET, CITY, STATE, ZIP 3603 Woodridge Blvd, Fairfield, OH 45014 Apt 3				CONTACT PHONE - INCLUDE AREA CODE				
INJURIES 5	INJURED TAKEN BY 	EMS AGENCY (NAME) 	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) 	SAFETY EQUIPMENT USED 0 7	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 4	AIR BAG USAGE 0 1	EJECTION 1	TRAPPED 1
UNIT #	NAME: LAST, FIRST, MIDDLE 				DATE OF BIRTH 	AGE 0	GENDER 		
ADDRESS: STREET, CITY, STATE, ZIP 				CONTACT PHONE - INCLUDE AREA CODE					
INJURIES 	INJURED TAKEN BY 	EMS AGENCY (NAME) 	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) 	SAFETY EQUIPMENT USED 	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 	AIR BAG USAGE 	EJECTION 	TRAPPED
UNIT #	NAME: LAST, FIRST, MIDDLE 				DATE OF BIRTH 	AGE 0	GENDER 		
ADDRESS: STREET, CITY, STATE, ZIP 				CONTACT PHONE - INCLUDE AREA CODE					
INJURIES 	INJURED TAKEN BY 	EMS AGENCY (NAME) 	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) 	SAFETY EQUIPMENT USED 	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 	AIR BAG USAGE 	EJECTION 	TRAPPED
UNIT #	NAME: LAST, FIRST, MIDDLE 				DATE OF BIRTH 	AGE 0	GENDER 		
ADDRESS: STREET, CITY, STATE, ZIP 				CONTACT PHONE - INCLUDE AREA CODE					
INJURIES 	INJURED TAKEN BY 	EMS AGENCY (NAME) 	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) 	SAFETY EQUIPMENT USED 	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 	AIR BAG USAGE 	EJECTION 	TRAPPED
UNIT #	NAME: LAST, FIRST, MIDDLE 				DATE OF BIRTH 	AGE 0	GENDER 		
ADDRESS: STREET, CITY, STATE, ZIP 				CONTACT PHONE - INCLUDE AREA CODE					
INJURIES		SAFETY EQUIPMENT USED		SEATING POSITION		AIR BAG USAGE			
1 - FATAL		1 - NONE USED - VEHICLE OCCUPANT		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED			
2 - SUSPECTED SERIOUS INJURY		2 - SHOULDER BELT ONLY USED		2 - FRONT - MIDDLE		2 - DEPLOYED FRONT			
3 - SUSPECTED MINOR INJURY		3 - LAP BELT ONLY USED		3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE			
4 - POSSIBLE INJURY		4 - SHOULDER & LAP BELT USED		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT/SIDE			
5 - NO APPARENT INJURY		5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		5 - SECOND - MIDDLE		5 - NOT APPLICABLE			
INJURED TAKEN BY		6 - CHILD RESTRAINT SYSTEM - REAR FACING		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN			
1 - NOT TRANSPORTED /TREATED AT SCENE		7 - BOOSTER SEAT		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		EJECTION			
2 - EMS		8 - HELMET USED		8 - THIRD - MIDDLE		1 - NOT EJECTED			
3 - POLICE		9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED			
9 - OTHER / UNKNOWN		10 - REFLECTIVE CLOTHING		10 - SLEEPER SECTION OF TRUCK CAB		3 - TOTALLY EJECTED			
GENDER		11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		4 - NOT APPLICABLE			
F - FEMALE		99 - OTHER / UNKNOWN		12 - PASSENGER IN UNENCLOSED CARGO AREA		TRAPPED			
M - MALE		13 - TRAILING UNIT		13 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		1 - NOT TRAPPED			
U - OTHER / UNKNOWN		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		15 - NON-MOTORIST		2 - EXTRICATED BY MECHANICAL MEANS			
NAME: LAST, FIRST, MIDDLE 		99 - OTHER / UNKNOWN		99 - OTHER / UNKNOWN		3 - FREED BY NON-MECHANICAL MEANS			
WITNESS	NAME: LAST, FIRST, MIDDLE 				DATE OF BIRTH 	AGE 0	GENDER 		
ADDRESS: STREET, CITY, STATE, ZIP 				CONTACT PHONE - INCLUDE AREA CODE					
WITNESS	NAME: LAST, FIRST, MIDDLE 				DATE OF BIRTH 	AGE 0	GENDER 		
ADDRESS: STREET, CITY, STATE, ZIP 				CONTACT PHONE - INCLUDE AREA CODE					
WITNESS	NAME: LAST, FIRST, MIDDLE 				DATE OF BIRTH 	AGE 0	GENDER 		
ADDRESS: STREET, CITY, STATE, ZIP 				CONTACT PHONE - INCLUDE AREA CODE					

LOCAL
REPORT
NUMBER PD-22-058335

REPORTING
AGENCY

FAIRFIELD P.D. 00901

DATE OF ACCIDENT

IN COUNTY OF

BUTLER

ACCIDENT
LOCATION

ROSS RD AT WOODRIDGE BLVD

M 8 10 14 22

