

## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL REPORT NUMBER*			
<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		<b>LOCAL INFORMATION</b> <b>REPORTING AGENCY NAME*</b> NCIC* Fairfield Police Department 00901					
				HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR	
				1 - SOLVED 2 - UNSOLVED	0 2	98 - ANIMAL 0 1 99 - UNKNOWN	
COUNTY* 0 9		LOCALITY* 1 - CITY 1 2 - VILLAGE 3 - TOWNSHIP	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield	CRASH DATE / TIME* 04012022 2022		CRASH SEVERITY	
LOCATION S R	ROUTE TYPE 1 2 7	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES 39 3 3 9 1 3 2		
	ROUTE TYPE 1 2 7	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 5146	ROAD TYPE	LONGITUDE DECIMAL DEGREES -84 5 5 9 9 6 4		
REFERENCE POINT 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	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			
DISTANCE FROM REFERENCE 0 1	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS			<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA      NUMBER OF APPROACHES			
LOCATION OF FIRST HARMFUL EVENT			MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION 2 - TWO MOTOR VEHICLES IN TRANSPORT 3 - REAR-END 4 - HEAD-ON	DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROADWAY		
<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	CONDITIONS 1	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
LIGHT CONDITION 3			WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL	2 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN	2	9 - OTHER/UNKNOWN	
NARRATIVE On 4/1/22 at 8:22 P.M. Unit 1 was traveling north on Pleasant Avenue at 5146 in the left lane. Unit 2 was also traveling north on Pleasant Avenue at 5146 but in the right lane. Unit 1 attempted to change lanes into the right lane and struck unit 2, causing unit 2 to run off the road to the right and crash into the stop sign at Glenna Drive.  Owner of the stop sign is the City of Fairfield 5350 Pleasant Avenue 45014.							
 Indicate the north direction with an "N" on the compass diagram.  See OH-2							
CRASH REPORTED DATE / TIME 04012022 2022		DISPATCH DATE / TIME 04012022 2023		ARRIVAL DATE / TIME 04012022 2027		SCENE CLEARED DATE / TIME 04012022 2057	
TOTAL TIME ROADWAY CLOSED 0 0		OTHER INVESTIGATION TIME 2 0		TOTAL MINUTES 5 4		<b>REPORT TAKEN BY</b> <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)	
				<b>OFFICER'S NAME*</b> N. Davis		<b>CHECKED BY OFFICER'S NAME*</b> J. Sons	
				<b>OFFICER'S BADGE NUMBER*</b> 1 6 9		<b>CHECKED BY OFFICER'S BADGE NUMBER*</b> 1 5 0	

UNIT #  OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER) Whaley, Lindsey L

OWNER PHONE: INCLUDE AREA CODE (  SAME AS DRIVER)

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER)

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE  LICENSE PLATE # JCA4545 VEHICLE IDENTIFICATION # 1G Y K N E R S X H Z 2 6 0 1 3 0 VEHICLE YEAR 2017 VEHICLE MAKE Cadillac

INSURANCE VERIFIED INSURANCE COMPANY Met Life Farmers INSURANCE POLICY # A7993702250 COLOR Silver VEHICLE MODEL XT5

TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME		
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE			
<input type="checkbox"/> INTERLOCK EQUIPPED		<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 0, 2	VEHICLE WEIGHT GVWR/GCWR	HAZARDOUS MATERIAL
				<input type="checkbox"/> MATERIAL RELEASED	CLASS #
				<input type="checkbox"/> PLACARD	PLACARD ID #

1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER
2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED	13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)
3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14 - SINGLE UNIT TRUCK	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST
4 - PICK UP	10 - MOPED OR MOTORIZED	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE
5 - CARGO VAN	BICYCLE	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR	27 - TRAIN
6 - VAN (9-15 SEATS)	11 - ALL-TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	ANIMAL-DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP

UNIT TYPE 0 # OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	0	0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN
1 - YES	2 - NO	9 - OTHER / UNKNOWN	1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION
			2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION

1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM	21 - MAIL CARRIER
2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	17 - MOWING	99 - OTHER / UNKNOWN
3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	18 - SNOW REMOVAL	
4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	19 - TOWING	
5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL	

