

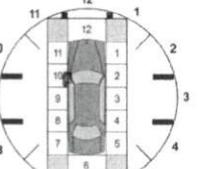
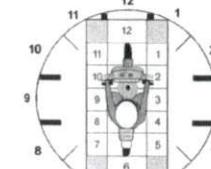
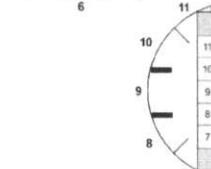
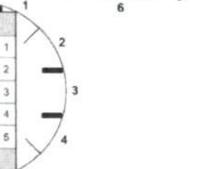
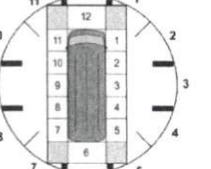
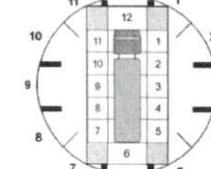
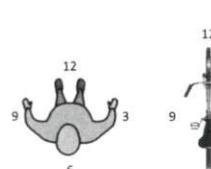
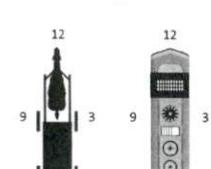


## TRAFFIC CRASH REPORT

\*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 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION			2 2 0 2 6 5 1 2		
<b>REPORTING AGENCY NAME*</b> Fairfield Police Department				NCIC*		HIT/SKIP 1 - SOLVED 2 - UNSOLVED	
Fairfield Police Department 0 0 9 0 1				NUMBER OF UNITS 0 2		UNIT IN ERROR 9 9 98 - ANIMAL 99 - UNKNOWN	
COUNTY* 0 9		LOCALITY* 1 - CITY 1 - 2 - VILLAGE 3 - TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield			
LOCATION S R	ROUTE TYPE 4	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DECIMAL DEGREES 39.306350	
	ROUTE TYPE 4	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 7321		ROAD TYPE	LONGITUDE DECIMAL DEGREES -84.486666	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		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	INTERSECTION RELATED		
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS				NUMBER OF APPROACHES	
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT	DIRECTION OF TRAVEL	ROADWAY	
1 - ON ROADWAY 0 1 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 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN TRANSPORT 4 - REAR-END 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - HEAD-ON 9 - OTHER / UNKNOWN	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROADWAY DIVIDED		
<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	SURFACE 2	
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		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	9 - OTHER/UNKNOWN	1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN	
NARRATIVE				 Indicate the north direction with an "N" on the compass diagram.			
On 4-15-22, at about 8:24 a.m., units 1 and 2 came together in the 7300 block of SR4. Driver of unit 1 said he was in the right through lane when unit 2 came into his lane and struck him. Driver of unit 2 said he was in the left through lane when unit 1 came into his lane and struck him. There was no evidence or witnesses.				See OH-2's			
CRASH REPORTED DATE / TIME 0 4 1 5 2 0 2 2 0 8 2 6		DISPATCH DATE / TIME 0 4 1 5 2 0 2 2 0 8 2 7		ARRIVAL DATE / TIME 0 4 1 5 2 0 2 2 0 8 4 6		SCENE CLEARED DATE / TIME 0 4 1 5 2 0 2 2 0 9 0 2	
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 0		TOTAL MINUTES 3 5		REPORT TAKEN BY	
OFFICER'S NAME* T. Lucas		CHECKED BY OFFICER'S NAME* Sgt. J. Sprague		OFFICER'S BADGE NUMBER* 6 3		<input checked="" type="checkbox"/> POLICE AGENCY	
				CHECKED BY OFFICER'S BADGE NUMBER* 8 4		<input type="checkbox"/> MOTORIST	
						<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OIPS)	

