

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION			LOCAL REPORT NUMBER*		
		REPORTING AGENCY NAME* NCIC*			2 2 0 6 1 0 7 6		
		Fairfield Police Department 0 0 9 0 1			HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR
					1-SOLVED	0 2	98-ANIMAL
					2-UNSOLVED		0 1 99-UNKNOWN
COUNTY* 0 9		LOCALITY* 1-CITY 1 2-VILLAGE 1 3-TOWNSHIP 1		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield			CRASH DATE / TIME* 0 8 2 4 2 0 2 2 1 5 1 7 5
REFERENCE LOCATION		ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME Port Union	ROAD TYPE R D	LATITUDE DECIMAL DEGREES 3 9 3 3 5 8 0 0
REFERENCE		ROUTE TYPE S R	ROUTE NUMBER 4	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Bypass	ROAD TYPE	LONGITUDE DECIMAL DEGREES -8 4 5 0 2 8 8 1
REFERENCE POINT 1		DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-WEST	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED		
1-INTERSECTION 2-MILE POST 3-HOUSE #		4	IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH 4 <input type="checkbox"/> WITHIN INTERCHANGE AREA
DISTANCE FROM REFERENCE 5 0		DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS					NUMBER OF APPROACHES
LOCATION OF FIRST HARMFUL EVENT 0 1				MANNER OF CRASH COLLISION/IMPACT 2	DIRECTION OF TRAVEL	ROADWAY	
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				1- NOT COLLISION 2- REAR-END 3- HEAD-ON	1-NORTH 2-SOUTH 3-EAST 4-WEST	<input type="checkbox"/> ROADWAY DIVIDED	
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				4- REAR-TO-REAR 5- BACKING 6- ANGLE 7- SIDESWIPE, SAME DIRECTION 8- SIDESWIPE, OPPOSITE DIRECTION 9- OTHER / UNKNOWN		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	
<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		1- BEFORE THE 1ST WORK ZONE WARNING SIGN	1	1	2
<input type="checkbox"/> LAW ENFORCEMENT PRESENT		3- WORK ON SHOULDER OR MEDIAN		2- ADVANCE WARNING AREA			1- CONCRETE
<input type="checkbox"/> ACTIVE SCHOOL ZONE		4- INTERMITTENT OR MOVING WORK 5- OTHER		3- TRANSITION AREA 4- ACTIVITY AREA 5- TERMINATION AREA	2- STRAIGHT GRADE	1- DRY	2- BLACKTOP, BITUMINOUS, ASPHALT
					3- CURVE LEVEL	2- WET	3- BRICK/BLOCK
					4- CURVE GRADE	3- SNOW	4- SLAG, GRAVEL, STONE
					9- OTHER/UNKNOWN	4- ICE	5- DIRT
						5- SAND, MUD, DIRT, OIL, GRAVEL	9- OTHER/UNKNOWN
						6- WATER (STANDING, MOVING)	
						7- SLUSH	
						9- OTHER/UNKNOWN	
LIGHT CONDITION 1				WEATHER 0 1			
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							
On 08/24/22 at 3:17 P.M. Unit 2 was traveling east on Port Union Rd. near the intersection of SR-4 Bypass., to travel south on SR-4 Bypass. Unit 1 came to an abrupt stop for a commercial motor vehicle that committed a traffic violation. Unit 1 was following behind Unit 2 and failed to assured clear distance ahead of Unit 2, striking them in the rear.							
CRASH REPORTED DATE / TIME 0 8 2 4 2 0 2 2 1 5 1 7		DISPATCH DATE / TIME 0 8 2 4 2 0 2 2 1 5 3 1		ARRIVAL DATE / TIME 0 8 2 4 2 0 2 2 1 5 4 0		SCENE CLEARED DATE / TIME 0 8 2 4 2 0 2 2 1 6 2 5	
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 3 0		TOTAL MINUTES 8 4		REPORT TAKEN BY	
OFFICER'S NAME* D. Miller				CHECKED BY OFFICER'S NAME* D. Pohl		<input checked="" type="checkbox"/> POLICE AGENCY	
						<input type="checkbox"/> MOTORIST	
						<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OIPS)	
OFFICER'S BADGE NUMBER* 1 6 7				CHECKED BY OFFICER'S BADGE NUMBER* 1 3 0			



