



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

			LOCAL REPORT NUMBER*					
			2 2 0 0 7 5 2 6					
<input checked="" type="checkbox"/> PHOTOSTAKEN <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* Fairfield Police Department NCIC* 0 0 9 0 1						
COUNTY* 0 9 LOCALITY* 1-CITY 1-VILLAGE 3-TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield			HIT/SKIP 1-SOLVED 2-UNRESOLVED 0 2 NUMBER OF UNITS 0 1			
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME	ROAD TYPE			
	S R	4			LATITUDE DECIMAL DEGREES 3 9 3 1 9 9 2 7			
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE			
				6641	LONGITUDE DECIMAL DEGREES -8 4 4 9 8 2 8 8			
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 HW - HIGHWAY RD - ROAD AV - AVENUE LA - LANE SQ - SQUARE BL - BOULEVARD MP - MILEPOST ST - STREET CR - CIRCLE OV - OVAL TE - TERRACE CT - COURT PK - PARKWAY TL - TRAIL DR - DRIVE PI - PIKE WA - WAY HE - HEIGHTS PL - PLACE			
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 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 1- NOT COLLISION 2- BETWEEN 3- TWO MOTOR VEHICLES IN 4- TRANSPORT 5- BACKING 6- ANGLE 7- SIDESWIPE, SAME DIRECTION 8- SIDESWIPE, OPPOSITE DIRECTION 9- REAR-END 10- HEAD-ON 11- OTHER / UNKNOWN		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 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 2-ADVANCE WARNING SIGN 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA	CONTOUR 1 2-STRAIGHT LEVEL 3-CURVE LEVEL 4-CURVE GRADE 9- OTHER/UNKNOWN	CONDITIONS 1 2-DRY 3-WET 4-SNOW 5-ICE 6-WATER (STANDING, MOVING) 7-SLUSH 9- OTHER/UNKNOWN	SURFACE 1 2-CONCRETE 3-BLACKTOP, BITUMINOUS, ASPHALT 4-BRICK/BLOCK 5-SLAG, GRAVEL, STONE 9- OTHER/UNKNOWN	
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 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 02-01-22 at about 1:52 P.M. Unit 1 was traveling southeast bound on SR 4 at approximately 25 m.p.h. and when at 6641 Dixie Hwy. failed to stop within the assured clear distance ahead and collided with Unit 2 which was also southeast bound and was stopped in traffic at 6641 Dixie hwy. Brake lights on Unit 2 were inspected and were working.</p>						 Indicate the north direction with an "N" on the compass diagram. See OH. #2		
CRASH REPORTED DATE / TIME 0 2 0 1 2 0 2 2 1 3 5 2		DISPATCH DATE / TIME 0 2 0 1 2 0 2 2 1 3 5 3		ARRIVAL DATE / TIME 0 2 0 1 2 0 2 2 1 3 5 8		SCENE CLEARED DATE / TIME 0 2 0 1 2 0 2 2 1 4 2 3		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 ODOT)
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES 2 0		OFFICER'S NAME* P.O. Gregg lamb		CHECKED BY OFFICER'S NAME* <i>St. J. Spague</i>
						OFFICER'S BADGE NUMBER* 6 5		CHECKED BY OFFICER'S BADGE NUMBER* <i>8 4</i>

UNIT # **0_1** OWNER NAME: LAST, FIRST, MIDDLE SAME AS DRIVER
Fullbeck, Timothy M.

OWNER PHONE: INCLUDE AREA CODE SAME AS DRIVER

LOCAL REPORT NUMBER

2 2 0 0 7 5 2 6

OWNER ADDRESS: STREET, CITY, STATE, ZIP SAME AS DRIVER
709 Anderson Ferry Rd. Cincinnati, OH. 45238

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE O_H	LICENSE PLATE # HYH4140	VEHICLE IDENTIFICATION # 2G1WF52E259118524	VEHICLE YEAR 2005	VEHICLE MAKE Chevrolet
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY Erie	INSURANCE POLICY # Q046406619	COLOR White	VEHICLE MODEL Impala
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.	
			HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	

UNIT TYPE
0_1
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
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

