



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-1P <input type="checkbox"/> PRIVATE PROPERTY	LOCAL INFORMATION REPORTING AGENCY NAME* Fairfield Police Department		NCIC* 00901	2 2 0 0 1 4 1 6	
COUNTY* 09	LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield			CRASH DATE / TIME* 01072022 0818		CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY
ROUTE TYPE 1-NORTH 2-SOUTH 3-EAST 4-WEST	ROUTE NUMBER 1	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME Port Union		ROAD TYPE R D	LATITUDE DECIMAL DEGREES 39.333344	CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY
ROUTE TYPE 1-NORTH 2-SOUTH 3-EAST 4-WEST	ROUTE NUMBER 1	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Holden		ROAD TYPE B L	LONGITUDE DECIMAL DEGREES -84.519069	
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 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		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES ROADWAY <input type="checkbox"/> ROADWAY DIVIDED		
DISTANCE FROM REFERENCE 7 5	DISTANCE UNIT OF MEASURE 1-MILES 2- FEET 3-YARDS	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, DEPRESSIONED 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 WARNING SIGN 2- ADVANCE WARNING AREA 3- TRANSITION AREA 4- ACTIVITY AREA 5- TERMINATION AREA		CONTOUR 1 1- STRAIGHT LEVEL 2- STRAIGHT GRADE 3- CURVE LEVEL 4- CURVE GRADE 9- 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
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 01 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		NARRATIVE On 01/07/2022 at about 8:18 A.M. Unit 1 was traveling westbound on Port Union Rd. and when about 75 feet from Holden Blvd. attempted to pass Unit 2, which was traveling westbound on Port Union Rd. in the left turn lane to travel south on Holden Blvd. and in so doing sideswiped Unit 2. See OH-2			
CRASH REPORTED DATE / TIME 01072022 0819		DISPATCH DATE / TIME 01072022 0821		ARRIVAL DATE / TIME 01072022 0832		SCENE CLEARED DATE / TIME 01072022 0918	
TOTAL TIME ROADWAY CLOSED 5 7	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME* P.O. C. Moore		CHECKED BY OFFICER'S NAME* Sgt. J. Sprague		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 USPS)
OFFICER'S BADGE NUMBER* 1 3 6		CHECKED BY OFFICER'S BADGE NUMBER* 8 4					

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE () SAME AS DRIVER	OWNER PHONE: INCLUDE AREA CODE () SAME AS DRIVER
011	Bhujai, Bhakti	
OWNER ADDRESS: STREET, CITY, STATE, ZIP () SAME AS DRIVER		
5099 Lamonte Dr. Fairfield, OH 45014		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
OH	HKT1417	1G11115SL1E1157244	2014	Chevrolet
INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
			Blue	Impala
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE			
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	VEHICLE WEIGHT GVWR/GCWR	HAZARDOUS MATERIAL	
		1 - <10K LBS.	<input type="checkbox"/> MATERIAL RELEASED	
		2 - 10,001 - 26K LBS.	<input type="checkbox"/> PLACARD	
		3 - >26K LBS.		

UNIT TYPE	1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER
01	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?	0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN
02	1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION	
	2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION	

SPECIAL FUNCTION	1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM	21 - MAIL CARRIER
01	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	1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER
01	2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	9 - CARGO TANK	13 - AUTO TRANSPORTER
			7 - GRAINCHIPS/GRAVEL	10 - FLAT BED	14 - GARBAGE/REFUSE
				11 - DUMP	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			

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	14 - UNDERCARRIAGE
		5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	15 - VEHICLE NOT AT SCENE
					99 - OTHER / UNKNOWN

ACTION	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE
03	2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19 - STANDING
	3 - STRIKING	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	15 - WALKING, RUNNING, JOGGING, PLAYING	20 - OTHER NON-MOTORIST
	4 - STRUCK	4 - OVERTAKING/PASSING	10 - PARKED	16 - WORKING	21 - STANDING OUTSIDE DISABLED VEHICLE
	5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	17 - PUSHING VEHICLE	99 - OTHER / UNKNOWN
	9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	12 - DRIVERLESS		

