

TRAFFIC CRASH REPORT

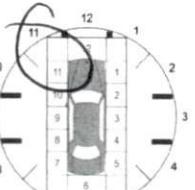
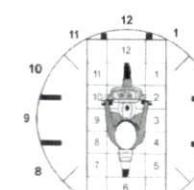
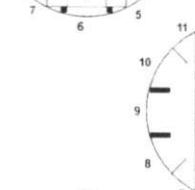
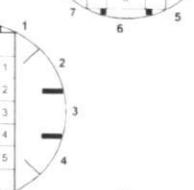
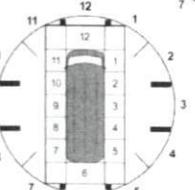
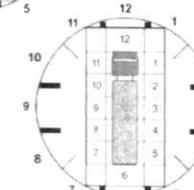
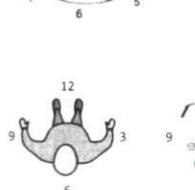
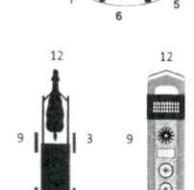
*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL INFORMATION				LOCAL REPORT NUMBER*				
<input checked="" type="checkbox"/> PHOTOS TAKEN <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		REPORTING AGENCY NAME* Fairfield Police Department		NCIC*	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR	
				0 0 9 0 1	1 - SOLVED 2 - UNSOLVED	0 2	98 - ANIMAL 0 1 99 - UNKNOWN	
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*					CRASH DATE / TIME*	CRASH SEVERITY
0 9	1 2 - VILLAGE 3 - TOWNSHIP	City of Fairfield					0 1 2 9 2 0 2 2 1 7 3 7	5
ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME Oberlin		ROAD TYPE	LATITUDE DECIMAL DEGREES 3 9 3 4 1 6 9 5		REFERENCE LOCATION
ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Doris Jane		ROAD TYPE	LONGITUDE DECIMAL DEGREES - 8 4 5 4 4 7 7 6		
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	RD - ROAD 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				<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH	<input type="checkbox"/> WITHIN INTERCHANGE AREA	NUMBER OF APPROACHES 4	
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION 2 - REAR-TO-REAR 3 - BACKING 4 - ANGLE 5 - SIDESWIPE, SAME DIRECTION 6 - SIDESWIPE, OPPOSITE DIRECTION 7 - OTHER / UNKNOWN	DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	MEDIAN TYPE		
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	6	1 - BEFORE THE 1ST WORK ZONE 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	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	CONTOUR 2	CONDITIONS 1	SURFACE 2		
<input type="checkbox"/> LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		WEATHER 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		
NARRATIVE <p>On 01/29/2022 at 5:37 PM Unit 1 was traveling east on Doris Jane Ave and approaching the intersection of Doris Jane Ave and Oberlin Dr. Unit 1 failed to stop for the stop sign and collided with Unit 2 who was traveling south on Oberlin Dr.</p> <p>SEE OH-2</p>								
CRASH REPORTED DATE / TIME 0 1 2 9 2 0 2 2 1 7 3 7		DISPATCH DATE / TIME 0 1 2 9 2 0 2 2 1 7 4 3		ARRIVAL DATE / TIME 0 1 2 9 2 0 2 2 1 7 4 8		SCENE CLEARED DATE / TIME 0 1 2 9 2 0 2 2 1 8 3 3		REPORT TAKEN BY
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME	TOTAL MINUTES 5 0	OFFICER'S NAME* T. King		CHECKED BY OFFICER'S NAME* <i>St. Jason Meyer</i>	<input checked="" type="checkbox"/> POLICE AGENCY	
				OFFICER'S BADGE NUMBER* 1 6 1		CHECKED BY OFFICER'S BADGE NUMBER* 1 3 2	<input type="checkbox"/> MOTORIST	
							<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)	

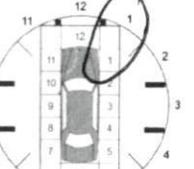
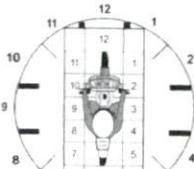
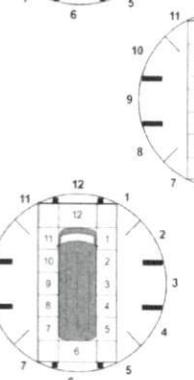
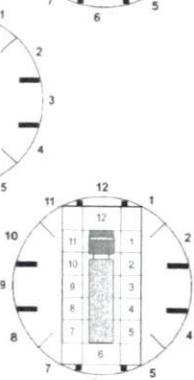
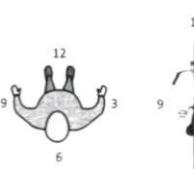
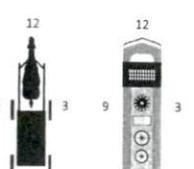


Indicate the north direction with an "N" on the compass diagram.

