



## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL REPORT NUMBER*			
				2 2 0 6 2 6 6 8			
<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		HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR	
		REPORTING AGENCY NAME*		NCIC*	1 - SOLVED 2 - UNSOLVED	0 2	0 1 98 - ANIMAL 99 - UNKNOWN
Fairfield Police Department 0 0 9 0 1							
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*			CRASH DATE / TIME*		CRASH SEVERITY
0 9	1-CITY 2-VILLAGE 3-TOWNSHIP	City of Fairfield			0 8 3 0 2 0 2 2 0 6 2 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 3 9 3 3 5 6 4 1		3
S R	4 B			R D	LONGITUDE DECIMAL DEGREES -8 4 5 0 2 4 8 4		
ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE			
			Port Union	R D			
REFERENCE POINT	DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED			
1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE	AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA	4 NUMBER OF APPROACHES
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE	CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE				Roadway	
1 5	1 - MILES 2 - FEET 3 - YARDS					ROADWAY DIVIDED	
LOCATION OF FIRST HARMFUL EVENT			MANNER OF CRASH COLLISION/IMPACT			DIRECTION OF TRAVEL	MEDIAN TYPE
0 1	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	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, 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 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	2 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN		
LIGHT CONDITION		WEATHER					
3	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						Indicate the north direction with an "N" on the compass diagram.	
<p>At about 6:25 a.m. on 8-30-22 unit 2 was stopped at a red signal on SR4B when it was struck from behind by unit 1.</p> <p>Driver of unit 1 was also cited for No Operator's License 335.01 A-1 FCO.</p>						See OH-2	
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME	ARRIVAL DATE / TIME	SCENE CLEARED DATE / TIME	REPORT TAKEN BY		
0 8 3 0 2 0 2 2 0 6 2 7		0 8 3 0 2 0 2 2 0 6 3 0	0 8 3 0 2 0 2 2 0 6 3 2	0 8 3 0 2 0 2 2 0 7 0 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*		
0		0	3 7	T. Lucas	<i>[Signature]</i>		
				OFFICER'S BADGE NUMBER*	CHECKED BY OFFICER'S BADGE NUMBER*		
				6 3	1 0 3		
						SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OIPS)	

OWNER

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 O H LICENSE PLATE # JVR9640 VEHICLE IDENTIFICATION # 4T1BK46K07U537677 VEHICLE YEAR 2007 VEHICLE MAKE Toyota

INSURANCE VERIFIED  INSURANCE COMPANY  INSURANCE POLICY # COLOR Grey VEHICLE MODEL Camry

TYPE OF USE  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT # OCCUPANTS 0 1 US DOT #  
VEHICLE WEIGHT GVWR/GCWR  
1 - <10K LBS.  
2 - 10,001 - 26K LBS.  
3 - >26K LBS.

TOWED BY: COMPANY NAME Marcell's

HAZARDOUS MATERIAL  
 MATERIAL RELEASED CLASS #  PLACARD ID #   
 PLACARD

1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN/SKATER  
2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST  
4 - PICK UP 10 - MOPED OR MOTORIZED 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE  
5 - CARGO VAN 11 - ALL-TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR 27 - TRAIN  
6 - VAN (9-15 SEATS) 17 - MOTORHOME 18 - MOTORHOME 19 - ANIMAL DRAWN VEHICLE 99 - UNKNOWN OR HIT/SKIP

UNIT TYPE 0 1 # OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?  
2 1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL

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

CARGO BODY TYPE 0 1 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER  
2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 9 - CARGO TANK 13 - AUTO TRANSPORTER  
10 - DUMP

VEHICLE DEFECTS 0 1 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

NON-MOTORIST LOCATION AT IMPACT 0 1 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 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN

ACTION 3 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 0 1 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 10 - PARKED 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST  
4 - STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE  
5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN

CONTRIBUTING CIRCUMSTANCES 0 8 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

