



# 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-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY	LOCAL INFORMATION		2 2 0 2 3 6 3 7		
REPORTING AGENCY NAME* Fairfield Police Department		NCIC* 0 0 9 0 1		HIT/SKIP 1 - SOLVED 2 - UNSOLVED		NUMBER OF UNITS 0 2	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN
COUNTY* 0 9	LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield		CRASH DATE / TIME* 0 4 0 2 2 0 2 2 2 3 0 1		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY	
ROUTE TYPE S R	ROUTE NUMBER 4	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME City of Fairfield	ROAD TYPE	LATITUDE DECIMAL DEGREES 3 9 . 3 2 4 7 2 4		CRASH SEVERITY 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	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Whitmore	ROAD TYPE L N	LONGITUDE DECIMAL DEGREES - 8 4 . 5 0 7 5 1 7		
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1	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 <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 3			
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS	ROADWAY <input type="checkbox"/> ROADWAY DIVIDED				
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 0 1		MANNER OF CRASH COLLISION/IMPACT 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 3		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	
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 4		WEATHER 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 0 1		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	
NARRATIVE On 04-02-22 at around 11:01 p.m., Unit 1 was traveling northwest on Dixie Hwy near the intersection with Whitmore Ln. in the leftmost through lane. Unit 2 was traveling southeast on Dixie Hwy in the leftmost through lane. Unit 1 entered into the turn lane and failed to yield the right of way when making the left turn onto Whitmore Ln. In doing so, Unit 1 collided with Unit 2. After the collision, Unit 2 continued on into the grass just south of the intersection.  The driver of Unit 1, Tracy Davis, was also charged with OVI (FCO 333.01a1A) - M1.  ***SEE OH-2***							
CRASH REPORTED DATE / TIME 0 4 0 2 2 0 2 2 2 3 0 1		DISPATCH DATE / TIME 0 4 0 2 2 0 2 2 2 3 0 3		ARRIVAL DATE / TIME 0 4 0 2 2 0 2 2 2 3 0 6		SCENE CLEARED DATE / TIME 0 4 0 3 2 0 2 2 0 0 0 8	
TOTAL TIME ROADWAY CLOSED 6 7		OTHER INVESTIGATION TIME		TOTAL MINUTES 6 5		OFFICER'S NAME* J Vinskey	
OFFICER'S BADGE NUMBER* 1 3 3		CHECKED BY OFFICER'S NAME* SAI. K. HARRINGTON		CHECKED BY OFFICER'S BADGE NUMBER* 1 1 2		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 AGPS)	



OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )		OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )	
	01	Davis, Tremaine			
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	LICENSE PLATE #	VEHICLE IDENTIFICATION #		VEHICLE YEAR
	OH	N750298	3GYFNGE34C1S547643		2012
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MAKE
		Safeco	K2972105	Gold	Cadillac
	TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	
	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE			Fox Towing	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS	HAZARDOUS MATERIAL	
			01	<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
			VEHICLE WEIGHT GVWR/GCWR	CLASS # PLACARD ID #	
			1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		
EVENT(S)	UNIT TYPE				
	03				
	# OF TRAILING UNITS				
	0				
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	AUTONOMOUS MODE LEVEL			
	2	1 - YES 2 - NO 9 - OTHER / UNKNOWN			
	SPECIAL FUNCTION				
	01				
	CARGO BODY TYPE				
	01				
VEHICLE DEFECTS					
0					
NON-MOTORIST LOCATION AT IMPACT					
0					
ACTION					
06					
CONTRIBUTING CIRCUMSTANCES					
02					
SEQUENCE OF EVENTS					
1					
2					
3					
4					
5					
6					
FIRST HARMFUL EVENT	MOST HARMFUL EVENT				
1	1				

LOCAL REPORT NUMBER	
2 2 0 2 3 6 3 7	
DAMAGE	
DAMAGE SCALE	
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	TRAFFIC CONTROL
1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN
2 - TWO-WAY	2 - SIGNAL 5 - YIELD SIGN
	3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
4	1 - NOT INVOLVED
	2 - INVOLVED-ACTIVE CROSSING
	3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM 6 TO 8	
1 - NORTH 5 - NORTHEAST	
2 - SOUTH 6 - NORTHWEST	
3 - EAST 7 - SOUTHEAST	
4 - WEST 8 - SOUTHWEST	
9 - OTHER / UNKNOWN	
UNIT SPEED	DETECTED SPEED
3 5	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
POSTED SPEED	3 - UNDETERMINED
5 0	