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?
2
1 - YES 2 - NO 9 - OTHER/UNKNOWN

0	AUTONOMOUS MODE LEVEL
0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION
1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION
2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION

SPECIAL FUNCTION
0_1
1 - NONE
2 - TAXI
3 - ELECTRONIC RIDE SHARING
4 - SCHOOL TRANSPORT
5 - BUS - TRANSIT/COMUTER

6 - BUS - CHARTERTOUR
7 - BUS - INTERCITY
8 - BUS - SHUTTLE
9 - BUS - OTHER
10 - AMBULANCE

11 - FIRE
12 - MILITARY
13 - POLICE
14 - PUBLIC UTILITY
15 - CONSTRUCTION EQUIPMENT
21 - MAIL CARRIER
24 - WHEELCHAIR (ANY TYPE)
25 - OTHER NON-MOTORIST
26 - BICYCLE
27 - TRAIN
99 - UNKNOWN OR HIT/SKIP

CARGO BODY TYPE
0_1
1 - NO CARGO BODY TYPE /NOTAPPLICABLE
2 - BUS

3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE
4 - LOGGING
5 - CARGO VAN/ENCLOSED BOX
6 - GRAIN/CHIPS/GRAVEL

7 - POLE
9 - CARGOTANK
10 - FLAT BED
11 - DUMP

12 - CONCRETE MIXER
13 - AUTO TRANSPORTER
14 - GARBAGE/REFUSE
99 - OTHER/UNKNOWN

VEHICLE DEFECTS
1
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

NON-MOTORIST LOCATION AT IMPACT
1
1 - INTERSECTION - MARKED CROSSWALK
2 - INTERSECTION - UNMARKED CROSSWALK

3 - INTERSECTION - OTHER CROSSWALK
4 - MIDBLOCK - MARKED

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 - STANDING
14 - OTHER/UNKNOWN

ACTION
3
1 - NON-CONTACT
2 - NON-COLLISION
3 - STRIKING **0_1**
4 - STRUCK PRE-CRASH ACTIONS
5 - BOTH STRIKING & STRUCK
6 - OTHER/UNKNOWN

1 - STRAIGHT AHEAD
2 - BACKING
3 - CHANGING LANES
4 - OVERTAKING/PASSING
5 - MAKING RIGHT TURN
6 - MAKING LEFT TURN
7 - DRIVERLESS

7 - MAKING U-TURN
8 - ENTERING TRAFFIC LANE
9 - LEAVING TRAFFIC LANE
10 - PARKED
11 - SLOWING OR STOPPED
12 - SWERVING TO AVOID

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
0_8
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 - VISION OBSTRUCTION
17 - OPERATING DEFECTIVE EQUIPMENT
18 - LOAD SHIFTING/FALLING/SPILLING

19 - LYING IN ROADWAY
20 - NOT DISCERNIBLE
21 - OPENING DOOR INTO ROADWAY
99 - OTHER IMPROPER ACTION

SEQUENCE OF EVENTS

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
8 - RAN OFF ROAD RIGHT
9 - RAN OFF ROAD LEFT
10 - CROSS MEDIAN

11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL
12 - DOWNSHILL RUNAWAY
13 - OTHER NON-COLLISION
14 - PEDESTRIAN
15 - PEDESTRIAL

16 - RAILWAY VEHICLE
17 - ANIMAL - FARM
18 - ANIMAL - DEER
19 - ANIMAL - OTHER
20 - MOTOR VEHICLE IN TRANSPORT

21 - WORK ZONE MAINTENANCE EQUIPMENT
22 - WORK ZONE MAINTENANCE EQUIPMENT
23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
24 - OTHER MOVABLE OBJECT

4_5_6
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
36 - MEDIAN OTHER BARRIER

37 - TRAFFIC SIGN POST
38 - OVERHEAD SIGN POST
39 - LIGHT / LUMINARIES
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 **1** MOST HARMFUL EVENT

