



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN		<input type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION		2 2 0 2 3 6 1 5	
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*	
				Fairfield Police Department		0 0 9 0 1	
REFERENCE	LOCATION*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*			CRASH DATE / TIME*	CRASH SEVERITY
0 9	1 - CITY 2 - VILLAGE 3 - TOWNSHIP	1	City of Fairfield		0 4 0 2 2 0 2 2 2 0 1 3		5
ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME PORT UNION		ROAD TYPE R D	LATITUDE DECIMAL DEGREES 3 9 3 3 4 3 9 0	
ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 3840		ROAD TYPE	LONGITUDE DECIMAL DEGREES - 8 4 4 9 0 9 3 0	
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	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	<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA	
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE	ROUTE TYPE	ROAD TYPE	NUMBER OF APPROACHES			
	1 - MILES 2 - FEET 3 - YARDS	CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROADWAY			
LOCATION OF FIRST HARMFUL EVENT			MANNER OF CRASH COLLISION/IMPACT		DIRECTION OF TRAVEL	MEDIAN TYPE	
0 2	1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY	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 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, DEPRESSED 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 2 - ADVANCE WARNING SIGN 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			
3		LIGHT CONDITION	WEATHER	2 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN			
0 4		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				
NARRATIVE							
On April 02, 2022 at about 8:13 PM Unit 1 was traveling eastbound on Port Union Road and when at 3840 Port Union Road, Unit 1 lost control of the vehicle and ran off the left side of roadway, striking the sign.							
 Indicate the north direction with an "N" on the compass diagram.							
The business sign belongs to: Packaging Corporation of America 3840 Port Union Road, Fairfield, OH 45014							
SEE OH-2							
Unit 1 was also cited for: Driving Under Suspension, F.C.O. 335.072a OVI, F.C.O. 333.01a1A and 333.01a1H							
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME	
0 4 0 2 2 0 2 2 2 0 1 3		0 4 0 2 2 0 2 2 2 0 1 3		0 4 0 2 2 0 2 2 2 0 1 6		0 4 0 2 2 0 2 2 2 0 5 1	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*	
				J. TAYLOR			
				OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*	
				1 5 7		1 1 8	
REPORT TAKEN BY							
<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST							
SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODDS)							

UNIT # <u>0 1</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)
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OWNER ADDRESS: STREET, CITY, STATE, ZIP SAME AS DRIVER)

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE <u>O H</u>	LICENSE PLATE # <u>JOR1137</u>	VEHICLE IDENTIFICATION # <u>1J4FT68S0X1581836</u>	VEHICLE YEAR <u>1999</u>	VEHICLE MAKE <u>JEEP</u>
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<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR <u>WHITE</u>	VEHICLE MODEL <u>CHEROKEE</u>
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<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	TOWED BY: COMPANY NAME <u>MARCELLS</u>
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS <u>0 1</u>	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS 2 - 10,001 - 26K LBS. 3 - >26K LBS.
		<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD
		HAZARDOUS MATERIAL CLASS # PLACARD ID #

1 - PASSENGER CAR <u>0 3</u> 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
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UNIT TYPE <u>0</u>	# OF TRAILING UNITS <u>0</u>	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>2</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
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SPECIAL FUNCTION <u>0 1</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
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CARGO BODY TYPE <u>0 1</u>	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - GRAIN / CHIPS / GRAVEL	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN / ENCLOSED BOX 7 - FLAT BED 8 - DUMP	8 - POLE 9 - CARGO TANK 10 - GARBAGE / REFUSE 11 - CONCRETE MIXER 12 - AUTO TRANSPORTER 13 - GARBAGE / REFUSE 14 - DUMP 99 - OTHER / UNKNOWN
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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
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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
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ACTION <u>3</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 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 22 - WORKING 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 22 - WORKING 99 - OTHER / UNKNOWN
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CONTRIBUTING CIRCUMSTANCES <u>1 1</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 / 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 24 - OTHER IMPROPER ACTION 25 - SWERVING BY A MOTOR VEHICLE 26 - NOT INVOLVED 27 - INVOLVED-ACTIVE CROSSING 28 - INVOLVED-PASSIVE CROSSING 99 - OTHER / UNKNOWN
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SEQUENCE OF EVENTS

