



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL REPORT NUMBER*		
<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		2 2 0 6 3 2 2 2 HIT/SKIP NUMBER OF UNITS UNIT IN ERROR 1 - SOLVED 0 2 0 1 98 - ANIMAL 2 - UNSOLVED 99 - UNKNOWN		
COUNTY* 0 9		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield		
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME South Gilmore	ROAD TYPE R D	LATITUDE DECIMAL DEGREES 39.308153
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 6200	ROAD TYPE	LONGITUDE DECIMAL DEGREES -84.523401
REFERENCE POINT 3	DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	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	ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	INTERSECTION RELATED	
DISTANCE FROM REFERENCE	DISTANCE 1 - MILES 2 - FEET 3 - YARDS				<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES	
LOCATION OF FIRST HARMFUL EVENT 0 1			MANNER OF CRASH COLLISION/IMPACT 7		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 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN TRANSPORT 4 - REAR-END 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - HEAD-ON 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 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 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	CONTOUR 1	CONDITIONS 1	SURFACE 2
LIGHT CONDITION 1		WEATHER 0 1	1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL	1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN	
NARRATIVE On 09-01-22, at 7:44 a.m. Unit 2 was traveling south on S. Gilmore Rd when Unit 1, which was also traveling south on S. Gilmore Rd began to change lanes failing to yield to Unit 2. As a result, the driver's side of Unit 1 struck the passenger side of Unit 2.						
Indicate the north direction with an "N" on the compass diagram. 						
SEE OH-2						
CRASH REPORTED DATE / TIME 0 9 0 1 2 0 2 2 0 7 4 4		DISPATCH DATE / TIME 0 9 0 1 2 0 2 2 0 7 4 6		ARRIVAL DATE / TIME 0 9 0 1 2 0 2 2 0 7 5 9		SCENE CLEARED DATE / TIME 0 9 0 1 2 0 2 2 0 8 1 2
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES 2 8		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 ODS)
				OFFICER'S NAME* D. Setterstrom		CHECKED BY OFFICER'S NAME* <i>Sgt. J. Sprege</i>
				OFFICER'S BADGE NUMBER* 1 2 1		CHECKED BY OFFICER'S BADGE NUMBER* <i>8 4</i>

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 # DGE4904 VEHICLE IDENTIFICATION # 1F M ZU 73 K 9 2 Z C 5 7 0 4 1 VEHICLE YEAR 2000 VEHICLE MAKE Ford

INSURANCE VERIFIED INSURANCE COMPANY Liberty Mutual INSURANCE POLICY # A0528819674540 COLOR Red VEHICLE MODEL Explorer

TYPE OF USE COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE US DOT # VEHICLE WEIGHT GVWR/GCWR

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS 0 1 VEHICLE WEIGHT GVWR/GCWR

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

UNIT TYPE 0 3 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 23 - ANIMAL DRAWN VEHICLE 99 - UNKNOWN OR HIT/SKIP

VEHICLE # OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 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

1 - NO CARGO BODY TYPE 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER 8 - POLE 12 - CONCRETE MIXER
2 - NOT APPLICABLE MOTOR VEHICLE CHASSIS 9 - CARGO TANK 13 - AUTO TRANSPORTER
1 - CARGO BODY TYPE 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 10 - FLAT BED 14 - GARBAGE/REFUSE
2 - BUS 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 99 - OTHER / UNKNOWN

1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN
2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT 10 - DISABLED FROM PRIOR ACCIDENT
3 - TAIL LAMPS 6 - TIRE BLOWOUT DEFECTIVE

1 - INTERSECTION - MARKED 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER
2 - CROSSWALK 4 - MIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS AT INCIDENT SCENE
1 - INTERSECTION - UNMARKED 5 - CROSSWALK 8 - SIDEWALK 11 - SHARED USE PATHS OR 99 - OTHER / UNKNOWN
2 - CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION TRAILS

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 3 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 12 - MAKING LEFT TURN 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN
9 - OTHER / UNKNOWN

