



## 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"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*	2 2 0 0 9 8 2 5			
		<input type="checkbox"/> PRIVATE PROPERTY		Fairfield Police Department		0 0 9 0 1	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR	
						2 1 - SOLVED	0 1	0 1	98 - ANIMAL	
						2 2 - UNSOLVED			99 - UNKNOWN	
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*		City of Fairfield		CRASH DATE / TIME*		CRASH SEVERITY		
0 9	1 - CITY 2 - VILLAGE 3 - TOWNSHIP					0 2 1 0 2 0 2 2 1 5 3 2		5	1 - FATAL	
		ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES	2 - SERIOUS INJURY SUSPECTED		
					Symmes	R D	3 9 3 5 2 6 4 2	3 - MINOR INJURY SUSPECTED		
		ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES	4 - INJURY POSSIBLE		
					521		- 8 4 5 6 0 7 1 5	5 - PROPERTY DAMAGE ONLY		
REFERENCE POINT		DIRECTION FROM REFERENCE		ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED				
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 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 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP				1 - NOT COLLISION 2 - REAR-END 3 - HEAD-ON			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		
				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						
<input type="checkbox"/> WORK ZONE RELATED		<input type="checkbox"/> WORKERS PRESENT		<input type="checkbox"/> LAW ENFORCEMENT PRESENT		<input type="checkbox"/> ACTIVE SCHOOL ZONE		CONTOUR	CONDITIONS	SURFACE
								1	2	1
								1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE
								2 - STRAIGHT GRADE	2 - WET	2 - BLACKTOP, BITUMINOUS, ASPHALT
								3 - CURVE LEVEL	3 - SNOW	3 - BRICK/BLOCK
								4 - CURVE GRADE	4 - ICE	4 - SLAG, GRAVEL, STONE
								9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	5 - DIRT
									6 - WATER (STANDING, MOVING)	9 - OTHER/UNKNOWN
									7 - SLUSH	
<p><b>LIGHT CONDITION</b></p> <p>1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN</p> <p>1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL</p> <p>6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN</p> <p><b>WEATHER</b></p>										
<p><b>NARRATIVE</b></p> <p>On 2/10/22 at about 3:32 p.m. Unit 1 was traveling westbound on Symmes Rd and when at 521 ran off the left side of the road, striking a mailbox and a tree. The driver of Unit 1 left the scene on foot and was later located by officers. He did not make any attempt to notify the owner of the property or call law enforcement.</p> <p>The driver of Unit 1 was also cited with: DUS OVI Suspension FCO 335.071a Leaving the Scene FCO 335.12a</p> <p>The owner of the mailbox is: Heidi Schiller 521 Symmes Rd. Fairfield Oh 45014</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 1 0 2 0 2 2 1 5 3 2		0 2 1 0 2 0 2 2 1 5 3 7		0 2 1 0 2 0 2 2 1 5 4 1		0 2 1 0 2 0 2 2 1 6 1 6		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION TO ADDITION TO AN EXISTING REPORT TO OSGP)		
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*		
						J. Sons		 CHECKED BY OFFICER'S BADGE NUMBER*		
						OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*		
3 9		0		3 9		1 5 0		1 1 8 1 1		



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

UNIT # OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER )

OWNER PHONE: INCLUDE AREA CODE (  SAME AS DRIVER )

0\_1 D and M Property Maintenance LLC

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER )

5411 Southgate Bv Apt 6. 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

O\_H PLB4893 1.G.C.C.S.1.4.4.6.W.K.1.8.0.9.0.2

1.9.9.8 Chevy

INSURANCE VERIFIED

INSURANCE COMPANY

INSURANCE POLICY #

COLOR

VEHICLE MODEL

Black S10

TYPE OF USE

US DOT #

TOWED BY: COMPANY NAME

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS

Marcells

1.  2.  3.  4.  5.  6.  7.  8.  9.  10.  11.  12.  13.  14.  15.  16.  17.  18.  19.  20.  21.  22.  23.  24.  25.  26.  27.  28.  29.  30.  31.  32.  33.  34.  35.  36.  37.  38.  39.  40.  41.  42.  43.  44.  45.  46.  47.  48.  49.  50.  51.  52.  53.  54.  55.  56.  57.  58.  59.  60.  61.  62.  63.  64.  65.  66.  67.  68.  69.  70.  71.  72.  73.  74.  75.  76.  77.  78.  79.  80.  81.  82.  83.  84.  85.  86.  87.  88.  89.  90.  91.  92.  93.  94.  95.  96.  97.  98.  99.  100.  101.  102.  103.  104.  105.  106.  107.  108.  109.  110.  111.  112.  113.  114.  115.  116.  117.  118.  119.  120.  121.  122.  123.  124.  125.  126.  127.  128.  129.  130.  131.  132.  133.  134.  135.  136.  137.  138.  139.  140.  141.  142.  143.  144.  145.  146.  147.  148.  149.  150.  151.  152.  153.  154.  155.  156.  157.  158.  159.  160.  161.  162.  163.  164.  165.  166.  167.  168.  169.  170.  171.  172.  173.  174.  175.  176.  177.  178.  179.  180.  181.  182.  183.  184.  185.  186.  187.  188.  189.  190.  191.  192.  193.  194.  195.  196.  197.  198.  199.  200.  201.  202.  203.  204.  205.  206.  207.  208.  209.  210.  211.  212.  213.  214.  215.  216.  217.  218.  219.  220.  221.  222.  223.  224.  225.  226.  227.  228.  229.  230.  231.  232.  233.  234.  235.  236.  237.  238.  239.  240.  241.  242.  243.  244.  245.  246.  247.  248.  249.  250.  251.  252.  253.  254.  255.  256.  257.  258.  259.  260.  261.  262.  263.  264.  265.  266.  267.  268.  269.  270.  271.  272.  273.  274.  275.  276.  277.  278.  279.  280.  281.  282.  283.  284.  285.  286.  287.  288.  289.  290.  291.  292.  293.  294.  295.  296.  297.  298.  299.  300.  301.  302.  303.  304.  305.  306.  307.  308.  309.  310.  311.  312.  313.  314.  315.  316.  317.  318.  319.  320.  321.  322.  323.  324.  325.  326.  327.  328.  329.  330.  331.  332.  333.  334.  335.  336.  337.  338.  339.  340.  341.  342.  343.  344.  345.  346.  347.  348.  349.  350.  351.  352.  353.  354.  355.  356.  357.  358.  359.  360.  361.  362.  363.  364.  365.  366.  367.  368.  369.  370.  371.  372.  373.  374.  375.  376.  377.  378.  379.  380.  381.  382.  383.  384.  385.  386.  387.  388.  389.  390.  391.  392.  393.  394.  395.  396.  397.  398.  399.  400.  401.  402.  403.  404.  405.  406.  407.  408.  409.  410.  411.  412.  413.  414.  415.  416.  417.  418.  419.  420.  421.  422.  423.  424.  425.  426.  427.  428.  429.  430.  431.  432.  433.  434.  435.  436.  437.  438.  439.  440.  441.  442.  443.  444.  445.  446.  447.  448.  449.  450.  