



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

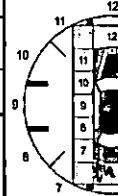
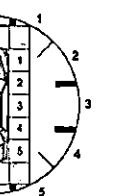
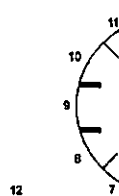
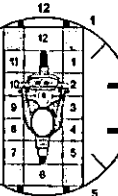
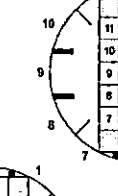
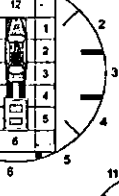
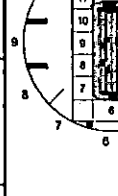
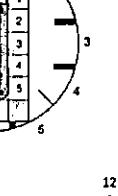
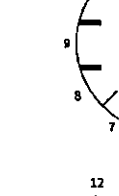
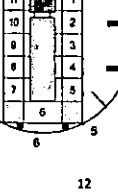
LOCAL REPORT NUMBER*

☒ PHOTOS TAKEN ☐ SECONDARY CRASH		☒ OH-2 ☐ OH-1P ☐ OTHER ☐ PRIVATE PROPERTY		LOCAL INFORMATION		2 3 0 3 3 8 6 9	
COUNTY* 0 9		LOCALITY* 1 CITY 2 VILLAGE 3 TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield		CRASH DATE / TIME* 0 5 1 3 2 0 2 3 1 3 5 7	
ROUTE TYPE S R		ROUTE NUMBER 4		PREFIX 1 NORTH 2 SOUTH 3 EAST 4 WEST		LOCATION ROAD NAME Seward	
ROUTE TYPE R D		ROUTE NUMBER 1		PREFIX 1 NORTH 2 SOUTH 3 EAST 4 WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Seward	
REFERENCE POINT 1 INTERSECTION 2 MILE POST 3 HOUSE #		DIRECTION 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		ROAD TYPE AL ALLEY AV AVENUE BL BOULEVARD CR CIRCLE CT COURT DR DRIVE HE HEIGHTS HW HIGHWAY LA LANE MP MILEPOST OV OVAL PK PARKWAY PI PIKE PL PLACE RD ROAD SQ SQUARE ST STREET TE TERRACE TL TRAIL WA WAY	
DISTANCE FROM REFERENCE 6 8 0		DISTANCE UNIT OF MEASURE 1 MILES 2 FEET 3 YARDS		MANNER OF CRASH COLLISION/IMPACT 1 NOT COLLISION 2 REAR-END 3 HEAD-ON 4 REAR-TO-REAR 5 BACKING 6 ANGLE 7 SIDESWIPE, SAME DIRECTION 8 SIDESWIPE, OPPOSITE DIRECTION 9 OTHER / UNKNOWN		DIRECTION OF TRAVEL 1 NORTH 2 SOUTH 3 EAST 4 WEST	
LOCATION OF FIRST HARMFUL EVENT 1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFIC WAY 7 ON RAMP 8 OFF RAMP 9 CROSSOVER 10 DRIVEWAY/ALLEY ACCESS 11 RAILWAY GRADE CROSSING 12 SHARED USE PATHS OR TRAILS 13 BIKE LANE 14 TOLL BOOTH 99 OTHER / UNKNOWN		WORK ZONE RELATED ☐ WORKERS PRESENT ☐ LAW ENFORCEMENT PRESENT ☐ 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 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 9 OTHER/UNKNOWN		CONDITIONS 1 DRY 2 WET 3 SNOW 4 ICE 5 SAND, MUD, DIRT, OIL, GRAVEL 6 WATER (STANDING, MOVING) 7 SLUSH 9 OTHER/UNKNOWN	
SURFACE 1 CONCRETE 2 BLACKTOP, BITUMINOUS, ASPHALT 3 BRICK/BLOCK 4 SLAG, GRAVEL, STONE 5 DIRT 9 OTHER/UNKNOWN		NARRATIVE On 5/13/23 at 1:57 P.M. Unit 1 was traveling on northbound Dixie Highway approaching Seward Road. Unit 2 was stopped in traffic on Dixie Highway near Seward Road. Unit 1 failed to maintain an assured clear distance ahead and struck Unit 2 in the rear.		Indicate the north direction with an "N" on the compass diagram.		See OH-2	
CRASH REPORTED DATE / TIME 0 5 1 3 2 0 2 3 1 3 5 7		DISPATCH DATE / TIME 0 5 1 3 2 0 2 3 1 4 0 7		ARRIVAL DATE / TIME 0 5 1 3 2 0 2 3 1 4 2 3		SCENE CLEARED DATE / TIME 0 5 1 3 2 0 2 3 1 4 4 2	
TOTAL TIME ROADWAY CLOSED 0 0		OTHER INVESTIGATION TIME 2 0		TOTAL MINUTES 5 5		OFFICER'S NAME* N. Davis	
OFFICER'S BADGE NUMBER* 1 6 9		CHECKED BY OFFICER'S NAME* D. Pohl		CHECKED BY OFFICER'S BADGE NUMBER* 1 3 0		REPORT TAKEN BY ☒ POLICE AGENCY ☐ MOTORIST ☐ SUPPLEMENT (CORRECTION OR ADDITION TO ALL EXISTING REPORT SENT TO OOPS)	

