OHIO DEPARTMENT OF PUBLIC SAFETY — TRAFFIC CRASH REPORT

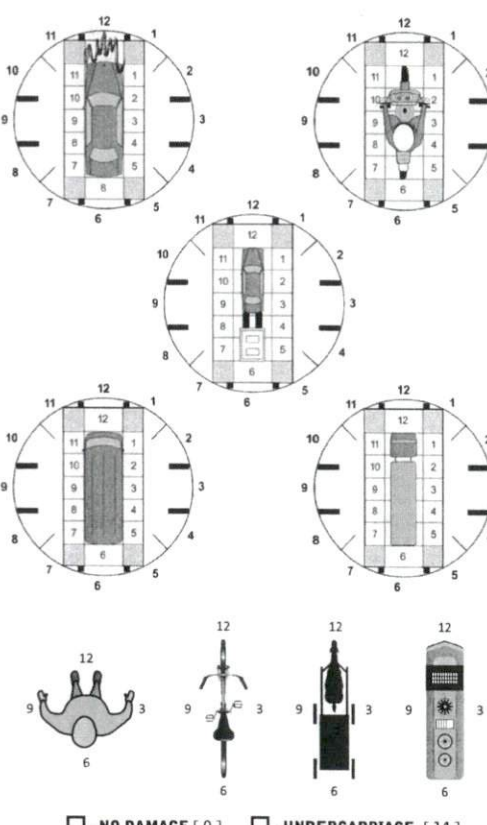*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*: 2 2 0 2 2 9 1 5

- [X] PHOTOS TAKEN
- [ ] SECONDARY CRASH
- [X] OH-2
- [ ] OH-3
- [X] OH-1P
- [ ] OTHER
- [ ] PRIVATE PROPERTY

LOCAL INFORMATION

REPORTING AGENCY NAME*: Fairfield Police Department NCIC* 0 0 9 0 1

HIT/SKIP: 1 - SOLVED 2 - UNSOLVED
NUMBER OF UNITS: 0 1
UNIT IN ERROR: 0 1 (98 - ANIMAL, 99 - UNKNOWN)

LOCATION

COUNTY*: 0 9
LOCALITY*: 1 (1 - CITY, 2 - VILLAGE, 3 - TOWNSHIP)
LOCATION: CITY, VILLAGE, TOWNSHIP*: City of Fairfield
CRASH DATE / TIME*: 0 3 3 0 2 0 2 2 1 9 1 8
CRASH SEVERITY: 4
- 1 - FATAL
- 2 - SERIOUS INJURY SUSPECTED
- 3 - MINOR INJURY SUSPECTED
- 4 - INJURY POSSIBLE
- 5 - PROPERTY DAMAGE ONLY

ROUTE TYPE | **ROUTE NUMBER** | **PREFIX** (1-NORTH, 2-SOUTH, 3-EAST, 4-WEST)
LOCATION ROAD NAME: Winton **ROAD TYPE**: R D
LATITUDE DECIMAL DEGREES: 39.343152

REFERENCE

ROUTE TYPE | **ROUTE NUMBER** | **PREFIX** (1-NORTH, 2-SOUTH, 3-EAST, 4-WEST)
REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #): Holiday **ROAD TYPE**: D R
LONGITUDE DECIMAL DEGREES: -84.539478

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

DIRECTION FROM REFERENCE: 1
- 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

INTERSECTION RELATED
- [ ] WITHIN INTERSECTION OR ON APPROACH
- [ ] WITHIN INTERCHANGE AREA
NUMBER OF APPROACHES:

DISTANCE FROM REFERENCE: 1 5
DISTANCE UNIT OF MEASURE: 2 (1 - MILES, 2 - FEET, 3 - YARDS)

ROADWAY
- [ ] ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT: 0 6
- 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
- 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
- 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 3/30/22 at 7:18 P.M. unit 1 fled from Police when a traffic stop was attempted. Unit 1 was traveling northbound on Winton Road, and attempted to turn westbound on Holiday Drive but lost control of the vehicle, driving off roadway and crashed into a tree at 4960 Holiday Drive, causing heavy front end damage to the vehicle.

