



## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		LOCAL INFORMATION		LOCAL REPORT NUMBER*				
<input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER		REPORTING AGENCY NAME* Fairfield Police Department		NCIC*	HIT/SKIP	NUMBER OF UNITS		
				0 0 9 0 1	2 - SOLVED 2 - UNSOLVED	0 2	UNIT IN ERROR	
COUNTY* 0 9		LOCALITY* 1 - CITY 1 - VILLAGE 3 - TOWNSHIP	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield			CRASH DATE / TIME* 0 3 0 5 2 0 2 2 1 4 3 9		
REFERENCE LOCATION	ROUTE TYPE S R	ROUTE NUMBER 4	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME WOODRIDGE	ROAD TYPE L B	LATITUDE DECIMAL DEGREES 3 9 3 0 6 5 7 8		
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) WOODRIDGE	ROAD TYPE	LONGITUDE DECIMAL DEGREES - 8 4 4 8 6 7 1 5		
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	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	RD - ROAD LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	INTERSECTION RELATED			
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS				<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA	NUMBER OF APPROACHES 4		
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION 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	DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	MEDIAN TYPE		
<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 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	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 3/5/22 at 2:39 p.m. Unit 1 attempted to turn left (south) onto SR 4 from from Woodridge Boulevard when it failed to yield when turning right, and struck Unit 2.  Unit 2 was traveling south on SR 4 when it was struck by Unit 1.  Unit 1 left the scene without exchanging information with Unit 2 and without calling the police.						 Indicate the north direction with an "N" on the compass diagram.		
						SEE OH-2		
CRASH REPORTED DATE / TIME 0 3 0 5 2 0 2 2 1 4 3 9		DISPATCH DATE / TIME 0 3 0 5 2 0 2 2 1 4 4 1		ARRIVAL DATE / TIME 0 3 0 5 2 0 2 2 1 4 4 2		SCENE CLEARED DATE / TIME 0 3 0 5 2 0 2 2 1 5 0 2		REPORT TAKEN BY
TOTAL TIME ROADWAY CLOSED 3 1		OTHER INVESTIGATION TIME		TOTAL MINUTES 5 1		OFFICER'S NAME* R. HICKMAN		<input checked="" type="checkbox"/> POLICE AGENCY
						OFFICER'S BADGE NUMBER* 1 6 4		<input type="checkbox"/> MOTORIST
						CHECKED BY OFFICER'S NAME* <i>Sgt Aaron Meyer</i>		<input type="checkbox"/> SUPPLEMENT (CORRECTION or ADDITION TO AN EXISTING REPORT SENT TO IDPS)
						CHECKED BY OFFICER'S BADGE NUMBER* 1 3 2		

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

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH LICENSE PLATE # 123456789 VEHICLE IDENTIFICATION # 1G234567890123456789 VEHICLE YEAR 2010 VEHICLE MAKE HYUNDAI

INSURANCE VERIFIED INSURANCE COMPANY State Farm INSURANCE POLICY # 12345678901234567890 COLOR WHITE VEHICLE MODEL HYUNDAI

TYPE OF USE  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE US DOT # 12345678901234567890 TOWED BY: COMPANY NAME None

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS 0 1 VEHICLE WEIGHT GVWR/GCWR 10,001 - 26K LBS. HAZARDOUS MATERIAL MATERIAL RELEASED  PLACARD CLASS # None PLACARD ID # None

UNIT TYPE Passenger Car # OF TRAILING UNITS 0 WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 9 VEHICLE IDENTIFICATION # 1G2345678901234567890 VEHICLE MODEL HYUNDAI

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 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 27 - TRAIN  
6 - VAN (9-15 SEATS) 17 - MOTORHOME 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN/SKATER  
9 - UNKNOWN

UNIT TYPE Passenger Car # OF TRAILING UNITS 0 WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 9 VEHICLE IDENTIFICATION # 1G2345678901234567890 VEHICLE MODEL HYUNDAI

1 - YES 2 - NO 9 - OTHER / UNKNOWN VEHICLE IDENTIFICATION # 1G2345678901234567890 VEHICLE MODEL HYUNDAI

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

CARGO BODY TYPE None # OF TRAILING UNITS 0 WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 9 VEHICLE IDENTIFICATION # 1G2345678901234567890 VEHICLE MODEL HYUNDAI

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 7 - GRAIN/CHIPS/GRAVEL 9 - CARGO TANK 13 - AUTOTRANSPORTER  
9 - 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

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

ACTION None # OF TRAILING UNITS 0 WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 9 VEHICLE IDENTIFICATION # 1G2345678901234567890 VEHICLE MODEL HYUNDAI

1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE  
2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING  
3 - STRIKING 0 5 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 10 - PARKED 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST  
4 - STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE  
5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN  
9 - OTHER / UNKNOWN