1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER
2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	9 - CARGO TANK	13 - AUTO TRANSPORTER
		7 - GRAIN/CHIPS/GRAVEL	10 - FLAT BED	14 - GARBAGE/REFUSE
			11 - DUMP	99 - OTHER / UNKNOWN

1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE	99 - OTHER / UNKNOWN
2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	10 - DISABLED FROM PRIOR ACCIDENT	
3 - TAIL LAMPS	6 - TIRE BLOWOUT			

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

1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE
2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19 - STANDING
3 - STRIKING 0, 3	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	10 - PARKED	20 - OTHER NON-MOTORIST
4 - STRUCK PRE-CRASH ACTIONS	4 - OVERTAKING/PASSING	11 - SLOWING OR STOPPED IN TRAFFIC	15 - WALKING, RUNNING, JOGGING, PLAYING	21 - STANDING OUTSIDE DISABLED VEHICLE
5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	6 - MAKING LEFT TURN	16 - WORKING	17 - PUSHING VEHICLE
9 - OTHER / UNKNOWN				99 - OTHER / UNKNOWN

1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY
2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / ACDA	14 - STOPPED OR PARKED ILLEGALLY	18 - OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE
3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	15 - SWERVING TO AVOID	19 - LOAD SHIFTING/FALLING/SPILLING	23 - OPENING DOOR INTO ROADWAY
4 - RAN STOP SIGN	10 - IMPROPER PASSING	16 - WRONG WAY	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION
5 - UNSAFE SPEED	11 - DROVE OFF ROAD			
6 - IMPROPER TURN	12 - IMPROPER BACKING			

SEQUENCE OF EVENTS

1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT
2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	12 - DOWNHILL RUNAWAY	17 - ANIMAL - FARM	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION
3 - IMMERSION	8 - RAN OFF ROAD RIGHT	13 - OTHER NON-COLLISION	18 - ANIMAL - DEER	24 - BY A MOTOR VEHICLE
4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	14 - PEDESTRIAN	19 - ANIMAL - OTHER	25 - TRANSPORT
5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	15 - PEDALCYCLE	20 - PARKED MOTOR VEHICLE	26 - BY A OTHER MOBILE OBJECT

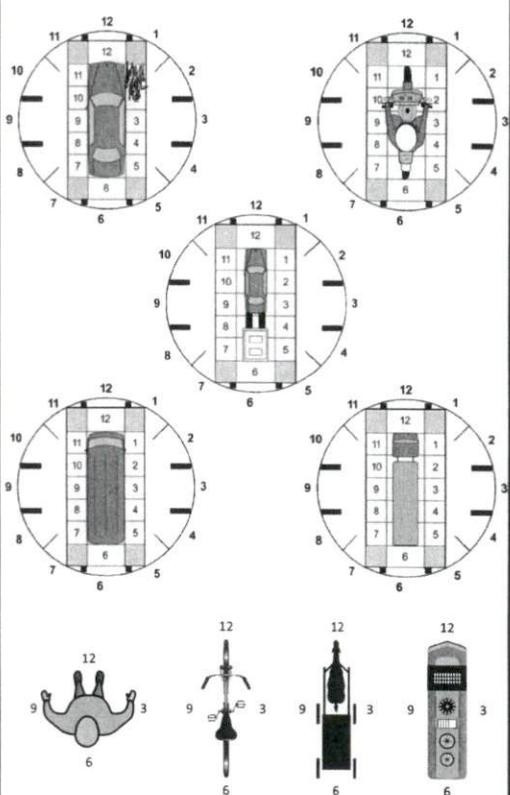
25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT
26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH	51 - WALL
5 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES SUPPORT	45 - EMBANKMENT	52 - BUILDING
27 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER	40 - UTILITY POLE	46 - FENCE	53 - TUNNEL
28 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX	54 - OTHER FIXED OBJECT
29 - BRIDGE GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	48 - TREE	49 - FIRE HYDRANT	99 - OTHER / UNKNOWN

