



## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

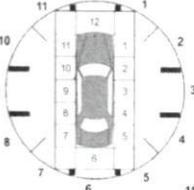
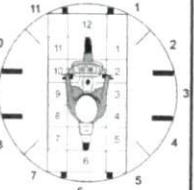
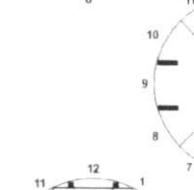
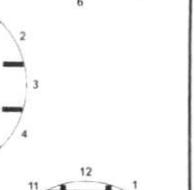
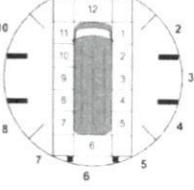
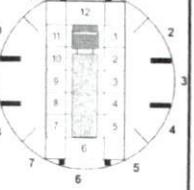
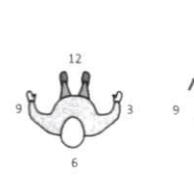
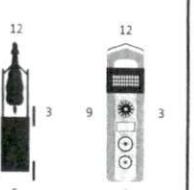
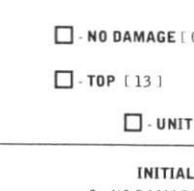
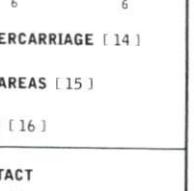
<input checked="" type="checkbox"/> PHOTOS TAKEN		<input type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION		LOCAL REPORT NUMBER*		
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*	2 2 0 0 7 4 5 7	
				Fairfield Police Department		0 0 9 0 1	HIT/SKIP	NUMBER OF UNITS
							1 - SOLVED	0 2
							2 - UNSOLVED	
COUNTY*		LOCALITY*		LOCATION: CITY, VILLAGE, TOWNSHIP*			CRASH DATE / TIME*	
0 9		1 - CITY 2 - VILLAGE 3 - TOWNSHIP		City of Fairfield			0 2 0 1 2 0 2 2 0 7 2 9	
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES	
					Woodridge	B L	3 9 3 0 7 5 3 9	
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES	
					ROSS	R D	- 8 4 5 0 2 5 7 1	
REFERENCE POINT	DIRECTION FROM REFERENCE		ROUTE TYPE		ROAD TYPE		INTERSECTION RELATED	
1	1 - INTERSECTION 2 - 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 checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH	3
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE						<input type="checkbox"/> WITHIN INTERCHANGE AREA	NUMBER OF APPROACHES
	1 - MILES 2 - FEET 3 - YARDS							
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT		ROADWAY		
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 - 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 9 - OTHER / UNKNOWN	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	<input type="checkbox"/> ROADWAY DIVIDED		
<input type="checkbox"/> WORK ZONE RELATED		WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE		DIRECTION OF TRAVEL	MEDIAN TYPE	
<input type="checkbox"/> WORKERS PRESENT		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 2 - ADVANCE WARNING SIGN 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		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"/> LAW ENFORCEMENT PRESENT								
<input type="checkbox"/> ACTIVE SCHOOL ZONE								
LIGHT CONDITION				WEATHER		CONTOUR	CONDITIONS	SURFACE
1	1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	0 2	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	1 - DRY 2 - WET 3 - SNOW 4 - ICE 9 - OTHER/UNKNOWN	1	2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN
NARRATIVE								
<p>On 02/01/2022 at 7:27 a.m. Unit 2 was traveling eastbound on Ross R.D./Woodridge Blvd. Unit 1 was traveling westbound on Woodridge Blvd. attempting to make a left hand turn to travel south on Ross Rd. Unit 1 failed to yield to the right of way of Unit 2.</p> <p>The driver of Unit 1 was also cited for No Drivers License, 335.01 A1.</p> <p>See OH-2</p>								
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY
0 2 0 1 2 0 2 2 0 7 2 7		0 2 0 1 2 0 2 2 0 7 2 9		0 2 0 1 2 0 2 2 0 7 4 4		2 0 0 1 2 0 2 2 0 8 1 6		<input checked="" type="checkbox"/> POLICE AGENCY
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		<input type="checkbox"/> MOTORIST
0		3 0		6 2		D. Miller		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP)
						CHECKED BY OFFICER'S NAME*		
						OFFICER'S BADGE NUMBER*		
						1 6 7		
						CHECKED BY OFFICER'S BADGE NUMBER*		