UNIT # <input type="text" value="0 1"/>	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		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE										
LP STATE <input type="text" value="O H"/>	LICENSE PLATE # <input type="text" value="JEF3124"/>	VEHICLE IDENTIFICATION # <input type="text" value="1V121C12CA7LIC12017840"/>	VEHICLE YEAR <input type="text" value="20120"/>	VEHICLE MAKE <input type="text" value="Volk"/>								
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <input type="text" value="Geico"/>	INSURANCE POLICY # <input type="text" value="4559153780"/>	COLOR <input type="text" value="Black"/>	VEHICLE MODEL <input type="text" value="Atlas"/>								
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT # <input type="text"/>	TOWED BY: COMPANY NAME <input type="text" value="Waynes"/>									
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		# OCCUPANTS <input type="text" value="0 2"/>	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.									
UNIT TYPE 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		1 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL-TERRAIN VEHICLE (ATV / UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (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 <input type="text" value="0 3"/>		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 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN										
SPECIAL FUNCTION 1 - SCHOOL TRANSPORT 2 - ELECTRONIC RIDE SHARING 3 - BUS - TRANSIT/COMMUTER		1 - NONE 2 - TAXI 3 - BUS - SHUTTLE 4 - BUS - OTHER 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 - NOT APPLICABLE 2 - BUS		1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - CARGO VAN/ENCLOSED BOX 6 - GRAIN/CHIPS/GRAVEL	5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER / UNKNOWN								
VEHICLE DEFECTS 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		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		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 13 - DRIVING ACCESS 14 - 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 22 - LYING IN ROADWAY 23 - NOT DISCERNIBLE 24 - OPENING DOOR INTO ROADWAY 25 - LOAD SHIFTING/FALLING/SPILLING 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 / ADOA 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 24 - OTHER IMPROPER ACTION 99 - OTHER UNKNOWN								
SEQUENCE OF EVENTS												
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1		FIRST HARMFUL EVENT	1 MOST HARMFUL EVENT									

LOCAL REPORT NUMBER 2 2 0 0 6 7 9 2	
DAMAGE DAMAGE SCALE 4 - 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 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN 13 - TOP	
TRAFFIC TRAFFIC FLOW 1 - ONE-WAY 2 - TWO-WAY <input type="text" value="2"/> TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL <input type="text" value="4"/>	
# OF THROUGH LANES ON ROAD <input type="text" value="4"/>	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 <input type="text" value="4"/> TO <input type="text" value="3"/>	
UNIT SPEED <input type="text" value="2 5"/>	
DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED POSTED SPEED <input type="text" value="2 5"/>	

OWNER	UNIT # <u>0 2</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																																																																								
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LP STATE <u>O H</u>	LICENSE PLATE # <u>HJZ6804</u>	VEHICLE IDENTIFICATION # <u>J T N K A R J E 9 J J 5 6 1 1 8 0</u>	VEHICLE YEAR <u>2 0 1 8</u> VEHICLE MAKE <u>Toyota</u>																																																																								
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>Travelers Insur</u>	INSURANCE POLICY # <u>6073879032031</u>	COLOR <u>Blue</u> VEHICLE MODEL <u>Corolla</u>																																																																								
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME <u>Marcells</u>																																																																								
UNIT TYPE <u>0 1</u>	INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <input type="checkbox"/>	#OCCUPANTS <u>0 1</u>	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.																																																																								
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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 <u>0</u> <input type="checkbox"/> UNDERCARRIAGE <u>14</u> <input type="checkbox"/> TOP <u>13</u> <input type="checkbox"/> ALL AREAS <u>15</u> <input type="checkbox"/> UNIT NOT AT SCENE <u>16</u>	
INITIAL POINT OF CONTACT	
<u>0 1</u> 0 - NO DAMAGE 14 - UNDERCARRIAGE 1 - 12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE DIAGRAM 99 - UNKNOWN 13 - TOP	
TRAFFIC	
TRAFFIC WAY FLOW <u>2</u>	TRAFFIC CONTROL <u>6</u> 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD <u>4</u>	RAIL GRADE CROSSING <u>1</u> 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM <u>1</u> TO <u>2</u>	1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
UNIT SPEED <u>2 5</u>	
DETECTED SPEED <u>1</u> 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	
POSTED SPEED <u>2 5</u>	



