



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

☒ PHOTOS TAKEN
☐ SECONDARY CRASH
☒ OH-2
☐ OH-3
☒ OH-1P
☐ OTHER
☐ PRIVATE PROPERTY

LOCAL INFORMATION
REPORTING AGENCY NAME*
Fairfield Police Department
NCIC*
0 0 9 0 1

2 2 0 1 5 9 0 7
HIT/SKIP
1 - SOLVED
2 - UNSOLVED
NUMBER OF UNITS
0 2
UNIT IN ERROR
98 - ANIMAL
0 1
99 - UNKNOWN

COUNTY*
0 9
LOCALITY*
1 - CITY
2 - VILLAGE
3 - TOWNSHIP
1
LOCATION: CITY, VILLAGE, TOWNSHIP*
City of Fairfield

CRASH DATE / TIME*
03 05 2022 14 39
CRASH SEVERITY
1 - FATAL
5
2 - SERIOUS INJURY SUSPECTED
3 - MINOR INJURY SUSPECTED
4 - INJURY POSSIBLE
5 - PROPERTY DAMAGE ONLY

ROUTE TYPE
S R
ROUTE NUMBER
4
PREFIX
1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST
LOCATION ROAD NAME
WOODRIDGE
ROAD TYPE
B L

LATITUDE DECIMAL DEGREES
39.306578
LONGITUDE DECIMAL DEGREES
-84.486715

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)
WOODRIDGE
ROAD TYPE
B L

INTERSECTION RELATED
☒ WITHIN INTERSECTION OR ON APPROACH
☐ WITHIN INTERCHANGE AREA
NUMBER OF APPROACHES
4
ROADWAY
☐ ROADWAY DIVIDED

REFERENCE POINT
1 - INTERSECTION
2 - MILE POST
3 - HOUSE #
1
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

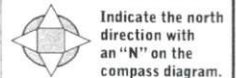
LOCATION OF FIRST HARMFUL EVENT
1 - ON ROADWAY
2 - ON SHOULDER
3 - IN MEDIAN
4 - ON ROADSIDE
5 - ON GORE
6 - OUTSIDE TRAFFIC WAY
7 - ON RAMP
8 - OFF RAMP
9 - CROSSOVER
10 - DRIVEWAY/ALLEY ACCESS
11 - RAILWAY GRADE CROSSING
12 - SHARED USE PATHS OR TRAILS
13 - BIKE LANE
14 - TOLL BOOTH
99 - OTHER / UNKNOWN
MANNER OF CRASH COLLISION/IMPACT
1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT
2 - REAR-END
3 - HEAD-ON
4 - REAR-TO-REAR
5 - BACKING
6 - ANGLE
7 - SIDESWIPE, SAME DIRECTION
8 - SIDESWIPE, OPPOSITE DIRECTION
9 - OTHER / UNKNOWN
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

WORK ZONE RELATED
WORKERS PRESENT
LAW ENFORCEMENT PRESENT
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
1 - STRAIGHT LEVEL
2 - STRAIGHT GRADE
3 - CURVE LEVEL
4 - CURVE GRADE
9 - OTHER/UNKNOWN
CONDITIONS
1
1 - DRY
2 - WET
3 - SNOW
4 - ICE
5 - SAND, MUD, DIRT, OIL, GRAVEL
6 - WATER (STANDING, MOVING)
7 - SLUSH
9 - OTHER/UNKNOWN
SURFACE
2
1 - CONCRETE
2 - BLACKTOP, BITUMINOUS, ASPHALT
3 - BRICK/BLOCK
4 - SLAG, GRAVEL, STONE
5 - DIRT
9 - OTHER/UNKNOWN

LIGHT CONDITION
1
1 - DAYLIGHT
2 - DAWN/DUSK
3 - DARK - LIGHTED ROADWAY
4 - DARK - ROADWAY NOT LIGHTED
5 - DARK - UNKNOWN ROADWAY LIGHTING
9 - OTHER / UNKNOWN
WEATHER
0 1
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