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



OWNER	UNIT # <u>012</u>	OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER)	
	OWNER ADDRESS: STREET, CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER)			
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
LP STATE <u>O_H</u>	LICENSE PLATE # <u>JBC9547</u>	VEHICLE IDENTIFICATION # <u>3TMCZ5AN2LM345185</u>	VEHICLE YEAR <u>2020</u> VEHICLE MAKE <u>Toyota</u>	
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>Horace Mann</u>	INSURANCE POLICY # <u>3485212680</u>	COLOR <u>White</u> VEHICLE MODEL <u>Tacoma</u>	
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <u>0 1</u>		VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <u>1</u> PLACARD ID # <u>1</u> <input type="checkbox"/> PLACARD	
UNIT TYPE <u>0 4</u>	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
VEHICLE <u>0 0</u>	# OF TRAILING UNITS			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>2</u> 1 - YES 2 - NO 9 - OTHER / UNKNOWN				
AUTONOMOUS MODE LEVEL <u>0</u> 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION				
SPECIAL FUNCTION <u>0 1</u> 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER				
CARGO BODY TYPE <u>0 1</u> 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS				
VEHICLE DEFECTS <u>0 1</u> 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS				
NON-MOTORIST LOCATION AT IMPACT <u>0 1</u> 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK				
ACTION <u>3</u> 3 - STRIKING <u>0 1</u> 3 - CHANGING LANES 4 - STRUCK PRE-CRASH ACTIONS 5 - BOTH STRIKING & STRUCK 6 - OTHER / UNKNOWN				
CONTRIBUTING CIRCUMSTANCES <u>0 1</u> 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN				
SEQUENCE OF EVENTS				
NON-COLLISION <u>1 2 0</u> 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - IMPACT ATTENUATOR / CRASH CUSHION 7 - BRIDGE OVERHEAD STRUCTURE 8 - BRIDGE PIER OR ABUTMENT 9 - BRIDGE PARAPET 10 - BRIDGE RAIL 11 - GUARDRAIL FACE				
COLLISION WITH FIXED OBJECT - STRUCK <u>1</u> 1 - EQUIPMENT FAILURE 2 - SEPARATION OF UNITS 3 - RAN OFF ROAD RIGHT 4 - RAN OFF ROAD LEFT 5 - CROSS MEDIAN 6 - GUARDRAIL END 7 - PORTABLE BARRIER 8 - MEDIAN CABLE BARRIER 9 - MEDIAN GUARDRAIL 10 - GUARDRAIL BARRIER 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION SUPPORT 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT 25 - CURB 26 - DITCH 27 - WALL 28 - BUILDING 29 - TUNNEL 30 - MAILBOX 31 - TREE 32 - FIRE HYDRANT 33 - SUPPORT 34 - FENCE 35 - TIRE 36 - CULVERT 37 - OVERHEAD SIGN POST 38 - LIGHT / LUMINARIES 39 - SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - GUARDRAIL				
FIRST HARMFUL EVENT <u>1</u>		MOST HARMFUL EVENT <u>1</u>		

LOCAL REPORT NUMBER <u>2 2 0 0 7 4 5 7</u>	
DAMAGE 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 <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 TRAFFICWAY FLOW <u>2</u> 1 - ONE-WAY 2 - TWO-WAY <input type="checkbox"/> - 6 TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL	
# OF THROUGH LANES ON ROAD <u>3</u>	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM <u>4</u> TO <u>3</u> 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED <u>3 0</u> <input type="checkbox"/> - 1 POSTED SPEED <u>3 5</u> <input type="checkbox"/> - 2 DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	



