

TRAFFIC CRASH REPORT

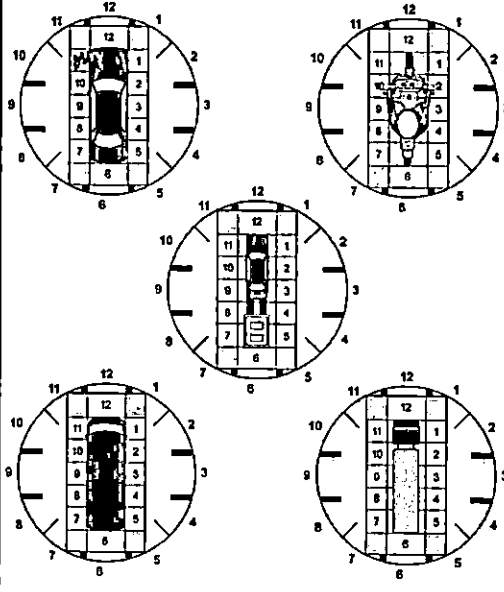
*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

☒ PHOTOS TAKEN ☐ SECONDARY CRASH		☒ OH-2 ☐ OH-1P ☐ OTHER ☐ PRIVATE PROPERTY		LOCAL INFORMATION		2 3 0 2 9 7 2 2	
COUNTY* 0 9		LOCALITY* 1 CITY 2 VILLAGE 3 TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield		CRASH DATE / TIME* 04262023 1959	
ROUTE TYPE 1 NORTH 2 SOUTH 3 EAST 4 WEST		ROUTE NUMBER 1 NORTH 2 SOUTH 3 EAST 4 WEST		LOCATION ROAD NAME Groh		ROAD TYPE L N	
REFERENCE POINT 1 INTERSECTION 2 MILE POST 3 HOUSE #		DIRECTION 1 NORTH 2 SOUTH 3 EAST 4 WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Mississippi		ROAD TYPE D R	
DISTANCE FROM REFERENCE 1 MILES 2 FEET 3 YARDS		DISTANCE UNIT OF MEASURE 1 MILES 2 FEET 3 YARDS		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	
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		DIRECTION FROM REFERENCE 1 NORTH 2 SOUTH 3 EAST 4 WEST		MANNER OF CRASH COLLISION/IMPACT 1 NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 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	
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		CONTOUR 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 9 OTHER/UNKNOWN	
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		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 4/26/23 at 7:59 P.M. Unit 1 was traveling northbound on Groh Lane about to turn right onto Mississippi Drive. Unit 2 was parked on right side of Groh Lane facing northbound just south of Mississippi Drive. Unit 1 failed to clear Unit 2 while attempting to make a right turn and struck Unit 2 in the front driver's side.		SEE OH-2		Indicate the north direction with an "N" on the compass diagram.			
CRASH REPORTED DATE / TIME 04262023 2032		DISPATCH DATE / TIME 04262023 2034		ARRIVAL DATE / TIME 04262023 2040		SCENE CLEARED DATE / TIME 04262023 2118	
TOTAL TIME ROADWAY CLOSED 0 0		OTHER INVESTIGATION TIME 2 0		TOTAL MINUTES 6 4		OFFICER'S NAME* N. Davis	
OFFICER'S BADGE NUMBER* 1 6 9		CHECKED BY OFFICER'S NAME* Sgt. Aaron Meyer		CHECKED BY OFFICER'S BADGE NUMBER* 1 3 2		REPORT TAKEN BY ☒ POLICE AGENCY ☐ MOTORIST ☐ SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO GSP)	

LOCAL REPORT NUMBER 2 3 0 2 9 7 2 2	
DAMAGE DAMAGE SCALE 1 - NONE 2 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 5 - 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 0 5 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY 2	TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL 6
# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING 1
UNIT / NON-MOTORIST DIRECTION FROM 2 TO 5 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 1 0	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED 1
POSTED SPEED 2 5	

OWNER	UNIT # 02	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		
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP Ean Holdings LLC 1512 W. 4th St. Ontario, OH 44906		COMMERCIAL CARRIER PHONE: () INCLUDE AREA CODE
	LP STATE OH	LICENSE PLATE # JVZ5417	VEHICLE IDENTIFICATION # 3C4NJDEB4MT584478
	☒ INSURANCE VERIFIED	INSURANCE COMPANY Cincinnati Ins. CO	INSURANCE POLICY # A020098734
	☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE	TYPE OF USE	US DOT #
	☐ INTERLOCK DEVICE EQUIPPED ☐ HIT/SKIP UNIT	#OCCUPANTS 00	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.
	TOWED BY: COMPANY NAME		
	HAZARDOUS MATERIAL ☐ MATERIAL RELEASED ☐ PLACARD CLASS # PLACARD ID #		
	UNIT TYPE 03 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 (75+ 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 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 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			
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 - GRAINCHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTOTRANSPORTER 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 4 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 01 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 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 1			

