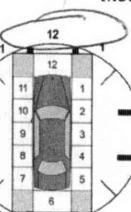
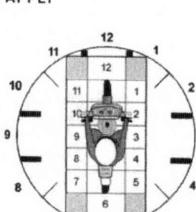
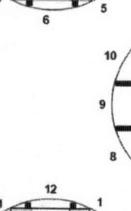
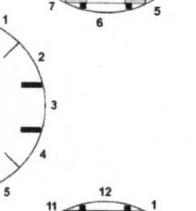
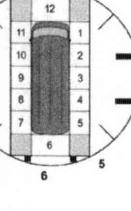
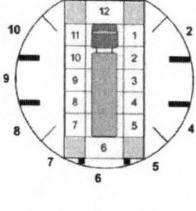
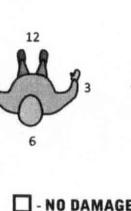
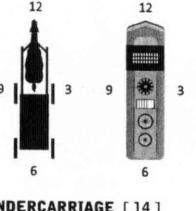
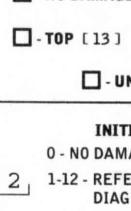
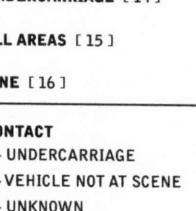


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

		LOCAL INFORMATION			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 <input type="checkbox"/> NCIC* Fairfield Police Department 00901					2 2 0 2 6 9 6 1			
COUNTY* 0 9 LOCALITY* 1-CITY 1 2-VILLAGE 1 3-TOWNSHIP 1		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield			HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 1	UNIT IN ERROR 1 98 - ANIMAL 1 99 - UNKNOWN	
REFERENCE LOCATION	ROUTE TYPE S R	ROUTE NUMBER 4	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	CRASH DATE / TIME* 04172022 0300		
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 6775	ROAD TYPE	LATITUDE DECIMAL DEGREES 39.318232		
REFERENCE POINT 1 - INTERSECTION 3 - 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	ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	LONGITUDE DECIMAL DEGREES -84.494792		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY	
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS				INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA <input type="checkbox"/> NUMBER OF APPROACHES			
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			MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN 4 - TRANSPORT 5 - REAR-END 6 - SIDESWIPE, SAME DIRECTION 7 - SIDESWIPE, OPPOSITE DIRECTION 8 - HEAD-ON 9 - OTHER / UNKNOWN			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 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 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1	CONDITIONS 1	SURFACE 2
<input type="checkbox"/> 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				1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 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 On 04-17-22 at approximately 3:00 a.m. the driver of unit 1 was southbound on S.R. 4 (Dixie Hwy) when she lost control of the vehicle and went off the roadway to the right, struck a 50 MPH speed limit sign and a utility pole #D6262639. The owner of the speed limit sign is the City of Fairfield 5350 Pleasant Ave Fairfield, Ohio 45014 The owner of the utility pole is Duke Energy 1199 Nilles Rd Fairfield Ohio 45014								
 Indicate the north direction with an "N" on the compass diagram. "See OH-2"								
CRASH REPORTED DATE / TIME 04172022 0624		DISPATCH DATE / TIME 04172022 0626		ARRIVAL DATE / TIME 04172022 0634		SCENE CLEARED DATE / TIME 04172022 0816		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 OGPS)
TOTAL TIME ROADWAY CLOSED 3 0		OTHER INVESTIGATION TIME 1 4 0		TOTAL MINUTES 1 4 0		OFFICER'S NAME* PO Kelly Smith		CHECKED BY OFFICER'S NAME* Sgt. J. Sprague
						OFFICER'S BADGE NUMBER* 1 1 4		CHECKED BY OFFICER'S BADGE NUMBER* 8 4

OWNER	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	
	0 1	OWNER ADDRESS: STREET, CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER			
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
	O H	JHH8126	2T1BURH1E1JCO44646	2018	Toyota
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
		Trexis Ins.	1134014716723	black	Corolla
	TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	Wayne's	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	HAZARDOUS MATERIAL	
	1		1	<input type="checkbox"/> MATERIAL RELEASED	CLASS # PLACARD ID #
				<input type="checkbox"/> PLACARD	
UNIT TYPE		VEHICLE WEIGHT GVWR/GCWR			
1	1	1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.			
