

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

<input checked="" type="checkbox"/> PHOTOS TAKEN	<input checked="" type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION		2 2 0 8 1 8 5 1			
<input type="checkbox"/> SECONDARY CRASH	<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*		HIT/SKIP	
<input type="checkbox"/> PRIVATE PROPERTY	Fairfield Police Department		0, 0, 9, 0, 1		1 - SOLVED		NUMBER OF UNITS	
						2 - UNSOLVED		0, 2
								UNIT IN ERROR
								98 - ANIMAL
								99 - UNKNOWN

COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*		CRASH DATE / TIME*	CRASH SEVERITY
0 9	1	City of Fairfield		11 0 8 2 0 2 2 1 6 1 6	5

ROUTE TYPE	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES
U S	1 2 7		590 Nilles	R D	3 9 3 3 8 5 4 6
ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES
			590 Nilles	R D	8 4 5 6 0 0 4 9

REFERENCE POINT	DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED	
3	1 - NORTH	IR - INTERSTATE ROUTE (TP)	AL - ALLEY	<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH	
	2 - SOUTH	US - FEDERAL US ROUTE	AV - AVENUE	<input type="checkbox"/> WITHIN INTERCHANGE AREA	NUMBER OF APPROACHES
	3 - EAST	SR - STATE ROUTE	BL - BOULEVARD		
	4 - WEST	CR - NUMBERED COUNTY ROUTE	MP - MILEPOST		
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE	TR - NUMBERED TOWNSHIP ROUTE	CR - CIRCLE		
	1 - MILES		OV - OVAL		
	2 - FEET		PK - PARKWAY		
	3 - YARDS		DR - DRIVE		
			PI - PIKE		
			WA - WAY		
			HE - HEIGHTS		
			PL - PLACE		
				<input type="checkbox"/> ROADWAY DIVIDED	

LOCATION OF FIRST HARMFUL EVENT	MANNER OF CRASH COLLISION/IMPACT	DIRECTION OF TRAVEL	MEDIAN TYPE
0 1	6	1 - NORTH	1 - DIVIDED FLUSH MEDIAN (<4 FEET)
2 - ON SHOULDER	1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT	2 - SOUTH	2 - DIVIDED FLUSH MEDIAN (>4 FEET)
3 - IN MEDIAN	2 - REAR-END	3 - EAST	3 - DIVIDED, DEPRESSED MEDIAN
4 - ON ROADSIDE	3 - HEAD-ON	4 - WEST	4 - DIVIDED, RAISED MEDIAN (ANY TYPE)
5 - ON GORE	4 - REAR-TO-REAR		9 - OTHER/UNKNOWN
6 - OUTSIDE TRAFFIC WAY	5 - BACKING		
7 - ON RAMP	6 - ANGLE		
8 - OFF RAMP	7 - SIDESWIPE, SAME DIRECTION		
	8 - SIDESWIPE, OPPOSITE DIRECTION		
	9 - OTHER / UNKNOWN		


<input type="checkbox"/> WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE
<input type="checkbox"/> WORKERS PRESENT	1 - LANE CLOSURE	1 - BEFORE THE 1ST WORK ZONE WARNING SIGN	1	1 - DRY	1 - CONCRETE
<input type="checkbox"/> LAW ENFORCEMENT PRESENT	2 - LANE SHIFT/CROSSOVER	2 - ADVANCE WARNING AREA		2 - WET	2 - BLACKTOP, BITUMINOUS, ASPHALT
<input type="checkbox"/> ACTIVE SCHOOL ZONE	3 - WORK ON SHOULDER OR MEDIAN	3 - TRANSITION AREA		3 - SNOW	3 - BRICK/BLOCK
	4 - INTERMITTENT OR MOVING WORK	4 - ACTIVITY AREA		4 - ICE	4 - SLAG, GRAVEL, STONE
	5 - OTHER	5 - TERMINATION AREA		5 - SAND, MUD, DIRT, OIL, GRAVEL	5 - DIRT
				6 - WATER (STANDING, MOVING)	9 - OTHER/UNKNOWN
				7 - SLUSH	
				9 - OTHER/UNKNOWN	