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE (☒ SAME AS DRIVER)	
	01	Stewart, Tori S			
VEHICLE	OWNER ADDRESS: STREET, CITY, STATE, ZIP (☒ SAME AS DRIVER)				
	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP				COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
EVENT(S)	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
	M, O	LJ8K9N	5X X G M 4 A 7 2 F G 3 8 0 4 1 0	2015	Kia
	☒ INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
		Geico	6034334701	Blue	Optima
	TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	
	☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE				
	☐ INTERLOCK DEVICE EQUIPPED ☐ HIT/SKIP UNIT		#OCCUPANTS	HAZARDOUS MATERIAL	
			01	☐ MATERIAL RELEASED ☐ PLACARD CLASS # PLACARD ID #	
	UNIT TYPE		VEHICLE WEIGHT GVWR/GCWR		
	01		1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		
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					
# OF TRAILING UNITS					
0					
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?					
2 1-YES 2-NO 9-OTHER/UNKNOWN AUTONOMOUS MODE LEVEL					
SPECIAL FUNCTION					
01 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-SECURITY SERVICE PATROL 21-MAIL CARRIER 99-OTHER/UNKNOWN					
CARGO BODY TYPE					
01 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					
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					
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					
ACTION					
3 1-NON-CONTACT 2-NON-COLLISION 3-STRIKING 4-STRUCK 5-BOTH STRIKING & STRUCK 9-OTHER/UNKNOWN 1-STRAIGHT AHEAD 2-BACKING 3-CHANGING LANES 4-OVERTAKING/PASSING 5-MAKING RIGHT TURN 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					
CONTRIBUTING CIRCUMSTANCES					
08 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					
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 MOVABLE OBJECT					
COLLISION WITH FIXED OBJECT - STRUCK					
4 25-IMPACT ATTENUATOR / CRASH CUSHION 26-BRIDGE OVERHEAD STRUCTURE 27-BRIDGE PIER OR ABUTMENT 28-BRIDGE PARAPET 29-BRIDGE RAIL 30-GUARDRAIL FACE 31-GUARDRAIL END 32-PORTABLE BARRIER 33-MEDIAN CABLE BARRIER 34-MEDIAN GUARDRAIL BARRIER 35-MEDIAN CONCRETE BARRIER 36-MEDIAN OTHER BARRIER 37-TRAFFIC SIGN POST 38-OVERHEAD SIGN POST 39-LIGHT / LUMINARIES SUPPORT 40-UTILITY POLE 41-OTHER POST, POLE OR SUPPORT 42-CULVERT 43-CURB 44-DITCH 45-EMBANKMENT 46-FENCE 47-MAILBOX 48-TREE 49-FIRE HYDRANT 50-WORK ZONE MAINTENANCE EQUIPMENT 51-WALL 52-BUILDING 53-TUNNEL 54-OTHER FIXED OBJECT 99-OTHER / UNKNOWN					
FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT					

