

## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

<input checked="" type="checkbox"/> PHOTOS TAKEN		<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		LOCAL INFORMATION		2 2 0 6 1 6 9 5	
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER		REPORTING AGENCY NAME*		NCIC*	
<input type="checkbox"/> PRIVATE PROPERTY				Fairfield Police Department		0 0 9 0 1	
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*		CRASH DATE / TIME*		CRASH SEVERITY	
0 9	1 2-VILLAGE 3-TOWNSHIP	City of Fairfield		0 8 2 6 2 0 2 2 1 7 5 7		5 1-FATAL 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	
				Port Union	R D	3 9 . 3 3 2 1 0 9	
ROUTE TYPE	ROUTE NUMBER	PREFIX	1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES	
				4100		8 4 . 4 8 7 6 6 4	
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 CR-NUMBERED COUNTY ROUTE TR-NUMBERED TOWNSHIP ROUTE	AL-ALLEY AV-AVENUE BL-BOULEVARD CR-CIRCLE CT-COURT DR-DRIVE HE-HEIGHTS PL-PLACE 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	ROADWAY					
	1-MILES 2-Feet 3-YARDS	<input type="checkbox"/> ROADWAY DIVIDED					
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 BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2-REAR-END 3-HEAD-ON 4-REAR-TO-REAR 5-BACKING 6-ANGLE 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 9-OTHER / UNKNOWN		1-NORTH 2-SOUTH 3-EAST 4-WEST		1-DIVIDED FLUSH MEDIAN (<4 FEET) 2-DIVIDED FLUSH MEDIAN (≥4 FEET) 3-DIVIDED, DEPRESSIONED 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 1-LANE CLOSURE 2-LANE SHIFT/CROSSOVER 3-WORK ON SHOULDER OR MEDIAN 4-INTERMITTENT OR MOVING WORK 5-OTHER		LOCATION OF CRASH IN WORK ZONE 1-BEFORE THE 1ST WORK ZONE WARNING SIGN 2-ADVANCE WARNING AREA 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA		CONTOUR 1 1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-OTHER/UNKNOWN	
LIGHT CONDITION 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN		WEATHER 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		CONDITIONS 1 1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN		SURFACE 2 1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN	

## NARRATIVE

On August 26, 2022 at about 5:57 PM Unit 1 was traveling southeast from 4100 Port Union Road and when doing so, Unit 1 failed to yield the right of way to traffic approaching when turning left out of the business and collided with Unit 2 who was traveling southeast in front of 4100 Port Union Road.



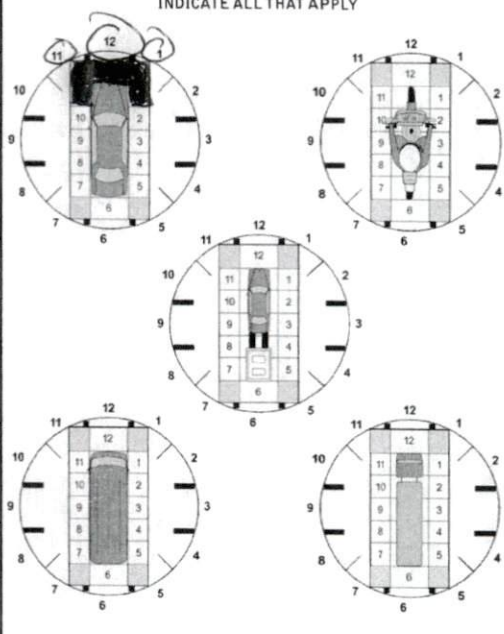
Indicate the north direction with an "N" on the compass diagram.

SEE OH-2

CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY	
0 8 2 6 2 0 2 2 1 7 5 7		0 8 2 6 2 0 2 2 1 8 0 0		0 8 2 6 2 0 2 2 1 8 1 1		0 8 2 6 2 0 2 2 1 8 4 4		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP)	
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*				
0	0	4 4	J. TAYLOR		Sgt. Aaron Meyer				
			OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*				
			1 5 7		1 3 2				