1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY
2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED 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
5 - UNSAFE SPEED 11 - DROVE OFF ROAD 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 8 - RAN OFF ROAD RIGHT 17 - ANIMAL - FARM 18 - ANIMAL - DEER 23 - STRUCK BY FALLING, SHIFTING CARGO OR
3 - IMMERSION 9 - RAN OFF ROAD LEFT 12 - DOWNSHILL RUNAWAY 13 - OTHER NON-COLLISION 19 - ANIMAL - OTHER ANYTHING SET IN MOTION BY A MOTOR VEHICLE
4 - JACKKNIFE 10 - CROSS MEDIAN 14 - PEDESTRIAN TRANSPORT 20 - MOTOR VEHICLE IN 21 - PARKED MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT

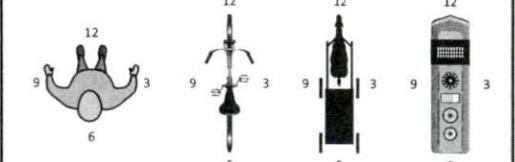
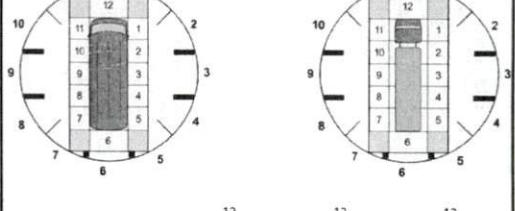
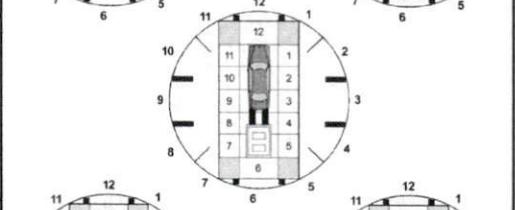
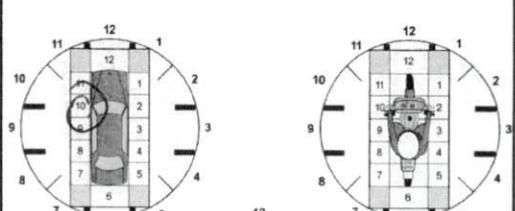
3 1 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT
26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL 52 - BUILDING
27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES 45 - EMBANKMENT 53 - TUNNEL
28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL SUPPORT 40 - UTILITY POLE 46 - FENCE 54 - OTHER FIXED OBJECT
29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 55 - OTHER / UNKNOWN
30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 49 - FIRE HYDRANT

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER
2 2 0 6 3 2 2 2

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

DAMAGED AREA(S)
INDICATE ALL THAT APPLY



- 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 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
99 - UNKNOWN
13 - TOP

