

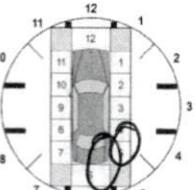
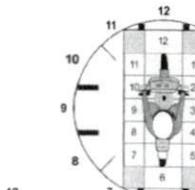
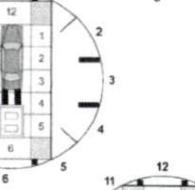
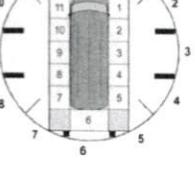
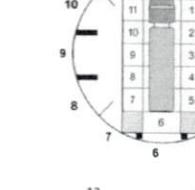
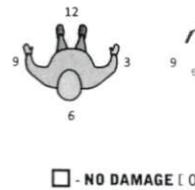
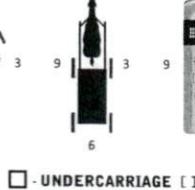


## TRAFFIC CRASH REPORT

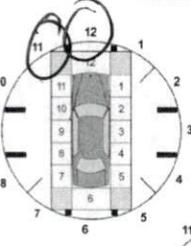
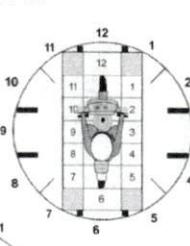
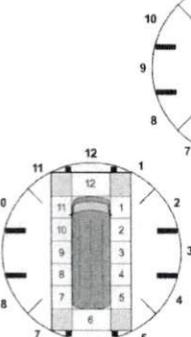
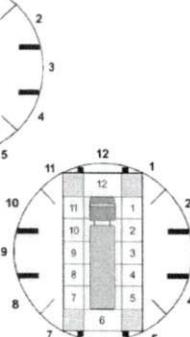
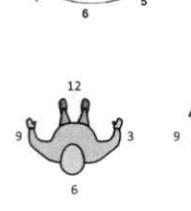
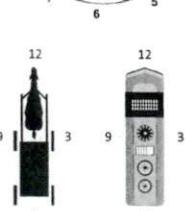
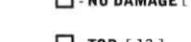
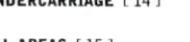
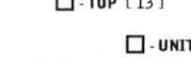
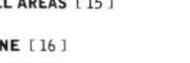
\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

			LOCAL REPORT NUMBER*			
<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> PRIVATE PROPERTY			LOCAL INFORMATION REPORTING AGENCY NAME* NCIC* Fairfield Police Department 00901			
			HIT/SKIP NUMBER OF UNITS UNIT IN ERROR 1-SOLVED 02 99-ANIMAL 2-UNSOLVED 99- UNKNOWN			
COUNTY* 09		LOCALITY* 1-CITY 1 2-VILLAGE 3-TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield		
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME Fairfield Business	ROAD TYPE D R	
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Seward	ROAD TYPE R D	
REFERENCE POINT 1	DIRECTION FROM REFERENCE 1-INTERSECTION 2-MILE POST 3-HOUSE #	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 HW - HIGHWAY RD - ROAD AV - AVENUE LA - LANE SQ - SQUARE BL - BOULEVARD MP - MILEPOST ST - STREET CR - CIRCLE OV - OVAL TE - TERRACE CT - COURT PK - PARKWAY TL - TRAIL DR - DRIVE PI - PIKE WA - WAY HE - HEIGHTS PL - PLACE	LATITUDE DECIMAL DEGREES 39 31 96 70 LONGITUDE DECIMAL DEGREES -84 49 48 42		
LOCATION OF FIRST HARMFUL EVENT 01			MANNER OF CRASH COLLISION/IMPACT 9	DIRECTION OF TRAVEL 1-NORTH 2-SOUTH 3-EAST 4-WEST	INTERSECTION RELATED WITHIN INTERSECTION OR ON APPROACH 2 WITHIN INTERCHANGE AREA	
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	NUMBER OF APPROACHES ROADWAY ROADWAY DIVIDED		
WORK ZONE RELATED		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 CONDITIONS 1 SURFACE 2
WORKERS PRESENT						1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN
LAW ENFORCEMENT PRESENT						
ACTIVE SCHOOL ZONE						
LIGHT CONDITION 1			WEATHER 01	1-CLEAR 6-SNOW 2-CLOUDY 7-SEVERE CROSSWINDS 3-FOG, SMOG, SMOKE 8-BLOWING SAND, SOIL, DIRT, SNOW 4-RAIN 9-FREEZING RAIN OR FREEZING DRIZZLE 5-SLEET, HAIL 99-OTHER / UNKNOWN		
NARRATIVE						Indicate the north direction with an "N" on the compass diagram.
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.						SEE OH-2
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.						
CRASH REPORTED DATE / TIME 08312022 1515		DISPATCH DATE / TIME 08312022 1519		ARRIVAL DATE / TIME 08312022 1522		SCENE CLEARED DATE / TIME 08312022 1556
TOTAL TIME ROADWAY CLOSED 1 0		OTHER INVESTIGATION TIME 4 7		TOTAL MINUTES 1 6 1		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 OIPS)
				OFFICER'S NAME* T. King		CHECKED BY OFFICER'S NAME* <i>S. King</i>
				OFFICER'S BADGE NUMBER* 1 6 1		CHECKED BY OFFICER'S BADGE NUMBER* 8 7

