



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN		<input checked="" type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION		LOCAL REPORT NUMBER*			
<input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*			
				Fairfield Police Department		00901			
COUNTY*		LOCALITY*		LOCATION: CITY, VILLAGE, TOWNSHIP*		CRASH DATE / TIME*		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY	
09		1 - CITY 2 - VILLAGE 3 - TOWNSHIP		City of Fairfield		02262022 2117			
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES		
	S R	4					39 32 43 27		
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES		
					DIVERSION	R D	84 50 66 13		
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	<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA	NUMBER OF APPROACHES 4	
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE					ROADWAY		
		1 - MILES 2 - FEET 3 - YARDS					<input type="checkbox"/> 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 - BETWEEN 3 - TWO MOTOR VEHICLES IN 4 - TRANSPORT 5 - REAR-END 6 - BACKING 7 - ANGLE 8 - SIDESWIPE, SAME DIRECTION 9 - HEAD-ON 10 - 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		WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE
<input type="checkbox"/> LAW ENFORCEMENT PRESENT		<input type="checkbox"/> ACTIVE SCHOOL ZONE		1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	1 - BEFORE THE 1ST WORK ZONE 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	1 - BEFORE THE 1ST WORK ZONE 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	1	1	2
LIGHT CONDITION				WEATHER					
1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN				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 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 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									
<p>On February 26, 2022 at 9:17 P.M., Unit 1 was traveling north on S.R. 4 Dixie Highway and when at Diversion Road, went off the roadway to the right and struck a no pedestrian crossing sign. Unit 1 failed to stop after the crash and left the scene of the accident.</p> <p>The no pedestrian crossing sign belongs to: The City of Fairfield 5350 Pleasant Avenue, Fairfield, OH 45014</p> <p>Unit 1 was cited for: FCO 333.01(a)(1)(A), OVI FCO 335.074A, NON COMPLIANCE SUSPENSION</p>									
CRASH REPORTED DATE / TIME			DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY
02262022 2117			02262022 2118		02262022 2121		02262022 2237		<input checked="" type="checkbox"/> POLICE AGENCY
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES	OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*		<input type="checkbox"/> MOTORIST
0		0		7 9	J. TAYLOR		 CHECKED BY OFFICER'S BADGE NUMBER*		<input type="checkbox"/> SUPPLEMENT (CORRECTION or ADDITION TO AN EXISTING REPORT SENT TO OOS)
OFFICER'S BADGE NUMBER* 1 5 7									



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



UNIT

UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) SUMMERLIN, ASHLEY, M	OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER)
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 6 SOUTH TIMBER HOLLOW DRIVE, APT 614, FAIRFIELD, OHIO, 45014		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		

LP STATE O H	LICENSE PLATE # JLM9990	VEHICLE IDENTIFICATION # JA4APUUAUXMU019947		VEHICLE YEAR 2021	VEHICLE MAKE MITSUBISHI
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #		COLOR RED	VEHICLE MODEL OUTLANDER
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE			US DOT #	TOWED BY: COMPANY NAME	
INTERLOCK DEVICE EQUIPPED	<input checked="" type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 0, 1	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL CLASS # PLACARD ID # <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD	

1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER
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	11 - ALL-TERRAIN VEHICLE (ATV / UTV)	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN
6 - VAN (9-15 SEATS)	17 - MOTORHOME			99 - UNKNOWN OR HIT/SKIP

CLC **# OF TRAILING UNITS**

VEHICULAR
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
AUTONOMOUS MODE LEVEL 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM	21 - MAIL CARRIER
<u>0,1</u>	2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	99 - OTHER / UNKNOWN
SPECIAL	3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	18 - SNOW REMOVAL
FUNCTION	4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	19 - TOWING
	5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL

CARGO BODY TYPE	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
				11 - DUMP	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	10 - DISABLED FROM PRIOR	
DEFECTS	3 - TAIL LAMPS	DEFECTIVE	ACCIDENT	