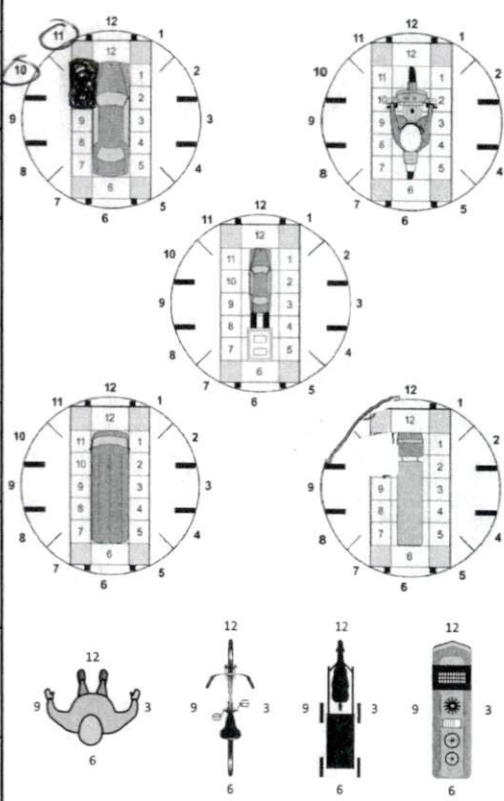


<b>UNIT #</b> 011		<b>OWNER NAME:</b> LAST, FIRST, MIDDLE (X SAME AS DRIVER)		<b>OWNER PHONE:</b> INCLUDE AREA CODE (X SAME AS DRIVER)	
<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP (X SAME AS DRIVER)					
<b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP				<b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE	
<b>LP STATE</b> OH	<b>LICENSE PLATE #</b> JSD8976	<b>VEHICLE IDENTIFICATION #</b> 5N1AR18W87C605655		<b>VEHICLE YEAR</b> 2007	<b>VEHICLE MAKE</b> NISSAN
<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b> GAINSCO	<b>INSURANCE POLICY #</b> OHPA02-442-344-0000		<b>COLOR</b> GRAY	<b>VEHICLE MODEL</b> PATHFIND
<input type="checkbox"/> <b>COMMERCIAL</b> <input type="checkbox"/> <b>GOVERNMENT</b> <input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>		<b>US DOT #</b>		<b>TOWED BY:</b> COMPANY NAME	
<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b> <input type="checkbox"/> <b>HIT/SKIP UNIT</b>		<b>#OCCUPANTS</b> 01		<b>HAZARDOUS MATERIAL</b> <input type="checkbox"/> <b>MATERIAL RELEASED</b> <input type="checkbox"/> <b>PLACARD</b> <b>CLASS #</b> <b>PLACARD ID #</b>	
<b>UNIT TYPE</b> 03		<b>VEHICLE WEIGHT GVWR/GCWR</b> 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.			
<b># OF TRAILING UNITS</b>		<b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b> 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN			
<b>SPECIAL FUNCTION</b> 01		<b>VEHICLE TOWING ANOTHER MOTOR VEHICLE</b> 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 21 - MAIL CARRIER 99 - OTHER / UNKNOWN			
<b>VEHICLE DEFECTS</b> 01		<b>VEHICLE TOWING ANOTHER MOTOR VEHICLE</b> 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 - GRAINCHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN			
<b>NON-MOTORIST LOCATION AT IMPACT</b>		<b>VEHICLE TOWING ANOTHER MOTOR VEHICLE</b> 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			
<b>ACTION</b> 3		<b>VEHICLE TOWING ANOTHER MOTOR VEHICLE</b> 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			
<b>CONTRIBUTING CIRCUMSTANCES</b> 02		<b>VEHICLE TOWING ANOTHER MOTOR VEHICLE</b> 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 OR LEAVING VEHICLE 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			
<b>SEQUENCE OF EVENTS</b> 120		<b>VEHICLE TOWING ANOTHER MOTOR VEHICLE</b> 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			
<b>FIRST HARMFUL EVENT</b> 1		<b>MOST HARMFUL EVENT</b> 1			

<b>LOCAL REPORT NUMBER</b> 22061695	
<b>DAMAGE</b> <b>DAMAGE SCALE</b> 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN 3	
<b>DAMAGED AREA(S)</b> INDICATE ALL THAT APPLY  <input type="checkbox"/> <b>- NO DAMAGE [0]</b> <input type="checkbox"/> <b>- UNDERCARRIAGE [14]</b> <input type="checkbox"/> <b>- TOP [13]</b> <input type="checkbox"/> <b>- ALL AREAS [15]</b> <input type="checkbox"/> <b>- UNIT NOT AT SCENE [16]</b>	
<b>INITIAL POINT OF CONTACT</b> 0 - NO DAMAGE 1 - 12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
<b>TRAFFIC</b> <b>TRAFFICWAY FLOW</b> 1 - ONE-WAY 2 - TWO-WAY 2 <b>TRAFFIC CONTROL</b> 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL 6	
<b># OF THROUGH LANES ON ROAD</b> 2 <b>RAIL GRADE CROSSING</b> 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING 1	
<b>UNIT / NON-MOTORIST DIRECTION</b> FROM 1 TO 7 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
<b>UNIT SPEED</b> 15 <b>POSTED SPEED</b> 45 <b>DETECTED SPEED</b> 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	