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER)		
	0 1					
	OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER)					
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE				
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE		
O H	JCW4702	1HGC1M66515A0213406	2005	Honda		
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL		
	Viking Insurance	11408620063	Silver	Accord		
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME			
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE				
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR			
		0 1	1 - ≤10K LBS.	MATERIAL RELEASED		
			2 - 10,001 - 26K LBS.	CLASS #		
			3 - >26K LBS.	PLACARD ID #		
				<input type="checkbox"/> PLACARD		
UNIT TYPE		HAZARDOUS MATERIAL				
0 1	1 - PASSENGER CAR	2 - MOTORCYCLE	3 - WHEELED	4 - GOLF CART		
	5 - PASSENGER VAN (MINIVAN)	6 - MOTORCYCLE	7 - 3-WHEELED	8 - SNOWMOBILE		
	3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	10 - AUTOCYCLE	11 - SINGLE UNIT TRUCK		
	4 - PICK UP	10 - MOPED OR MOTORIZED	11 - BICYCLE	12 - SEMI-TRACTOR		
	5 - CARGO VAN	13 - ALL TERRAIN VEHICLE (ATV / UTV)	14 - FARM EQUIPMENT	15 - SEMI-TRACTOR		
	6 - VAN (9-15 SEATS)		16 - FARM EQUIPMENT	17 - MOTORHOME		
0	# OF TRAILING UNITS			18 - LIMO (LIVERY VEHICLE)		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN		
2	1 - YES	2 - NO	9 - OTHER / UNKNOWN	1 - DRIVER ASSISTANCE		
				4 - HIGH AUTOMATION		
				2 - PARTIAL AUTOMATION		
				5 - FULL AUTOMATION		
SPECIAL FUNCTION		1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE		
0 1	2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	16 - FARM		
	3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	21 - MAIL CARRIER		
	4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	24 - WHEELCHAIR (ANY TYPE)		
	5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	25 - OTHER NON-MOTORIST		
CARGO BODY TYPE		1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER
0 1	2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	9 - CARGO TANK	13 - AUTO TRANSPORTER	
			7 - GRAIN/CHIPS/GRAVEL	10 - FLAT BED	14 - GARBAGE/REFUSE	
				11 - DUMP	99 - OTHER / UNKNOWN	
VEHICLE DEFECTS		1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE	99 - OTHER / UNKNOWN
	2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE		10 - DISABLED FROM PRIOR ACCIDENT	
	3 - TAIL LAMPS	6 - TIRE BLOWOUT				
NON-MOTORIST LOCATION AT IMPACT		1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER CROSSWALK	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE
	2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS		
		8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	11 - SHARED USE PATHS OR TRAILS	99 - OTHER / UNKNOWN	
ACTION		1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE
0 9	2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19 - STANDING	20 - OTHER NON-MOTORIST
	3 - STRIKING	9 - 9	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	15 - WALKING, RUNNING, JOGGING, PLAYING	21 - STANDING OUTSIDE DISABLED VEHICLE
	4 - STRUCK	PRE-CRASH ACTIONS	4 - OVERTAKING/PASSING	10 - PARKED	16 - WORKING	17 - PUSHING VEHICLE
	5 - BOTH STRIKING & STRUCK		5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC		99 - OTHER / UNKNOWN
	9 - OTHER / UNKNOWN		6 - MAKING LEFT TURN	12 - DRIVERLESS		
CONTRIBUTING CIRCUMSTANCES		1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY
2 2	2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / ACDA	14 - STOPPED OR PARKED ILLEGALLY	18 - OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE	23 - OPENING DOOR INTO ROADWAY
	3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	15 - SWERVING TO AVOID	19 - LOAD SHIFTING/FALLING/SPILLING	99 - OTHER IMPROPER ACTION	
	4 - RAN STOP SIGN	10 - IMPROPER PASSING	16 - WRONG WAY	20 - IMPROPER CROSSING		
	5 - UNSAFE SPEED	11 - DROVE OFF ROAD				
	6 - IMPROPER TURN	12 - IMPROPER BACKING				
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	12 - DOWNHILL RUNAWAY	17 - ANIMAL - DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION	
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	13 - OTHER NON-COLLISION	19 - ANIMAL - OTHER	20 - MOTOR VEHICLE IN TRANSPORT	
2 1 1	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	14 - PEDESTRIAN	21 - PARKED MOTOR VEHICLE	24 - OTHER MOVABLE OBJECT	
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	15 - PEDALCYCLE			
3 1 1						
4 1 1	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	
	27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES	45 - EMBANKMENT	52 - BUILDING	
	28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL	40 - UTILITY POLE	46 - FENCE	53 - TUNNEL	
	29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX	54 - OTHER FIXED OBJECT	
	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	48 - TREE	99 - OTHER / UNKNOWN	
1	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT			