1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER CROSSWALK	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE
NON-MOTORIST LOCATION AT IMPACT	2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS
		8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	99 - OTHER / UNKNOWN
		5 - TRAVEL LANE - Other Location		

ACTION	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE
3	2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19 - STANDING
	3 - STRIKING	0 1 3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE		20 - OTHER NON-MOTORIST
	4 - STRUCK	PRE-CRASH 4 - OVERTAKING/PASSING	10 - PARKED	15 - WALKING, RUNNING, JOGGING, PLAYING	21 - STANDING OUTSIDE DISABLED VEHICLE
	5 - BOTH STRIKING	ACTIONS 5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	16 - WORKING	99 - OTHER / UNKNOWN
		& STRUCK	6 - MAKING LEFT TURN	17 - PUSHING VEHICLE	
			9 - OTHER / UNKNOWN	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 SPILLING	19 - LOAD SHIFTING/FALLING/ROADWAY	23 - OPENING DOOR INTO
4 - RAN STOP SIGN	10 - IMPROPER PASSING	16 - WRONG WAY	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION
5 - UNSAFE SPEED	11 - DROVE OFF ROAD			
6 - IMPROPER TURN	12 - IMPROPER BACKING			

SEQUENCE OF EVENTS

		NON-COLLISION				
1	0	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT
2	1	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	12 - DOWNSHILL RUNAWAY	17 - ANIMAL - FARM	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION
2	3	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	13 - OTHER NON-COLLISION	18 - ANIMAL - DEER	BY A MOTOR VEHICLE
2	7	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	14 - PERSONAL	19 - ANIMAL - OTHER	
		5 - CARGO / EQUIPMENT	10 - CROSS MEDIAN	20 - MOTOR VEHICLE IN		

3.4.4		LOSS OR SHIFT	13. GUARD MEDIAN	14. PEDESTRIAN	TRANSPORT	24. OTHER MOVABLE OBJECT
			15. PEDALCYCLE	21. PARKED MOTOR VEHICLE		
COLLISION WITH FIXED OBJECT - STRUCK						
4		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
5		27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES	45 - EMBANKMENT	52 - BUILDING
		28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER	40 - UTILITY POLE	46 - FENCE	53 - TUNNEL
6		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 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER											
2	2	0	1	4	0	6	4				
DAMAGE											
DAMAGE SCALE											
1 - NONE				3 - FUNCTIONAL DAMAGE							
2 - MINOR DAMAGE				4 - DISABLING DAMAGE							
9 - UNKNOWN											
DAMAGED AREA(S) INDICATE ALL THAT APPLY											
<img alt="Diagram											



