



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL INFORMATION				LOCAL REPORT NUMBER*			
<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		REPORTING AGENCY NAME* NCIC*		2 2 0 1 3 5 8 5		HIT/SKIP NUMBER OF UNITS UNIT IN ERROR	
		Fairfield Police Department 0 0 9 0 1		1-SOLVED 0 2 98-ANIMAL 2-UNSOLVED 0 1 99-UNKNOWN			
COUNTY* 0 9	LOCALITY* 1-CITY 1 2-VILLAGE 3-TOWNSHIP	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield					
CRASH DATE / TIME* 0 2 2 4 2 0 2 2 1 7 5 2		CRASH SEVERITY 5					
REFERENCE LOCATION	ROUTE TYPE S R	ROUTE NUMBER 4	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES 3 9 3 3 2 9 8 3	
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 5515	ROAD TYPE	LONGITUDE DECIMAL DEGREES -8 4 5 2 2 4 7 5	
REFERENCE POINT 3	DIRECTION FROM REFERENCE 1-INTERSECTION 2-MILE POST 3-HOUSE #	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	ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA		
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS				NUMBER OF APPROACHES ROADWAY <input type="checkbox"/> ROADWAY DIVIDED		
LOCATION OF FIRST HARMFUL EVENT 0 1			MANNER OF CRASH COLLISION/IMPACT 7		DIRECTION OF TRAVEL 1-NORTH 2-SOUTH 3-EAST 4-WEST	MEDIAN TYPE 1-DIVIDED FLUSH MEDIAN (<4 FEET) 2-DIVIDED FLUSH MEDIAN (≥4 FEET) 3-DIVIDED, DEPRESSED MEDIAN 4-DIVIDED, RAISED MEDIAN (ANY TYPE) 9-OTHER/UNKNOWN	
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1-LANE CLOSURE 2-LANE SHIFT/CROSSOVER 3-WORK ON SHOULDER OR MEDIAN 4-INTERMITTENT OR MOVING WORK 5-OTHER	LOCATION OF CRASH IN WORK ZONE 1-BEFORE THE 1ST WORK ZONE 2-ADVANCE WARNING AREA 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA	CONTOUR 1	CONDITIONS 2	SURFACE 2 1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN	
LIGHT CONDITION 2		WEATHER 0 4	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	9-OTHER/UNKNOWN		
NARRATIVE On 2/24/22 at about 5:52 p.m. Unit 1 was traveling southeast on SR4 and when at 5515 SR4 attempted to change lanes from the left through lane into the left turn only lane. When doing so Unit 1 struck Unit 2 which was also traveling southeast on SR4 and already in the turn only lane.							
SEE OH 2							
CRASH REPORTED DATE / TIME 0 2 2 4 2 0 2 2 1 7 5 2		DISPATCH DATE / TIME 0 2 2 4 2 0 2 2 1 7 5 3		ARRIVAL DATE / TIME 0 2 2 4 2 0 2 2 1 7 5 5		SCENE CLEARED DATE / TIME 0 2 2 4 2 0 2 2 1 8 1 5	
TOTAL TIME ROADWAY CLOSED 2 2		OTHER INVESTIGATION TIME 0		TOTAL MINUTES 2 2		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 ODS)	
OFFICER'S NAME* J. Sons		CHECKED BY OFFICER'S NAME* <i>Sohn</i>		OFFICER'S BADGE NUMBER* 1 5 0		CHECKED BY OFFICER'S BADGE NUMBER* 8 7	



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

OWNER

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER	OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER
0 1		

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

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
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LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
0 H	JOB5156	1G6KD54Y51U253242	2001	Cadillac
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	Progressive	946969269	White	DeVille
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE		
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS		
0 1		0 2		
VEHICLE WEIGHT GVWR/GCWR		HAZARDOUS MATERIAL		
1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		<input type="checkbox"/> MATERIAL RELEASED	CLASS #	PLACARD ID #
		<input type="checkbox"/> PLACARD		

1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED 11 - ALL-TERRAIN VEHICLE (ATV / UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
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UNIT TYPE # OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION
2 0	0 0

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
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1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - GRAIN/CHIPS/GRAVEL	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - TRAILER	8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN
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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
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1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - 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
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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
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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
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SEQUENCE OF EVENTS

