

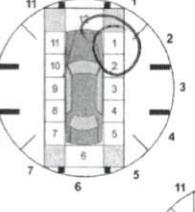
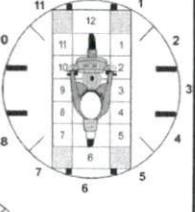
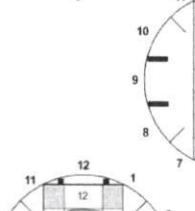
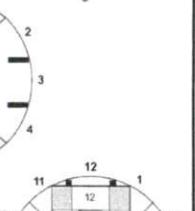
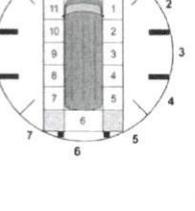
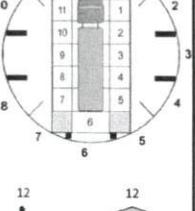
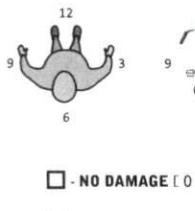
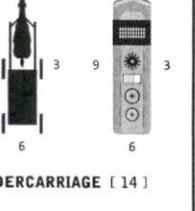


TRAFFIC CRASH REPORT

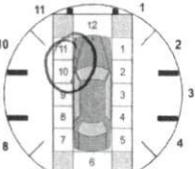
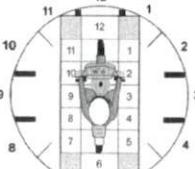
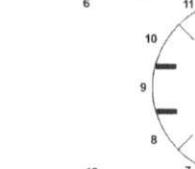
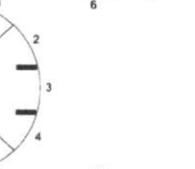
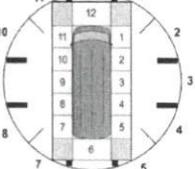
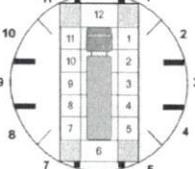
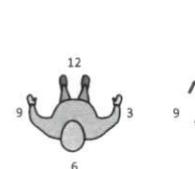
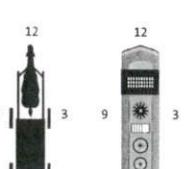
*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN <input checked="" 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		LOCAL INFORMATION		LOCAL REPORT NUMBER*	
		REPORTING AGENCY NAME*		NCIC*	
		Fairfield Police Department		0 0 9 0 1	
COUNTY* 0 9		LOCALITY* 1 - CITY 1 - 2 - VILLAGE 3 - TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield	
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME PROVIDENCE	ROAD TYPE D R
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 40	ROAD TYPE
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 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 PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY
	REFERENCE POINT 3	DIRECTION FROM REFERENCE 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS
LOCATION OF FIRST HARMFUL EVENT 0 1			MANNER OF CRASH COLLISION/IMPACT 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			1 - NOT COLLISION 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN 4 - TRANSPORT 5 - REAR-END 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - HEAD-ON 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 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	
LIGHT CONDITION 1		WEATHER 0 2		CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	
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		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 4/15/2022 at 4:48 p.m. Unit 1 was attempting to exit the parking lot of 40 Providence Drive, when it failed to yield exiting private property, striking Unit 2. Unit 2 was traveling south on Providence Drive when it was struck.					
SEE OH-2					
Indicate the north direction with an "N" on the compass diagram.					
CRASH REPORTED DATE / TIME 0 4 1 5 2 0 2 2 1 6 4 8		DISPATCH DATE / TIME 0 4 1 5 2 0 2 2 1 6 4 9		ARRIVAL DATE / TIME 0 4 1 5 2 0 2 2 1 7 0 6	
SCENE CLEARED DATE / TIME 0 4 1 5 2 0 2 2 1 7 2 8		REPORT TAKEN BY			
TOTAL TIME ROADWAY CLOSED TOTAL TIME ROADWAY CLOSED 3 0		OTHER INVESTIGATION TIME TOTAL MINUTES 6 9		OFFICER'S NAME* R. HICKMAN	
				CHECKED BY OFFICER'S NAME*  R. HICKMAN	
				OFFICER'S BADGE NUMBER* 1 6 4	
				CHECKED BY OFFICER'S BADGE NUMBER*  R. HICKMAN	
HSY7001 OH1 1/19 [760-0820]					
PAGE 1 OF 6					