In addition the driver was cited for Driving under Suspended license (F.C.O. 335.074a) and Fleeing/Eluding (F.C.O. 303.01a)

Owner of the tree is Stewart Robert L. and Karen L. at 917 Ridgelawn Avenue Hamilton, OH 45013

See OH-2

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

CRASH REPORTED DATE / TIME: 0 3 3 0 2 0 2 2 1 9 1 8
DISPATCH DATE / TIME: 0 3 3 0 2 0 2 2 1 9 1 8
ARRIVAL DATE / TIME: 0 3 3 0 2 0 2 2 1 9 1 8
SCENE CLEARED DATE / TIME: 0 3 3 0 2 0 2 2 2 0 2 5

REPORT TAKEN BY
- [X] POLICE AGENCY
- [ ] MOTORIST

TOTAL TIME ROADWAY CLOSED: 0 0
OTHER INVESTIGATION TIME: 2 0
TOTAL MINUTES: 8 9
OFFICER'S NAME*: N. Davis
OFFICER'S BADGE NUMBER*: 1 6 9
CHECKED BY OFFICER'S NAME*: J. Sons
CHECKED BY OFFICER'S BADGE NUMBER*: 1 5 0

- [ ] SUPPLEMENT (CORRECTION or ADDITION TO AN EXISTING REPORT SENT TO ODPS)

OWNER

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE ☐ SAME AS DRIVER
0 1	Shaffer, Jennifer Ann	

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)
4550 US Highway 35 N, Richmond, Indiana 47374

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

Commercial Carrier PHONE: INCLUDE AREA CODE

DAMAGE

DAMAGE SCALE

4

1 - NONE	3 - FUNCTIONAL DAMAGE
2 - MINOR DAMAGE	4 - DISABLING DAMAGE
9 - UNKNOWN	

DAMAGED AREA(S) INDICATE ALL THAT APPLY

VEHICLE

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
I N	D773VV	3GNFK16337G104071	2007	Chevrolet

☐ INSURANCE VERIFIED

INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
		Black	Suburban

TYPE of USE
☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE

US DOT #

TOWED BY: COMPANY NAME Marcell's

☐ INTERLOCK DEVICE EQUIPPED ☐ HIT/SKIP UNIT

#OCCUPANTS 0 2

VEHICLE WEIGHT GVWR/GCWR
1 - ≤10K LBS.
2 - 10,001 - 26K LBS.
3 - >26K LBS.

HAZARDOUS MATERIAL
☐ MATERIAL RELEASED
☐ PLACARD
CLASS # PLACARD ID #

UNIT TYPE 0 3

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

0 # of TRAILING UNITS

WAS VEHICLE OPERATING IN **AUTONOMOUS MODE** WHEN CRASH OCCURRED?
2 1-YES 2-NO 9-OTHER / UNKNOWN
AUTONOMOUS MODE LEVEL 0

0 - NO AUTOMATION
1 - DRIVER ASSISTANCE
2 - PARTIAL AUTOMATION
3 - CONDITIONAL AUTOMATION
4 - HIGH AUTOMATION
5 - FULL AUTOMATION
9 - UNKNOWN

SPECIAL FUNCTION 0 1

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 0 1

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

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

EVENT(s)

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
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 3   **PRE-CRASH ACTIONS** 0 6

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 0 5

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

SEQUENCE of EVENTS

1: 0 8
2: 4 8
3:
4:
5:
6:

NON-COLLISION
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
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 **FIRST HARMFUL EVENT**   2 **MOST HARMFUL EVENT**

DAMAGE diagram selections

☐ NO DAMAGE [0]   ☐ UNDERCARRIAGE [14]
☐ TOP [13]   ☐ ALL AREAS [15]
☐ UNIT NOT AT SCENE [16]