CONTRIBUTING CIRCUMSTANCES	1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY
10	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			

SEQUENCE OF EVENTS	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT
1	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	
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	15 - PEDALCYCLE	20 - MOTOR VEHICLE IN TRANSPORT	
				21 - PARKED MOTOR VEHICLE	

COLLISION WITH FIXED OBJECT - STRUCK					
1	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
				49 - FIRE HYDRANT	

FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT	1
---------------------	---	--------------------	---

LOCAL REPORT NUMBER	
2 2 0 0 1 4 1 6	
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	
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE	
13 - TOP 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	
1 - NORTH 5 - NORTHEAST	
2 - SOUTH 6 - NORTHWEST	
3 - EAST 7 - SOUTHEAST	
4 - WEST 8 - SOUTHWEST	
9 - OTHER / UNKNOWN	
UNIT SPEED	DETECTED SPEED
25	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED
POSTED SPEED	
35	

OWNER	UNIT # 02	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) Kamunga, Etienne Nimbua	OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 2837 Resor Rd. Fairfield, OH 45014				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE OH	LICENSE PLATE # JHY6229	VEHICLE IDENTIFICATION # 2T13G1R1FV3M149085	VEHICLE YEAR 2021	VEHICLE MAKE Toyota
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY State Farm Ins.	INSURANCE POLICY # C930883A0135	COLOR Silver	VEHICLE MODEL RAV4
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	
	<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.	
	TYPE OF USE		TOWED BY: COMPANY NAME		HAZARDOUS MATERIAL
	<input type="checkbox"/> PASSENGER CAR		<input type="checkbox"/> PASSENGER VAN (MINIVAN)		<input type="checkbox"/> MATERIAL RELEASED
	<input type="checkbox"/> SPORT UTILITY VEHICLE		<input type="checkbox"/> PICK UP		<input type="checkbox"/> PLACARD
	<input type="checkbox"/> CARGO VAN		<input type="checkbox"/> VAN (9-15 SEATS)		
	<input type="checkbox"/> MOTORCYCLE 2-WHEELED		<input type="checkbox"/> MOTORCYCLE 3-WHEELED		
	<input type="checkbox"/> AUTOCYCLE		<input type="checkbox"/> BICYCLE		
<input type="checkbox"/> ALL TERRAIN VEHICLE (ATV/UTV)		<input type="checkbox"/> GOLF CART			
<input type="checkbox"/> SNOWMOBILE		<input type="checkbox"/> SINGLE UNIT TRUCK			
<input type="checkbox"/> SEMI-TRACTOR		<input type="checkbox"/> FARM EQUIPMENT			
<input type="checkbox"/> MOTORHOME		<input type="checkbox"/> LIMO (LIVERY VEHICLE)			
<input type="checkbox"/> BUS (16+ PASSENGERS)		<input type="checkbox"/> OTHER VEHICLE			
<input type="checkbox"/> HEAVY EQUIPMENT		<input type="checkbox"/> ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE			
<input type="checkbox"/> PEDESTRIAN / SKATER		<input type="checkbox"/> WHEELCHAIR (ANY TYPE)			
<input type="checkbox"/> OTHER NON-MOTORIST		<input type="checkbox"/> BICYCLE			
<input type="checkbox"/> TRAIN		<input type="checkbox"/> UNKNOWN OR HIT/SKIP			
# OF TRAILING UNITS		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?			
02		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		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		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 - 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		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		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 - 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			
FIRST HARMFUL EVENT		1 - MOST HARMFUL EVENT			

LOCAL REPORT NUMBER 22001416	
DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL 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 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC	
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 2	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM 3 TO 4	
UNIT SPEED 15	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 35	