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

See OH-2

LOCAL REPORT NUMBER

2 2 0 6 1 0 7 6

OWNER
UNIT # 0_1 **OWNER NAME:** LAST, FIRST, MIDDLE (SAME AS DRIVER)

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

Ohio Heavy Equipment Leasing
OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)

260 Osborne Dr., Fairfield, OH 45014

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

Ohio Heavy Equipment Leasing, 260 Osborne Dr., Fairfield, OH 45014

DRIVER - INCLUDE AREA CODE

LP STATE
O_H
LICENSE PLATE #

PWH5870

VEHICLE IDENTIFICATION #

1M2A(G11C35M0313181

VEHICLE YEAR

2005

VEHICLE MAKE

Mack

INSURANCE

VERIFIED
INSURANCE COMPANY

Frankenmuth

INSURANCE POLICY #

6657041

COLOR

White

VEHICLE MODEL

Granite

TYPE OF USE

COMMERCIAL

GOVERNMENT

IN EMERGENCY RESPONSE
US DOT #

2197955

TOWED BY: COMPANY NAME

INTERLOCK DEVICE EQUIPPED

HIT/SKIP UNIT

OCCUPANTS
0_1
VEHICLE WEIGHT GVWR/GCWR

1 - <10K LBS.
2 - 10,001 - 26K LBS.
3 - >26K LBS.

HAZARDOUS MATERIAL
 MATERIAL RELEASED

 CLASS #

 PLACARD ID #

 PLACARD

UNIT TYPE
2_1
PASSENGER CAR

PASSENGER VAN (MINIVAN)

SPORT UTILITY VEHICLE

PICK UP

CARGO VAN

VAN (9-15 SEATS)

ALL TERRAIN VEHICLE (ATV/UTV)

2-WHEELED

3-WHEELED

4-WHEELED

MOPED OR MOTORIZED

BICYCLE

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

23 - PEDESTRIAN / SKATER

24 - WHEELCHAIR (ANY TYPE)

25 - OTHER NON-MOTORIST

26 - BICYCLE

27 - TRAIN

28 - ANIMAL-DRAWN VEHICLE

29 - UNKNOWN OR HIT/SKIP

UNIT
0
OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?
2

1 - YES

2 - NO

9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL
0
0 - NO AUTOMATION

1 - DRIVER ASSISTANCE

2 - PARTIAL AUTOMATION

3 - CONDITIONAL AUTOMATION

4 - HIGH AUTOMATION

5 - FULL AUTOMATION

CARGO BODY TYPE
0_1
1 - NONE

2 - TAXI

3 - ELECTRONIC RIDE SHARING

4 - SCHOOL TRANSPORT

5 - BUS - TRANSIT/COMMUTER

6 - VAN (9-15 SEATS)

7 - MOTORHOME

8 - SNOWMOBILE

9 - AUTOCAR

10 - OTHER

11 - ALL TERRAIN VEHICLE (ATV/UTV)

12 - GOLF CART

13 - SNOWMOBILE

14 - AUTOCAR

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

OWNER # 012	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 O_H	LICENSE PLATE # JBC8657	VEHICLE IDENTIFICATION # 2H KRW 2H851LH611290	VEHICLE YEAR 2020	VEHICLE MAKE Honda
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY Progressive	INSURANCE POLICY # 951646625	COLOR Silver	VEHICLE MODEL CR-V
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 0 1	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
UNIT TYPE 0 3	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 BICYCLE 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
0	# OF TRAILING UNITS			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION AUTONOMOUS MODE LEVEL 0	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
SPECIAL FUNCTION 0 1	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	21 - MAIL CARRIER 99 - OTHER / UNKNOWN
CARGO BODY TYPE 0 1	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 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN
VEHICLE DEFECTS 0 1	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 99 - OTHER / UNKNOWN
NON-MOTORIST LOCATION AT IMPACT 0 1	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDDLEBLOCK - 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
ACTION 0 1	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	0 5 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
CONTRIBUTING CIRCUMSTANCES 0 1	1 - NONE 2 - FAILURE TO YIELD 3 - 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	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL 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
2 1 1	4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	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 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN
3 1 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 BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	
4 1 1	1 - FIRST HARMFUL EVENT	1 - MOST HARMFUL EVENT		

