



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

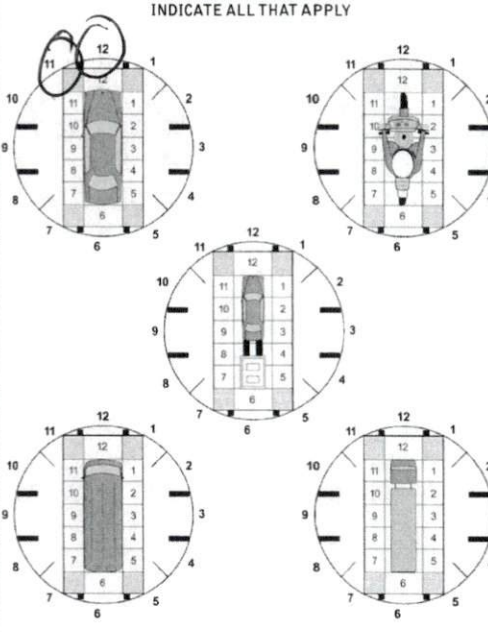
LOCAL REPORT NUMBER*

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> PRIVATE PROPERTY	LOCAL INFORMATION		2 2 0 6 3 0 4 2		
COUNTY* 0 9		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield		CRASH DATE / TIME* 08 31 2022 15 15	
ROUTE TYPE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		ROUTE NUMBER 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME Fairfield Business		ROAD TYPE D R	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Seward		ROAD TYPE R D	
DISTANCE FROM REFERENCE 1 - MILES 2 - FEET 3 - YARDS		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS		ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE 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	
LOCATION OF FIRST HARMFUL EVENT 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		MANNER OF CRASH COLLISION/IMPACT 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		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		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	
WORK ZONE RELATED WORKERS PRESENT LAW ENFORCEMENT PRESENT 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 - 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 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN	
NARRATIVE On 08-31-2022 at 3:15 PM Unit 1 stated they were at the stop sign waiting for traffic to clear at the intersection of Fairfield Business Dr. and Seward Rd when Unit 2 struck Unit 1 in the rear waiting at the stop sign. Unit 2 stated that both vehicles were at the stop sign and Unit 1 attempted to proceed through the intersection but stopped and placed the vehicle in reverse and backed into Unit 2. Due to being unable to determine fault and no independent witnesses, no party was cited for the crash. Unit 1 was issued a citation for driving without a license.				SEE OH-2			
CRASH REPORTED DATE / TIME 08 31 2022 15 15		DISPATCH DATE / TIME 08 31 2022 15 19		ARRIVAL DATE / TIME 08 31 2022 15 22		SCENE CLEARED DATE / TIME 08 31 2022 15 56	
TOTAL TIME ROADWAY CLOSED 1 0		OTHER INVESTIGATION TIME 4 7		OFFICER'S NAME* T. King		CHECKED BY OFFICER'S NAME* [Signature]	
TOTAL MINUTES 4 7		OFFICER'S BADGE NUMBER* 1 6 1		CHECKED BY OFFICER'S BADGE NUMBER* 8 7		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
						<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO IDPS)	

