



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION		2 2 0 0 0 4 6 3	
COUNTY* 0 9		LOCALITY* 1 CITY 2 VILLAGE 3 TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield		CRASH DATE / TIME* 01032022 0310	
ROUTE TYPE 1 NORTH 2 SOUTH 3 EAST 4 WEST		ROUTE NUMBER 1 2 3 4		LOCATION ROAD NAME PORT UNION		ROAD TYPE R D	
REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 4125		ROAD TYPE R D		LATITUDE DECIMAL DEGREES 39.330893		LONGITUDE DECIMAL DEGREES -84.483066	
REFERENCE POINT 1 INTERSECTION 2 MILE POST 3 HOUSE # 3		DIRECTION FROM REFERENCE 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 1 MILES 2 FEET 3 YARDS		DISTANCE UNIT OF MEASURE 1 MILES 2 FEET 3 YARDS		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	
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		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		MEDIAN TYPE 1 DIVIDED FLUSH MEDIAN (<4 FEET) 2 DIVIDED FLUSH MEDIAN (≥4 FEET) 3 DIVIDED, DEPRESSED MEDIAN (ANY TYPE) 4 DIVIDED, RAISED MEDIAN (ANY TYPE) 9 OTHER/UNKNOWN	
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> 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 3 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 9 OTHER/UNKNOWN	
LIGHT CONDITION 3 1 DAYLIGHT 2 DAWN/DUSK 3 DARK - LIGHTED ROADWAY 4 DARK - ROADWAY NOT LIGHTED 5 DARK - UNKNOWN ROADWAY LIGHTING 9 OTHER / UNKNOWN		WEATHER 0 2 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 1 DRY 2 WET 3 SNOW 4 ICE 5 SAND, MUD, DIRT, OIL, GRAVEL 6 WATER (STANDING, MOVING) 7 SLUSH 9 OTHER/UNKNOWN		SURFACE 2 1 CONCRETE 2 BLACKTOP, BITUMINOUS, ASPHALT 3 BRICK/BLOCK 4 SLAG, GRAVEL, STONE 5 DIRT 9 OTHER/UNKNOWN	
NARRATIVE On January 3, 2022 at 3:10 a.m. Unit 1 was traveling west on Port Union Rd. and when at 4125 Port Union Rd. lost control and ran off the left side of the roadway. Unit 1 then struck a gas line, a culvert, and then overturned and then struck an excavator. The passenger of Unit 1 was transported to the hospital with serious injuries. He was pronounced deceased shortly thereafter. The gas line belongs to Duke Energy, 1199 Nilles Rd, Fairfield, OH 45014 SEE OH-2							
CRASH REPORTED DATE / TIME 01032022 0313		DISPATCH DATE / TIME 01032022 0321		ARRIVAL DATE / TIME 01032022 0322		SCENE CLEARED DATE / TIME 01032022 0611	
TOTAL TIME ROADWAY CLOSED 2 2 9		OTHER INVESTIGATION TIME 6 0		TOTAL MINUTES 2 3 0		OFFICER'S NAME* R. FLEENOR	
OFFICER'S BADGE NUMBER* 1 1 7		CHECKED BY OFFICER'S NAME* 3		CHECKED BY OFFICER'S BADGE NUMBER* 1 0 3		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO JPRS)	