<u>1 0 9</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 - DOWNSHILL 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 MOBILE OBJECT 25 - SWERVING BY A MOTOR VEHICLE 26 - NOT INVOLVED 27 - INVOLVED-ACTIVE CROSSING 28 - INVOLVED-PASSIVE CROSSING 99 - OTHER / UNKNOWN
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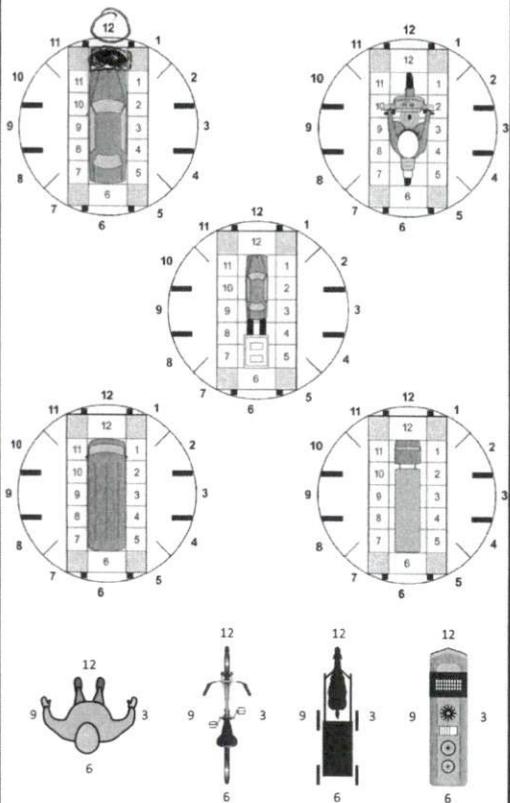
<u>4 1 5 6</u>	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - 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
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2 FIRST HARMFUL EVENT 2 MOST HARMFUL EVENT

LOCAL REPORT NUMBER
2 2 0 2 3 6 1 5

DAMAGE	
DAMAGE SCALE	
<u>4</u>	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN
3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE	

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 DIAGRAM 15 - VEHICLE NOT AT SCENE
99 - UNKNOWN
13 - TOP

TRAFFIC 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
1

OF THROUGH LANES ON ROAD
4

RAIL GRADE CROSSING
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
FROM 4 TO 3

