



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

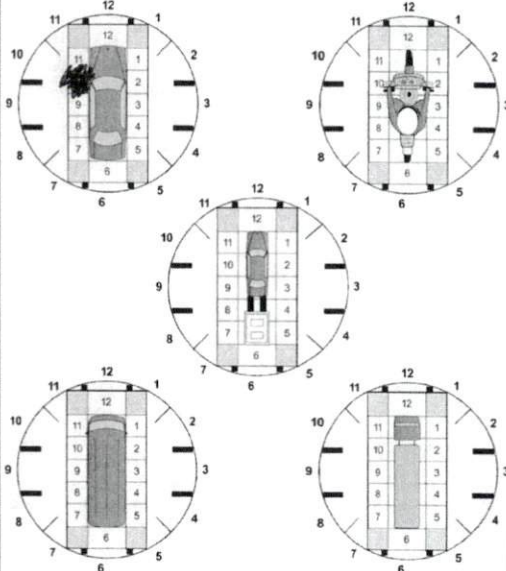
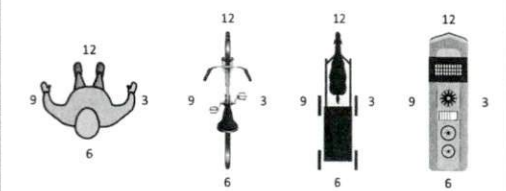
LOCAL REPORT NUMBER*

| | | | | | | | | | | | |
|---|---|--|--|--|---|---|--|---|---|--|--|
| <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"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY | LOCAL INFORMATION REPORTING AGENCY NAME* Fairfield Police Department | | NCIC* 0 0 9 0 1 | 2 2 0 6 3 9 9 0 | | | | | |
| COUNTY* 0 9 | LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP 1 | LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield | | CRASH DATE / TIME* 09032022 2113 | | CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY | | | | | |
| ROUTE TYPE LOCATION | ROUTE NUMBER | PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST | LOCATION ROAD NAME Chateau | ROAD TYPE W Y | LATITUDE DECIMAL DEGREES 39.337467 | INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 4 ROADWAY <input type="checkbox"/> ROADWAY DIVIDED | | | | | |
| ROUTE TYPE REFERENCE | ROUTE NUMBER | PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) River | ROAD TYPE R D | LONGITUDE DECIMAL DEGREES -84.584460 | | | | | | |
| REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE # 1 | DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-WEST 2 | 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 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 | DISTANCE FROM REFERENCE 1 0 DISTANCE UNIT OF MEASURE 2 2- FEET 3-YARDS | | | | | | | |
| 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 0 1 | | | 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 6 | | 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 | | | | |
| <input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE | | WORK ZONE TYPE 1-LANE CLOSURE 2-LANE SHIFT/CROSSOVER 3-WORK ON SHOULDER OR MEDIAN 4-INTERMITTENT OR MOVING WORK 5-OTHER | | LOCATION OF CRASH IN WORK ZONE 1-BEFORE THE 1ST WORK ZONE WARNING SIGN 2-ADVANCE WARNING AREA 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA | | CONTOUR 1 1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-OTHER/UNKNOWN | | CONDITIONS 2 1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN | | SURFACE 2 1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN | |
| LIGHT CONDITION 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN 3 | | 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 0 4 | | NARRATIVE On September 3, 2022, at around 9:13 P.M., unit 1 was traveling west on River Rd and made a left turn onto Chateau Way. Unit 2 was stopped at the stop sign on Chateau way facing north, waiting to make a right-hand turn on River Rd. Unit 1 failed to stay on the right side of the roadway when making the left turn causing unit 1 to strike unit 2. See OH-2 | | | | | | | |
| CRASH REPORTED DATE / TIME 09032022 2113 | | DISPATCH DATE / TIME 09032022 2114 | | ARRIVAL DATE / TIME 09032022 2118 | | SCENE CLEARED DATE / TIME 09032022 2208 | | 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 GPS) | | | |
| TOTAL TIME ROADWAY CLOSED 0 | OTHER INVESTIGATION TIME 3 0 | TOTAL MINUTES 8 4 | OFFICER'S NAME* J. Mitchell | | CHECKED BY OFFICER'S NAME* SA Aaron Meyer | | OFFICER'S BADGE NUMBER* 1 7 1 | | CHECKED BY OFFICER'S BADGE NUMBER* 1 3 2 | | |

