



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL INFORMATION		LOCAL REPORT NUMBER*			
<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		REPORTING AGENCY NAME*		NCIC*		2 2 0 6 0 3 1 0			
		Fairfield Police Department		0 0 9 0 1		HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR	
						1 - SOLVED	0 2	98 - ANIMAL	
						2 - UNSOLVED		99 - UNKNOWN	
COUNTY*		LOCALITY*		LOCATION: CITY, VILLAGE, TOWNSHIP*		CRASH DATE / TIME*		CRASH SEVERITY	
0 9		1 - CITY 2 - VILLAGE 3 - TOWNSHIP		City of Fairfield		0 8 2 1 2 0 2 2 1 5 2 0		5 - FATAL	
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DECIMAL DEGREES		
				Kolb		D R	3 9 3 0 5 3 6 9		
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)		ROAD TYPE	LONGITUDE DECIMAL DEGREES		
				500			- 8 4 5 2 3 1 7 5		
REFERENCE POINT		DIRECTION FROM REFERENCE		ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED			
1 - INTERSECTION 3 - MILE POST 3 - HOUSE #		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	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 type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA	NUMBER OF APPROACHES
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE		ROUTE TYPE	ROAD TYPE	ROADWAY			
		1 - MILES 2 - FEET 3 - YARDS		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 SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	<input type="checkbox"/> ROADWAY DIVIDED	
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT		DIRECTION OF TRAVEL	MEDIAN TYPE		
1 - ON ROADWAY 0 1 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		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 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	
<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		LOCATION OF CRASH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE		
		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 - 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		
LIGHT CONDITION				WEATHER					
1 - DAYLIGHT 1 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN				1 - CLEAR 0 2 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 08-21-22 at about 3:20 P.M. Unit 1 was traveling westbound on Kolb Dr at approximately 15 m.p.h and when at 500 Kolb Dr. failed to stop within the assured clear distance ahead and collided with Unit 2 which was also westbound and was stopped in traffic at 500 Kolb Dr. Brake lights on Unit 2 were inspected and were working.						See OH #2			
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY	
0 8 2 1 2 0 2 2 1 5 2 5		0 8 2 1 2 0 2 2 1 5 2 6		0 8 2 1 2 0 2 2 1 5 3 5		0 8 2 1 2 0 2 2 1 5 5 7		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES	OFFICER'S NAME*	CHECKED BY OFFICER'S NAME*		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DOPS)	
				3 1	P. O. Gregg Lamb	 CHECKED BY OFFICER'S BADGE NUMBER*			
					OFFICER'S BADGE NUMBER*	 CHECKED BY OFFICER'S BADGE NUMBER*			

OWNER

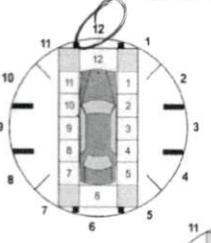
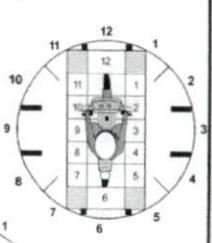
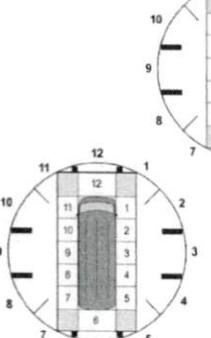
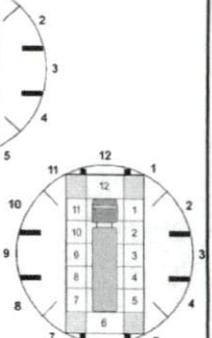
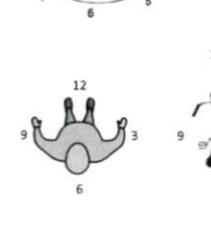
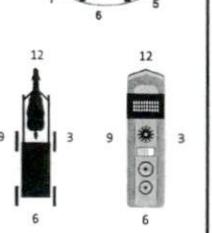
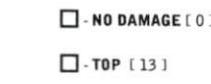
UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER)
0 1	Spangler, Amy	
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER)	200 Kater Ave. Harrison, OH. 45030	
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP	COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	

