



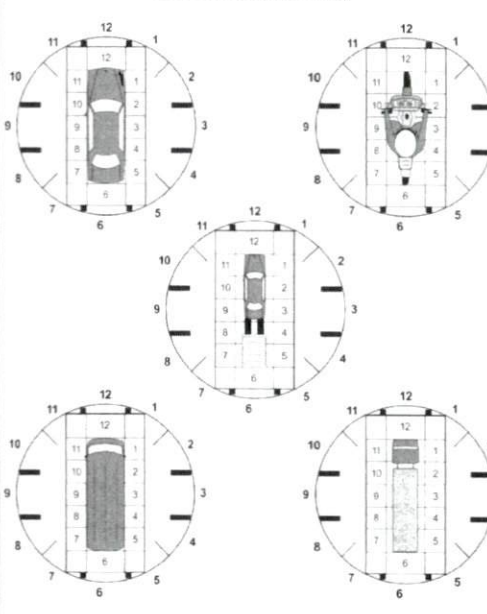
TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

<input checked="" type="checkbox"/> PHOTOS TAKEN		<input checked="" type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION		2 2 0 1 2 4 2 0											
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*		HIT/SKIP		NUMBER OF UNITS		UNIT IN ERROR					
		<input type="checkbox"/> PRIVATE PROPERTY		Fairfield Police Department		0 0 9 0 1		1 - SOLVED 2 - UNSOLVED		0 2		0 1 98 - ANIMAL 99 - UNKNOWN					
COUNTY*		LOCALITY*		LOCATION: CITY, VILLAGE, TOWNSHIP*		CRASH DATE / TIME*						CRASH SEVERITY					
0 9		1		City of Fairfield		0 2 2 0 2 0 2 2 1 2 0 5						4 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY					
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME		ROAD TYPE		LATITUDE		DECIMAL DEGREES							
				South Gilmore		R D		3 9 . 3 0 2 2 7 7									
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)		ROAD TYPE		LONGITUDE		DECIMAL DEGREES							
				Omniplex		D R		- 8 4 . 5 2 3 7 9 0									
REFERENCE POINT		DIRECTION FROM REFERENCE		ROUTE TYPE		ROAD TYPE		INTERSECTION RELATED									
1 - INTERSECTION		1 - NORTH		IR - INTERSTATE ROUTE (TP)		AL - ALLEY		<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH									
2 - MILE POST		2 - SOUTH		US - FEDERAL US ROUTE		AV - AVENUE		<input type="checkbox"/> WITHIN INTERCHANGE AREA		4		NUMBER OF APPROACHES					
3 - HOUSE #		3 - EAST		SR - STATE ROUTE		BL - BOULEVARD											
		4 - WEST		CR - CIRCLE		MP - MILEPOST											
				CT - COURT		OV - OVAL											
				DR - DRIVE		PK - PARKWAY											
				HE - HEIGHTS		PL - PLACE											
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE		CR - NUMBERED COUNTY ROUTE		TR - NUMBERED TOWNSHIP ROUTE											
		1 - MILES															
		2 - FEET															
		3 - YARDS															
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT				DIRECTION OF TRAVEL				MEDIAN TYPE					
1 - ON ROADWAY				9 - CROSSOVER				1 - NORTH				1 - DIVIDED FLUSH MEDIAN (<4 FEET)					
2 - ON SHOULDER				10 - DRIVEWAY/ALLEY ACCESS				2 - SOUTH				2 - DIVIDED FLUSH MEDIAN (≥4 FEET)					
3 - IN MEDIAN				11 - RAILWAY GRADE CROSSING				3 - EAST				3 - DIVIDED, DEPRESSED MEDIAN					
4 - ON ROADSIDE				12 - SHARED USE PATHS OR TRAILS				4 - WEST				4 - DIVIDED, RAISED MEDIAN (ANY TYPE)					
5 - ON GORE				13 - BIKE LANE								9 - OTHER/UNKNOWN					
6 - OUTSIDE TRAFFIC WAY				14 - TOLL BOOTH													
7 - ON RAMP				99 - OTHER / UNKNOWN													
8 - OFF RAMP																	
<input type="checkbox"/> WORK ZONE RELATED		WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE		CONTOUR		CONDITIONS		SURFACE							
<input type="checkbox"/> WORKERS PRESENT		1 - LANE CLOSURE		1 - BEFORE THE 1ST WORK ZONE WARNING SIGN		1		1		2							
<input type="checkbox"/> LAW ENFORCEMENT PRESENT		2 - LANE SHIFT/CROSSOVER		2 - ADVANCE WARNING AREA		1 - STRAIGHT LEVEL		1 - DRY		1 - CONCRETE							
<input type="checkbox"/> ACTIVE SCHOOL ZONE		3 - WORK ON SHOULDER OR MEDIAN		3 - TRANSITION AREA		2 - STRAIGHT GRADE		2 - WET		2 - BLACKTOP, BITUMINOUS, ASPHALT							
		4 - INTERMITTENT OR MOVING WORK		4 - ACTIVITY AREA		3 - CURVE LEVEL		3 - SNOW		3 - BRICK/BLOCK							
		5 - OTHER		5 - TERMINATION AREA		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									
								9 - OTHER/UNKNOWN									
LIGHT CONDITION				WEATHER													
1 - DAYLIGHT				1 - CLEAR													
2 - DAWN/DUSK				2 - CLOUDY													
3 - DARK - LIGHTED ROADWAY				3 - FOG, SMOG, SMOKE													
4 - DARK - ROADWAY NOT LIGHTED				4 - RAIN													
5 - DARK - UNKNOWN ROADWAY LIGHTING				5 - SLEET, HAIL													
9 - OTHER / UNKNOWN				6 - SNOW													
				7 - SEVERE CROSSWINDS													
				8 - BLOWING SAND, SOIL, DIRT, SNOW													
				9 - FREEZING RAIN OR FREEZING DRIZZLE													
				99 - OTHER / UNKNOWN													
NARRATIVE																	
On 2-20-22 at about 12:05 p.m. unit 2 was turning left from South Gilmore Road to Omniplex Drive when unit 1 made the left from a through lane and struck unit 2.												Indicate the north direction with an "N" on the compass diagram.					
See OH-2																	
CRASH REPORTED DATE / TIME				DISPATCH DATE / TIME				ARRIVAL DATE / TIME				SCENE CLEARED DATE / TIME				REPORT TAKEN BY	
0 2 2 0 2 0 2 2 1 2 0 9				0 2 2 0 2 0 2 2 1 2 1 4				0 2 2 0 2 0 2 2 1 2 3 0				0 2 2 0 2 0 2 2 1 2 5 3				<input checked="" type="checkbox"/> POLICE AGENCY	
TOTAL TIME ROADWAY CLOSED				OTHER INVESTIGATION TIME				TOTAL MINUTES				OFFICER'S NAME*				<input type="checkbox"/> MOTORIST	
0				0				3 9				T. Lucas				<input type="checkbox"/> SUPPLEMENT	
												OFFICER'S BADGE NUMBER*				(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP)	
												6 3					
												CHECKED BY OFFICER'S NAME*					
												Sgt. J Sprague					
												CHECKED BY OFFICER'S BADGE NUMBER*					
												8 4					