1 2 0	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT
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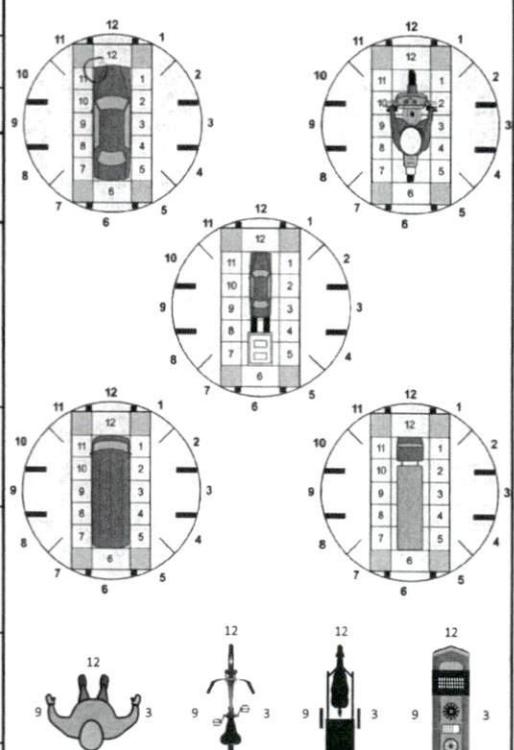
4 5 6 1	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	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
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FIRST HARMFUL EVENT MOST HARMFUL EVENT

LOCAL REPORT NUMBER
2 2 0 1 3 5 8 5

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

DAMAGED AREA(S)
INDICATE ALL THAT APPLY



- NO DAMAGE [0] - UNDERCARRIAGE [14]

- TOP [13] - ALL AREAS [15]

- UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT
0 - NO DAMAGE 14 - UNDERCARRIAGE
1 | 1 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
13 - TOP 99 - UNKNOWN

TRAFFIC WAY 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	RAIL GRADE CROSSING
4	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION
1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 9 - OTHER / UNKNOWN
FROM 6 TO 7

UNIT SPEED	DETECTED SPEED
3	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	
3 5	

OWNER

UNIT # OWNER NAME: LAST, FIRST, MIDDLE SAME AS DRIVER OWNER PHONE: INCLUDE AREA CODE SAME AS DRIVER

0 2

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

COMMERCIAL CARRIER

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

HOX1902

5 Y F B U R H E 7 G P 5 5 0 7 1 7

2 0 1 6

Toyota

INSURANCE VERIFIED

INSURANCE COMPANY

INSURANCE POLICY #

COLOR

VEHICLE MODEL

Grange

4559221

Blue

Corolla

TYPE OF USE

COMMERCIAL

GOVERNMENT

IN EMERGENCY RESPONSE

US DOT #

TOWED BY: COMPANY NAME

INTERLOCK DEVICE EQUIPPED

HIT/SKIP UNIT

OCCUPANTS

VEHICLE WEIGHT GVWR/GCWR

HAZARDOUS MATERIAL

MATERIAL

CLASS #

PLACARD ID #

0 1

1 2

1 - <10K LBS.

2 - 10,001 - 26K LBS.

3 - >26K LBS.

1 - PASSENGER CAR

2 - PASSENGER VAN (MINIVAN)

3 - SPORT UTILITY VEHICLE

4 - PICK UP

5 - CARGO VAN

6 - VAN (9-15 SEATS)

7 - MOTORCYCLE 2-WHEELED

8 - MOTORCYCLE 3-WHEELED

9 - AUTOCYCLE

10 - MOPED OR MOTORIZED

BICYCLE

11 - ALL-TERRAIN VEHICLE (ATV/UTV)

12 - GOLF CART

13 - SNOWMOBILE

14 - SINGLE UNIT TRUCK

15 - SEMI-TRACTOR

16 - FARM EQUIPMENT

17 - MOTORHOME

18 - LIMO (LIVERY VEHICLE)

19 - BUS (16+ PASSENGERS)

20 - OTHER VEHICLE

21 - HEAVY EQUIPMENT

22 - ANIMAL WITH RIDER OR

ANIMAL-DRAWN VEHICLE

23 - PEDESTRIAN / SKATER

24 - WHEELCHAIR (ANY TYPE)

