

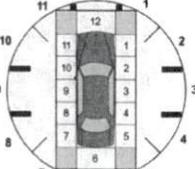
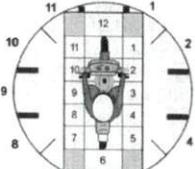
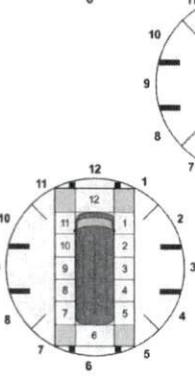
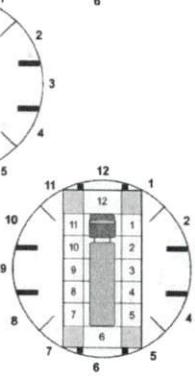
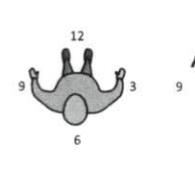
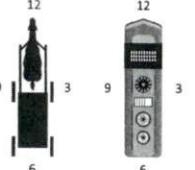
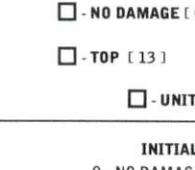
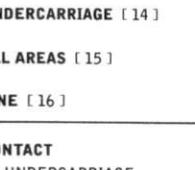


TRAFFIC CRASH REPORT

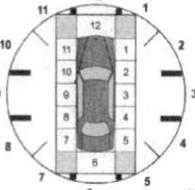
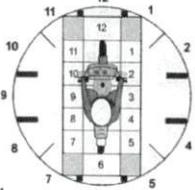
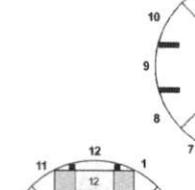
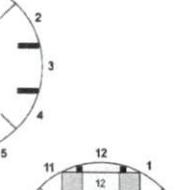
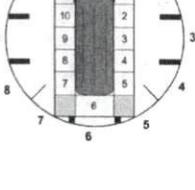
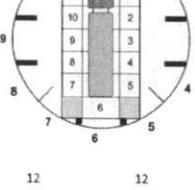
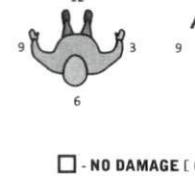
*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL INFORMATION					LOCAL REPORT NUMBER*		
<input checked="" type="checkbox"/> PHOTOS TAKEN <input 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"/>		REPORTING AGENCY NAME* Fairfield Police Department NCIC* 00901			2 2 0 2 9 1 0 5 HIT/SKIP NUMBER OF UNITS UNIT IN ERROR 1 - SOLVED 0 2 0 1 98 - ANIMAL 2 - UNSOLVED 99 - UNKNOWN		
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*			CRASH DATE / TIME*		
0 9	1 - CITY 2 - VILLAGE 3 - TOWNSHIP	City of Fairfield			0 4 2 5 2 0 2 2 1 5 4 5		
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES	
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES	
REFERENCE POINT	DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED			
1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 4			
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE	ROUTE TYPE	ROAD TYPE	ROADWAY			
1 0 0	1 - MILES 2 - FEET 3 - YARDS	IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	<input type="checkbox"/> ROADWAY DIVIDED			
LOCATION OF FIRST HARMFUL EVENT			MANNER OF CRASH COLLISION/IMPACT	DIRECTION OF TRAVEL	MEDIAN TYPE		
0 1	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	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 - VEHICLES IN 4 - TRANSPORT 5 - REAR-END 6 - HEAD-ON	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN		
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE	LOCATION OF CRASH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE	
		1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	1	2	2	
				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	
LIGHT CONDITION		WEATHER					
1	1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	0 4	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			
NARRATIVE							
On 04/25/22 at 3:45 P.M. Unit 1 and Unit 2 were both traveling west on River Rd. Unit 2 was slowing to make a left turn onto Lakeside Dr. Unit 1 failed to maintain assured cleared distance ahead and rear ended Unit 2.							
 Indicate the north direction with an "N" on the compass diagram.							
See OH-2							
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME	
0 4 2 5 2 0 2 2 1 5 4 5		0 4 2 5 2 0 2 2 1 5 4 9		0 4 2 5 2 0 2 2 1 5 4 9		0 4 2 5 2 0 2 2 1 6 0 8	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		REPORT TAKEN BY	
				OFFICER'S NAME*		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
				D. Miller			
				OFFICER'S BADGE NUMBER*		checked by OFFICER'S NAME*	
				1 6 7		J. Sons	
						checked by OFFICER'S BADGE NUMBER*	
						1 5 0	
SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP)							