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER																																																																																																																																															
2 2 0 0 1 4 1 6																																																																																																																																															
UNIT # 0 1	NAME: LAST, FIRST, MIDDLE Bhujel, Chandra				DATE OF BIRTH 0 5 1 7 1 9 8 5		AGE 3 6	GENDER M																																																																																																																																							
ADDRESS: STREET, CITY, STATE, ZIP 5613 Lake Michigan Dr. Fairfield, OH 45014					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 1	EJECTION 1	TRAPPED 1																																																																																																																																					
OL STATE O H	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 331.05A		LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION Overtaking Passing left		CITATION NUMBER 250228																																																																																																																																							
OL CLASS 04	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 01	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 Kamunga, Etienne Nimbua				DATE OF BIRTH 1 0 2 7 1 9 5 9		AGE 6 2	GENDER M																																																																																																																																							
ADDRESS: STREET, CITY, STATE, ZIP 2837 Resor Rd. Fairfield, OH 45014					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 1	EJECTION 1	TRAPPED 1																																																																																																																																					
OL STATE O H	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER																																																																																																																																							
OL CLASS 04	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 01	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																																																																																																																																					
<table border="1"><thead><tr><th>INJURIES</th><th>SEATING POSITION</th><th>AIR BAG</th><th>OL CLASS</th><th>OL RESTRICTION(S)</th><th>DRIVER DISTRACTION</th><th>TEST STATUS</th></tr></thead><tbody><tr><td>1 - FATAL</td><td>1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)</td><td>1 - NOT DEPLOYED</td><td>1 - CLASS A</td><td>1 - ALCOHOL INTERLOCK DEVICE</td><td>1 - NOT DISTRACTED</td><td>1 - NONE GIVEN</td></tr><tr><td>2 - SUSPECTED SERIOUS INJURY</td><td>2 - FRONT - MIDDLE</td><td>2 - DEPLOYED FRONT</td><td>2 - CLASS B</td><td>2 - CDL INTRASTATE ONLY</td><td>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)</td><td>2 - TEST REFUSED</td></tr><tr><td>3 - SUSPECTED MINOR INJURY</td><td>3 - FRONT - RIGHT SIDE</td><td>3 - DEPLOYED SIDE</td><td>3 - CLASS C</td><td>3 - CORRECTIVE LENSES</td><td>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE</td><td>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE</td></tr><tr><td>4 - POSSIBLE INJURY</td><td>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)</td><td>4 - DEPLOYED BOTH FRONT / SIDE</td><td>4 - REGULAR CLASS (OHIO = D)</td><td>4 - FARM WAIVER</td><td>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE</td><td>4 - TEST GIVEN, RESULTS KNOWN</td></tr><tr><td>5 - NO APPARENT INJURY</td><td>5 - SECOND - MIDDLE</td><td>5 - NOT APPLICABLE</td><td>5 - M/C MOPED ONLY</td><td>5 - EXCEPT CLASS A BUS</td><td>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE</td><td>5 - TEST GIVEN, RESULTS UNKNOWN</td></tr><tr><td></td><td>6 - SECOND - RIGHT SIDE</td><td>9 - DEPLOYMENT UNKNOWN</td><td>6 - NO VALID OL</td><td>6 - EXCEPT CLASS A & CLASS B BUS</td><td>6 - PASSENGER</td><td></td></tr><tr><td></td><td>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</td><td></td><td></td><td>7 - EXCEPT TRACTOR-TRAILER</td><td>7 - OTHER DISTRACTION INSIDE THE VEHICLE</td><td></td></tr><tr><td></td><td>8 - THIRD - MIDDLE</td><td></td><td></td><td>8 - INTERMEDIATE LICENSE RESTRICTIONS</td><td>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE</td><td></td></tr><tr><td></td><td>9 - THIRD - RIGHT SIDE</td><td></td><td></td><td>9 - LEARNER'S PERMIT RESTRICTIONS</td><td>9 - OTHER / UNKNOWN</td><td></td></tr><tr><td></td><td>10 - SLEEPER SECTION OF TRUCK CAB</td><td></td><td></td><td>10 - LIMITED TO DAYLIGHT ONLY</td><td></td><td></td></tr><tr><td></td><td>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)</td><td></td><td></td><td>11 - LIMITED TO EMPLOYMENT</td><td></td><td></td></tr><tr><td></td><td>12 - PASSENGER IN UNENCLOSED CARGO AREA</td><td></td><td></td><td>12 - LIMITED - OTHER</td><td></td><td></td></tr><tr><td></td><td>13 - TRAILING UNIT</td><td></td><td></td><td>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)</td><td></td><td></td></tr><tr><td></td><td>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)</td><td></td><td></td><td>14 - MILITARY VEHICLES ONLY</td><td></td><td></td></tr><tr><td></td><td>15 - NON-MOTORIST</td><td></td><td></td><td>15 - MOTOR VEHICLES WITHOUT AIR BRAKES</td><td></td><td></td></tr><tr><td></td><td>99 - OTHER / UNKNOWN</td><td></td><td></td><td>16 - OUTSIDE MIRROR</td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td>17 - PROSTHETIC AID</td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td>18 - OTHER</td><td></td><td></td></tr></tbody></table>											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		6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	6 - PASSENGER			7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE			8 - THIRD - MIDDLE			8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE			9 - THIRD - RIGHT SIDE			9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN			10 - SLEEPER SECTION OF TRUCK CAB			10 - LIMITED TO DAYLIGHT ONLY				11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)			11 - LIMITED TO EMPLOYMENT				12 - PASSENGER IN UNENCLOSED CARGO AREA			12 - LIMITED - OTHER				13 - TRAILING UNIT			13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)				14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			14 - MILITARY VEHICLES ONLY				15 - NON-MOTORIST			15 - MOTOR VEHICLES WITHOUT AIR BRAKES				99 - OTHER / UNKNOWN			16 - OUTSIDE MIRROR							17 - PROSTHETIC AID							18 - OTHER		
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																																																																																																																																									
	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	6 - PASSENGER																																																																																																																																										
	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE																																																																																																																																										
	8 - THIRD - MIDDLE			8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE																																																																																																																																										
	9 - THIRD - RIGHT SIDE			9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN																																																																																																																																										
	10 - SLEEPER SECTION OF TRUCK CAB			10 - LIMITED TO DAYLIGHT ONLY																																																																																																																																											
	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)			11 - LIMITED TO EMPLOYMENT																																																																																																																																											
	12 - PASSENGER IN UNENCLOSED CARGO AREA			12 - LIMITED - OTHER																																																																																																																																											
	13 - TRAILING UNIT			13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)																																																																																																																																											
	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			14 - MILITARY VEHICLES ONLY																																																																																																																																											
	15 - NON-MOTORIST			15 - MOTOR VEHICLES WITHOUT AIR BRAKES																																																																																																																																											
	99 - OTHER / UNKNOWN			16 - OUTSIDE MIRROR																																																																																																																																											