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER  
2 2 0 2 3 4 0 7

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

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY



- NO DAMAGE [ 0 ]  - UNDERCARRIAGE [ 14 ]

- TOP [ 13 ]  - ALL AREAS [ 15 ]

- UNIT NOT AT SCENE [ 16 ]

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

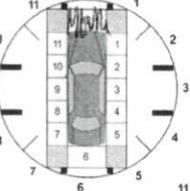
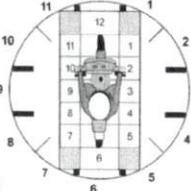
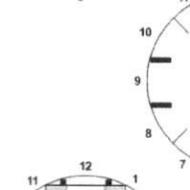
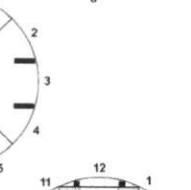
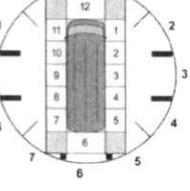
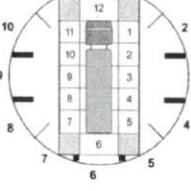
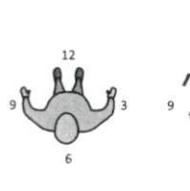
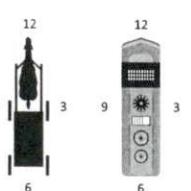
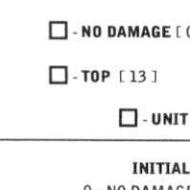
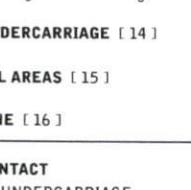
TRAFFIC  
TRAFFIC WAY FLOW 1 - ONE-WAY 2 - TWO-WAY  
6  
TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN  
2 - SIGNAL 5 - Yield SIGN  
3 - FLASHER 6 - NO CONTROL

# OF THROUGH LANES ON ROAD 4  
1  
RAIL GRADE CROSSING 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	DETECTED SPEED
2 5	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED

<b>OWNER</b>	<b>UNIT #</b> <u>0 1 2</u>	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER)	<b>OWNER PHONE:</b> INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER)																															
	<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER)																																	
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<b>LP STATE</b> <u>O_H</u>	<b>LICENSE PLATE #</b> <u>JKB1522</u>	<b>VEHICLE IDENTIFICATION #</b> <u>3FADP4EJ6GM206569</u>	<b>VEHICLE YEAR</b> <u>2016</u>	<b>VEHICLE MAKE</b> <u>Ford</u>																														
<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b> <u>State Farm</u>	<b>INSURANCE POLICY #</b> <u>B370669E2535</u>	<b>COLOR</b> <u>Gray</u>	<b>VEHICLE MODEL</b> <u>Fiesta</u>																														
<b>TYPE OF USE</b> <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		<b>US DOT #</b>	<b>TOWED BY:</b> COMPANY NAME <u>FOX Towing</u>																															
<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>	<input type="checkbox"/> <b>HIT/SKIP UNIT</b>	<b>#OCCUPANTS</b> <u>0 1</u>	<b>VEHICLE WEIGHT GVWR/GCWR</b> 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.																															
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<b>ACTION</b> <u>4</u> 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING <u>0 1</u> 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN																																		
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<b>COLLISION WITH FIXED OBJECT - STRUCK</b> <u>3 1 1</u> 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN																																		
<b>FIRST HARMFUL EVENT</b> <u>1</u> <b>MOST HARMFUL EVENT</b> <u>3</u>																																		