OWNER	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)																																																																														
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 <u>O H</u>	LICENSE PLATE # <u>GQV6581</u>	VEHICLE IDENTIFICATION # <u>2G4WE537551239990</u>	VEHICLE YEAR <u>2005</u>																																																																														
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY FIRST CHOICE	INSURANCE POLICY # <u>HOH174981</u>	COLOR <u>BLACK</u>																																																																														
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	#OCCUPANTS <u>0 1</u>	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.																																																																														
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LOCAL REPORT NUMBER <u>2 2 0 2 6 6 0 8</u>	
DAMAGE	
DAMAGE SCALE	
3	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN
3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
       	
<input type="checkbox"/> - NO DAMAGE <u>0</u> <input type="checkbox"/> - UNDERCARRIAGE <u>14</u>	
<input type="checkbox"/> - TOP <u>13</u> <input type="checkbox"/> - ALL AREAS <u>15</u>	
<input type="checkbox"/> - UNIT NOT AT SCENE <u>16</u>	
INITIAL POINT OF CONTACT	
0 <u>1</u>	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP
14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW <u>2</u>	TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD <u>2</u>	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM <u>3</u> TO <u>2</u>	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER/ UNKNOWN
UNIT SPEED <u>2 5</u>	
DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	
POSTED SPEED <u>2 5</u>	

OWNER	UNIT # <u>012</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)	
	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 <u>O H</u>	LICENSE PLATE # <u>GVV8238</u>	VEHICLE IDENTIFICATION # <u>1F M 5 K 8 D 18 3 D G C 4 3 7 2 8</u>	VEHICLE YEAR <u>2013</u>	VEHICLE MAKE <u>FORD</u>
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>PROGRESSIVE</u>	INSURANCE POLICY # <u>5788810</u>	COLOR <u>BLACK</u>	VEHICLE MODEL <u>EXPLORER</u>
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT # <u>1</u>	TOWED BY: COMPANY NAME <u>FOX</u>	
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>	HIT/SKIP UNIT <input type="checkbox"/>	#OCCUPANTS <u>0 3</u>	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <u>1</u> PLACARD ID # <u>1</u> <input type="checkbox"/> PLACARD	
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 - MOVED OR MOTORIZED 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
UNIT TYPE <u>0 3</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
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
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 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN / ENCLOSED BOX 7 - GRAIN / CHIPS / GRAVEL	8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP
VEHICLE DEFECTS <u>0 1</u> 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
NON-MOTORIST LOCATION AT IMPACT <u>0 1</u> 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
ACTION <u>0 1</u> 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN		PRE-CRASH ACTIONS <u>0 1</u> 1 - BACKING 2 - CHANGING LANES 3 - OVERTAKING / PASSING 4 - MAKING RIGHT TURN 5 - MAKING LEFT TURN	1 - STRAIGHT AHEAD 2 - MAKING U-TURN 3 - ENTERING TRAFFIC LANE 4 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVING REVERSE	7 - NEGOVITATING A CURVE 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVING REVERSE
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COLLISION WITH FIXED OBJECT - STRUCK <u>4 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 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
FIRST HARMFUL EVENT <u>1</u>		MOST HARMFUL EVENT <u>1</u>	NON-COLLISION	

LOCAL REPORT NUMBER <u>2 2 0 2 6 6 0 8</u>	
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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	
       	