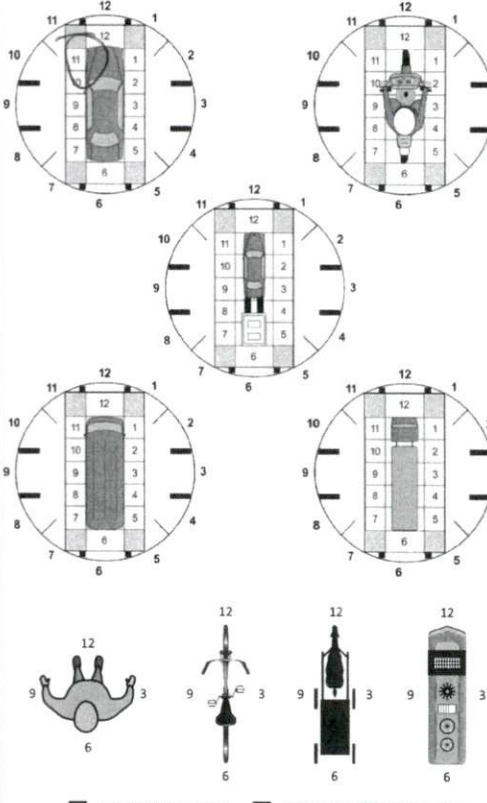
NARRATIVE
On 3/5/22 at 2:39 p.m. Unit 1 attempted to turn left (south) onto SR 4 from from Woodridge Boulevard when it failed to yield when turning right, and struck Unit 2.
Unit 2 was traveling south on SR 4 when it was struck by Unit 1.
Unit 1 left the scene without exchanging information with Unit 2 and without calling the police.
SEE OH-2




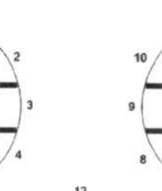
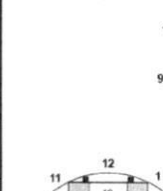
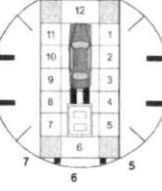
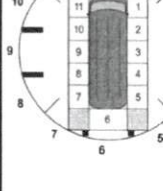
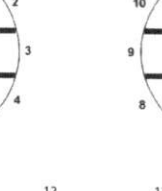
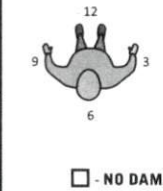

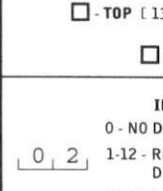
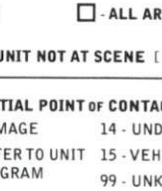
CRASH REPORTED DATE / TIME
03 05 2022 14 39
DISPATCH DATE / TIME
03 05 2022 14 41
ARRIVAL DATE / TIME
03 05 2022 14 42
SCENE CLEARED DATE / TIME
03 05 2022 15 02
REPORT TAKEN BY
☒ POLICE AGENCY
☐ MOTORIST
☐ SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DPS)

TOTAL TIME ROADWAY CLOSED
OTHER INVESTIGATION TIME
TOTAL MINUTES
OFFICER'S NAME*
R. HICKMAN
OFFICER'S BADGE NUMBER*
1 6 4
CHECKED BY OFFICER'S NAME*
Sgt. Aaron Meyer
CHECKED BY OFFICER'S BADGE NUMBER*
1 3 2

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	LICENSE PLATE #	VEHICLE IDENTIFICATION #
	INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #
	TYPE OF USE		VEHICLE YEAR
	US DOT #		VEHICLE MAKE
	HAZARDOUS MATERIAL		VEHICLE MODEL
	TOWED BY: COMPANY NAME		
	HAZARDOUS MATERIAL		
	HAZARDOUS MATERIAL		
	HAZARDOUS MATERIAL		
EVENT(S)	UNIT TYPE		
	# OF TRAILING UNITS		
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		
	AUTONOMOUS MODE LEVEL		
	SPECIAL FUNCTION		
	CARGO BODY TYPE		
	VEHICLE DEFECTS		
	NON-MOTORIST LOCATION AT IMPACT		
	ACTION		
	CONTRIBUTING CIRCUMSTANCES		
SEQUENCE OF EVENTS			
FIRST HARMFUL EVENT		MOST HARMFUL EVENT	

