



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-3 <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION Fairfield Police Department		NCIC* 00901		22012845	
COUNTY* 09	LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP 1	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield				CRASH DATE / TIME* 02212022 2130		HIT/SKIP 1-SOLVED 2-UNSOLVED 02	
ROUTE TYPE SR		ROUTE NUMBER 4		PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST		LOCATION ROAD NAME		ROAD TYPE	
ROUTE TYPE		ROUTE NUMBER		PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 7504		ROAD TYPE	
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE # 3		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 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		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES	
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1-MILES 2- FEET 3-YARDS		CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY 4		LATITUDE DECIMAL DEGREES 39.302087		LONGITUDE DECIMAL DEGREES -84.485307	
LOCATION OF FIRST HARMFUL EVENT 1-ON ROADWAY 2-ON SHOULDER 3-IN MEDIAN 4-ON ROADSIDE 5-ON GORE 6-OUTSIDE TRAFFIC WAY 7-ON RAMP 8-OFF RAMP 01		MANNER OF CRASH COLLISION/IMPACT 1-NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2-REAR-END 3-HEAD-ON 6		DIRECTION OF TRAVEL 1-NORTH 2-SOUTH 3-EAST 4-WEST		MEDIAN TYPE 1-DIVIDED FLUSH MEDIAN (<4 FEET) 2-DIVIDED FLUSH MEDIAN (≥4 FEET) 3-DIVIDED, DEPRESSED MEDIAN (ANY TYPE) 4-DIVIDED, RAISED MEDIAN (ANY TYPE) 9-OTHER/UNKNOWN			
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1-LANE CLOSURE 2-LANE SHIFT/CROSSOVER 3-WORK ON SHOULDER OR MEDIAN 4-INTERMITTENT OR MOVING WORK 5-OTHER		LOCATION OF CRASH IN WORK ZONE 1-BEFORE THE 1ST WORK ZONE WARNING SIGN 2-ADVANCE WARNING AREA 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA		CONTOUR 1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-OTHER/UNKNOWN 2		CONDITIONS 1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN 1	
LIGHT CONDITION 1-DAYLIGHT 2-DAWN/DUSK 3-DARK-LIGHTED ROADWAY 4-DARK-ROADWAY NOT LIGHTED 5-DARK-UNKNOWN ROADWAY LIGHTING 9-OTHER/UNKNOWN 3		WEATHER 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL 6-SNOW 7-SEVERE CROSSWINDS 8-BLOWING SAND, SOIL, DIRT, SNOW 9-FREEZING RAIN OR FREEZING DRIZZLE 99-OTHER/UNKNOWN 01		SURFACE 1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN 2					
NARRATIVE On 02-21-22 at 9:30 PM unit 1 was traveling west from private property at 7504 Dixie Hwy and was attempting to make a left turn to travel south on Dixie Hwy and in so doing, failed to yield the right of way to, and collided with unit 2 who was traveling north on Dixie Hwy. SEE OH-2									
CRASH REPORTED DATE / TIME 02212022 2130		DISPATCH DATE / TIME 02212022 2131		ARRIVAL DATE / TIME 02212022 2132		SCENE CLEARED DATE / TIME 02212022 2231		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT, SEND TO HQS)	
TOTAL TIME ROADWAY CLOSED 10		OTHER INVESTIGATION TIME 70		OFFICER'S NAME* T. King		CHECKED BY OFFICER'S NAME* Sgt. C. J. [Signature]		OFFICER'S BADGE NUMBER* 161	

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)	OWNER PHONE: (INCLUDE AREA CODE) (SAME AS DRIVER)
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)		
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: (INCLUDE AREA CODE)
	LP STATE IN	LICENSE PLATE # NGX873	VEHICLE IDENTIFICATION # JM13KE14D1Y0G107146151915
EVENT(S)	INSURANCE VERIFIED	INSURANCE COMPANY Travelers	INSURANCE POLICY # 606754668203
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	VEHICLE YEAR 2016
VEHICLE	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	VEHICLE MAKE MAZDA	VEHICLE MODEL CX-5
	INTERLOCK DEVICE EQUIPPED	HIT/SKIP UNIT	#OCCUPANTS 02
VEHICLE	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	TOWED BY: COMPANY NAME	
	UNIT TYPE 03	HAZARDOUS MATERIAL CLASS # PLACARD ID #	
VEHICLE	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN		
	AUTONOMOUS MODE LEVEL 0		
VEHICLE	SPECIAL FUNCTION 01		
	CARGO BODY TYPE 01		
VEHICLE	VEHICLE DEFECTS 01		
	NON-MOTORIST LOCATION AT IMPACT 01		
VEHICLE	ACTION 04		
	CONTRIBUTING CIRCUMSTANCES 02		
VEHICLE	SEQUENCE OF EVENTS 1 2 0		
	NON-COLLISION 11		
VEHICLE	COLLISION WITH FIXED OBJECT - STRUCK 25		
	FIRST HARMFUL EVENT 1		
VEHICLE	MOST HARMFUL EVENT 1		

