



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	LOCAL INFORMATION		LOCAL REPORT NUMBER*		
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*	2 2 0 6 0 6 2 8	
				Fairfield Police Department		0 0 9 0 1	HIT/SKIP	NUMBER OF UNITS
COUNTY*		LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*				2 - SOLVED	0 2
0 9		1 - CITY 2 - VILLAGE 3 - TOWNSHIP	City of Fairfield				2 - UNSOLVED	0 1
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME		ROAD TYPE	CRASH DATE / TIME*	
				Symmes		R D	0 8 2 2 2 0 2 2 1 6 4 3	
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)		ROAD TYPE	LATITUDE DECIMAL DEGREES	
				McGreevy		D R	3 9 3 5 1 6 1 0	
REFERENCE POINT		DIRECTION FROM REFERENCE	ROUTE TYPE		ROAD TYPE	LONGITUDE DECIMAL DEGREES		
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		
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE	CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY			
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		1 - NOT COLLISION 2 - TWO MOTOR VEHICLES IN TRANSPORT 3 - REAR-END 4 - HEAD-ON	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	
				4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN			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 WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	1	1	2
						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 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			
NARRATIVE								
<p>On 8/22/22 at 4:43 P.M. Unit 1 was traveling northbound on McGreevy Drive approaching Symmes Road. Unit 2 was on a bicycle riding eastbound on Symmes Road crossing McGreevy Drive. Unit 1 failed to stop at the stop sign and struck Unit 2 and caused Unit 2 to fall to the ground and causing injury. Unit 1 left the scene without contacting authorities.</p> <p>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		REPORT TAKEN BY
0 8 2 2 2 0 2 2 1 7 5 1		0 8 2 2 2 0 2 2 1 8 0 3		0 8 2 2 2 0 2 2 1 8 2 0		0 8 2 2 2 0 2 2 1 8 4 6		<input checked="" type="checkbox"/> POLICE AGENCY
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		<input type="checkbox"/> MOTORIST
						N. Davis		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OIPS)
0 0		2 0		6 3		1 6 9		
OFFICER'S BADGE NUMBER*				CHECKED BY OFFICER'S NAME*		Sgt. Aaron Meyer		
						CHECKED BY OFFICER'S BADGE NUMBER*		
1 3 2								

UNIT # 0 1 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

OWNER ADDRESS: STREET, CITY, STATE, ZIP (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
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #		COLOR	VEHICLE MODEL
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME		
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input checked="" type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS <u>0 1</u>	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	

1 - PASSENGER CAR <u>0 1</u>	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 BICYCLE	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE
5 - CARGO VAN	11 - ALL TERRAIN VEHICLE (ATV / UTV)	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN
6 - VAN (9-15 SEATS)		17 - MOTORHOME		99 - UNKNOWN OR HIT/SKIP

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 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN
		1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION	
		2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION	

1 - NONE <u>0 1</u>	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 <u>0 1</u>	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER
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

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			

1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE
2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	
	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 <u>0 1</u>	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	21 - STANDING OUTSIDE DISABLED VEHICLE
5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	12 - MAKING LEFT TURN	16 - WORKING	17 - PUSHING VEHICLE
9 - OTHER / UNKNOWN				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			
6 - IMPROPER TURN	12 - IMPROPER BACKING			

SEQUENCE OF EVENTS

1 - 1.5	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT
	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	17 - ANIMAL - FARM	17 - ANIMAL - DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	18 - ANIMAL - OTHER	19 - ANIMAL - OTHER	20 - MOTOR VEHICLE IN TRANSPORT
2	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	13 - OTHER NON-COLLISION	20 - MOTOR VEHICLE IN TRANSPORT	21 - PARKED MOTOR VEHICLE
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	14 - PEDESTRIAN	24 - OTHER MOVABLE OBJECT	
3			15 - PEDALCYCLE		

