



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 3 0 2 5 0 6 8
<input type="checkbox"/> SECONDARY CRASH	<input checked="" type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*	HIT/SKIP
<input type="checkbox"/> PRIVATE PROPERTY			Fairfield Police Department	1 - SOLVED
			0,0,9,0,1	2 - UNSOLVED
				NUMBER OF UNITS
				0, 2
				UNIT IN ERROR
				99 98 - ANIMAL
				99 99 - UNKNOWN

COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*	CRASH DATE / TIME*	CRASH SEVERITY
0 9	1 2-VILLAGE 3-TOWNSHIP	City of Fairfield	04 06 2023 16 07	3

ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES
S, R	4		Bypass		39.335810
ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES
			Port Union	R, D	84.502500

REFERENCE POINT	DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED
1 - INTERSECTION	1 - NORTH	IR - INTERSTATE ROUTE (I/P)	AL - ALLEY	<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH
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	0 4
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE	TR - NUMBERED TOWNSHIP ROUTE	OV - OVAL	
	1 - MILES		PK - PARKWAY	
	2 - FEET		ST - STREET	
	3 - YARDS		TE - TERRACE	
			TIL - TRAIL	
			WA - WAY	
			PL - PLACE	
				ROADWAY
				<input type="checkbox"/> ROADWAY DIVIDED

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

WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE
<input type="checkbox"/>	1 - LANE CLOSURE	1 - BEFORE THE 1ST WORK ZONE WARNING SIGN	1	1	2
<input type="checkbox"/>	2 - LANE SHIFT/CROSSOVER	2 - ADVANCE WARNING AREA			
<input type="checkbox"/>	3 - WORK ON SHOULDER OR MEDIAN	3 - TRANSITION AREA			
<input type="checkbox"/>	4 - INTERMITTENT OR MOVING WORK	4 - ACTIVITY AREA			
<input type="checkbox"/>	5 - OTHER	5 - TERMINATION AREA			

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	Indicate the north direction with an "N" on the compass diagram.
On 4/6/2023 at about 4:07 p.m. Unit 1 was traveling west on Port Union Rd. and when at S.R. 4 Bypass attempted to turn left to travel south on S.R. 4 Bypass, in so doing Unit 1 was struck by Unit 2 which was traveling east on Port Union Rd.	
The driver of Unit 1 said the light was a protected green arrow for a left turn. The driver of Unit 2 stated the light was turning yellow. Officers were unable to determine which unit was at fault.	SEE OH-2

CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME	SCENE CLEARED DATE / TIME	REPORT TAKEN BY
04 06 2023 16 07	04 06 2023 16 11	04 06 2023 16 22	04 06 2023 17 28	<input checked="" type="checkbox"/> POLICE AGENCY
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*	<input type="checkbox"/> MOTORIST
0 7 7	0 3 0	1 0 7	D. Gooch	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OPCS)
			OFFICER'S BADGE NUMBER*	
			1 6 0	
			CHECKED BY OFFICER'S NAME*	
			D. Pott	
			CHECKED BY OFFICER'S BADGE NUMBER*	
			1 3 0	

UNIT # 01, OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER), OWNER PHONE, OWNER ADDRESS, COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP, COMMERCIAL CARRIER PHONE

LP STATE OH, LICENSE PLATE # HVC6000, VEHICLE IDENTIFICATION # 3GC1PYFED17K1G115715193, VEHICLE YEAR 2019, VEHICLE MAKE Chevrolet

INSURANCE VERIFIED, INSURANCE COMPANY Grange Ins, INSURANCE POLICY # 4723085, COLOR White, VEHICLE MODEL Trail Bo, TYPE OF USE, US DOT #, TOWED BY: COMPANY NAME Waynes

UNIT TYPE 04, # of TRAILING UNITS 00, WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 02, AUTONOMOUS MODE LEVEL, SPECIAL FUNCTION 01, CARGO BODY TYPE 01, VEHICLE DEFECTS

NON-MOTORIST LOCATION AT IMPACT 01, ACTION 04, CONTRIBUTING CIRCUMSTANCES 22, SEQUENCE OF EVENTS 21, 20, 31, 41, 51, 61, FIRST HARMFUL EVENT 1, MOST HARMFUL EVENT 1