OWNER	UNIT # <u>0_1</u>	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) Eldridge, Vicki	OWNER PHONE: INCLUDE AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER) <input type="text"/>																																																																							
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER) <input type="text"/>																																																																									
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP <input type="text"/>		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE <input type="text"/>																																																																							
	LP STATE <u>O_H</u>	LICENSE PLATE # <u>JVE5915</u>	VEHICLE IDENTIFICATION # <u>1N1XBR32E87Z771202</u>	VEHICLE YEAR <u>2007</u>	VEHICLE MAKE <u>Toyota</u>																																																																					
INSURANCE VERIFIED	INSURANCE COMPANY <u>Progressive</u>	INSURANCE POLICY # <u>918841579</u>	COLOR <u>White</u>	VEHICLE MODEL <u>Corolla</u>																																																																						
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT # <input type="text"/>	TOWED BY: COMPANY NAME <input type="text"/>																																																																							
INTERLOCK DEVICE EQUIPPED	HIT/SKIP UNIT	#OCCUPANTS <u>0_1</u>	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"/> PLACARD																																																																						
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WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>1_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>	<table border="0"> <tr> <td>1 - NONE</td> <td>6 - BUS - CHARTER/TOUR</td> <td>11 - FIRE</td> <td>16 - FARM</td> <td>21 - MAIL CARRIER</td> </tr> <tr> <td>2 - TAXI</td> <td>7 - BUS - INTERCITY</td> <td>12 - MILITARY</td> <td>17 - MOWING</td> <td>99 - OTHER / UNKNOWN</td> </tr> <tr> <td>3 - ELECTRONIC RIDE SHARING</td> <td>8 - BUS - SHUTTLE</td> <td>13 - POLICE</td> <td>18 - SNOW REMOVAL</td> <td></td> </tr> <tr> <td>4 - SCHOOL TRANSPORT</td> <td>9 - BUS - OTHER</td> <td>14 - PUBLIC UTILITY</td> <td>19 - TOWING</td> <td></td> </tr> <tr> <td>5 - BUS - TRANSIT/COMMUTER</td> <td>10 - AMBULANCE</td> <td>15 - CONSTRUCTION EQUIPMENT</td> <td>20 - SAFETY SERVICE PATROL</td> <td></td> </tr> </table>				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																																														
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LOCAL REPORT NUMBER <u>2_2_0_2_9_1_0_5</u>		
DAMAGE		
<u>2</u>	DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL 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		
<u>1_2</u>	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC		
TRAFFIC WAY 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>4</u>	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED <u>1_5</u>		DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED <u>3_5</u>		

OWNER	UNIT # <u>0 1 2</u>	OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER)																																																																																	
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<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR <u>Silver</u>	VEHICLE MODEL <u>Corolla</u>																																																																																
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME																																																																																	
UNIT TYPE <u>0 1</u>	INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <input type="checkbox"/>	# OCCUPANTS <u>0 2</u>	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"/> PLACARD CLASS # <u>1</u> PLACARD ID # <u>1</u>																																																																																
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2 2 0 2 9 1 0 5	
DAMAGE	
DAMAGE SCALE	
2	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 <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 14 - UNDERCARRIAGE	
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
13 - TOP	
TRAFFIC	
TRAFFIC WAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN
2 - TWO-WAY	2 - SIGNAL 5 - YIELD SIGN
6	3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	
2	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
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 <u>3</u> TO <u>4</u>	
UNIT SPEED	
5	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	
3	5



MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST

MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER

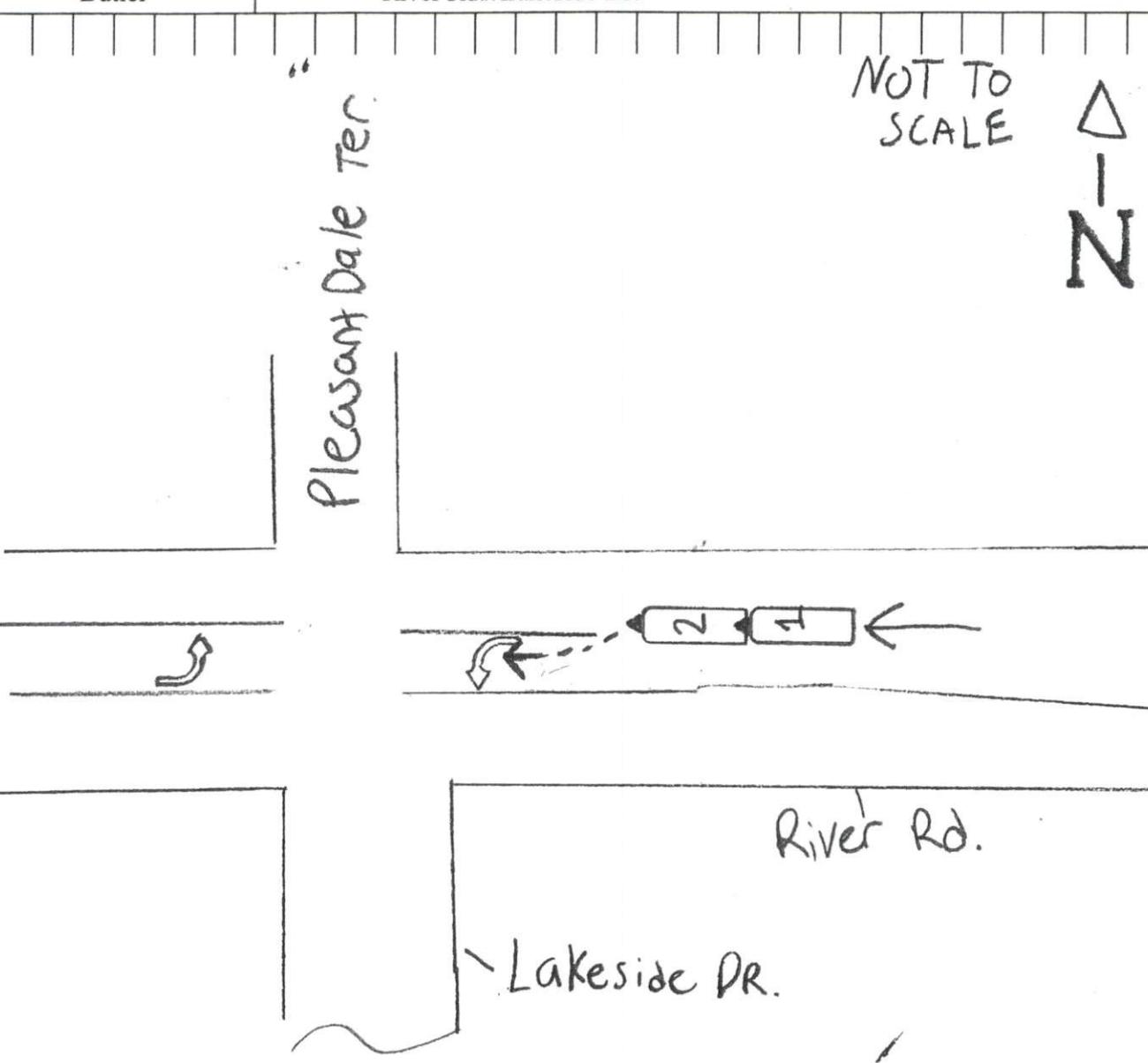
2 2 0 2 9 1 0 5

UNIT #	NAME: LAST, FIRST, MIDDLE 0 1 Gerdig, Benjamin						DATE OF BIRTH	AGE	GENDER
ADDRESS: STREET, CITY, STATE, ZIP 4556 Lakes Edge Dr. West Chester, OH 45069						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	DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
DL STATE O H	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 333.03a	LOCAL CODE X	OFFENSE DESCRIPTION ACDA		CITATION NUMBER 251173		
DL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	ALCOHOL TEST STATUS 1	DRUG TEST(S) STATUS 1	TYPE 1	RESULT SELECT UP TO 4 1
UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Adhikari, Dilli						DATE OF BIRTH 0 6 1 9 1 9 5 4	AGE 6 7	GENDER M
ADDRESS: STREET, CITY, STATE, ZIP 5722 Blackfoot Ct. Fairfield Twp., OH 45011						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	DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
DL STATE O H	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE X	OFFENSE DESCRIPTION		CITATION NUMBER		
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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
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DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST STATUS 1	DRUG TEST(S) STATUS 1	TYPE 1	RESULT SELECT UP TO 4 1
INJURIES	SEATING POSITION	AIR BAG	DL 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-COL INTRASTATE ONLY	2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2-TEST REFUSED			
3-SUSPECTED MINOR INJURY	3-FRONT - RIGHT SIDE	3-DEPLOYED SIDE	3-CLASS C	3-CORRECTIVE LENSES	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
4-POSSIBLE INJURY	4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4-DEPLOYED BOTH FRONT / SIDE	4-REGULAR CLASS (OHIO = D)	4-FARM WAIVER	4-TEST GIVEN, RESULTS KNOWN				
5-NO APPARENT INJURY	5-SECOND - MIDDLE	5-NOT APPLICABLE	5-EXCEPT CLASS A BUS	5-EXCEPT CLASS A & CLASS B BUS	5-TEST GIVEN, RESULTS UNKNOWN				
INJURED TAKEN BY		6-SECOND - RIGHT SIDE	6-DEPLOYMENT UNKNOWN	6-EXCEPT CLASS A & CLASS B BUS	6-EXCEPT CLASS A & CLASS B BUS				
1-NOT TRANSPORTED / TREATED AT SCENE		7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-NOT VALID OL	7-EXCEPT TRACTOR-TRAILER	7-EXCEPT TRACTOR-TRAILER				
2-EMS		8-THIRD - MIDDLE	8-INTERMEDIATE LICENSE RESTRICTIONS	8-INTERMEDIATE LICENSE RESTRICTIONS	8-INTERMEDIATE LICENSE RESTRICTIONS				
3-POLICE		9-THIRD - RIGHT SIDE	9-LEARNER'S PERMIT RESTRICTIONS	9-LEARNER'S PERMIT RESTRICTIONS	9-LEARNER'S PERMIT RESTRICTIONS				