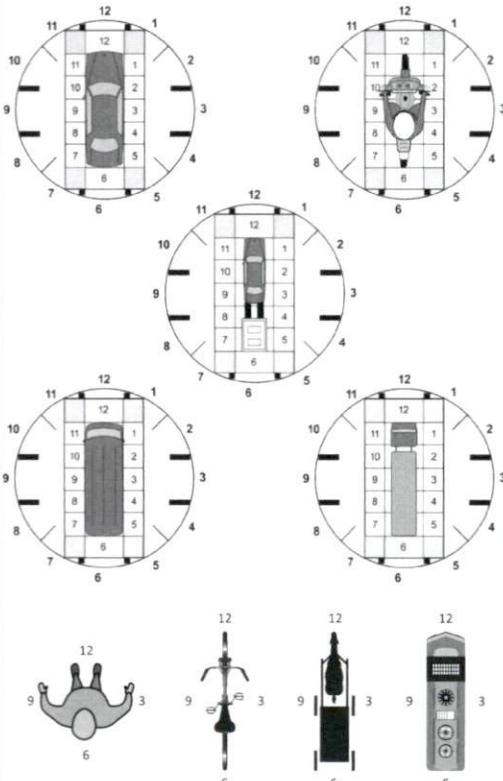
DAMAGE

DAMAGE SCALE

1 - NONE
3 - FUNCTIONAL DAMAGE
2 - MINOR DAMAGE
4 - DISABLING DAMAGE
9 - UNKNOWN

DAMAGED AREA(S)

INDICATE ALL THAT APPLY



- NO DAMAGE [0] - UNDERCARRIAGE [14]

- TOP [13] - ALL AREAS [15]

- UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT

0 - NO DAMAGE
1-2 - REFER TO UNIT DIAGRAM
13 - TOP
14 - UNDERCARRIAGE
15 - VEHICLE NOT AT SCENE
99 - UNKNOWN

TRAFFIC

TRAFFIC WAY FLOW
2
1 - ONE WAY
2 - TWO WAY

TRAFFIC CONTROL
6
1 - ROUNDABOUT
2 - SIGNAL
3 - FLASHER
4 - STOP SIGN
5 - YIELD SIGN
6 - NO CONTROL

OF THROUGH LANES ON ROAD
4
1 - NOT INVOLVED
2 - INVOLVED-ACTIVE CROSSING
3 - INVOLVED-PASSIVE CROSSING

RAIL GRADE CROSSING
1
1 - NOT INVOLVED
2 - INVOLVED-ACTIVE CROSSING
3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION
6 TO **7**
1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST
5 - NORTHEAST
6 - NORTHWEST
7 - SOUTHEAST
8 - SOUTHWEST
9 - OTHER/UNKNOWN

UNIT SPEED
2_0
1 - STATED / ESTIMATED SPEED
2 - CALCULATED / EDR
3 - UNDETERMINED

POSTED SPEED
5_0



UNIT

OWNER

EVENT(s)

