



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION		LOCAL REPORT NUMBER*				
		REPORTING AGENCY NAME* Fairfield Police Department		NCIC*	2 2 0 0 0 5 8 1			
COUNTY* 0 9		LOCALITY* 1-CITY 1 2-VILLAGE 3-TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield				
LOCATION REFERENCE ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DECIMAL DEGREES 3 9 3 5 0 3 0 7			
		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) BLACKBURN		ROAD TYPE A V	LONGITUDE DECIMAL DEGREES -8 4 5 5 8 9 7 1			
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE #		DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-WEST	ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	ROUTE TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE			
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS	CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY				
LOCATION OF FIRST HARMFUL EVENT 0 1 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	3 1-NOT COLLISION 2-BETWEEN 3-TWO MOTOR VEHICLES IN TRANSPORT 4-REAR-END 5-BACKING 6-ANGLE 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 9-HEAD-ON	MANNER OF CRASH COLLISION/IMPACT 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 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 2-ADVANCE WARNING AREA 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA		CONTOUR 1	CONDITIONS 1	SURFACE 2
LIGHT CONDITION 1 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER/UNKNOWN		WEATHER 0 1 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		1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-OTHER/UNKNOWN	1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN	1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN
<p>NARRATIVE</p> <p>ON 1-3-22 AT AROUND 4:40 P.M. UNIT 2 WAS TRAVELING NORTH ON U.S. 127 AND WHEN AT BLACKBURN AVE. WAS STRUCK BY UNIT 1 WHO WAS TRAVELING SOUTH ON U.S. 127 AND ATTEMPTING TO TURN LEFT ONTO BLACKBURN AVE.</p> <p>UNIT 1 THEN LEFT THE SCENE WITHOUT EXCHANGING ANY INFORMATION.</p> <p>SEE OH-2</p>								
CRASH REPORTED DATE / TIME 0 1 0 3 2 0 2 2 1 6 4 0		DISPATCH DATE / TIME 0 1 0 3 2 0 2 2 1 6 4 2		ARRIVAL DATE / TIME 0 1 0 3 2 0 2 2 1 6 4 6		SCENE CLEARED DATE / TIME 0 1 0 3 2 0 2 2 1 6 5 7		REPORT TAKEN BY
TOTAL TIME ROADWAY CLOSED 1 0		OTHER INVESTIGATION TIME 2 5		TOTAL MINUTES 1 4 7		OFFICER'S NAME* P.O. JOSH MOSSMAN		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OADS)
						CHECKED BY OFFICER'S NAME* <i>Sgt. J. Mossman</i>		
						CHECKED BY OFFICER'S BADGE NUMBER* 1 1 8		



Indicate the north direction with an "N" on the compass diagram.

OWNER

VEHICLE

EVENT(S)