LOCAL REPORT NUMBER	
2 2 0 6 3 0 4 2	
DAMAGE	
DAMAGE SCALE	
2	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	
13 - TOP	
14 - UNDERCARRIAGE	
15 - VEHICLE NOT AT SCENE	
99 - UNKNOWN	
TRAFFIC	
TRAFFIC WAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY	1 - ROUNDABOUT
2 - TWO-WAY	2 - SIGNAL
2	3 - FLASHER
	4 - 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	
2 - SOUTH	
3 - EAST	
4 - WEST	
5 - NORTHEAST	
6 - NORTHWEST	
7 - SOUTHEAST	
8 - SOUTHWEST	
9 - OTHER / UNKNOWN	
FROM 2	TO 1
UNIT SPEED	
0 5	DETECTED SPEED
	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED
POSTED SPEED	
2 5	

OWNER UNIT # 0 2	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER)			
	OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER)					
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP United States Government		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE				
LP STATE G	LICENSE PLATE # G62-5665Y	VEHICLE IDENTIFICATION # 3C16R1R7K1G8M1G664037	VEHICLE YEAR 2021	VEHICLE MAKE Dodge		
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY Self Insured	INSURANCE POLICY # US GOVERNMENT	COLOR Black	VEHICLE MODEL Ram		
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME			
INTERLOCK DEVICE EQUIPPED		#OCCUPANTS 0 1	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.			
UNIT TYPE 0 4		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD				
1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		1 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOVED 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 2		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 0	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN		
AUTONOMOUS MODE LEVEL						
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 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER		
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 - 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 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER CROSSWALK 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 0 9		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 6 - MAKING LEFT TURN 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN
CONTRIBUTING CIRCUMSTANCES 0 2		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 - SWERVING TO AVOID 20 - IMPROPER CROSSING	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION
SEQUENCE OF EVENTS 0						
1 2 0		<b>NON-COLLISION</b> 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 - 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 24 - OTHER MOVABLE OBJECT				
4 1		<b>COLLISION WITH FIXED OBJECT - STRUCK</b> 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 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		<b>FIRST HARMFUL EVENT</b> 1 <b>MOST HARMFUL EVENT</b>				