OWNER	UNIT # 02	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) PITT OHIO EXPRESS LLC	OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)			
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 15 27TH STREET, PITTSBURGH, PA 15222 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP PITT OHIO EXPRESS LLC, 15 27TH STREET, PITTSBURGH, PA 15222					
VEHICLE	LP STATE IN	LICENSE PLATE # 2745556	VEHICLE IDENTIFICATION # 1FVACXDT2GHGU7818	VEHICLE YEAR 2016	VEHICLE MAKE FRG	
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY PROTECTIVE INS	INSURANCE POLICY # B-9605	COLOR RED	VEHICLE MODEL TK	
	<input checked="" type="checkbox"/> COMMERCIAL	TYPE OF USE <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT # 190180	TOWED BY: COMPANY NAME		
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 01	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 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					
# OF TRAILING UNITS 0						
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						
SPECIAL FUNCTION 01 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 21 - MAIL CARRIER 99 - OTHER / UNKNOWN						
CARGO BODY TYPE 06 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						
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NON-MOTORIST LOCATION AT IMPACT 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						
ACTION 4 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						
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EVENT(S)	SEQUENCE OF EVENTS 120 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 - 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					
	COLLISION WITH FIXED OBJECT - STRUCK 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 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					
	FIRST HARMFUL EVENT 1					
	MOST HARMFUL EVENT 1					

LOCAL REPORT NUMBER 22061695	
DAMAGE 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 - NO DAMAGE 1 - 12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL	
# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM 6 TO 7	
UNIT SPEED 40	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 45	



## MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 2 0 6 1 6 9 5

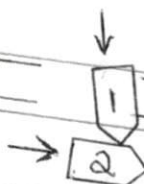
UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER						
0 1	NDJIBU, JONATHAN, NDJIBU	1 1 2 0 1 9 8 9	3 2	M						
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE								
473 DEWDROP CIR. APT G, CINCINNATI, OH 45240										
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED 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 331.22A	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION RIGHT OF WAY EXITING PP		CITATION NUMBER 254671			
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	ALCOHOL TEST STATUS TYPE VALUE 1 1 .		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1	
UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER						
0 2	SWING, JEFFREY, RAY	0 9 2 4 1 9 6 5	5 6	M						
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE								
2630 MILLVILLE SHANDON ROAD, HAMILTON, OH 45013										
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 2	ENDORSEMENT SELECT UP TO 2 M X	RESTRICTION SELECT UP TO 3 0 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE 1 1 .		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1	
UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER						
			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	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4	
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 - 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 & CLASS B BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN			
INJURED TAKEN BY		6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	7 - EXCEPT TRACTOR-TRAILER	6 - PASSENGER	ALCOHOL TEST TYPE			
1 - NOT TAKEN /TREATED AT SCENE		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION	OL ENDORSEMENT	8 - INTERMEDIATE LICENSE RESTRICTIONS	7 - OTHER DISTRACTION INSIDE THE VEHICLE	1 - NONE			
2 - EMS		8 - THIRD - MIDDLE	1 - NOT EJECTED	H - HAZMAT	9 - LEARNER'S PERMIT RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	2 - BLOOD			
3 - POLICE		9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED	M - MOTORCYCLE	10 - LIMITED TO DAYLIGHT ONLY	9 - OTHER / UNKNOWN	3 - URINE			
9 - OTHER / UNKNOWN		10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED	P - PASSENGER	11 - LIMITED TO EMPLOYMENT	CONDITION	4 - BREATH			
SAFETY EQUIPMENT		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE	N - TANKER	12 - LIMITED - OTHER	1 - APPARENTLY NORMAL	5 - OTHER			
1 - NONE USED		12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED	Q - MOTOR SCOOTER	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	2 - PHYSICAL IMPAIRMENT	DRUG TEST TYPE			
2 - SHOULDER BELT ONLY USED		13 - TRAILING UNIT	1 - NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE	14 - MILITARY VEHICLES ONLY	3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	1 - NONE			
3 - LAP BELT ONLY USED		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	4 - ILLNESS	2 - BLOOD			
4 - SHOULDER & LAP BELT USED		15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	16 - OUTSIDE MIRROR	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	3 - URINE			
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		99 - OTHER / UNKNOWN	GENDER	U - TANKER / HAZMAT	17 - PROSTHETIC AID	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS /ALCOHOL	4 - OTHER			
6 - CHILD RESTRAINT SYSTEM - REAR FACING			F - FEMALE		18 - OTHER	9 - OTHER / UNKNOWN	DRUG TEST RESULT(S)			
7 - BOOSTER SEAT			M - MALE				1 - AMPHETAMINES			
8 - HELMET USED			U - OTHER / UNKNOWN				2 - BARBITURATES			
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)							3 - BENZODIAZEPINES			
10 - REFLECTIVE CLOTHING							4 - CANNABINOIDS			
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY							5 - COCAINE			
99 - OTHER / UNKNOWN							6 - OPIATES / OPIOIDS			
							7 - OTHER			
							8 - NEGATIVE RESULTS			

LOCAL REPORT NUMBER	PD-22-061695	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	8/26/22
IN COUNTY OF	Butler	ACCIDENT LOCATION	4100 Port Union road, Fairfield, Ohio 45014		



Not To Scale

4100



Port Union Road

OFFICER'S SIGNATURE

J. Taylor

BADGE NO

157