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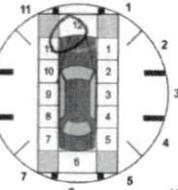
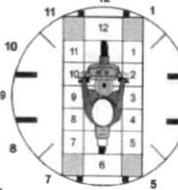
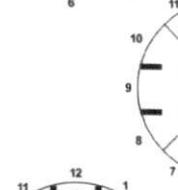
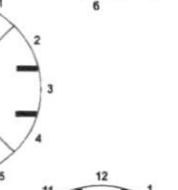
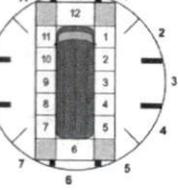
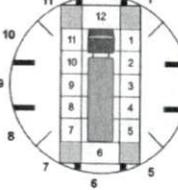
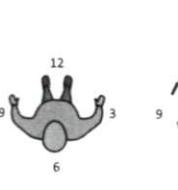
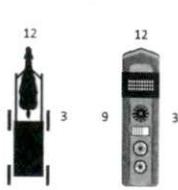
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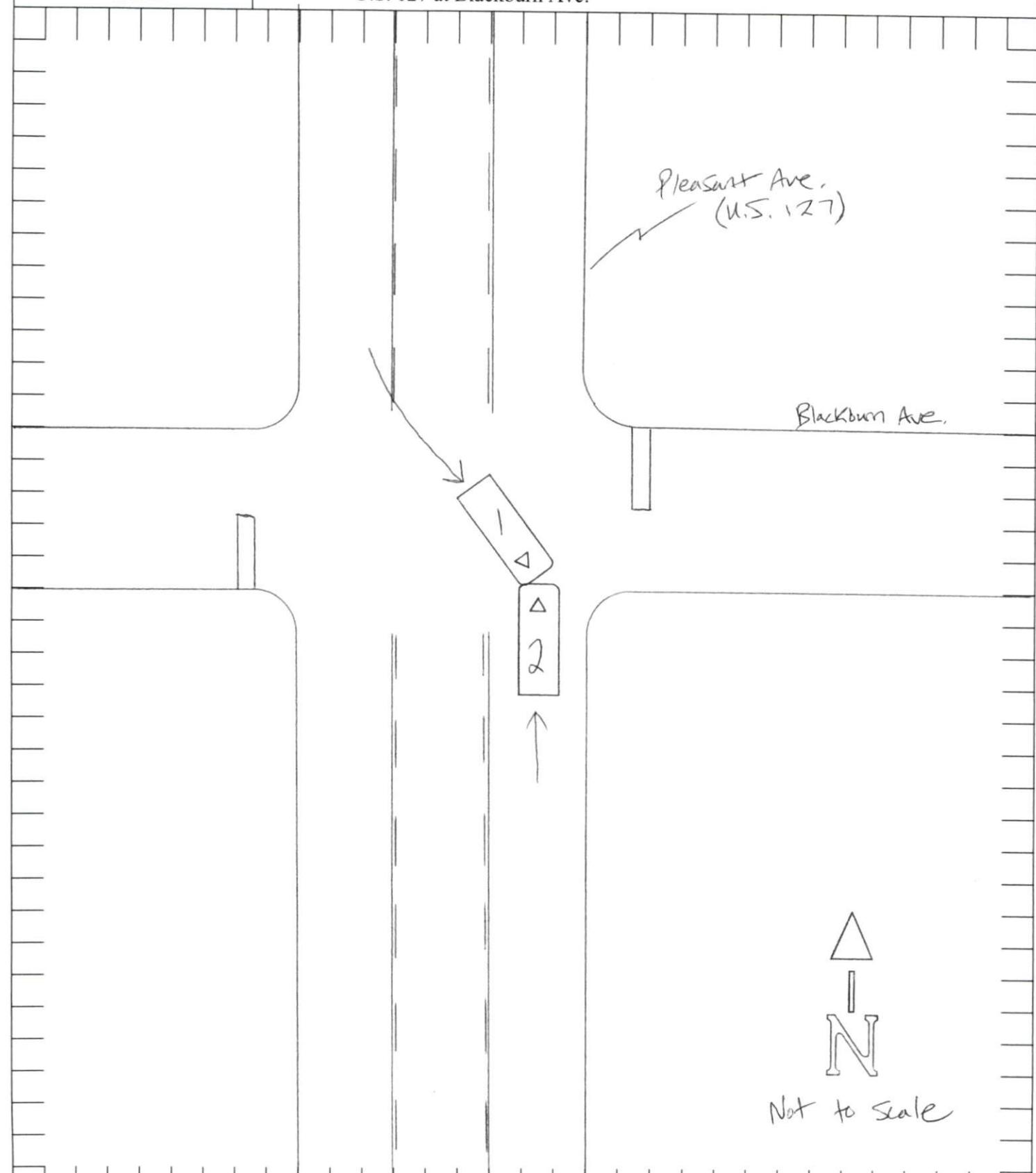
OWNER	UNIT # <u>012</u>	OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER)				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
LP STATE <u>O H</u>	LICENSE PLATE # <u>JNX6922</u>	VEHICLE IDENTIFICATION # <u>2HGF C2F51JH600766</u>	VEHICLE YEAR <u>2018</u> VEHICLE MAKE <u>HONDA</u>		
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>ALLSTATE</u>	INSURANCE POLICY # <u>826516410</u>	COLOR <u>RED</u> VEHICLE MODEL <u>CIVIC</u>		
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME		
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS <u>0 1</u>	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	CLASS # <u></u> PLACARD ID # <u></u>
UNIT TYPE <u>0 1</u> 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		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 11 - ALL-TERRAIN VEHICLE (ATV/UTV) 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNITTRUCK 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 <u>0</u>					
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>0 2</u> 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 <u>0 1</u> 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			
CARGO BODY TYPE <u>0 1</u> 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 - TRAILER EQUIPMENT DEFECTIVE 9 - POLE 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/ REFUSE 15 - DUMP 16 - CONCRETE MIXER 17 - AUTO TRANSPORTER 18 - GARBAGE/ REFUSE 19 - DUMP 20 - SAFETY SERVICE PATROL			
VEHICLE DEFECTS <u>0 1</u> 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 11 - MEDIAN/ CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE 13 - DRIVEWAY ACCESS 14 - SHARED USE PATHS OR TRAILS 15 - NECESSITATING A CURVE 16 - ENTERING TRAFFIC LANE 17 - LEAVING TRAFFIC LANE 18 - PARKED 19 - SLOWING OR STOPPED IN TRAFFIC 20 - WORKING 21 - PUSHING VEHICLE 22 - APPROACHING OR LEAVING VEHICLE 23 - STANDING 24 - WALKING, RUNNING, JOGGING, PLAYING 25 - STANDING OUTSIDE DISABLED VEHICLE 26 - DRIVING 27 - SWERVING TO AVOID SPILLING 28 - SWERVING TO AVOID SPILLING 29 - OTHER UNKNOWN 30 - LYING IN ROADWAY 31 - NOT DISCERNIBLE 32 - OPENING DOOR INTO ROADWAY 33 - SWERVING TO AVOID SPILLING 34 - OTHER IMPROPER ACTION			