451.  452.  453.  454.  455.  456.  457.  458.  459.  460.  461.  462.  463.  464.  465.  466.  467.  468.  469.  470.  471.  472.  473.  474.  475.  476.  477.  478.  479.  480.  481.  482.  483.  484.  485.  486.  487.  488.  489.  490.  491.  492.  493.  494.  495.  496.  497.  498.  499.  500.  501.  502.  503.  504.  505.  506.  507.  508.  509.  510.  511.  512.  513.  514.  515.  516.  517.  518.  519.  520.  521.  522.  523.  524.  525.  526.  527.  528.  529.  530.  531.  532.  533.  534.  535.  536.  537.  538.  539.  540.  541.  542.  543.  544.  545.  546.  547.  548.  549.  550.  551.  552.  553.  554.  555.  556.  557.  558.  559.  560.  561.  562.  563.  564.  565.  566.  567.  568.  569.  570.  571.  572.  573.  574.  575.  576.  577.  578.  579.  580.  581.  582.  583.  584.  585.  586.  587.  588.  589.  590.  591.  592.  593.  594.  595.  596.  597.  598.  599.  600.  601.  602.  603.  604.  605.  606.  607.  608.  609.  610.  611.  612.  613.  614.  615.  616.  617.  618.  619.  620.  621.  622.  623.  624.  625.  626.  627.  628.  629.  630.  631.  632.  633.  634.  635.  636.  637.  638.  639.  640.  641.  642.  643.  644.  645.  646.  647.  648.  649.  650.  651.  652.  653.  654.  655.  656.  657.  658.  659.  660.  661.  662.  663.  664.  665.  666.  667.  668.  669.  670.  671.  672.  673.  674.  675.  676.  677.  678.  679.  680.  681.  682.  683.  684.  685.  686.  687.  688.  689.  690.  691.  692.  693.  694.  695.  696.  697.  698.  699.  700.  701.  702.  703.  704.  705.  706.  707.  708.  709.  710.  711.  712.  713.  714.  715.  716.  717.  718.  719.  720.  721.  722.  723.  724.  725.  726.  727.  728.  729.  730.  731.  732.  733.  734.  735.  736.  737.  738.  739.  740.  741.  742.  743.  744.  745.  746.  747.  748.  749.  750.  751.  752.  753.  754.  755.  756.  757.  758.  759.  760.  761.  762.  763.  764.  765.  766.  767.  768.  769.  770.  771.  772.  773.  774.  775.  776.  777.  778.  779.  780.  781.  782.  783.  784.  785.  786.  787.  788.  789.  790.  791.  792.  793.  794.  795.  796.  797.  798.  799.  800.  801.  802.  803.  804.  805.  806.  807.  808.  809.  810.  811.  812.  813.  814.  815.  816.  817.  818.  819.  820.  821.  822.  823.  824.  825.  826.  827.  828.  829.  830.  831.  832.  833.  834.  835.  836.  837.  838.  839.  840.  841.  842.  843.  844.  845.  846.  847.  848.  849.  850.  851.  852.  853.  854.  855.  856.  857.  858.  859.  860.  861.  862.  863.  864.  865.  866.  867.  868.  869.  870.  871.  872.  873.  874.  875.  876.  877.  878.  879.  880.  881.  882.  883.  884.  885.  886.  887.  888.  889.  890.  891.  892.  893.  894.  895.  896.  897.  898.  899.  900.  901.  902.  903.  904.  905.  906.  907.  908.  909.  910.  911.  912.  913.  914.  915.  916.  917.  918.  919.  920.  921.  922.  923.  924.  925.  926.  927.  928.  929.  930.  931.  932.  933.  934.  935.  936.  937.  938.  939. <