SEQUENCE OF EVENTS

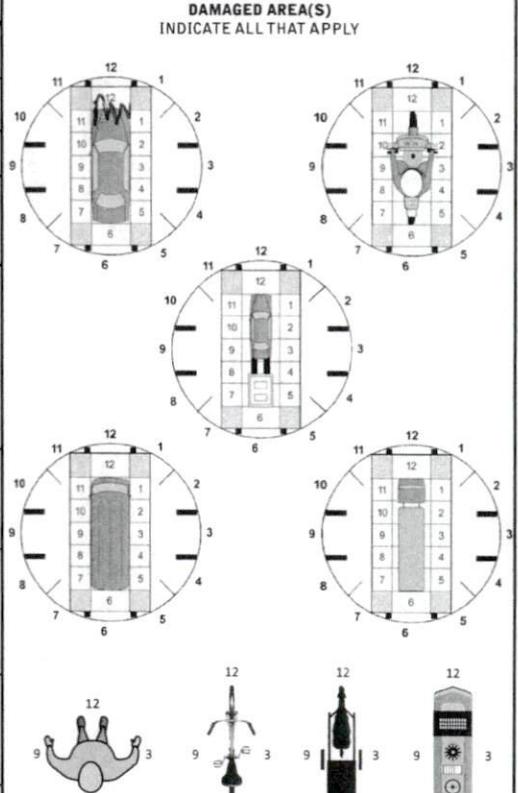
1 2 0 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION  
3 - IMMERSION 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 13 - OTHER NON-COLLISION 20 - MOTOR VEHICLE IN BY A MOTOR VEHICLE  
4 - JACKKNIFE 12 - DOWNHILL RUNAWAY 14 - PEDESTRIAN TRANSPORT 21 - PARKED MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT  
5 - CARGO / EQUIPMENT LOSS OR SHIFT 15 - PEDALCYCLE

4 5 6 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 52 - BUILDING  
27 - BRIDGE PIER OR ABUTMENT BARRIER 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 53 - TUNNEL  
28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 46 - FENCE 47 - MAILBOX 54 - OTHER FIXED OBJECT  
29 - BRIDGE RAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 42 - CULVERT 48 - TREE 49 - FIRE HYDRANT 99 - OTHER / UNKNOWN

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER  
2 2 0 6 2 6 6 8

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



- 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 15 - VEHICLE NOT AT SCENE  
DIAGRAM 99 - UNKNOWN  
13 - TOP

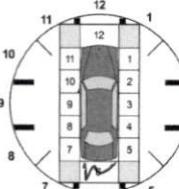
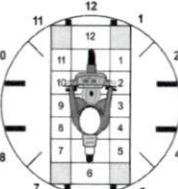
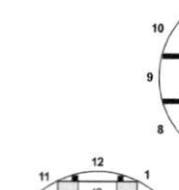
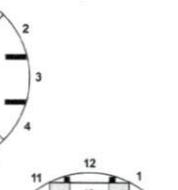
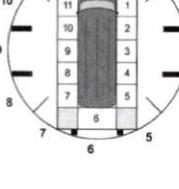
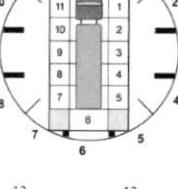
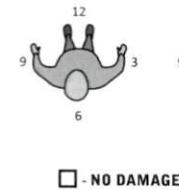
TRAFFIC  
TRAFFICWAY FLOW 2 TRAFFIC CONTROL  
1 - ONE-WAY 4 - STOP SIGN  
2 - TWO-WAY 5 - YIELD SIGN  
3 - SIGNAL 6 - NO CONTROL  
3 - FLASHER

# OF THROUGH LANES ON ROAD 4 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 5 0 DETECTED SPEED  
1 - STATED / ESTIMATED SPEED  
2 - CALCULATED / EDR  
3 - UNDETERMINED  
POSTED SPEED 5 0

