



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> PRIVATE PROPERTY	LOCAL INFORMATION REPORTING AGENCY NAME* Fairfield Police Department		NCIC* 00901	22016114		HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 01	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN	
COUNTY* 09	LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield		CRASH DATE / TIME* 03062022 1545		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY					
ROUTE TYPE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME Production	ROAD TYPE D R	LATITUDE DECIMAL DEGREES 39.332368	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES ROADWAY <input type="checkbox"/> ROADWAY DIVIDED					
ROUTE TYPE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 3240	ROAD TYPE	LONGITUDE DECIMAL DEGREES -84.513958						
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 3	DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	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	DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST					
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 01		MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 1		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN (ANY TYPE) 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN					
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN		CONDITIONS 2 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 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 1		WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 2		6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN		NARRATIVE On March 6, 2022 at about 3:45 PM Unit 1 was traveling southbound on Production Drive near 3240 Production Drive. Unit 1 failed to maintain reasonable control of the vehicle causing the vehicle to go off the road right and strike a tree.  Property owner: Doubt Truck & Trailer Repair					
CRASH REPORTED DATE / TIME 03062022 1545		DISPATCH DATE / TIME 03062022 1547		ARRIVAL DATE / TIME 03062022 1550		SCENE CLEARED DATE / TIME 03062022 1708		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 ODPS)			
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 30		TOTAL MINUTES 111		OFFICER'S NAME* J. Mitchell		CHECKED BY OFFICER'S NAME* Sgt. G. Smith		OFFICER'S BADGE NUMBER* 171	
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 30		TOTAL MINUTES 111		OFFICER'S BADGE NUMBER* 171		CHECKED BY OFFICER'S BADGE NUMBER* 118		OFFICER'S BADGE NUMBER* 171	



OWNER	UNIT # <u>01</u>		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		
VEHICLE	LP STATE <u>OH</u>	LICENSE PLATE # <u>JHX1728</u>	VEHICLE IDENTIFICATION # <u>2G1FP22S9S2229060</u>		VEHICLE YEAR <u>1995</u>	VEHICLE MAKE <u>Chevrolet</u>
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>Progressive</u>	INSURANCE POLICY # <u>930182002</u>		COLOR <u>Blue</u>	VEHICLE MODEL <u>Camaro</u>
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #		TOWED BY: COMPANY NAME <u>Waynes</u>	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS <u>02</u>	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <u>PLACARD ID #</u>
	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;">1 - PASSENGER CAR</div> <div style="width: 33%;">7 - MOTORCYCLE 2-WHEELED</div> <div style="width: 33%;">12 - GOLF CART</div> <div style="width: 33%;">18 - LIMO (LIVERY VEHICLE)</div> <div style="width: 33%;">23 - PEDESTRIAN / SKATER</div> <div style="width: 33%;">2 - PASSENGER VAN (MINIVAN)</div> <div style="width: 33%;">8 - MOTORCYCLE 3-WHEELED</div> <div style="width: 33%;">13 - SNOWMOBILE</div> <div style="width: 33%;">19 - BUS (16+ PASSENGERS)</div> <div style="width: 33%;">24 - WHEELCHAIR (ANY TYPE)</div> <div style="width: 33%;">3 - SPORT UTILITY VEHICLE</div> <div style="width: 33%;">9 - AUTOCYCLE</div> <div style="width: 33%;">14 - SINGLE UNIT TRUCK</div> <div style="width: 33%;">20 - OTHER VEHICLE</div> <div style="width: 33%;">25 - OTHER NON-MOTORIST</div> <div style="width: 33%;">4 - PICK UP</div> <div style="width: 33%;">10 - MOPED OR MOTORIZED BICYCLE</div> <div style="width: 33%;">15 - SEMI-TRACTOR</div> <div style="width: 33%;">21 - HEAVY EQUIPMENT</div> <div style="width: 33%;">26 - BICYCLE</div> <div style="width: 33%;">5 - CARGO VAN</div> <div style="width: 33%;">11 - ALL TERRAIN VEHICLE (ATV / UTV)</div> <div style="width: 33%;">16 - FARM EQUIPMENT</div> <div style="width: 33%;">22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE</div> <div style="width: 33%;">27 - TRAIN</div> <div style="width: 33%;">6 - VAN (9-15 SEATS)</div> <div style="width: 33%;">17 - MOTORHOME</div> <div style="width: 33%;">99 - UNKNOWN OR HIT/SKIP</div> </div>					
	# OF TRAILING UNITS <u>0</u>					
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>0</u> 1 - YES 2 - NO 9 - OTHER / UNKNOWN					
	AUTONOMOUS MODE LEVEL <u>0</u> 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN					
	SPECIAL FUNCTION <u>01</u> 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 21 - MAIL CARRIER 99 - OTHER / UNKNOWN					
	CARGO BODY TYPE <u>01</u> 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 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN					
VEHICLE DEFECTS <u>01</u> 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						
NON-MOTORIST LOCATION AT IMPACT <u>01</u> 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						
ACTION <u>03</u> PRE-CRASH ACTIONS <u>01</u> 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						
CONTRIBUTING CIRCUMSTANCES <u>11</u> 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 / ACCA 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 <u>08</u> 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 MOVABLE OBJECT					
	COLLISION WITH FIXED OBJECT - STRUCK					
	2 <u>48</u> 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					
	1 <u>1</u> FIRST HARMFUL EVENT 2 <u>2</u> MOST HARMFUL EVENT					