# MOTORIST / Non-MOTORIST

|                                   |  |     |        |  |
|-----------------------------------|--|-----|--------|--|
| LOCAL REPORT NUMBER               |  |     |        |  |
| 2 2 0 0 9 8 2 5                   |  |     |        |  |
| DATE OF BIRTH                     |  | AGE | GENDER |  |
| 0 5 1 9 1 9 9 7                   |  | 2 4 | M      |  |
| CONTACT PHONE - INCLUDE AREA CODE |  |     |        |  |

|   |                                   |  |                                       |                                  |  |   |  |  |  |   |   |  |  |                       |  |                          |  |                  |  |               |  |                       |  |         |  |   |  |
|---|-----------------------------------|--|---------------------------------------|----------------------------------|--|---|--|--|--|---|---|--|--|-----------------------|--|--------------------------|--|------------------|--|---------------|--|-----------------------|--|---------|--|---|--|
| MOTORIST / NON-MOTORIST                     | UNIT #                            | NAME: LAST, FIRST, MIDDLE  |                                       |                                  |  | 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 |  |   |  |
|   | 0 1                               | Groh, Robert Blayne  |                                       |                                  |  |   |  |  |  |   |   |  |  | 0 4                   |  | <input type="checkbox"/> |  | 0 1              |  | 1             |  | 1                     |  | 1       |  | 1 |  |
|   | ADDRESS: STREET, CITY, STATE, ZIP |  | 7159 Woodberry Dr. Hamilton, Oh 45011 |                                  |  |   |  |  |  |   |   |  |  |                       |  |                          |  |                  |  |               |  |                       |  |         |  |   |  |
| 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          |  | DATE OF BIRTH |  | AGE                   |  | GENDER  |  |   |  |
| 5   |                                   |  |                                       |                                  |  |   |  |  |  |   |   |  |  |                       |  |                          |  |                  |  |               |  |                       |  |         |  |   |  |
| OL STATE                                    |                                   | OPERATOR LICENSE NUMBER  |                                       | OFFENSE CHARGED                  |  | LOCAL CODE                                      |  | OFFENSE DESCRIPTION  |  | CITATION NUMBER   |   |  |  |                       |  |                          |  |                  |  |               |  |                       |  |         |  |   |  |
| O H   |                                   |  |                                       | 331.34a                          |  | <input checked="" type="checkbox"/>             |  | Failure to Control   |  | 250079, 250080  |   |  |  |                       |  |                          |  |                  |  |               |  |                       |  |         |  |   |  |
| OL CLASS                                    |                                   | ENDORSEMENT SELECT UP TO 2   |                                       | RESTRICTION SELECT UP TO 3       |  | DRIVER DISTRACTED BY                            |  | ALCOHOL / DRUG SUSPECTED   |  | CONDITION   |   | ALCOHOL TEST                                     |  | DRUG TEST(S)          |  |                          |  |                  |  |               |  |                       |  |         |  |   |  |
| 6   |                                   |  |                                       |                                  |  | 1   |  | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | 9   |   | STATUS 1   |  | TYPE 1                |  | VALUE                    |  | STATUS 1         |  | TYPE 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  |  | DOT-COMPLIANT MC HELMET   |   | SEATING POSITION                                 |  | AIR BAG USAGE         |  | EJECTION                 |  | TRAPPED          |  | DATE OF BIRTH |  | AGE                   |  | GENDER  |  |   |  |
|   |                                   |  |                                       |                                  |  |   |  |  |  |   |   |  |  |                       |  |                          |  |                  |  |               |  |                       |  |         |  |   |  |
| OL STATE                                    |                                   | OPERATOR LICENSE NUMBER  |                                       | OFFENSE CHARGED                  |  | LOCAL CODE                                      |  | OFFENSE DESCRIPTION  |  | CITATION NUMBER   |   |  |  |                       |  |                          |  |                  |  |               |  |                       |  |         |  |   |  |
|   |                                   |  |                                       |                                  |  | <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<br><input type="checkbox"/> OTHER DRUG |  |   |   |  |  |                       |  |                          |  |                  |  |               |  |                       |  |         |  |   |  |
| 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  |  | DOT-COMPLIANT MC HELMET   |   | SEATING POSITION                                 |  | AIR BAG USAGE         |  | EJECTION                 |  | TRAPPED          |  | DATE OF BIRTH |  | AGE                   |  | GENDER  |  |   |  |
|   |                                   |  |                                       |                                  |  |   |  |  |  |   |   |  |  |                       |  |                          |  |                  |  |               |  |                       |  |         |  |   |  |