<input type="checkbox"/> NO DAMAGE <u>0</u> <input type="checkbox"/> UNDERCARRIAGE <u>14</u> <input type="checkbox"/> TOP <u>13</u> <input type="checkbox"/> ALL AREAS <u>15</u> <input type="checkbox"/> UNIT NOT AT SCENE <u>16</u>	
INITIAL POINT OF CONTACT	
0 - NO DAMAGE <u>1 0</u>	14 - UNDERCARRIAGE
1-12 - REFER TO UNIT DIAGRAM	15 - VEHICLE NOT AT SCENE
99 - UNKNOWN	
13 - TOP	
TRAFFIC	
TRAFFIC WAY FLOW <u>2</u>	TRAFFIC CONTROL <u>6</u>
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD <u>2</u>	RAIL GRADE CROSSING <u>1</u>
1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	1 - NOT INVOLVED
UNIT / NON-MOTORIST DIRECTION	
FROM <u>1</u> TO <u>2</u>	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
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MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	LOCAL REPORT NUMBER																		
UNIT #	2 2 0 2 6 6 0 8																		
	DATE OF BIRTH					AGE	GENDER												
0 1	CURRY, HASHIM																		
ADDRESS: STREET, CITY, STATE, ZIP 44 PROVIDENCE DR APT 81, FAIRFIELD, OH, 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		[]		0 1		1		1		1	
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE		OFFENSE DESCRIPTION			CITATION NUMBER							
O H	[]			331.22A			[]		FAIL TO YIELD - PP			250781							
DL 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	[]		1		[]			[]					
UNIT #	NAME: LAST, FIRST, MIDDLE 0 2 DURAN, HUGO, SANDOVAL										DATE OF BIRTH		AGE		GENDER				
ADDRESS: STREET, CITY, STATE, ZIP 1 SOUTHHALL PLACE, FAIRFIELD, OH, 45014											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	
4	[]	[]			[]			0 4		[]		0 1		1		1		1	
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE		OFFENSE DESCRIPTION			CITATION NUMBER							
O H	[]			[]			[]		[]			[]							
DL 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	[]		1		[]			[]					
UNIT #	NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH		AGE		GENDER				
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	
[]	[]	[]			[]			[]		[]		[]		[]		[]			
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE		OFFENSE DESCRIPTION			CITATION NUMBER							
[]	[]			[]			[]		[]			[]							
DL CLASS	ENDORSEMENT SELECT UP TO 2			RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION		ALCOHOL TEST			DRUG TEST(S)					
[]	[]			[]		1	[]		1		[]			[]					
INJURIES	SEATING POSITION		AIR BAG		OL CLASS		OL RESTRICTION(S)		DRIVER DISTRACTION		TEST STATUS								
1-FATAL 2-SUSPECTED SERIOUS INJURY 3-SUSPECTED MINOR INJURY 4-POSSIBLE INJURY 5-NO APPARENT INJURY	1-FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2-FRONT - MIDDLE 3-FRONT - RIGHT SIDE 4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5-SECOND - MIDDLE		1-NOT DEPLOYED 2-DEPLOYED FRONT 3-DEPLOYED SIDE 4-DEPLOYED BOTH FRONT / SIDE 5-NOT APPLICABLE 9-DEPLOYMENT UNKNOWN		1-CLASS A 2-CLASS B 3-CLASS C 4-REGULAR CLASS (OHIO = D) 5-M/C MOPED ONLY 6-NO VALID OL		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		1-NOT DISTRACTED 2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3-EXCEPT CLASS A BUS 4-EXCEPT CLASS A & CLASS B BUS 5-EXCEPT TRACTOR-TRAILER 6-INTERMEDIATE LICENSE RESTRICTIONS 7-LEARNER'S PERMIT RESTRICTIONS 8-LIMITED TO DAYLIGHT ONLY 9-LIMITED TO EMPLOYMENT 10-LIMITED - OTHER 11-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 12-MILITARY VEHICLES ONLY 13-MOTOR VEHICLES WITHOUT AIR BRAKES 14-OUTSIDE MIRROR 15-PROSTHETIC AID 16-OTHER		1-NONE GIVEN 2-TEST REFUSED 3-TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4-TEST GIVEN, RESULTS KNOWN 5-TEST GIVEN, RESULTS UNKNOWN								
INJURED TAKEN BY	EJECTION		OL ENDORSEMENT		TRAPPED		GENDER		CONDITION		ALCOHOL TEST TYPE								
1-NOT TRANSPORTED / TREATED AT SCENE 2-EMS 3-POLICE 9-OTHER / UNKNOWN	1-NOT EJECTED 2-PARTIALLY EJECTED 3-TOTALLY EJECTED 4-NOT APPLICABLE		H-HAZMAT M-MOTORCYCLE P-PASSENGER N-TANKER Q-MOTOR SCOOTER		1-NOT TRAPPED 2-EXTRICATED BY MECHANICAL MEANS 3-FREED BY NON-MECHANICAL MEANS		F-FEMALE M-MALE U-OTHER / UNKNOWN		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		1-NONE 2-BLOOD 3-URINE 4-BREATH 5-OTHER								
SAFETY EQUIPMENT	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		R-THREE-WHEEL MOTORCYCLE		S-SCHOOL BUS		T-DOUBLE & TRIPLE TRAILERS		X-TANKER / HAZMAT		DRUG TEST TYPE								
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	11-PASSENGER IN OTHER 12-PASSENGER IN UNENCLOSED CARGO AREA		1-NOT APPLICABLE		1-NOT APPLICABLE		1-NOT APPLICABLE		1-NOT APPLICABLE		1-NONE 2-BLOOD 3-URINE 4-BREATH 5-OTHER								
INJURIES	PICK-UP WITH CAP		MECHANICAL MEANS		NON-MECHANICAL MEANS		GENDER		CONDITION		DRUG TEST RESULT(S)								
11-PASSENGER IN OTHER 12-PASSENGER IN UNENCLOSED CARGO AREA	1-NOT APPLICABLE		1-NOT APPLICABLE		1-NOT APPLICABLE		F-FEMALE M-MALE U-OTHER / UNKNOWN		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		1-AMPHETAMINES 2-BARBITURATES 3-BENZODIAZEPINES 4-CANNABINOIDS 5-COCAIN 6-OPIATES / OPIOIDS 7-OTHER 8-NEGATIVE RESULTS								