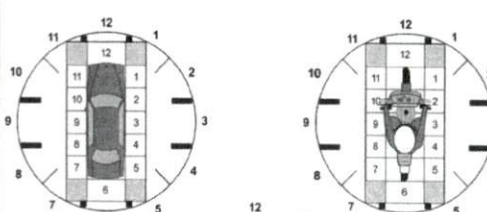
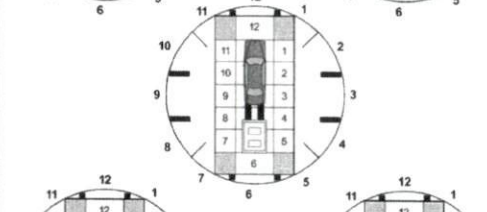
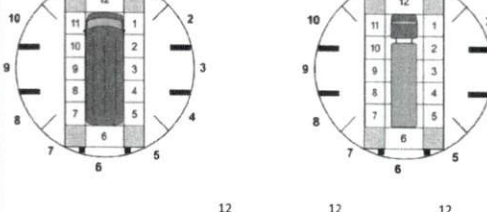
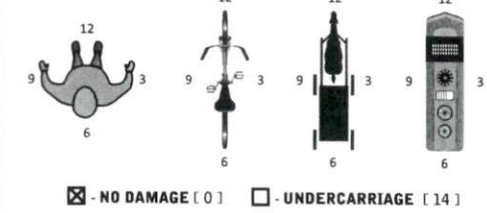
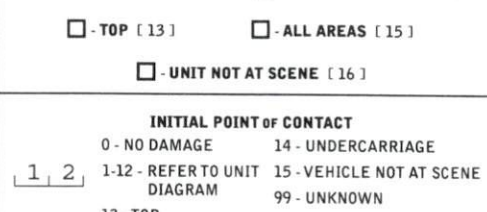


OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)			
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)					
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE				
VEHICLE	LP STATE OH	LICENSE PLATE # JOG-8503	VEHICLE IDENTIFICATION # 1N4A1E18N411946	VEHICLE YEAR 2008	VEHICLE MAKE NISSAN	
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY TREXIS	INSURANCE POLICY # 1134015388568	COLOR WHITE	VEHICLE MODEL ALTIMA	
	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	TYPE OF USE	US DOT #	TOWED BY: COMPANY NAME FOX TOWING		
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 02	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 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 - 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					
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN					
	AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN 2 - PARTIAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION					
	SPECIAL FUNCTION 01					
	CARGO BODY TYPE 01					
VEHICLE DEFECTS 01						
NON-MOTORIST LOCATION AT IMPACT 01						
ACTION 03						
CONTRIBUTING CIRCUMSTANCES 99						
SEQUENCE OF EVENTS 09						
NON-COLLISION 01						
COLLISION WITH FIXED OBJECT - STRUCK 01						
FIRST HARMFUL EVENT 03						
MOST HARMFUL EVENT 03						

LOCAL REPORT NUMBER 22000463	
DAMAGE DAMAGE SCALE 4 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 checked="" 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	
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 2	RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM 3 TO 4 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 55	DETECTED SPEED 2 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 55	



OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )		OWNER PHONE: ( INCLUDE AREA CODE ) ( <input type="checkbox"/> CAMP AC NUMBER )	
	012	SMITHCORP, INC.			
VEHICLE	OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )		COMMERCIAL CARRIER PHONE: ( INCLUDE AREA CODE )		
	130 Novner Dr, Cincinnati, OH 45215				
EVENT(S)	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
			DAC162039	2007	CASE
VEHICLE	<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
				GREEN	CX160
VEHICLE	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	TOWED BY: COMPANY NAME
VEHICLE	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR	HAZARDOUS MATERIAL
			00	1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD
VEHICLE	UNIT TYPE		UNIT TYPE		
	21		21		
VEHICLE	# OF TRAILING UNITS		# OF TRAILING UNITS		
	02		02		
VEHICLE	SPECIAL FUNCTION		SPECIAL FUNCTION		
	15		15		
VEHICLE	CARGO BODY TYPE		CARGO BODY TYPE		
	01		01		
VEHICLE	VEHICLE DEFECTS		VEHICLE DEFECTS		
VEHICLE	NON-MOTORIST LOCATION AT IMPACT		NON-MOTORIST LOCATION AT IMPACT		
VEHICLE	ACTION		ACTION		
	04		04		
VEHICLE	CONTRIBUTING CIRCUMSTANCES		CONTRIBUTING CIRCUMSTANCES		
	01		01		
VEHICLE	SEQUENCE OF EVENTS		SEQUENCE OF EVENTS		
	20		20		
VEHICLE	COLLISION WITH FIXED OBJECT - STRUCK		COLLISION WITH FIXED OBJECT - STRUCK		
	1		1		
VEHICLE	FIRST HARMFUL EVENT		FIRST HARMFUL EVENT		
	1		1		
VEHICLE	MOST HARMFUL EVENT		MOST HARMFUL EVENT		
	1		1		