LIGHT CONDITION	WEATHER
1	0 1
1 - DAYLIGHT	1 - CLEAR
2 - DAWN/DUSK	2 - CLOUDY
3 - DARK - LIGHTED ROADWAY	3 - FOG, SMOG, SMOKE
4 - DARK - ROADWAY NOT LIGHTED	4 - RAIN
5 - DARK - UNKNOWN ROADWAY LIGHTING	5 - SLEET, HAIL
9 - OTHER / UNKNOWN	6 - SNOW
	7 - SEVERE CROSSWINDS
	8 - BLOWING SAND, SOIL, DIRT, SNOW
	9 - FREEZING RAIN OR FREEZING DRIZZLE
	99 - OTHER / UNKNOWN

NARRATIVE

On 11-08-2022 at approximately 4:16 p.m. Unit 2 was traveling northbound on U.S. 127 in the center through lane. Unit 1 was exiting on to northbound U.S. 127 from 590 Nilles Road. Unit 1 failed to yield to Unit 2. Unit 2 struck Unit 1.

SEE OH-2



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

CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME	SCENE CLEARED DATE / TIME	REPORT TAKEN BY
11 0 8 2 0 2 2 1 6 1 6	11 0 8 2 0 2 2 1 6 2 3	11 0 8 2 0 2 2 1 6 2 7	11 0 8 2 0 2 2 1 6 4 2	<input checked="" type="checkbox"/> POLICE AGENCY
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*	<input type="checkbox"/> MOTORIST
0 0	2 0	3 9	P.O. Wells	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DPS)
			OFFICER'S BADGE NUMBER*	
			1 4 8	
			CHECKED BY OFFICER'S NAME*	
			SA Adam Meyer	
			CHECKED BY OFFICER'S BADGE NUMBER*	
			1 3 2	

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)																																																																
	011	Rethamel, Richard																																																																	
VEHICLE	OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																																																																
EVENT(S)	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #																																																																
	OH	JCW4664	2HKYF118495H5115622																																																																
	INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #																																																																
	☑	State Farm	422 9837-C01-35F																																																																
	TYPE OF USE	US DOT #	TOWED BY: COMPANY NAME																																																																
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	INTERLOCK DEVICE EQUIPPED	# OCCUPANTS	VEHICLE WEIGHT GVWR/CCWR																																																																
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LOCAL REPORT NUMBER	
2 2 0 8 1 8 5 1	
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    14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM    15 - VEHICLE NOT AT SCENE 13 - TOP    99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
2	6
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
4	1
UNIT / NON-MOTORIST DIRECTION	
FROM 4 TO 1 1 - NORTH    5 - NORTHEAST 2 - SOUTH    6 - NORTHWEST 3 - EAST    7 - SOUTHEAST 4 - WEST    8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED	DETECTED SPEED
10	1
POSTED SPEED	
25	

**OWNER**

UNIT # 012 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) \_\_\_\_\_

**VEHICLE**

LP STATE OH LICENSE PLATE # GAC8234 VEHICLE IDENTIFICATION # 4T1BF13EK12B1U161815 VEHICLE YEAR 2011 VEHICLE MAKE Toyota

INSURANCE VERIFIED INSURANCE COMPANY USAA INSURANCE POLICY # 035268570G COLOR Black VEHICLE MODEL Camry

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_

HAZARDOUS MATERIAL:  MATERIAL RELEASED CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_

UNIT TYPE 01

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 - PICKUP 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

# OF TRAILING UNITS 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL 0

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 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

CARGO BODY TYPE 01

1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER  
 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 10 - FLAT BED 14 - GARBAGE/REFUSE  
 7 - GRAIN/CHIPS/GRAVEL 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 - MIDLICK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN  
 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS

ACTION 3

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 01 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST  
 4 - STRUCK PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE  
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN  
 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS

CONTRIBUTING CIRCUMSTANCES 01

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 / 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

