



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				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 type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION REPORTING AGENCY NAME* NCIC* Fairfield Police Department 00901				HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR	
						1 - SOLVED	0 1	0 1 - ANIMAL 99 - UNKNOWN	
						2 - UNSOLVED			
COUNTY* 0 9 LOCALITY* 1 - CITY 1 1 - VILLAGE 2 - TOWNSHIP 3 - TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield				CRASH DATE / TIME*	0 1 3 0 2 0 2 2 1 3 1 9	CRASH SEVERITY	
								5 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY	
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES			
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES			
				Mack	R D	3 9 3 1 1 4 3 5			
				3050		8 4 5 1 6 2 6 6			
REFERENCE POINT		DIRECTION FROM REFERENCE		ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED			
1 - INTERSECTION 3 - MILE POST 3 - HOUSE #		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	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	<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES	
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE						ROADWAY	
		1 - MILES 2 - FEET 3 - YARDS						ROADWAY DIVIDED	
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT		DIRECTION OF TRAVEL	MEDIAN TYPE		
1 - ON ROADWAY 0 3 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		1 - NOT COLLISION 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN TRANSPORT 4 - REAR-END 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - HEAD-ON 10 - OTHER / UNKNOWN	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	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		LOCATION OF CRASH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE		
		1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN		
LIGHT CONDITION				WEATHER					
1 - DAYLIGHT 1 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN				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 <p>On 01/30/2022 at about 1:19 P.M. Unit 1 was traveling westbound on Mack Rd. and when near 3050 Mack Rd. the vehicle struck the center island curb and the traffic sign.</p> <p>The sign belongs to:</p> <p>The City of Fairfield 5350 Pleasant Ave. Fairfield, OH 45014</p> <p>The driver was also cited with a marked lanes violation.</p> <p>See OH-2</p>									
CRASH REPORTED DATE / TIME				DISPATCH DATE / TIME		ARRIVAL DATE / TIME	SCENE CLEARED DATE / TIME		REPORT TAKEN BY
0 1 3 0 2 0 2 2 1 3 2 0				0 1 3 0 2 0 2 2 1 3 2 0		0 1 3 0 2 0 2 2 1 3 2 0	0 1 3 0 2 0 2 2 1 3 4 3		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OIPS)
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES	OFFICER'S NAME* P. O. C. Moore		CHECKED BY OFFICER'S NAME* 1 0 3		
				2 3	OFFICER'S BADGE NUMBER* 1 3 6		CHECKED BY OFFICER'S BADGE NUMBER* 1 0 3		



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



UNIT

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER	OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER
0 1	Bowlin, Conny L.	

OWNER ADDRESS: STREET, CITY, STATE, ZIP SAME AS DRIVER
3859 Woodridge Blvd. Apt. 11 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
0 H	HRP1327	2HGF1C2F81GH506356	2016	Honda
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
			Black	Civic
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 0 1	VEHICLE WEIGHT GVWR/GCWR 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 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
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0 # OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
0 2 1-YES 2-NO 9-OTHER/UNKNOWN	AUTONOMOUS MODE LEVEL		

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
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0 1 CARGO BODY TYPE	1 - NO CARGO BODY TYPE /NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 4 - LOGGING	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN
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0 1 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
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0 1 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
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0 3 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 - PRE-CRASH 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
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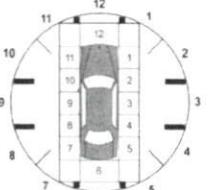
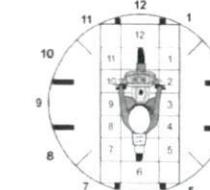
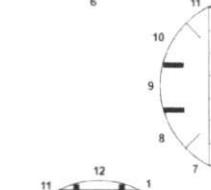
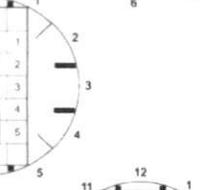
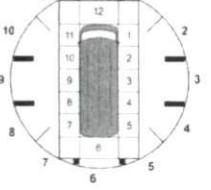
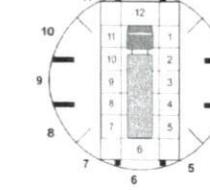
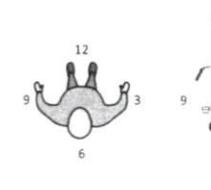
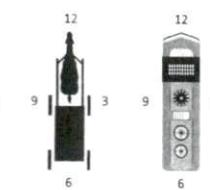
0 9 CONTRIBUTING CIRCUMSTANCES	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE /ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED 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
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SEQUENCE OF EVENTS

1 1 1 2 4 3 3 3 7	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
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COLLISION WITH FIXED OBJECT - STRUCK					
4 1 1	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN

