



## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL REPORT NUMBER*			
				2 2 0 0 4 4 7 2			
<input checked="" type="checkbox"/> PHOTOSTAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION		REPORTING AGENCY NAME* NCIC* Fairfield Police Department 009,01		HIT/SKIP	NUMBER OF UNITS
						1-SOLVED	0 2
						2-UNSOLVED	
COUNTY* 0 9		LOCALITY* 1-CITY 1 2-VILLAGE 3-TOWNSHIP	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield				
ROUTE TYPE S R		ROUTE NUMBER 4	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DECIMAL DEGREES 39.332732
ROUTE TYPE		ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Holden		ROAD TYPE B V	LONGITUDE DECIMAL DEGREES 84.522026
REFERENCE POINT 1		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	ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	INTERSECTION RELATED	
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS	ROUTE TYPE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE			<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH 4 <input type="checkbox"/> WITHIN INTERCHANGE AREA	
						NUMBER OF APPROACHES	
						ROADWAY	
						ROADWAY DIVIDED	
LOCATION OF FIRST HARMFUL EVENT 0 1		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 7	1- NOT COLLISION 2- BETWEEN 3- TWO MOTOR VEHICLES IN TRANSPORT 4- REAR-END 5- HEAD-ON	2- REAR-TO-REAR 5- BACKING 6- ANGLE 7- SIDESWIPE, SAME DIRECTION 8- SIDESWIPE, OPPOSITE DIRECTION 9- OTHER/ UNKNOWN	DIRECTION OF TRAVEL	MEDIAN TYPE
<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	CONDITIONS 1	SURFACE 2	
LIGHT CONDITION 1		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			
NARRATIVE On 1-20-22 at 4:30 PM Unit 1 was traveling south on SR4 and when at the intersection of SR4 and Holden Blvd side swiped Unit 2 who was also traveling south on SR4.							
SEE OH-2							
Indicate the north direction with an "N" on the compass diagram.							
CRASH REPORTED DATE / TIME 0 1 2 0 2 0 2 2 1 6 3 0		DISPATCH DATE / TIME 0 1 2 0 2 0 2 2 1 6 3 2		ARRIVAL DATE / TIME 0 1 2 0 2 0 2 2 1 6 3 2		SCENE CLEARED DATE / TIME 0 1 2 0 2 0 2 2 1 6 5 1	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES 1 9		REPORT TAKEN BY	
				OFFICER'S NAME* T. King		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
				OFFICER'S BADGE NUMBER* 1 6 1		<input type="checkbox"/> SUPPLEMENT (CORRECTION or ADDITION TO AN EXISTING REPORT SENT TO OIPS)	
						<input type="checkbox"/> CHECKED BY OFFICER'S NAME* J. SONG <input type="checkbox"/> CHECKED BY OFFICER'S BADGE NUMBER* 1 5 0	



UNIT

OWNER	UNIT # <u>0 1</u>	OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> SAME AS DRIVER	OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER																																																																																		
OWNER ADDRESS: STREET, CITY, STATE, ZIP <input type="checkbox"/> SAME AS DRIVER																																																																																					
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP National Express Leasing Company/ 1861 Section RD Cincinnati OH45237		PHONE																																																																																			
VEHICLE	LP STATE <u>O H</u>	LICENSE PLATE # <u>Q09349</u>	VEHICLE IDENTIFICATION # <u>1BABA JCSA6LF367512</u>	VEHICLE YEAR <u>2020</u>	VEHICLE MAKE <u>BLUB</u>																																																																																
<input checked="" type="checkbox"/> INSURED <input type="checkbox"/> INSURED		INSURANCE COMPANY <u>Ace American Insur</u>	INSURANCE POLICY # <u>ISAH25541923</u>	COLOR <u>Yellow</u>	VEHICLE MODEL <u>Bus</u>																																																																																
<input checked="" 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>	HAZARDOUS MATERIAL																																																																																		
		VEHICLE WEIGHT GVWR/GCWR	MATERIAL RELEASED	CLASS #	PLACARD ID #																																																																																
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LOCAL REPORT NUMBER	
2 2 0 0 4 4 7 2	
DAMAGE	
1 - NONE 3 - FUNCTIONAL DAMAGE	
2 - MINOR DAMAGE 4 - DISABLING DAMAGE	
9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<img alt="Diagram of a vehicle showing damage to the front right headlight, bumper, and side mirror	

