



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 3 3 5 3		
<input type="checkbox"/> SECONDARY CRASH	<input checked="" type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*		HITS/SKIP
<input type="checkbox"/> PRIVATE PROPERTY			Fairfield Police Department		0 0 9 0 1		1 - SOLVED
						2 - UNSOLVED	

COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*		CRASH DATE / TIME*		CRASH SEVERITY	
0 9	1	City of Fairfield		1 1 1 4 2 0 2 2 1 5 4 5		5	

ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES	
S R	4					3 9 . 3 3 3 4 9 8	
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES	
				5540	R D	- 8 4 . 5 2 3 2 7 5	

REFERENCE POINT	DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED			
1 - INTERSECTION	1 - NORTH	IR - INTERSTATE ROUTE (TOP)	AL - ALLEY	<input type="checkbox"/> WITHIN INTERSECTION OR ON APP ROACH			
2 - MILE POST	2 - SOUTH	US - FEDERAL US ROUTE	AV - AVENUE	<input type="checkbox"/> WITHIN INTERCHANGE AREA			
3 - HOUSE #	3 - EAST	SR - STATE ROUTE	BL - BOULEVARD	NUMBER OF APPROACHES			
	4 - WEST	CR - NUMBERED COUNTY ROUTE	MP - MILEPOST	ROADWAY			
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE	TR - NUMBERED TOWNSHIP ROUTE	CT - COURT	<input type="checkbox"/> ROADWAY DIVIDED			
	1 - MILES		DR - DRIVE				
	2 - FEET		HE - HEIGHTS				
	3 - YARDS		PL - PLACE				

LOCATION OF FIRST HARMFUL EVENT		MANNER OF CRASH COLLISION/IMPACT		DIRECTION OF TRAVEL		MEDIAN TYPE	
1 - ON ROADWAY	9 - CROSSOVER	1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT	4 - REAR-TO-REAR	1 - NORTH	1 - DIVIDED FLUSH MEDIAN (<4 FEET)		
2 - ON SHOULDER	10 - DRIVEWAY/ALLEY ACCESS	2 - REAR-END	5 - BACKING	2 - SOUTH	2 - DIVIDED FLUSH MEDIAN (≥4 FEET)		
3 - IN MEDIAN	11 - RAILWAY GRADE CROSSING	3 - HEAD-ON	6 - ANGLE	3 - EAST	3 - DIVIDED, DEPRESSED MEDIAN		
4 - ON ROADSIDE	12 - SHARED USE PATHS OR TRAILS		7 - SIDESWIPE, SAME DIRECTION	4 - WEST	4 - DIVIDED, RAISED MEDIAN (ANY TYPE)		
5 - ON GORE	13 - BIKE LANE		8 - SIDESWIPE, OPPOSITE DIRECTION		9 - OTHER/UNKNOWN		
6 - OUTSIDE TRAFFIC WAY	14 - TOLL BOOTH		9 - OTHER / UNKNOWN				
7 - ON RAMP	99 - OTHER / UNKNOWN						
8 - OFF RAMP							


<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	2
<input type="checkbox"/> LAW ENFORCEMENT PRESENT	2 - LANE SHIFT/CROSSOVER	2 - ADVANCE WARNING AREA	2 - STRAIGHT GRADE	2 - WET	2 - BLACKTOP, BITUMINOUS, ASPHALT
<input type="checkbox"/> ACTIVE SCHOOL ZONE	3 - WORK ON SHOULDER OR MEDIAN	3 - TRANSITION AREA	3 - CURVE LEVEL	3 - SNOW	3 - BRICK/BLOCK
	4 - INTERMITTENT OR MOVING WORK	4 - ACTIVITY AREA	4 - CURVE GRADE	4 - ICE	4 - SLAG, GRAVEL, STONE
	5 - OTHER	5 - TERMINATION AREA	9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	5 - DIRT
				6 - WATER (STANDING, MOVING)	9 - OTHER/UNKNOWN
				7 - SLUSH	
				9 - OTHER/UNKNOWN	

LIGHT CONDITION	WEATHER
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 11/14/2022 at about 3:45 PM Unit 1 was traveling northbound on S.R. 4 (Dixie Hwy.) and when at 5540 S.R. 4 (Dixie Hwy) failed to stop within the assured clear distance ahead and collided with Unit 2 which was also northbound and was slowing down in traffic at 5846 S.R. 4 (Dixie Hwy).