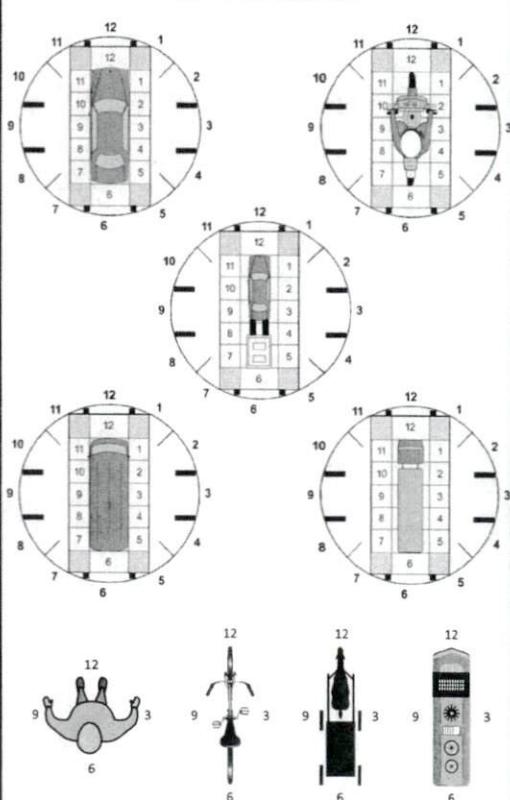
4	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT
	26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH	51 - WALL
5	27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES	45 - EMBANKMENT	52 - BUILDING
	28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL	40 - UTILITY POLE	46 - FENCE	53 - TUNNEL
6	29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX	54 - TREE
	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	48 - FIRE HYDRANT	99 - OTHER / UNKNOWN

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER
2 2 0 6 0 6 2 8

DAMAGE
DAMAGE SCALE
9 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
1 - 12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
13 - TOP 99 - UNKNOWN

TRAFFIC
TRAFFIC WAY FLOW
2 - ONE-WAY 4 - TWO-WAY
OF THROUGH LANES ON ROAD
2 - 1
RAIL GRADE CROSSING
1 - NOT INVOLVED
2 - INVOLVED-ACTIVE CROSSING
3 - INVOLVED-PASSIVE CROSSING

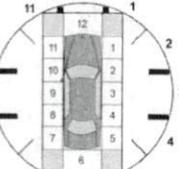
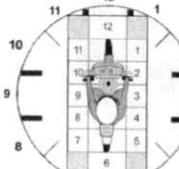
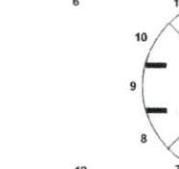
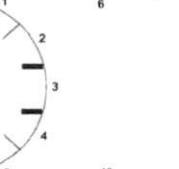
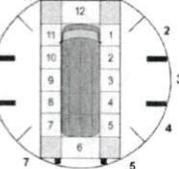
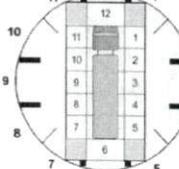
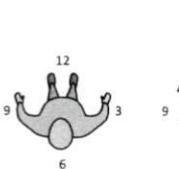
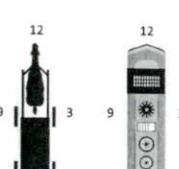
UNIT / NON-MOTORIST DIRECTION
1 - NORTH 5 - NORTHEAST
2 - SOUTH 6 - NORTHWEST
3 - EAST 7 - SOUTHEAST
4 - WEST 8 - SOUTHWEST
9 - OTHER / UNKNOWN