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER)																														
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																														
LP STATE <input checked="" type="checkbox"/> OH	LICENSE PLATE # HRP4004	VEHICLE IDENTIFICATION # 1G1ZB5ST8JF227594	VEHICLE YEAR 2018																														
INSURANCE VERIFIED <input checked="" type="checkbox"/>	INSURANCE COMPANY GEICO	INSURANCE POLICY # 4525140234	VEHICLE MAKE Chevrolet																														
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME																														
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>	HIT/SKIP UNIT <input type="checkbox"/>	#OCCUPANTS 0 1	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.																														
UNIT TYPE <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	HAZARDOUS MATERIAL MATERIAL CLASS # PLACARD ID # RELEASED PLACARD																																
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# OF TRAILING UNITS <input type="checkbox"/> 0																																	
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <input type="checkbox"/> 1-YES <input type="checkbox"/> 2-NO <input type="checkbox"/> 9-OTHER / UNKNOWN		AUTONOMOUS MODE LEVEL <input type="checkbox"/> 0 - NO AUTOMATION <input type="checkbox"/> 1 - DRIVER ASSISTANCE <input type="checkbox"/> 2 - PARTIAL AUTOMATION <input type="checkbox"/> 3 - FULL AUTOMATION	3 - CONDITIONAL AUTOMATION <input type="checkbox"/> 4 - HIGH AUTOMATION <input type="checkbox"/> 5 - FULL AUTOMATION 9 - UNKNOWN																														
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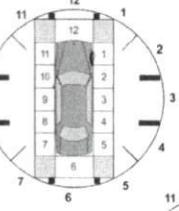
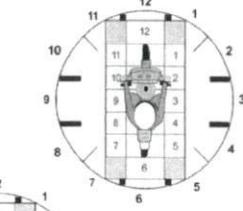
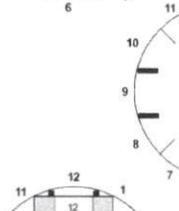
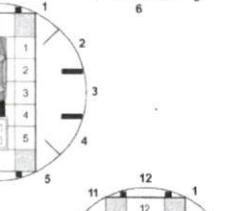
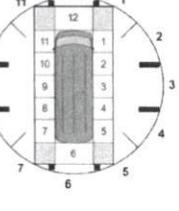
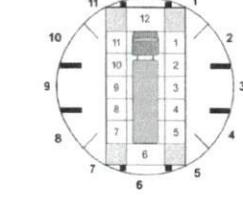
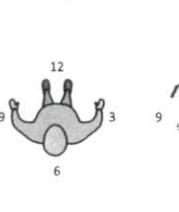
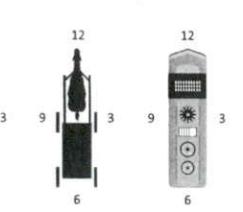
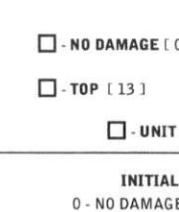
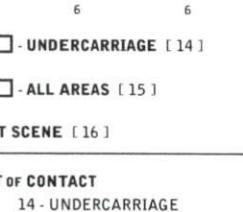
LOCAL REPORT NUMBER 2 2 0 2 6 5 1 2		DAMAGE				
DAMAGE SCALE		DAMAGED AREA(S) INDICATE ALL THAT APPLY				
2 - NONE		3 - FUNCTIONAL DAMAGE				
2 - MINOR DAMAGE		4 - DISABLING DAMAGE				
9 - UNKNOWN						
       						
<input type="checkbox"/> - NO DAMAGE [ 0 ] <input type="checkbox"/> - UNDERCARRIAGE [ 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				
99 - UNKNOWN						
13 - TOP						
TRAFFIC						
TRAFFICWAY FLOW <input type="checkbox"/> 2		TRAFFIC CONTROL <input type="checkbox"/> 6				
1 - ONE-WAY 2 - TWO-WAY		1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER				
1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING						
# OF THROUGH LANES ON ROAD <input type="checkbox"/> 4						
RAIL GRADE CROSSING						
1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING						
UNIT / NON-MOTORIST DIRECTION						
1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN						
FROM <input type="checkbox"/> 1 TO <input type="checkbox"/> 2						
UNIT SPEED						
<input type="checkbox"/> 4 0		DETECTED SPEED				
<input type="checkbox"/> 1 <table border="0"> <tr> <td>1 - STATED / ESTIMATED SPEED</td> </tr> <tr> <td>2 - CALCULATED / EDR</td> </tr> <tr> <td>3 - UNDETERMINED</td> </tr> </table>		1 - STATED / ESTIMATED SPEED	2 - CALCULATED / EDR	3 - UNDETERMINED		
1 - STATED / ESTIMATED SPEED						
2 - CALCULATED / EDR						
3 - UNDETERMINED						
POSTED SPEED <input type="checkbox"/> 4 0						