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 <u>O H</u>	LICENSE PLATE # <u>HXC5939</u>	VEHICLE IDENTIFICATION # <u>2T2BZMCA0HC091584</u>	VEHICLE YEAR <u>2017</u> VEHICLE MAKE <u>Lexus</u>																														
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>Grange</u>	INSURANCE POLICY # <u>4529363</u>	COLOR <u>White</u> VEHICLE MODEL <u>RX350</u>																														
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME <u>Wayne's</u>																														
INTERLOCK DEVICE EQUIPPED	HIT/SKIP UNIT	#OCCUPANTS <u>0 1</u>	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.																														
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UNIT TYPE <u>013</u>	# OF TRAILING UNITS <u>0</u>																																
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN																													
<u>2</u> 1 - YES 2 - NO 9 - OTHER/UNKNOWN		1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION																														
		2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION																														
SPECIAL FUNCTION <u>014</u>		1 - NONE	6 - BUS-CHARTERTOUR	11 - FIRE																													
		2 - TAXI	7 - BUS-INTERCITY	12 - MILITARY																													
		3 - ELECTRONIC RIDE SHARING	8 - BUS-SHUTTLE	13 - POLICE																													
		4 - SCHOOL TRANSPORT	9 - BUS-OTHER	14 - PUBLIC UTILITY																													
		5 - BUS-TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT																													
CARGO BODY TYPE <u>015</u>		1 - NO CARGO BODY TYPE /NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS																													
		2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX																													
VEHICLE DEFECTS		1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES																													
		2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE																													
		3 - TAIL LAMPS	6 - TIRE BLOWOUT																														
NON-MOTORIST LOCATION AT IMPACT		1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER	6 - BICYCLE LANE																													
		4 - MIDBLOCK - MARKED CROSSWALK	5 - TRAVEL LANE - OTHER LOCATION	7 - SHOULDER /ROADSIDE																													
ACTION <u>016</u>		1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN																													
		2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE																													
		3 - STRIKING <u>1 1</u> 3 - CHANGING LANES	3 - OVERTAKING/PASSING	9 - LEAVING TRAFFIC LANE																													
		4 - STRUCK <u>PRE-CRASH ACTIONS</u> 4 - OVERTAKING/PASSING	5 - MAKING RIGHT TURN & STRUCK	10 - PARKED																													
		5 - BOTH STRIKING & STRUCK	6 - MAKING LEFT TURN	11 - SLOWING OR STOPPED IN TRAFFIC																													
CONTRIBUTING CIRCUMSTANCES <u>017</u>		9 - OTHER /UNKNOWN		12 - DRIVERLESS																													
		1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION																													
		2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE /ACDA	14 - STOPPED OR PARKED ILLEGALLY																													
		3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	15 - SWERVING TO AVOID																													
		4 - RAN STOP SIGN	10 - IMPROPER PASSING	16 - WRONG WAY																													
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SEQUENCE OF EVENTS																																	
NON-COLLISION																																	
<u>1 2 0</u> 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - IMPROPER TURN 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 EQUIPMENT 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 <u>4 5 6</u>																																	
25 - IMPACT ATTENUATOR /CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES 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																																	
1 FIRST HARMFUL EVENT		1 MOST HARMFUL EVENT																															