LOCAL REPORT NUMBER 2 2 0 1 2 8 4 5	
DAMAGE DAMAGE SCALE 3 1 - NONE 3 - FUNCTIONAL DAMAGE 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 08 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN	
TRAFFIC TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY TRAFFIC CONTROL 6 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL	
# OF THROUGH LANES ON ROAD 6	
RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	
UNIT / NON-MOTORIST DIRECTION FROM 3 TO 4 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 10 POSTED SPEED 50	
DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	

OWNER	UNIT # 02	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) Home Remodeling Service Velas LLC	OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE OH	LICENSE PLATE # JAD1747	VEHICLE IDENTIFICATION # 5FNRL131816171B1410151318	VEHICLE YEAR 2007
INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	VEHICLE MAKE Honda
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	VEHICLE MODEL Odyssey
INTERLOCK DEVICE EQUIPPED		HIT/SKIP UNIT 01	TOWED BY: COMPANY NAME Waynes
#OCCUPANTS 01		VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL CLASS # PLACARD ID #
UNIT TYPE 02			
# OF TRAILING UNITS 0			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 1-YES 2-NO 9-OTHER / UNKNOWN			
AUTONOMOUS MODE LEVEL 0			
SPECIAL FUNCTION 01			
CARGO BODY TYPE 01			
VEHICLE DEFECTS			
NON-MOTORIST LOCATION AT IMPACT			
ACTION 03			
CONTRIBUTING CIRCUMSTANCES 01			
SEQUENCE OF EVENTS			
FIRST HARMFUL EVENT 1			
MOST HARMFUL EVENT 1			

LOCAL REPORT NUMBER 22012845	
DAMAGE	
DAMAGE SCALE 4 1 - NONE 3 - FUNCTIONAL DAMAGE 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 12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 6 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 6	RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM 2 TO 1 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 40	DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 50	