VEHICLE

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE	
O H	JOA 7607	J T D B R 1 3 2 E 2 6 0 0 6 5 8 4 0	2 0 0 6	Toyota	
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL	
	Geico	4447823537	Blue	Corolla	
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	HAZARDOUS MATERIAL	
		0 1	1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
UNIT TYPE		1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	2 - WHEELED 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 (ANYTYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
# OF TRAILING UNITS					

EVENT(S)

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN																												
1 - YES 2 - NO 9 - OTHER / UNKNOWN	0																														
AUTONOMOUS MODE LEVEL																															
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	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																															
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 11 - DUMP																												
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 - 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																												
ACTION																															
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																												
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 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																												
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FIRST HARMFUL EVENT	MOST HARMFUL EVENT																														

LOCAL REPORT NUMBER	
2 2 0 6 0 3 1 0	
DAMAGE	
DAMAGE SCALE	
3	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN
3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE	
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 - 2 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE	
DIAGRAM 99 - UNKNOWN	
13 - TOP	
TRAFFIC	
TRAFFIC WAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
4	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 3 TO 4	
UNIT SPEED	DETECTED SPEED
1 - 5	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	
3 - 5	

UNIT # **OWNER NAME:** LAST, FIRST, MIDDLE (SAME AS DRIVER) **OWNER PHONE:** INCLUDE AREA CODE (SAME AS DRIVER)

0 2 Woolery, Thomas M.

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

6337 Paxton Woods Dr. Loveland, OH. 45140

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LOCAL REPORT NUMBER
2 2 0 6 0 3 1 0

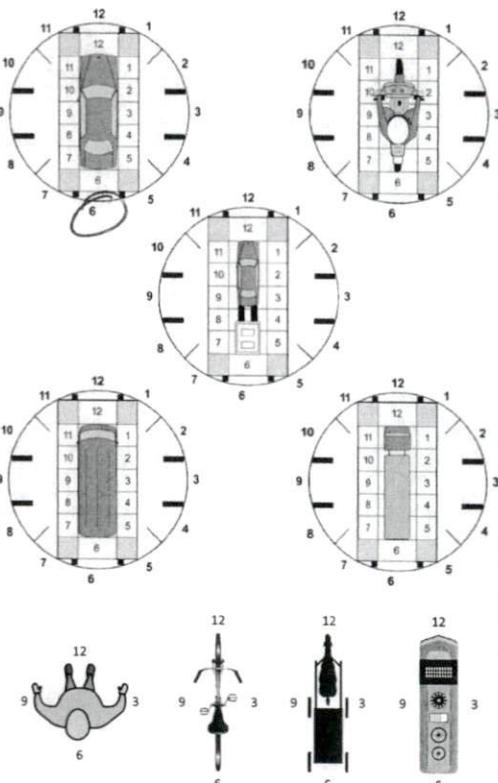
DAMAGE

DAMAGE SCALE

3 1 - NONE 3 - FUNCTIONAL DAMAGE
2 - MINOR DAMAGE 4 - DISABLING DAMAGE
9 - UNKNOWN

DAMAGED AREA(S)

INDICATE ALL THAT APPLY



LP STATE **LICENSE PLATE #** **VEHICLE IDENTIFICATION #** **VEHICLE YEAR** **VEHICLE MAKE**

0 H EHA 9594 **4S14BSBNC1G3360366** **2016** **Suba**

INSURANCE VERIFIED **INSURANCE COMPANY** **INSURANCE POLICY #** **COLOR** **VEHICLE MODEL**

State Farm **365335212335R** **Green** **Outback**

TYPE OF USE **US DOT #** **TOWED BY: COMPANY NAME**

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED **HIT/SKIP UNIT** **#OCCUPANTS** **VEHICLE WEIGHT GVWR/GCWR** **MATERIAL RELEASED** **CLASS #** **PLACARD ID #**

0 2 **1** **1** **1** **1** **1** **1** **1**

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**

OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? **0 - NO AUTOMATION** **3 - CONDITIONAL AUTOMATION** **9 - UNKNOWN**

