



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

<input checked="" type="checkbox"/> PHOTOS TAKEN		<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		LOCAL INFORMATION		2 2 0 1 6 8 7 2							
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER		REPORTING AGENCY NAME*		NCIC*		HIT/SKIP		NUMBER OF UNITS		UNIT IN ERROR	
				Fairfield Police Department		0 0 9 0 1		2 1-SOLVED 2-UNSOLVED		0 2		0 1 98-ANIMAL 99-UNKNOWN	
COUNTY*		LOCALITY*		LOCATION: CITY, VILLAGE, TOWNSHIP*		CRASH DATE / TIME*		CRASH SEVERITY					
0 9		1 1-CITY 2-VILLAGE 3-TOWNSHIP		City of Fairfield		0 3 0 9 2 0 2 2 0 6 2 5		5					
ROUTE TYPE		ROUTE NUMBER		PREFIX		LOCATION ROAD NAME		ROAD TYPE		LATITUDE DECIMAL DEGREES		CRASH SEVERITY	
S R		4		1-NORTH 2-SOUTH 3-EAST 4-WEST						3 9 . 3 1 4 6 1 8		1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY	
ROUTE TYPE		ROUTE NUMBER		PREFIX		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)		ROAD TYPE		LONGITUDE DECIMAL DEGREES			
				1-NORTH 2-SOUTH 3-EAST 4-WEST		Muhlhauser		R D		- 8 4 . 4 8 7 4 5 5			
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 HW-HIGHWAY RD-ROAD AV-AVENUE LA-LANE SQ-SQUARE BL-BOULEVARD MP-MILEPOST ST-STREET CR-CIRCLE OV-OVAL TE-TERRACE CT-COURT PK-PARKWAY TL-TRAIL DR-DRIVE PI-PIKE WA-WAY HE-HEIGHTS 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		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		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		1-NORTH 2-SOUTH 3-EAST 4-WEST		1-DIVIDED FLUSH MEDIAN (<4 FEET) 2-DIVIDED FLUSH MEDIAN (>4 FEET) 3-DIVIDED, DEPRESSIONED MEDIAN 4-DIVIDED, RAISED MEDIAN (ANY TYPE) 9-OTHER/UNKNOWN					
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE		CONTOUR		CONDITIONS		SURFACE			
		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 WARNING SIGN 2-ADVANCE WARNING AREA 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA		1 1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-OTHER/UNKNOWN		1 1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN		2 1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN			
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											
NARRATIVE													
On 03-09-22, at 6:25 a.m. Unit 2 was stopped on Dixie Hwy in the right turn lane waiting to merge into traffic on Muhlhauser Rd when Unit 1 which was traveling north on Dixie Hwy failed to maintain an assured clear distance ahead. As a result, the front of Unit 1 struck the rear of Unit 2.													
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY					
0 3 0 9 2 0 2 2 0 6 2 5		0 3 0 9 2 0 2 2 0 6 2 6		0 3 0 9 2 0 2 2 0 6 3 9		0 3 0 9 2 0 2 2 0 7 1 1		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST					
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*		SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO IDPS)			
0		0		4 5		D. Setterstrom		1 0 3					
OFFICER'S BADGE NUMBER*													
1 2 1													

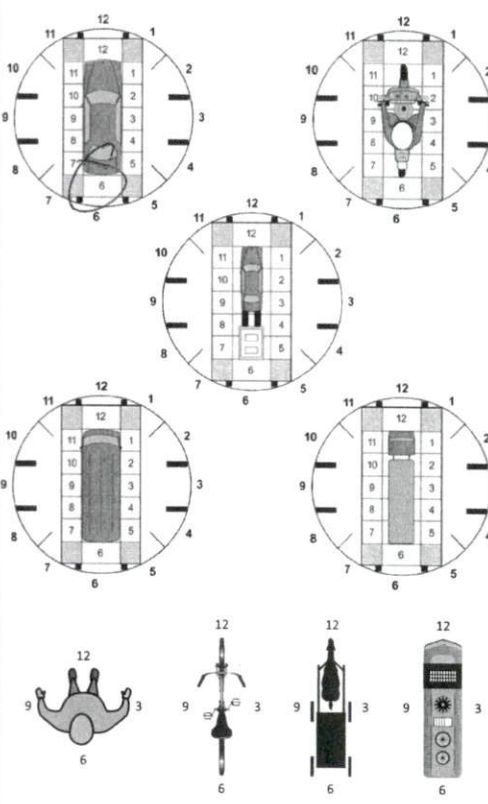


OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE OH	LICENSE PLATE # FZN2260	VEHICLE IDENTIFICATION # 3FAHP0K08AR182446	VEHICLE YEAR 2010	VEHICLE MAKE Ford
	INSURANCE VERIFIED	INSURANCE COMPANY State Farm	INSURANCE POLICY # 0105205C0235G	COLOR Blue	VEHICLE MODEL Fusion
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME Fox	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS 01	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.				
	UNIT TYPE 01				
	# OF TRAILING UNITS 0				
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL 0				
	SPECIAL FUNCTION 01				
	CARGO BODY TYPE 01				
EVENT(S)	VEHICLE DEFECTS 01				
	NON-MOTORIST LOCATION AT IMPACT 01				
	ACTION 3				
	CONTRIBUTING CIRCUMSTANCES 08				
	SEQUENCE OF EVENTS 120				
	NON-COLLISION 120				
	COLLISION WITH FIXED OBJECT - STRUCK 1				
	FIRST HARMFUL EVENT 1				
	MOST HARMFUL EVENT 1				

