



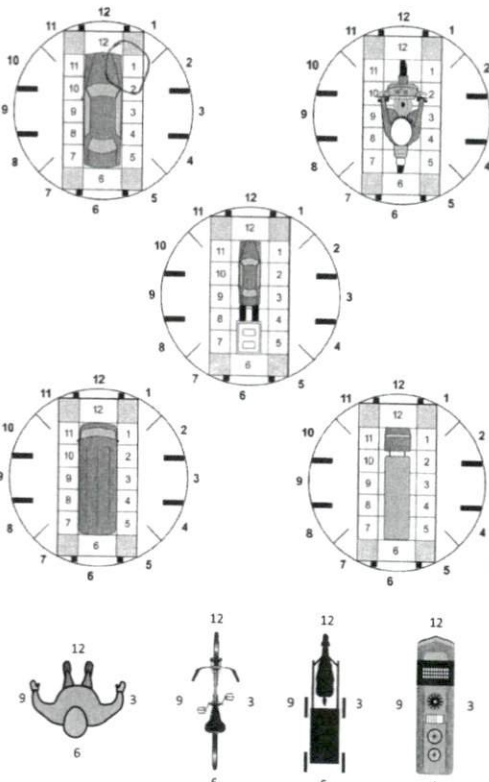
TRAFFIC CRASH REPORT

*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 | | 2 2 0 1 2 2 3 2 | | | | | | |
| REPORTING AGENCY NAME* | | NCIC* | | HIT/SKIP 1 - SOLVED 2 - UNSOLVED | | NUMBER OF UNITS 0 1 | | UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN | | | |
| Fairfield Police Department | | 0 0 9 0 1 | | | | | | | | | |
| COUNTY* | LOCALITY* | LOCATION: CITY, VILLAGE, TOWNSHIP* | | | CRASH DATE / TIME* | | CRASH SEVERITY | | | | |
| 0 9 | 1 | City of Fairfield | | | 0 2 1 9 2 0 2 2 1 7 5 5 | | 5 | | | | |
| ROUTE TYPE | ROUTE NUMBER | PREFIX | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | LOCATION ROAD NAME | ROAD TYPE | LATITUDE DECIMAL DEGREES | | 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY | | | |
| | | | | MACK | R D | 3 9 . 3 1 3 4 8 8 | | | | | |
| ROUTE TYPE | ROUTE NUMBER | PREFIX | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | ROAD TYPE | LONGITUDE DECIMAL DEGREES | | | | | |
| | | | | BOYMEL | D R | 8 4 . 4 9 9 9 1 3 | | | | | |
| REFERENCE POINT | DIRECTION FROM REFERENCE | ROUTE TYPE | ROAD TYPE | INTERSECTION RELATED | | NUMBER OF APPROACHES | | | | | |
| 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 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 | <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA | | | | | | | |
| DISTANCE FROM REFERENCE | DISTANCE UNIT OF MEASURE | ROADWAY | | <input type="checkbox"/> ROADWAY DIVIDED | | | | | | | |
| 3 5 | 3 | | | | | | | | | | |
| 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 9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN | | 1 - NOT COLLISION 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 | | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | | 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (>4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN | | | | | |
| <input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE | | WORK ZONE TYPE 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 3 | | CONDITIONS 1 | | SURFACE 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 | | 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 | | | | 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN | | 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN | | 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN | |
| NARRATIVE | | | | | | | | | | | |
| On 2/19/2022 at 5:55 p.m. Unit 1 was traveling west on Mack Road near Boymel Drive, when the driver failed to control the vehicle, striking a utility pole on the right side of the roadway. | | | | | | | | | | | |
| Duke Energy 1199 Nilles Road, Fairfield, OH, 45014 | | | | | | | | | | | |
| SEE OH-2 | | | | | | | | | | | |
| Indicate the north direction with an "N" on the compass diagram. | | | | | | | | | | | |
| CRASH REPORTED DATE / TIME | | | | | | | | | | | |
| 0 2 1 9 2 0 2 2 1 7 5 5 | | | | | | | | | | | |
| DISPATCH DATE / TIME | | | | | | | | | | | |
| 0 2 1 9 2 0 2 2 1 8 0 5 | | | | | | | | | | | |
| ARRIVAL DATE / TIME | | | | | | | | | | | |
| 0 2 1 9 2 0 2 2 1 8 0 7 | | | | | | | | | | | |
| SCENE CLEARED DATE / TIME | | | | | | | | | | | |
| 0 2 1 9 2 0 2 2 1 8 4 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 OHS) | | | | | | | | | | | |
| TOTAL TIME ROADWAY CLOSED | | OTHER INVESTIGATION TIME | | TOTAL MINUTES | | OFFICER'S NAME* | | CHECKED BY OFFICER'S NAME* | | OFFICER'S BADGE NUMBER* | |
| | | 3 0 | | 6 8 | | R. HICKMAN | | Sgt. J. J. J. J. | | 1 6 4 | |