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

2 2 0 0 6 7 9 2

UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER			
	0 1	Riggs, Stacey						0 4 1 1 1 9 8 4	3 7	F
ADDRESS: STREET, CITY, STATE, ZIP										
7452 Kingswood Dr, West Chester OH 45069										
INJURIES 5										
INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	0 4	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE O H	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	Failure to obey traffic	CITATION NUMBER	250170				
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	1	ALCOHOL / DRUG SUSPECTED	ALCOHOL TEST	DRUG TEST(S)			
					<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA	<input type="checkbox"/> OTHER DRUG	1	1	1	
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH				AGE	GENDER
0 2	Chhem, Cody				0 3 0 3 1 9 9 4	2 7	M			
ADDRESS: STREET, CITY, STATE, ZIP										
4190 Matson Ave Apt 1, Cincinnati OH 45236										
INJURIES 5										
INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	0 4	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE O H	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	Failure to obey traffic	CITATION NUMBER	250170				
OL CLASS 1	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	1	ALCOHOL / DRUG SUSPECTED	ALCOHOL TEST	DRUG TEST(S)			
					<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA	<input type="checkbox"/> OTHER DRUG	1	1	1	
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH				AGE	GENDER
0	0	3	0	3	1	9	9	4	2	M
ADDRESS: STREET, CITY, STATE, ZIP										
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	
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	Failure to obey traffic	CITATION NUMBER	250170				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	1	ALCOHOL / DRUG SUSPECTED	ALCOHOL TEST	DRUG TEST(S)			
					<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA	<input type="checkbox"/> OTHER DRUG	1	1	1	
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-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE					
4-POSSIBLE INJURY	4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4-DEPLOYED BOTH FRONT / SIDE	4-REGULAR CLASS (OHD = 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	5-TEST GIVEN, RESULTS UNKNOWN					
INJURED TAKEN BY		6-SECOND - RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-EXCEPT CLASS A & CLASS B BUS	6-TALKING ON HAND-HELD COMMUNICATION DEVICE					
1-NOT TRANSPORTED / TREATED AT SCENE		7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	10-SLEEPER SECTION OF TRUCK CAB	7-EXCEPT TRACTOR-TRAILER	7-EXCEPT TRACTOR-TRAILER					
2-EMS		8-THIRD - MIDDLE	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	8-INTERMEDIATE LICENSE RESTRICTIONS	8-INTERMEDIATE LICENSE RESTRICTIONS					
3-POLICE		9-THIRD - RIGHT SIDE	12-PASSENGER IN UNENCLOSED CARGO AREA	9-LEARNER'S PERMIT RESTRICTIONS	9-PASSENGER					
9-OTHER / UNKNOWN		10-SLEEPER SECTION OF TRUCK CAB	13-TRAILING UNIT	10-LIMITED TO DAYLIGHT ONLY	10-OTHER DISTRACTION INSIDE THE VEHICLE					
SAFETY EQUIPMENT		14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	15-MOTOR VEHICLES WITHOUT AIR BRAKES	11-LIMITED TO EMPLOYMENT	11-OTHER DISTRACTION OUTSIDE THE VEHICLE					
1-NONE USED		15-NON-MOTORIST	16-OUTSIDE MIRROR	12-LIMITED - OTHER	12-OTHER DISTRACTION OUTSIDE THE VEHICLE					
2-SHOULDER BELT ONLY USED		99-OTHER / UNKNOWN	17-PROSTHETIC AID	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)					
3-LAP BELT ONLY USED			18-OTHER	14-MILITARY VEHICLES ONLY	14-MILITARY VEHICLES ONLY					
4-SHOULDER & LAP BELT USED				15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-MOTOR VEHICLES WITHOUT AIR BRAKES					
5-CHILD RESTRAINT SYSTEM - FORWARD FACING				16-OUTSIDE MIRROR	16-OUTSIDE MIRROR					
6-CHILD RESTRAINT SYSTEM - REAR FACING				17-PROSTHETIC AID	17-PROSTHETIC AID					
7-BOOSTER SEAT				18-OTHER	18-OTHER					
8-Helmet USED										
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)										
10-REFLECTIVE CLOTHING										
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY										
99-OTHER / UNKNOWN										
EJECTION		OL ENDORSEMENT	TEST STATUS		ALCOHOL TEST TYPE					
1-NOT EJECTED		H - HAZMAT	1-NONE GIVEN		1-NONE					
2-PARTIALLY EJECTED		M - MOTORCYCLE	2-BLOOD		2-BLOOD					
3-TOTALLY EJECTED		P - PASSENGER	3-URINE		3-URINE					
4-NOT APPLICABLE		N - TANKER	4-BREATH		4-BREATH					
11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		Q - MOTOR SCOOTER	5-OTHER		5-OTHER					
12-PASSENGER IN UNENCLOSED CARGO AREA		R - THREE-WHEEL MOTORCYCLE	ALCOHOL TEST TYPE		ALCOHOL TEST TYPE					
13-TRAILING UNIT		S - SCHOOL BUS	1-NONE		1-NONE					
14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		T - DOUBLE & TRIPLE TRAILERS	2-BLOOD		2-BLOOD					
15-NON-MOTORIST		X - TANKER / HAZMAT	3-URINE		3-URINE					
99-OTHER / UNKNOWN			4-BREATH		4-BREATH					
TRAPPED			5-OTHER		5-OTHER					
1-NOT TRAPPED			ALCOHOL TEST TYPE		ALCOHOL TEST TYPE					
2-EXTRICATED BY MECHANICAL MEANS			1-NONE		1-NONE					
3-FREED BY NON-MECHANICAL MEANS			2-BLOOD		2-BLOOD					
GENDER			3-URINE		3-URINE					
F - FEMALE			4-BREATH		4-BREATH					
M - MALE			5-OTHER		5-OTHER					
U - OTHER / UNKNOWN			ALCOHOL TEST TYPE		ALCOHOL TEST TYPE					
16-OUTSIDE MIRROR			1-NONE		1-NONE					
17-PROSTHETIC AID			2-BLOOD		2-BLOOD					
18-OTHER			3-URINE		3-URINE					
CONDITION			4-BREATH		4-BREATH					
1-APPARENTLY NORMAL			5-OTHER		5-OTHER					
2-PHYSICAL IMPAIRMENT			ALCOHOL TEST TYPE		ALCOHOL TEST TYPE					
3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)			1-NONE		1-NONE					
4-ILLNESS			2-BLOOD		2-BLOOD					
5-FELL ASLEEP, FAINTED, FATIGUED, ETC.			3-URINE		3-URINE					
6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL			4-BREATH		4-BREATH					
9-OTHER / UNKNOWN			5-COCAINES		5-COCAINES					
6-OPIATES / OPIOIDS			6-BARBITURATES		6-BARBITURATES					
7-OTHER			3-BENZODIAZEPINES		3-BENZODIAZEPINES					
8-Negative RESULTS			4-CANNABINOID		4-CANNABINOID					