NON-MOTORIST LOCATION AT IMPACT <u>0 1</u> 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		3 - INTERSECTION - OTHER CROSSWALK 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 13 - NECESSITATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - PARKED 16 - SLOWING OR STOPPED IN TRAFFIC 17 - DRIVING 18 - SWERVING TO AVOID SPILLING 19 - OTHER IMPROPER ACTION			
ACTION <u>0 4</u> 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING <u>0 1</u> 4 - STRIKING PRE-CRASH ACTIONS 5 - BOTH STRIKING & STRUCK 6 - STRUCK & STRUCK 7 - OTHER/ UNKNOWN		8 - BACKING 9 - CHANGING LANES 10 - OVERTAKING/ PASSING 11 - MAKING RIGHT TURN 12 - MAKING LEFT TURN 13 - STRAIGHT AHEAD 14 - OVERTAKING 15 - MAKING RIGHT TURN 16 - MAKING LEFT TURN 17 - MAKING U-TURN 18 - ENTERING TRAFFIC LANE 19 - LEAVING TRAFFIC LANE 20 - PARKED 21 - SLOWING OR STOPPED IN TRAFFIC 22 - DRIVING 23 - SWERVING TO AVOID SPILLING 24 - PUSHING VEHICLE 25 - NECESSITATING A CURVE 26 - ENTERING OR CROSSING SPECIFIED LOCATION 27 - PARKED 28 - SLOWING OR STOPPED IN TRAFFIC 29 - DRIVING 30 - SWERVING TO AVOID SPILLING 31 - OTHER IMPROPER ACTION			
CONTRIBUTING CIRCUMSTANCES <u>0 1</u> 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 / ACD 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 SPILLING 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/ FALLING/ SPILLING 20 - IMPROPER CROSSING 21 - NECESSITATING A CURVE 22 - ENTERING OR CROSSING SPECIFIED LOCATION 23 - PARKED 24 - SLOWING OR STOPPED IN TRAFFIC 25 - DRIVING 26 - SWERVING TO AVOID SPILLING 27 - OTHER IMPROPER ACTION			
SEQUENCE OF EVENTS					
1 - OVERTURN/ ROLLOVER 2 - FIRE/ EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - IMPROPER TURN		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 MOBILE OBJECT			
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 35 - MEDIAN CONCRETE 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES 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			
1 FIRST HARMFUL EVENT		1 MOST HARMFUL EVENT			