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER)
0 2			
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER)			
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
XPO Logistics Freight INC, 3200 Industries Rd, Richmond IN 47374			
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR
I_N	3152891	3HSDYAPN7LN872437	2020
INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	VEHICLE MAKE
	Safeco Inc	652439	INT
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME
<input checked="" type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	2 4 1 8 2 9
INTERLOCK DEVICE EQUIPPED		# OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR
		0 2	1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.
1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED 11 - ALL-TERRAIN VEHICLE (ATV/UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME
14		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
UNIT TYPE		# OF TRAILING UNITS	
0			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?			
2		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN	
AUTONOMOUS MODE LEVEL			
0 1		1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	
SPECIAL FUNCTION		6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	
0 1		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		1 - NO CARGO BODY TYPE /NOT APPLICABLE 2 - BUS 3 - LOGGING	
1		4 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - CARGO VAN/ENCLOSED BOX 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	
1		8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP	
1		12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	
1		1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	
1		4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	
1		7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT	
1		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	
1		1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	
1		3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	
1		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	
0 4		13 - NEIGHBORHOOD 14 - NEIGHBORHOOD 15 - NEIGHBORHOOD 16 - NEIGHBORHOOD 17 - NEIGHBORHOOD 18 - NEIGHBORHOOD 19 - NEIGHBORHOOD 20 - NEIGHBORHOOD 21 - NEIGHBORHOOD 22 - NEIGHBORHOOD 23 - NEIGHBORHOOD 24 - NEIGHBORHOOD 25 - NEIGHBORHOOD 26 - NEIGHBORHOOD 27 - NEIGHBORHOOD 28 - NEIGHBORHOOD 29 - NEIGHBORHOOD 30 - NEIGHBORHOOD	
0 1		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRIKING 5 - BOTH STRIKING & STRUCK 6 - STRIKING 7 - STRIKING 8 - STRIKING 9 - STRIKING 10 - STRIKING 11 - STRIKING 12 - STRIKING 13 - STRIKING 14 - STRIKING 15 - STRIKING 16 - STRIKING 17 - STRIKING 18 - STRIKING 19 - STRIKING 20 - STRIKING 21 - STRIKING 22 - STRIKING 23 - STRIKING 24 - STRIKING 25 - STRIKING 26 - STRIKING 27 - STRIKING 28 - STRIKING 29 - STRIKING 30 - STRIKING	
0 1		1 - NON-CONTACT 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	
0 1		7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE /ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	
1		13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	
1		17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING	
1		21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION	
1		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRIKING 5 - BOTH STRIKING & STRUCK 6 - STRIKING 7 - STRIKING 8 - STRIKING 9 - STRIKING 10 - STRIKING 11 - STRIKING 12 - STRIKING 13 - STRIKING 14 - STRIKING 15 - STRIKING 16 - STRIKING 17 - STRIKING 18 - STRIKING 19 - STRIKING 20 - STRIKING 21 - STRIKING 22 - STRIKING 23 - STRIKING 24 - STRIKING 25 - STRIKING 26 - STRIKING 27 - STRIKING 28 - STRIKING 29 - STRIKING 30 - STRIKING	
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## **MOTORIST / Non-MOTORIST**