LOCAL REPORT NUMBER <u>22016114</u>	
DAMAGE	
DAMAGE SCALE 4 <u>4</u> 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<input type="checkbox"/> NO DAMAGE [0] <input type="checkbox"/> UNDERCARRIAGE [14] <input type="checkbox"/> TOP [13] <input type="checkbox"/> ALL AREAS [15] <input type="checkbox"/> UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY <u>2</u>	TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL <u>6</u>
# OF THROUGH LANES ON ROAD <u>2</u>	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING <u>1</u>
UNIT / NON-MOTORIST DIRECTION FROM <u>1</u> TO <u>2</u>	
UNIT SPEED <u>45</u>	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED <u>1</u>
POSTED SPEED <u>35</u>	





# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 2 0 1 6 1 1 4

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE Singley, Adam	DATE OF BIRTH 0 2 2 2 1 9 9 5		AGE 2 7	GENDER M				
ADDRESS: STREET, CITY, STATE, ZIP 3173 Glenaire Drive, Cincinnati, OH 45251		CONTACT PHONE - INCLUDE AREA CODE							
INJURIES 2	INJURED TAKEN BY 2	EMS AGENCY (NAME) Fairfield City	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) UC West Chester	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE OH	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION Failure to Control	CITATION NUMBER				
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE 1 1 .		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1	

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

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

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED	1 - CLASS A	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED	1 - NONE GIVEN
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B	2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2 - TEST REFUSED
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C	3 - CORRECTIVE LENSES	3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE	4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER	4 - TALKING ON HAND-HELD COMMUNICATION DEVICE	4 - TEST GIVEN, RESULTS KNOWN
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - MIC MOPED ONLY	5 - EXCEPT CLASS A & CLASS B BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN
	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	6 - PASSENGER	
	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE	
	8 - THIRD - MIDDLE			8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	
	9 - THIRD - RIGHT SIDE			9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	
	10 - SLEEPER SECTION OF TRUCK CAB			10 - LIMITED TO DAYLIGHT ONLY		
	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)			11 - LIMITED TO EMPLOYMENT		
	12 - PASSENGER IN UNENCLOSED CARGO AREA			12 - LIMITED - OTHER		
	13 - TRAILING UNIT			13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		
	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			14 - MILITARY VEHICLES ONLY		
	15 - NON-MOTORIST			15 - MOTOR VEHICLES WITHOUT AIR BRAKES		
	99 - OTHER / UNKNOWN			16 - OUTSIDE MIRROR		
				17 - PROSTHETIC AID		
				18 - OTHER		

INJURED TAKEN BY	EJECTION	OL ENDORSEMENT	CONDITION	DRUG TEST TYPE
1 - NOT TRANSPORTED / TREATED AT SCENE	1 - NOT EJECTED	H - HAZMAT	1 - APPARENTLY NORMAL	1 - NONE
2 - EMS	2 - PARTIALLY EJECTED	M - MOTORCYCLE	2 - PHYSICAL IMPAIRMENT	2 - BLOOD
3 - POLICE	3 - TOTALLY EJECTED	P - PASSENGER	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3 - URINE
9 - OTHER / UNKNOWN	4 - NOT APPLICABLE	N - TANKER	4 - ILLNESS	4 - BREATH
		Q - MOTOR SCOOTER	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	5 - OTHER
		R - THREE-WHEEL MOTORCYCLE	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	
		S - SCHOOL BUS	9 - OTHER / UNKNOWN	
		T - DOUBLE & TRIPLE TRAILERS		
		X - TANKER / HAZMAT		

SAFETY EQUIPMENT	TRAPPED	GENDER	DRUG TEST RESULT(S)
1 - NONE USED	1 - NOT TRAPPED	F - FEMALE	1 - AMPHETAMINES
2 - SHOULDER BELT ONLY USED	2 - EXTRICATED BY MECHANICAL MEANS	M - MALE	2 - BARBITURATES
3 - LAP BELT ONLY USED	3 - FREED BY NON-MECHANICAL MEANS	U - OTHER / UNKNOWN	3 - BENZODIAZEPINES
4 - SHOULDER & LAP BELT USED			4 - CANNABINOIDS
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING			5 - COCAINE
6 - CHILD RESTRAINT SYSTEM - REAR FACING			6 - OPIATES / OPIOIDS
7 - BOOSTER SEAT			7 - OTHER
8 - HELMET USED			8 - NEGATIVE RESULTS
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 6 1 1 4									
UNIT #		NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH	AGE	GENDER			
1		Seward, Michael		0 8 1 0 1 9 9 5	2 6	M			
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
1136 Beechridge Court, Batavia, OH 45103									
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
3	2	Fairfield City	UC West Chester	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	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
UNIT #					NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH	AGE	GENDER
								0	
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED

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

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

INJURED TAKEN BY	GENDER
1 - NOT TRANSPORTED / TREATED AT SCENE	F - FEMALE
2 - EMS	M - MALE
3 - POLICE	U - OTHER / UNKNOWN
9 - OTHER / UNKNOWN	

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	PD-22-016114	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	03/06/2022
IN COUNTY OF	Butler	ACCIDENT LOCATION	3240 Production Drive, Fairfield, OH 45014		

  

3240 Production Dr.

Production Drive

Tree

OFFICER'S SIGNATURE

J. Mitchell

BADGE NO

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