LOCAL REPORT NUMBER 22016872	
DAMAGE DAMAGE SCALE 4 1 - NONE 3 - FUNCTIONAL DAMAGE 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 type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT 12 0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN	
TRAFFIC TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY # OF THROUGH LANES ON ROAD 9 RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	
UNIT / NON-MOTORIST DIRECTION FROM 2 TO 1 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 10 POSTED SPEED 50 DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	



OWNER	UNIT # 02	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP					
VEHICLE	LP STATE OH	LICENSE PLATE # JKB1347	VEHICLE IDENTIFICATION # 2FMDK4JC7EB11321	VEHICLE YEAR 2014	VEHICLE MAKE Ford
	INSURANCE VERIFIED X	INSURANCE COMPANY Grange	INSURANCE POLICY # 4432128	COLOR Black	VEHICLE MODEL Edge
	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 01	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.				
	UNIT TYPE 03				
	# OF TRAILING UNITS 0				
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN		AUTONOMOUS MODE LEVEL 0		
	SPECIAL FUNCTION 01				
	CARGO BODY TYPE 01				
EVENT(S)	VEHICLE DEFECTS 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS				
	NON-MOTORIST LOCATION AT IMPACT 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION				
	ACTION 4				
	CONTRIBUTING CIRCUMSTANCES 01				
	SEQUENCE OF EVENTS 120				
	NON-COLLISION 120				
	COLLISION WITH FIXED OBJECT - STRUCK 1				
	FIRST HARMFUL EVENT 1				
	MOST HARMFUL EVENT 1				

LOCAL REPORT NUMBER 22016872	
DAMAGE DAMAGE SCALE 2 1 - NONE 3 - FUNCTIONAL DAMAGE 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 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 2 1 - ONE-WAY 2 - TWO-WAY # OF THROUGH LANES ON ROAD 9 RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	
UNIT / NON-MOTORIST DIRECTION FROM 1 TO 2 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 0 POSTED SPEED 50 DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	





# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 2 0 1 6 8 7 2

MOTORIST / NON-MOTORIST	UNIT # 0 1	NAME: LAST, FIRST, MIDDLE Bonds, Jowan C.				DATE OF BIRTH 0 4 0 7 1 9 8 2				AGE 3 9	GENDER M																																																																																																																																																																																						
	ADDRESS: STREET, CITY, STATE, ZIP 12077 Kilbride Dr Cincinnati, OH 45251					CONTACT PHONE - INCLUDE AREA CODE																																																																																																																																																																																											
	INJURIES 5	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 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1																																																																																																																																																																																						
	OL STATE O H	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 333.03a		LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION ACDA		CITATION NUMBER 250432																																																																																																																																																																																								
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																																																																																																																																																																																							
MOTORIST / NON-MOTORIST	UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Garcia Fuentes, Ma De Los Angeles				DATE OF BIRTH 0 3 0 3 1 9 8 7				AGE 3 5	GENDER F																																																																																																																																																																																						
	ADDRESS: STREET, CITY, STATE, ZIP 1528 Meredith Dr Cincinnati, OH 45231					CONTACT PHONE - INCLUDE AREA CODE																																																																																																																																																																																											
	INJURIES 5	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 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1																																																																																																																																																																																						
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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																																																																																																																																																																																							
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH				AGE 0	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																																																																																																																																																																																								
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<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 (OHIO = 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 &amp; CLASS B 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>7-EXCEPT TRACTOR-TRAILER</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>8-INTERMEDIATE LICENSE RESTRICTIONS</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>9-LEARNER'S PERMIT 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>10-LIMITED TO DAYLIGHT ONLY</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>11-LIMITED TO EMPLOYMENT</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>12-LIMITED-OTHER</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>13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)</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>14-MILITARY VEHICLES ONLY</td><td>3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)</td><td>1-NONE</td></tr><tr><td>3-LAP BELT ONLY USED</td><td>14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)</td><td>2-EXTRICATED BY MECHANICAL MEANS</td><td>T-DOUBLE &amp; 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LOCAL REPORT NUMBER <b>22-016872</b>	REPORTING AGENCY <b>Fairfield Police Department</b>	DATE OF CRASH <b>M 3   D 9   Y 22</b>
IN COUNTY OF <b>Butler</b>	CRASH LOCATION <b>Dixie Hwy @ Muhlhauser Rd</b>	