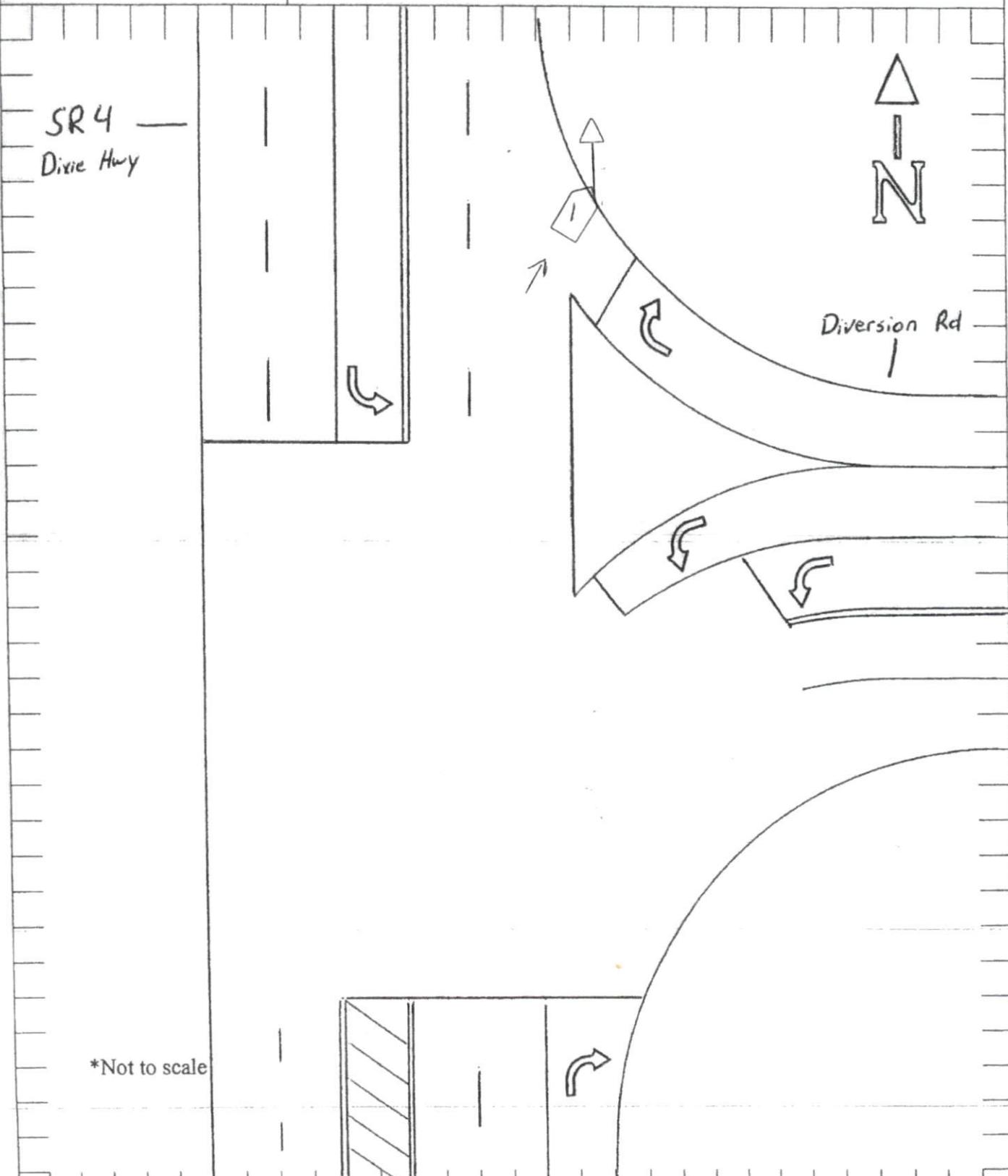
MOTORIST / Non-MOTORIST

INJURIES					EMS AGENCY (NAME)			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED		DATE OF BIRTH		AGE	GENDER						
5	INJURED TAKEN BY										0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	0 1	1	1	1						
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE		OFFENSE DESCRIPTION			CITATION NUMBER										
O H				331.34A			X		FAILURE TO CONTROL			249875										
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				9	<input checked="" type="checkbox"/> ALCOHOL <input checked="" type="checkbox"/> MARIJUANA <input checked="" type="checkbox"/> OTHER DRUG			6	1	1	2	3	SELECT UP TO 4									
UNIT #					NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH		AGE	GENDER						
ADDRESS: STREET, CITY, STATE, ZIP													CONTACT PHONE - INCLUDE AREA CODE									
INJURIES					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		OFFENSE DESCRIPTION			CITATION NUMBER										
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED			CONDITION	ALCOHOL TEST		DRUG TEST(S)											
OL CLASS				9	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG								SELECT UP TO 4									
UNIT #					NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH		AGE	GENDER						
ADDRESS: STREET, CITY, STATE, ZIP													CONTACT PHONE - INCLUDE AREA CODE									
INJURIES					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		OFFENSE DESCRIPTION			CITATION NUMBER										
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED			CONDITION	ALCOHOL TEST		DRUG TEST(S)											
OL CLASS				9	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG								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 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE		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 - TEST GIVEN, RESULTS KNOWN		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 - TALKING ON HANDS-FREE COMMUNICATION DEVICE		5 - TEST GIVEN, RESULTS UNKNOWN												
INJURED TAKEN BY		6 - SECOND - RIGHT SIDE		6 - DEPLOYMENT UNKNOWN		6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS		6 - TALKING ON HAND-HELD COMMUNICATION DEVICE		6 - TEST GIVEN, RESULTS UNKNOWN											
1 - NOT TRANSPORTED / TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		7 - NOT DEPLOYED		7 - EXCEPT TRACTOR-TRAILER	7 - INTERMEDIATE LICENSE RESTRICTIONS		7 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		7 - TEST GIVEN, RESULTS UNKNOWN												
2 - EMS	8 - THIRD - MIDDLE		8 - PARTIALLY DEPLOYED		8 - HAZMAT	8 - LEARNER'S PERMIT RESTRICTIONS		8 - PASSENGER		8 - TEST GIVEN, RESULTS UNKNOWN												
3 - POLICE	9 - THIRD - RIGHT SIDE		9 - TOTALLY DEPLOYED		9 - MOTORCYCLE	9 - OTHER DISTRACTION INSIDE THE VEHICLE		9 - OTHER DISTRACTION OUTSIDE THE VEHICLE		9 - OTHER DISTRACTION OUTSIDE THE VEHICLE												
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB		10 - NOT APPLICABLE		10 - PASSENGER	10 - OTHER		10 - OTHER		10 - OTHER												
SAFETY EQUIPMENT		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		11 - NOT APPLICABLE		11 - TANKER	11 - LIMITED TO DAYLIGHT ONLY		11 - LIMITED TO DAYLIGHT ONLY		11 - LIMITED TO DAYLIGHT ONLY											