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 12 - IMPROPER BACKING

1 - SEQUENCE OF EVENTS 2 - CONTRIBUTING CIRCUMSTANCES 3 - LOCATION AT IMPACT

1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 17 - ANIMAL - FARM 18 - ANIMAL - DEER 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION  
3 - IMMERSION 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 13 - OTHER NON-COLLISION 20 - MOTOR VEHICLE IN TRANSPORT BY A MOTOR VEHICLE  
4 - JACKKNIFE 11 - DROVE OFF ROAD 12 - DOWNHILL RUNAWAY 14 - PEDESTRIAN 21 - PARKED MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT  
5 - CARGO / EQUIPMENT LOSS OR SHIFT 13 - OTHER NON-COLLISION 15 - PEDALCYCLE

1 - COLLISION WITH FIXED OBJECT - STRUCK 2 - COLLISION WITH FIXED OBJECT - HIT 3 - COLLISION WITH FIXED OBJECT - HIT  
4 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  
5 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL  
6 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES 45 - EMBANKMENT 52 - BUILDING  
7 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL SUPPORT 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL  
8 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - TREE  
9 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - FIRE HYDRANT 99 - OTHER / UNKNOWN

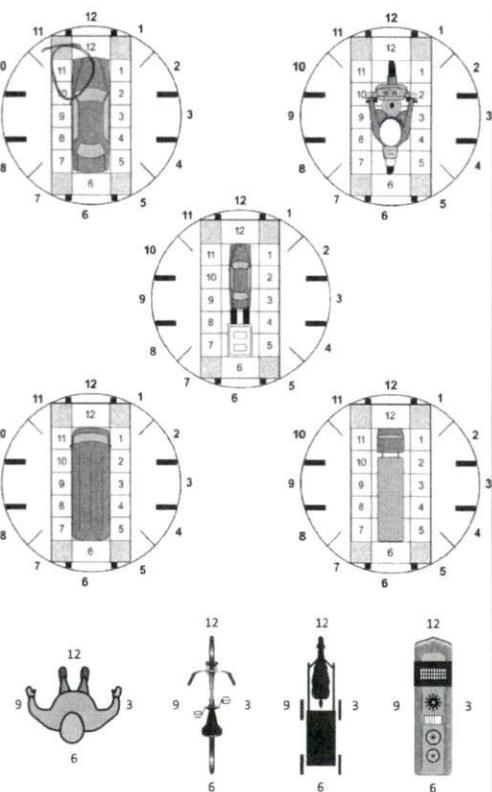
1 - FIRST HARMFUL EVENT 2 - CONTRIBUTING CIRCUMSTANCES 3 - LOCATION AT IMPACT

1 - MOST HARMFUL EVENT 2 - CONTRIBUTING CIRCUMSTANCES 3 - LOCATION AT IMPACT

LOCAL REPORT NUMBER  
2 2 0 1 5 9 0 7

DAMAGE  
DAMAGE SCALE  
1 - 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 - REFERTO UNIT 15 - VEHICLE NOT AT SCENE  
99 - UNKNOWN  
13 - TOP

TRAFFIC  
TRAFFIC WAY FLOW 2 TRAFFIC CONTROL  
1 - ONE-WAY 4 - STOP SIGN  
2 - TWO-WAY 2 - SIGNAL 5 - YIELD SIGN  
3 - FLASHER 6 - NO CONTROL

# OF THROUGH LANES ON ROAD 4 RAIL GRADE CROSSING  
1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING  
2 - 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  
FROM 4 TO 2