LOCAL REPORT NUMBER											
2	2	0	6	1	0	7	6				
DAMAGE											
DAMAGE SCALE											
3			1 - NONE			3 - FUNCTIONAL DAMAGE					
2			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						TRAFFIC CONTROL					
1			1 - ONE-WAY			1 - ROUNDABOUT			4 - STOP SIGN		
2			2 - TWO-WAY			2 - SIGNAL			5 - YIELD SIGN		
# OF THROUGH LANES ON ROAD						RAIL GRADE CROSSING					
<input type="checkbox"/> 3						<input type="checkbox"/> 1					
UNIT / NON-MOTORIST DIRECTION											
FROM <u>4</u> TO <u>2</u>						1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 5 - OTHER/UNKNOWN					
UNIT SPEED						DETECTED SPEED					
POSTED SPEED						<input type="checkbox"/> 1 - STATED/ESTIMATED SPEED <input type="checkbox"/> 2 - CALCULATED/EDR <input type="checkbox"/> 3 - UNDETERMINED					



MOTORIST / Non-MOTORIST

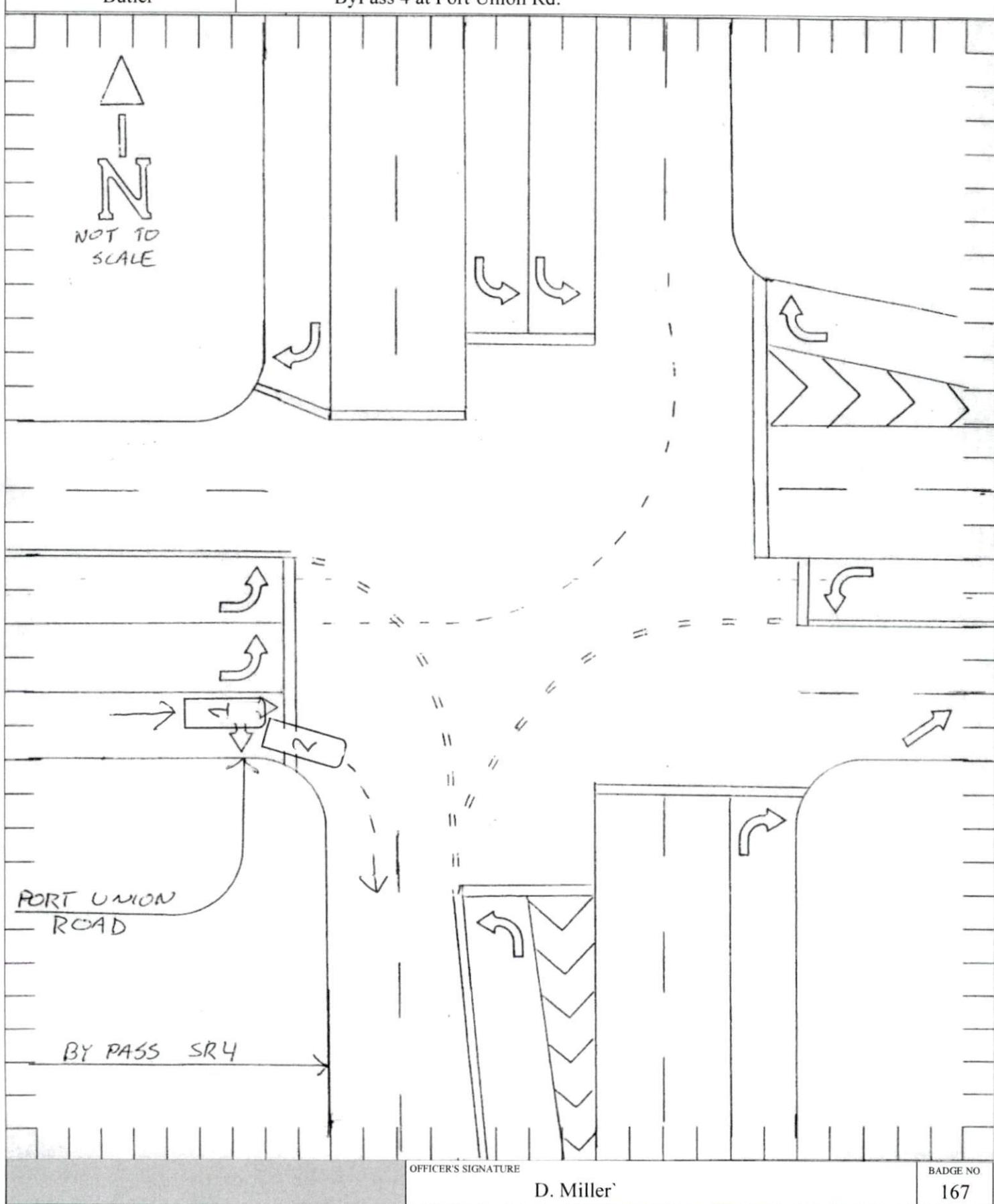
MOTORIST / NON-MOTORIST	LOCAL REPORT NUMBER													
	2 2 0 6 1 0 7 6					DATE OF BIRTH		AGE	GENDER					
UNIT #	NAME: LAST, FIRST, MIDDLE													
0 1	McNeil, Brian													
ADDRESS: STREET, CITY, STATE, ZIP														
3153 Upper Five Mile Rd., Williamsburg, OH 45176														
INJURIES	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	
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER				
O H				333.03 A		<input checked="" type="checkbox"/>	ACDA			254784				
DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)			
2				1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	1	1	1	1		
UNIT #	NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH		AGE	GENDER	
0 2	Patel, Malti									0 4 2 2 1 9 4 9		7 3	F	
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE				
818 Town Scapes Ct. Loveland, OH 45140														
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	
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER				
O H						<input type="checkbox"/>								
DL 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		
UNIT #	NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH		AGE	GENDER	
										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	DOT-COMPLIANT MC HELMET			SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
							<input type="checkbox"/>							
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER				
						<input type="checkbox"/>								
DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)			
				1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA		1	1	1	1	1		
INJURIES	SEATING POSITION		AIR BAG		DL CLASS	DL 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		3-TEST GIVEN, 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		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-TALKING ON HAND-HELD COMMUNICATION DEVICE		5-TEST GIVEN, RESULTS UNKNOWN				