NON-COLLISION, COLLISION WITH FIXED OBJECT, STRUCK

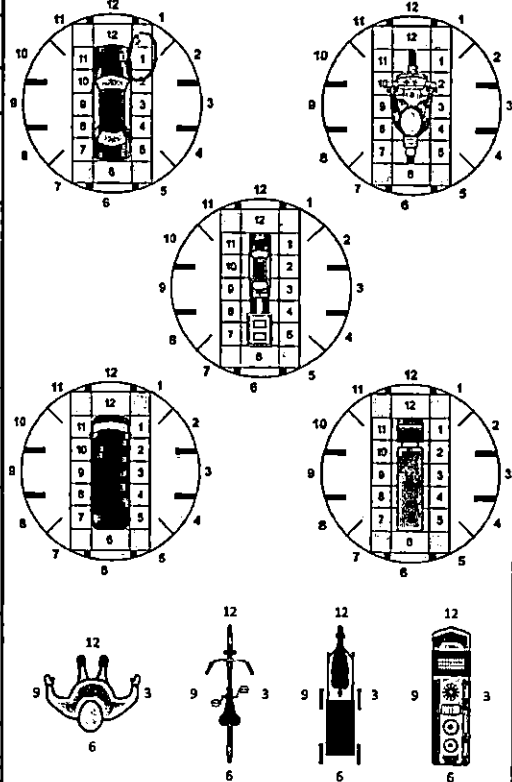
TRAFFICWAY FLOW 2, TRAFFIC CONTROL 2, # of THROUGH LANES ON ROAD 3, RAIL GRADE CROSSING 1, UNIT / NON-MOTORIST DIRECTION FROM 3 TO 2, UNIT SPEED 020, POSTED SPEED 35

DAMAGE SCALE 4, DAMAGED AREA(S) INDICATE ALL THAT APPLY (Diagrams), INITIAL POINT OF CONTACT 01, TRAFFICWAY FLOW 2, TRAFFIC CONTROL 2, # of THROUGH LANES ON ROAD 3, RAIL GRADE CROSSING 1, UNIT / NON-MOTORIST DIRECTION FROM 3 TO 2, UNIT SPEED 020, POSTED SPEED 35, DETECTED SPEED 1

LOCAL REPORT NUMBER 23025068

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

DAMAGED AREA(S) INDICATE ALL THAT APPLY



INITIAL POINT OF CONTACT: 0 - NO DAMAGE, 1-12 - REFER TO UNIT DIAGRAM, 13 - TOP, 14 - UNDERCARRIAGE, 15 - VEHICLE NOT AT SCENE, 99 - UNKNOWN

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

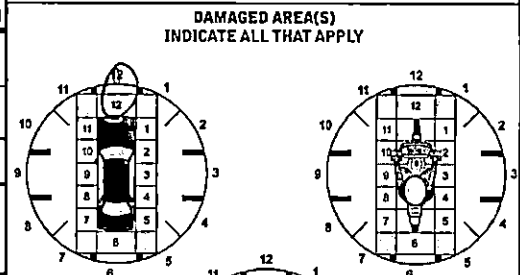
UNIT / NON-MOTORIST DIRECTION: FROM 3 TO 2, UNIT SPEED: 020, POSTED SPEED: 35, DETECTED SPEED: 1 - STATED / ESTIMATED SPEED, 2 - CALCULATED / EDR, 3 - UNDETERMINED

LOCAL REPORT NUMBER
2, 3, 0, 2, 5, 0, 6, 8

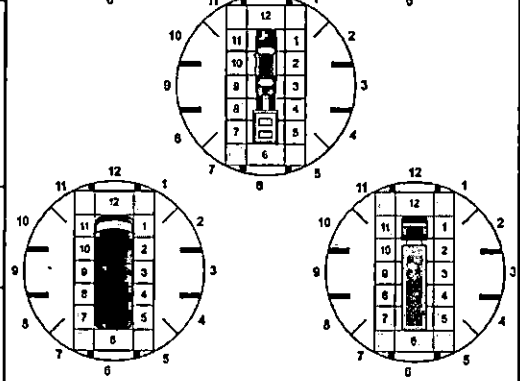
OWNER
UNIT # 0, 2 OWNER NAME: LAST, FIRST, MIDDLE (☑ SAME AS DRIVER)
OWNER ADDRESS: STREET, CITY, STATE, ZIP (☑ SAME AS DRIVER)
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