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	
# OF TRAILING UNITS					
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN	
1 - YES 2 - NO 9 - OTHER / UNKNOWN		AUTONOMOUS MODE LEVEL			
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	
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 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN	
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	
1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		3 - INTERSECTION - OTHER 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 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 IN 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 99 - OTHER / UNKNOWN	
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 99 - OTHER IMPROPER ACTION	
CONTRIBUTING CIRCUMSTANCES		SEQUENCE OF EVENTS	NON-COLLISION		
1 0 8		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	
3 1 7		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 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	
3 1 0		2 - IMPACT ATTENUATOR / CRASH CUSHION 3 - PORTABLE BARRIER 4 - MEDIAN CABLE BARRIER 5 - MEDIAN GUARDRAIL 6 - MEDIAN CONCRETE BARRIER 7 - MEDIAN OTHER BARRIER	8 - OVERHEAD SIGN POST 9 - LIGHT / LUMINARIES 10 - UTILITY POLE 11 - OTHER POST, POLE OR SUPPORT 12 - CULVERT 13 - CURB 14 - DITCH 15 - EMBANKMENT 16 - FENCE 17 - MAILBOX 18 - TREE 19 - FIRE HYDRANT 20 - WORK ZONE MAINTENANCE EQUIPMENT 21 - WALL 22 - BUILDING 23 - TUNNEL 24 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN		
2		FIRST HARMFUL EVENT	COLLISION WITH FIXED OBJECT - STRUCK		
3		MOST HARMFUL EVENT			

LOCAL REPORT NUMBER		
2 2 0 2 6 9 6 1		
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 [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 - 2 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE		
99 - UNKNOWN 13 - TOP		
TRAFFIC		
TRAFFICWAY FLOW	TRAFFIC CONTROL	
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL	
6	# OF THROUGH LANES ON ROAD	
5	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 1	TO 2	
UNIT SPEED		DETECTED SPEED
4 5		1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED		
5 0		

MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST										LOCAL REPORT NUMBER 2 2 0 2 6 9 6 1						
UNIT # <input type="text" value="1"/> NAME: LAST, FIRST, MIDDLE Likens, Miranda Lea										DATE OF BIRTH 0 2 0 4 1 9 9 9 2 3		AGE 23	GENDER F			
ADDRESS: STREET, CITY, STATE, ZIP 276 West Kemper Rd. Cincinnati, Ohio 45246										CONTACT PHONE - INCLUDE AREA CODE						
INJURIES 3	INJURED TAKEN BY 1	EMS AGENCY (NAME) <input type="text"/>			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) <input type="text"/>			SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-Compliant MC HELMET		SEATING POSITION 0 1	AIR BAG USAGE 4	EJECTION 1	TRAPPED 1		
OL STATE O H	OPERATOR LICENSE NUMBER <input type="text"/>			OFFENSE CHARGED 331.34a			LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION Failure to Control			CITATION NUMBER 249914					
OL CLASS 4	ENDORSEMENT SELECT UP TO 2 <input type="text"/>			RESTRICTION SELECT UP TO 3 <input type="text"/>	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			CONDITION 9	ALCOHOL TEST <input type="checkbox"/> STATUS <input type="checkbox"/> TYPE <input type="checkbox"/> VALUE		DRUG TEST(S) <input type="checkbox"/> STATUS <input type="checkbox"/> TYPE <input type="checkbox"/> RESULT SELECT UP TO 4				