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA		12 - EXTRICATED BY MECHANICAL MEANS		12 - MOTOR SCOOTER	12 - LIMITED TO DAYLIGHT ONLY		12 - LIMITED TO DAYLIGHT ONLY		12 - LIMITED TO DAYLIGHT ONLY												
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT		13 - FREED BY NON-MECHANICAL MEANS		13 - THREE-WHEEL MOTORCYCLE	13 - LIMITED TO DAYLIGHT ONLY		13 - LIMITED TO DAYLIGHT ONLY		13 - LIMITED TO DAYLIGHT ONLY												
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		14 - NOT APPLICABLE		14 - SCHOOL BUS	14 - LIMITED TO DAYLIGHT ONLY		14 - LIMITED TO DAYLIGHT ONLY		14 - LIMITED TO DAYLIGHT ONLY												
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST		15 - NOT APPLICABLE		15 - T-DOUBLE & TRIPLE TRAILERS	15 - LIMITED TO DAYLIGHT ONLY		15 - LIMITED TO DAYLIGHT ONLY		15 - LIMITED TO DAYLIGHT ONLY												
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	16 - BOOSTER SEAT		16 - NOT APPLICABLE		16 - X-TANKER / HAZMAT	16 - MILITARY VEHICLES WITHOUT AIR BRAKES		16 - MILITARY VEHICLES WITHOUT AIR BRAKES		16 - MILITARY VEHICLES WITHOUT AIR BRAKES												
6 - CHILD RESTRAINT SYSTEM - REAR FACING	17 - HELMET USED		17 - NOT APPLICABLE		17 - NOT APPLICABLE	17 - OUTSIDE MIRROR		17 - OUTSIDE MIRROR		17 - OUTSIDE MIRROR												
7 - BOOSTER SEAT	18 - NOT APPLICABLE		18 - NOT APPLICABLE		18 - NOT APPLICABLE	18 - PROSTHETIC AID		18 - PROSTHETIC AID		18 - PROSTHETIC AID												
8 - HELMET USED	19 - NOT APPLICABLE		19 - NOT APPLICABLE		19 - NOT APPLICABLE	19 - OTHER		19 - OTHER		19 - OTHER												
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	20 - NOT APPLICABLE		20 - NOT APPLICABLE		20 - NOT APPLICABLE	20 - NOT APPLICABLE		20 - NOT APPLICABLE		20 - NOT APPLICABLE												
10 - REFLECTIVE CLOTHING	21 - NOT APPLICABLE		21 - NOT APPLICABLE		21 - NOT APPLICABLE	21 - NOT APPLICABLE		21 - NOT APPLICABLE		21 - NOT APPLICABLE												
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	22 - NOT APPLICABLE		22 - NOT APPLICABLE		22 - NOT APPLICABLE	22 - NOT APPLICABLE		22 - NOT APPLICABLE		22 - NOT APPLICABLE												
99 - OTHER / UNKNOWN	23 - NOT APPLICABLE		23 - NOT APPLICABLE		23 - NOT APPLICABLE	23 - NOT APPLICABLE		23 - NOT APPLICABLE		23 - NOT APPLICABLE												
INJURIES		EJECTION		OL ENDORSEMENT		TRAPPED		GENDER		CONDITION		DRUG TEST TYPE										
1 - NOT TRAPPED		2 - PARTIALLY TRAPPED		3 - FREED BY MECHANICAL MEANS		4 - FREED BY NON-MECHANICAL MEANS		F - FEMALE		M - MALE		U - OTHER / UNKNOWN										
1 - NOT TRAPPED		2 - EXTRICATED BY MECHANICAL MEANS		3 - FREED BY NON-MECHANICAL MEANS		4 - NOT APPLICABLE		F - FEMALE		M - MALE		U - OTHER / UNKNOWN										
1 - NOT TRAPPED		2 - EXTRICATED BY MECHANICAL MEANS		3 - FREED BY NON-MECHANICAL MEANS		4 - NOT APPLICABLE		F - FEMALE		M - MALE		U - OTHER / UNKNOWN										
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1 - NOT TRAPPED		2 - EXTRICATED BY MECHANICAL MEANS		3 - FREED BY NON-MECHANICAL MEANS		4 - NOT APPLICABLE		F - FEMALE		M - MALE		U - OTHER / UNKNOWN										
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OCCUPANT / WITNESS ADDENDUM