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2 2 0 1 2 8 4 5

MOTORIST / NON-MOTORIST	UNIT # 0 1	NAME: LAST, FIRST, MIDDLE Harrison, Shaquila				DATE OF BIRTH 0 2 2 0 1 9 8 2		AGE 4 0	GENDER F																																																																																																																																						
	ADDRESS: STREET, CITY, STATE, ZIP 546 Parkgate Ave, Indianapolis IN 46239					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 I N	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 331.22A	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION Failure to yield		CITATION NUMBER 250068																																																																																																																																							
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																																																																																																																																					
MOTORIST / NON-MOTORIST	UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Vicente, Andres, Velasquez				DATE OF BIRTH 0 1 0 8 1 9 9 2		AGE 3 0	GENDER M																																																																																																																																						
	ADDRESS: STREET, CITY, STATE, ZIP 325 Princeton Rd LT 38, Hamilton OH 45013					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																																																																																																																																					
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<table border="1"><thead><tr><th>INJURIES</th><th>SEATING POSITION</th><th>AIR BAG</th><th>OL CLASS</th><th>OL RESTRICTION(S)</th><th>DRIVER DISTRACTION</th><th>TEST STATUS</th></tr></thead><tbody><tr><td>1 - FATAL</td><td>1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)</td><td>1 - NOT DEPLOYED</td><td>1 - CLASS A</td><td>1 - ALCOHOL INTERLOCK DEVICE</td><td>1 - NOT DISTRACTED</td><td>1 - NONE GIVEN</td></tr><tr><td>2 - SUSPECTED SERIOUS INJURY</td><td>2 - FRONT - MIDDLE</td><td>2 - DEPLOYED FRONT</td><td>2 - CLASS B</td><td>2 - CDL INTRASTATE ONLY</td><td>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)</td><td>2 - TEST REFUSED</td></tr><tr><td>3 - SUSPECTED MINOR INJURY</td><td>3 - FRONT - RIGHT SIDE</td><td>3 - DEPLOYED SIDE</td><td>3 - CLASS C</td><td>3 - CORRECTIVE LENSES</td><td>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE</td><td>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE</td></tr><tr><td>4 - POSSIBLE INJURY</td><td>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)</td><td>4 - DEPLOYED BOTH FRONT / SIDE</td><td>4 - REGULAR CLASS (OHIO = D)</td><td>4 - FARM WAIVER</td><td>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE</td><td>4 - TEST GIVEN, RESULTS KNOWN</td></tr><tr><td>5 - NO APPARENT INJURY</td><td>5 - SECOND - MIDDLE</td><td>5 - NOT APPLICABLE</td><td>5 - M/C MOPED ONLY</td><td>5 - EXCEPT CLASS A BUS</td><td>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE</td><td>5 - TEST GIVEN, RESULTS UNKNOWN</td></tr><tr><td></td><td>6 - SECOND - RIGHT SIDE</td><td>9 - DEPLOYMENT UNKNOWN</td><td>6 - NO VALID OL</td><td>6 - EXCEPT CLASS A & CLASS B BUS</td><td>6 - PASSENGER</td><td></td></tr><tr><td></td><td>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</td><td></td><td></td><td>7 - EXCEPT TRACTOR-TRAILER</td><td>7 - OTHER DISTRACTION INSIDE THE VEHICLE</td><td></td></tr><tr><td></td><td>8 - THIRD - MIDDLE</td><td></td><td></td><td>8 - INTERMEDIATE LICENSE RESTRICTIONS</td><td>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE</td><td></td></tr><tr><td></td><td>9 - THIRD - RIGHT SIDE</td><td></td><td></td><td>9 - LEARNER'S PERMIT RESTRICTIONS</td><td>9 - OTHER / UNKNOWN</td><td></td></tr><tr><td></td><td>10 - SLEEPER SECTION OF TRUCK CAB</td><td></td><td></td><td>10 - LIMITED TO DAYLIGHT ONLY</td><td></td><td></td></tr><tr><td></td><td>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)</td><td></td><td></td><td>11 - LIMITED TO EMPLOYMENT</td><td></td><td></td></tr><tr><td></td><td>12 - PASSENGER IN UNENCLOSED CARGO AREA</td><td></td><td></td><td>12 - LIMITED - OTHER</td><td></td><td></td></tr><tr><td></td><td>13 - TRAILING UNIT</td><td></td><td></td><td>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)</td><td></td><td></td></tr><tr><td></td><td>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)</td><td></td><td></td><td>14 - MILITARY VEHICLES ONLY</td><td></td><td></td></tr><tr><td></td><td>15 - NON-MOTORIST</td><td></td><td></td><td>15 - MOTOR VEHICLES WITHOUT AIR BRAKES</td><td></td><td></td></tr><tr><td></td><td>99 - OTHER / UNKNOWN</td><td></td><td></td><td>16 - OUTSIDE MIRROR</td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td>17 - PROSTHETIC AID</td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td>18 - OTHER</td><td></td><td></td></tr></tbody></table>											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		6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	6 - PASSENGER			7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE			8 - THIRD - MIDDLE			8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE			9 - THIRD - RIGHT SIDE			9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN			10 - SLEEPER SECTION OF TRUCK CAB			10 - LIMITED TO DAYLIGHT ONLY				11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)			11 - LIMITED TO EMPLOYMENT				12 - PASSENGER IN UNENCLOSED CARGO AREA			12 - LIMITED - OTHER				13 - TRAILING UNIT			13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)				14 - 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OCCUPANT / WITNESS ADDENDUM

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

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
1	Daniels, Dejuan, V	0 5 1 8 1 9 7 9	4 2	M
ADDRESS: STREET, CITY, STATE, ZIP				
4118 N Webster Ave, Indianapolis, IN 46226				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED
5				0 4
<input type="checkbox"/> DOT-COMPLIANT MC HELMET				
SEATING POSITION		AIR BAG USAGE	EJECTION	TRAPPED
0 3		0 1	1	1

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
			0	
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

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
			0	
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

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
			0	
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

INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE
4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE
5 - NO APPARENT INJURY	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	5 - SECOND - MIDDLE	5 - NOT APPLICABLE
	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	
	8 - HELMET USED	8 - THIRD - MIDDLE	
	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE	
	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	
	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	
	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	
		13 - TRAILING UNIT	
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	
		15 - NON-MOTORIST	
		99 - OTHER / UNKNOWN	

EJECTION	TRAPPED
1 - NOT EJECTED	1 - NOT TRAPPED
2 - PARTIALLY EJECTED	2 - EXTRICATED BY MECHANICAL MEANS
3 - TOTALLY EJECTED	3 - FREED BY NON-MECHANICAL MEANS
4 - NOT APPLICABLE	

NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
Vera, Francisco, Padilla	0 8 0 6 1 9 8 7	3 4	M
ADDRESS: STREET, CITY, STATE, ZIP			
4309 Madison Ave, Brookfield IL 60513			
CONTACT PHONE - INCLUDE AREA CODE			

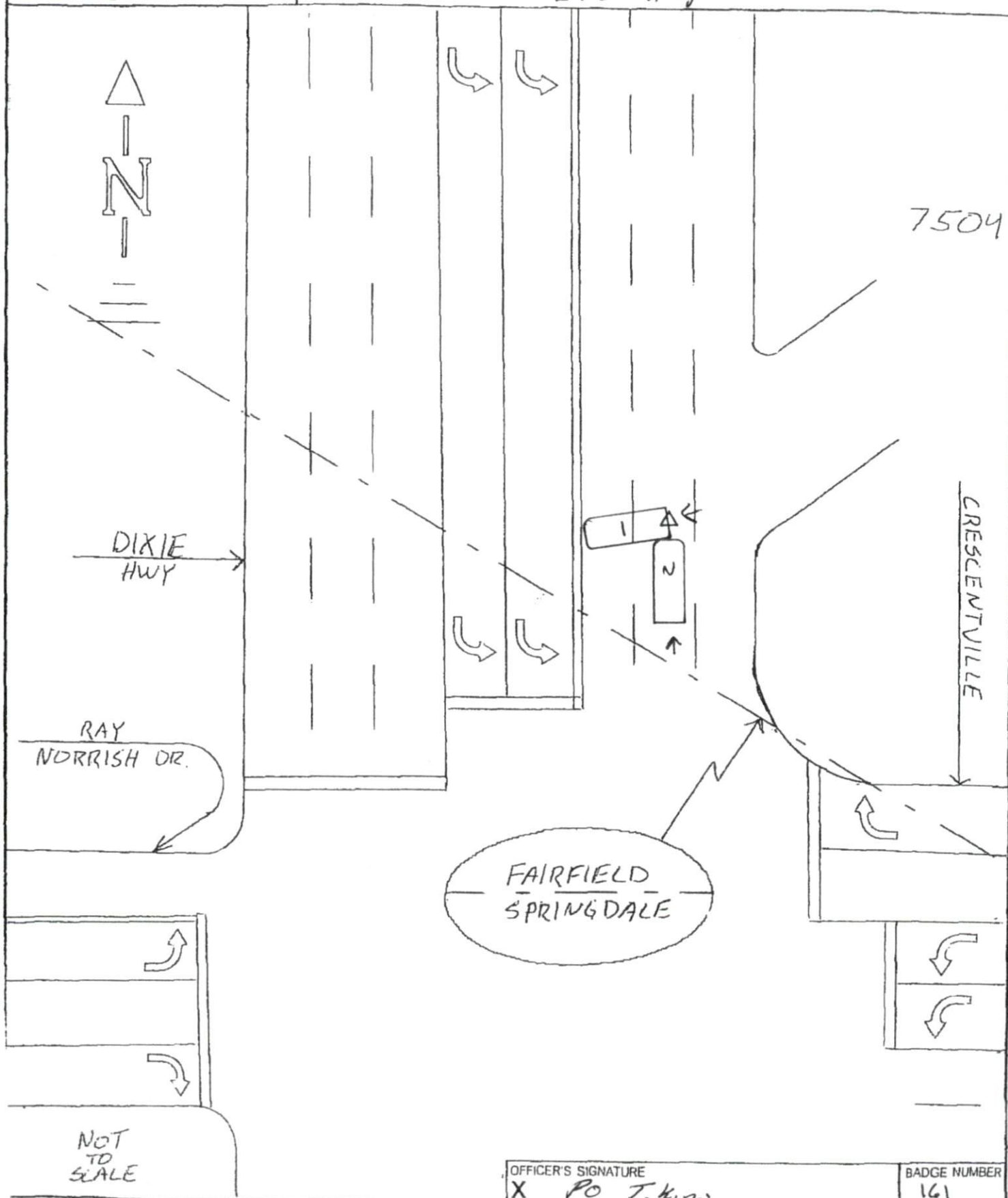
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		0	
ADDRESS: STREET, CITY, STATE, ZIP			
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER	22-012845	REPORTING AGENCY	City of Fairfield	DATE OF ACCIDENT	M 2 10 21 11 22
IN COUNTY OF	BUTLER	ACCIDENT LOCATION	7504 Dixie Hwy		



OFFICER'S SIGNATURE

X PO T. King

BADGE NUMBER

161

6066