FROM 2 TO 1

UNIT SPEED
1 0
DETECTED SPEED
1
POSTED SPEED
2 5

OWNER

UNIT # <u>012</u>	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER)		
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER)				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS <u>0 1</u>	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
UNIT TYPE 2 - 6 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD		CLASS # PLACARD ID #
# OF TRAILING UNITS <u>0</u>		1 - GOLF CART 2 - MOTORCYCLE 2-WHEELED 3 - SNOWMOBILE 4 - AUTOCAR 5 - MOPED OR MOTORIZED 6 - BICYCLE 7 - ALL TERRAIN VEHICLE (ATV / UTV)		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>2</u> 1 - YES 2 - NO 9 - OTHER / UNKNOWN		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
SPECIAL FUNCTION <u>0 1</u> 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER		6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL
CARGO BODY TYPE <u>0 1</u> 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP
VEHICLE DEFECTS <u>0 1</u> 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT
NON-MOTORIST LOCATION AT IMPACT <u>0 1</u> 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
ACTION <u>4</u> 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN		1 - STRAIGHTAHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN
CONTRIBUTING CIRCUMSTANCES <u>0 1</u> 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN		7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING
SEQUENCE OF EVENTS <u>1 2 0</u> 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION		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
COLLISION WITH FIXED OBJECT - STRUCK <u>4</u> 1 - IMPACT ATTENUATOR / CRASH CUSHION 2 - BRIDGE OVERHEAD STRUCTURE 5 - BRIDGE PIER OR ABUTMENT 6 - BRIDGE PARAPET 7 - BRIDGE RAIL 8 - GUARDRAIL FACE		31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 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
FIRST HARMFUL EVENT <u>1</u>		MOST HARMFUL EVENT <u>1</u>		

LOCAL REPORT NUMBER 2 2 0 6 0 6 2 8	
DAMAGE 3 - NONE 2 - MINOR DAMAGE 1 - UNKNOWN	
DAMAGE SCALE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
       	
<input type="checkbox"/> - NO DAMAGE <u>0</u> <input type="checkbox"/> - UNDERCARRIAGE <u>14</u> <input type="checkbox"/> - TOP <u>13</u> <input type="checkbox"/> - ALL AREAS <u>15</u> <input type="checkbox"/> - UNIT NOT AT SCENE <u>16</u>	
INITIAL POINT OF CONTACT 0 - NO DAMAGE <u>1</u> 1 - 2 - REFER TO UNIT 12 - 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC TRAFFICWAY FLOW <u>2</u> 1 - ONE-WAY 2 - TWO-WAY <input type="checkbox"/> TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL	
# OF THROUGH LANES ON ROAD <u>2</u> <input type="checkbox"/> RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	
UNIT / NON-MOTORIST DIRECTION FROM <u>4</u> TO <u>3</u> 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED <u>5</u> <input type="checkbox"/> DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	
POSTED SPEED <u>3 5</u>	