LOCAL REPORT NUMBER

2 2 0 2 6 5 1 2

OWNER	UNIT # <b>0 2</b> OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER) <b>Safelite</b>	OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER)	DAMAGE	
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER) 6918 Fairfield Business Drive Fairfield, Ohio 45014		COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		DAMAGE SCALE
		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
LP STATE <b>O H</b>	LICENSE PLATE # <b>PMM5443</b>	VEHICLE IDENTIFICATION # <b>1F1Y1E1Y86MKA43496</b>	VEHICLE YEAR <b>2021</b>	VEHICLE MAKE <b>Ford</b>
<input checked="" type="checkbox"/> INSURANCE VERIFIED <b>Aon Risk</b>		INSURANCE COMPANY <b>Aon Risk</b>	INSURANCE POLICY # <b>1SAH25546003</b>	COLOR <b>Black</b> VEHICLE MODEL <b>Transit</b>
TYPE OF USE <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
INTERLOCK DEVICE EQUIPPED	HIT/SKIP UNIT	#OCCUPANTS <b>0 1</b>	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> CLASS # <input type="checkbox"/> PLACARD ID # <input type="checkbox"/> PLACARD				
UNIT TYPE <b>0 5</b>	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 - MOVED OR MOTORIZED 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE 5 - CARGO VAN 11 - ALL-TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR 27 - TRAIN 6 - VAN (9-15 SEATS) 17 - MOTORHOME 18 - FARM EQUIPMENT 23 - PEDESTRIAN / SKATER 28 - OTHER 0 # OF TRAILING UNITS			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <b>2</b> 1 - YES 2 - NO 9 - OTHER / UNKNOWN		AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION		
SPECIAL FUNCTION <b>0 1</b> 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT / COMMUTER		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		
CARGO BODY TYPE <b>0 6</b> 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS		1 - TURN SIGNALS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER 4 - LOGGING 6 - CARGO VAN / ENCLOSED BOX 7 - GRAIN / CHIPS / GRAVEL 9 - CARGO TANK 13 - AUTO TRANSPORTER 10 - FLAT BED 11 - DUMP 14 - GARBAGE / REFUSE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL 16 - DUMP 17 - DUMP 18 - DUMP 19 - DUMP 21 - MAIL CARRIER		
VEHICLE DEFECTS <b>0 1</b> 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		6 - BUS - CHARTER / TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL		
NON-MOTORIST LOCATION AT IMPACT <b>0 1</b> 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS		
ACTION <b>9</b> 3 - STRIKING <b>9 9</b> 4 - STRIKING <b>PRE-CRASH ACTIONS</b> 5 - BOTH STRIKING & STRUCK 6 - OTHER / UNKNOWN		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 <b>9 9</b> 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 10 - PARKED 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST 4 - STRUCK 4 - OVERTAKING / PASSING 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE 5 - BOTH STRIKING & STRUCK 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN 9 - OTHER / UNKNOWN		
CONTRIBUTING CIRCUMSTANCES <b>2 2</b> 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN		1 - LEFT OF CENTER 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY 8 - FOLLOWING TOO CLOSE / ACDA 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE 9 - IMPROPER LANE CHANGE 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING / FALLING / SPILLING 23 - OPENING DOOR INTO ROADWAY 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION		
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1 FIRST HARMFUL EVENT		1 MOST HARMFUL EVENT		