LOCAL REPORT NUMBER	
22000463	
DAMAGE	
DAMAGE SCALE	
1 - NONE 3 - FUNCTIONAL DAMAGE	
2 - MINOR DAMAGE 4 - DISABLING DAMAGE	
9 - UNKNOWN	
DAMAGED AREA(S)	
INDICATE ALL THAT APPLY	
	
	
	
	
	
<input checked="" 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	
99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN
2 - TWO-WAY	2 - SIGNAL 5 - YIELD SIGN
	3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	1 - NOT INVOLVED
	2 - INVOLVED-ACTIVE CROSSING
	3 - INVOLVED-PASSIVE CROSSING
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	
UNIT SPEED	DETECTED SPEED
0	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED
POSTED SPEED	
55	



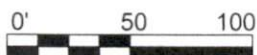
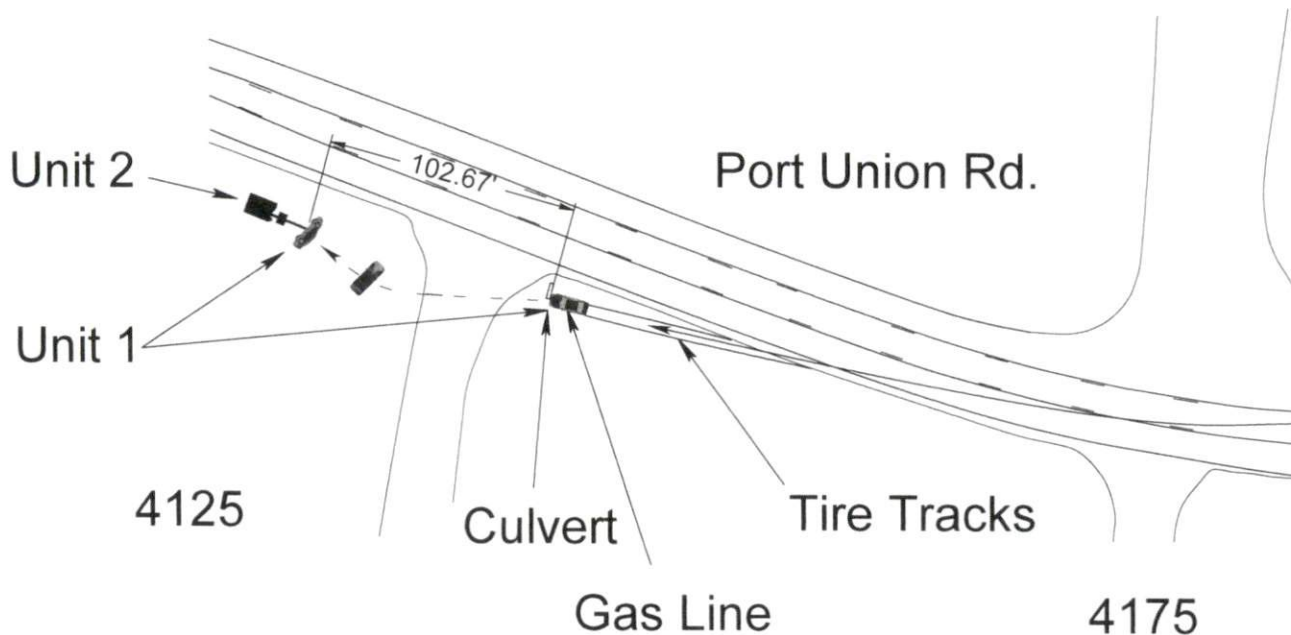
## MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER																							
2 2 0 0 0 4 6 3																							
UNIT #		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER														
0 1		OROZCO-GARCIA, JUAN				0 3 2 4 1 9 8 5		3 6	M														
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE																	
65 BILLY CIR. FAIRFIELD, OH 45014																							
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												
2	2	WEST CHESTER SQUAD		UC WEST CHESTER		0 4	<input type="checkbox"/>	0 1	4	1	1												
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION		CITATION NUMBER													
						<input type="checkbox"/>																	
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)													
6				9	<input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		6	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4										
								5	2		1	1											
UNIT #						NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER												
										0													
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												
							<input type="checkbox"/>																
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION		CITATION NUMBER													
						<input type="checkbox"/>																	
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)													
					<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4										
UNIT #						NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER												
										0													
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												
							<input type="checkbox"/>																
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION		CITATION NUMBER													
						<input type="checkbox"/>																	
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)													
