



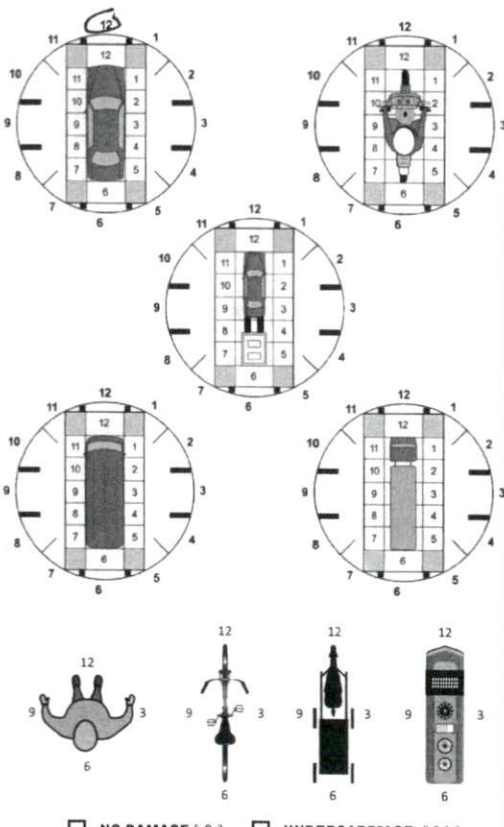
TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

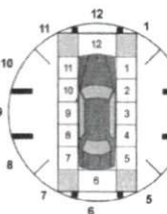
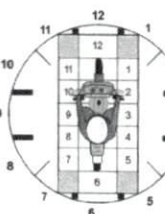
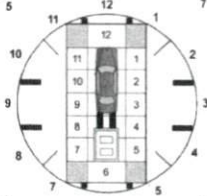
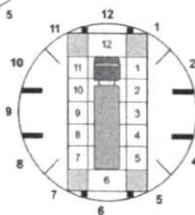
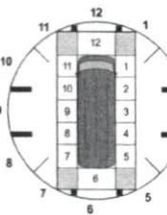
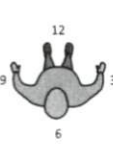



LOCAL REPORT NUMBER*

<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"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY	LOCAL INFORMATION REPORTING AGENCY NAME* Fairfield Police Department		NCIC* 00901	22007471			
COUNTY* 09	LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP 1	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield		CRASH DATE / TIME* 02012022 0847		CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY 5			
ROUTE TYPE US	ROUTE NUMBER 127	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME EVALIE	ROAD TYPE DR	LATITUDE DECIMAL DEGREES 39.326758	LONGITUDE DECIMAL DEGREES -84.561170			
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE # 1	DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-WEST 2	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 PL-PLACE 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 checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 03					
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 01		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 2		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, DEPRESSED MEDIAN (ANY TYPE) 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-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-OTHER/UNKNOWN 2		CONDITIONS 1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN 1	SURFACE 1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN 2
LIGHT CONDITION 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN 1		WEATHER 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 01		NARRATIVE On 02-01-2022 at 8:47 a.m., Unit 1 and Unit 2 were traveling north on US 127 (Pleasant Ave). Unit 2 was stopped by a red light at the intersection of US 127 / Evalie Dr, when Unit 1 drive into the rear of Unit 2. Unit 2 had a lift on the back and driver of Unit 2 advised she did not have any reportable damage to Unit 2, the lift still functioned properly. SEE OH-2					
CRASH REPORTED DATE / TIME 02012022 0848		DISPATCH DATE / TIME 02012022 0850		ARRIVAL DATE / TIME 02012022 0856		SCENE CLEARED DATE / TIME 02012022 0926		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 IDPS)	
TOTAL TIME ROADWAY CLOSED 30	OTHER INVESTIGATION TIME 20	TOTAL MINUTES 56	OFFICER'S NAME* P.O. J. DRAKE	CHECKED BY OFFICER'S NAME* Sgt. J. Sprague		OFFICER'S BADGE NUMBER* 88		CHECKED BY OFFICER'S BADGE NUMBER* 84	