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~~COLLISION WITH FIXED OBJECT STRUCK~~

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 - MEDIUM CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING  
 28 - BRIDGE PARAPET 34 - MEDIUM GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL  
 29 - BRIDGE RAIL 35 - MEDIUM CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT  
 30 - GUARDRAIL FACE 36 - MEDIUM OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN  
 49 - FIRE HYDRANT

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

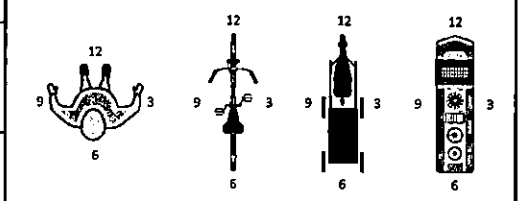
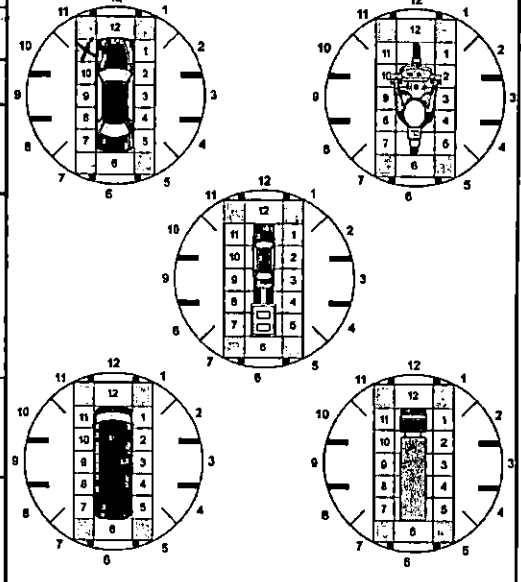
LOCAL REPORT NUMBER 2, 2, 0, 8, 1, 8, 5, 1

DAMAGE

DAMAGE SCALE 2

1 - 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  
 13 - TOP 99 - UNKNOWN

TRAFFIC

TRAFFICWAY FLOW 2

1 - ONE-WAY 2 - TWO-WAY

TRAFFIC CONTROL 6

1 - ROUNDABOUT 4 - STOP SIGN  
 2 - SIGNAL 5 - YIELD SIGN  
 3 - FLASHER 6 - NO CONTROL

# OF THROUGH LANES ON ROAD 4

RAIL GRADE CROSSING 1

1 - NOT INVOLVED  
 2 - INVOLVED-ACTIVE CROSSING  
 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

FROM 2 TO 1

1 - NORTH 5 - NORTHEAST  
 2 - SOUTH 6 - NORTHWEST  
 3 - EAST 7 - SOUTHEAST  
 4 - WEST 8 - SOUTHWEST  
 9 - OTHER / UNKNOWN