OWNER	UNIT # 02	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) Hendley, Jeremiah, Samuel	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 OH	LICENSE PLATE # JKU1852	VEHICLE IDENTIFICATION # 2HGEB1S21617511H5017912	VEHICLE YEAR 2001
INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	VEHICLE MAKE Honda
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	COLOR Black
INTERLOCK DEVICE EQUIPPED		HIT/SKIP UNIT 02	VEHICLE MODEL Civic
TOWED BY: COMPANY NAME Wayne's Towing		HAZARDOUS MATERIAL CLASS # PLACARD ID #	
UNIT TYPE 01		MATERIAL RELEASED	
# OF TRAILING UNITS 0		PLACARD	
1 - PASSENGER CAR		2 - MOTORCYCLE 2-WHEELED	
2 - PASSENGER VAN (MINIVAN)		3 - SNOWMOBILE	
3 - SPORT UTILITY VEHICLE		4 - SINGLE UNIT TRUCK	
4 - PICK UP		5 - SEMI-TRACTOR	
5 - CARGO VAN		6 - FARM EQUIPMENT	
6 - VAN (9-15 SEATS)		7 - MOTORHOME	
8 - MOTORCYCLE 3-WHEELED		9 - AUTOCYCLE	
9 - MOPED OR MOTORIZED BICYCLE		10 - OTHER VEHICLE	
11 - ALL TERRAIN VEHICLE (ATV / UTV)		12 - HEAVY EQUIPMENT	
		13 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	
		14 - LIMBO (LIVERY VEHICLE)	
		15 - BUS (16+ PASSENGERS)	
		16 - PEDESTRIAN / SKATER	
		17 - WHEELCHAIR (ANY TYPE)	
		18 - OTHER NON-MOTORIST	
		19 - BICYCLE	
		20 - TRAIN	
		21 - UNKNOWN OR HIT/SKIP	
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION	
1 - YES 2 - NO 9 - OTHER / UNKNOWN		1 - DRIVER ASSISTANCE	
AUTONOMOUS MODE LEVEL		2 - PARTIAL AUTOMATION	
		3 - CONDITIONAL AUTOMATION	
		4 - HIGH AUTOMATION	
		5 - FULL AUTOMATION	
1 - NONE		6 - BUS - CHARTER/TOUR	
2 - TAXI		7 - BUS - INTERCITY	
3 - ELECTRONIC RIDE SHARING		8 - BUS - SHUTTLE	
4 - SCHOOL TRANSPORT		9 - BUS - OTHER	
5 - BUS - TRANSIT/COMMUTER		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	
1 - NO CARGO BODY TYPE / NOT APPLICABLE		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	
2 - BUS		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	
1 - TURN SIGNALS		4 - BRAKES	
2 - HEAD LAMPS		5 - STEERING	
3 - TAIL LAMPS		6 - TIRE BLOWOUT	
		7 - WORN OR SLICK TIRES	
		8 - TRAILER EQUIPMENT DEFECTIVE	
		9 - MOTOR TROUBLE	
		10 - DISABLED FROM PRIOR ACCIDENT	
		99 - OTHER / UNKNOWN	
1 - INTERSECTION - MARKED CROSSWALK		3 - INTERSECTION - OTHER	
2 - INTERSECTION - UNMARKED CROSSWALK		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	
1 - NON-CONTACT		1 - STRAIGHT AHEAD	
2 - NON-COLLISION		2 - BACKING	
3 - STRIKING		3 - CHANGING LANES	
4 - STRUCK		4 - OVERTAKING/PASSING	
5 - BOTH STRIKING & STRUCK		5 - MAKING RIGHT TURN	
9 - OTHER / UNKNOWN		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 - IMPROPER START FROM A PARKED POSITION	
		14 - STOPPED OR PARKED ILLEGALLY	
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		21 - LYING IN ROADWAY	
		22 - NOT DISCERNIBLE	
		23 - OPENING DOOR INTO ROADWAY	
		99 - OTHER IMPROPER ACTION	
1 - NONE		7 - LEFT OF CENTER	
2 - FAILURE TO YIELD		8 - FOLLOWING TOO CLOSE / ACDA	
3 - RAN RED LIGHT		9 - IMPROPER LANE CHANGE	
4 - RAN STOP SIGN		10 - IMPROPER PASSING	
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		23 - OPENING DOOR INTO ROADWAY	
		99 - OTHER IMPROPER ACTION	
1 - NONE		7 - LEFT OF CENTER	
2 - FAILURE TO YIELD		8 - FOLLOWING TOO CLOSE / ACDA	
3 - RAN RED LIGHT		9 - IMPROPER LANE CHANGE	
4 - RAN STOP SIGN		10 - IMPROPER PASSING	
5 - UNSAFE SPEED		11 - DROVE OFF ROAD	
6 - IMPROPER TURN		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	
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		19 - LOAD SHIFTING/FALLING/ SPILLING	
		20 - IMPROPER CROSSING	