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE OH	LICENSE PLATE # JCW4702	VEHICLE IDENTIFICATION # 1HGCM1616151A102134106	VEHICLE YEAR 2005	VEHICLE MAKE Honda
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY Viking Insurance	INSURANCE POLICY # 11408620063	COLOR Silver	VEHICLE MODEL Accord
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	TOWED BY: COMPANY NAME	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 01	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
	TYPE OF USE		US DOT #	VEHICLE WEIGHT GVWR/GCWR	
	<input type="checkbox"/> PASSENGER CAR		<input type="checkbox"/> 1- <10K LBS.	<input type="checkbox"/> 2- 10,001 - 26K LBS.	
	<input type="checkbox"/> PASSENGER VAN (MINIVAN)		<input type="checkbox"/> 3- >26K LBS.		
	<input type="checkbox"/> SPORT UTILITY VEHICLE				
	<input type="checkbox"/> PICK UP				
	<input type="checkbox"/> CARGO VAN				
<input type="checkbox"/> VAN (9-15 SEATS)					
# OF TRAILING UNITS					
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		AUTONOMOUS MODE LEVEL			
<input type="checkbox"/> 1- YES		<input type="checkbox"/> 2- NO			
<input type="checkbox"/> 3- OTHER / UNKNOWN					
SPECIAL FUNCTION					
<input type="checkbox"/> 1- NONE		<input type="checkbox"/> 2- TAXI			
<input type="checkbox"/> 3- ELECTRONIC RIDE SHARING		<input type="checkbox"/> 4- SCHOOL TRANSPORT			
<input type="checkbox"/> 5- BUS - TRANSIT/COMMUTER		<input type="checkbox"/> 6- BUS - CHARTER/TOUR			
<input type="checkbox"/> 7- BUS - INTERCITY		<input type="checkbox"/> 8- BUS - SHUTTLE			
<input type="checkbox"/> 9- BUS - OTHER		<input type="checkbox"/> 10- AMBULANCE			
<input type="checkbox"/> 11- FIRE		<input type="checkbox"/> 12- MILITARY			
<input type="checkbox"/> 13- POLICE		<input type="checkbox"/> 14- PUBLIC UTILITY			
<input type="checkbox"/> 15- CONSTRUCTION EQUIPMENT		<input type="checkbox"/> 16- FARM			
<input type="checkbox"/> 17- MOWING		<input type="checkbox"/> 18- SNOW REMOVAL			
<input type="checkbox"/> 19- TOWING		<input type="checkbox"/> 20- SAFETY SERVICE PATROL			
<input type="checkbox"/> 21- MAIL CARRIER		<input type="checkbox"/> 22- CONCRETE MIXER			
<input type="checkbox"/> 23- AUTO TRANSPORTER		<input type="checkbox"/> 24- GARBAGE/REFUSE			
<input type="checkbox"/> 25- OTHER / UNKNOWN		<input type="checkbox"/> 26- LOGGING			
<input type="checkbox"/> 27- VEHICLE TOWING ANOTHER MOTOR VEHICLE		<input type="checkbox"/> 28- CARGO VAN/ENCLOSED BOX			
<input type="checkbox"/> 29- GRAIN/CHIPS/GRAVEL		<input type="checkbox"/> 30- POLE			
<input type="checkbox"/> 31- CARGO TANK		<input type="checkbox"/> 32- FLAT BED			
<input type="checkbox"/> 33- DUMP		<input type="checkbox"/> 34- MOTOR TROUBLE			
<input type="checkbox"/> 35- OTHER / UNKNOWN		<input type="checkbox"/> 36- TURN SIGNALS			
<input type="checkbox"/> 37- HEAD LAMPS		<input type="checkbox"/> 38- BRAKES			
<input type="checkbox"/> 39- TAIL LAMPS		<input type="checkbox"/> 40- STEERING			
<input type="checkbox"/> 41- TIRE BLOWOUT		<input type="checkbox"/> 42- WORN OR SLICK TIRES			
<input type="checkbox"/> 43- TRAILER EQUIPMENT DEFECTIVE		<input type="checkbox"/> 44- DISABLED FROM PRIOR ACCIDENT			
<input type="checkbox"/> 45- INTERSECTION - MARKED CROSSWALK		<input type="checkbox"/> 46- INTERSECTION - OTHER			
<input type="checkbox"/> 47- MIDBLOCK - MARKED CROSSWALK		<input type="checkbox"/> 48- BICYCLE LANE			
<input type="checkbox"/> 49- TRAVEL LANE - OTHER LOCATION		<input type="checkbox"/> 50- SHOULDER / ROADSIDE			
<input type="checkbox"/> 51- SIDEWALK		<input type="checkbox"/> 52- MEDIAN/CROSSING ISLAND			
<input type="checkbox"/> 53- DRIVEWAY ACCESS		<input type="checkbox"/> 54- SHARED USE PATHS OR TRAILS			
<input type="checkbox"/> 55- NON-CONTACT		<input type="checkbox"/> 56- APPROACHING OR LEAVING VEHICLE			
<input type="checkbox"/> 57- NON-COLLISION		<input type="checkbox"/> 58- STANDING			
<input type="checkbox"/> 59- STRIKING		<input type="checkbox"/> 60- OTHER NON-MOTORIST			
<input type="checkbox"/> 61- STRUCK		<input type="checkbox"/> 62- STANDING OUTSIDE DISABLED VEHICLE			