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

LP STATE M, O LICENSE PLATE # JJ9J5C VEHICLE IDENTIFICATION # 1C14PJL1A1B1X1F1W17161151516 VEHICLE YEAR 2015 VEHICLE MAKE Jeep
INSURANCE VERIFIED INSURANCE COMPANY National General INSURANCE POLICY # 2015490820 COLOR Blue VEHICLE MODEL Cherokee
TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE
INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS 0, 2 US DOT # _____ TOWED BY: COMPANY NAME Fox
HAZARDOUS MATERIAL: MATERIAL RELEASED PLACARD CLASS # _____ PLACARD ID # _____

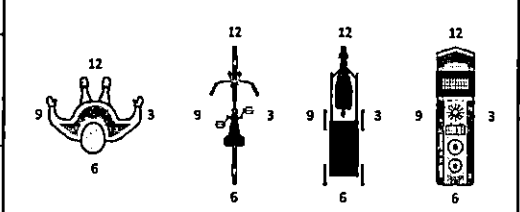


UNIT TYPE 0, 3
1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER
2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)
3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST
4 - PICK UP 10 - MOPED OR MOTORIZED 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 HITS/SKIP



OF TRAILING UNITS 0, 0
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?
0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN
1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION
1 - YES 2 - NO 9 - OTHER / UNKNOWN 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 9 - CARGO TANK 13 - AUTO TRANSPORTER
7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE
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 LANE 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

ACTION 0, 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 OR CROSSING SPECIFIED LOCATION 14 - ENTERING OR CROSSING SPECIFIED LOCATION
3 - STRIKING 0, 1 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING
4 - STRUCK PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING
5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE
9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS 99 - OTHER / UNKNOWN

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

CONTRIBUTING CIRCUMSTANCES 2, 2
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

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

SEQUENCE OF EVENTS
1 2, 0
1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT
2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT
4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT
5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE

OF THROUGH LANES ON ROAD 3
RAIL GRADE CROSSING 1
1 - NOT INVOLVED
2 - INVOLVED-ACTIVE CROSSING
3 - INVOLVED-PASSIVE CROSSING

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 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING
28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL
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 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN

UNIT / NON-MOTORIST DIRECTION
FROM 4 TO 3
1 - NORTH 5 - NORTHEAST
2 - SOUTH 6 - NORTHWEST
3 - EAST 7 - SOUTHEAST
4 - WEST 8 - SOUTHWEST
9 - OTHER / UNKNOWN

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

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



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2 3 0 2 5 0 6 8

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE Davidson, David, Randall				DATE OF BIRTH 1 2 1 7 1 9 6 4			AGE 5 8	GENDER M	
ADDRESS: STREET, CITY, STATE, ZIP 9253 Ranchill Dr., Cincinnati, OH, 45231					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 2	EJECTION 1	TRAPPED 1	
OL STATE OH	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER		
OL CLASS 4	ENDORSEMENT SELECT UP TO 2 M	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 STATUS TYPE VALUE 1 1		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1	

UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Nsongo, Daniel, Ditina				DATE OF BIRTH 0 3 1 8 1 9 9 5			AGE 2 8	GENDER M	
ADDRESS: STREET, CITY, STATE, ZIP 15 Hampshire Ct. Apt. 5, Hamilton, OH, 45011					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 3	AIR BAG USAGE 2	EJECTION 1	TRAPPED 1	
OL STATE MO	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	DRIVER 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	
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	
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	DRIVER 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	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 = 0)	4-FARM WAIVER	4-TALKING ON HAND-HELD COMMUNICATION DEVICE	4-TEST GIVEN, RESULTS KNOWN
5-NO APPARENT INJURY	5-SECOND-MIDDLE	5-NOT APPLICABLE	5-M/C MOPED ONLY	5-EXCEPT CLASS A BUS	5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5-TEST GIVEN, RESULTS UNKNOWN
INJURED TAKEN BY	6-SECOND-RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-INVALID OL	6-EXCEPT CLASS A & CLASS B BUS	7-EXCEPT TRACTOR-TRAILER	ALCOHOL TEST TYPE
1-NOT TRANSPORTED / TREATED AT SCENE	7-THIRD-LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION	OL ENDORSEMENT	7-EXCEPT CLASS A & CLASS B BUS	8-INTERMEDIATE LICENSE RESTRICTIONS	1-NONE
2-EMS	8-THIRD-MIDDLE	1-NOT EJECTED	H-HAZMAT	8-EXCEPT CLASS A & CLASS B BUS	9-LEARNER'S PERMIT RESTRICTIONS	2-BLOOD
3-POLICE	9-THIRD-RIGHT SIDE	2-PARTIALLY EJECTED	M-MOTORCYCLE	9-EXCEPT CLASS A & CLASS B BUS	10-LIMITED TO DAYLIGHT ONLY	3-URINE
9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB	3-TOTALLY EJECTED	P-PASSENGER	10-LIMITED TO EMPLOYMENT	11-LIMITED TO EMPLOYMENT	4-BREATH
SAFETY EQUIPMENT	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4-NOT APPLICABLE	N-TANKER	11-LIMITED TO EMPLOYMENT	12-LIMITED-OTHER	5-OTHER
1-NONE USED	12-PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED	Q-MOTOR SCOOTER	12-LIMITED-OTHER	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	DRUG TEST TYPE
2-SHOULDER BELT ONLY USED	13-TRAILING UNIT	1-NOT TRAPPED	R-THREE-WHEEL MOTORCYCLE	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	14-MILITARY VEHICLES ONLY	1-NONE
3-LAP BELT ONLY USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2-EXTRICATED BY MECHANICAL MEANS	S-SCHOOL BUS	14-MILITARY VEHICLES ONLY	15-MOTOR VEHICLES WITHOUT AIR BRAKES	2-BLOOD
4-SHOULDER & LAP BELT USED	99-OTHER / UNKNOWN	3-FREED BY NON-MECHANICAL MEANS	T-DOUBLE & TRIPLE TRAILERS	15-MOTOR VEHICLES WITHOUT AIR BRAKES	16-OUTSIDE MIRROR	3-URINE
5-CHILD RESTRAINT SYSTEM-FORWARD FACING			X-TANKER / HAZMAT	16-OUTSIDE MIRROR	17-PROSTHETIC AID	4-BREATH
6-CHILD RESTRAINT SYSTEM-REAR FACING			GENDER	17-PROSTHETIC AID	18-OTHER	5-OTHER
7-BOOSTER SEAT			F-FEMALE	18-OTHER		DRUG TEST RESULT(S)
8-HELMET USED			M-MALE			1-AMPHETAMINES
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			U-OTHER / UNKNOWN			2-BARBITURATES
10-REFLECTIVE CLOTHING						3-BENZODIAZEPINES
11-LIGHTING-PEDESTRIAN / BICYCLE ONLY						4-CANNABINOIDS
99-OTHER / UNKNOWN						5-COCAINE
						6-OPiates / Opioids
						7-OTHER
						8-NEGATIVE RESULTS