HSY8306 OH1M 1/19 [760-1500]





# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
2 2 0 2 3 6 3 7

<b>OCCUPANT</b>	<b>UNIT #</b> 2	<b>NAME: LAST, FIRST, MIDDLE</b> Adames. Keira, Shanese	<b>DATE OF BIRTH</b> 1 0 2 3 1 9 8 3	<b>AGE</b> 3 8	<b>GENDER</b> F
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 7733 Black Squirrel Trl., Hamilton, OH, 45011		<b>CONTACT PHONE - INCLUDE AREA CODE</b> L		

<b>INJURIES</b> 2	<b>INJURED TAKEN BY</b> 2	<b>EMS AGENCY (NAME)</b> Fairfield	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> Fort Hamilton	<b>SAFETY EQUIPMENT USED</b> 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 0 3	<b>AIR BAG USAGE</b> 0 2	<b>EJECTION</b> 1	<b>TRAPPED</b> 1
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<b>OCCUPANT</b>	<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>	<b>DATE OF BIRTH</b>	<b>AGE</b> 0	<b>GENDER</b>
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b>		<b>CONTACT PHONE - INCLUDE AREA CODE</b>		

<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>
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<b>OCCUPANT</b>	<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>	<b>DATE OF BIRTH</b>	<b>AGE</b> 0	<b>GENDER</b>
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b>		<b>CONTACT PHONE - INCLUDE AREA CODE</b>		

<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>
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<b>OCCUPANT</b>	<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>	<b>DATE OF BIRTH</b>	<b>AGE</b> 0	<b>GENDER</b>
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b>		<b>CONTACT PHONE - INCLUDE AREA CODE</b>		

<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>
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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	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	
	8 - HELMET USED	8 - THIRD - MIDDLE	
	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE	
	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	
	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	
	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	
		13 - TRAILING UNIT	
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	
		15 - NON-MOTORIST	
		99 - OTHER / UNKNOWN	

<b>INJURED TAKEN BY</b>	<b>EJECTION</b>
1 - NOT TRANSPORTED / TREATED AT SCENE	1 - NOT EJECTED
2 - EMS	2 - PARTIALLY EJECTED
3 - POLICE	3 - TOTALLY EJECTED
9 - OTHER / UNKNOWN	4 - NOT APPLICABLE

<b>GENDER</b>	<b>TRAPPED</b>
F - FEMALE	1 - NOT TRAPPED
M - MALE	2 - EXTRICATED BY MECHANICAL MEANS
U - OTHER / UNKNOWN	3 - FREED BY NON-MECHANICAL MEANS

<b>WITNESS</b>	<b>NAME: LAST, FIRST, MIDDLE</b>	<b>DATE OF BIRTH</b>	<b>AGE</b> 0	<b>GENDER</b>
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b>	<b>CONTACT PHONE - INCLUDE AREA CODE</b>		