TRAFFIC
TRAFFIC WAY FLOW
1 - ONE-WAY 2 - TWO-WAY

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

UNIT SPEED
1 - STATED / ESTIMATED SPEED
2 - CALCULATED / EDR
3 - UNDETERMINED

POSTED SPEED
3 - 5



UNIT

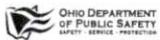
UNIT # 0 2	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER)			OWNER PHONE: INCLUDE AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER)
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER)				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP				COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
LP STATE O H	LICENSE PLATE # JDE8974	VEHICLE IDENTIFICATION # 2T2BZMCA8HC103416		VEHICLE YEAR 2017
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY State Farm	INSURANCE POLICY # 8408137C2735C		VEHICLE MAKE Lexus
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #		TOWED BY: COMPANY NAME
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS 0 2	VEHICLE WEIGHT GWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD
1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 4 - PICK UP 10 - MOPED OR MOTORIZED 5 - CARGO VAN BICYCLE 6 - VAN (9-15 SEATS) 11 - ALL-TERRAIN VEHICLE (ATV / UTV)				
UNIT TYPE 0 3	# OF TRAILING UNITS			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER/ UNKNOWN 0 0				
AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN				
1 - NONE 6 - BUS - CHARTER/ TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOVING 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				
1 - NO CARGO BODY TYPE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER / NOT APPLICABLE 4 - LOGGING 6 - CARGO VAN/ ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER 2 - BUS 7 - GRAIN/ CHIPS/ GRAVEL 10 - FLAT BED 14 - GARBAGE/ REFUSE CARGO BODY TYPE 11 - DUMP 99 - OTHER/ UNKNOWN				
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				
1 - INTERSECTION - MARKED 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/ CROSSING ISLAND 12 - FIRST RESPONDER CROSSWALK 4 - MIDBLOCK - MARKED 7 - SHOULDER/ ROADSIDE 10 - DRIVEWAY ACCESS AT INCIDENT SCENE 2 - INTERSECTION - UNMARKED CROSSWALK 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 99 - OTHER/ UNKNOWN LOCATION AT IMPACT CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION				
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 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST 4 - STRUCK PRE-CRASH 4 - OVERTAKING/ PASSING 10 - PARKED 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 9 - OTHER/ UNKNOWN				
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 / AHEAD 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID SPILLING 19 - LOAD SHIFTING/ FALLING/ 23 - OPENING DOOR INTO ROADWAY 4 - RAN STOP SIGN 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION 5 - UNSAFE SPEED 12 - IMPROPER BACKING				
SEQUENCE OF EVENTS				
NON-COLLISION				
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 - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 4 1 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT 3 1 15 - PARKED MOTOR VEHICLE				
COLLISION WITH FIXED OBJECT - STRUCK				
4 1 25 - IMPACT ATTENUATOR 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT / CRASH CUSHION 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL 26 - BRIDGE OVERHEAD STRUCTURE 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES 45 - EMBANKMENT 5 1 27 - BRIDGE PIER OR ABUTMENT 34 - MEDIAN GUARDRAIL SUPPORT 46 - FENCE 52 - BUILDING 28 - BRIDGE PARAPET 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE 47 - MAILBOX 53 - TUNNEL 6 1 29 - BRIDGE RAIL 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 54 - OTHER FIXED OBJECT 30 - GUARDRAIL FACE 49 - FIRE HYDRANT 99 - OTHER/ UNKNOWN				
1 1 FIRST HARMFUL EVENT 1 1 MOST HARMFUL EVENT				

LOCAL REPORT NUMBER											
2	2	0	6	3	2	2	2				
DAMAGE											
DAMAGE SCALE											
<u>2</u>		1 - NONE			3 - FUNCTIONAL DAMAGE						
		2 - MINOR DAMAGE			4 - DISABLING DAMAGE						
		9 - UNKNOWN									
DAMAGED AREA(S) INDICATE ALL THAT APPLY											
</td											