OCCUPANT / WITNESS ADDENDUM

OCCUPANT	LOCAL REPORT NUMBER 2 2 0 2 6 6 0 8											
	UNIT #	NAME: LAST, FIRST, MIDDLE 2 DURAN, MATTHEW			DATE OF BIRTH 0 7 2 7 2 0 1 7			AGE 4	GENDER M			
ADDRESS: STREET, CITY, STATE, ZIP 1 SOUTHHALL PLACE, FAIRFIELD, OH, 45014	CONTACT PHONE - INCLUDE AREA CODE -											
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 4	AIR BAG USAGE 0 1	EJECTION 1	TRAPPED 1			
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 2 VASQUEZ-REYES, ERIKA			DATE OF BIRTH 0 8 1 6 1 9 8 4			AGE 37	GENDER F			
ADDRESS: STREET, CITY, STATE, ZIP 58 PROVIDENCE DR, FAIRFIELD, OH, 45014	CONTACT PHONE - INCLUDE AREA CODE											
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 3	AIR BAG USAGE 0 1	EJECTION 1	TRAPPED 1			
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH			AGE 0	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE											
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 3	AIR BAG USAGE 0 1	EJECTION 1	TRAPPED 1			
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH			AGE 0	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE											
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 3	AIR BAG USAGE 0 1	EJECTION 1	TRAPPED 1			
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH			AGE 0	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE											
INJURIES			SAFETY EQUIPMENT USED		SEATING POSITION		AIR BAG USAGE					
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY			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		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		1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN					
INJURED TAKEN BY			1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE		EJECTION					
GENDER			F - FEMALE M - MALE U - 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		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS					
NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH 0			AGE 0	GENDER					
ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE									
NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH 0			AGE 0	GENDER					
ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE									
NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH 0			AGE 0	GENDER					
ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE									

LOCAL REPORT NUMBER	22026608	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	Providence Drive near 40 Providence Drive	