25 - OTHER NON-MOTORIST

26 - BICYCLE

27 - TRAIN

99 - UNKNOWN OR HIT/SKIP

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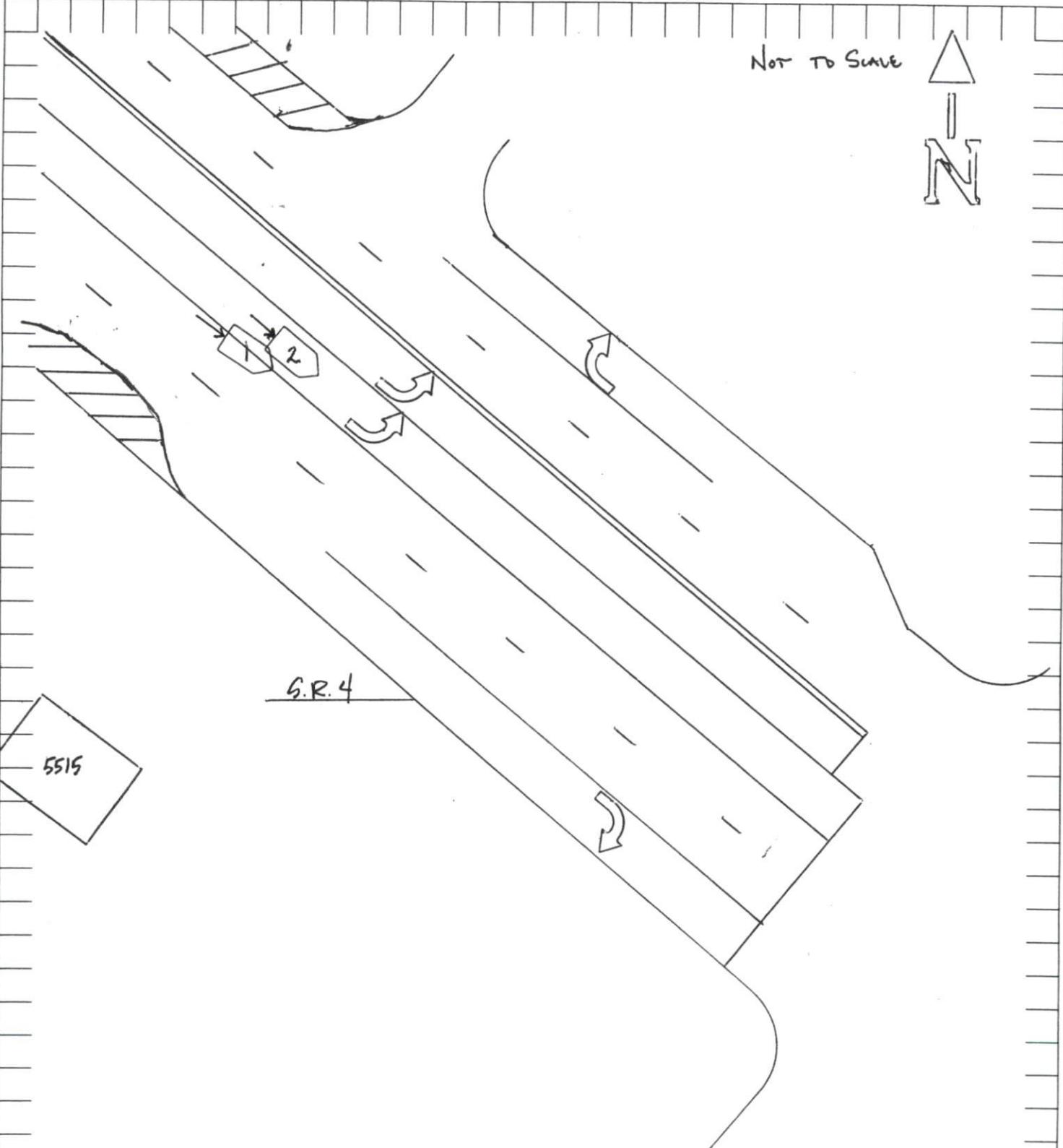
MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER									
2 2 0 1 3 5 8 5									
DATE OF BIRTH									
1 2 2 6 1 9 7 8 4 3 M									
CONTACT PHONE - INCLUDE AREA CODE									
ADDRESS: STREET, CITY, STATE, ZIP 5753 Colerain Ave. Cincinnati Oh 45239									
INJURIES INJURED TAKEN BY EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED									
5 0 1 Humphrey, Derrick									
0 4									
OL STATE OPERATOR LICENSE NUMBER OFFENSE CHARGED LOCAL CODE									
O H 331.08a1 X									
OL CLASS ENDORSEMENT RESTRICTION SELECT UP TO 3 DRIVER DISTRACTED BY ALCOHOL / DRUG SUSPECTED									
4 1 <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG									
CONDITION ALCOHOL TEST DRUG TEST(S)									
1 1 1 1									
UNIT # NAME: LAST, FIRST, MIDDLE DATE OF BIRTH AGE GENDER									
0 2 Bowen, Julie 0 5 2 0 1 9 7 9 4 2 F									
ADDRESS: STREET, CITY, STATE, ZIP									
5350 Camelot Dr. Apt 20. Fairfield, Oh 45014									
CONTACT PHONE - INCLUDE AREA CODE									
INJURIES INJURED TAKEN BY EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED									
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CONDITION ALCOHOL TEST DRUG TEST(S)									
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ADDRESS: STREET, CITY, STATE, ZIP									
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0 0									
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0 0									
OL CLASS ENDORSEMENT RESTRICTION SELECT UP TO 3 DRIVER DISTRACTED BY ALCOHOL / DRUG SUSPECTED									
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CONDITION ALCOHOL TEST DRUG TEST(S)									
0 0 0 0									
INJURIES SEATING POSITION AIR BAG OL CLASS									
1-FATAL 1-FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 1-NOT DEPLOYED 1-CLASS A									
2-SUSPECTED SERIOUS INJURY 2-FRONT - MIDDLE 2-DEPLOYED FRONT 2-CLASS B									
3-SUSPECTED MINOR INJURY 3-FRONT - RIGHT SIDE 3-DEPLOYED SIDE 3-CLASS C									
4-POSSIBLE INJURY 4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 4-DEPLOYED BOTH FRONT / SIDE 4-REGULAR CLASS (OHIO = D)									
5-NO APPARENT INJURY 5-SECOND - MIDDLE 5-NOT APPLICABLE 5-M/C MOPED ONLY									
6-SECOND - RIGHT SIDE 6-DEPLOYMENT UNKNOWN 6-NO VALID OL 6-EXCEPT CLASS A & CLASS B BUS									
7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 7-EXCEPT TRACTOR-TRAILER									
8-THIRD - MIDDLE 8-INTERMEDIATE LICENSE RESTRICTIONS									
9-THIRD - RIGHT SIDE 9-LEARNER'S PERMIT RESTRICTIONS									
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-MOTOR SCOOTER									
12-PASSENGER IN UNENCLOSED CARGO AREA 12-THREE-WHEEL MOTORCYCLE									