OWNER	UNIT # 012	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			
VEHICLE	LP STATE OH	LICENSE PLATE # DKX1883	VEHICLE IDENTIFICATION # 1FTETW1E14XLF017614	VEHICLE YEAR 2020	VEHICLE MAKE Ford
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY American Family	INSURANCE POLICY # 410028537466	COLOR Black	VEHICLE MODEL F150
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	
	<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.	
	TYPE OF USE		HAZARDOUS MATERIAL		
	<input type="checkbox"/> PASSENGER CAR		<input type="checkbox"/> MATERIAL RELEASED		
	<input type="checkbox"/> PASSENGER VAN (MINIVAN)		<input type="checkbox"/> CLASS #		
	<input type="checkbox"/> SPORT UTILITY VEHICLE		<input type="checkbox"/> PLACARD ID #		
	<input type="checkbox"/> PICK UP				
	<input type="checkbox"/> CARGO VAN				
<input type="checkbox"/> VAN (9-15 SEATS)					
# OF TRAILING UNITS 0					
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		AUTONOMOUS MODE LEVEL			
1 - YES 2 - NO 9 - OTHER / UNKNOWN		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN			
SPECIAL FUNCTION		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			
CARGO BODY TYPE		1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 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 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN			
VEHICLE DEFECTS		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 99 - OTHER / UNKNOWN			
NON-MOTORIST LOCATION AT IMPACT		1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDDLEBLOCK - 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		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 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		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 - 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		11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDAL CYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 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		COLLISION WITH FIXED OBJECT - STRUCK			
5		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 BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 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			

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

OHIO DEPARTMENT
OF PUBLIC SAFETY
DIVISION OF MOTOR VEHICLES

Motorist / Non-Motorist

LOCAL REPORT NUMBER
2 2 0 1 2 4 2 0

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE Sackett, Kiersten R	DATE OF BIRTH 0 2 0 8 2 0 0 2		AGE 2 0	GENDER F					
ADDRESS: STREET, CITY, STATE, ZIP 326 E State Road Cleves, Ohio 45002		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 1	EJECTION 1	TRAPPED 1	
OL STATE O H	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 331.08	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION Marked lanes		CITATION NUMBER 249693			
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 TYPE VALUE 1 1 .		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1 .	

UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Pippin, Michael D	DATE OF BIRTH 0 3 1 1 1 9 7 5		AGE 4 6	GENDER M					
ADDRESS: STREET, CITY, STATE, ZIP 895 Garmola Drive Cincinnati, Ohio 45231		CONTACT PHONE - INCLUDE AREA CODE								
INJURIES 4	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	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 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					
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	
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		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 & 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		6 - EXCEPT CLASS A & CLASS B BUS		6 - PASSENGER		ALCOHOL TEST TYPE	
1 - NOT TRANSPORTED / TREATED AT SCENE		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		EJECTION		H - HAZMAT		7 - EXCEPT TRACTOR-TRAILER		7 - OTHER DISTRACTION INSIDE THE VEHICLE		1 - NONE	
2 - EMS		8 - THIRD - MIDDLE		1 - NOT EJECTED		M - MOTORCYCLE		8 - INTERMEDIATE LICENSE RESTRICTIONS		8 - OTHER DISTRACTION OUTSIDE THE VEHICLE		2 - BLOOD	
3 - POLICE		9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED		P - PASSENGER		9 - LEARNER'S PERMIT RESTRICTIONS		9 - OTHER / UNKNOWN		3 - URINE	
9 - OTHER / UNKNOWN		10 - SLEEPER SECTION OF TRUCK CAB		3 - TOTALLY EJECTED		N - TANKER		10 - LIMITED TO DAYLIGHT ONLY		10 - OTHER / UNKNOWN		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		11 - LIMITED TO EMPLOYMENT		11 - OTHER / UNKNOWN		5 - OTHER	
1 - NONE USED		12 - PASSENGER IN UNENCLOSED CARGO AREA		TRAPPED		R - THREE-WHEEL MOTORCYCLE		12 - LIMITED - OTHER		12 - OTHER / UNKNOWN		DRUG TEST TYPE	
2 - SHOULDER BELT ONLY USED		13 - TRAILING UNIT		1 - NOT TRAPPED		S - SCHOOL BUS		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		1 - APPARENTLY NORMAL		1 - NONE	
3 - LAP BELT ONLY USED		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		2 - EXTRICATED BY MECHANICAL MEANS		T - DOUBLE & TRIPLE TRAILERS		14 - MILITARY VEHICLES ONLY		2 - PHYSICAL IMPAIRMENT		2 - BLOOD	
4 - SHOULDER & LAP BELT USED		15 - NON-MOTORIST		3 - FREED BY NON-MECHANICAL MEANS		X - TANKER / HAZMAT		15 - MOTOR VEHICLES WITHOUT AIR BRAKES		3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		3 - URINE	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		99 - OTHER / UNKNOWN		GENDER		F - FEMALE		16 - OUTSIDE MIRROR		4 - ILLNESS		4 - OTHER	
6 - CHILD RESTRAINT SYSTEM - REAR FACING				U - OTHER / UNKNOWN		M - MALE		17 - PROSTHETIC AID		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		5 - OTHER	
7 - BOOSTER SEAT						O - OTHER / UNKNOWN		18 - OTHER		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		6 - NEGATIVE RESULTS	
8 - HELMET USED										9 - OTHER / UNKNOWN		7 - OTHER	
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)												8 - NEGATIVE RESULTS	
10 - REFLECTIVE CLOTHING													
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY													
99 - OTHER / UNKNOWN													

LOCAL REPORT NUMBER	22-012420	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	2/20/22
IN COUNTY OF	Hamilton	ACCIDENT LOCATION	South Gilmore / Omniplex		

Diagram details:

- Intersection: South Gilmore Rd. / Omniplex Dr.
- North Arrow: Points up, labeled 'N', with text 'NOT TO SCALE'.
- Markers: 1 (small white object), 2 (larger white object).
- Streets: SOUTH GILMORE RD., CINCINNATE MALL DR. (likely Cincinnati Mall Dr.).
- Other labels: OMNIPLEX DR.

OFFICER'S SIGNATURE

T. Lucas

BADGE NO

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