LOCAL REPORT NUMBER 22015907	
DAMAGE	
DAMAGE SCALE	
2 1 - NONE 3 - FUNCTIONAL DAMAGE	
2 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 checked="" type="checkbox"/> UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT	
0 - NO DAMAGE 14 - UNDERCARRIAGE	
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE	
13 - TOP 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN
2 - TWO-WAY	2 - SIGNAL 5 - YIELD SIGN
	3 - FLASHER 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 5 - NORTHEAST	
2 - SOUTH 6 - NORTHWEST	
3 - EAST 7 - SOUTHEAST	
4 - WEST 8 - SOUTHWEST	
9 - OTHER / UNKNOWN	
UNIT SPEED	DETECTED SPEED
	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED
POSTED SPEED	
3 5	

OWNER	UNIT # 02	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			
VEHICLE	LP STATE OH	LICENSE PLATE # JBW1720	VEHICLE IDENTIFICATION # 5FNRL3H1618AB0118046	VEHICLE YEAR 2010	VEHICLE MAKE HONDA
	INSURANCE VERIFIED	INSURANCE COMPANY PROGRESSIVE	INSURANCE POLICY # 40709522	COLOR BLUE	VEHICLE MODEL ODYSSEY
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS 06	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID #	
	VEHICLE WEIGHT GVWR/GCWR 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				
	# OF TRAILING UNITS 0				
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN		
SPECIAL FUNCTION	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER		6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE		
	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER		11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT		
	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL		
	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		
VEHICLE DEFECTS	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION		
	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		
	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				
EVENT(S)	SEQUENCE OF EVENTS 1 2 0 2 3 4 5 6		NON-COLLISION 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 MOVABLE OBJECT		
	COLLISION WITH FIXED OBJECT - STRUCK 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN				
	FIRST HARMFUL EVENT 1		MOST HARMFUL EVENT 1		

LOCAL REPORT NUMBER 2, 2, 0, 1, 5, 9, 0, 7	
DAMAGE DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN 4	
DAMAGED AREA(S) INDICATE ALL THAT APPLY           <input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT 0 - NO DAMAGE 1 - 12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN 0 2	
TRAFFIC TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY 2 TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL	
# OF THROUGH LANES ON ROAD 4 RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING 1	
UNIT / NON-MOTORIST DIRECTION FROM 1 TO 2 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED POSTED SPEED 4 5 DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED 3	