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



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

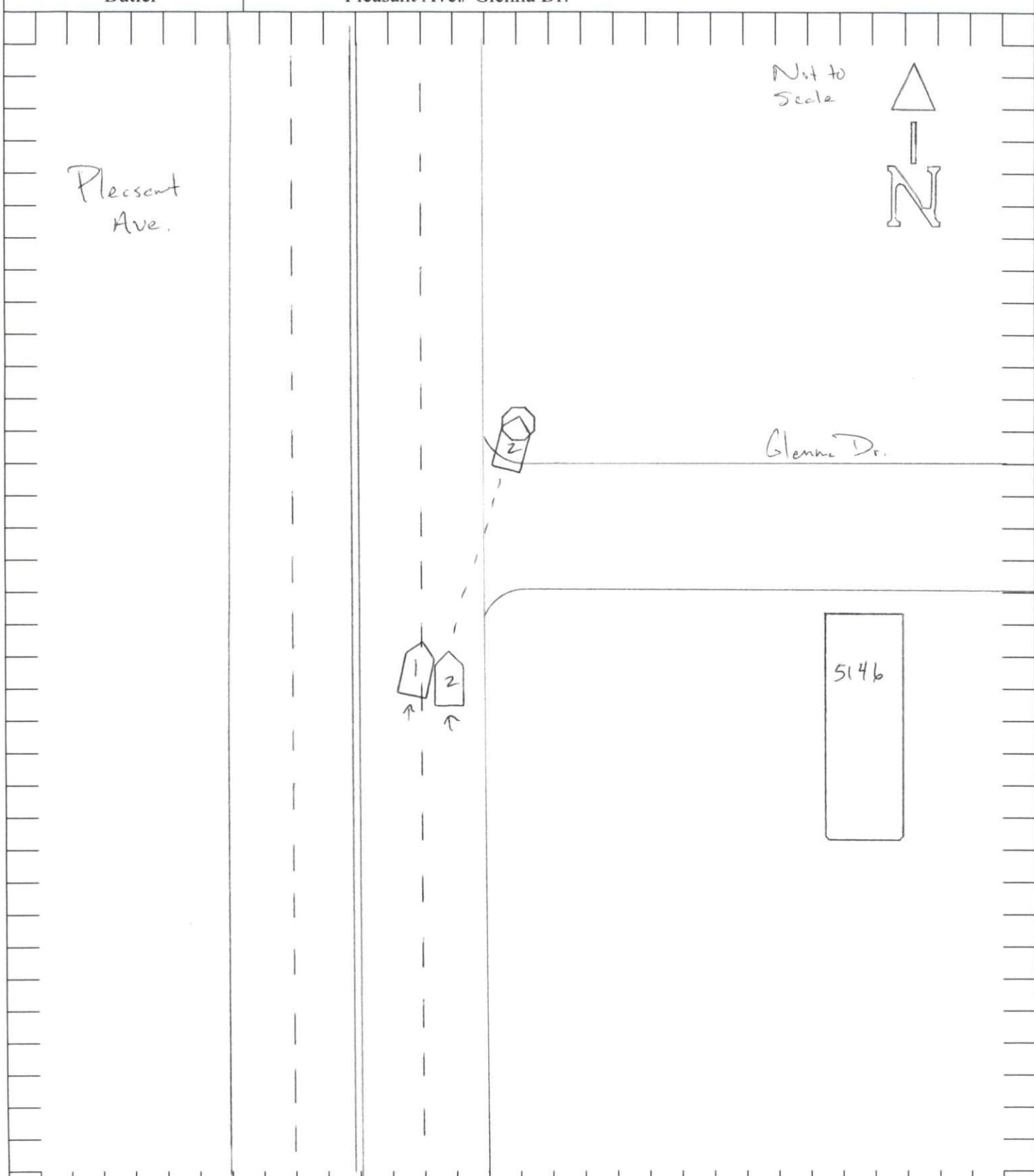
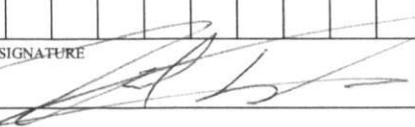
2 2 0 2 3 4 0 7