SEQUENCE OF EVENTS

CONTRIBUTING CIRCUMSTANCES

ACTION

NON-COLLISION

COLLISION WITH FIXED OBJECT - STRUCK

POSTED SPEED

UNIT SPEED

DETECTED SPEED

LP STATE

INSURANCE

VERIFIED

UNIT TYPE

CARGO BODY TYPE

SPECIAL FUNCTION

VEHICLE DEFECTS

NON-MOTORIST LOCATION AT IMPACT

ACTION

NON-COLLISION

COLLISION WITH FIXED OBJECT - STRUCK

POSTED SPEED

UNIT SPEED

DETECTED SPEED

OWNER

COMMERCIAL CARRIER

LP STATE



MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	LOCAL REPORT NUMBER										
	2 2 0 0 7 5 2 6										
	UNIT #	NAME: LAST, FIRST, MIDDLE									
	0 1	Fullbeck, Timothy M.									
	ADDRESS: STREET, CITY, STATE, ZIP	709 Anderson Ferry Rd. Cincinnati, OH. 45238									
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DATE OF BIRTH					
	5				0 4	0 3 2 6 1 9 9 0	AGE	GENDER			
	OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE	CONTACT PHONE - INCLUDE AREA CODE				
	O H				333.03A	<input checked="" type="checkbox"/>					
	OL 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 <input type="checkbox"/> OTHER DRUG	1	1	1	1	RESULT SELECT UP TO 4		
UNIT #	NAME: LAST, FIRST, MIDDLE										
0 2	Reckers, Charles K.										
ADDRESS: STREET, CITY, STATE, ZIP	10301 Kenwood Rd. Blue Ash, OH. 45242										
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DATE OF BIRTH						
5				0 4	0 8 1 4 1 9 7 1	AGE	GENDER				
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE	CONTACT PHONE - INCLUDE AREA CODE					
O H					<input type="checkbox"/>						
OL 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 <input type="checkbox"/> OTHER DRUG	1	1	1	1	RESULT SELECT UP TO 4		
UNIT #	NAME: LAST, FIRST, MIDDLE										
ADDRESS: STREET, CITY, STATE, ZIP											
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DATE OF BIRTH						
					0	AGE	GENDER				
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE	CONTACT PHONE - INCLUDE AREA CODE					
					<input type="checkbox"/>						
OL 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 <input type="checkbox"/> OTHER DRUG					RESULT SELECT UP TO 4		
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-TALKING ON HANDS-FREE COMMUNICATION DEVICE	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-TALKING ON HAND-HELD COMMUNICATION DEVICE	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-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5-TEST GIVEN, RESULTS UNKNOWN					
INJURED TAKEN BY	6-SECOND - RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-NO VALID OL	6-EXCEPT CLASS A & CLASS B BUS	6-PASSENGER	6-BLOOD					
1-NOT TRANSPORTED /TREATED AT SCENE	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7-EXCEPT TRACTOR-TRAILER	7-OTHER DISTRACTION INSIDE THE VEHICLE	7-URINE					
2-EMS	8-THIRD - MIDDLE	1-NOT EJECTED	H-HAZMAT	8-INTERMEDIATE LICENSE RESTRICTIONS	8-OTHER DISTRACTION OUTSIDE THE VEHICLE	8-BREATH					
3-POLICE	9-THIRD - RIGHT SIDE	2-PARTIALLY EJECTED	M-MOTORCYCLE	9-LEARNER'S PERMIT RESTRICTIONS	9-OTHER / UNKNOWN	9-OTHER					
9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB	3-TOTALLY EJECTED	P-PASSENGER	10-LIMITED TO DAYLIGHT ONLY							
SAFETY EQUIPMENT		4-NOT APPLICABLE	N-TANKER	11-LIMITED TO EMPLOYMENT							
1-NONE USED	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1-NOT TRAPPED	Q-MOTOR SCOOTER	12-LIMITED - OTHER							
2-SHOULDER BELT ONLY USED	12-PASSENGER IN UNENCLOSED CARGO AREA	2-EXTRICATED BY MECHANICAL MEANS	R-THREE-WHEEL MOTORCYCLE	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)							
3-LAP BELT ONLY USED	13-TRAILING UNIT	3-FREED BY NON-MECHANICAL MEANS	S-SCHOOL BUS	14-MILITARY VEHICLES ONLY							
4-SHOULDER & LAP BELT USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		T-DOUBLE & TRIPLE TRAILERS	15-MOTOR VEHICLES WITHOUT AIR BRAKES							
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	15-NON-MOTORIST		X-TANKER / HAZMAT	16-OUTSIDE MIRROR							
6-CHILD RESTRAINT SYSTEM - REAR FACING	99-OTHER / UNKNOWN			17-PROSTHETIC AID							
7-BOOSTER SEAT				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
1-NOT EJECTED										H-HAZMAT	1-NONE
2-PARTIALLY EJECTED										M-MOTORCYCLE	2-BLOOD
3-TOTALLY EJECTED										P-PASSENGER	3-URINE
4-NOT APPLICABLE										N-TANKER	4-BREATH
TRAPPED										Q-MOTOR SCOOTER	5-OTHER
1-NOT TRAPPED										R-THREE-WHEEL MOTORCYCLE	
2-EXTRICATED BY MECHANICAL MEANS										S-SCHOOL BUS	
3-FREED BY NON-MECHANICAL MEANS										T-DOUBLE & TRIPLE TRAILERS	
COND										X-TANKER / HAZMAT	
GENDER											
F-FEMALE										1-APPARENTLY NORMAL	
M-MALE										2-PHYSICAL IMPAIRMENT	
U-OTHER / UNKNOWN										3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	
										4-ILLNESS	1-AMPHETAMINES
										5-FELL ASLEEP, FAINTED, FATIGUED, ETC.	2-BARBITURATES
										6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	3-BENZODIAZEPINES
										9-OTHER / UNKNOWN	4-CANNABINOID
											5-COCAIN
											6-OPIATES / OPIOIDS
											7-OTHER
											8-Negative RESULTS