<input type="checkbox"/> 63- BOTH STRIKING & STRUCK		<input type="checkbox"/> 64- OTHER / UNKNOWN			
<input type="checkbox"/> 65- OTHER / UNKNOWN		<input type="checkbox"/> 66- STRAIGHT AHEAD			
<input type="checkbox"/> 67- BACKING		<input type="checkbox"/> 68- ENTERING TRAFFIC LANE			
<input type="checkbox"/> 69- CHANGING LANES		<input type="checkbox"/> 70- LEAVING TRAFFIC LANE			
<input type="checkbox"/> 71- OVERTAKING/PASSING		<input type="checkbox"/> 72- PARKED			
<input type="checkbox"/> 73- MAKING RIGHT TURN		<input type="checkbox"/> 74- SLOWING OR STOPPED IN TRAFFIC			
<input type="checkbox"/> 75- MAKING LEFT TURN		<input type="checkbox"/> 76- WORKING			
<input type="checkbox"/> 77- PUSHING VEHICLE		<input type="checkbox"/> 78- VISION OBSTRUCTION			
<input type="checkbox"/> 79- LEFT OF CENTER		<input type="checkbox"/> 80- OPERATING DEFECTIVE EQUIPMENT			
<input type="checkbox"/> 81- FOLLOWING TOO CLOSE / ACDA		<input type="checkbox"/> 82- STOPPED OR PARKED ILLEGALLY			
<input type="checkbox"/> 83- IMPROPER LANE CHANGE		<input type="checkbox"/> 84- SWERVING TO AVOID			
<input type="checkbox"/> 85- IMPROPER PASSING		<input type="checkbox"/> 86- WRONG WAY			
<input type="checkbox"/> 87- UNSAFE SPEED		<input type="checkbox"/> 88- IMPROPER CROSSING			
<input type="checkbox"/> 89- IMPROPER TURN		<input type="checkbox"/> 89- OTHER IMPROPER ACTION			
SEQUENCE OF EVENTS		NON-COLLISION			
<input type="checkbox"/> 1- OVERTURN/ROLLOVER		<input type="checkbox"/> 11- CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL			
<input type="checkbox"/> 2- FIRE/EXPLOSION		<input type="checkbox"/> 12- DOWNHILL RUNAWAY			
<input type="checkbox"/> 3- IMMERSION		<input type="checkbox"/> 13- OTHER NON-COLLISION			
<input type="checkbox"/> 4- JACKKNIFE		<input type="checkbox"/> 14- PEDESTRIAN			
<input type="checkbox"/> 5- CARGO / EQUIPMENT LOSS OR SHIFT		<input type="checkbox"/> 15- PEDAL CYCLE			
<input type="checkbox"/> 6- EQUIPMENT FAILURE		<input type="checkbox"/> 16- RAILWAY VEHICLE			
<input type="checkbox"/> 7- SEPARATION OF UNITS		<input type="checkbox"/> 17- ANIMAL - FARM			
<input type="checkbox"/> 8- RAN OFF ROAD RIGHT		<input type="checkbox"/> 18- ANIMAL - DEER			
<input type="checkbox"/> 9- RAN OFF ROAD LEFT		<input type="checkbox"/> 19- ANIMAL - OTHER			
<input type="checkbox"/> 10- CROSS MEDIAN		<input type="checkbox"/> 20- MOTOR VEHICLE IN TRANSPORT			
<input type="checkbox"/> 21- IMPACT ATTENUATOR / CRASH CUSHION		<input type="checkbox"/> 22- WORK ZONE MAINTENANCE EQUIPMENT			
<input type="checkbox"/> 22- BRIDGE OVERHEAD STRUCTURE		<input type="checkbox"/> 23- STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE			
<input type="checkbox"/> 23- BRIDGE PIER OR ABUTMENT		<input type="checkbox"/> 24- OTHER MOVABLE OBJECT			
<input type="checkbox"/> 24- BRIDGE PARAPET		<input type="checkbox"/> 25- WALL			
<input type="checkbox"/> 25- BRIDGE RAIL		<input type="checkbox"/> 26- BUILDING			
<input type="checkbox"/> 26- GUARDRAIL FACE		<input type="checkbox"/> 27- TUNNEL			
<input type="checkbox"/> 27- GUARDRAIL END		<input type="checkbox"/> 28- OTHER FIXED OBJECT			
<input type="checkbox"/> 28- PORTABLE BARRIER		<input type="checkbox"/> 29- OTHER / UNKNOWN			
<input type="checkbox"/> 29- MEDIAN CABLE BARRIER					
<input type="checkbox"/> 30- MEDIAN GUARDRAIL BARRIER					
<input type="checkbox"/> 31- MEDIAN CONCRETE BARRIER					
<input type="checkbox"/> 32- MEDIAN OTHER BARRIER					
<input type="checkbox"/> 33- TRAFFIC SIGN POST					
<input type="checkbox"/> 34- OVERHEAD SIGN POST					
<input type="checkbox"/> 35- LIGHT / LUMINARIES SUPPORT					
<input type="checkbox"/> 36- UTILITY POLE					
<input type="checkbox"/> 37- OTHER POST, POLE OR SUPPORT					
<input type="checkbox"/> 38- CULVERT					
<input type="checkbox"/> 39- CURB					
<input type="checkbox"/> 40- DITCH					
<input type="checkbox"/> 41- EMBANKMENT					
<input type="checkbox"/> 42- FENCE					
<input type="checkbox"/> 43- MAILBOX					
<input type="checkbox"/> 44- TREE					
<input type="checkbox"/> 45- FIRE HYDRANT					
<input type="checkbox"/> 46- FIRST HARMFUL EVENT		<input type="checkbox"/> 47- MOST HARMFUL EVENT			