				17 - PROSTHETIC AID																																																																																																																																											
				18 - OTHER																																																																																																																																											
<table border="1"><thead><tr><th>INJURED TAKEN BY</th><th>EJECTION</th><th>OL ENDORSEMENT</th><th>TRAPPED</th><th>CONDITION</th><th>DRUG TEST TYPE</th></tr></thead><tbody><tr><td>1 - NOT TRANSPORTED / TREATED AT SCENE</td><td>1 - NOT EJECTED</td><td>H - HAZMAT</td><td>1 - NOT TRAPPED</td><td>1 - APPARENTLY NORMAL</td><td>1 - NONE</td></tr><tr><td>2 - EMS</td><td>2 - PARTIALLY EJECTED</td><td>M - MOTORCYCLE</td><td>2 - EXTRICATED BY MECHANICAL MEANS</td><td>2 - PHYSICAL IMPAIRMENT</td><td>2 - BLOOD</td></tr><tr><td>3 - POLICE</td><td>3 - TOTALLY EJECTED</td><td>P - PASSENGER</td><td>3 - FREED BY NON-MECHANICAL MEANS</td><td>3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)</td><td>3 - URINE</td></tr><tr><td>9 - OTHER / UNKNOWN</td><td>4 - NOT APPLICABLE</td><td>N - TANKER</td><td></td><td>4 - ILLNESS</td><td>4 - OTHER</td></tr><tr><td></td><td></td><td>Q - MOTOR SCOOTER</td><td></td><td>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.</td><td></td></tr><tr><td></td><td></td><td>R - THREE-WHEEL MOTORCYCLE</td><td></td><td>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL</td><td></td></tr><tr><td></td><td></td><td>S - SCHOOL BUS</td><td></td><td>9 - OTHER / UNKNOWN</td><td></td></tr><tr><td></td><td></td><td>T - DOUBLE & TRIPLE TRAILERS</td><td></td><td></td><td></td></tr><tr><td></td><td></td><td>X - TANKER / HAZMAT</td><td></td><td></td><td></td></tr></tbody></table>											INJURED TAKEN BY	EJECTION	OL ENDORSEMENT	TRAPPED	CONDITION	DRUG TEST TYPE	1 - NOT TRANSPORTED / TREATED AT SCENE	1 - NOT EJECTED	H - HAZMAT	1 - NOT TRAPPED	1 - APPARENTLY NORMAL	1 - NONE	2 - EMS	2 - PARTIALLY EJECTED	M - MOTORCYCLE	2 - EXTRICATED BY MECHANICAL MEANS	2 - PHYSICAL IMPAIRMENT	2 - BLOOD	3 - POLICE	3 - TOTALLY EJECTED	P - PASSENGER	3 - FREED BY NON-MECHANICAL MEANS	3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3 - URINE	9 - OTHER / UNKNOWN	4 - NOT APPLICABLE	N - TANKER		4 - ILLNESS	4 - OTHER			Q - MOTOR SCOOTER		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.				R - THREE-WHEEL MOTORCYCLE		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL				S - SCHOOL BUS		9 - OTHER / UNKNOWN				T - DOUBLE & TRIPLE TRAILERS						X - TANKER / HAZMAT																																																																												
INJURED TAKEN BY	EJECTION	OL ENDORSEMENT	TRAPPED	CONDITION	DRUG TEST TYPE																																																																																																																																										
1 - NOT TRANSPORTED / TREATED AT SCENE	1 - NOT EJECTED	H - HAZMAT	1 - NOT TRAPPED	1 - APPARENTLY NORMAL	1 - NONE																																																																																																																																										
2 - EMS	2 - PARTIALLY EJECTED	M - MOTORCYCLE	2 - EXTRICATED BY MECHANICAL MEANS	2 - PHYSICAL IMPAIRMENT	2 - BLOOD																																																																																																																																										
3 - POLICE	3 - TOTALLY EJECTED	P - PASSENGER	3 - FREED BY NON-MECHANICAL MEANS	3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3 - URINE																																																																																																																																										
9 - OTHER / UNKNOWN	4 - NOT APPLICABLE	N - TANKER		4 - ILLNESS	4 - OTHER																																																																																																																																										
		Q - MOTOR SCOOTER		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.																																																																																																																																											
		R - THREE-WHEEL MOTORCYCLE		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL																																																																																																																																											
		S - SCHOOL BUS		9 - OTHER / UNKNOWN																																																																																																																																											
		T - DOUBLE & TRIPLE TRAILERS																																																																																																																																													