MOTORIST / Non-MOTORIST

INJURIES						NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH			AGE		GENDER									
0 1						ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE			0											
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							
OL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION		CITATION NUMBER													
OL CLASS		ENDORSEMENT SELECT UP TO 3		DRIVER DISTRACTED BY		ALCOHOL / DRUG SUSPECTED		CONDITION		ALCOHOL TEST		DRUG TEST(S)											
UNIT #		NAME: LAST, FIRST, MIDDLE		RESTRICTION SELECT UP TO 3		9		ALCOHOL MARIJUANA OTHER DRUG		STATUS 1 1		STATUS 1 1		RESULT SELECT UP TO 4									
0 2		Brown, Ciara Shaeli																					
ADDRESS: STREET, CITY, STATE, ZIP						DATE OF BIRTH						AGE		GENDER									
137 Hanover St. Hamilton, OH 45011						0 9 2 8 2 0 0 5						1 6		F									
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	
OL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION		CITATION NUMBER													
OL CLASS		ENDORSEMENT SELECT UP TO 2		DRIVER DISTRACTED BY		ALCOHOL / DRUG SUSPECTED		CONDITION		ALCOHOL TEST		DRUG TEST(S)											
UNIT #		NAME: LAST, FIRST, MIDDLE		RESTRICTION SELECT UP TO 3		1		ALCOHOL MARIJUANA OTHER DRUG		STATUS 1 1		STATUS 1 1		RESULT SELECT UP TO 4									
0 3																							
ADDRESS: STREET, CITY, STATE, ZIP						DATE OF BIRTH						AGE		GENDER									
0 0 0 0 0 0 0 0						0 0 0 0 0 0 0 0						0											
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	
OL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION		CITATION NUMBER													
OL CLASS		ENDORSEMENT SELECT UP TO 2		DRIVER DISTRACTED BY		ALCOHOL / DRUG SUSPECTED		CONDITION		ALCOHOL TEST		DRUG TEST(S)											
UNIT #		NAME: LAST, FIRST, MIDDLE		RESTRICTION SELECT UP TO 3		1		ALCOHOL MARIJUANA OTHER DRUG		STATUS 1 1		STATUS 1 1		RESULT SELECT UP TO 4									
0 4																							
ADDRESS: STREET, CITY, STATE, ZIP						DATE OF BIRTH						AGE		GENDER									
0 0 0 0 0 0 0 0						0 0 0 0 0 0 0 0						0											
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- LEARNER'S PERMIT RESTRICTIONS		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- EXCEPT CLASS A BUS		4- TALKING ON HAND-HELD COMMUNICATION DEVICE											
5- NO APPARENT INJURY		5- SECOND - MIDDLE		5- NOT APPLICABLE		5- M/C MOPED ONLY		5- EXCEPT CLASS A & CLASS B BUS		5- EXCEPT TRACTOR-TRAILER		5- OTHER ACTIVITY WITH AN ELECTRONIC DEVICE											
6- SECOND - RIGHT SIDE		6- SECOND - RIGHT SIDE		9- DEPLOYMENT UNKNOWN		6- NO VALID OL		6- INTERMEDIATE LICENSE RESTRICTIONS		6- PASSENGER		6- OTHER DISTRACTION INSIDE THE VEHICLE											
7- THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		7- THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		7- NOT EJECTED		7- HAZMAT		7- OTHER DISTRACTION OUTSIDE THE VEHICLE		7- OTHER / UNKNOWN		7- OTHER / UNKNOWN											
8- THIRD - MIDDLE		8- THIRD - MIDDLE		8- PARTIALLY EJECTED		8- MOTORCYCLE		8- OTHER / UNKNOWN		8- OTHER / UNKNOWN		8- OTHER / UNKNOWN											
9- THIRD - RIGHT SIDE		9- THIRD - RIGHT SIDE		9- TOTALLY EJECTED		9- PASSENGER		9- OTHER / UNKNOWN		9- OTHER / UNKNOWN		9- OTHER / UNKNOWN											
10- SLEEPER SECTION OF TRUCK CAB		10- SLEEPER SECTION OF TRUCK CAB		10- NOT APPLICABLE		10- TANKER		10- LIMITED TO DAYLIGHT ONLY		10- LIMITED TO DAYLIGHT ONLY		10- LIMITED TO DAYLIGHT ONLY											
11- PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		11- PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		11- NOT TRAPPED		11- Q- MOTOR SCOOTER		11- LIMITED TO EMPLOYMENT		11- LIMITED TO EMPLOYMENT		11- LIMITED TO EMPLOYMENT											