| | | | | | |
|--|--|--|--------------------------|---|--------------|
| OWNER | UNIT # | OWNER NAME: LAST, FIRST, MIDDLE () SAME AS DRIVER | | OWNER PHONE: INCLUDE AREA CODE () SAME AS DRIVER | |
| | 01 | MIKE ALBERT LTD | | | |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP () SAME AS DRIVER | | | | | |
| 10340 EVENDALE DR, CINCINNATI, OH, 45241 | | | | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE | |
| | | | | | |
| VEHICLE | LP STATE | LICENSE PLATE # | VEHICLE IDENTIFICATION # | | VEHICLE YEAR |
| | OH | JMC5861 | 5NMJBCE7NH0313448 | | 2022 |
| | INSURANCE VERIFIED | INSURANCE COMPANY | | INSURANCE POLICY # | COLOR |
| | | SELF INSURED | | | RED |
| | TYPE OF USE | | US DOT # | TOWED BY: COMPANY NAME | |
| | <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | | | MARCELL'S | |
| | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT | | #OCCUPANTS | HAZARDOUS MATERIAL | |
| | | | 01 | CLASS # PLACARD ID # | |
| | | | | | |
| | | | | | |
| VEHICLE MAKE | | | | | |
| HYUNDAI | | | | | |
| VEHICLE MODEL | | | | | |
| TUCSON | | | | | |
| 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER | | | | | |
| 03 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) | | | | | |
| 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST | | | | | |
| 4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE | | | | | |
| 5 - CARGO VAN 6 - VAN (9-15 SEATS) 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN | | | | | |
| 0 # OF TRAILING UNITS 99 - UNKNOWN OR HIT/SKIP | | | | | |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN | | | | | |
| 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 5 - FULL AUTOMATION | | | | | |
| 01 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER | | | | | |
| 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN | | | | | |
| 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL | | | | | |
| 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING | | | | | |
| 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL | | | | | |
| 01 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER | | | | | |
| 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER | | | | | |
| 7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE | | | | | |
| 99 - OTHER / UNKNOWN | | | | | |
| 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN | | | | | |
| 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT | | | | | |
| 3 - TAIL LAMPS 6 - TIRE BLOWOUT | | | | | |
| 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER | | | | | |
| 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 14 - ENTERING OR CROSSING SPECIFIED LOCATION | | | | | |
| 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 15 - WALKING, RUNNING, JOGGING, PLAYING 18 - APPROACHING OR LEAVING VEHICLE | | | | | |
| 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 19 - STANDING | | | | | |
| 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 20 - OTHER NON-MOTORIST | | | | | |
| 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 21 - STANDING OUTSIDE DISABLED VEHICLE | | | | | |
| 4 - STRUCK 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 99 - OTHER / UNKNOWN | | | | | |
| 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE | | | | | |
| 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS | | | | | |
| 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY | | | | | |
| 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE | | | | | |
| 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/ SPILLING 23 - OPENING DOOR INTO ROADWAY | | | | | |
| 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION | | | | | |
| 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY | | | | | |
| 6 - IMPROPER TURN 12 - IMPROPER BACKING | | | | | |
| SEQUENCE OF EVENTS | | | | | |
| 1 08 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT | | | | | |
| 2 40 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE | | | | | |
| 3 4 - JACKKNIFE 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT | | | | | |
| 5 - CARGO / EQUIPMENT LOSS OR SHIFT 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT | | | | | |
| 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT | | | | | |
| 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL | | | | | |
| 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING | | | | | |
| 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL | | | | | |
| 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT | | | | | |
| 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN | | | | | |
| 1 FIRST HARMFUL EVENT 2 MOST HARMFUL EVENT | | | | | |