1 - YES **2 - NO** **9 - OTHER / UNKNOWN**

AUTONOMOUS MODE LEVEL

0 - NO AUTOMATION **1 - DRIVER ASSISTANCE** **4 - HIGH AUTOMATION** **9 - UNKNOWN**

1 - PARTIAL AUTOMATION **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**

1 - NO CARGO BODY TYPE **3 - VEHICLE TOWING ANOTHER** **5 - INTERMODAL CONTAINER** **8 - POLE** **12 - CONCRETE MIXER**

2 - NOT APPLICABLE **MOTOR VEHICLE** **CHASSIS** **9 - CARGO TANK** **13 - AUTO TRANSPORTER**

1 - BUS **4 - LOGGING** **6 - CARGO VAN/ENCLOSED BOX** **10 - FLAT BED** **14 - GARBAGE/REFUSE**

2 - CARGO BODY TYPE **7 - GRAIN/CHIPS/GRAVEL** **11 - DUMP** **99 - OTHER / UNKNOWN**

1 - TURN SIGNALS **4 - BRAKES** **7 - WORN OR SLICK TIRES** **9 - MOTOR TROUBLE** **99 - OTHER / UNKNOWN**

2 - HEAD LAMPS **5 - STEERING** **8 - TRAILER EQUIPMENT** **10 - DISABLED FROM PRIOR**

3 - TAIL LAMPS **6 - TIRE BLOWOUT** **DEFECTIVE** **ACCIDENT**

1 - INTERSECTION - MARKED CROSSWALK **3 - INTERSECTION - OTHER** **6 - BICYCLE LANE** **9 - MEDIAN/CROSSING ISLAND** **12 - FIRST RESPONDER**

2 - INTERSECTION - UNMARKED CROSSWALK **4 - MIDLIGHT - 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**

1 - NON-CONTACT **1 - STRAIGHT AHEAD** **7 - MAKING U-TURN** **13 - NEGOTIATING A CURVE** **18 - APPROACHING OR LEAVING VEHICLE**

2 - NON-COLLISION **2 - BACKING** **8 - ENTERING TRAFFIC LANE** **14 - ENTERING OR CROSSING SPECIFIED LOCATION** **19 - STANDING**

3 - STRIKING **1, 1 - 3 - CHANGING LANES** **9 - LEAVING TRAFFIC LANE** **10 - PARKED** **20 - OTHER NON-MOTORIST**

4 - STRUCK **PRE-CRASH ACTIONS** **4 - OVERTAKING/PASSING** **11 - SLOWING OR STOPPED IN TRAFFIC** **15 - WALKING, RUNNING, JOGGING, PLAYING**

5 - BOTH STRIKING & STRUCK **5 - MAKING RIGHT TURN** **6 - MAKING LEFT TURN** **16 - WORKING** **21 - STANDING OUTSIDE DISABLED VEHICLE**

9 - OTHER / UNKNOWN **12 - DRIVERLESS** **17 - PUSHING VEHICLE** **99 - OTHER / UNKNOWN**

1 - NONE **7 - LEFT OF CENTER** **13 - IMPROPER START FROM A PARKED POSITION** **17 - VISION OBSTRUCTION** **21 - LYING IN ROADWAY**

2 - FAILURE TO YIELD **8 - FOLLOWING TOO CLOSE / ACDA** **14 - STOPPED OR PARKED ILLEGALLY** **18 - OPERATING DEFECTIVE EQUIPMENT** **22 - NOT DISCERNIBLE**

3 - RAN RED LIGHT **9 - IMPROPER LANE CHANGE** **15 - SWERVING TO AVOID** **19 - LOAD SHIFTING/FALLING/SPILLING** **23 - OPENING DOOR INTO ROADWAY**

4 - RAN STOP SIGN **10 - IMPROPER PASSING** **16 - WRONG WAY** **20 - IMPROPER CROSSING** **99 - OTHER IMPROPER ACTION**

5 - UNSAFE SPEED **11 - DROVE OFF ROAD** **12 - IMPROPER BACKING**

6 - IMPROPER TURN

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 TRANSPORT**

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** **20 - OTHER MOVABLE OBJECT**

3 - **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** **51 - WALL**

5 - **33 - MEDIAN CABLE BARRIER** **39 - LIGHT / LUMINARIES** **45 - EMBANKMENT** **52 - BUILDING**

27 - BRIDGE PIER OR ABUTMENT **34 - MEDIAN GUARDRAIL** **SUPPORT** **46 - FENCE** **53 - TUNNEL**

28 - BRIDGE PARAPET **35 - MEDIAN CONCRETE BARRIER** **40 - UTILITY POLE** **47 - MAILBOX** **54 - OTHER FIXED OBJECT**

29 - BRIDGE RAIL **36 - MEDIAN OTHER BARRIER** **41 - OTHER POST, POLE OR SUPPORT** **48 - TREE** **99 - OTHER / UNKNOWN**