UNIT # 01		OWNER NAME: LAST, FIRST, MIDDLE: (X SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)	
OWNER ADDRESS: STREET, CITY, STATE, ZIP: (X SAME AS DRIVER)					
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP				COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE OH	LICENSE PLATE # HNJ2814	VEHICLE IDENTIFICATION # 5X X G T 4 L 3 5 G G 1 0 5 4 3 5		VEHICLE YEAR 2016	VEHICLE MAKE KIA
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY PROGRESSIVE	INSURANCE POLICY # 40723268		COLOR GRAY	VEHICLE MODEL OPTIMA
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #		TOWED BY: COMPANY NAME WAYNE'S	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS 01		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID #	
VEHICLE TYPE 01		VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.			
UNIT TYPE 00		# OF TRAILING UNITS			
SPECIAL FUNCTION 01		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN			
CARGO BODY TYPE 01		AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN			
VEHICLE DEFECTS		VEHICLE DAMAGE			
1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		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			
NON-MOTORIST LOCATION AT IMPACT		INITIAL POINT OF CONTACT 0 - NO DAMAGE 1 - 12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN			
ACTION 03		PRE-CRASH ACTIONS 01			
CONTRIBUTING CIRCUMSTANCES 08		TRAFFIC			
SEQUENCE OF EVENTS 1 2 0		TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY			
NON-COLLISION		TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL			
COLLISION WITH FIXED OBJECT - STRUCK		RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING			
FIRST HARMFUL EVENT 1		UNIT / NON-MOTORIST DIRECTION FROM 2 TO 1			
MOST HARMFUL EVENT 1		UNIT SPEED 20			
		POSTED SPEED 35			
		DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED			

LOCAL REPORT NUMBER 22007471	
DAMAGE	
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 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 3	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM 2 TO 1	
UNIT SPEED 20	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 35	

OWNER	UNIT # 02		OWNER NAME: LAST, FIRST, MIDDLE () SAME AS DRIVER ITA DISTRIBUTION LLC		OWNER PHONE: INCLUDE AREA CODE () SAME AS DRIVER	
	OWNER ADDRESS: STREET, CITY, STATE, ZIP () SAME AS DRIVER					
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP ITA DISTRIBUTION LLC, 5018 MARION AVE APT 1 CINCINNATI OH 45212					Congressional District	
VEHICLE	LP STATE OH	LICENSE PLATE # PLD8797	VEHICLE IDENTIFICATION # 1FDWE13FL3DDA80841		VEHICLE YEAR 2013	VEHICLE MAKE FORD
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY CNA INSURANCE		INSURANCE POLICY # 6081307515	COLOR WHITE	VEHICLE MODEL E-350
	<input checked="" type="checkbox"/> COMMERCIAL	TYPE OF USE <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 01	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD
	UNIT TYPE		1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)
			2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED	13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)
			3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14 - SINGLE UNIT TRUCK	20 - OTHER VEHICLE
			4 - PICK UP	10 - MOPED OR MOTORIZED BICYCLE	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT
			5 - CARGO VAN	11 - ALL TERRAIN VEHICLE (ATV / UTV)	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE
			6 - VAN (9-15 SEATS)		17 - MOTORHOME	23 - PEDESTRIAN / SKATER
# OF TRAILING UNITS 00						
		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION		
		1 - YES 2 - NO 9 - OTHER / UNKNOWN		3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION		
SPECIAL FUNCTION 01		1 - NONE		6 - BUS - CHARTER/TOUR		
		2 - TAXI		7 - BUS - INTERCITY		
		3 - ELECTRONIC RIDE SHARING		8 - BUS - SHUTTLE		
		4 - SCHOOL TRANSPORT		9 - BUS - OTHER		
		5 - BUS - TRANSIT/COMMUTER		10 - AMBULANCE		
CARGO BODY TYPE 06		1 - NO CARGO BODY TYPE / NOT APPLICABLE		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE		
		2 - BUS		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		
VEHICLE DEFECTS		1 - TURN SIGNALS		4 - BRAKES		
		2 - HEAD LAMPS		5 - STEERING		
		3 - TAIL LAMPS		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		3 - INTERSECTION - OTHER		
		2 - INTERSECTION - UNMARKED CROSSWALK		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 04		1 - NON-CONTACT		1 - STRAIGHT AHEAD		
		2 - NON-COLLISION		2 - BACKING		
		3 - STRIKING		3 - CHANGING LANES		
		4 - STRUCK		4 - OVERTAKING/PASSING		
		5 - BOTH STRIKING & STRUCK		5 - MAKING RIGHT TURN		
		9 - OTHER / UNKNOWN		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 01		1 - NONE		7 - LEFT OF CENTER		
		2 - FAILURE TO YIELD		8 - FOLLOWING TOO CLOSE / ACDA		
		3 - RAN RED LIGHT		9 - IMPROPER LANE CHANGE		
		4 - RAN STOP SIGN		10 - IMPROPER PASSING		
		5 - UNSAFE SPEED		11 - DROVE OFF ROAD		
		6 - IMPROPER TURN		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		NON-COLLISION				
1 2 0		1 - OVERTURN/ROLLOVER				
		2 - FIRE/EXPLOSION				
		3 - IMMERSION				
		4 - JACKKNIFE				
		5 - CARGO / EQUIPMENT LOSS OR SHIFT				
		6 - EQUIPMENT FAILURE				
		7 - SEPARATION OF UNITS				