INITIAL POINT of CONTACT 1 2

0 - NO DAMAGE
1-12 - REFER TO UNIT DIAGRAM
13 - TOP
14 - UNDERCARRIAGE
15 - VEHICLE NOT AT SCENE
99 - UNKNOWN

TRAFFIC

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

# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING → 1 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

FROM 2 TO 4

1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST
5 - NORTHEAST
6 - NORTHWEST
7 - SOUTHEAST
8 - SOUTHWEST
9 - OTHER / UNKNOWN

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

MOTORIST / NON-MOTORIST

OHIO DEPARTMENT OF PUBLIC SAFETY — SAFETY · SERVICE · PROTECTION

MOTORIST / NON-MOTORIST

UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER
0 1	Brown, James E			0 4 1 5 1 9 7 8	4 3	M

ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
1708 Chippewa Dr. Hamilton, OH 45013	

INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-Compliant MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
4	2	COFFD	Fort Hamilton	0 4		0 1	4	1	1

OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER
O H		331.34	☒	Failure to Control	250906

OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST STATUS	TYPE	VALUE	DRUG TEST(S) STATUS	TYPE	RESULT SELECT UP TO 4
6			9	☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG	1	1	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	DOT-Compliant MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED

OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER
			☐		

OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST STATUS	TYPE	VALUE	DRUG TEST(S) STATUS	TYPE	RESULT SELECT UP TO 4
				☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG							

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	DOT-Compliant MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED

OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER
			☐		

OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST STATUS	TYPE	VALUE	DRUG TEST(S) STATUS	TYPE	RESULT SELECT UP TO 4
				☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG							

INJURIES
1 - FATAL
2 - SUSPECTED SERIOUS INJURY
3 - SUSPECTED MINOR INJURY
4 - POSSIBLE INJURY
5 - NO APPARENT INJURY

INJURED TAKEN BY
1 - NOT TRANSPORTED / TREATED AT SCENE
2 - EMS
3 - POLICE
9 - OTHER / UNKNOWN

SAFETY EQUIPMENT
1 - NONE USED
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

SEATING POSITION
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

AIR BAG
1 - NOT DEPLOYED
2 - DEPLOYED FRONT
3 - DEPLOYED SIDE
4 - DEPLOYED BOTH FRONT / SIDE
5 - NOT APPLICABLE
9 - DEPLOYMENT UNKNOWN

EJECTION
1 - NOT EJECTED
2 - PARTIALLY EJECTED
3 - TOTALLY EJECTED
4 - NOT APPLICABLE

TRAPPED
1 - NOT TRAPPED
2 - EXTRICATED BY MECHANICAL MEANS
3 - FREED BY NON-MECHANICAL MEANS

GENDER
F - FEMALE
M - MALE
U - OTHER / UNKNOWN

OL CLASS
1 - CLASS A
2 - CLASS B
3 - CLASS C
4 - REGULAR CLASS (OHIO = D)
5 - M/C MOPED ONLY
6 - NO VALID OL

OL ENDORSEMENT
H - HAZMAT
M - MOTORCYCLE
P - PASSENGER
N - TANKER
Q - MOTOR SCOOTER
R - THREE-WHEEL MOTORCYCLE
S - SCHOOL BUS
T - DOUBLE & TRIPLE TRAILERS
X - TANKER / HAZMAT

OL RESTRICTION(S)
1 - ALCOHOL INTERLOCK DEVICE
2 - CDL INTRASTATE ONLY
3 - CORRECTIVE LENSES
4 - FARM WAIVER
5 - EXCEPT CLASS A BUS
6 - EXCEPT CLASS A & CLASS B BUS
7 - EXCEPT TRACTOR-TRAILER
8 - INTERMEDIATE LICENSE RESTRICTIONS
9 - LEARNER'S PERMIT RESTRICTIONS
10 - LIMITED TO DAYLIGHT ONLY
11 - LIMITED TO EMPLOYMENT
12 - LIMITED – OTHER
13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)
14 - MILITARY VEHICLES ONLY
15 - MOTOR VEHICLES WITHOUT AIR BRAKES
16 - OUTSIDE MIRROR
17 - PROSTHETIC AID
18 - OTHER