LOCAL REPORT NUMBER	
2 3 0 3 3 8 6 9	
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	
1 2 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 1-ONEWAY 2-TWOWAY	2 1-ROUNDAABOUT 4-STOP SIGN 2-SOUTH 6-NORTHWEST 3-FLASHER 6-NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
4	1 1-NOT INVOLVED 2-INVOLVED-ACTIVE CROSSING 3-INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM 7 TO 6 1-NORTH 5-NORTHEAST 2-SOUTH 6-NORTHWEST 3-EAST 7-SOUTHEAST 4-WEST 8-SOUTHWEST 9-OTHER/UNKNOWN	
UNIT SPEED	DETECTED SPEED
5	1-STATED / ESTIMATED SPEED 2-CALCULATED / EDR 3-UNDETERMINED
POSTED SPEED	
5 0	



LOCAL REPORT NUMBER	
2 3 0 3 3 8 6 9	
DAMAGE	
DAMAGE SCALE	
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 1 - ONE-WAY 2 - TWO-WAY FROM <u>7</u> TO <u>6</u>	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD <u>4</u>	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED <u>0</u>	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED <u>5</u> <u>0</u>	



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER									
2	3	0	3	3	8	6	9		

MOTORIST / NON-MOTORIST	UNIT # 0 1	NAME: LAST, FIRST, MIDDLE Stewart, Stetson Dean				DATE OF BIRTH 0 8 2 7 1 9 9 4				AGE 2 8	GENDER M
	ADDRESS: STREET, CITY, STATE, ZIP 714 S. Locust St. Apt. 34 Oxford, OH 45056					CONTACT PHONE - INCLUDE AREA CODE J					
	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 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
	OL STATE O H	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 333.03A		LOCAL CODE ☒	OFFENSE DESCRIPTION ACDA		CITATION NUMBER 256501		
	OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3 0 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED ☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE		DRUG TEST(S) STATUS 1 TYPE 1 RESULT

MOTORIST / NON-MOTORIST	UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Leach, Allison N				DATE OF BIRTH 0 1 2 5 2 0 0 1				AGE 2 2	GENDER F
	ADDRESS: STREET, CITY, STATE, ZIP 161 Marble Cliff Dr. Lakeside Park, Ky 41017					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	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
	OL STATE K Y	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE ☐	OFFENSE DESCRIPTION		CITATION NUMBER		
	OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED ☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE		DRUG TEST(S) STATUS 1 TYPE 1 RESULT

MOTORIST / NON-MOTORIST	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	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
	OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE ☐	OFFENSE DESCRIPTION		CITATION NUMBER		
	OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED ☐ ALCOHOL ☐ MARIJUANA ☐ 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 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 - M/C 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 RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER	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 / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN
INJURED TAKEN BY	EJECTION		OL ENDORSEMENT	ALCOHOL TEST TYPE		
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN	1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE		H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT	1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER		
SAFETY EQUIPMENT	TRAPPED		GENDER	DRUG TEST TYPE		
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	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS		F - FEMALE M - MALE U - OTHER / UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER		
CONDITION						
1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN						
DRUG TEST RESULT(S)						
1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS						

LOCAL REPORT NUMBER	23-033869	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	5/13/23
IN COUNTY OF	Butler	ACCIDENT LOCATION	Dixie Hwy. / Seward Rd.		

Not to Scale

Seward Rd.

Dixie Hwy.

1

2

OFFICER'S SIGNATURE

BADGE NO.
169