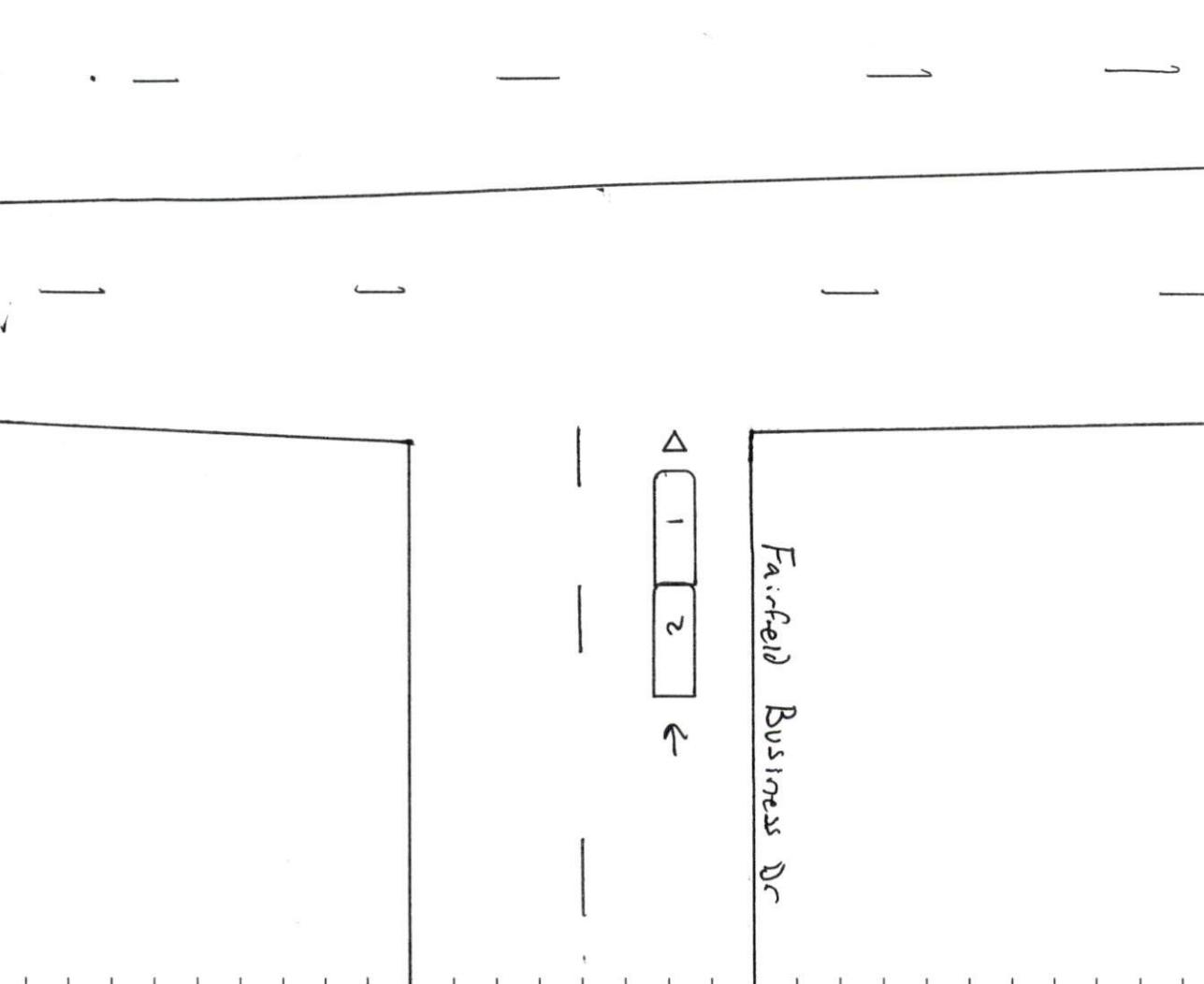
LOCAL REPORT NUMBER 2 2 0 6 3 0 4 2	
DAMAGE DAMAGE SCALE	
2	1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
           	
<input type="checkbox"/> - NO DAMAGE [ 0 ] <input type="checkbox"/> - UNDERCARRIAGE [ 14 ]	
<input type="checkbox"/> - TOP [ 13 ] <input type="checkbox"/> - ALL AREAS [ 15 ]	
<input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ]	
INITIAL POINT OF CONTACT	
0 - NO DAMAGE 1 2	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
13 - TOP	
TRAFFIC	
TRAFFIC FLOW 2	TRAFFIC CONTROL 4
# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING 1
UNIT / NON-MOTORIST DIRECTION	
FROM 2 TO 1	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
UNIT SPEED 0 5	
DETECTED SPEED 3	
POSTED SPEED 2 5	