DRIVER DISTRACTION
1 - NOT DISTRACTED
2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)
3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE
4 - TALKING ON HAND-HELD COMMUNICATION DEVICE
5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE
6 - PASSENGER
7 - OTHER DISTRACTION INSIDE THE VEHICLE
8 - OTHER DISTRACTION OUTSIDE THE VEHICLE
9 - OTHER / UNKNOWN

CONDITION
1 - APPARENTLY NORMAL
2 - PHYSICAL IMPAIRMENT
3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)
4 - ILLNESS
5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.
6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL
9 - OTHER / UNKNOWN

TEST STATUS
1 - NONE GIVEN
2 - TEST REFUSED
3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE
4 - TEST GIVEN, RESULTS KNOWN
5 - TEST GIVEN, RESULTS UNKNOWN

ALCOHOL TEST TYPE
1 - NONE
2 - BLOOD
3 - URINE
4 - BREATH
5 - OTHER

DRUG TEST TYPE
1 - NONE
2 - BLOOD
3 - URINE
4 - OTHER

DRUG TEST RESULT(S)
1 - AMPHETAMINES
2 - BARBITURATES
3 - BENZODIAZEPINES
4 - CANNABINOIDS
5 - COCAINE
6 - OPIATES / OPIOIDS
7 - OTHER
8 - NEGATIVE RESULTS

OCCUPANT / WITNESS ADDENDUM

Ohio Department of Public Safety
SAFETY · SERVICE · PROTECTION

OCCUPANT

UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER
1	Ruiz, Fernando Alejandro				0 7 1 7 2 0 0 0	21	M

ADDRESS: STREET, CITY, STATE, ZIP
834 Ross Ave. Hamilton, OH 45013

CONTACT PHONE - INCLUDE AREA CODE

INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-Compliant MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
5				0 4	☐	0 3	0 4	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	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	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	DOT-Compliant MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
					☐				

Legend

INJURIES
1 - FATAL
2 - SUSPECTED SERIOUS INJURY
3 - SUSPECTED MINOR INJURY
4 - POSSIBLE INJURY
5 - NO APPARENT INJURY

INJURED TAKEN BY
1 - NOT TRANSPORTED / TREATED AT SCENE
2 - EMS
3 - POLICE
9 - OTHER / UNKNOWN

GENDER
F - FEMALE
M - MALE
U - OTHER / UNKNOWN

SAFETY EQUIPMENT USED
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

SEATING POSITION
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

AIR BAG USAGE
1 - NOT DEPLOYED
2 - DEPLOYED FRONT
3 - DEPLOYED SIDE
4 - DEPLOYED BOTH FRONT/SIDE
5 - NOT APPLICABLE
9 - DEPLOYMENT UNKNOWN

EJECTION
1 - NOT EJECTED
2 - PARTIALLY EJECTED
3 - TOTALLY EJECTED
4 - NOT APPLICABLE

TRAPPED
1 - NOT TRAPPED
2 - EXTRICATED BY MECHANICAL MEANS
3 - FREED BY NON-MECHANICAL MEANS

WITNESS

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 | 22-022915 | REPORTING AGENCY | Fairfield Police Department | | DATE OF ACCIDENT 3/30/22 |
| IN COUNTY OF | Butler | ACCIDENT LOCATION | Intersection of Winton Road/Holiday Drive | | |

Not to Scale

N

4960

Tree

Holiday Dr.

Winton Rd.

| | | OFFICER'S SIGNATURE | | BADGE NO 169 |