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

OWNER

UNIT # 012	OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER		OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER																														
OWNER ADDRESS: STREET, CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER																																	
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																															
LP STATE O H	LICENSE PLATE # JBW1720	VEHICLE IDENTIFICATION # 5FNR13H68AB018046	VEHICLE YEAR 2010																														
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY PROGRESSIVE	INSURANCE POLICY # 40709522	VEHICLE MAKE HONDA																														
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME																														
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AUTONOMOUS MODE LEVEL <input type="checkbox"/> 0 - NO AUTOMATION <input type="checkbox"/> 1 - DRIVER ASSISTANCE <input type="checkbox"/> 2 - PARTIAL AUTOMATION <input type="checkbox"/> 3 - CONDITIONAL AUTOMATION <input type="checkbox"/> 4 - HIGH AUTOMATION <input type="checkbox"/> 5 - FULL AUTOMATION <input type="checkbox"/> 9 - UNKNOWN																																	
SPECIAL FUNCTION <input type="checkbox"/> 1 - NONE <input type="checkbox"/> 2 - TAXI <input type="checkbox"/> 3 - ELECTRONIC RIDE SHARING <input type="checkbox"/> 4 - SCHOOL TRANSPORT <input type="checkbox"/> 5 - BUS - TRANSIT/COMMUTER																																	
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VEHICLE DEFECTS <input type="checkbox"/> 1 - TURN SIGNALS <input type="checkbox"/> 2 - HEAD LAMPS <input type="checkbox"/> 3 - TAIL LAMPS																																	
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ACTION <input type="checkbox"/> 1 - NON-CONTACT <input type="checkbox"/> 2 - NON-COLLISION <input type="checkbox"/> 3 - STRIKING <input type="checkbox"/> 4 - STRUCK <input type="checkbox"/> 5 - BOTH STRIKING & STRUCK <input type="checkbox"/> 6 - PRE-CRASH ACTIONS <input type="checkbox"/> 7 - OVERTAKING/PASSING <input type="checkbox"/> 8 - MAKING RIGHT TURN <input type="checkbox"/> 9 - MAKING LEFT TURN <input type="checkbox"/> 10 - SLOWING OR STOPPED IN TRAFFIC <input type="checkbox"/> 11 - WORKING <input type="checkbox"/> 12 - PUSHING VEHICLE																																	
13 - NEIGHBORHOOD <input type="checkbox"/> 14 - ENTERING TRAFFIC LANE <input type="checkbox"/> 15 - LEAVING TRAFFIC LANE <input type="checkbox"/> 16 - PARKED <input type="checkbox"/> 17 - SLOWING OR STOPPED IN TRAFFIC <input type="checkbox"/> 18 - WORKING <input type="checkbox"/> 19 - SWERVING TO AVOID <input type="checkbox"/> 20 - DRIVING ON THE WRONG SIDE <input type="checkbox"/> 21 - STANDING OUTSIDE DISABLED VEHICLE <input type="checkbox"/> 22 - APPROACHING OR LEAVING VEHICLE <input type="checkbox"/> 23 - ENTERING OR CROSSING SPECIFIED LOCATION <input type="checkbox"/> 24 - WALKING, RUNNING, JOGGING, PLAYING <input type="checkbox"/> 25 - STANDING OUTSIDE DISABLED VEHICLE <input type="checkbox"/> 26 - APPROACHING OR LEAVING VEHICLE <input type="checkbox"/> 27 - ENTERING OR CROSSING SPECIFIED LOCATION <input type="checkbox"/> 28 - WALKING, RUNNING, JOGGING, PLAYING <input type="checkbox"/> 29 - STANDING OUTSIDE DISABLED VEHICLE <input type="checkbox"/> 30 - APPROACHING OR LEAVING VEHICLE <input type="checkbox"/> 31 - 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# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER				
2 2 0 1 5 9 0 7				
DATE OF BIRTH			AGE	GENDER
			0	

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER		
	0 1							0			
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	9 9	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
	5							0 1	9	1	1
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE		OFFENSE DESCRIPTION			CITATION NUMBER	
DL 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	9	<input type="checkbox"/> ALCOHOL TEST STATUS 1 TYPE 1 VALUE .	<input type="checkbox"/> DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4	1 1	1 1	
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER		
	0 2	SALL, OUMAR, ABDOULAYE				1 2 3 1 1 9 6 8		5 3	M		
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
990 CHESTERDALE DR APT D, CINCINNATI, OH, 45246											
MOTORIST / NON-MOTORIST	INJURIES	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	AIR BAG USAGE	EJECTION	TRAPPED
	5							0 1	1	1	1
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE		OFFENSE DESCRIPTION			CITATION NUMBER	
DL 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	1	<input type="checkbox"/> ALCOHOL TEST STATUS 1 TYPE 1 VALUE .	<input type="checkbox"/> DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4	1 1	1 1	
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER		
								0			
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
990 CHESTERDALE DR APT D, CINCINNATI, OH, 45246											
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
	5										
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MOTORIST / NON-MOTORIST	INJURIES	SEATING POSITION	AIR BAG	DL 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						
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						
5-NO APPARENT INJURY	5-SECOND - MIDDLE	5-NOT APPLICABLE	5-M/C MOPED ONLY	5-EXCEPT CLASS A BUS	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							
1-NOT TRANSPORTED / TREATED AT SCENE	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-NOT DEPLOYED	7-CLASS A	7-EXCEPT TRACTOR-TRAILER							
2-EMS	8-THIRD - MIDDLE	8-DEPLOYED FRONT	8-CLASS B	8-INTERMEDIATE LICENSE RESTRICTIONS							
3-POLICE	9-THIRD - RIGHT SIDE	9-DEPLOYED SIDE	9-CLASS C	9-LEARNER'S PERMIT RESTRICTIONS							
9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB	10-DEPLOYED BOTH FRONT / SIDE	10-REGULAR CLASS (OHIO = D)	10-LIMITED TO DAYLIGHT ONLY							
SAFETY EQUIPMENT	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11-NOT APPLICABLE	11-REGULAR CLASS (OHIO = D)	11-LIMITED TO EMPLOYMENT							
1-NONE USED	12-PASSENGER IN UNENCLOSED CARGO AREA	12-EXTRICATED BY MECHANICAL MEANS	12-REGULAR CLASS (OHIO = D)	12-LIMITED - OTHER							
2-SHOULDER BELT ONLY USED	13-TRAILING UNIT	13-FREED BY NON-MECHANICAL MEANS	13-REGULAR CLASS (OHIO = D)	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)							
3-LAP BELT ONLY USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14-NOT APPLICABLE	14-MILITARY VEHICLES ONLY	14-MILITARY VEHICLES ONLY							
4-SHOULDER & LAP BELT USED	15-NON-MOTORIST	15-EXTRICATED BY MECHANICAL MEANS	15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-MOTOR VEHICLES WITHOUT AIR BRAKES							
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	99-OTHER / UNKNOWN	16-FREED BY NON-MECHANICAL MEANS	16-OUTSIDE MIRROR	16-OUTSIDE MIRROR							
6-CHILD RESTRAINT SYSTEM - REAR FACING		17-PROSTHETIC AID	17-PROSTHETIC AID	17-PROSTHETIC AID							
7-BOOSTER SEAT		18-OTHER	18-OTHER	18-OTHER							
8-HELMET USED											
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)											
10-REFLECTIVE CLOTHING											
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY											
99-OTHER / UNKNOWN											