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH			AGE	GENDER		
	0 1	Whaley, Floyd Brady					0 9 1 1 1 9 8 4			3 7	M		
	ADDRESS: STREET, CITY, STATE, ZIP												
	5773 Lake Superior Dr. Fairfield, OH 45014												
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED	0 4	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
	OL STATE O H	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	X	OFFENSE DESCRIPTION			CITATION NUMBER	
	OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	1	ALCOHOL / DRUG SUSPECTED	Improper Lane Change			251009			
						<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	1	ALCOHOL TEST	DRUG TEST(S)			
	UNIT # 0 2	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH			AGE	GENDER		
	Poualieu Ngalie, Laurence												
ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE												
1035 Saint Clair Ave. Apt. 5 Hamilton, OH 45015													
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					<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	1	<input type="checkbox"/> STATUS <input type="checkbox"/> TYPE <input type="checkbox"/> VALUE	<input type="checkbox"/> STATUS <input type="checkbox"/> TYPE <input type="checkbox"/> RESULT				
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<b>INJURIES</b>		<b>SEATING POSITION</b>		<b>AIR BAG</b>		<b>OL CLASS</b>		<b>OL RESTRICTION(S)</b>	<b>DRIVER DISTRACTION</b>	<b>TEST STATUS</b>			
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	2-TEST REFUSED			
3-SUSPECTED MINOR INJURY		3-FRONT - RIGHT SIDE		3-DEPLOYED SIDE		3-CLASS C		3-CORRECTIVE LENSES	3-ELECTRONIC COMMUNICATION	3-TEST GIVEN, CONTAMINATED			
4-POSSIBLE INJURY		4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4-DEPLOYED BOTH FRONT / SIDE		4-REGULAR CLASS (OHIO=D)		4-FARM WAIVER	4-DIALING)	4-SAMPLE / UNSUSABLE			
5-NO APPARENT INJURY		5-SECOND - MIDDLE		5-NOT APPLICABLE		5-M/C MOPED ONLY		5-EXCEPT CLASS A BUS	5-TALKING ON HANDS-FREE	4-TEST GIVEN, RESULTS KNOWN			
		6-SECOND - RIGHT SIDE		9-DEPLOYMENT UNKNOWN		6-NO VALID OL		6-EXCEPT CLASS A & CLASS B BUS	6-COMMUNICATION DEVICE	5-TEST GIVEN, RESULTS UNKNOWN			
<b>INJURED TAKEN BY</b>		<b>EJECTION</b>		<b>OL ENDORSEMENT</b>				7-EXCEPT TRACTOR-TRAILER	7-TALKING ON HAND-HELD	ALCOHOL TEST TYPE			
1-NOT TRANSPORTED /TREATED AT SCENE		1-NOT EJECTED		H-HAZMAT				8-INTERMEDIATE LICENSE	8-ELECTRONIC DEVICE	1-NONE			
2-EMS		2-PARTIALLY EJECTED		M-MOTORCYCLE				9-RESTRICTIONS	9-TEST	2-BLOOD			
3-POLICE		3-TOTALLY EJECTED		P-PASSENGER				10-LEARNER'S PERMIT	10-SAMPLE	3-URINE			
9-OTHER / UNKNOWN		4-NOT APPLICABLE		N-TANKER				11-RESTRICTIONS	11-TEST	4-BREATH			
				Q-MOTOR SCOOTER				12-RESTRICTIONS	12-TEST	5-OTHER			
<b>SAFETY EQUIPMENT</b>		<b>TRAPPED</b>		R-THREE-WHEEL MOTORCYCLE				13-RESTRICTIONS	13-TEST				
1-NONE USED		1-NOT TRAPPED		S-SCHOOL BUS				14-RESTRICTIONS	14-TEST				
2-SHOULDER BELT ONLY USED		2-EXTRICATED BY		T-DOUBLE & TRIPLE TRAILERS				15-RESTRICTIONS	15-TEST				
3-LAP BELT ONLY USED		3-MECHANICAL MEANS		X-TANKER / HAZMAT				16-RESTRICTIONS	16-TEST				
4-SHOULDER & LAP BELT USED		3-FREED BY						17-RESTRICTIONS	17-TEST				
5-CHILD RESTRAINT SYSTEM - FORWARD FACING		NON-MECHANICAL MEANS						18-RESTRICTIONS	18-TEST				
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													
HSY8306 OH1M 1/19 [760-1500]													
PAGE 4 OF 6													



# OCCUPANT / WITNESS ADDENDUM

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LOCAL REPORT NUMBER	22-023407	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	4/1/22
IN COUNTY OF	Butler	ACCIDENT LOCATION	Pleasant Ave./ Glenna Dr.		
					
OFFICER'S SIGNATURE					BADGE NO 169