		X - TANKER / HAZMAT																																																																																																																																													
<table border="1"><thead><tr><th>SAFETY EQUIPMENT</th><th>GENDER</th><th>DRUG TEST RESULT(S)</th></tr></thead><tbody><tr><td>1 - NONE USED</td><td>F - FEMALE</td><td>1 - AMPHETAMINES</td></tr><tr><td>2 - SHOULDER BELT ONLY USED</td><td>M - MALE</td><td>2 - BARBITURATES</td></tr><tr><td>3 - LAP BELT ONLY USED</td><td>U - OTHER / UNKNOWN</td><td>3 - BENZODIAZEPINES</td></tr><tr><td>4 - SHOULDER & LAP BELT USED</td><td></td><td>4 - CANNABINOIDS</td></tr><tr><td>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING</td><td></td><td>5 - COCAINE</td></tr><tr><td>6 - CHILD RESTRAINT SYSTEM - REAR FACING</td><td></td><td>6 - OPIATES / OPIOIDS</td></tr><tr><td>7 - BOOSTER SEAT</td><td></td><td>7 - OTHER</td></tr><tr><td>8 - HELMET USED</td><td></td><td>8 - NEGATIVE RESULTS</td></tr><tr><td>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)</td><td></td><td></td></tr><tr><td>10 - REFLECTIVE CLOTHING</td><td></td><td></td></tr><tr><td>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY</td><td></td><td></td></tr><tr><td>99 - OTHER / UNKNOWN</td><td></td><td></td></tr></tbody></table>											SAFETY EQUIPMENT	GENDER	DRUG TEST RESULT(S)	1 - NONE USED	F - FEMALE	1 - AMPHETAMINES	2 - SHOULDER BELT ONLY USED	M - MALE	2 - BARBITURATES	3 - LAP BELT ONLY USED	U - OTHER / UNKNOWN	3 - BENZODIAZEPINES	4 - SHOULDER & LAP BELT USED		4 - CANNABINOIDS	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		5 - COCAINE	6 - CHILD RESTRAINT SYSTEM - REAR FACING		6 - OPIATES / OPIOIDS	7 - BOOSTER SEAT		7 - OTHER	8 - HELMET USED		8 - NEGATIVE RESULTS	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			10 - REFLECTIVE CLOTHING			11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY			99 - OTHER / UNKNOWN																																																																																																
SAFETY EQUIPMENT	GENDER	DRUG TEST RESULT(S)																																																																																																																																													
1 - NONE USED	F - FEMALE	1 - AMPHETAMINES																																																																																																																																													
2 - SHOULDER BELT ONLY USED	M - MALE	2 - BARBITURATES																																																																																																																																													
3 - LAP BELT ONLY USED	U - OTHER / UNKNOWN	3 - BENZODIAZEPINES																																																																																																																																													
4 - SHOULDER & LAP BELT USED		4 - CANNABINOIDS																																																																																																																																													
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		5 - COCAINE																																																																																																																																													
6 - CHILD RESTRAINT SYSTEM - REAR FACING		6 - OPIATES / OPIOIDS																																																																																																																																													
7 - BOOSTER SEAT		7 - OTHER																																																																																																																																													
8 - HELMET USED		8 - NEGATIVE RESULTS																																																																																																																																													
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)																																																																																																																																															
10 - REFLECTIVE CLOTHING																																																																																																																																															
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY																																																																																																																																															
99 - OTHER / UNKNOWN																																																																																																																																															

