



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<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 REPORTING AGENCY NAME* Fairfield Police Department NCIC* 00901			LOCAL REPORT NUMBER* 22069287					
COUNTY* 09 LOCALITY* 1-CITY 1-2-VILLAGE 3-TOWNSHIP			LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield			HIT/SKIP 1-SOLVED 2-UNSOLVED 02					
ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST			LOCATION ROAD NAME Woodridge			ROAD TYPE B L 39.307478					
ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST			REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) ROSS			ROAD TYPE R D 84.502568					
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE #			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					
DISTANCE FROM REFERENCE			DISTANCE UNIT OF MEASURE			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					
LOCATION OF FIRST HARMFUL EVENT 1-ON ROADWAY 9-CROSSOVER 2-ON SHOULDER 10-DRIVEWAY/ALLEY ACCESS 3-IN MEDIAN 11-RAILWAY GRADE CROSSING 4-ON ROADSIDE 12-SHARED USE PATHS OR TRAILS 5-ON GORE 13-BIKE LANE 6-OUTSIDE TRAFFIC WAY 14-TOLL BOOTH 7-ON RAMP 99-OTHER/UNKNOWN 8-OFF RAMP			MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN 4 - REAR-TO-REAR 2 - TWO MOTOR VEHICLES IN 5 - BACKING 3 - ANGLE TRANSPORT 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER/ UNKNOWN			DIRECTION OF TRAVEL 1-NORTH 2-SOUTH 3-EAST 4-WEST					
<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					
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			CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN					
CRASH REPORTED DATE / TIME 09232022 1257			DISPATCH DATE / TIME 09232022 1332			ARRIVAL DATE / TIME 09232022 1344			SCENE CLEARED DATE / TIME 09232022 1422		
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME* P.O. Gregg Lamb		CHECKED BY OFFICER'S NAME* <i>S. J. Sprague</i>		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
						OFFICER'S BADGE NUMBER* 6 5		CHECKED BY OFFICER'S BADGE NUMBER* <i>8 4</i>		SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OGPS)	



Indicate the north direction with an "N" on the compass diagram.

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 (SAME AS DRIVER)

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP	COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
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LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
O H	HOD 3792	J M 3 K F B D M X M 0 4 0 9 2 7 8	2 0 2 1	Mazda
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	Liberty Mutual	AOV28153622640	White	CX5
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 EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR	
		0 1	1 - <10K LBS.	
			2 - 10,001 - 26K LBS.	
			3 - >26K LBS.	

UNIT TYPE	1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER
0 3	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 BICYCLE	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 ANIMAL-DRAWN VEHICLE	27 - TRAIN
	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	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN
2	1 - YES	2 - NO	4 - HIGH AUTOMATION	
	9 - OTHER / UNKNOWN	AUTONOMOUS MODE LEVEL	5 - FULL AUTOMATION	

SPECIAL FUNCTION	1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM	21 - MAIL CARRIER
0 1	2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	17 - MOWING	99 - OTHER / UNKNOWN
	3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	18 - SNOW REMOVAL	
	4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	19 - TOWING	
	5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL	

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

ACTION	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE
3	2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19 - STANDING
	3 - STRIKING 0 6	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	16 - WORKING	21 - STANDING OUTSIDE DISABLED VEHICLE
	5 - BOTH STRIKING & STRUCK	5 - MAKING RIGH TURN	11 - SLOWING OR STOPPED IN TRAFFIC	17 - PUSHING VEHICLE	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
0 2	2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / ACDA	14 - STOPPED OR PARKED ILLEGALLY	18 - OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE
	3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	15 - SWERVING TO AVOID	19 - LOAD SHIFTING/FALLING/SPILLING	23 - OPENING DOOR INTO ROADWAY
	4 - RAN STOP SIGN	10 - IMPROPER PASSING	16 - WRONG WAY	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION
	5 - UNSAFE SPEED	11 - DROVE OFF ROAD			
	6 - IMPROPER TURN	12 - IMPROPER BACKING			

SEQUENCE OF EVENTS

	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT
1 2 0	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	17 - ANIMAL - FARM	17 - ANIMAL - DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	18 - ANIMAL - OTHER	19 - ANIMAL - OTHER	BY A MOTOR VEHICLE
2	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	20 - MOTOR VEHICLE IN TRANSPORT	20 - MOTOR VEHICLE IN TRANSPORT	24 - OTHER MOVABLE OBJECT
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	14 - PEDESTRIAN	15 - PEDESTRIAN	
			15 - PEDALCYCLE	16 - PEDALCYCLE	