1 FIRST HARMFUL EVENT 3 MOST HARMFUL EVENT

LOCAL REPORT NUMBER 2 2 0 0 7 0 0 5		
DAMAGE DAMAGE SCALE		
3	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE
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		
1 2	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
TRAFFIC		
TRAFFICWAY FLOW 2	TRAFFIC CONTROL 1 - ONE-WAY 2 - TWO-WAY 6	
# OF THROUGH LANES ON ROAD 4	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING 1	
UNIT / NON-MOTORIST DIRECTION		
FROM 3 TO 4	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 9 - OTHER / UNKNOWN	
UNIT SPEED		
3 0	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED 1	
POSTED SPEED		
2 5		



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER									
2 2 0 0 7 0 0 5									
DATE OF BIRTH AGE GENDER									
1 1 0 1 1 9 4 6 7 5 F									
CONTACT PHONE - INCLUDE AREA CODE									
3859 Woodridge Blvd. Apt. 11 Fairfield, OH 45014									
INJURIES INJURED TAKEN BY EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED									
5 0 1 Bowlin, Conny 0 4 <input type="checkbox"/> DOT-Compliant MC HELMET <input type="checkbox"/> SEATING POSITION 0 1 <input type="checkbox"/> AIR BAG USAGE 1 <input type="checkbox"/> EJECTION 1 <input type="checkbox"/> TRAPPED 1									
DL STATE OPERATOR LICENSE NUMBER OFFENSE CHARGED LOCAL CODE									
O H 331.34a <input checked="" type="checkbox"/> X OFFENSE DESCRIPTION Failure to Control CITATION NUMBER 250234									
DL CLASS ENDORSEMENT RESTRICTION SELECT UP TO 3 DRIVER DISTRACTED BY ALCOHOL / DRUG SUSPECTED									
0 4 0 3 7 <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG CONDITION ALCOHOL TEST DRUG TEST(S)									
UNIT # NAME: LAST, FIRST, MIDDLE DATE OF BIRTH AGE GENDER									
0 0 <input type="checkbox"/> 1 1 0 1 1 9 4 6 7 5 F									
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 <input type="checkbox"/> DOT-Compliant MC HELMET <input type="checkbox"/> SEATING POSITION 0 1 <input type="checkbox"/> AIR BAG USAGE 1 <input type="checkbox"/> EJECTION 1 <input type="checkbox"/> TRAPPED 1									
DL STATE OPERATOR LICENSE NUMBER OFFENSE CHARGED LOCAL CODE									
0 4 331.34a <input type="checkbox"/> X OFFENSE DESCRIPTION CITATION NUMBER									
DL CLASS ENDORSEMENT RESTRICTION SELECT UP TO 3 DRIVER DISTRACTED BY ALCOHOL / DRUG SUSPECTED									
0 4 0 3 7 <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG CONDITION ALCOHOL TEST DRUG TEST(S)									
UNIT # NAME: LAST, FIRST, MIDDLE DATE OF BIRTH AGE GENDER									
0 0 <input type="checkbox"/> 1 1 0 1 1 9 4 6 7 5 F									
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 <input type="checkbox"/> DOT-Compliant MC HELMET <input type="checkbox"/> SEATING POSITION 0 1 <input type="checkbox"/> AIR BAG USAGE 1 <input type="checkbox"/> EJECTION 1 <input type="checkbox"/> TRAPPED 1									
DL STATE OPERATOR LICENSE NUMBER OFFENSE CHARGED LOCAL CODE									
0 4 331.34a <input type="checkbox"/> X OFFENSE DESCRIPTION CITATION NUMBER									
DL CLASS ENDORSEMENT RESTRICTION SELECT UP TO 3 DRIVER DISTRACTED BY ALCOHOL / DRUG SUSPECTED									
0 4 0 3 7 <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG CONDITION ALCOHOL TEST DRUG TEST(S)									
INJURIES SEATING POSITION AIR BAG DL CLASS									
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 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 5-TEST GIVEN, RESULTS UNKNOWN									
INJURED TAKEN BY 5-SECOND - MIDDLE 9-DEPLOYMENT UNKNOWN 6-M/C MOPED ONLY 6-NO VALID DL 6-EXCEPT CLASS A & CLASS B BUS 6-TALKING ON HAND-HELD COMMUNICATION DEVICE									