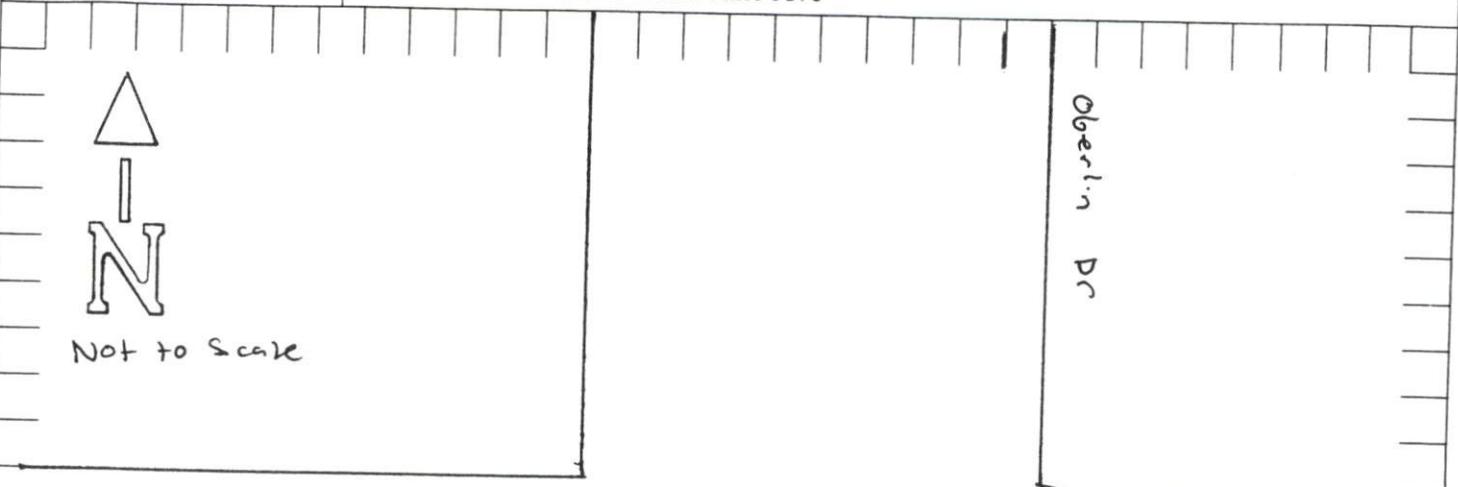
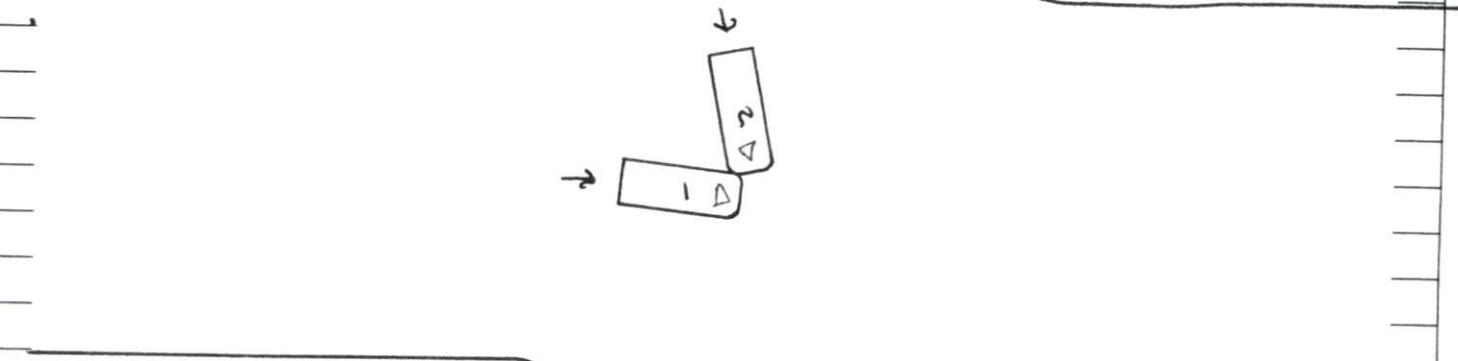