| | |
|--|-------------------------------|
| LOCAL REPORT NUMBER | |
| 2 2 0 1 2 2 3 2 | |
| DAMAGE | |
| DAMAGE SCALE | |
| 1 - NONE 3 - FUNCTIONAL DAMAGE | |
| 4 2 - MINOR 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 14 - UNDERCARRIAGE | |
| 01 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE | |
| 13 - TOP 99 - UNKNOWN | |
| TRAFFIC | |
| TRAFFICWAY FLOW | TRAFFIC CONTROL |
| 1 - ONE-WAY | 1 - ROUNDABOUT 4 - STOP SIGN |
| 2 2 - TWO-WAY | 2 - SIGNAL 5 - YIELD SIGN |
| | 3 - FLASHER 6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD | RAIL GRADE CROSSING |
| 2 | 1 - NOT INVOLVED |
| | 2 - INVOLVED-ACTIVE CROSSING |
| | 3 - INVOLVED-PASSIVE CROSSING |
| UNIT / NON-MOTORIST DIRECTION | |
| 1 - NORTH 5 - NORTHEAST | |
| 2 - SOUTH 6 - NORTHWEST | |
| 3 - EAST 7 - SOUTHEAST | |
| 4 - WEST 8 - SOUTHWEST | |
| 9 - OTHER / UNKNOWN | |
| UNIT SPEED | DETECTED SPEED |
| 1 5 | 1 - STATED / ESTIMATED SPEED |
| | 2 - CALCULATED / EDR |
| | 3 - UNDETERMINED |
| POSTED SPEED | |
| 2 5 | |