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



## **MOTORIST / Non-MOTORIST**

UNIT #		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH			AGE		GENDER		
0 1		Aguilon Crisostomo, Marvin Leonel				0 1 0 2 1 9 9 3				2 9		M	
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE							
638 Winneste Court Cincinnati, Ohio 45232													
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	0 4	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
3	1							<input type="checkbox"/>	0 1	1	1	1	
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER				
				333.03A		<input checked="" type="checkbox"/>	ACDA		254902				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)			
6				1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	1	<input type="checkbox"/> 1	1	1	1	1	RESULT SELECT UP TO 4	
UNIT #		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH			AGE		GENDER		
0 2		Velazquez Prado, Javier A				1 0 1 2 1 9 7 5				4 6		M	
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE							
3707 Saratoga Drive Fairfield Township, Ohio 45011													
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	0 4	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
3	2	Fairfield Fire		Mercy Fairfield				<input type="checkbox"/>	0 1	1	1	1	
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER				
O H						<input type="checkbox"/>							
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 <input type="checkbox"/> OTHER DRUG	1	<input type="checkbox"/> 1	1	1	1	1	RESULT SELECT UP TO 4	
UNIT #		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH			AGE		GENDER		
						1 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	0 4	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
								<input type="checkbox"/>					
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER				
						<input type="checkbox"/>							
OL 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 <input type="checkbox"/> OTHER DRUG		<input type="checkbox"/> 1	1	1	1	1	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-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE								
4-POSSIBLE INJURY	4-SECOND-LEFT SIDE (MOTORCYCLE PASSENGER)	4-DEPLOYED BOTH FRONT / SIDE	4-REGULAR CLASS (OHIO-D)	4-FARM WAIVER	4-TEST GIVEN, RESULTS KNOWN								
5-NO APPARENT INJURY	5-SECOND-MIDDLE	5-NOT APPLICABLE	5-M/C MOPED ONLY	5-EXCEPT CLASS A BUS	5-TEST GIVEN, RESULTS UNKNOWN								
	6-SECOND-RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-NOT VALID OL	6-EXCEPT CLASS A & CLASS B BUS									
	7-THIRD-LEFT SIDE (MOTORCYCLE SIDE CAR)	7-NOT APPLICABLE	7-EXCEPT TRACTOR-TRAILER	7-EXCEPT TRACTOR-TRAILER									
	8-THIRD-MIDDLE	8-NOT APPLICABLE	8-INTERMEDIATE LICENSE RESTRICTIONS	5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE									
	9-THIRD-RIGHT SIDE	9-TOTALLY EJECTED	9-LEARNER'S PERMIT RESTRICTIONS	6-PASSENGER									
	10-SLEEPER SECTION OF TRUCK CAB	10-NOT APPLICABLE	10-LIMITED TO DAYLIGHT ONLY	7-OTHER DISTRACTION INSIDE THE VEHICLE									
			11-LIMITED TO EMPLOYMENT	8-OTHER DISTRACTION OUTSIDE THE VEHICLE									
			12-LIMITED-OTHER	9-OTHER / UNKNOWN									
			13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)										
			14-MILITARY VEHICLES ONLY										
			15-MOTOR VEHICLES WITHOUT AIR BRAKES										
			16-OUTSIDE MIRROR										
			17-PROSTHETIC AID										
			18-OTHER										
SAFETY EQUIPMENT		TRAPPED		EJECTION		OL ENDORSEMENT		CONDITION		ALCOHOL TEST TYPE			
1-NONE USED	1-NOTTRAPPED	1-NOT EJECTED	H-HAZMAT	1-NOT DISTRACTED	1-NONE								
2-SHOULDER BELT ONLY USED	2-EXTRICATED BY MECHANICAL MEANS	2-PARTIALLY EJECTED	M-MOTORCYCLE	2-CDL INTRASTATE ONLY	2-BLOOD								
3-LAP BELT ONLY USED	3-FREED BY NON-MECHANICAL MEANS	3-TOTALLY EJECTED	P-PASSENGER	3-CORRECTIVE LENSES	3-URINE								
4-SHOULDER & LAP BELT USED		4-NOT APPLICABLE	N-TANKER	4-FARM WAIVER	4-BREATH								
5-CHILD RESTRAINT SYSTEM-FORWARD FACING			Q-MOTOR SCOOTER	5-EXCEPT CLASS A BUS	5-OTHER								
6-CHILD RESTRAINT SYSTEM-REAR FACING			R-THREE-WHEEL MOTORCYCLE	6-EXCEPT CLASS A & CLASS B BUS									
7-BOOSTER SEAT			S-SCHOOL BUS	7-EXCEPT TRACTOR-TRAILER									
8-HELMET USED			T-DOUBLE & TRIPLE TRAILERS	8-INTERMEDIATE LICENSE RESTRICTIONS									
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			X-TANKER / HAZMAT	9-LEARNER'S PERMIT RESTRICTIONS									
10-REFLECTIVE CLOTHING				10-LIMITED TO DAYLIGHT ONLY									
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY				11-LIMITED TO EMPLOYMENT									
99-OTHER / UNKNOWN				12-LIMITED-OTHER									
				13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)									
				14-MILITARY VEHICLES ONLY									
				15-MOTOR VEHICLES WITHOUT AIR BRAKES									
				16-OUTSIDE MIRROR									
				17-PROSTHETIC AID									
				18-OTHER									
GENDER		F-FEMALE		M-MALE		U-OTHER / UNKNOWN		CONDITION		DRUG TEST TYPE			
								1-APPARENTLY NORMAL	1-NONE				
								2-PHYSICAL IMPAIRMENT	2-BLOOD				
								3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3-URINE				
								4-ILLNESS	4-BREATH				
								5-FELL ASLEEP, FAINTED, FATIGUED, ETC.	5-OTHER				
								6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL					
								9-OTHER / UNKNOWN					
TEST STATUS		TEST STATUS		TEST STATUS		TEST STATUS		TEST STATUS		DRUG TEST RESULT(S)			
1-NONE GIVEN		2-TEST REFUSED		3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE		4-TEST GIVEN, RESULTS KNOWN		5-TEST GIVEN, RESULTS UNKNOWN		1-AMPHETAMINES			
2-TEST REFUSED		3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE		4-TEST GIVEN, RESULTS KNOWN		5-TEST GIVEN, RESULTS UNKNOWN				2-BARBITURATES			
3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE		4-TEST GIVEN, RESULTS KNOWN		5-TEST GIVEN, RESULTS UNKNOWN						3-BENZODIAZEPINES			
4-TEST GIVEN, RESULTS KNOWN		5-TEST GIVEN, RESULTS UNKNOWN								4-CANNABINOID			
5-TEST GIVEN, RESULTS UNKNOWN										5-COCAIN			
										6-OPIATES / OPIOIDS			
										7-OTHER			
										8-NEGATIVE RESULTS			

LOCAL REPORT NUMBER	22-062668	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	ByPass 4 at Port Union Rd.	
<p>OFFICER'S SIGNATURE</p> <p>T. Lucas</p> <p>BADGE NO.</p> <p>63</p>				