LOCAL
REPORT
NUMBER 22-07526

REPORTING
AGENCY

FAIRFIELD P.D. 00901

DATE OF ACCIDENT

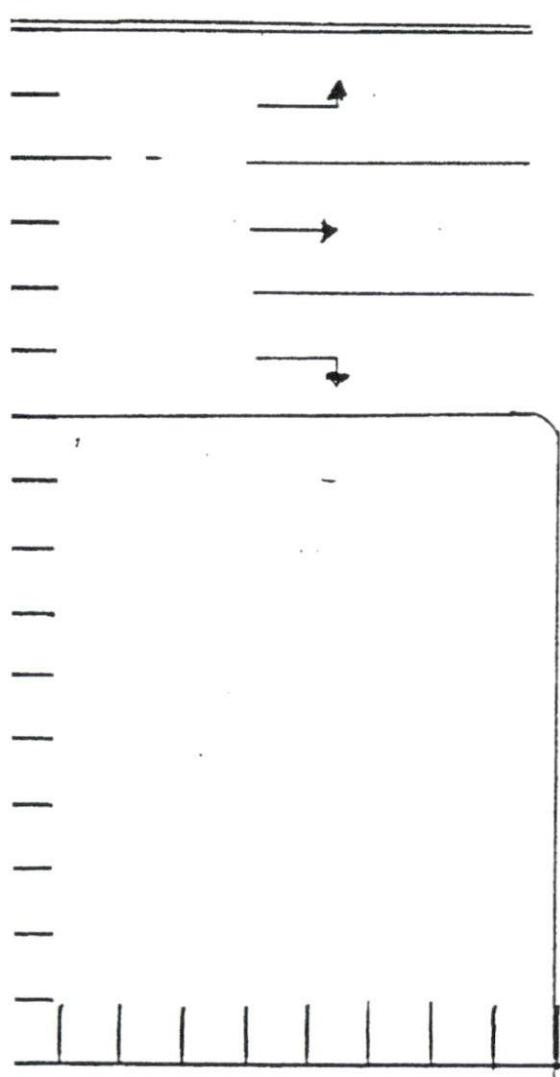
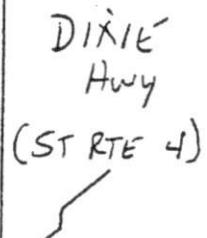
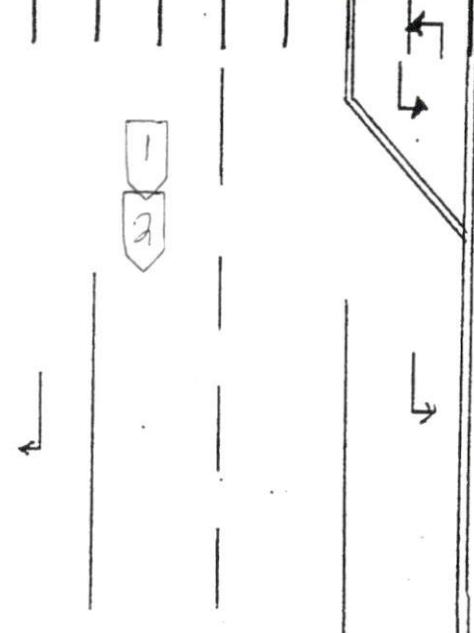
M 2 10 1 14 22

IN COUNTY OF

BUTLER

ACCIDENT
LOCATION

SR 4 AT 6641 Dixie Hwy



OFFICERS SIGNATURE

BADGE NO.

15