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER									
2 2 0 6 3 0 4 2									

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE 0 1 Martin, Mickrey, Norel Contreras					DATE OF BIRTH	AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP 1059 Saint Clair Ave Apt 11, Hamilton OH 45015					CONTACT PHONE - INCLUDE AREA CODE						
	INJURIES 5	INJURED TAKEN BY F L	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	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 1	TYPE 1	VALUE •	DRUG TEST(S) STATUS 1	TYPE 1	RESULT SELECT UP TO 4
	UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Adkins, Shannon					DATE OF BIRTH	AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP 104 Joshua Ct, Radcliff, KY 40160						CONTACT PHONE - INCLUDE AREA CODE					
	INJURIES 5	INJURED TAKEN BY K Y	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	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 1	TYPE 1	VALUE •	DRUG TEST(S) STATUS 1	TYPE 1	RESULT SELECT UP TO 4
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER				
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE						
INJURIES 1	INJURED TAKEN BY 1	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 1	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER				
OL CLASS 1	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 1	TYPE 1	VALUE •	DRUG TEST(S) STATUS 1	TYPE 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-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-EXCEPT CLASS A BUS	5-EXCEPT CLASS A & CLASS B BUS	5-TEST GIVEN, RESULTS UNKNOWN							
6-SECOND - RIGHT SIDE	6-SECOND - LEFT SIDE (MOTORCYCLE SIDE CAR)	9-DEPLOYMENT UNKNOWN	6-NO VALID OL	7-EXCEPT TRACTOR-TRAILER	7-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE							
7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD - MIDDLE	7-THIRD - RIGHT SIDE	8-INTERMEDIATE LICENSE RESTRICTIONS	8-INTERMEDIATE LICENSE RESTRICTIONS	8-BLOOD							
8-THIRD - MIDDLE	8-THIRD - RIGHT SIDE	9-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	9-LEARNER'S PERMIT RESTRICTIONS	9-LEARNER'S PERMIT RESTRICTIONS	9-URINE							
9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB	10-SLEEPER SECTION OF TRUCK CAB	10-LIMITED TO DAYLIGHT ONLY	10-LIMITED TO DAYLIGHT ONLY	4-BREATH							
INJURED TAKEN BY		EJECTION	OL ENDORSEMENT	11-LIMITED TO EMPLOYMENT	11-LIMITED TO EMPLOYMENT	5-OTHER						
1-NOT TRANSPORTED / TREATED AT SCENE	1-NOT EJECTED	H - HAZMAT	12-LIMITED - OTHER	12-LIMITED - OTHER	12-LIMITED - OTHER							
2-EMS	2-PARTIALLY EJECTED	M - MOTORCYCLE	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)							
3-POLICE	3-TOTALLY EJECTED	P - PASSENGER	14-MILITARY VEHICLES ONLY	14-MILITARY VEHICLES ONLY	14-MILITARY VEHICLES ONLY							
4-OTHER / UNKNOWN	4-NOT APPLICABLE	N - TANKER	15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-MOTOR VEHICLES WITHOUT AIR BRAKES							
SAFETY EQUIPMENT		TRAPPED	Q - MOTOR SCOOTER	16-OUTSIDE MIRROR	16-OUTSIDE MIRROR							
1-NONE USED	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	R - THREE-WHEEL MOTORCYCLE	S - SCHOOL BUS	17-PROSTHETIC AID	17-PROSTHETIC AID							
2-SHOULDER BELT ONLY USED	12-PASSENGER IN UNENCLOSED CARGO AREA	T - DOUBLE & TRIPLE TRAILERS	X - TANKER / HAZMAT	18-OTHER	18-OTHER							
3-LAP BELT ONLY USED	13-TRAILING UNIT	F - FEMALE										
4-SHOULDER & LAP BELT USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	M - MALE										
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	15-NON-MOTORIST	U - OTHER / UNKNOWN										
6-CHILD RESTRAINT SYSTEM - REAR FACING	99-OTHER / UNKNOWN											
7-BOOSTER SEAT												
8-HELMET USED												
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)												
10-REFLECTIVE CLOTHING												
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY												
99-OTHER / UNKNOWN												
GENDER												
CONDITION												
DRUG TEST TYPE												
DRUG TEST RESULT(S)												