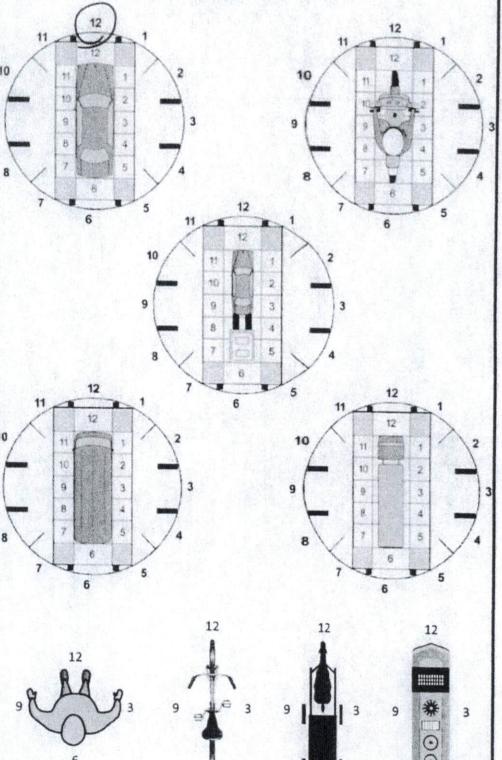
4	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT
	26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH	51 - WALL
5	27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES	45 - EMBANKMENT	52 - BUILDING
	28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL	40 - UTILITY POLE	46 - FENCE	53 - TUNNEL
6	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	48 - TREE	49 - FIRE HYDRANT	99 - OTHER / UNKNOWN
			42 - CULVERT		

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER	
2 2 0 6 9 2 8 7	

DAMAGE
DAMAGE SCALE
4 - 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 - 12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
99 - UNKNOWN
13 - TOP

TRAFFIC

TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY	1 - ROUNDABOUT
2 - TWO-WAY	4 - STOP SIGN
4	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	
FROM 3	TO 2
1 - NORTH	5 - NORTHEAST
2 - SOUTH	6 - NORTHWEST
3 - EAST	7 - SOUTHEAST
4 - WEST	8 - SOUTHWEST
9 - OTHER/UNKNOWN	

UNIT SPEED	DETECTED SPEED
1 0	1 - STATED/ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED

POSTED SPEED	
3 5	

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> SAME AS DRIVER
0 2	Schulman. Philip E.

OWNER ADDRESS: STREET, CITY, STATE, ZIP SAME AS DRIVER

3673 Ashhill Ct. Cincinnati, OH. 45247

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

OWNER PHONE: INCLUDE AREA CODE SAME AS DRIVER

LOCAL REPORT NUMBER
2 2 0 6 9 2 8 7

OWNER	COMMERCIAL CARRIER
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COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
O H	FNJ 8240	2C4RC1BG8FR695227	2015	Chry
<input checked="" type="checkbox"/> INSURED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
VERIFIED	Esurance Property	PAOH-008437231	Black	TC
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE		
INTERLOCK EQUIPPED	DEVICE EQUIPPED	# OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR	HAZARDOUS MATERIAL
		0 1	1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD

UNIT TYPE	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED 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
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# OF TRAILING UNITS		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
		2	1 - YES 2 - NO 9 - OTHER / UNKNOWN	AUTONOMOUS MODE LEVEL	

SPECIAL FUNCTION	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 99 - OTHER / UNKNOWN
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CARGO BODY TYPE	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
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VEHICLE DEFECTS	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
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NON-MOTORIST LOCATION AT IMPACT	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 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
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ACTION	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	0 1 1 - PRE-CRASH 2 - OVERTAKING/PASSING 3 - CHANGING LANES 4 - MAKING RIGHT TURN 5 - MAKING LEFT TURN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - PARKED 5 - SLOWING OR STOPPED IN TRAFFIC 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN
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CONTRIBUTING CIRCUMSTANCES	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 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION
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SEQUENCE OF EVENTS

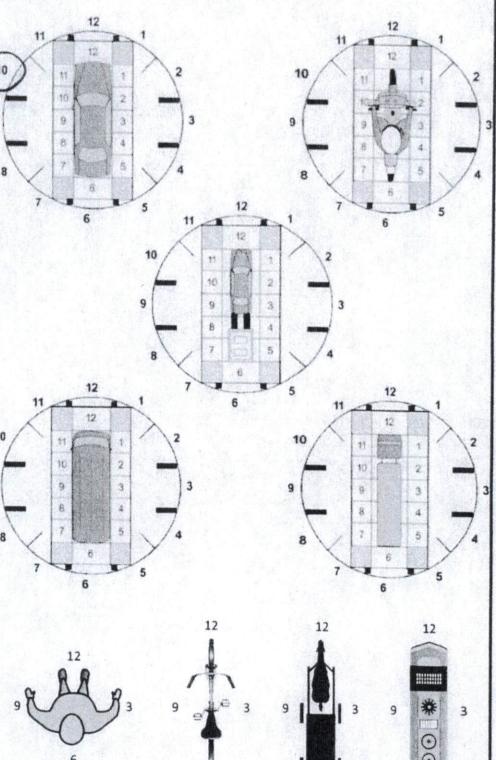
1 2 0	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER 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 MOTOR VEHICLE 24 - OTHER MOBILE OBJECT
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4 5 6	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 SUPPORT 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
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1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

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

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 1 - 12 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
2	1 - ONE-WAY 2 - TWO-WAY 6
1 - ROUNDABOUT 2 - SIGNAL 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	
FROM 4	TO 3
1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	