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
2 3 0 2 5 0 6 8

OCCUPANT	UNIT # 2	NAME: LAST, FIRST, MIDDLE Dabo, Bervina, Mpenzi	DATE OF BIRTH 0 4 0 3 2 0 0 0	AGE 2 3	GENDER F
	ADDRESS: STREET, CITY, STATE, ZIP 15 Hampshire Ct. Apt. 5, Hamilton, OH, 45011			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 3	AIR BAG USAGE 0 2	EJECTION 1	TRAPPED 1
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OCCUPANT	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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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OCCUPANT	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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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OCCUPANT	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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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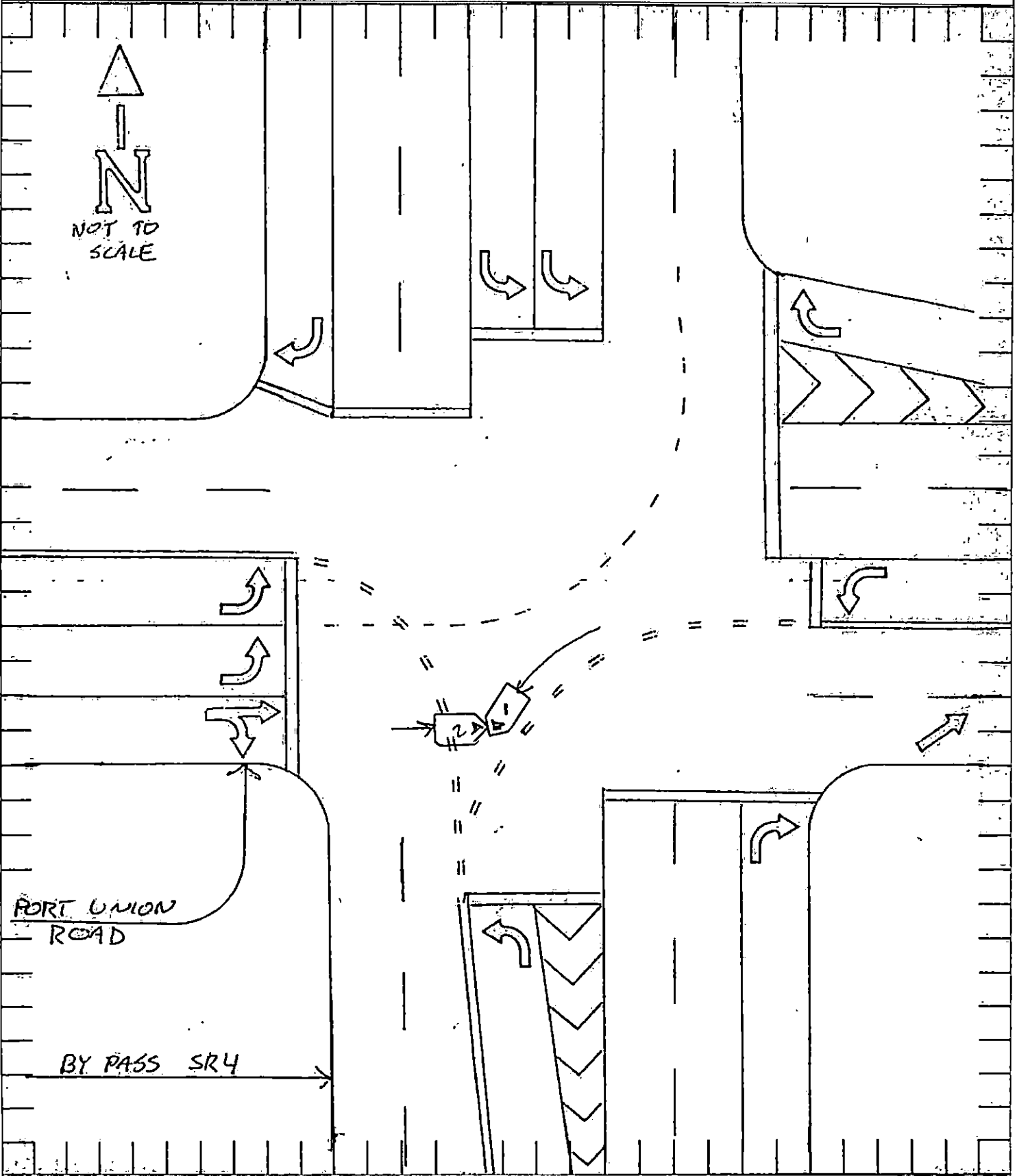
INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY 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	

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

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

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

LOCAL REPORT NUMBER 23025068	REPORTING AGENCY Fairfield Police Department	DATE OF ACCIDENT 4/6/23
IN COUNTY OF Butler	ACCIDENT LOCATION ByPass 4 at Port Union Rd.	



OFFICER'S SIGNATURE <i>[Signature]</i>	BADGE NO. 160
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