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
1 1 1 4 2 0 2 2 1 5 4 5	1 1 1 4 2 0 2 2 1 5 5 5	1 1 1 4 2 0 2 2 1 5 5 5	1 1 1 4 2 0 2 2 1 6 1 7	<input checked="" type="checkbox"/> POLICE AGENCY
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*	<input type="checkbox"/> MOTORIST
0 0 0	3 0	5 2	J. Mitchell	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT (EXT TO OPS))
			OFFICER'S BADGE NUMBER*	
			1 7 1	
			CHECKED BY OFFICER'S NAME*	
			<i>S. Mitchell</i>	
			CHECKED BY OFFICER'S BADGE NUMBER*	
			8	

UNIT # 01	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 OH	LICENSE PLATE # FKY6320	VEHICLE IDENTIFICATION # 2GCBEK13TX51229342
VEHICLE YEAR 2005	VEHICLE MAKE Chevrolet	
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY Statefarm	INSURANCE POLICY # 0640317B0835J
TYPE OF USE <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.		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD
UNIT TYPE 04	VEHICLE MAKE Chevrolet	
# OF TRAILING UNITS 0		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 2		
SPECIAL FUNCTION 01		
CARGO BODY TYPE 01		
VEHICLE DEFECTS		
NON-MOTORIST LOCATION AT IMPACT		
ACTION 03		
CONTRIBUTING CIRCUMSTANCES 08		
SEQUENCE OF EVENTS		
NON-COLLISION		
COLLISION WITH FIXED OBJECT: STRUCK		
FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1		

LOCAL REPORT NUMBER 2, 2, 0, 8, 3, 3, 5, 3	
DAMAGE	
DAMAGE SCALE 2 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - 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, 2 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 2, 5	DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 3, 5	

OWNER

UNIT # 0 2 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) Worthington, Linda 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

DAMAGE

DAMAGE SCALE

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

VEHICLE

LP STATE OH LICENSE PLATE # JOA8440 VEHICLE IDENTIFICATION # 3KPF34AD8ME407829 VEHICLE YEAR 2021 VEHICLE MAKE Kia

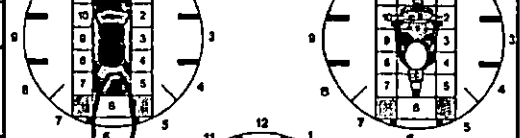
INSURANCE VERIFIED INSURANCE COMPANY Statefarm INSURANCE POLICY # 2976058SFP35 COLOR Black VEHICLE MODEL Forte

DAMAGED AREA(S)
INDICATE ALL THAT APPLY

TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

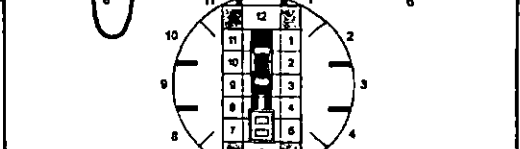
US DOT # _____ TOWED BY: COMPANY NAME _____

HAZARDOUS MATERIAL: MATERIAL RELEASED PLACARD CLASS # _____ PLACARD ID # _____



UNIT TYPE 0 1

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 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

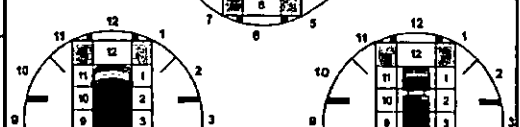


of TRAILING UNITS 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 2

1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL 0

0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN
1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION
2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION



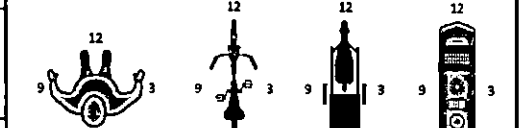
SPECIAL FUNCTION 0 1

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



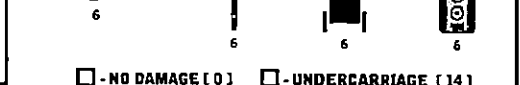
CARGO BODY TYPE 0 1

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



- NO DAMAGE [0] - UNDERCARRIAGE [14]
 - TOP [13] - ALL AREAS [15]
 - UNIT NOT AT SCENE [16]

NON-MOTORIST LOCATION AT IMPACT

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

INITIAL POINT OF CONTACT

0 6 0 - NO DAMAGE 14 - UNDERCARRIAGE
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
13 - TOP 99 - UNKNOWN

ACTION 0 4

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
3 - STRIKING 0 1 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 19 - STANDING
4 - STRUCK PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 20 - OTHER NON-MOTORIST
5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 21 - STANDING OUTSIDE DISABLED VEHICLE
9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS 99 - OTHER / 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

CONTRIBUTING CIRCUMSTANCES 0 1

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 21 - PARKED MOTOR VEHICLE
6 - IMPROPER TURN 12 - IMPROPER BACKING

of THROUGH LANES ON ROAD 4

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

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 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT
3 3 - IMMERSION 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 MOVABLE OBJECT
4 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT