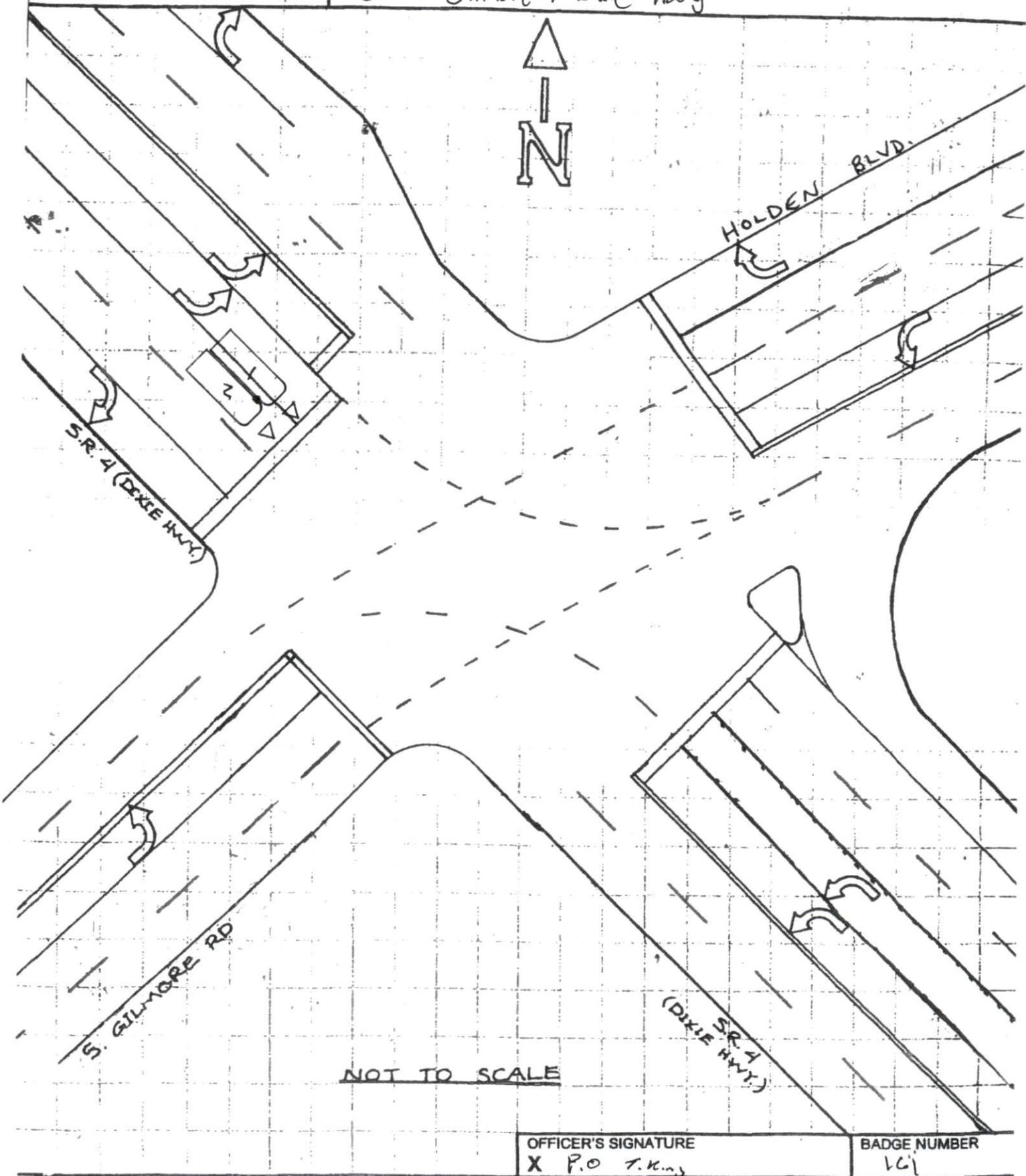
UNIT #		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH			AGE	GENDER							
0	1	Williams, Rita				0	3	1	5	1	60						
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE											
3471 Greenlawn Ave, Cincinnati OH 45207																	
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED	0	4	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
5									<input type="checkbox"/>	0	1	1	1				
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER							
O H																	
DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)							
2	P S		1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	1	1	1	1	1					
UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH			AGE	GENDER						
0	2	Walker, Antwon, Leon						0	8	2	2	1	9	8	9	32	M
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE											
5807 Williamsburg Rd N, Cincinnati OH 45215																	
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED	0	4	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
5									<input type="checkbox"/>	0	1	1	1				
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER							
O H																	
DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)							
4			1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	1	1	1	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	0	4	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
									<input type="checkbox"/>								
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)							
			1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	1	1	1	1	1					
<b>INJURIES</b>	<b>SEATING POSITION</b>	<b>AIR BAG</b>	<b>DL CLASS</b>	<b>DL RESTRICTION(S)</b>	<b>DRIVER DISTRACTION</b>	<b>TEST STATUS</b>											
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												
4-POSSIBLE INJURY	4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4-DEPLOYED BOTH FRONT / SIDE	4-REGULAR CLASS (OHIO = D)	4-FARM WAIVER	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													
	6-SECOND - RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-NO VALID DL	6-EXCEPT CLASS A & CLASS B BUS													
	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7-EXCEPT TRACTOR-TRAILER													
	8-THIRD - MIDDLE			8-INTERMEDIATE LICENSE RESTRICTIONS													
	9-THIRD - RIGHT SIDE			9-LEARNER'S PERMIT RESTRICTIONS													
	10-SLEEPER SECTION OF TRUCK CAB			10-LIMITED TO DAYLIGHT ONLY													
<b>INJURED TAKEN BY</b>	<b>EJECTION</b>	<b>DL ENDORSEMENT</b>	<b>TEST STATUS</b>														
1-NOT TRANSPORTED /TREATED AT SCENE	1-NOT EJECTED	H-HAZMAT	1-NONE GIVEN														
2-EMS	2-PARTIALLY EJECTED	M-MOTORCYCLE	2-BLOOD														
3-POLICE	3-TOTALLY EJECTED	P-PASSENGER	3-URINE														
9-OTHER/ UNKNOWN	4-NOT APPLICABLE	N-TANKER	4-BREATH														
		Q-MOTOR SCOOTER	5-OTHER														
		R-THREE-WHEEL MOTORCYCLE															
		S-SCHOOL BUS															
		T-DOUBLE & TRIPLE TRAILERS															
		X-TANKER / HAZMAT															
<b>SAFETY EQUIPMENT</b>	<b>TRAPPED</b>	<b>TEST STATUS</b>															
1-NONE USED	1-NOT TRAPPED	1-NONE															
2-SHOULDER BELT ONLY USED	2-EXTRICATED BY MECHANICAL MEANS	2-BLOOD															
3-LAP BELT ONLY USED	3-FREED BY NON-MECHANICAL MEANS	3-URINE															
4-SHOULDER & LAP BELT USED		4-BREATH															
5-CHILD RESTRAINT SYSTEM - FORWARD FACING		5-OTHER															
6-CHILD RESTRAINT SYSTEM - REAR FACING																	
7-BOOSTER SEAT																	
8-HELMET USED																	
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)																	
10-REFLECTIVE CLOTHING																	
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY																	
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY																	
99-OTHER/ UNKNOWN																	
<b>EJECTION</b>	<b>DL ENDORSEMENT</b>	<b>TEST STATUS</b>															
1-NOT EJECTED	H-HAZMAT	1-NONE GIVEN															
2-PARTIALLY EJECTED	M-MOTORCYCLE	2-BLOOD															
3-TOTALLY EJECTED	P-PASSENGER	3-URINE															
4-NOT APPLICABLE	N-TANKER	4-BREATH															
	Q-MOTOR SCOOTER	5-OTHER															
	R-THREE-WHEEL MOTORCYCLE																
	S-SCHOOL BUS																
	T-DOUBLE & TRIPLE TRAILERS																
	X-TANKER / HAZMAT																
<b>TRAPPED</b>	<b>TEST STATUS</b>																
1-NOT TRAPPED	1-NONE																
2-EXTRICATED BY MECHANICAL MEANS	2-BLOOD																
3-FREED BY NON-MECHANICAL MEANS	3-URINE																
	4-BREATH																
	5-OTHER																
<b>CONDITION</b>	<b>TEST STATUS</b>																
1-APPARENTLY NORMAL	1-NONE																
2-PHYSICAL IMPAIRMENT	2-BLOOD																
3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3-URINE																
4-ILLNESS	4-BREATH																
5-FELL ASLEEP, FAINTED, FATIGUED, ETC.	5-OTHER																
6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6-AMPHETAMINES																
7-OTHER	2-BARBITURATES																
8-NEGATIVE RESULTS	3-BENZODIAZEPINES																
	4-CANNABINOID																
	5-COCAIN																
	6-OPIATES / OPIOIDS																
	7-OTHER																
	8-Negative results																
<b>DRUG TEST RESULT(S)</b>	<b>TEST STATUS</b>																
1-AMPHETAMINES	1-NONE																
2-BARBITURATES	2-BLOOD																
3-BENZODIAZEPINES	3-URINE																
4-CANNABINOID	4-BREATH																
5-COCAIN	5-OTHER																
6-OPIATES / OPIOIDS	6-AMPHETAMINES																
7-OTHER	2-BARBITURATES																
8-Negative results	3-BENZODIAZEPINES																