30 - GUARDRAIL FACE **37 - CULVERT**

COLLISION WITH FIXED OBJECT - STRUCK

1 - FIRST HARMFUL EVENT **1 - MOST HARMFUL EVENT**

LOCAL REPORT NUMBER
2 2 0 6 0 3 1 0

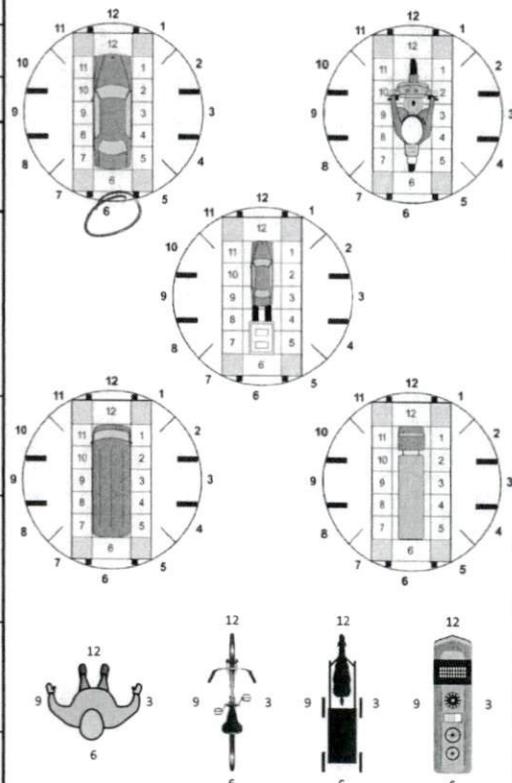
DAMAGE

DAMAGE SCALE

3 1 - NONE 3 - FUNCTIONAL DAMAGE
2 - MINOR DAMAGE 4 - DISABLING DAMAGE
9 - UNKNOWN

DAMAGED AREA(S)

INDICATE ALL THAT APPLY



- NO DAMAGE [0] - UNDERCARRIAGE [14]

- TOP [13] - ALL AREAS [15]

- UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT
0 - NO DAMAGE 14 - UNDERCARRIAGE
0 6 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
99 - UNKNOWN