LOCAL REPORT NUMBER <div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; width: 100%;"> 22007471 </div>	
DAMAGE DAMAGE SCALE <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 - NONE 2 - MINOR DAMAGE </div> <div style="width: 45%;"> 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN </div> </div>	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<div style="display: grid; grid-template-columns: 1fr 1fr; gap: 20px;">          </div>	
<div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] </div> <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> - UNIT NOT AT SCENE [16] </div>	
INITIAL POINT OF CONTACT <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP </div> <div style="width: 45%;"> 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN </div> </div>	
TRAFFIC	
TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY FROM 2 TO 1	TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 3	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING 1
UNIT / NON-MOTORIST DIRECTION <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST </div> <div style="width: 45%;"> 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN </div> </div>	
UNIT SPEED 0 0	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED 1
POSTED SPEED 3 5	



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2 2 0 0 7 4 7 1

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE HARRIS, STEVEN D	DATE OF BIRTH 0 8 2 7 1 9 8 5	AGE 3 6	GENDER M
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ADDRESS: STREET, CITY, STATE, ZIP 5250 OLD OAK TRL APT 75 CINCINNATI, OHIO 45238	CONTACT PHONE - INCLUDE AREA CODE
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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 333.03A	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION ACDA	CITATION NUMBER 249618				
OL CLASS 4	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 CORDER, ANDREA MICHELLE	DATE OF BIRTH 0 7 2 5 1 9 9 1	AGE 3 0	GENDER F
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ADDRESS: STREET, CITY, STATE, ZIP 5018 MARION AVE APT 1 CINCINNATI OH 45212	CONTACT PHONE - INCLUDE AREA CODE
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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 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3 0 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
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ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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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	

INJURIES 1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	SEATING POSITION 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 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	AIR BAG 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	OL CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M/C MOPED ONLY 6 - NO VALID OL	OL RESTRICTION(S) 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	DRIVER DISTRACTION 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	TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN
INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN	SAFETY EQUIPMENT 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 / BICYCLE ONLY 99 - OTHER / UNKNOWN	EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	OL ENDORSEMENT 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	CONDITION 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	ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER
TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS				GENDER F - FEMALE M - MALE U - OTHER / UNKNOWN	DRUG TEST RESULT(S) 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS	

LOCAL REPORT NUMBER 22-007471	REPORTING AGENCY Fairfield Police Department	DATE OF ACCIDENT 02/01/2022
IN COUNTY OF Butler	ACCIDENT LOCATION PLEASANT AVE @ EVALIE DR	

Evalie Dr

Pleasant Ave

NOT TO SCALE

OFFICER'S SIGNATURE
P.O. [Signature] #88

BADGE NO.
88