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

IMPACT 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 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN
27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 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

UNIT SPEED 1 0

POSTED SPEED 3 5

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

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2 2 0 8 3 3 5 3

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE Creech, Roger	DATE OF BIRTH 1 2 1 2 1 9 6 1	AGE 6 0	GENDER M
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ADDRESS: STREET, CITY, STATE, ZIP
2223 Gardner Road, Hamilton, OH 45013

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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OL STATE O H	OPERATOR LICENSE NUMBER	OFFENSE CHARGED 333.03A	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION ACDA	CITATION NUMBER 252529
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OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	ALCOHOL TEST			DRUG TEST(S)		
						STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4
						1	1		1	1	

UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Worthington, Megan	DATE OF BIRTH 1 1 0 8 2 0 0 2	AGE 2 0	GENDER F
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ADDRESS: STREET, CITY, STATE, ZIP
33 E Leslie Ave, Cincinnati, OH 45215

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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OL STATE O H	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER
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OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	ALCOHOL TEST			DRUG TEST(S)		
						STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4
						1	1		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

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
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OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER
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OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST			DRUG TEST(S)		
						STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1- FATAL 2- SUSPECTED SERIOUS INJURY 3- SUSPECTED MINOR INJURY 4- POSSIBLE INJURY 5- NO APPARENT INJURY	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	1- NOT DEPLOYED 2- DEPLOYED FRONT 3- DEPLOYED SIDE 4- DEPLOYED BOTH FRONT / SIDE 5- NOT APPLICABLE 9- DEPLOYMENT UNKNOWN	1- CLASS A 2- CLASS B 3- CLASS C 4- REGULAR CLASS (OHIO = D) 5- MC MOPED ONLY 6- NO VALID OL	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 9- 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	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	1- NONE GIVEN 2- TEST REFUSED 3- TEST GIVEN, CONTAMINATED SAMPLE / UNSABLE 4- TEST GIVEN, RESULTS KNOWN 5- TEST GIVEN, RESULTS UNKNOWN
INJURED TAKEN BY 1- NOT TRANSPORTED 2- TREATED AT SCENE 3- EMS 4- POLICE 9- 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	EJECTION 1- NOT EJECTED 2- PARTIALLY EJECTED 3- TOTALLY EJECTED 4- NOT APPLICABLE	OL ENDORSEMENT H- HAZMAT M- MOTORCYCLE P- PASSENGER N- TANKER O- MOTOR SCOOTER R- THREE-WHEEL MOTORCYCLE S- SCHOOL BUS T- DOUBLE & TRIPLE TRAILERS X- TANKER / HAZMAT	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 9- 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	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	ALCOHOL TEST TYPE 1- NONE 2- BLOOD 3- URINE 4- BREATH 5- 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	11- PASSENGER IN OTHER ENCLOSED CABO 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	TRAPPED 1- NOT TRAPPED 2- EXTRICATED BY MECHANICAL MEANS 3- FREED BY NON-MECHANICAL MEANS	GENDER F- FEMALE M- MALE U- OTHER / UNKNOWN	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 9- 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	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	DRUG TEST TYPE 1- NONE 2- BLOOD 3- URINE 4- OTHER
			GENDER F- FEMALE M- MALE U- OTHER / UNKNOWN	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 9- 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	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	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 8 3 3 5 3

OCCUPANT	UNIT # 2	NAME: LAST, FIRST, MIDDLE Thomas, Brandon
	ADDRESS: STREET, CITY, STATE, ZIP 241 Joliet Ave, Cincinnati, OH 45215	

DATE OF BIRTH 1 2 2 9 2 0 0 1		AGE 2 0	GENDER M
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
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<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 3	AIR BAG USAGE 0 1	EJECTION 1	TRAPPED 1
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UNIT #	NAME: LAST, FIRST, MIDDLE
ADDRESS: STREET, CITY, STATE, ZIP	

DATE OF BIRTH	AGE 0	GENDER
CONTACT PHONE - INCLUDE AREA CODE		

INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED
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<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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UNIT #	NAME: LAST, FIRST, MIDDLE
ADDRESS: STREET, CITY, STATE, ZIP	

DATE OF BIRTH	AGE 0	GENDER
CONTACT PHONE - INCLUDE AREA CODE		

INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED
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<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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UNIT #	NAME: LAST, FIRST, MIDDLE
ADDRESS: STREET, CITY, STATE, ZIP	