UNIT SPEED 15

POSTED SPEED 25

DETECTED SPEED 1

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



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 2 0 8 1 8 5 1

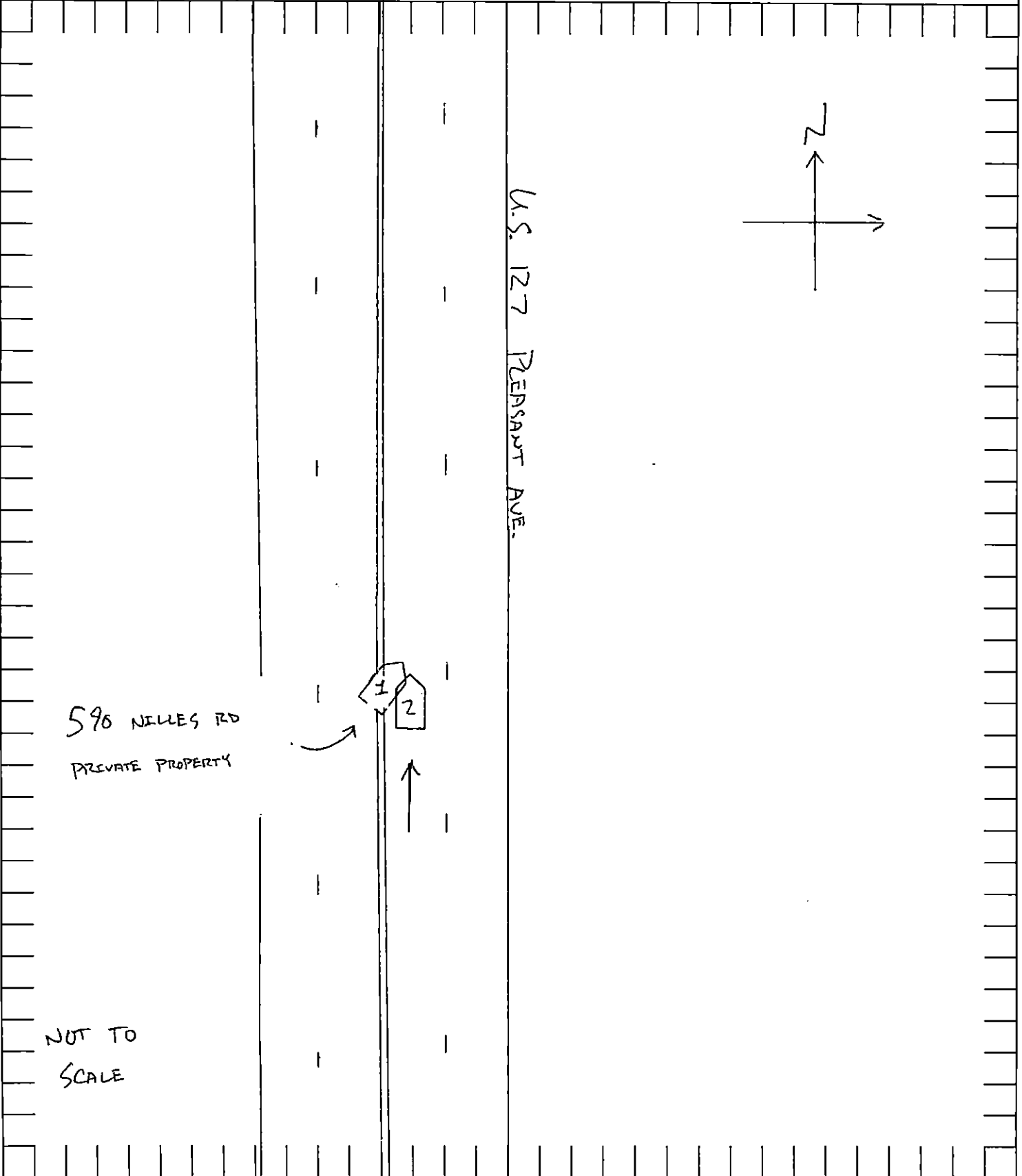
UNIT # 0 1	NAME: LAST, FIRST, MIDDLE Moniz, Maria	DATE OF BIRTH 1 2 1 2 1 9 7 2	AGE 4 9	GENDER F
ADDRESS: STREET, CITY, STATE, ZIP 902 Corwin Ave. Hamilton, OH 45015		CONTACT PHONE - INCLUDE AREA CODE		
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4
OL STATE OH	OPERATOR LICENSE NUMBER	OFFENSE CHARGED 331.22A	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION Failure to Yield
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
ALCOHOL TEST		DRUG TEST(S)		
STATUS 1	TYPE 1	VALUE	STATUS 1	TYPE 1

UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Hilgeman, Pamela	DATE OF BIRTH 1 1 0 5 1 9 6 5	AGE 5 7	GENDER F
ADDRESS: STREET, CITY, STATE, ZIP 3286 Ravenwood Rd. Fairborn, OH 45324		CONTACT PHONE - INCLUDE AREA CODE		
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4
OL STATE OH	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION
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
ALCOHOL TEST		DRUG TEST(S)		
STATUS 1	TYPE 1	VALUE	STATUS 1	TYPE 1