LOCAL REPORT NUMBER 2 2 0 6 3 0 4 2	
DAMAGE	
DAMAGE SCALE	
1 - NONE 3 - FUNCTIONAL DAMAGE	
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 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN
2 - TWO-WAY	2 - SIGNAL 5 - YIELD SIGN
	3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	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	
UNIT SPEED	DETECTED SPEED
0 5	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED
POSTED SPEED	
2 5	

OWNER	UNIT # 02	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)		
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP United States Government		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
	LP STATE	LICENSE PLATE # G62-5665Y	VEHICLE IDENTIFICATION # 3C16R17K1G18M1G16140137
		VEHICLE YEAR 2021	VEHICLE MAKE Dodge
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY Self Insured	INSURANCE POLICY # US GOVERNMENT
	<input type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> TYPE OF USE GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE
	<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 04		
	# OF TRAILING UNITS 0		
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0		
EVENTS	AUTONOMOUS MODE LEVEL 0		
	SPECIAL FUNCTION 01		
	CARGO BODY TYPE 01		
	VEHICLE DEFECTS		
	NON-MOTORIST LOCATION AT IMPACT		
	ACTION 09		
	CONTRIBUTING CIRCUMSTANCES 22		
	SEQUENCE OF EVENTS		
	NON-COLLISION		
	COLLISION WITH FIXED OBJECT - STRUCK		
FIRST HARMFUL EVENT 1			
MOST HARMFUL EVENT 1			

LOCAL REPORT NUMBER 22063042	
DAMAGE	
DAMAGE SCALE 2 1 - NONE 3 - FUNCTIONAL DAMAGE 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 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 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 2 TO 1	
UNIT SPEED 05	DETECTED SPEED 3 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 25	



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER									
2	2	0	6	3	0	4	2		


MOTORIST / NON-MOTORIST	UNIT # 0 1	NAME: LAST, FIRST, MIDDLE Martin, Mickrey, Norel Contreras					DATE OF BIRTH 0 4 1 9 1 9 8 3			AGE 3 9	GENDER M
	ADDRESS: STREET, CITY, STATE, ZIP 1059 Saint Clair Ave Apt 11, Hamilton OH 45015						CONTACT PHONE - INCLUDE AREA CODE				
	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 F L	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER 254879		
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	

MOTORIST / NON-MOTORIST	UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Adkins, Shannon					DATE OF BIRTH 0 8 1 4 1 9 7 9			AGE 4 3	GENDER M
	ADDRESS: STREET, CITY, STATE, ZIP 104 Joshua Ct, Radcliff, KY 40160						CONTACT PHONE - INCLUDE AREA CODE				
	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 K Y	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER		
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	

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH			AGE 0	GENDER
	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 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M/C MOPED ONLY 6 - NO VALID OL	1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 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	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN
INJURED TAKEN BY		EJECTION	OL ENDORSEMENT		CONDITION	ALCOHOL TEST TYPE
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT		1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER
SAFETY EQUIPMENT		TRAPPED	GENDER			DRUG TEST TYPE
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 99 - OTHER / UNKNOWN		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	F - FEMALE M - MALE U - OTHER / UNKNOWN			1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER
						DRUG TEST RESULT(S)
						1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS

LOCAL REPORT NUMBER	PD-22-063042	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	8/31/22
IN COUNTY OF	Butler	ACCIDENT LOCATION	Fairfield Business Dr.//Seward Rd		



Not to Scale

Unit 1's Story

Seward Rd

Fairfield Business Dr

1

2

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OFFICER'S SIGNATURE	T.King	BADGE NO	161
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LOCAL REPORT NUMBER	PD-22-063042	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	8/31/22
IN COUNTY OF	Butler	ACCIDENT LOCATION	Fairfield Business Dr.//Seward Rd		



Not to Scale

Unit 2's Story

Seward Rd



Fairfield Business Dr

OFFICER'S SIGNATURE

T.King

BADGE NO

161