UNIT # <input type="text"/> NAME: LAST, FIRST, MIDDLE <input type="text"/>										DATE OF BIRTH <input type="text"/>		AGE 0	GENDER <input type="text"/>			
ADDRESS: STREET, CITY, STATE, ZIP <input type="text"/>										CONTACT PHONE - INCLUDE AREA CODE						
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY (NAME) <input type="text"/>			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) <input type="text"/>			SAFETY EQUIPMENT USED <input type="text"/>	<input type="checkbox"/> DOT-Compliant MC HELMET		SEATING POSITION <input type="text"/>	AIR BAG USAGE <input type="text"/>	EJECTION <input type="text"/>	TRAPPED <input type="text"/>		
OL STATE <input type="text"/>	OPERATOR LICENSE NUMBER <input type="text"/>			OFFENSE CHARGED <input type="text"/>			LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION <input type="text"/>			CITATION NUMBER <input type="text"/>					
OL CLASS <input type="text"/>	ENDORSEMENT SELECT UP TO 2 <input type="text"/>			RESTRICTION SELECT UP TO 3 <input type="text"/>	DRIVER DISTRACTED BY <input type="text"/>	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			CONDITION <input type="text"/>	ALCOHOL TEST <input type="checkbox"/> STATUS <input type="checkbox"/> TYPE <input type="checkbox"/> VALUE		DRUG TEST(S) <input type="checkbox"/> STATUS <input type="checkbox"/> TYPE <input type="checkbox"/> RESULT SELECT UP TO 4				
UNIT # <input type="text"/> NAME: LAST, FIRST, MIDDLE <input type="text"/>										DATE OF BIRTH <input type="text"/>		AGE 0	GENDER <input type="text"/>			
ADDRESS: STREET, CITY, STATE, ZIP <input type="text"/>										CONTACT PHONE - INCLUDE AREA CODE						
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY (NAME) <input type="text"/>			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) <input type="text"/>			SAFETY EQUIPMENT USED <input type="text"/>	<input type="checkbox"/> DOT-Compliant MC HELMET		SEATING POSITION <input type="text"/>	AIR BAG USAGE <input type="text"/>	EJECTION <input type="text"/>	TRAPPED <input type="text"/>		
OL STATE <input type="text"/>	OPERATOR LICENSE NUMBER <input type="text"/>			OFFENSE CHARGED <input type="text"/>			LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION <input type="text"/>			CITATION NUMBER <input type="text"/>					
OL CLASS <input type="text"/>	ENDORSEMENT SELECT UP TO 2 <input type="text"/>			RESTRICTION SELECT UP TO 3 <input type="text"/>	DRIVER DISTRACTED BY <input type="text"/>	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			CONDITION <input type="text"/>	ALCOHOL TEST <input type="checkbox"/> STATUS <input type="checkbox"/> TYPE <input type="checkbox"/> VALUE		DRUG TEST(S) <input type="checkbox"/> STATUS <input type="checkbox"/> TYPE <input type="checkbox"/> RESULT SELECT UP TO 4				
INJURIES <input type="checkbox"/> 1-FATAL <input type="checkbox"/> 2-SUSPECTED SERIOUS INJURY <input type="checkbox"/> 3-SUSPECTED MINOR INJURY <input type="checkbox"/> 4-POSSIBLE INJURY <input type="checkbox"/> 5-NO APPARENT INJURY INJURED TAKEN BY <input type="checkbox"/> 1-NOT TRANSPORTED /TREATED AT SCENE <input type="checkbox"/> 2-EMS <input type="checkbox"/> 3-POLICE <input type="checkbox"/> 9-OTHER/UNKNOWN SAFETY EQUIPMENT <input type="checkbox"/> 1-NONE USED <input type="checkbox"/> 2-SHOULDER BELT ONLY USED <input type="checkbox"/> 3-LAP BELT ONLY USED <input type="checkbox"/> 4-SHOULDER & LAP BELT USED <input type="checkbox"/> 5-CHILD RESTRAINT SYSTEM - FORWARD FACING <input type="checkbox"/> 6-CHILD RESTRAINT SYSTEM - REAR FACING <input type="checkbox"/> 7-BOOSTER SEAT <input type="checkbox"/> 8-HELMET USED <input type="checkbox"/> 9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) <input type="checkbox"/> 10-REFLECTIVE CLOTHING <input type="checkbox"/> 11-LIGHTING - PEDESTRIAN / BICYCLE ONLY <input type="checkbox"/> 99-OTHER / UNKNOWN										SEATING POSITION <input type="checkbox"/> 1-FRONT - LEFT SIDE (MOTORCYCLE DRIVER) <input type="checkbox"/> 2-FRONT - MIDDLE <input type="checkbox"/> 3-FRONT - RIGHT SIDE <input type="checkbox"/> 4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) <input type="checkbox"/> 5-SECOND - MIDDLE <input type="checkbox"/> 6-SECOND - RIGHT SIDE <input type="checkbox"/> 7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) <input type="checkbox"/> 8-THIRD - MIDDLE <input type="checkbox"/> 9-THIRD - RIGHT SIDE <input type="checkbox"/> 10-SLEEPER SECTION OF TRUCK CAB		AIR BAG <input type="checkbox"/> 1-NOT DEPLOYED <input type="checkbox"/> 2-DEPLOYED FRONT <input type="checkbox"/> 3-DEPLOYED SIDE <input type="checkbox"/> 4-DEPLOYED BOTH FRONT / SIDE <input type="checkbox"/> 5-NOT APPLICABLE <input type="checkbox"/> 9-DEPLOYMENT UNKNOWN <input type="checkbox"/> 6-NO VALID OL	OL CLASS <input type="checkbox"/> 1-CLASS A <input type="checkbox"/> 2-CLASS B <input type="checkbox"/> 3-CLASS C <input type="checkbox"/> 4-REGULAR CLASS (OHIO = D) <input type="checkbox"/> 5-EXCEPT CLASS A BUS <input type="checkbox"/> 6-EXCEPT CLASS A & CLASS B BUS <input type="checkbox"/> 7-EXCEPT TRACTOR-TRAILER <input type="checkbox"/> 8-INTERMEDIATE LICENSE RESTRICTIONS <input type="checkbox"/> 9-LEARNER'S PERMIT RESTRICTIONS <input type="checkbox"/> 10-LIMITED TO DAYLIGHT ONLY <input type="checkbox"/> 11-LIMITED TO EMPLOYMENT <input type="checkbox"/> 12-LIMITED - OTHER <input type="checkbox"/> 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) <input type="checkbox"/> 14-MILITARY VEHICLES ONLY <input type="checkbox"/> 15-MOTOR VEHICLES WITHOUT AIR BRAKES <input type="checkbox"/> 16-OUTSIDE MIRROR <input type="checkbox"/> 17-PROSTHETIC AID <input type="checkbox"/> 18-OTHER	OL RESTRICTION(S) <input type="checkbox"/> 1-ALCOHOL INTERLOCK DEVICE <input type="checkbox"/> 2-CDL INTRASTATE ONLY <input type="checkbox"/> 3-CORRECTIVE LENSES <input type="checkbox"/> 4-FARM WAIVER <input type="checkbox"/> 5-EXCEPT CLASS A BUS <input type="checkbox"/> 6-EXCEPT CLASS B BUS & CLASS B BUS <input type="checkbox"/> 7-EXCEPT TRACTOR-TRAILER <input type="checkbox"/> 8-INTERMEDIATE LICENSE RESTRICTIONS <input type="checkbox"/> 9-LEARNER'S PERMIT RESTRICTIONS <input type="checkbox"/> 10-LIMITED TO DAYLIGHT ONLY <input type="checkbox"/> 11-LIMITED TO EMPLOYMENT <input type="checkbox"/> 12-LIMITED - OTHER <input type="checkbox"/> 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) <input type="checkbox"/> 14-MILITARY VEHICLES ONLY <input type="checkbox"/> 15-MOTOR VEHICLES WITHOUT AIR BRAKES <input type="checkbox"/> 16-OUTSIDE MIRROR <input type="checkbox"/> 17-PROSTHETIC AID <input type="checkbox"/> 18-OTHER	DRIVER DISTRACTION <input type="checkbox"/> 1-NOT DISTRACTED <input type="checkbox"/> 2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) <input