| OL STATE                                    |                                   | OPERATOR LICENSE NUMBER  |                                       | OFFENSE CHARGED                  |  | LOCAL CODE                                      |  | OFFENSE DESCRIPTION  |  | CITATION NUMBER   |   |  |  |                       |  |                          |  |                  |  |               |  |                       |  |         |  |   |  |
|   |                                   |  |                                       |                                  |  | <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<br><input type="checkbox"/> OTHER DRUG |  |   |   |  |  |                       |  |                          |  |                  |  |               |  |                       |  |         |  |   |  |
| 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                                       |   | 3- TEST GIVEN, RESULTS KNOWN                     |  |                       |  |                          |  |                  |  |               |  |                       |  |         |  |   |  |
| 4-POSSIBLE INJURY                           |                                   | 4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)  |                                       | 4-DEPLOYED BOTH FRONT / SIDE     |  | 4-REGULAR CLASS (OHIO=D)                        |  | 4-FARM WAIVER  |  | 4- TEST GIVEN, RESULTS UNKNOWN  |   | 4- TEST GIVEN, RESULTS UNKNOWN                   |  |                       |  |                          |  |                  |  |               |  |                       |  |         |  |   |  |
| 5-NO APPARENT INJURY                        |                                   | 5-SECOND - MIDDLE  |                                       | 5-NOT APPLICABLE                 |  | 5-M/C MOPED ONLY                                |  | 5-EXCEPT CLASS A BUS   |  | 5- TALKING ON HAND-HELD COMMUNICATION DEVICE  |   | 5- OTHER ACTIVITY WITH AN ELECTRONIC DEVICE      |  |                       |  |                          |  |                  |  |               |  |                       |  |         |  |   |  |
| INJURED TAKEN BY                            |                                   | 6-SECOND - RIGHT SIDE  |                                       | 9-DEPLOYMENT UNKNOWN             |  | 6-NO VALID OL                                   |  | 6-EXCEPT CLASS A & CLASS B BUS   |  | 6- TALKING ON HAND-HELD COMMUNICATION DEVICE  |   | 6- OTHER ACTIVITY WITH AN ELECTRONIC DEVICE      |  |                       |  |                          |  |                  |  |               |  |                       |  |         |  |   |  |
| 1- NOT TRANSPORTED / TREATED AT SCENE       |                                   | 7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  |                                       | 7-NOT APPLICABLE                 |  | 7-H - HAZMAT                                    |  | 7-EXCEPT TRACTOR-TRAILER   |  | 7- TALKING ON HAND-HELD COMMUNICATION DEVICE  |   | 7- OTHER ACTIVITY WITH AN ELECTRONIC DEVICE      |  |                       |  |                          |  |                  |  |               |  |                       |  |         |  |   |  |
| 2-EMS                                       |                                   | 8-THIRD - MIDDLE   |                                       | 8-PARTIALLY EJECTED              |  | 8-M - MOTORCYCLE                                |  | 8-INTERMEDIATE LICENSE RESTRICTIONS  |  | 8- OTHER DISTRACTION INSIDE THE VEHICLE   |   | 8- OTHER DISTRACTION OUTSIDE THE VEHICLE         |  |                       |  |                          |  |                  |  |               |  |                       |  |         |  |   |  |
| 3-POLICE                                    |                                   | 9-THIRD - RIGHT SIDE   |                                       | 9-TOTALLY EJECTED                |  | 9-P - PASSENGER                                 |  | 9-LEARNER'S PERMIT RESTRICTIONS  |  | 9- OTHER / UNKNOWN  |   | 9- OTHER / UNKNOWN                               |  |                       |  |                          |  |                  |  |               |  |                       |  |         |  |   |  |
| 9-OTHER / UNKNOWN                           |                                   | 10-SLEEPER SECTION OF TRUCK CAB  |                                       | 4-NOT APPLICABLE                 |  | N - TANKER                                      |  | 10-LIMITED TO DAYLIGHT ONLY  |  | 10- APPARENTLY NORMAL   |   | 10- APPARENTLY NORMAL                            |  |                       |  |                          |  |                  |  |               |  |                       |  |         |  |   |  |
| SAFETY EQUIPMENT                            |                                   | 11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) |                                       | 1-NOT TRAPPED                    |  | R - THREE-WHEEL MOTORCYCLE                      |  | 11-LIMITED TO EMPLOYMENT   |  | 11- PHYSICAL IMPAIRMENT   |   | 11- PHYSICAL IMPAIRMENT                          |  |                       |  |                          |  |                  |  |               |  |                       |  |         |  |   |  |
| 1- NONE USED                                |                                   | 12-PASSENGER IN UNENCLOSED CARGO AREA  |                                       | 2-EXTRICATED BY MECHANICAL MEANS |  | S - SCHOOL BUS                                  |  | 12-LIMITED - OTHER   |  | 12- EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)                                    |   | 12- EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) |  |                       |  |                          |  |                  |  |               |  |                       |  |         |  |   |  |