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

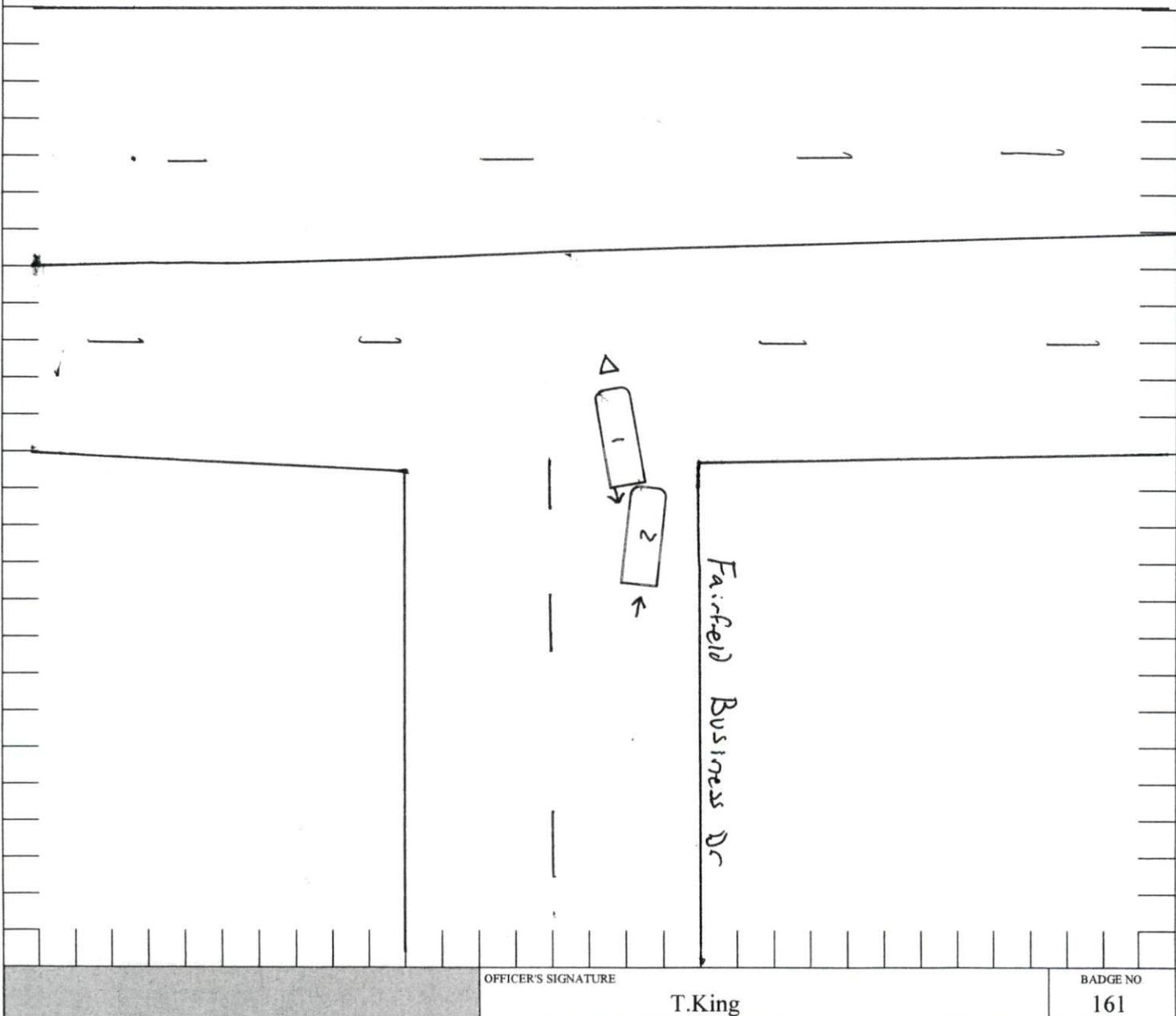
LOCAL REPORT NUMBER	PD-22-063042	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	Fairfield Business Dr./Seward Rd	8/31/22



Not to scale

Unit 2 1/2 Story

Seward Rd



OFFICER'S SIGNATURE

T.King

BADGE NO

161