13-TRAILING UNIT 13-SCHOOL BUS									
14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 14-DOUBLE & TRIPLE TRAILERS									
15-NON-MOTORIST 15-TANKER / HAZMAT									
16-NON-MECHANICAL MEANS 16-MILITARY VEHICLES ONLY									
17-OTHER / UNKNOWN 17-MOTOR VEHICLES WITHOUT AIR BRAKES									
18-OTHER 18-OUTSIDE MIRROR									
19-OTHER / UNKNOWN 19-PROSTHETIC AID									
20-OTHER 20-OTHER									
INJURED TAKEN BY EJECTION OL ENDORSEMENT									
1-NOT EJECTED H-HAZMAT									
2-PARTIALLY EJECTED M-MOTORCYCLE									
3-TOTALLY EJECTED P-PASSENGER									
4-NOT APPLICABLE N-TANKER									
TRAPPED Q-MOTOR SCOOTER									
1-NOT TRAPPED R-THREE-WHEEL MOTORCYCLE									
2-EXTRICATED BY S-SCHOOL BUS									
3-FREED BY T-DOUBLE & TRIPLE TRAILERS									
4-NON-MECHANICAL MEANS X-TANKER / HAZMAT									
GENDER									
F-FEMALE									
M-MALE									
U-OTHER / UNKNOWN									
OL RESTRICTION(S) DRIVER DISTRACTION TEST STATUS									
1-ALCOHOL INTERLOCK DEVICE 1-NOT DISTRACTED 1-NONE GIVEN									
2-CDL INTRASTATE ONLY 2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)									
3-CORRECTIVE LENSES 3-REGULAR CLASS (OHIO = D)									
4-FARM WAIVER 4-EXCEPT CLASS A BUS									
5-EXCEPT CLASS A & CLASS B BUS 5-EXCEPT CLASS A & CLASS B BUS									
6-EXCEPT CLASS A & CLASS B BUS 6-EXCEPT CLASS A & CLASS B BUS									
7-EXCEPT TRACTOR-TRAILER 7-EXCEPT TRACTOR-TRAILER									
8-INTERMEDIATE LICENSE RESTRICTIONS 8-INTERMEDIATE LICENSE RESTRICTIONS									
9-LEARNER'S PERMIT RESTRICTIONS 9-LEARNER'S PERMIT RESTRICTIONS									
10-LIMITED TO DAYLIGHT ONLY 10-LIMITED TO DAYLIGHT ONLY									
11-LIMITED TO EMPLOYMENT 11-LIMITED TO EMPLOYMENT									
12-LIMITED - OTHER 12-LIMITED - OTHER									
13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)									
14-MILITARY VEHICLES ONLY 14-MILITARY VEHICLES ONLY									
15-MOTOR VEHICLES WITHOUT AIR BRAKES 15-MOTOR VEHICLES WITHOUT AIR BRAKES									
16-OUTSIDE MIRROR 16-OUTSIDE MIRROR									
17-PROSTHETIC AID 17-PROSTHETIC AID									
18-OTHER 18-OTHER									
ALCOHOL TEST TYPE									
1-NONE									
2-BLOOD									
3-URINE									
4-BREATH									
5-OTHER									
DRUG TEST TYPE									
1-NONE									
2-BLOOD									
3-URINE									
4-OTHER									
CONDITION									
1-APPARENTLY NORMAL									
2-PHYSICAL IMPAIRMENT									
3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)									
4-ILLNESS									
5-FELL ASLEEP, FAINTED, FATIGUED, ETC.									
6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL									
7-OTHER									
8-NON-NEGATIVE RESULTS									
DRUG TEST RESULT(S)									
1-AMPHETAMINES									
2-BARBITURATES									
3-BENZODIAZEPINES									
4-CANNABINOID									
5-COCAIN									
6-OPIATES / OPIOIDS									
7-OTHER									
8-NON-NEGATIVE RESULTS									