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2 2 0 1 5 9 0 7

MOTORIST / NON-MOTORIST	UNIT # 0 1	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE 0	GENDER																																																																																																																																																																																							
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																																																																																																																																																																																										
	INJURIES 5	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 0 1	AIR BAG USAGE 9	EJECTION 1	TRAPPED 1																																																																																																																																																																																					
	OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER																																																																																																																																																																																							
MOTORIST / NON-MOTORIST	OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 9	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 9	ALCOHOL TEST STATUS TYPE VALUE 1 1 .		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1																																																																																																																																																																																						
	UNIT # 0 2	NAME: LAST, FIRST, MIDDLE SALL, OUMAR, ABDOULAYE				DATE OF BIRTH 1 2 3 1 1 9 6 8		AGE 5 3	GENDER M																																																																																																																																																																																							
	ADDRESS: STREET, CITY, STATE, ZIP 990 CHESTERDALE DR APT D, CINCINNATI, OH, 45246					CONTACT PHONE - INCLUDE AREA CODE																																																																																																																																																																																										
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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																																																																																																																																																																																					
	OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER																																																																																																																																																																																							
	OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4																																																																																																																																																																																						
	<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 (OHJO = 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>INJURED TAKEN BY</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>ALCOHOL TEST TYPE</td></tr><tr><td>1 - NOT TRANSPORTED / TREATED AT SCENE</td><td>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</td><td>EJECTION</td><td>H - HAZMAT</td><td>7 - EXCEPT TRACTOR-TRAILER</td><td>7 - OTHER DISTRACTION INSIDE THE VEHICLE</td><td>1 - NONE</td></tr><tr><td>2 - EMS</td><td>8 - THIRD - MIDDLE</td><td>1 - NOT EJECTED</td><td>M - MOTORCYCLE</td><td>8 - INTERMEDIATE LICENSE RESTRICTIONS</td><td>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE</td><td>2 - BLOOD</td></tr><tr><td>3 - POLICE</td><td>9 - THIRD - RIGHT SIDE</td><td>2 - PARTIALLY EJECTED</td><td>P - PASSENGER</td><td>9 - LEARNER'S PERMIT RESTRICTIONS</td><td>9 - OTHER / UNKNOWN</td><td>3 - URINE</td></tr><tr><td>9 - OTHER / UNKNOWN</td><td>10 - SLEEPER SECTION OF TRUCK CAB</td><td>3 - TOTALLY EJECTED</td><td>N - TANKER</td><td>10 - LIMITED TO DAYLIGHT ONLY</td><td>CONDITION</td><td>4 - BREATH</td></tr><tr><td>SAFETY EQUIPMENT</td><td>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)</td><td>4 - NOT APPLICABLE</td><td>Q - MOTOR SCOOTER</td><td>11 - LIMITED TO EMPLOYMENT</td><td>1 - APPARENTLY NORMAL</td><td>5 - OTHER</td></tr><tr><td>1 - NONE USED</td><td>12 - PASSENGER IN UNENCLOSED CARGO AREA</td><td>TRAPPED</td><td>R - THREE-WHEEL MOTORCYCLE</td><td>12 - LIMITED - OTHER</td><td>2 - PHYSICAL IMPAIRMENT</td><td>DRUG TEST TYPE</td></tr><tr><td>2 - SHOULDER BELT ONLY USED</td><td>13 - TRAILING UNIT</td><td>1 - NOT TRAPPED</td><td>S - SCHOOL BUS</td><td>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)</td><td>3 - EMOTIONAL (E.G. 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DEPRESSED, ANGRY, DISTURBED)	1 - NONE	4 - SHOULDER & LAP BELT USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	14 - MILITARY VEHICLES ONLY	4 - ILLNESS	2 - BLOOD	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS	X - TANKER / HAZMAT	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	3 - URINE	6 - CHILD RESTRAINT SYSTEM - REAR FACING	99 - OTHER / UNKNOWN	GENDER	F - FEMALE	16 - OUTSIDE MIRROR	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	4 - OTHER	7 - BOOSTER SEAT			M - MALE	17 - PROSTHETIC AID	9 - OTHER / UNKNOWN	DRUG TEST RESULT(S)	8 - HELMET USED			U - OTHER / UNKNOWN	18 - OTHER		1 - AMPHETAMINES	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						2 - BARBITURATES	10 - REFLECTIVE CLOTHING						3 - BENZODIAZEPINES	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						4 - CANNABINOIDS	99 - OTHER / UNKNOWN						5 - COCAINE							6 - OPIATES / OPIOIDS							7 - OTHER						
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UNIT #	NAME: LAST, FIRST, MIDDLE			
2	BA, FATIMATA, MAMADOU			
ADDRESS: STREET, CITY, STATE, ZIP				
990 CHESTERDALE DR APT D, CINCINNATI, OH, 45246				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED
5				0 4
UNIT #	NAME: LAST, FIRST, MIDDLE			
2	SALL, AISSATA			
ADDRESS: STREET, CITY, STATE, ZIP				
990 CHESTERDALE DR APT D, CINCINNATI, OH, 45246				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED
5				0 4
UNIT #	NAME: LAST, FIRST, MIDDLE			
2	SALL, MAMADOU			
ADDRESS: STREET, CITY, STATE, ZIP				
990 CHESTERDALE DR APT D, CINCINNATI, OH, 45246				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED
5				0 4
UNIT #	NAME: LAST, FIRST, MIDDLE			
2	SALL, ABDOULAYE			
ADDRESS: STREET, CITY, STATE, ZIP				
990 CHESTERDALE DR APT D, CINCINNATI, OH, 45246				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED
5				0 4

INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION
1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED	2 - FRONT - MIDDLE
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED	3 - FRONT - RIGHT SIDE
4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)
5 - NO APPARENT INJURY	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	5 - SECOND - MIDDLE
	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE
	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE DRIVER)
	8 - HELMET USED	8 - THIRD - MIDDLE
	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE
	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION
	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER CARGO AREA (NON-TRAILING UNIT)
	99 - OTHER / UNKNOWN	12 - PASSENGER IN OTHER CARGO AREA
		13 - TRAILING UNIT
		14 - RIDING ON VEHICLE (NON-TRAILING UNIT)
		15 - NON-MOTORIST
		99 - OTHER / UNKNOWN

WITNESS	NAME: LAST, FIRST, MIDDLE ADDRESS: STREET, CITY, STATE, ZIP NAME: LAST, FIRST, MIDDLE ADDRESS: STREET, CITY, STATE, ZIP NAME: LAST, FIRST, MIDDLE ADDRESS: STREET, CITY, STATE, ZIP
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OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER									
2	2	0	1	5	9	0	7		

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH			AGE	GENDER
	2	SALL, KATIATA			0 8 1 9 2 0 1 3			8	F
	ADDRESS: STREET, CITY, STATE, ZIP								
990 CHESTERDALE DR APT D, CINCINNATI, OH, 45246									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
5				0 4		0 7	0 1	1	1

OCCUPANT	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

OCCUPANT	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

OCCUPANT	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
INJURED TAKEN BY	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION
1 - NOT TRANSPORTED / TREATED AT SCENE	8 - HELMET USED	8 - THIRD - MIDDLE	1 - NOT EJECTED
2 - EMS	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED
3 - POLICE	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED
9 - OTHER / UNKNOWN	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE
GENDER	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED
F - FEMALE		13 - TRAILING UNIT	1 - NOT TRAPPED
M - MALE		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS
U - OTHER / UNKNOWN		15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS
		99 - OTHER / UNKNOWN	

WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH			AGE	GENDER
					0	
	ADDRESS: STREET, CITY, STATE, ZIP					
						CONTACT PHONE - INCLUDE AREA CODE

WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH			AGE	GENDER
					0	
	ADDRESS: STREET, CITY, STATE, ZIP					
						CONTACT PHONE - INCLUDE AREA CODE

WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH			AGE	GENDER
					0	
	ADDRESS: STREET, CITY, STATE, ZIP					
						CONTACT PHONE - INCLUDE AREA CODE

LOCAL REPORT NUMBER	22015907	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	3/5/22
IN COUNTY OF	Butler	ACCIDENT LOCATION	SR 4 at Woodridge Blvd		

Diagram illustrating the accident location at the intersection of Woodridge Blvd and SR 4 (Dixie Hwy).

Key features of the diagram:

- North arrow pointing up.
- Woodridge Blvd running horizontally across the top.
- SR 4 (Dixie Hwy) running vertically down the left side.
- Service Dr. running vertically on the right side.
- Arrows indicating traffic flow: right turns on Woodridge Blvd, left turns on SR 4, and through traffic on both.
- Two vehicles are shown at the intersection, labeled 1 and 2.
- Note: END TO SCALE

OFFICER'S SIGNATURE	BADGE NO.
<i>[Signature]</i>	164