DATE OF BIRTH	AGE 0	GENDER
CONTACT PHONE - INCLUDE AREA CODE		

INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED
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<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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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	

NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE 0	GENDER
ADDRESS: STREET, CITY, STATE, ZIP			

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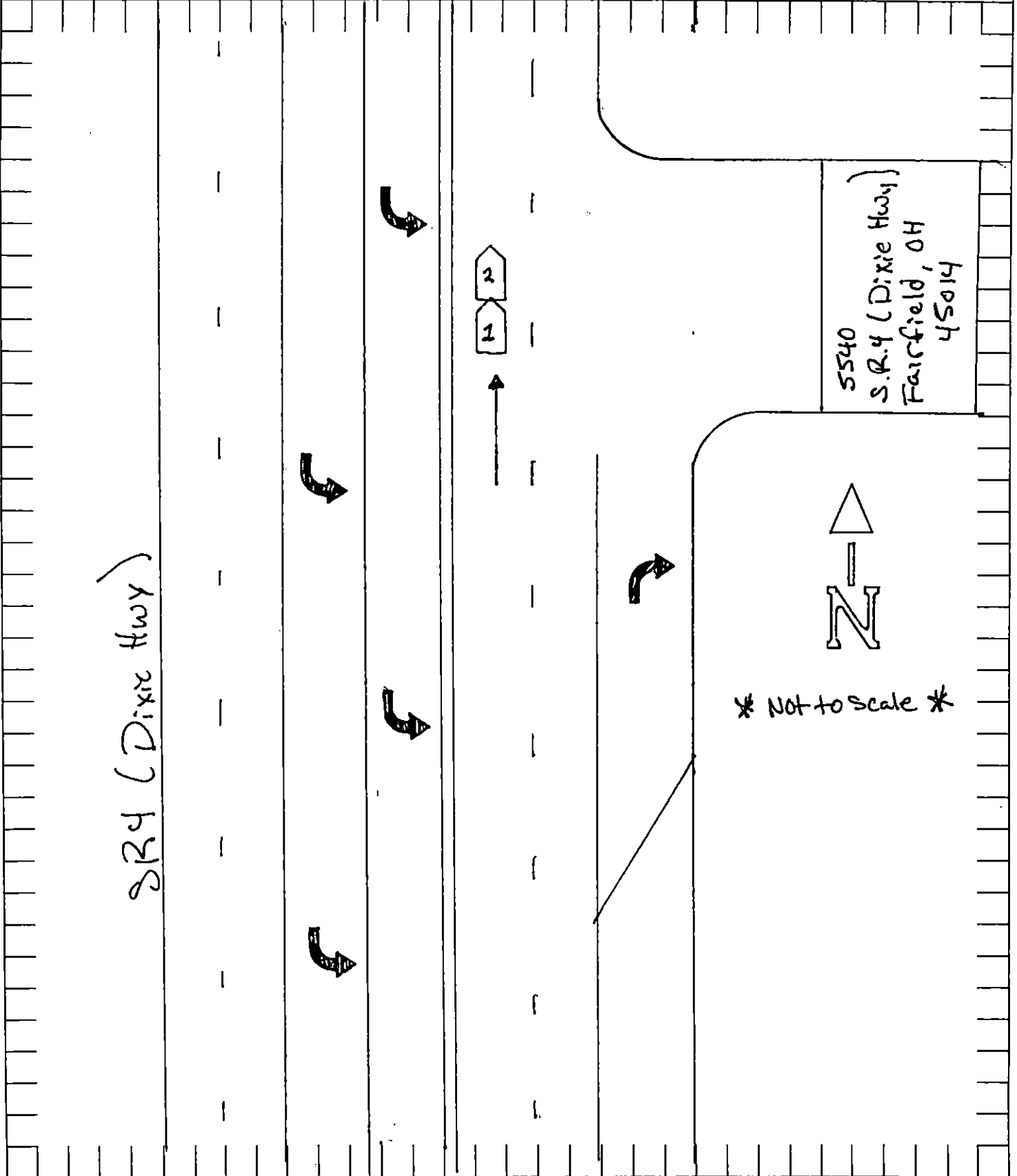
NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE 0	GENDER
ADDRESS: STREET, CITY, STATE, ZIP			

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

CONTACT PHONE - INCLUDE AREA CODE			
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LOCAL REPORT NUMBER PD-22083353	REPORTING AGENCY Fairfield Police Department	DATE OF ACCIDENT 11/14/22
IN COUNTY OF Butler	ACCIDENT LOCATION 5540 S.R.4 (Dixie Hwy), Fairfield, OH 45014	



OFFICER'S SIGNATURE J. Mitchell	BADGE NO. 171
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