OHIO DEPARTMENT
OF PUBLIC SAFETY
SAFETY SERVICE DIVISION

Motorist / Non-Motorist

LOCAL REPORT NUMBER
2 2 0 1 2 2 3 2

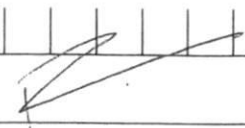
| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|----------------------------|---|-----------------------------------|--|--|-------------------------|---------------------------------------|---------------------------|---|--|--|------------------------------------|--------|------------------------------|--|--|--|--|--|--|--|
| MOTORIST / NON-MOTORIST | UNIT # 0 1 | NAME: LAST, FIRST, MIDDLE LOVE-BAUGHMAN, YVONNE, L | | | | DATE OF BIRTH 0 5 0 9 1 9 7 8 | | | | AGE 4 3 | GENDER F | | | | | | | | | | | | |
| | ADDRESS: STREET, CITY, STATE, ZIP 11439 RIGA CT, CINCINNATI, OH, 45240 | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | | | | | | | | |
| | 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 2 | EJECTION 1 | TRAPPED 1 | | | | | | | | | | | | |
| | OL STATE O H | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED 331.34A | | LOCAL CODE <input checked="" type="checkbox"/> | OFFENSE DESCRIPTION FAIL TO CONTROL | | | CITATION NUMBER 249889 | | | | | | | | | | | | | |
| MOTORIST / NON-MOTORIST | 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 1 | ALCOHOL TEST STATUS 1 TYPE 1 VALUE | | DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4 | | | | | | | | | | | | |
| | UNIT # | | | | | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | | | | AGE 0 | GENDER | | | | | | | | |
| | ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | | | | | | | | |
| | INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | | | | | | | | | | | |
| 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 | 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 | | | | | | | | | | | | |
| | UNIT # | | | | | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | | | | AGE 0 | 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 | <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 | | | | | | | | | | | | |
| | UNIT # | | | | | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | | | | AGE 0 | GENDER | | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | | | | | | | | | |
| 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 & CLASS B 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 | | 7 - EXCEPT TRACTOR-TRAILER | | 6 - PASSENGER | | ALCOHOL TEST TYPE | |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | | | | | | | | | | | | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | | EJECTION | | H - HAZMAT | | 8 - INTERMEDIATE LICENSE RESTRICTIONS | | 7 - OTHER DISTRACTION INSIDE THE VEHICLE | | 1 - NONE | |
| 2 - EMS | | | | | | | | | | | | 8 - THIRD - MIDDLE | | 1 - NOT EJECTED | | M - MOTORCYCLE | | 9 - LEARNER'S PERMIT RESTRICTIONS | | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE | | 2 - BLOOD | |
| 3 - POLICE | | | | | | | | | | | | 9 - THIRD - RIGHT SIDE | | 2 - PARTIALLY EJECTED | | P - PASSENGER | | 10 - LIMITED TO DAYLIGHT ONLY | | 9 - OTHER / UNKNOWN | | 3 - URINE | |
| 9 - OTHER / UNKNOWN | | | | | | | | | | | | 10 - SLEEPER SECTION OF TRUCK CAB | | 3 - TOTALLY EJECTED | | N - TANKER | | 11 - LIMITED TO EMPLOYMENT | | 4 - BREATH | | | |
| SAFETY EQUIPMENT | | | | | | | | | | | | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | | 4 - NOT APPLICABLE | | Q - MOTOR SCOOTER | | 12 - LIMITED - OTHER | | 5 - OTHER | | DRUG TEST TYPE | |
| 1 - NONE USED | | | | | | | | | | | | 12 - PASSENGER IN UNENCLOSED CARGO AREA | | TRAPPED | | R - THREE-WHEEL MOTORCYCLE | | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | | 1 - NONE | | 2 - BLOOD | |
| 2 - SHOULDER BELT ONLY USED | | | | | | | | | | | | 13 - TRAILING UNIT | | 1 - NOT TRAPPED | | S - SCHOOL BUS | | 14 - MILITARY VEHICLES ONLY | | 2 - PHYSICAL IMPAIRMENT | | 3 - URINE | |
| 3 - LAP BELT ONLY USED | | | | | | | | | | | | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | | 2 - EXTRICATED BY MECHANICAL MEANS | | T - DOUBLE & TRIPLE TRAILERS | | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES | | 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) | | 4 - OTHER | |
| 4 - SHOULDER & LAP BELT USED | | | | | | | | | | | | 15 - NON-MOTORIST | | 3 - FREED BY NON-MECHANICAL MEANS | | X - TANKER / HAZMAT | | 16 - OUTSIDE MIRROR | | 4 - ILLNESS | | 5 - COCAINE | |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | | | | | | | | | | | | 99 - OTHER / UNKNOWN | | GENDER | | U - OTHER / UNKNOWN | | 17 - PROSTHETIC AID | | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. | | 6 - OPIATES / OPIODIDS | |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING | | | | | | | | | | | | | | | | | | 18 - OTHER | | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL | | 7 - OTHER | |
| 7 - BOOSTER SEAT | | | | | | | | | | | | | | | | | | | | 9 - OTHER / UNKNOWN | | 8 - NEGATIVE RESULTS | |
| 8 - HELMET USED | | | | | | | | | | | | | | | | | | | | | | | |
| 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | | | | | | | | | | | | | | | | | | | | | | |
| 10 - REFLECTIVE CLOTHING | | | | | | | | | | | | | | | | | | | | | | | |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | | | | | | | | | | | | | | | | | | | | | | | |
| 99 - OTHER / UNKNOWN | | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|---------------------------------------|---|-----------------------------|
| LOCAL REPORT NUMBER 22012232 | REPORTING AGENCY Fairfield Police Department | DATE OF ACCIDENT 2/19/22 |
| IN COUNTY OF Butler | ACCIDENT LOCATION Mack Road near Boymel Drive | |

BOYMEL
DRIVE

MACK ROAD

NOT TO SCALE

| | |
|---|-----------------|
| OFFICER'S SIGNATURE  | BADGE NO 164 |
|---|-----------------|