| | | | | | |
|--|---|---|---|---|---------------------------|
| 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 # ILATUBA | VEHICLE IDENTIFICATION # 1GCRCP1E14B212717861 | VEHICLE YEAR 2011 | VEHICLE MAKE Chevrolet |
| | <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY Pekin | INSURANCE POLICY # 005326100 | COLOR Gray | VEHICLE MODEL 1500 |
| | <input type="checkbox"/> COMMERCIAL | <input type="checkbox"/> GOVERNMENT | <input type="checkbox"/> IN EMERGENCY RESPONSE | US DOT # | |
| | <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. | |
| | TYPE OF USE | | TOWED BY: COMPANY NAME | | |
| | <input type="checkbox"/> PASSENGER CAR <input type="checkbox"/> PASSENGER VAN (MINIVAN) <input type="checkbox"/> SPORT UTILITY VEHICLE <input type="checkbox"/> PICK UP <input type="checkbox"/> CARGO VAN <input type="checkbox"/> VAN (9-15 SEATS) | | <input type="checkbox"/> MOTORCYCLE 2-WHEELED <input type="checkbox"/> MOTORCYCLE 3-WHEELED <input type="checkbox"/> AUTOCYCLE <input type="checkbox"/> MOPED OR MOTORIZED BICYCLE <input type="checkbox"/> ALL TERRAIN VEHICLE (ATV / UTV) | | |
| | 11 - GOLF CART | | 12 - SNOWMOBILE | | |
| | 13 - SINGLE UNIT TRUCK | | 14 - SEMI-TRACTOR | | |
| | 15 - FARM EQUIPMENT | | 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 | | | |
| UNIT TYPE 04 | | # OF TRAILING UNITS 0 | | | |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? | | AUTONOMOUS MODE LEVEL | | | |
| 02 | | 0 | | | |
| 1 - YES 2 - NO 9 - OTHER / UNKNOWN | | 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN | | | |
| SPECIAL FUNCTION 01 | | 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER | | | |
| CARGO BODY TYPE 01 | | 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE | | | |
| VEHICLE DEFECTS | | 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 | | | |
| NON-MOTORIST LOCATION AT IMPACT | | 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER | | | |
| ACTION 03 | | 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE | | | |
| CONTRIBUTING CIRCUMSTANCES 06 | | 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 | | | |
| SEQUENCE OF EVENTS | | 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN | | | |
| NON-COLLISION | | 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING | | | |
| COLLISION WITH FIXED OBJECT - STRUCK | | 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/ SPILLING 20 - IMPROPER CROSSING | | | |
| 21 - 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 | | | |
| 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE | | 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER | | | |
| 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT | | 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT | | | |
| 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN | | 55 - OTHER / UNKNOWN | | | |

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| LOCAL REPORT NUMBER 2 2 0 6 3 9 9 0 | |
| DAMAGE DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN | |
| DAMAGED AREA(S) INDICATE ALL THAT APPLY | |
| | |
| <input type="checkbox"/> NO DAMAGE [0] <input type="checkbox"/> UNDERCARRIAGE [14] <input type="checkbox"/> TOP [13] <input type="checkbox"/> ALL AREAS [15] <input type="checkbox"/> UNIT NOT AT SCENE [16] | |
| INITIAL POINT OF CONTACT 0 - NO DAMAGE 1 - 12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN | |
| TRAFFIC | |
| TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY | TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD 2 | RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING |
| UNIT / NON-MOTORIST DIRECTION FROM 3 TO 2 | |
| UNIT SPEED 10 | DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED |
| POSTED SPEED 25 | |

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|--|---|--|---|--|--------------|
| OWNER | UNIT # | OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) | | OWNER PHONE: (INCLUDE AREA CODE) (<input type="checkbox"/> SAME AS DRIVER) | |
| | 02 | Lorts, Ted | | | |
| VEHICLE | OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) | | | | |
| | 8801 N Walnut St, Muncie, IN 47303 | | | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | | COMMERCIAL CARRIER PHONE: (INCLUDE AREA CODE) | | |
| LP STATE | LICENSE PLATE # | VEHICLE IDENTIFICATION # | | VEHICLE YEAR | VEHICLE MAKE |
| IN | XTB509 | 1FMCU9G93EUC119041 | | 2014 | Ford |
| <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY | INSURANCE POLICY # | COLOR | VEHICLE MODEL | |
| | Statefarm | 3960135A2914A | Red | Escape | |
| <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | | US DOT # | TOWED BY: COMPANY NAME | | |
| <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT | | 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 | | |
| TYPE OF USE | | #OCCUPANTS | | | |
| 03 | | 02 | | | |
| UNIT TYPE | | VEHICLE WEIGHT GVWR/GCWR | | | |
| 0 | | 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER | | | |
| 0 | | 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) | | | |
| 0 | | 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST | | | |
| 0 | | 4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE | | | |
| 0 | | 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN | | | |
| 0 | | 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP | | | |
| # OF TRAILING UNITS | | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? | | | |
| 0 | | 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN | | | |
| 02 | | 1 - YES 2 - NO 9 - OTHER / UNKNOWN | | | |
| 01 | | SPECIAL FUNCTION | | | |
| 01 | | CARGO BODY TYPE | | | |
| 01 | | VEHICLE DEFECTS | | | |
| 01 | | NON-MOTORIST LOCATION AT IMPACT | | | |
| 04 | | ACTION | | | |
| 01 | | CONTRIBUTING CIRCUMSTANCES | | | |
| 01 | | SEQUENCE OF EVENTS | | | |
| 20 | | 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTORVEHICLE 24 - OTHER MOVABLE OBJECT 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 55 - OTHER / UNKNOWN | | | |
| 1 | | FIRST HARMFUL EVENT | | | |
| 1 | | MOST HARMFUL EVENT | | | |