	6-SECOND - RIGHT SIDE		6-DEPLOYED UNKNOWN		6-NO VALID DL	6-EXCEPT CLASS A & CLASS B BUS		6-TALKING ON HAND-HELD COMMUNICATION DEVICE		6-TEST GIVEN, RESULTS UNKNOWN				
	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		7-DEPLOYED UNKNOWN		7-EXCEPT TRACTOR-TRAILER	7-INTERMEDIATE LICENSE RESTRICTIONS		7-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		7-TEST GIVEN, RESULTS UNKNOWN				
	8-THIRD - MIDDLE		8-DEPLOYED UNKNOWN		8-LEARNER'S PERMIT RESTRICTIONS	8-PASSenger		8-PASSenger		8-BLOOD				
	9-THIRD - RIGHT SIDE		9-DEPLOYED UNKNOWN		9-N-TANKER	9-OTHER DISTRACTION INSIDE THE VEHICLE		9-OTHER DISTRACTION OUTSIDE THE VEHICLE		9-URINE				
	10-SLEEPER SECTION OF TRUCK CAB		10-DEPLOYED UNKNOWN		10-Q-MOTOR SCOOTER	10-OTHER DISTRACTION OUTSIDE THE VEHICLE		10-OTHER DISTRACTION INSIDE THE VEHICLE		4-BREATH				
	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		11-DEPLOYED UNKNOWN		11-R-THREE-WHEEL MOTORCYCLE	11-OTHER DISTRACTION INSIDE THE VEHICLE		11-OTHER DISTRACTION OUTSIDE THE VEHICLE		5-OTHER				
	12-PASSENGER IN UNENCLOSED CARGO AREA		12-DEPLOYED UNKNOWN		12-S-SCHOOL BUS	12-OTHER DISTRACTION INSIDE THE VEHICLE		12-OTHER DISTRACTION OUTSIDE THE VEHICLE		5-TEST GIVEN, RESULTS UNKNOWN				
	13-TRAILING UNIT		13-DEPLOYED UNKNOWN		13-T-DOUBLE & TRIPLE TRAILERS	13-X-TANKER / HAZMAT		13-OTHER DISTRACTION INSIDE THE VEHICLE		5-TEST GIVEN, RESULTS UNKNOWN				
	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		14-DEPLOYED UNKNOWN		14-Q-MOTOR VEHICLES WITHOUT AIR BRAKES	14-Y-MILITARY VEHICLES ONLY		14-Z-OTHER DISTRACTION INSIDE THE VEHICLE		5-TEST GIVEN, RESULTS UNKNOWN				
	15-NON-MOTORIST		15-DEPLOYED UNKNOWN		15-M-MOTOR VEHICLES WITH AIR BRAKES	15-A-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)		15-B-ILLNESS		5-TEST GIVEN, RESULTS UNKNOWN				
	99-OTHER / UNKNOWN		99-DEPLOYED UNKNOWN		16-U-OTHER / UNKNOWN	16-C-FELL ASLEEP, FAINTED, FATIGUED, ETC.		16-D-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		5-TEST GIVEN, RESULTS UNKNOWN				
					17-V-OTHER / UNKNOWN	17-E-PROSTHETIC AID		17-F-OTHER / UNKNOWN		5-TEST GIVEN, RESULTS UNKNOWN				
					18-W-OTHER	18-G-OTHER		18-H-OTHER		5-TEST GIVEN, RESULTS UNKNOWN				
SAFETY EQUIPMENT	TRAPPED		GENDER		CONDITION		DRUG TEST TYPE		DRUG TEST RESULT(S)					
1-NONE USED	1-NOT TRAPPED		F-FEMALE		1-A-APPARENTLY NORMAL		1-B-TEST GIVEN, RESULTS UNKNOWN		1-AMPHETAMINES					
2-SHOULDER BELT ONLY USED	2-EXTRICATED BY MECHANICAL MEANS		M-MALE		2-C-PHYSICAL IMPAIRMENT		2-D-TEST REFUSED		2-BARBITURATES					