# OCCUPANT / WITNESS ADDENDUM

OCCUPANT	LOCAL REPORT NUMBER									
	2 2 0 0 4 4 7 2	DATE OF BIRTH	AGE	GENDER						
UNIT #	NAME: LAST, FIRST, MIDDLE				0 2 1 7 1 9 6 8	5 3	M			
2	Niebel, Anthony, Duell				CONTACT PHONE - INCLUDE AREA CODE					
ADDRESS: STREET, CITY, STATE, ZIP										
510 Brelsford Ave, Trenton OH 45067										
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED						
5				0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
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						
					<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
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						
					<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
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						
					<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
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							
INJURED TAKEN BY					6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN			
1 - NOT TRANSPORTED /TREATED AT SCENE	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)								
2 - EMS	8 - HELMET USED	8 - THIRD - MIDDLE	1 - NOT EJECTED							
3 - POLICE	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED							
9 - OTHER / UNKNOWN	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED							
GENDER					11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	12 - PASSENGER IN UNENCLOSED CARGO AREA	4 - NOT APPLICABLE			
F - FEMALE	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	13 - TRAILING UNIT								
M - MALE	99 - OTHER / UNKNOWN	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)								
U - OTHER / UNKNOWN		15 - NON-MOTORIST								
		99 - OTHER / UNKNOWN								
NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH			AGE	GENDER	
								0		
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH			AGE	GENDER	
								0		
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH			AGE	GENDER	
								0		
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
OCCUPANT										
WITNESS										
WITNESS										
WITNESS										
WITNESS										

LOCAL REPORT NUMBER PD-22-004472	REPORTING AGENCY FAIRFIELD P.D.	DATE OF CRASH M 1 D 20 Y 22
IN COUNTY OF BUTLER	CRASH LOCATION South Gilmore / Dixie Hwy	



OFFICER'S SIGNATURE  
X P.O. T. Kins

BADGE NUMBER  
161