OCCUPANT / WITNESS ADDENDUM

OCCUPANT						LOCAL REPORT NUMBER				
	UNIT #	NAME: LAST, FIRST, MIDDLE				2 2 0 1 3 5 8 5	DATE OF BIRTH	AGE	GENDER	
	1	Gamble, Lee				0 5 1 3 1 9 7 8	4 3	M		
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
2027 Emerson Ave. Cincinnati Oh 45239										
	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
	5				0 4	0 3	0 1	1	1	
	UNIT #	NAME: LAST, FIRST, MIDDLE				0 7 3 0 2 0 0 2	1 9	AGE	GENDER	
	2	Boyd, Ashley							F	
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
5350 Camelot Dr. Apt 20, Fairfield, Oh 45014										
	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
	5				0 4	0 3	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	SAFETY EQUIPMENT USED			SEATING POSITION	AIR BAG USAGE				
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY					1 - NONE USED - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN			
							EJECTION			
							1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE			
							TRAPPED			
							1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS			
	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
							0			
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
							0			
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
							0			
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				

LOCAL REPORT NUMBER	22-D18585	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	2-24-22		
IN COUNTY OF	Butler	ACCIDENT LOCATION	Dixie // 5515				
							
<table border="1" style="width: 100%; height: 40px;"> <tr> <td style="background-color: #666; width: 50%;"></td> <td style="width: 50%; text-align: center;">OFFICER'S SIGNATURE</td> </tr> </table>							OFFICER'S SIGNATURE
	OFFICER'S SIGNATURE						
J. Sons							
BADGE NO 150							