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| LOCAL REPORT NUMBER | |
| 2, 2, 0, 6, 3, 9, 9, 0 | |
| DAMAGE | |
| DAMAGE SCALE | |
| 1 - NONE 3 - FUNCTIONAL DAMAGE | |
| 4 - 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 | |
| 99 - UNKNOWN | |
| 13 - TOP | |
| 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 | 1 - STATED / ESTIMATED SPEED |
| | 2 - CALCULATED / EDR |
| | 3 - UNDETERMINED |
| POSTED SPEED | |
| 25 | |



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2 2 0 6 3 9 9 0

| | | | | |
|---------------|---|----------------------------------|------------|-------------|
| UNIT # 0 1 | NAME: LAST, FIRST, MIDDLE Mangane, Momar | DATE OF BIRTH 1 2 0 9 1 9 6 1 | AGE 6 0 | GENDER M |
|---------------|---|----------------------------------|------------|-------------|

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| ADDRESS: STREET, CITY, STATE, ZIP 5569 Chateau Way, Fairfield, OH 45014 | CONTACT PHONE - INCLUDE AREA CODE L |
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|-----------------|-------------------------------|----------------------------|---|--|--|-------------------------|--|---------------|--|--|
| INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 0 4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0 1 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 | |
| OL STATE O H | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED 331.10A2 | LOCAL CODE <input checked="" type="checkbox"/> | OFFENSE DESCRIPTION Turning at intersection | | CITATION NUMBER 255062 | | | |
| OL CLASS 4 | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DIVIDER 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 | |

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|---------------|---|----------------------------------|------------|-------------|
| UNIT # 0 2 | NAME: LAST, FIRST, MIDDLE Garrett, Michael | DATE OF BIRTH 0 2 1 9 2 0 0 0 | AGE 2 2 | GENDER M |
|---------------|---|----------------------------------|------------|-------------|

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| ADDRESS: STREET, CITY, STATE, ZIP 5747 Gray Rd, Fairfield, OH 45014 | CONTACT PHONE - INCLUDE AREA CODE |
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|-----------------|-------------------------------|----------------------------|---|--|--|-------------------------|--|---------------|--|--|
| INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 0 4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0 1 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 | |
| OL STATE O H | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | CITATION NUMBER | | | |
| OL CLASS 4 | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DIVIDER DISTRACTED BY 1 | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION 1 | ALCOHOL TEST STATUS TYPE VALUE 1 1 | | DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1 | |

| | | | | |
|--------|---------------------------|---------------|----------|--------|
| UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE 0 | GENDER |
|--------|---------------------------|---------------|----------|--------|

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|-----------------------------------|-----------------------------------|
| ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |
|-----------------------------------|-----------------------------------|

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|----------|-------------------------------|----------------------------|---|--|--|------------------|-----------------------------------|----------|---|--|
| 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 | DIVIDER 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 1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY | SEATING POSITION 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 | AIR BAG 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN | OL CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M/C MOPED ONLY 6 - NO VALID OL | OL RESTRICTION(S) 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 | DRIVER DISTRACTION 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 | TEST STATUS 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 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN | EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE | OL ENDORSEMENT 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 | TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS | CONDITION 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 | ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER | DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER |
| SAFETY EQUIPMENT 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 | GENDER F - FEMALE M - MALE U - OTHER / UNKNOWN | DRUG TEST RESULT(S) 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS | | | | |



OCCUPANT / WITNESS ADDENDUM

| LOCAL REPORT NUMBER | | | | | | | | | |
|---------------------------------------|------------------|---------------------------|---|-----------------------|--|------------------|---------------|----------|---------|
| 2 2 0 6 3 9 9 0 | | | | | | | | | |
| UNIT # | | NAME: LAST, FIRST, MIDDLE | | DATE OF BIRTH | AGE | GENDER | | | |
| 2 | | Lorts, Alana | | 0 7 2 0 2 0 0 0 | 2 2 | F | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | |
| 15750 Sundew Cir, Westfield, IN 46074 | | | | | | | | | |
| 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 |
| 5 | | | | 0 4 | | 0 3 | 0 1 | 1 | 1 |
| UNIT # | | | | | NAME: LAST, FIRST, MIDDLE | | DATE OF BIRTH | AGE | GENDER |
| | | | | | | | | 0 | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | |
| | | | | | | | | | |
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| | | | | | | | | | |
| UNIT # | | | | | NAME: LAST, FIRST, MIDDLE | | DATE OF BIRTH | AGE | GENDER |
| | | | | | | | | 0 | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | |
| | | | | | | | | | |
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| | | | | | | | | | |
| UNIT # | | | | | NAME: LAST, FIRST, MIDDLE | | DATE OF BIRTH | AGE | GENDER |
| | | | | | | | | 0 | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | |
| | | | | | | | | | |
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| | | | | | | | | | |

| INJURIES | SAFETY EQUIPMENT USED | SEATING POSITION | AIR BAG USAGE |
|------------------------------|---|--|------------------------------|
| 1 - FATAL | 1 - NONE USED - VEHICLE OCCUPANT | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | 1 - NOT DEPLOYED |
| 2 - SUSPECTED SERIOUS INJURY | 2 - SHOULDER BELT ONLY USED | 2 - FRONT - MIDDLE | 2 - DEPLOYED FRONT |
| 3 - SUSPECTED MINOR INJURY | 3 - LAP BELT ONLY USED | 3 - FRONT - RIGHT SIDE | 3 - DEPLOYED SIDE |
| 4 - POSSIBLE INJURY | 4 - SHOULDER & LAP BELT USED | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 4 - DEPLOYED BOTH FRONT/SIDE |
| 5 - NO APPARENT INJURY | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | 5 - SECOND - MIDDLE | 5 - NOT APPLICABLE |
| | 6 - CHILD RESTRAINT SYSTEM - REAR FACING | 6 - SECOND - RIGHT SIDE | 9 - DEPLOYMENT UNKNOWN |
| | 7 - BOOSTER SEAT | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | |
| | 8 - HELMET USED | 8 - THIRD - MIDDLE | |
| | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT SIDE | |
| | 10 - REFLECTIVE CLOTHING | 10 - SLEEPER SECTION OF TRUCK CAB | |
| | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | |
| | 99 - 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 | |

| INJURED TAKEN BY | EJECTION | TRAPPED |
|--|-----------------------|------------------------------------|
| 1 - NOT TRANSPORTED / TREATED AT SCENE | 1 - NOT EJECTED | 1 - NOT TRAPPED |
| 2 - EMS | 2 - PARTIALLY EJECTED | 2 - EXTRICATED BY MECHANICAL MEANS |
| 3 - POLICE | 3 - TOTALLY EJECTED | 3 - FREED BY NON-MECHANICAL MEANS |
| 9 - OTHER / UNKNOWN | 4 - NOT APPLICABLE | |

| GENDER |
|---------------------|
| F - FEMALE |
| M - MALE |
| U - OTHER / UNKNOWN |

| NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
|-----------------------------------|---------------|-----|--------|
| | | 0 | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | |
| CONTACT PHONE - INCLUDE AREA CODE | | | |
| | | | |
| NAME: LAST, FIRST, MIDDLE | | | |
| DATE OF BIRTH | | | |
| AGE | | | |
| GENDER | | | |
| 0 | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | |
| CONTACT PHONE - INCLUDE AREA CODE | | | |
| | | | |
| NAME: LAST, FIRST, MIDDLE | | | |
| DATE OF BIRTH | | | |
| AGE | | | |
| GENDER | | | |
| 0 | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | |
| CONTACT PHONE - INCLUDE AREA CODE | | | |
| | | | |

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|---|--|----------------------------|
| LOCAL REPORT NUMBER PD-22-063990 | REPORTING AGENCY Fairfield Police Department | DATE OF ACCIDENT 9/3/22 |
| IN COUNTY OF Butler | ACCIDENT LOCATION Chateau Way // River Rd | |

* NOT to scale *

N

Groh Ln

River Rd service Rd

River Rd

Chateau Way

2

OFFICER'S SIGNATURE
J. Mitchell

BADGE NO.
171