					<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			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												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		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		6 - EXCEPT CLASS A & CLASS B BUS		6 - PASSENGER		ALCOHOL TEST TYPE	
1 - NOT TRANSPORTED / TREATED AT SCENE												7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		EJECTION		H - HAZMAT		7 - EXCEPT TRACTOR-TRAILER		7 - OTHER DISTRACTION INSIDE THE VEHICLE		1 - NONE	
2 - EMS												8 - THIRD - MIDDLE		1 - NOT EJECTED		M - MOTORCYCLE		8 - INTERMEDIATE LICENSE RESTRICTIONS		8 - OTHER DISTRACTION OUTSIDE THE VEHICLE		2 - BLOOD	
3 - POLICE												9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED		P - PASSENGER		9 - LEARNER'S PERMIT RESTRICTIONS		9 - OTHER / UNKNOWN		3 - URINE	
9 - OTHER / UNKNOWN												10 - SLEEPER SECTION OF TRUCK CAB		3 - TOTALLY EJECTED		N - TANKER		10 - LIMITED TO DAYLIGHT ONLY		10 - 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		11 - LIMITED - OTHER		11 - LIMITED - OTHER		5 - OTHER	
1 - NONE USED												12 - PASSENGER IN UNENCLOSED CARGO AREA		TRAPPED		R - THREE-WHEEL MOTORCYCLE		12 - LIMITED - OTHER		12 - LIMITED - OTHER		DRUG TEST TYPE	
2 - SHOULDER BELT ONLY USED												13 - TRAILING UNIT		1 - NOT TRAPPED		S - SCHOOL BUS		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		1 - NONE	
3 - LAP BELT ONLY USED												14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		2 - EXTRICATED BY MECHANICAL MEANS		T - DOUBLE & TRIPLE TRAILERS		14 - MOTOR VEHICLES WITHOUT AIR BRAKES		14 - MOTOR VEHICLES WITHOUT AIR BRAKES		2 - BLOOD	
4 - SHOULDER & LAP BELT USED												15 - NON-MOTORIST		3 - FREED BY NON-MECHANICAL MEANS		X - TANKER / HAZMAT		15 - MILITARY VEHICLES ONLY		15 - MILITARY VEHICLES ONLY		3 - URINE	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING												99 - OTHER / UNKNOWN						16 - OUTSIDE MIRROR		16 - OUTSIDE MIRROR		4 - OTHER	
6 - CHILD RESTRAINT SYSTEM - REAR FACING																		17 - PROSTHETIC AID		17 - PROSTHETIC AID		DRUG TEST RESULT(S)	
7 - BOOSTER SEAT																		18 - OTHER		18 - OTHER		1 - AMPHETAMINES	
8 - HELMET USED																						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>22-000463</b>	REPORTING AGENCY <b>Fairifield Police Department</b>	DATE OF CRASH M <b>01</b>   D <b>03</b>   Y <b>22</b>
IN COUNTY OF <b>Butler</b>	CRASH LOCATION <b>4125 Port Union Road</b>	



OFFICER'S SIGNATURE  
**Officer Ryan Fleenor**

BADGE NUMBER  
**117**