1-NOT TRANSPORTED / TREATED AT SCENE 6-SECOND - RIGHT SIDE 6-NO VALID DL 7-EXCEPT TRACTOR-TRAILER 7-INTERMEDIATE LICENSE RESTRICTIONS 7-OTHER DISTRACTION INSIDE THE VEHICLE 7-TEST GIVEN, RESULTS UNKNOWN									
2-EMS 7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 7-NO VALID DL 8-INTERMEDIATE LICENSE RESTRICTIONS 8-PASSERGER 8-TEST REFUSED									
3-POLICE 8-THIRD - MIDDLE 8-NO VALID DL 9-LEARNER'S PERMIT RESTRICTIONS 9-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE									
9-OTHER/UNKNOWN 9-THIRD - RIGHT SIDE 9-NO VALID DL 10-LIMITED TO DAYLIGHT ONLY 10-TEST GIVEN, RESULTS KNOWN									
SAFETY EQUIPMENT 10-SLEEPER SECTION OF TRUCK CAB 10-NO VALID DL 11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 11-NOT TRAPPED 11-MOTOR VEHICLES WITHOUT AIR BRAKES 11-TEST GIVEN, RESULTS UNKNOWN									
11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 11-NOT TRAPPED 11-MOTOR VEHICLES WITHOUT AIR BRAKES 11-TEST GIVEN, RESULTS UNKNOWN									
12-PASSENGER IN UNENCLOSED CARGO AREA 12-EXTRICATED BY MECHANICAL MEANS 12-EXTRICATED BY MECHANICAL MEANS 12-TEST GIVEN, RESULTS UNKNOWN									
13-TRAILING UNIT 13-FREED BY NON-MECHANICAL MEANS 13-FREED BY NON-MECHANICAL MEANS 13-TEST GIVEN, RESULTS UNKNOWN									
14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 14-TEST GIVEN, RESULTS UNKNOWN									
15-NON-MOTORIST 15-NON-MOTORIST 15-NON-MOTORIST 15-NON-MOTORIST									
99-OTHER / UNKNOWN 99-OTHER / UNKNOWN 99-OTHER / UNKNOWN 99-OTHER / UNKNOWN									
EJECTION OL ENDORSEMENT									
1-NOT EJECTED H - HAZMAT 1-NOT EJECTED H - HAZMAT									
2-PARTIALLY EJECTED M - MOTORCYCLE 2-PARTIALLY EJECTED M - MOTORCYCLE									
3-TOTALLY EJECTED P - PASSENGER 3-TOTALLY EJECTED P - PASSENGER									
4-NOT APPLICABLE N - TANKER 4-NOT APPLICABLE N - TANKER									
TRAPPED									
1-NOT TRAPPED R - THREE-WHEEL MOTORCYCLE 1-NOT TRAPPED R - THREE-WHEEL MOTORCYCLE									
2-EXTRICATED BY MECHANICAL MEANS S - SCHOOL BUS 2-EXTRICATED BY MECHANICAL MEANS S - SCHOOL BUS									
3-FREED BY NON-MECHANICAL MEANS T - DOUBLE & TRIPLE TRAILERS 3-FREED BY NON-MECHANICAL MEANS T - DOUBLE & TRIPLE TRAILERS									
X - TANKER / HAZMAT X - TANKER / HAZMAT X - TANKER / HAZMAT									
GENDER									
F - FEMALE 16-OUTSIDE MIRROR 16-OUTSIDE MIRROR									
M - MALE 17-PROSTHETIC AID 17-PROSTHETIC AID									
U - OTHER / UNKNOWN 18-OTHER 18-OTHER									
ALCOHOL TEST TYPE									
1-NONE 1-NONE									
2-BLOOD 2-BLOOD									
3-URINE 3-URINE									
4-BREATH 4-BREATH									
5-OTHER 5-OTHER									
DRUG TEST TYPE									
1-NONE 1-NONE									
2-BLOOD 2-BLOOD									
3-URINE 3-URINE									
4-OTHER 4-OTHER									
CONDITION									
1-APPARENTLY NORMAL 1-APPARENTLY NORMAL									
2-PHYSICAL IMPAIRMENT 2-PHYSICAL IMPAIRMENT									
3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) 3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)									
4-ILLNESS 4-ILLNESS									
5-FELL ASLEEP, FAINTED, FATIGUED, ETC. 5-FELL ASLEEP, FAINTED, FATIGUED, ETC.									
6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL									
7-OTHER 7-OTHER									
8-Negative RESULTS 8-Negative RESULTS									
DRUG TEST RESULT(S)									
1-AMPHETAMINES 1-AMPHETAMINES									
2-BARBITURATES 2-BARBITURATES									
3-BENZODIAZEPINES 3-BENZODIAZEPINES									
4-CANNABINOID 4-CANNABINOID									
5-COCAIN 5-COCAIN									
6-OPIATES / OPIOIDS 6-OPIATES / OPIOIDS									
7-OTHER 7-OTHER									
8-Negative RESULTS 8-Negative RESULTS									

LOCAL REPORT NUMBER	PD-22-007005	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	3050 Mack Rd. Fairfield, OH 45014	1/30/22



Not To Scale

OFFICER'S SIGNATURE	P.O. C. Moore	BADGE NO
P.O. C. Moore		136