LOCAL REPORT NUMBER <u>2 2 0 0 0 5 8 1</u>	
DAMAGE	
DAMAGE SCALE 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 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN 13 - TOP	
TRAFFIC	
TRAFFICWAY FLOW <u>2</u>	TRAFFIC CONTROL 1 - ONE-WAY 2 - TWO-WAY 6 - SIGNAL 3 - FLASHER 4 - ROUNDABOUT 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD <u>2</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	
FROM <u>2</u> TO <u>1</u>	
UNIT SPEED <u>1 0</u>	
DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	
POSTED SPEED <u>3 5</u>	



MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	LOCAL REPORT NUMBER													
	UNIT #		2 2 0 0 0 5 8 1											
	0 1		DATE OF BIRTH AGE GENDER											
			0											
	ADDRESS: STREET, CITY, STATE, ZIP													
	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
	DL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER				
	DL CLASS		ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)		
	5					9	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		9	STATUS TYPE VALUE		STATUS TYPE RESULT SELECT UP TO 4		
	0 2		NAME: LAST, FIRST, MIDDLE		JOHNSON, RICK T.				DATE OF BIRTH		AGE		GENDER	
ADDRESS: STREET, CITY, STATE, ZIP 341 LAURYN MEADOWS CT. FAIRFIELD, OH 45014										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	
DL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER					
4		ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)			
5					1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	STATUS 1 1		STATUS 1 1			
0 2		NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH		AGE		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	
DL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER					
4		ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)			
5					1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	STATUS 1 1		STATUS 1 1			
0 2		NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH		AGE		GENDER		
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE				
INJURIES		SEATING POSITION	AIR BAG		DL CLASS	DL 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-TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE		3-TEST GIVEN, RESULTS KNOWN				
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 HANDS-FREE COMMUNICATION DEVICE		4-TEST GIVEN, RESULTS UNKNOWN				
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	6-DEPLOYMENT UNKNOWN		6-NO VALID DL	6-EXCEPT CLASS A & CLASS B BUS		6-PASSenger		6-BLOOD				
1-NOT TRANSPORTED /TREATED AT SCENE		7-THIRD-LEFT SIDE (MOTORCYCLE SIDE CAR)	7-DEPLOYED SIDE		7-THREE-WHEEL MOTORCYCLE	7-OTHER DISTRACTION INSIDE THE VEHICLE		7-OTHER DISTRACTION OUTSIDE THE VEHICLE		7-URINE				
2-EMS		8-THIRD-MIDDLE	8-DEPLOYED SIDE		8-SCHOOL BUS	8-OTHER DISTRACTION OUTSIDE THE VEHICLE		8-OTHER/ UNKNOWN		8-BREATH				
3-POLICE		9-THIRD-RIGHT SIDE	9-DEPLOYED SIDE		9-X-TANKER	9-APPARENTLY NORMAL		9-OTHER/ UNKNOWN		9-OTHER				
9-OTHER/ UNKNOWN		10-SLEEPER SECTION OF TRUCK CAB	10-DEPLOYED SIDE		10-F-MALE	10-PHYSICAL IMPAIRMENT		10-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)		10-DRUG TEST TYPE				
SAFETY EQUIPMENT		11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11-DEPLOYED SIDE		11-M-MOTORCYCLE	11-ILLNESS		11-FELL ASLEEP, FAINTED, FATIGUED, ETC.		1-DRUG TEST RESULT(S)				
1-NONE USED		12-PASSENGER IN UNENCLOSED CARGO AREA	12-EXTRICATED BY MECHANICAL MEANS		12-P-PASSENGER	12-UNDER THE INFLUENCE OF MEDICATIONS/DRUGS /ALCOHOL		12-OTHER		2-AMPHETAMINES				
2-SHOULDER BELT ONLY USED		13-TRAILING UNIT	13-FREED BY NON-MECHANICAL MEANS		13-Q-MOTOR SCOOTER	13-DRUG TEST RESULT(S)		13-OTHER		2-BARBITURATES				
3-LAP BELT ONLY USED		14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14-TRAPPED		14-R-TWO & THREE-WHEEL TRAILERS	14-CANNABINOIDs		14-OTHER		3-BENZODIAZEPINES				
4-SHOULDER & LAP BELT USED		15-NON-MOTORIST	15-EXTRICATED BY MECHANICAL MEANS		15-X-TANKER / HAZMAT	15-DRUG TEST RESULT(S)		15-OCOCAINE		4-COCAINe				
5-CHILD RESTRAINT SYSTEM-FORWARD FACING		99-OTHER/ UNKNOWN	16-OUTSIDE MIRROR		16-F-FAINTED, FATIGUED, ETC.	16-DRUG TEST RESULT(S)		16-OPIATES/ OPIOIDS		5-DRUG TEST RESULT(S)				
6-CHILD RESTRAINT SYSTEM-REAR FACING			17-PROSTHETIC AID		17-DRUG TEST RESULT(S)	17-OTHER		17-OTHER		6-NEGATIVE RESULTS				
7-BOOSTER SEAT			18-OTHER		18-DRUG TEST RESULT(S)		18-OTHER		7-OTHER					
8-HELMET USED														
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)														
10-REFLECTIVE CLOTHING														
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY														
99-OTHER/ UNKNOWN														

LOCAL REPORT NUMBER	22-000581	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	1/3/22
IN COUNTY OF	Butler	ACCIDENT LOCATION	U.S. 127 at Blackburn Ave.		
					
OFFICER'S SIGNATURE			P.O. JOSH MOSSMAN		BADGE NO. 147