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE 0	GENDER
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE		
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION
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ALCOHOL TEST		DRUG TEST(S)		
STATUS	TYPE	VALUE	STATUS	TYPE

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 & CLASS B BUS	5- OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5- TEST GIVEN, RESULTS UNKNOWN
INJURED TAKEN BY	6- SECOND - RIGHT SIDE	9- DEPLOYMENT UNKNOWN	6- NO VALID DL	7- EXCEPT TRACTOR-TRAILER	6- PASSENGER	ALCOHOL TEST TYPE
1- NOT TRANSPORTED / TREATED AT SCENE	7- THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION	OL ENDORSEMENT	8- INTERMEDIATE LICENSE (RESTRICTIONS)	7- OTHER DISTRACTION - INSIDE THE VEHICLE	1- NONE
2- EMS	8- THIRD - MIDDLE	1- NOT EJECTED	H- HAZMAT	9- LEARNER'S PERMIT (RESTRICTIONS)	8- OTHER DISTRACTION OUTSIDE THE VEHICLE	2- BLOOD
3- POLICE	9- THIRD - RIGHT SIDE	2- PARTIALLY EJECTED	M- MOTORCYCLE	10- LIMITED TO DAYLIGHT ONLY	9- OTHER / UNKNOWN	3- URINE
4- OTHER / UNKNOWN	10- SLEEPER SECTION OF TRUCK CAB	3- TOTALLY EJECTED	P- PASSENGER	11- LIMITED TO EMPLOYMENT	CONDITION	4- BREATH
SAFETY EQUIPMENT	11- PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4- NOT APPLICABLE	N- TANKER	12- LIMITED - OTHER	1- APPARENTLY NORMAL	5- OTHER
1- NONE USED	12- PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED	Q- MOTOR SCOOTER	13- MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	2- PHYSICAL IMPAIRMENT	DRUG TEST TYPE
2- SHOULDER BELT ONLY USED	13- TRAILING UNIT	1- NOT TRAPPED	R- THREE-WHEEL MOTORCYCLE	14- MILITARY VEHICLES ONLY	3- EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	1- NONE
3- LAP BELT ONLY USED	14- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2- EXTRICATED BY MECHANICAL MEANS	S- SCHOOL BUS	15- MOTOR VEHICLES WITHOUT AIR BRAKES	4- ILLNESS	2- BLOOD
4- SHOULDER & LAP BELT USED	15- NON-MOTORIST	3- FREED BY NON-MECHANICAL MEANS	T- DOUBLE & TRIPLE TRAILERS	16- OUTSIDE MIRROR	5- FELL ASLEEP, FAINTED, FATIGUED, ETC.	3- URINE
5- CHILD RESTRAINT SYSTEM FORWARD FACING	99- OTHER / UNKNOWN	GENDER	X- TANKER / HAZMAT	17- PROSTHETIC AID	6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	4- OTHER
6- CHILD RESTRAINT SYSTEM REAR FACING		F- FEMALE		18- OTHER	9- OTHER / UNKNOWN	DRUG TEST RESULT(S)
7- BOOSTER SEAT		M- MALE				1- AMPHETAMINES
8- HELMET USED		U- OTHER / UNKNOWN				2- BARBITURATES
9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						3- BENZODIAZEPINES
10- REFLECTIVE CLOTHING						4- CANNABINOIDS
11- LIGHTING - PEDESTRIAN / BICYCLE ONLY						5- COCAINE
99- OTHER / UNKNOWN						6- OPIATES / OPIOIDS
						7- OTHER
						8- NEGATIVE RESULTS

LOCAL REPORT NUMBER <b>PD-22-081851</b>	REPORTING AGENCY <b>Fairfield Police Department</b>	DATE OF ACCIDENT <b>11/8/22</b>
IN COUNTY OF <b>Butler</b>	ACCIDENT LOCATION <b>U.S. 127 @ 590 Nilles Road</b>	



	OFFICER'S SIGNATURE <i>P.O. Wells 148</i>	BADGE NO. <b>148</b>
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