UNIT SPEED	DETECTED SPEED
3 0	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	
3 5	



MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST		LOCAL REPORT NUMBER											
		DATE OF BIRTH					AGE	GENDER					
UNIT #	NAME: LAST, FIRST, MIDDLE	2 2 0 6 9 2 8 7					0 7 1 9 1 9 9 5	2 7	F				
0 1	Bialaszewski, Kayla A												
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE											
240 Fernway Dr. Hamilton, OH. 45011													
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED	0 4	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
DL STATE O H	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	<input checked="" type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER		
DL 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	ALCOHOL TEST	DRUG TEST(S)			
UNIT # 0 2	NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH	AGE	GENDER
Schulman, Tiffany A.						0 7 1 5 1 9 8 9	3 3	F					
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE											
3673 Ashhill Ct. Cincinnati, OH. 45247													
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED	0 4	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
DL STATE O H	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	<input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER		
DL 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	ALCOHOL TEST	DRUG TEST(S)			
UNIT #	NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH	AGE	GENDER
Schulman, Tiffany A.						0							
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE											
3673 Ashhill Ct. Cincinnati, OH. 45247													
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	
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	<input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER		
DL CLASS	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	ALCOHOL TEST	DRUG TEST(S)			
INJURIES		SEATING POSITION	AIR BAG	DL 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-COL INTRASTATE ONLY	2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2-TEST REFUSED							
3-SUSPECTED MINOR INJURY	3-FRONT - RIGHT SIDE	3-DEPLOYED SIDE	3-CLASS C	3-CORRECTIVE LENSES	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE								
4-POSSIBLE INJURY	4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4-DEPLOYED BOTH FRONT / SIDE	4-REGULAR CLASS (OHIO = D)	4-FARM WAIVER	4-TEST GIVEN, RESULTS KNOWN								
5-NO APPARENT INJURY	5-SECOND - MIDDLE	5-NOT APPLICABLE	5-M/C MOPED ONLY	5-EXCEPT CLASS A BUS	5-TEST GIVEN, RESULTS UNKNOWN								
INJURED TAKEN BY		6-SECOND - RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-NO VALID OL	6-EXCEPT CLASS A & CLASS B BUS								
1-NOT TRANSPORTED /TREATED AT SCENE	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD - MIDDLE	10-SLEEPER SECTION OF TRUCK CAB	7-EXCEPT TRACTOR-TRAILER	7-TALKING ON HAND-HELD COMMUNICATION DEVICE								
2-EMS	8-THIRD - RIGHT SIDE	8-THIRD - MIDDLE	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	8-INTERMEDIATE LICENSE RESTRICTIONS	8-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE								
3-POLICE	9-THIRD - RIGHT SIDE	9-THIRD - MIDDLE	12-PASSENGER IN UNENCLOSED CARGO AREA	9-LEARNER'S PERMIT RESTRICTIONS	9-PASSENGER								
9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	13-TRAILING UNIT	10-LIMITED TO DAYLIGHT ONLY	7-OTHER DISTRACTION INSIDE THE VEHICLE								
SAFETY EQUIPMENT		12-PASSENGER IN UNENCLOSED CARGO AREA	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	11-LIMITED TO EMPLOYMENT	8-OTHER DISTRACTION OUTSIDE THE VEHICLE								
1-NONE USED	13-TRAILING UNIT	15-NON-MOTORIST	12-LIMITED - OTHER	12-LIMITED - OTHER	9-OTHER / UNKNOWN								
2-SHOULDER BELT ONLY USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	99-OTHER / UNKNOWN	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	10-APPARENTLY NORMAL								
3-LAP BELT ONLY USED	15-NON-MOTORIST		14-MILITARY VEHICLES ONLY	14-MILITARY VEHICLES ONLY	2-PHYSICAL IMPAIRMENT								
4-SHOULDER & LAP BELT USED	99-OTHER / UNKNOWN		15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-MOTOR VEHICLES WITHOUT AIR BRAKES	3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)								
5-CHILD RESTRAINT SYSTEM - FORWARD FACING			16-OUTSIDE MIRROR	16-OUTSIDE MIRROR	4-ILLNESS								
6-CHILD RESTRAINT SYSTEM - REAR FACING			17-PROSTHETIC AID	17-PROSTHETIC AID	5-FELL ASLEEP, FAINTED, FATIGUED, ETC.								
7-BOOSTER SEAT			18-OTHER	18-OTHER	6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL								
8-Helmet USED					7-OTHER / UNKNOWN								
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)					8-OPIATES / OPIOIDS								
10-REFLECTIVE CLOTHING					9-NEGATIVE RESULTS								
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY													
99-OTHER / UNKNOWN													

LOCAL REPORT NUMBER 22-069287	REPORTING AGENCY FAIRFIELD P.D. 00901	DATE OF ACCIDENT M 9 JD 23 Y 22
IN COUNTY OF BUTLER	ACCIDENT LOCATION ROSS RD AT WOODRIDGE BLVD	