3-LAP BELT ONLY USED	3-FREED BY NON-MECHANICAL MEANS		U-OTHER / UNKNOWN		3-E-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)		3-F-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE		3-BENZODIAZEPINES					
4-SHOULDER & LAP BELT USED	4-NOT APPLICABLE		G-GENDER		4-G-ILLNESS		4-H-TEST GIVEN, RESULTS UNKNOWN		4-CANNABINOIDs					
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	5-NOT APPLICABLE		F-FEMALE		5-I-FELL ASLEEP, FAINTED, FATIGUED, ETC.		5-J-TEST GIVEN, RESULTS UNKNOWN		5-COCaine					
6-CHILD RESTRAINT SYSTEM - REAR FACING	6-NOT APPLICABLE		M-MALE		6-K-PROSTHETIC AID		6-L-TEST GIVEN, RESULTS UNKNOWN		6-OPIATES / OPIOIDS					
7-BOOSTER SEAT	7-NOT APPLICABLE		U-OTHER / UNKNOWN		7-M-OTHER		7-N-TEST GIVEN, RESULTS UNKNOWN		7-TEST GIVEN, RESULTS UNKNOWN					
8-Helmet USED	8-NOT APPLICABLE		G-GENDER		8-O-OTHER		8-P-TEST GIVEN, RESULTS UNKNOWN		8-TEST GIVEN, RESULTS UNKNOWN					
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9-NOT APPLICABLE		F-FEMALE		9-Q-TEST GIVEN, RESULTS UNKNOWN		9-R-TEST GIVEN, RESULTS UNKNOWN		9-TEST GIVEN, RESULTS UNKNOWN					
10-REFLECTIVE CLOTHING	10-NOT APPLICABLE		M-MALE		10-S-TEST GIVEN, RESULTS UNKNOWN		10-T-TEST GIVEN, RESULTS UNKNOWN		10-TEST GIVEN, RESULTS UNKNOWN					
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY	11-NOT APPLICABLE		U-OTHER / UNKNOWN		11-U-TEST GIVEN, RESULTS UNKNOWN		11-V-TEST GIVEN, RESULTS UNKNOWN		11-TEST GIVEN, RESULTS UNKNOWN					
99-OTHER / UNKNOWN	99-NOT APPLICABLE		G-GENDER		12-S-TEST GIVEN, RESULTS UNKNOWN		12-T-TEST GIVEN, RESULTS UNKNOWN		12-TEST GIVEN, RESULTS UNKNOWN					



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
2 2 0 6 1 0 7 6

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE						
OCCUPANT	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	GENDER		
OCCUPANT	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
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE						
OCCUPANT	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	GENDER		
OCCUPANT	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
OCCUPANT	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	
	Farley, David					1 2 2 7 1 9 7 7		44	M	
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
2176 Belleville Ln. Dayton, OH 45459										
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				

LOCAL REPORT NUMBER	PD-22-061076	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	ByPass 4 at Port Union Rd.	
 <p>NOT TO SCALE</p>				
<p>OFFICER'S SIGNATURE</p> <p>D. Miller</p> <p>BADGE NO</p> <p>167</p>				