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						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			
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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				
INJURED TAKEN BY			6 - CHILD RESTRAINT SYSTEM - REAR FACING			6 - SECOND - RIGHT SIDE			9 - DEPLOYMENT UNKNOWN				
1 - NOT TRANSPORTED /TREATED AT SCENE			7 - BOOSTER SEAT			7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			EJECTION				
2 - EMS			8 - HELMET USED			8 - THIRD - MIDDLE			1 - NOT EJECTED				
3 - POLICE			9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			9 - THIRD - RIGHT SIDE			2 - PARTIALLY EJECTED				
9 - OTHER / UNKNOWN			10 - REFLECTIVE CLOTHING			10 - SLEEPER SECTION OF TRUCK CAB			3 - TOTALLY EJECTED				
GENDER			11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY			11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)			4 - NOT APPLICABLE				
F - FEMALE			99 - OTHER / UNKNOWN			12 - PASSENGER IN UNENCLOSED CARGO AREA			TRAPPED				
M - MALE						13 - TRAILING UNIT			1 - NOT TRAPPED				
U - OTHER / UNKNOWN						14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			2 - EXTRICATED BY MECHANICAL MEANS				
						15 - NON-MOTORIST			3 - FREED BY NON-MECHANICAL MEANS				
						99 - OTHER / UNKNOWN							
WITNESS	NAME: LAST, FIRST, MIDDLE HAMMETT, ASHLEY, NICOLE					DATE OF BIRTH		AGE	GENDER				
						1 0 0 6 1 9 9 1	30	F					
	ADDRESS: STREET, CITY, STATE, ZIP 515 ROGER DRIVE, SEYMOUR, INDIANA, 47274					CONTACT PHONE - INCLUDE AREA CODE							
WITNESS	NAME: LAST, FIRST, MIDDLE HAMMETT, ERIC, TODD					DATE OF BIRTH		AGE	GENDER				
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LOCAL REPORT NUMBER	22-014064	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	SR4 (Dixie Hwy) / Diversion Rd	2/26/22
 <p>SR4 — Dixie Hwy</p> <p>Diversion Rd</p> <p>*Not to scale</p>				
<p>OFFICER'S SIGNATURE</p> <p>BADGE NO.</p>				