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER									
2	2	0	0	1	4	1	6		

OCCUPANT	UNIT # 2	NAME: LAST, FIRST, MIDDLE Kabanga, Rose			DATE OF BIRTH 0 1 2 7 1 9 6 8		AGE 5 3	GENDER F	
	ADDRESS: STREET, CITY, STATE, ZIP 2837 Resor Rd. Fairfield, OH 45014				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 1	EJECTION 1
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
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
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

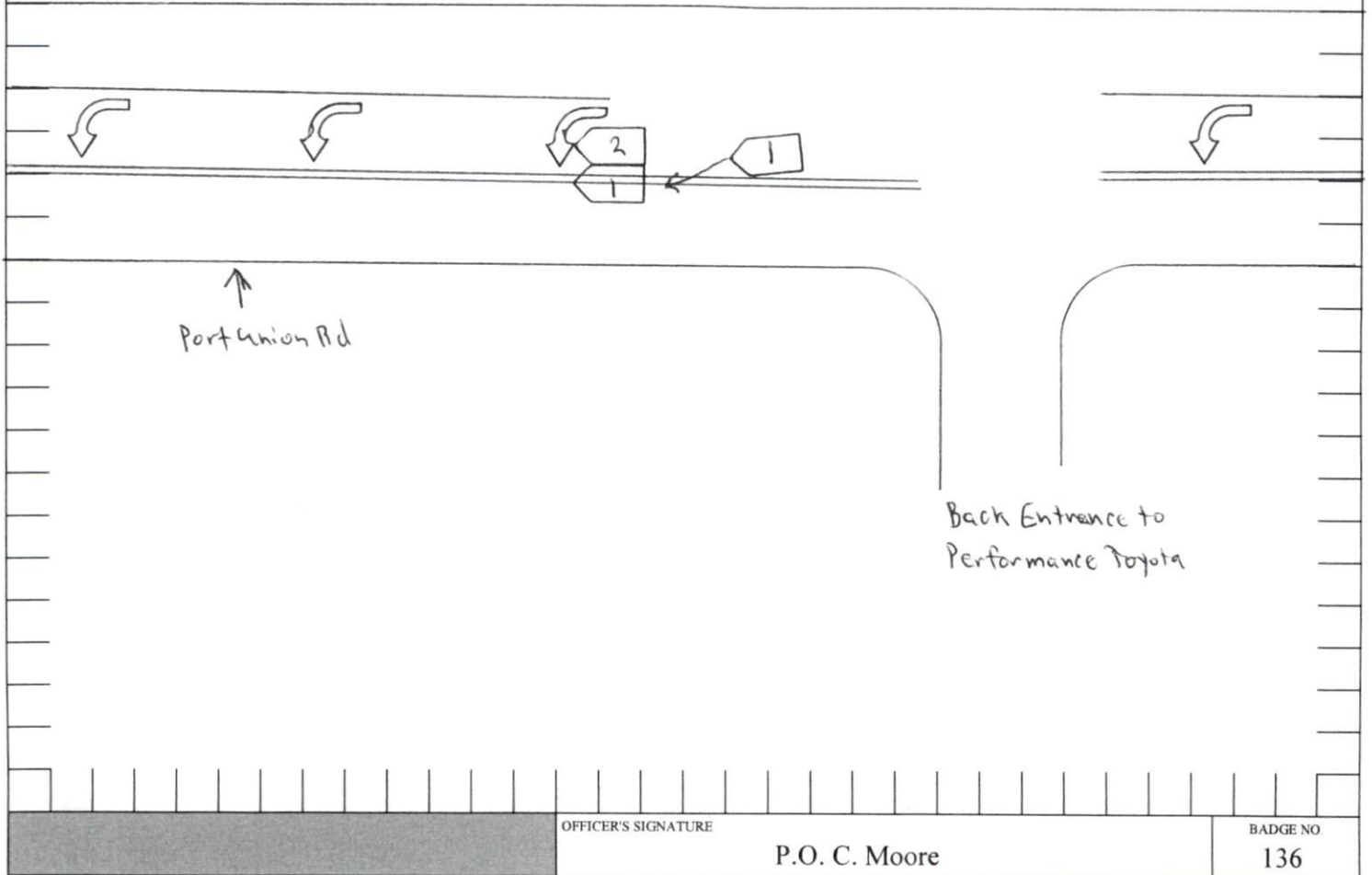
INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY 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
INJURED TAKEN BY	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	
1 - NOT TRANSPORTED / TREATED AT SCENE	8 - HELMET USED	8 - THIRD - MIDDLE	EJECTION
2 - EMS	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE	1 - NOT EJECTED
3 - POLICE	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	2 - PARTIALLY EJECTED
9 - OTHER / UNKNOWN	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	3 - TOTALLY EJECTED
GENDER	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	4 - NOT APPLICABLE
F - FEMALE		13 - TRAILING UNIT	TRAPPED
M - MALE		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	1 - NOT TRAPPED
U - OTHER / UNKNOWN		15 - NON-MOTORIST	2 - EXTRICATED BY MECHANICAL MEANS
		99 - OTHER / UNKNOWN	3 - FREED BY NON-MECHANICAL MEANS

WITNESS	NAME: LAST, FIRST, MIDDLE Callahan, Christopher Ryan	DATE OF BIRTH 1 2 2 7 1 9 8 5		AGE 3 6	GENDER M
	ADDRESS: STREET, CITY, STATE, ZIP 6399 Liberty Fairfield Rd. Liberty Township, OH 45011		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	PD-22-001416	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	1/7/22
IN COUNTY OF	Butler	ACCIDENT LOCATION	Port Union Rd. near Holden Blvd.		



Not To Scale



OFFICER'S SIGNATURE

P.O. C. Moore

BADGE NO

136