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

2 2 0 1 5 9 0 7

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE BA, FATIMATA, MAMADOU				DATE OF BIRTH	AGE	GENDER
	2	ADDRESS: STREET, CITY, STATE, ZIP 990 CHESTERDALE DR APT D, CINCINNATI, OH, 45246					0 7 0 3 1 9 8 1	4 0
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET 0 4			
5				0 4	0 3 0 1 1 1			
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE SALL, AISSATA				DATE OF BIRTH	AGE	GENDER
2	ADDRESS: STREET, CITY, STATE, ZIP 990 CHESTERDALE DR APT D, CINCINNATI, OH, 45246					1 0 1 0 2 0 0 6	1 5	F
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET 0 4			
5				0 4	0 6 0 1 1 1			
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE SALL, MAMADOU				DATE OF BIRTH	AGE	GENDER
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INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET 0 4			
5				0 4	0 4 0 1 1 1			
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE SALL, ABDOULAYE				DATE OF BIRTH	AGE	GENDER
2	ADDRESS: STREET, CITY, STATE, ZIP 990 CHESTERDALE DR APT D, CINCINNATI, OH, 45246					0 5 0 2 2 0 1 2	9	M
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET 0 4			
5				0 4	0 9 0 1 1 1			
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	
INJURED TAKEN BY			1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN	6 - BOOSTER SEAT 7 - HELMET USED 8 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 9 - CHILD RESTRAINT SYSTEM - REAR FACING 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN			1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	
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						0		
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE		
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE		
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WITNESS	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE		



# OCCUPANT / WITNESS ADDENDUM

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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	9 - DEPLOYMENT UNKNOWN																																																																				
1 - NOT TRANSPORTED /TREATED AT SCENE	7 - BOOSTER SEAT	7 - THIRD - MIDDLE	1 - NOT EJECTED																																																																				
2 - EMS	8 - HELMET USED	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED																																																																				
3 - POLICE	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED																																																																				
9 - OTHER / UNKNOWN	10 - REFLECTIVE CLOTHING	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE																																																																				
GENDER		12 - PASSENGER IN UNENCLOSED CARGO AREA	1 - NOT TRAPPED																																																																				
F - FEMALE	13 - TRAILING UNIT	2 - EXTRICATED BY MECHANICAL MEANS																																																																					
M - MALE	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	3 - FREED BY NON-MECHANICAL MEANS																																																																					
U - OTHER / UNKNOWN	15 - NON-MOTORIST																																																																						
	99 - OTHER / UNKNOWN																																																																						
WITNESS	NAME: LAST, FIRST, MIDDLE																																																																						
DATE OF BIRTH										AGE	GENDER																																																												
0																																																																							
ADDRESS: STREET, CITY, STATE, ZIP																																																																							
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LOCAL REPORT NUMBER	22015907	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF		ACCIDENT LOCATION	3/5/22	
Butler		SR 4 at Woodridge Blvd		

Woodridge Blvd

SR 4 (DIXIE HWY)

NOT TO SCALE

OFFICER'S SIGNATURE

BADGE NO 164