UNIT SPEED
3

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



MOTORIST / Non-MOTORIST

										LOCAL REPORT NUMBER								
										2 2 0 2 3 6 1 5			DATE OF BIRTH			AGE		
UNIT # NAME: LAST, FIRST, MIDDLE 0 1 KELLY, CHARLES, R.										0 4 1 4 1 9 9 2			2 9			M		
ADDRESS: STREET, CITY, STATE, ZIP 6574 STONELAKE WAY HAMILTON, OH 45011										CONTACT PHONE - INCLUDE AREA CODE								
MOTORIST / NON-MOTORIST	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	1	FAIRFIELD				0 4	<input type="checkbox"/>		0 1	1	1	1					
	OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE <input checked="" type="checkbox"/>	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	DRUG TEST(S)										
6			1	<input checked="" type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	6	STATUS 4	TYPE 4	VALUE 3 4 3	STATUS	TYPE	RESULT SELECT UP TO 4						
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		CONDITION	ALCOHOL TEST	DRUG TEST(S)										
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		CONDITION	ALCOHOL TEST	DRUG TEST(S)										
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		CONDITION	ALCOHOL TEST	DRUG TEST(S)										
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- 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- TEST GIVEN, RESULTS KNOWN													
5- NO APPARENT INJURY	5- SECOND - MIDDLE	5- NOT APPLICABLE	5- M/C MOPED ONLY	5- EXCEPT CLASS A BUS	5- TEST GIVEN, RESULTS UNKNOWN													
INJURED TAKEN BY		6- DEPLOYMENT UNKNOWN	6- NO VALID OL	6- EXCEPT CLASS A & CLASS B BUS	6- TALKING ON HAND-HELD COMMUNICATION DEVICE													
1- NOT TRANSPORTED / TREATED AT SCENE	6- SECOND - RIGHT SIDE	7- THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7- NOT EJECTED	7- EXCEPT TRACTOR-TRAILER	7- TALKING ON HAND-HELD COMMUNICATION DEVICE													
2- EMS	7- THIRD - MIDDLE	8- THIRD - RIGHT SIDE	8- PARTIALLY EJECTED	8- INTERMEDIATE LICENSE RESTRICTIONS	8- OTHER ACTIVITY WITH AN ELECTRONIC DEVICE													
3- POLICE	9- THIRD - RIGHT SIDE	10- SLEEPER SECTION OF TRUCK CAB	9- TOTALLY EJECTED	9- LEARNER'S PERMIT RESTRICTIONS	9- PASSENGER													
9- OTHER / UNKNOWN	11- PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	12- PASSENGER IN UNENCLOSED CARGO AREA	4- NOT APPLICABLE	10- LIMITED TO DAYLIGHT ONLY	7- OTHER DISTRACTION INSIDE THE VEHICLE													
SAFETY EQUIPMENT		13- TRAILING UNIT	11- PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	12- LIMITED - OTHER	8- OTHER DISTRACTION OUTSIDE THE VEHICLE													
1- NONE USED	14- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	15- NON-MOTORIST	1- NOT TRAPPED	13- MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	9- OTHER / UNKNOWN													
2- SHOULDER BELT ONLY USED	15- NON-MOTORIST	99- OTHER / UNKNOWN	2- EXTRICATED BY MECHANICAL MEANS	14- MILITARY VEHICLES ONLY	ALCOHOL TEST TYPE													
3- LAP BELT ONLY USED	16- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	17- PROSTHETIC AID	3- FREED BY NON-MECHANICAL MEANS	15- MOTOR VEHICLES WITHOUT AIR BRAKES	1- NONE													
4- SHOULDER & LAP BELT USED	18- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	18- OTHER	18- OTHER	16- OUTSIDE MIRROR	2- BLOOD													
5- CHILD RESTRAINT SYSTEM - FORWARD FACING	19- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	19- OTHER / UNKNOWN	19- OTHER / UNKNOWN	17- PROSTHETIC AID	3- URINE													
6- CHILD RESTRAINT SYSTEM - REAR FACING	20- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	20- OTHER / UNKNOWN	20- OTHER / UNKNOWN	18- OTHER	4- BREATH													
7- BOOSTER SEAT	21- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	21- OTHER / UNKNOWN	21- OTHER / UNKNOWN	21- OTHER / UNKNOWN	5- OTHER													
8- HELMET USED	22- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	22- OTHER / UNKNOWN	22- OTHER / UNKNOWN	22- OTHER / UNKNOWN	DRUG TEST TYPE													
9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	23- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	23- OTHER / UNKNOWN	23- OTHER / UNKNOWN	23- OTHER / UNKNOWN	1- AMPHETAMINES													
10- REFLECTIVE CLOTHING	24- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	24- OTHER / UNKNOWN	24- OTHER / UNKNOWN	24- OTHER / UNKNOWN	2- BARBITURATES													
11- LIGHTING - PEDESTRIAN / BICYCLE ONLY	25- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	25- OTHER / UNKNOWN	25- OTHER / UNKNOWN	25- OTHER / UNKNOWN	3- BENZODIAZEPINES													
99- OTHER / UNKNOWN	26- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	26- OTHER / UNKNOWN	26- OTHER / UNKNOWN	26- OTHER / UNKNOWN	4- CANNABINOID													
	27- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	27- OTHER / UNKNOWN	27- OTHER / UNKNOWN	27- OTHER / UNKNOWN	5- COCAINE													
	28- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	28- OTHER / UNKNOWN	28- OTHER / UNKNOWN	28- OTHER / UNKNOWN	6- OPIATES / OPIOIDS													
	29- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	29- OTHER / UNKNOWN	29- OTHER / UNKNOWN	29- OTHER / UNKNOWN	7- OTHER													
	30- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	30- OTHER / UNKNOWN	30- OTHER / UNKNOWN	30- OTHER / UNKNOWN	8- NEGATIVE RESULTS													
										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								

OHIO TRAFFIC CRASH — DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER	22-023615	REPORTING AGENCY	Fairfield Police Department	DATE OF CRASH	M 4 10 21 2022
IN COUNTY OF	Butler	CRASH LOCATION	3840 Port Union Road		
<p>HSY-0002</p>					