type="checkbox"/> 3-TALKING ON HANDS-FREE COMMUNICATION DEVICE <input type="checkbox"/> 4-TALKING ON HAND-HELD COMMUNICATION DEVICE <input type="checkbox"/> 5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE <input type="checkbox"/> 6-PASSENGER <input type="checkbox"/> 7-OTHER DISTRACTION INSIDE THE VEHICLE <input type="checkbox"/> 8-OTHER DISTRACTION OUTSIDE THE VEHICLE <input type="checkbox"/> 9-OTHER / UNKNOWN	TEST STATUS <input type="checkbox"/> 1-NONE GIVEN <input type="checkbox"/> 2-TEST REFUSED <input type="checkbox"/> 3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE <input type="checkbox"/> 4-TEST GIVEN, RESULTS KNOWN <input type="checkbox"/> 5-TEST GIVEN, RESULTS UNKNOWN
EJECTION <input type="checkbox"/> 1-NOT EJECTED <input type="checkbox"/> 2-PARTIALLY EJECTED <input type="checkbox"/> 3-TOTALLY EJECTED <input type="checkbox"/> 4-NOT APPLICABLE										OL ENDORSEMENT <input type="checkbox"/> H-HAZMAT <input type="checkbox"/> M-MOTORCYCLE <input type="checkbox"/> P-PASSENGER <input type="checkbox"/> N-TANKER <input type="checkbox"/> Q-MOTOR SCOOTER <input type="checkbox"/> R-THREE-WHEEL MOTORCYCLE <input type="checkbox"/> S-SCHOOL BUS <input type="checkbox"/> T-DOUBLE & TRIPLE TRAILERS <input type="checkbox"/> X-TANKER / HAZMAT		ALCOHOL TEST TYPE <input type="checkbox"/> 1-NONE <input type="checkbox"/> 2-BLOOD <input type="checkbox"/> 3-URINE <input type="checkbox"/> 4-BREATH <input type="checkbox"/> 5-OTHER				
TRAPPED <input type="checkbox"/> 1-NOTTRAPPED <input type="checkbox"/> 2-EXTRICATED BY MECHANICAL MEANS <input type="checkbox"/> 3-FREED BY NON-MECHANICAL MEANS										TRAPPED <input type="checkbox"/> F-FEMALE <input type="checkbox"/> M-MALE <input type="checkbox"/> U-OTHER / UNKNOWN		DRUG TEST TYPE <input type="checkbox"/> 1-NONE <input type="checkbox"/> 2-BLOOD <input type="checkbox"/> 3-URINE <input type="checkbox"/> 4-BREATH <input type="checkbox"/> 5-OTHER				
GENDER <input type="checkbox"/> 1-APPARENTLY NORMAL <input type="checkbox"/> 2-PHYSICAL IMPAIRMENT <input type="checkbox"/> 3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) <input type="checkbox"/> 4-ILLNESS <input type="checkbox"/> 5-FELL ASLEEP, FAINTED, FATIGUED, ETC. <input type="checkbox"/> 6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL <input type="checkbox"/> 9-OTHER / UNKNOWN										CONDITION <input type="checkbox"/> 1-APPARENTLY NORMAL <input type="checkbox"/> 2-PHYSICAL IMPAIRMENT <input type="checkbox"/> 3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) <input type="checkbox"/> 4-ILLNESS <input type="checkbox"/> 5-FELL ASLEEP, FAINTED, FATIGUED, ETC. <input type="checkbox"/> 6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL <input type="checkbox"/> 9-OTHER / UNKNOWN		DRUG TEST RESULT(S) <input type="checkbox"/> 1-AMPHETAMINES <input type="checkbox"/> 2-BARBITURATES <input type="checkbox"/> 3-BENZODIAZEPINES <input type="checkbox"/> 4-CANNABINOIDS <input type="checkbox"/> 5-COCAINES <input type="checkbox"/> 6-OPIATES / OPIOIDS <input type="checkbox"/> 7-OTHER <input type="checkbox"/> 8-Negative RESULTS				

OHIO TRAFFIC ACCIDENT - DIAGRAM / NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF ACCIDENT
22-026961	Fairfield Police Department	04-17-22
IN COUNTY OF	ACCIDENT LOCATION	
Butler	6775 S.R4 (Dixie Hwy)	
OFFICER'S SIGNATURE		BADGE NO
PO Kelly Smith		114