MOTORIST / Non-MOTORIST

										LOCAL REPORT NUMBER				
										2 2 0 6 3 2 2 2			DATE OF BIRTH	
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE												
	0 1	Kolas, Donald E.									0 8 2 0 1 9 5 1	7 1	M	
MOTORIST / NON-MOTORIST	ADDRESS: STREET, CITY, STATE, ZIP	6233 Shearwater Dr. Fairfield, OH 45014										CONTACT PHONE - INCLUDE AREA CODE		
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
5						0 4	<input type="checkbox"/>	0 1	1	1	1			
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER					
O H				331.08a1		<input checked="" type="checkbox"/>	Improper Lane Change		251735					
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	1	1	1	SELECT UP TO 4			
UNIT #	NAME: LAST, FIRST, MIDDLE											DATE OF BIRTH		
0 2	Meece, Douglas C.											0 7 3 0 1 9 6 6	5 6	M
MOTORIST / NON-MOTORIST	ADDRESS: STREET, CITY, STATE, ZIP	5547 Walther Dr. Fairfield, OH 45014										CONTACT PHONE - INCLUDE AREA CODE		
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
5						0 4	<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	1	1	1	SELECT UP TO 4			
UNIT #	NAME: LAST, FIRST, MIDDLE											DATE OF BIRTH		
0												0	0	
MOTORIST / NON-MOTORIST	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE												
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
							<input type="checkbox"/>							
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		1	1	1	1	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 BUS		5-EXCEPT CLASS A & CLASS B BUS		5-TEST GIVEN, RESULTS UNKNOWN			
INJURED TAKEN BY	6-SECOND - RIGHT SIDE		9-DEPLOYMENT UNKNOWN		6-NO VALID OL		6-EXCEPT CLASS B BUS		7-EXCEPT TRACTOR-TRAILER					
1-NOT TRANSPORTED / TREATED AT SCENE	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		1-NOT EJECTED		H-HAZMAT		8-INTERMEDIATE LICENSE RESTRICTIONS		5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		1-NONE			
2-EMS	8-THIRD - MIDDLE		2-PARTIALLY EJECTED		M-MOTORCYCLE		9-LEARNER'S PERMIT RESTRICTIONS		6-PASSENGER		2-BLOOD			
3-POLICE	9-THIRD - RIGHT SIDE		3-TOTALLY EJECTED		P-PASSENGER		10-LIMITED TO DAYLIGHT ONLY		7-OTHER DISTRACTION INSIDE THE VEHICLE		3-URINE			
9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB		4-NOT APPLICABLE		N-TANKER		11-LIMITED TO EMPLOYMENT		8-OTHER DISTRACTION OUTSIDE THE VEHICLE		4-BREATH			
SAFETY EQUIPMENT	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		1-NOT TRAPPED		Q-MOTOR SCOOTER		12-LIMITED - OTHER		9-OTHER / UNKNOWN		5-OTHER			
1-NONE USED	12-PASSENGER IN UNENCLOSED CARGO AREA		2-EXTRICATED BY MECHANICAL MEANS		R-THREE-WHEEL MOTORCYCLE		13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)							
2-SHOULDER BELT ONLY USED	13-TRAILING UNIT		3-FREED BY NON-MECHANICAL MEANS		S-SCHOOL BUS		14-MILITARY VEHICLES ONLY							
3-LAP BELT ONLY USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				T-DOUBLE & TRIPLE TRAILERS		15-MOTOR VEHICLES WITHOUT AIR BRAKES							
4-SHOULDER & LAP BELT USED	15-NON-MOTORIST				X-TANKER / HAZMAT		16-OUTSIDE MIRROR							
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	99-OTHER / UNKNOWN						17-PROSTHETIC AID							
6-CHILD RESTRAINT SYSTEM - REAR FACING							18-OTHER							
7-BOOSTER SEAT														
8-HELMET USED														
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)														
10-REFLECTIVE CLOTHING														
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY														
99-OTHER / UNKNOWN														
ALCOHOL TEST TYPE														
CONDITION														
DRUG TEST RESULT(S)														



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

2 2 0 6 3 2 2 2

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 2 Meece, Diane C.			DATE OF BIRTH	AGE	GENDER		
				0 6 1 6 1 9 6 6	5 6	F			
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP 5547 Walther Dr. Fairfield, OH 45014				CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	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 3	AIR BAG USAGE 0 1	EJECTION 1
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER		
						0			
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER		
						0			
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER		
						0			
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION
INJURIES			SAFETY EQUIPMENT USED		SEATING POSITION		AIR BAG USAGE		
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY			1 - NONE USED - VEHICLE OCCUPANT 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 - 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		
INJURED TAKEN BY			1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY 99 - OTHER / UNKNOWN		1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE		
GENDER			F - FEMALE M - MALE U - OTHER / UNKNOWN		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 TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS		
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER		
						0			
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE				
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER		
						0			
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE				
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER		
						0			
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE				

OHIO TRAFFIC ACCIDENT - DIAGRAM / NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER	22-063222	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	9-1-22
IN COUNTY OF	Butler	ACCIDENT LOCATION	South Gilmore Rd. @ Cincinnati Financial Dr.		

NOT TO SCALE

SOUTH GILMORE RD.

Diagram illustrating the accident scene at the intersection of South Gilmore Rd. and Cincinnati Financial Dr. The diagram shows a four-lane intersection with a central median. The accident occurred at the intersection of South Gilmore Rd. and Cincinnati Financial Dr. The diagram shows the positions of vehicles and the resulting accident scene.

OFFICER'S SIGNATURES

BADGE NO. 121