TRAFFIC

TRAFFIC WAY FLOW 1 - ONE WAY 2 - TWO WAY

2

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

1

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

FROM **3** TO **4**

UNIT SPEED 0

DETECTED SPEED 1 - STATED / ESTIMATED SPEED
1 2 - CALCULATED / EDR
3 - UNDETERMINED

POSTED SPEED 3 5

MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	LOCAL REPORT NUMBER												
	2 2 0 6 0 3 1 0												
	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER				
	0 1	Pardi, Nicholas S				0 9 2 6 2 0 0 0		2 1	M				
	ADDRESS: STREET, CITY, STATE, ZIP												
	200 Kater Ave. Harrison, OH. 45030												
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
	5						0 4	<input type="checkbox"/>		0 1	1	1	1
	OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER			
	O H				333.03A		<input checked="" type="checkbox"/>	ACDA		254719			
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)			
4				1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	1	1	1	1	
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
5						0 4	<input type="checkbox"/>		0 1	1	1	1	
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER				
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5						<input type="checkbox"/>	<input type="checkbox"/>		0 1	1	1	1	
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O H						<input checked="" type="checkbox"/>							
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4				1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	1	1	1	1	
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5						<input type="checkbox"/>	<input type="checkbox"/>		0 1	1	1	1	
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER				
O H						<input checked="" type="checkbox"/>							
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4				1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	1	1	1	1	
INJURIES	SEATING POSITION	AIR BAG		OL CLASS	OL RESTRICTION(S)		OL 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-TALKING ON HANDS-FREE COMMUNICATION DEVICE	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-TALKING ON HAND-HELD COMMUNICATION DEVICE	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-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5- TEST GIVEN, RESULTS UNKNOWN					
INJURED TAKEN BY	SEATING POSITION	EJECTION		OL ENDORSEMENT	TRAPPED		DRIVER DISTRACTION	TEST STATUS					
1- NOT TRANSPORTED / TREATED AT SCENE	6-SECOND - RIGHT SIDE	1-NOT EJECTED		H - HAZMAT	6-PASSENGER		6-PASSENGER	1- NONE					
2- EMS	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	2-PARTIALLY EJECTED		M - MOTORCYCLE	7-OTHER DISTRACTION INSIDE THE VEHICLE		7-OTHER DISTRACTION INSIDE THE VEHICLE	2- BLOOD					
3- POLICE	8-THIRD - MIDDLE	3-TOTALLY EJECTED		P - PASSENGER	8-OTHER DISTRACTION OUTSIDE THE VEHICLE		8-OTHER DISTRACTION OUTSIDE THE VEHICLE	3- URINE					
9- OTHER / UNKNOWN	9-THIRD - RIGHT SIDE	4-NOT APPLICABLE		N - TANKER	9-OTHER / UNKNOWN		9-OTHER / UNKNOWN	4- BREATH					
SAFETY EQUIPMENT	INJURED TAKEN BY	SEATING POSITION		EJECTION	OL ENDORSEMENT		DRIVER DISTRACTION	TEST STATUS					
1- NONE USED	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1-NOT TRAPPED		R - THREE-WHEEL MOTORCYCLE	10-LIMITED TO DAYLIGHT ONLY		10-LIMITED TO DAYLIGHT ONLY	5- OTHER					
2- SHOULDER BELT ONLY USED	12-PASSENGER IN UNENCLOSED CARGO AREA	2-EXTRICATED BY MECHANICAL MEANS		S - SCHOOL BUS	11-LIMITED TO EMPLOYMENT		11-LIMITED TO EMPLOYMENT	1- NONE					
3- LAP BELT ONLY USED	13-TRAILING UNIT	3-FREED BY NON-MECHANICAL MEANS		T - DOUBLE & TRIPLE TRAILERS	12-LIMITED - OTHER		12-LIMITED - OTHER	2- BLOOD					
4- SHOULDER & LAP BELT USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	F - FEMALE		X - TANKER / HAZMAT	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	3- URINE					
5- CHILD RESTRAINT SYSTEM - FORWARD FACING	15-NON-MOTORIST	M - MALE		14-MILITARY VEHICLES ONLY	14-MILITARY VEHICLES ONLY		14-MILITARY VEHICLES ONLY	4- OTHER					
6- CHILD RESTRAINT SYSTEM - REAR FACING	99- OTHER / UNKNOWN	U - OTHER / UNKNOWN		15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-MOTOR VEHICLES WITHOUT AIR BRAKES		15-MOTOR VEHICLES WITHOUT AIR BRAKES	5- AMPHETAMINES					
7- BOOSTER SEAT				16-OUTSIDE MIRROR	16-OUTSIDE MIRROR		16-OUTSIDE MIRROR	2- BARBITURATES					
8- HELMET USED				17-PROSTHETIC AID	17-PROSTHETIC AID		17-PROSTHETIC AID	3- BENZODIAZEPINES					
9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)				18-OTHER	18-OTHER		18-OTHER	4- CANNABINOID					
10- REFLECTIVE CLOTHING								5- COCAINE					
11- LIGHTING - PEDESTRIAN / BICYCLE ONLY								6- OPIATES / OPIOIDS					
99- OTHER / UNKNOWN								7- OTHER					
								8- NEGATIVE RESULTS					