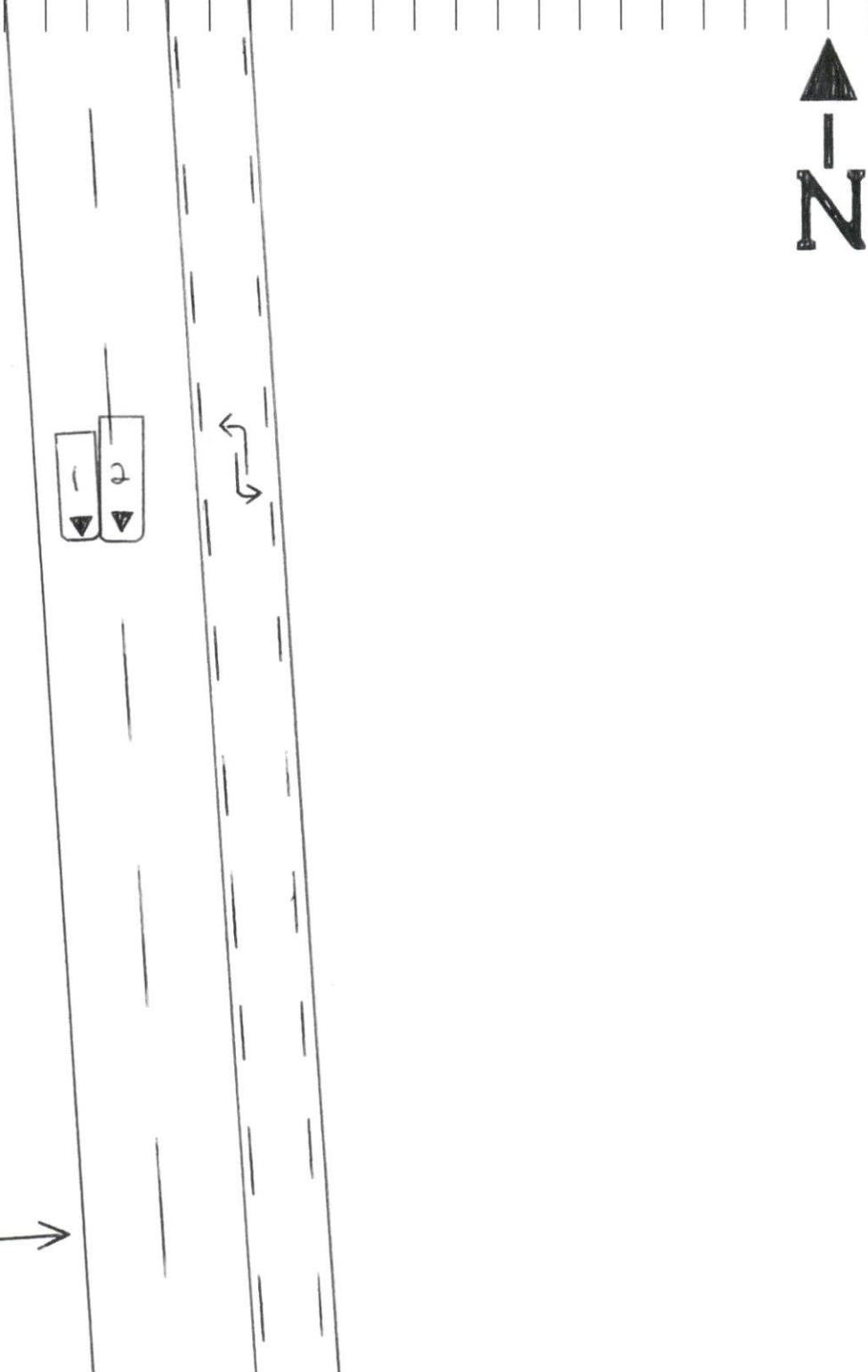
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