| 2-SHOULDER BELT ONLY USED                   |                                   | 13-TRAILING UNIT   |                                       | 3-FREED BY NON-MECHANICAL MEANS  |  | T - DOUBLE & TRIPLE TRAILERS                    |  | 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)                           |  | 13- FELL ASLEEP, FAINTED, FATIGUED, ETC.  |   | 13- FELL ASLEEP, FAINTED, FATIGUED, ETC.         |  |                       |  |                          |  |                  |  |               |  |                       |  |         |  |   |  |
| 3-LAP BELT ONLY USED                        |                                   | 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    |                                       | F - FEMALE                       |  | X - TANKER / HAZMAT                             |  | 14-MILITARY VEHICLES ONLY  |  | 14- ILLNESS   |   | 14- ILLNESS                                      |  |                       |  |                          |  |                  |  |               |  |                       |  |         |  |   |  |
| 4-SHOULDER & LAP BELT USED                  |                                   | 15-NON-MOTORIST  |                                       | M - MALE                         |  | 15-MOTOR VEHICLES WITHOUT AIR BRAKES            |  | 15- MOTOR VEHICLES WITHOUT AIR BRAKES  |  | 15- AMPHETAMINES  |   | 15- AMPHETAMINES                                 |  |                       |  |                          |  |                  |  |               |  |                       |  |         |  |   |  |
| 5-CHILD RESTRAINT SYSTEM - FORWARD FACING   |                                   | 99-OTHER / UNKNOWN   |                                       | U - OTHER / UNKNOWN              |  | 16-OUTSIDE MIRROR                               |  | 16- OUTSIDE MIRROR   |  | 2-BARBITURATES  |   | 2-BARBITURATES                                   |  |                       |  |                          |  |                  |  |               |  |                       |  |         |  |   |  |
| 6-CHILD RESTRAINT SYSTEM - REAR FACING      |                                   |  |                                       |                                  |  | 17-PROSTHETIC AID                               |  | 17- PROSTHETIC AID   |  | 3-BENZODIAZEPINES   |   | 3-BENZODIAZEPINES                                |  |                       |  |                          |  |                  |  |               |  |                       |  |         |  |   |  |
| 7-BOOSTER SEAT                              |                                   |  |                                       |                                  |  | 18-OTHER  |  | 18- OTHER  |  | 4-CANNABINOID   |   | 4-CANNABINOID                                    |  |                       |  |                          |  |                  |  |               |  |                       |  |         |  |   |  |
| 8-HELMET USED                               |                                   |  |                                       |                                  |  |   |  |  |  | 5-COCAIN  |   | 5-COCAIN   |  |                       |  |                          |  |                  |  |               |  |                       |  |         |  |   |  |
| 9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) |                                   |  |                                       |                                  |  |   |  |  |  | 6-OPIATES / OPIOIDS   |   | 6-OPIATES / OPIOIDS                              |  |                       |  |                          |  |                  |  |               |  |                       |  |         |  |   |  |
| 10-REFLECTIVE CLOTHING                      |                                   |  |                                       |                                  |  |   |  |  |  | 7- OTHER  |   | 7- OTHER   |  |                       |  |                          |  |                  |  |               |  |                       |  |         |  |   |  |
| 11-LIGHTING - PEDESTRIAN / BICYCLE ONLY     |                                   |  |                                       |                                  |  |   |  |  |  | 8-NEGATIVE RESULTS  |   | 8-NEGATIVE RESULTS                               |  |                       |  |                          |  |                  |  |               |  |                       |  |         |  |   |  |
| 99-OTHER / UNKNOWN                          |                                   |  |                                       |                                  |  |   |  |  |  |   |   |  |  |                       |  |                          |  |                  |  |               |  |                       |  |         |  |   |  |

|                     |           |                   |                             |                  |         |
|---------------------|-----------|-------------------|-----------------------------|------------------|---------|
| LOCAL REPORT NUMBER | 22-009825 | REPORTING AGENCY  | Fairfield Police Department | DATE OF ACCIDENT | 2/10/22 |
| IN COUNTY OF        | Butler    | ACCIDENT LOCATION | 521 Symmes Rd.              |                  |         |
| <p>NOT TO SCALE</p> |           |                   |                             |                  |         |
|                     |           |                   | OFFICER'S SIGNATURE         | BADGE NO         |         |
|                     |           |                   | J. Sons                     | 150              |         |