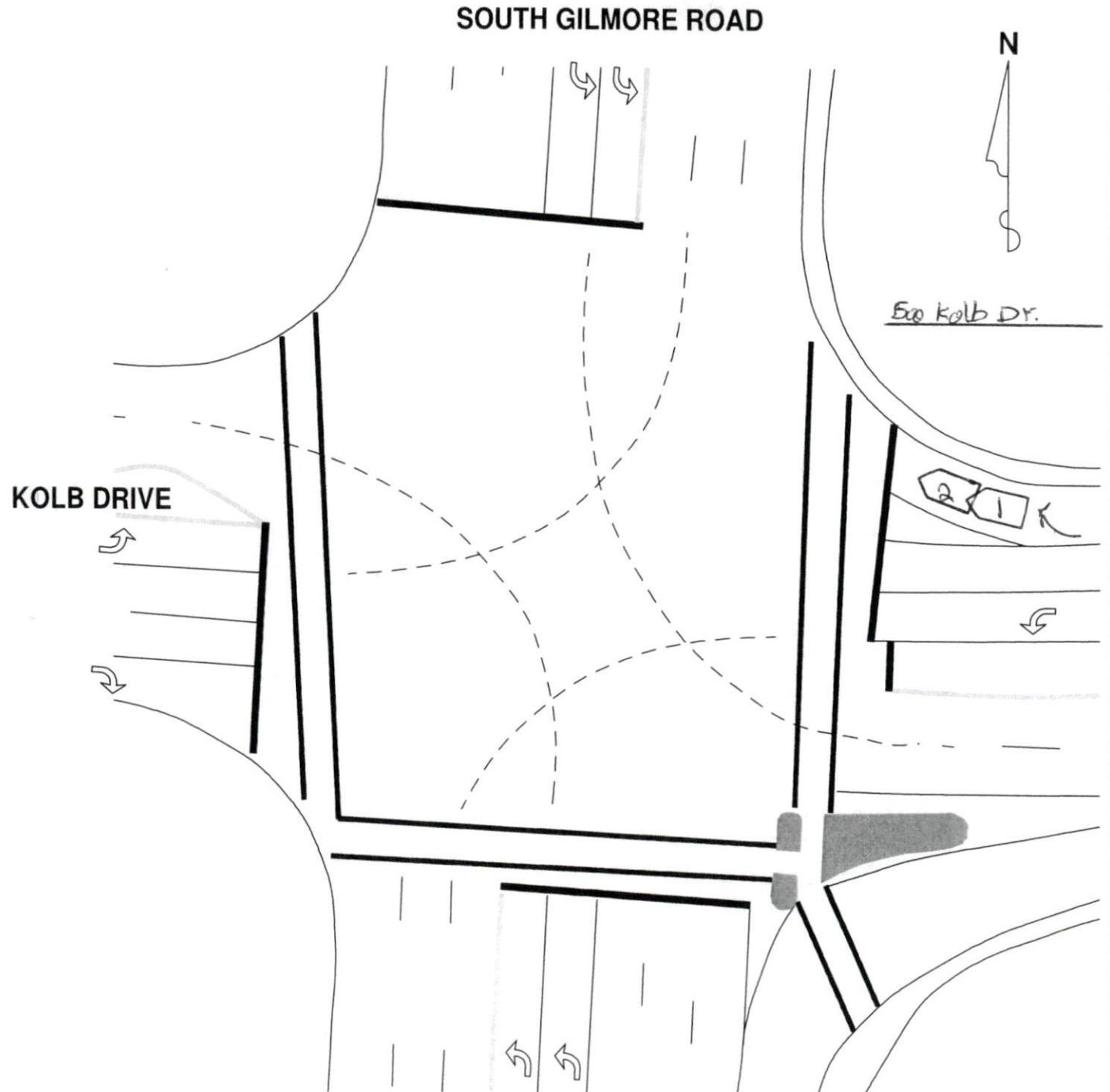


OCCUPANT / WITNESS ADDENDUM

		LOCAL REPORT NUMBER													
		2 2 0 6 0 3 1 0													
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE Woolery, Thomas M.			DATE OF BIRTH	AGE	GENDER								
		2				0 4 2 7 1 9 5 5	67	M							
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE													
6337 Paxton Woods Dr. Loveland, OH. 45140															
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET <table border="1"> <tr> <td>SEATING POSITION</td> <td>AIR BAG USAGE</td> <td>EJECTION</td> <td>TRAPPED</td> </tr> <tr> <td>0 3</td> <td>0 1</td> <td>1</td> <td>1</td> </tr> </table>			SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	0 3	0 1	1	1
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0 3	0 1	1	1												
5				0 4											
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					0										
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		1 - NOT TRAPPED									
U - OTHER / UNKNOWN				14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		2 - EXTRICATED BY MECHANICAL MEANS									
				15 - NON-MOTORIST		3 - FREED BY NON-MECHANICAL MEANS									
				99 - OTHER / UNKNOWN											
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER								
					0										
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE													
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WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER								
					0										
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE													



LOCAL REPORT NUMBER 22060310	REPORTING AGENCY FAIRFIELD POLICE DEPARTMENT	DATE OF CRASH M 08 D 21 Y 22
IN COUNTY OF BUTLER	CRASH LOCATION Kolb Dr at 500 Kolb Dr.	



**** NOT TO SCALE ****

OFFICER'S SIGNATURE
P.O. Gregg Lamb

BADGE NUMBER
65