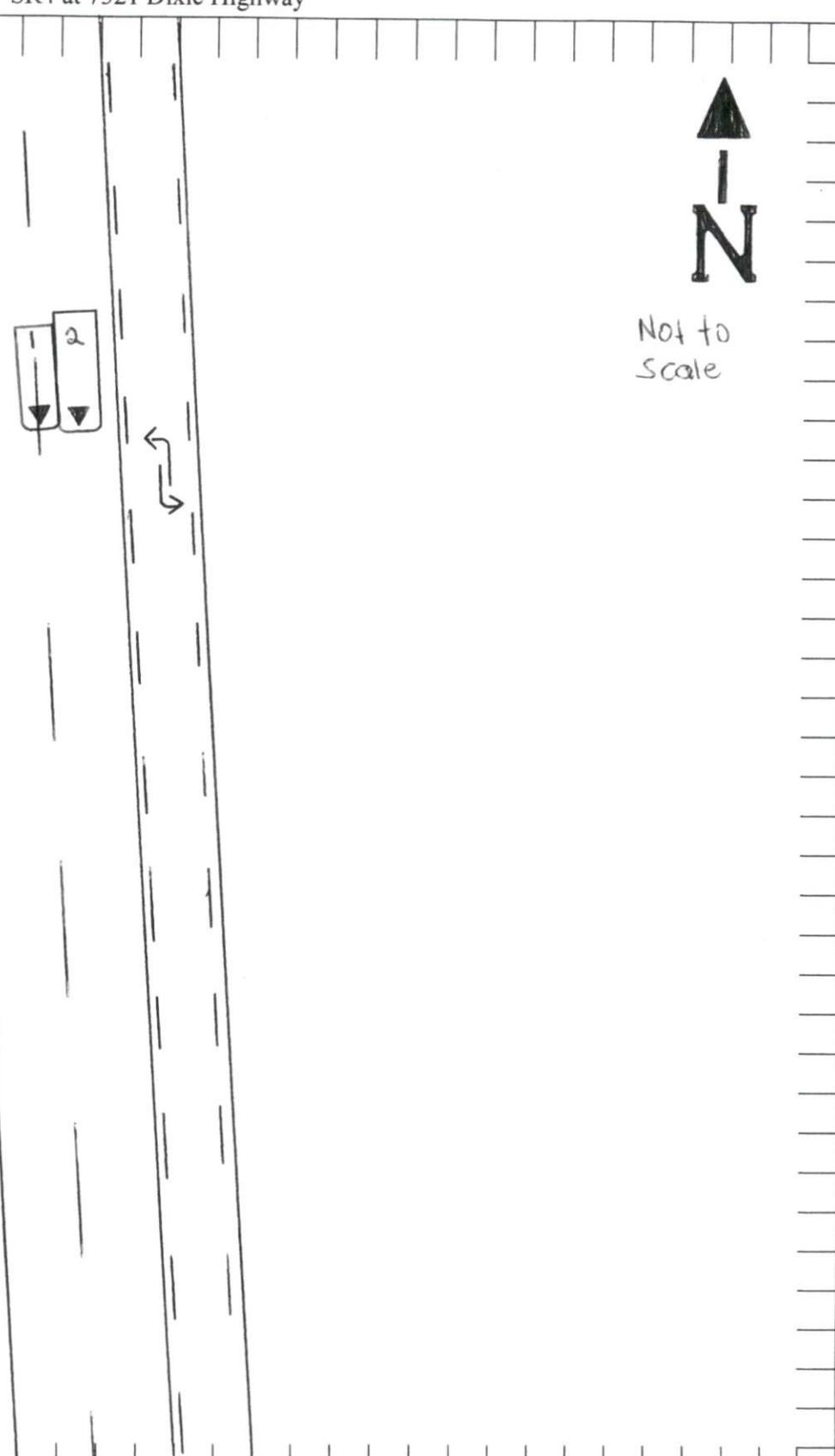
DAMAGE AREA(S) INDICATE ALL THAT APPLY	
	