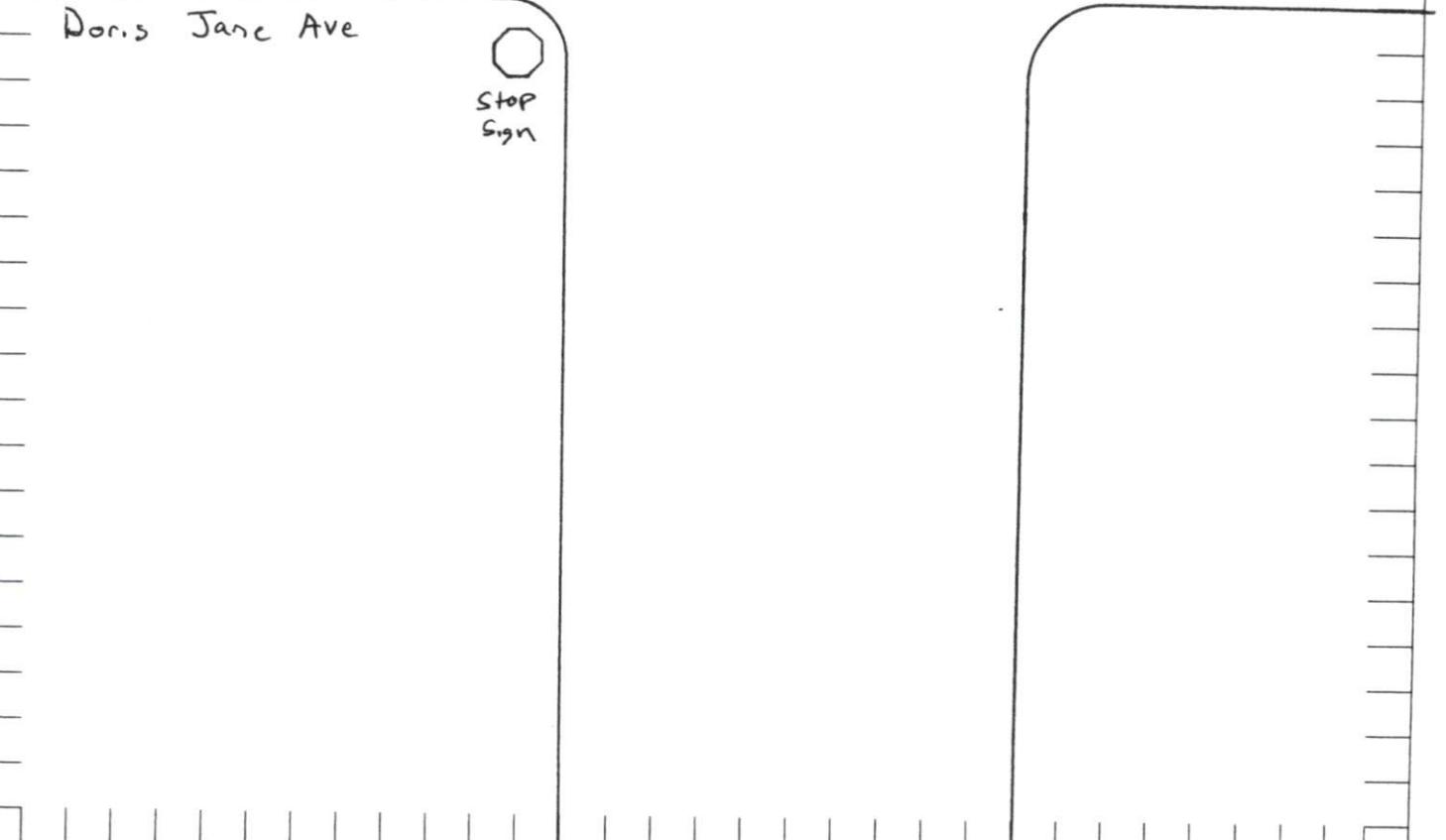
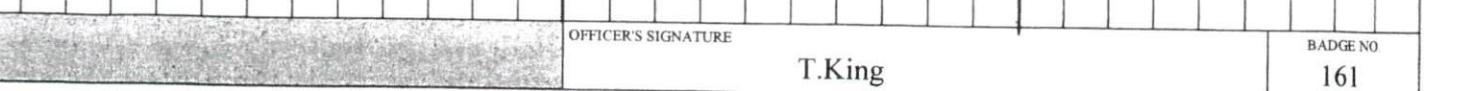