# MOTORIST / Non-MOTORIST

										LOCAL REPORT NUMBER				
										2 2 0 0 7 4 5 7				DATE OF BIRTH
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE 0 1 Jimenez Lopez, Daniel									0 2 2 9 1 9 9 2		2 9	M
	ADDRESS: STREET, CITY, STATE, ZIP 1022 Hanover St. Hamilton, OH 45011									CONTACT PHONE - INCLUDE AREA CODE				
MOTORIST / NON-MOTORIST	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED		DOT-COMPLIANT MC HELMET		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
	5						0 4		<input type="checkbox"/>		0 1	1	1	1
MOTORIST / NON-MOTORIST	OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED 331.17(A)		LOCAL CODE <input checked="" type="checkbox"/>		OFFENSE DESCRIPTION Right of Way Left		CITATION NUMBER 249489			
	OL CLASS	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 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE 1		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4			
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE 0 2 Shephard, James, E									DATE OF BIRTH 1 0 2 6 1 9 6 0		AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP 6086 Gray Rd. Fairfield, OH 45014									CONTACT PHONE - INCLUDE AREA CODE				
MOTORIST / NON-MOTORIST	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED		DOT-COMPLIANT MC HELMET		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
	5						0 4		<input type="checkbox"/>		0 1	1	1	1
MOTORIST / NON-MOTORIST	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 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE 1		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4			
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH		AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP									CONTACT PHONE - INCLUDE AREA CODE				
MOTORIST / NON-MOTORIST	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED		DOT-COMPLIANT MC HELMET		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
	5								<input type="checkbox"/>		0 1	1	1	1
MOTORIST / NON-MOTORIST	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 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE 1		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4			
MOTORIST / NON-MOTORIST	INJURIES	SEATING POSITION	AIR BAG		OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS						
	1-FATAL 2-SUSPECTED SERIOUS INJURY 3-SUSPECTED MINOR INJURY 4-POSSIBLE INJURY 5-NO APPARENT INJURY	1-FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2-FRONT - MIDDLE 3-FRONT - RIGHT SIDE 4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5-SECOND - MIDDLE 6-SECOND - RIGHT SIDE 7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8-THIRD - MIDDLE 9-THIRD - RIGHT SIDE 10-SLEEPER SECTION OF TRUCK CAB	1-NOT DEPLOYED 2-DEPLOYED FRONT 3-DEPLOYED SIDE 4-DEPLOYED BOTH FRONT / SIDE 5-NOT APPLICABLE 9-DEPLOYMENT UNKNOWN	1-CLASS A 2-CLASS B 3-CLASS C 4-REGULAR CLASS (OHIO = D) 5-MIC MOVED ONLY 6-NO VALID OL	1-ALCOHOL INTERLOCK DEVICE 2-CDL INTRASTATE ONLY 3-CORRECTIVE LENSES 4-FARM WAIVER 5-EXCEPT CLASS A BUS 6-EXCEPT CLASS A & CLASS B BUS 7-EXCEPT TRACTOR-TRAILER 8-INTERMEDIATE LICENSE RESTRICTIONS 9-LEARNER'S PERMIT RESTRICTIONS 10-LIMITED TO DAYLIGHT ONLY 11-LIMITED TO EMPLOYMENT 12-LIMITED - OTHER 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14-MILITARY VEHICLES ONLY 15-MOTOR VEHICLES WITHOUT AIR BRAKES 16-OUTSIDE MIRROR 17-PROSTHETIC AID 18-OTHER	1-NOT DISTRACTED 2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3-TALKING ON HANDS-FREE COMMUNICATION DEVICE 4-TALKING ON HAND-HELD COMMUNICATION DEVICE 5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6-PASSENGER 7-OTHER DISTRACTION INSIDE THE VEHICLE 8-OTHER DISTRACTION OUTSIDE THE VEHICLE 9-OTHER/UNKNOWN	1-NONE GIVEN 2-TEST REFUSED 3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4-TEST GIVEN, RESULTS KNOWN 5-TEST GIVEN, RESULTS UNKNOWN	ALCOHOL TEST TYPE						
MOTORIST / NON-MOTORIST	INJURED TAKEN BY	EJECTION	OL ENDORSEMENT	TRAPPED	GENDER	CONDITION	DRUG TEST TYPE							
	1-NOT TRANSPORTED / TREATED AT SCENE 2-EMS 3-POLICE 9-OTHER / UNKNOWN	1-NOT EJECTED 2-PARTIALLY EJECTED 3-TOTALLY EJECTED 4-NOT APPLICABLE	H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER	R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT	F - FEMALE M - MALE U - OTHER / UNKNOWN	1-APPARENTLY NORMAL 2-PHYSICAL IMPAIRMENT 3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) 4-ILLNESS 5-FELL ASLEEP, FAINTED, FATIGUED, ETC. 6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9-OTHER / UNKNOWN	I - NONE 2-BLOOD 3-URINE 4-BREATH 5-OTHER							
MOTORIST / NON-MOTORIST	SAFETY EQUIPMENT	DRUG TEST RESULT(S)												
	1-NONE USED 2-SHOULDER BELT ONLY USED 3-LAP BELT ONLY USED 4-SHOULDER & LAP BELT USED 5-CHILD RESTRAINT SYSTEM - FORWARD FACING 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 / CYCLE ONLY 99-OTHER / UNKNOWN	1-AMPHETAMINES 2-BARBITURATES 3-BENZODIAZEPINES 4-CANNABINOID 5-COCAIN 6-OPIATES / OPIOIDS 7-OTHER 8-Negative results												

LOCAL REPORT NUMBER	PD-22-007457	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	Ross Rd./Woodridge Blvd.	2/1/22

*NOT TO SCALE*

N

ROSS RD.

WOODRIDGE BLVD.

ROSS RD.

OFFICER'S SIGNATURE: *P. Miller*

BADGE NO: 167