12- PASSENGER IN UNENCLOSED CARGO AREA		12- PASSENGER IN UNENCLOSED CARGO AREA		12- EXTRICATED BY MECHANICAL MEANS		12- R- THREE-WHEEL MOTORCYCLE		12- LIMITED - OTHER		12- LIMITED - OTHER		12- LIMITED - OTHER											
13- TRAILING UNIT		13- TRAILING UNIT		13- FREED BY NON-MECHANICAL MEANS		13- S- SCHOOL BUS		13- MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		13- MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		13- MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)											
14- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		14- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		14- T- DOUBLE & TRIPLE TRAILERS		14- X- TANKER / HAZMAT		14- MILITARY VEHICLES ONLY		14- MILITARY VEHICLES ONLY		14- MILITARY VEHICLES ONLY											
15- NON-MOTORIST		15- NON-MOTORIST		15- F- FEMALE		15- M- MALE		15- U- OTHER / UNKNOWN		15- 1- APPARENTLY NORMAL		15- 2- PHYSICAL IMPAIRMENT											
99- OTHER / UNKNOWN		99- OTHER / UNKNOWN		16- G- GENDER		16- G- GENDER		16- G- GENDER		16- G- GENDER		16- G- GENDER											
1- NONE USED		2- SHOULDER BELT ONLY USED		3- LAP BELT ONLY USED		4- SHOULDER & LAP BELT USED		5- CHILD RESTRAINT SYSTEM - FORWARD FACING		6- CHILD RESTRAINT SYSTEM - REAR FACING		7- BOOSTER SEAT		8- HELMET USED									
9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		10- REFLECTIVE CLOTHING		11- LIGHTING - PEDESTRIAN / BICYCLE ONLY		12- OTHER / UNKNOWN		13- OTHER / UNKNOWN		14- OTHER / UNKNOWN		15- OTHER / UNKNOWN		16- OTHER / UNKNOWN									
11- LIGHTING - PEDESTRIAN / BICYCLE ONLY		12- OTHER / UNKNOWN		13- OTHER / UNKNOWN		14- OTHER / UNKNOWN		15- OTHER / UNKNOWN		16- OTHER / UNKNOWN		17- OTHER / UNKNOWN		18- OTHER / UNKNOWN									
99- OTHER / UNKNOWN																							
ALCOHOL TEST TYPE		DRUG TEST TYPE		TEST STATUS		DRUG TEST RESULT(S)		CONDITION		DRUG TEST TYPE		TEST STATUS		DRUG TEST RESULT(S)									
1- NONE		2- BLOOD		3- URINE		4- BREATH		5- OTHER		1- NONE		2- BLOOD		3- URINE									
6- OTHER		7- OTHER		8- OTHER		9- OTHER		10- OTHER		11- OTHER		12- OTHER		13- OTHER									
14- OTHER		15- OTHER		16- OTHER		17- OTHER		18- OTHER		19- OTHER		20- OTHER		21- OTHER									
22- OTHER		23- OTHER		24- OTHER		25- OTHER		26- OTHER		27- OTHER		28- OTHER		29- OTHER									
30- OTHER		31- OTHER		32- OTHER		33- OTHER		34- OTHER		35- OTHER		36- OTHER		37- OTHER									
38- OTHER		39- OTHER		40- OTHER		41- OTHER		42- OTHER		43- OTHER		44- OTHER		45- OTHER									
46- OTHER		47- OTHER		48- OTHER		49- OTHER		50- OTHER		51- OTHER		52- OTHER		53- OTHER									
54- OTHER		55- OTHER		56- OTHER		57- OTHER		58- OTHER		59- OTHER		60- OTHER		61- OTHER									
62- OTHER		63- OTHER		64- OTHER		65- OTHER		66- OTHER		67- OTHER		68- OTHER		69- OTHER									
70- OTHER		71- OTHER		72- OTHER		73- OTHER		74- OTHER		75- OTHER		76- OTHER		77- OTHER									
78- OTHER		79- OTHER		80- OTHER		81- OTHER		82- OTHER		83- OTHER		84- OTHER		85- OTHER									
86- OTHER		87- OTHER		88- OTHER		89- OTHER		90- OTHER		91- OTHER		92- OTHER		93- OTHER									
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102- OTHER		103- OTHER		104- OTHER		105- OTHER		106- OTHER		107- OTHER		108- OTHER		109- OTHER									
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LOCAL REPORT NUMBER	22-060628	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	8/22/22
IN COUNTY OF	Butler	ACCIDENT LOCATION	Symmes Rd/ McGreevy Rd.		
<p>Not to Scale</p> <p>△ N</p> <p>Symmes Rd.</p> <p>McGreevy Dr.</p> <p>1 2</p> <p>Stop sign</p>					
OFFICER'S SIGNATURE			BADGE NO 169		