OCCUPANT / WITNESS ADDENDUM

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MALE	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	10 - SLEEPER SECTION OF TRUCK CAB		U - OTHER / UNKNOWN	99 - OTHER / UNKNOWN	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		INJURIES				12 - PASSENGER IN UNENCLOSED CARGO AREA	13 - TRAILING UNIT	12 - PASSENGER IN UNENCLOSED CARGO AREA		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	15 - NON-MOTORIST	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		99 - OTHER / UNKNOWN		15 - NON-MOTORIST		EJECTION				1 - NOT EJECTED	2 - PARTIALLY EJECTED	1 - NOT EJECTED		3 - TOTALLY EJECTED	4 - NOT APPLICABLE	2 - PARTIALLY EJECTED		TRAPPED				1 - NOT TRAPPED	2 - EXTRICATED BY MECHANICAL MEANS	1 - NOT TRAPPED		3 - FREED BY NON-MECHANICAL MEANS		2 - EXTRICATED BY MECHANICAL MEANS		<table border="1"> <thead> <tr> <th>NAME: LAST, FIRST, MIDDLE</th> <th colspan="3">DATE OF BIRTH</th> <th>AGE</th> <th colspan="2">GENDER</th> </tr> </thead> <tbody> <tr> <td></td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>															NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH			AGE	GENDER			0						WITNESS											CONTACT PHONE - 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OHIO TRAFFIC ACCIDENT - DIAGRAM / NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER	PD-22-006792	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	Oberlin Dr/ Doris Jane Ave	1/29/22
 <p>Not to scale</p>				
 <p>Not to scale</p>				
 <p>Not to scale</p>				
 <p>Not to scale</p>				
<p>Doris Jane Ave</p> <p>STOP Sign</p>				
<p>OFFICER'S SIGNATURE</p> <p>T.King</p>				
<p>BADGE NO</p> <p>161</p>				