LOCAL REPORT NUMBER 23029722	
DAMAGE DAMAGE SCALE 2 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY  1 - NO DAMAGE [0] 1 - UNDERCARRIAGE [14] 1 - TOP [13] 1 - ALL AREAS [15] 1 - 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	
TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 6 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 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 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 0	DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 25	



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2 3 0 2 9 7 2 2

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE Muench, Katerina Ann	DATE OF BIRTH 0 3 2 2 1 9 6 3		AGE 6 0	GENDER F					
ADDRESS: STREET, CITY, STATE, ZIP 7009 Red Bank Rd. Westerville, OH 43082		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 OH	OPERATOR LICENSE NUMBER		OFFENSE CHARGED Turns at Interse	LOCAL CODE ☒	OFFENSE DESCRIPTION 331.10a1		CITATION NUMBER 254544			
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 SELECT UP TO 4	

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	

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		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-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-MC MOPED ONLY		5-EXCEPT CLASS A & 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 OL		7-EXCEPT TRACTOR-TRAILER		6-PASSENGER		ALCOHOL TEST TYPE	
1-NOT TRANSPORTED / TREATED AT SCENE		7-THIRD-LEFT SIDE (MOTORCYCLE SIDE CAR)		EJECTION		H-HAZMAT		8-INTERMEDIATE LICENSE RESTRICTIONS		7-OTHER DISTRACTION INSIDE THE VEHICLE		1-NONE	
2-EMS		8-THIRD-MIDDLE		1-NOT EJECTED		M-MOTORCYCLE		9-LEARNER'S PERMIT RESTRICTIONS		8-OTHER DISTRACTION OUTSIDE THE VEHICLE		2-BLOOD	
3-POLICE		9-THIRD-RIGHT SIDE		2-PARTIALLY EJECTED		P-PASSENGER		10-LIMITED TO DAYLIGHT ONLY		9-OTHER / UNKNOWN		3-URINE	
9-OTHER / UNKNOWN		10-SLEEPER SECTION OF TRUCK CAB		3-TOTALLY EJECTED		N-TANKER		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		Q-MOTOR SCOOTER		12-LIMITED-OTHER		1-APPARENTLY NORMAL		5-OTHER	
1-NONE USED		12-PASSENGER IN UNENCLOSED CARGO AREA		TRAPPED		R-THREE-WHEEL MOTORCYCLE		13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		2-PHYSICAL IMPAIRMENT		1-NONE	
2-SHOULDER BELT ONLY USED		13-TRAILING UNIT		1-NOT TRAPPED		S-SCHOOL BUS		14-MILITARY VEHICLES ONLY		3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)		2-BLOOD	
3-LAP BELT ONLY USED		14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		2-EXTRICATED BY MECHANICAL MEANS		T-DOUBLE & TRIPLE TRAILERS		15-MOTOR VEHICLES WITHOUT AIR BRAKES		4-ILLNESS		3-URINE	
4-SHOULDER & LAP BELT USED		15-NON-MOTORIST		3-FREED BY NON-MECHANICAL MEANS		X-TANKER / HAZMAT		16-OUTSIDE MIRROR		5-FELL ASLEEP, FAINTED, FATIGUED, ETC.		4-OTHER	
5-CHILD RESTRAINT SYSTEM - FORWARD FACING		99-OTHER / UNKNOWN				GENDER		17-PROSTHETIC AID		6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		DRUG TEST TYPE	
6-CHILD RESTRAINT SYSTEM - REAR FACING						F-FEMALE		18-OTHER		9-OTHER / UNKNOWN		1-NONE	
7-BOOSTER SEAT						M-MALE						2-BLOOD	
8-HELMET USED						U-OTHER / UNKNOWN						3-URINE	
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)												4-OTHER	
10-REFLECTIVE CLOTHING												DRUG TEST RESULT(S)	
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY												1-AMPHETAMINES	
99-OTHER / UNKNOWN												2-BARBITURATES	
												3-BENZODIAZEPINES	
												4-CANNABINOIDS	
												5-COCAINE	
												6-OPiates / OPioids	
												7-OTHER	
												8-NEGATIVE RESULTS	

OHIO TRAFFIC ACCIDENT - DIAGRAM / NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 23-029722	REPORTING AGENCY Fairfield Police Department	DATE OF ACCIDENT 4/26/23
IN COUNTY OF Butler	ACCIDENT LOCATION Groh Ln. / Mississippi Dr.	

Not to Scale

Groh Ln.

Mississippi Dr.

Water Works Park

1

2

OFFICER'S SIGNATURE 	BADGE NO. 169
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