	
	
	
	
<input type="checkbox"/> - NO DAMAGE [ 0 ]	<input type="checkbox"/> - UNDERCARRIAGE [ 14 ]
<input type="checkbox"/> - TOP [ 13 ]	<input type="checkbox"/> - ALL AREAS [ 15 ]
<input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ]	

INITIAL POINT OF CONTACT 0 - NO DAMAGE 1 - REFER TO UNIT DIAGRAM 13 - TOP	
14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC	
TRAFFIC WAY FLOW <b>2</b> 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL <b>6</b> 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD <b>4</b>	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM <b>1</b> TO <b>2</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED <b>4 0</b>	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED <b>4 0</b>	

# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER														
2 2 0 2 6 5 1 2														
UNIT #	NAME: LAST, FIRST, MIDDLE													
0 1	Lofton, Christopher S													
ADDRESS: STREET, CITY, STATE, ZIP														
45 Brittany Lane #45 Fairfield, Ohio 45014														
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	<input type="checkbox"/>	0 1	1	1	1			
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER				
O H														
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)			
4				1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	1	1	1	SELECT UP TO 4			
UNIT #	NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH			AGE	GENDER
0 2	Koehler, Nicholas A									0 2 1 0 1 9 9 5			2 7	M
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE				
2106 Resor Road Fairfield, Ohio 45014														
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	<input type="checkbox"/>	0 1	1	1	1			
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER				
O H														
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)			
4				1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	1	1	1	SELECT UP TO 4			
UNIT #	NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH			AGE	GENDER
										0				
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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			
							<input type="checkbox"/>							
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			DRUG TEST(S)			
				1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG						SELECT UP TO 4			
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-TALKING ON HANDS-FREE COMMUNICATION DEVICE		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-TALKING ON HAND-HELD COMMUNICATION DEVICE		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-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		5-TEST GIVEN, RESULTS UNKNOWN						
INJURED TAKEN BY	6-SECOND - RIGHT SIDE	9-DEPLOYMENT UNKNOWN	9-NO VALID OL	6-EXCEPT CLASS A & CLASS B BUS		6-PASSENGER								
1-NOT TRANSPORTED /TREATED AT SCENE	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD - MIDDLE	7-THIRD - RIGHT SIDE	7-EXCEPT TRACTOR-TRAILER		7-OTHER DISTRACTION INSIDE THE VEHICLE								
2-EMS	8-THIRD - MIDDLE	8-THIRD - RIGHT SIDE	8-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	8-INTERMEDIATE LICENSE RESTRICTIONS		8-OTHER DISTRACTION OUTSIDE THE VEHICLE								
3-POLICE	9-THIRD - RIGHT SIDE	9-THIRD - MIDDLE	9-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	9-LEARNER'S PERMIT RESTRICTIONS		9-OTHER / UNKNOWN								
9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB	10-SLEEPER SECTION OF TRUCK CAB	10-SLEEPER SECTION OF TRUCK CAB	10-LIMITED TO DAYLIGHT ONLY		10-MILITARY VEHICLES ONLY								
SAFETY EQUIPMENT	EJECTION	OL ENDORSEMENT	TRAPPED	GENDER		CONDITION		DRUG TEST TYPE						
1-NONE USED	1-NOT EJECTED	H-HAZMAT	1-NOT TRAPPED	F-FEMALE		1-APPARENTLY NORMAL		1-NONE						
2-SHOULDER BELT ONLY USED	2-PARTIALLY EJECTED	M-MOTORCYCLE	2-EXTRICATED BY MECHANICAL MEANS	M-MALE		2-PHYSICAL IMPAIRMENT		2-BLOOD						
3-LAP BELT ONLY USED	3-TOTALLY EJECTED	P-PASSENGER	3-FREED BY NON-MECHANICAL MEANS	U-OTHER / UNKNOWN		3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		3-URINE						
4-SHOULDER & LAP BELT USED	4-NOT APPLICABLE	N-TANKER				4-ILLNESS		4-OTHER						
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	Q-MOTOR SCOOTER				5-FELL ASLEEP, FAINTED, FATIGUED, ETC.		5-AMPHETAMINES						
6-CHILD RESTRAINT SYSTEM - REAR FACING	12-PASSENGER IN UNENCLOSED CARGO AREA	R-THREE-WHEEL MOTORCYCLE				6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		2-BARBITURATES						
7-BOOSTER SEAT	13-TRAILING UNIT	S-SCHOOL BUS				7-PROSTHETIC AID		3-BENZODIAZEPINES						
8-HELMET USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	T-DOUBLE & TRIPLE TRAILERS				8-OTHER		4-CANNABINOID						
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	15-NON-MOTORIST	X-TANKER / HAZMAT				9-OTHER / UNKNOWN		5-COCAIN						
10-REFLECTIVE CLOTHING	99-OTHER / UNKNOWN							6-OPIATES / OPIOIDS						
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY								7-OTHER						
99-OTHER / UNKNOWN								8-Negative results						

LOCAL REPORT NUMBER	22-026512	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	4/15/22
IN COUNTY OF	Butler	ACCIDENT LOCATION	SR4 at 7321 Dixie Highway		
					
			OFFICER'S SIGNATURE	BADGE NO	

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