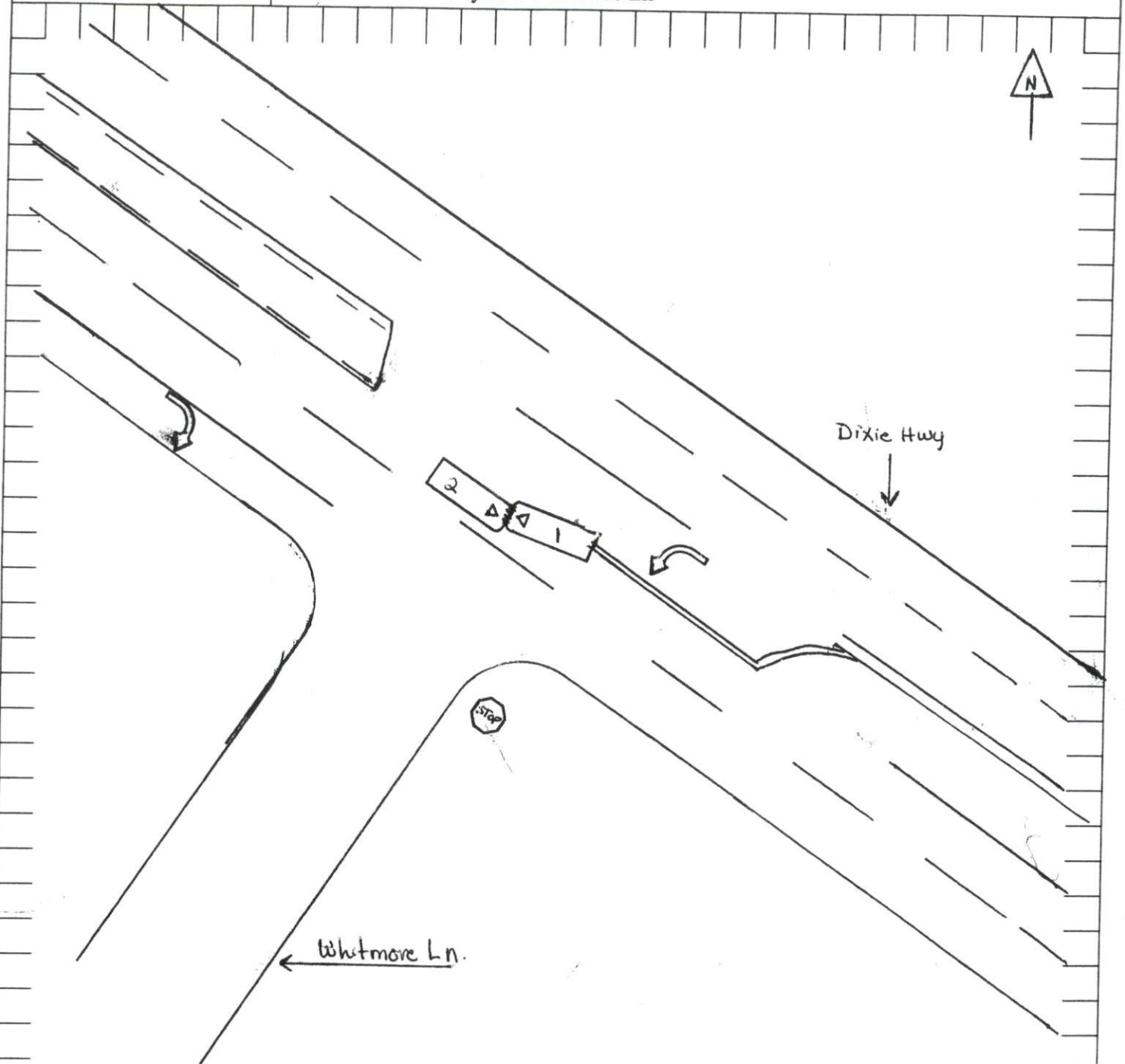
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## OHIO TRAFFIC ACCIDENT - DIAGRAM / NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER	22-023637	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	04/02/2022
IN COUNTY OF	Butler	ACCIDENT LOCATION	Dixie Hwy and Whitmore Ln		



\* Not To Scale \*

OFFICER'S SIGNATURE

J. Valby #133

BADGE NO.

133