9-OTHER/UNKNOWN		10-SLEEPER SECTION OF TRUCK CAB	10-LIMITED TO DAYLIGHT ONLY	10-LIMITED TO DAYLIGHT ONLY	10-LIMITED TO DAYLIGHT ONLY				
SAFETY EQUIPMENT		11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)				
1-NONE USED		12-PASSENGER IN UNENCLOSED CARGO AREA	12-EXTRICATED BY MECHANICAL MEANS	12-EXTRICATED BY MECHANICAL MEANS	12-EXTRICATED BY MECHANICAL MEANS				
2-SHOULDER BELT ONLY USED		13-TRAILING UNIT	13-FREED BY NON-MECHANICAL MEANS	13-FREED BY NON-MECHANICAL MEANS	13-FREED BY NON-MECHANICAL MEANS				
3-LAP BELT ONLY USED		14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14-NOT TRAPPED	14-NOT TRAPPED	14-NOT TRAPPED				
4-SHOULDER & LAP BELT USED		15-NON-MOTORIST	15-EXTRICATED BY MECHANICAL MEANS	15-EXTRICATED BY MECHANICAL MEANS	15-EXTRICATED BY MECHANICAL MEANS				
5-CHILD RESTRAINT SYSTEM - FORWARD FACING		99-OTHER / UNKNOWN	16-OUTSIDE MIRROR	16-OUTSIDE MIRROR	16-OUTSIDE MIRROR				
6-CHILD RESTRAINT SYSTEM - REAR FACING			17-PROSTHETIC AID	17-PROSTHETIC AID	17-PROSTHETIC AID				
7-BOOSTER SEAT			18-OTHER	18-OTHER	18-OTHER				
8-HELMET USED									
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)									
10-REFLECTIVE CLOTHING									
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY									
99-OTHER / UNKNOWN									
EJECTION		OL ENDORSEMENT							
1-NOT EJECTED		H - HAZMAT							
2-PARTIALLY EJECTED		M - MOTORCYCLE							
3-TOTALLY EJECTED		P - PASSENGER							
4-NOT APPLICABLE		N - TANKER							
5-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		Q - MOTOR SCOOTER							
6-EXTRICATED BY MECHANICAL MEANS		R - THREE-WHEEL MOTORCYCLE							
7-FREED BY NON-MECHANICAL MEANS		S - SCHOOL BUS							
8-OUTSIDE MIRROR		T - DOUBLE & TRIPLE TRAILERS							
9-PROSTHETIC AID		X - TANKER / HAZMAT							
10-OTHER									
TRAPPED									
1-NOT TRAPPED									
2-EXTRICATED BY MECHANICAL MEANS									
3-FREED BY NON-MECHANICAL MEANS									
GENDER									
F - FEMALE									
M - MALE									
U - OTHER / UNKNOWN									
CONDITION									
1-APPARENTLY NORMAL									
2-PHYSICAL IMPAIRMENT									
3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)									
4-ILLNESS									
5-FELL ASLEEP, FAINTED, FATIGUED, ETC.									
6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL									
9-OTHER / UNKNOWN									
DRUG TEST TYPE									
1-NONE									
2-BLOOD									
3-URINE									
4-BREATH									
5-OTHER									
DRUG TEST RESULT(S)									
1-AMPHETAMINES									
2-BARBITURATES									
3-BENZODIAZEPINES									
4-CANNABINOID									
5-COCAIN									
6-OPIATES / OPIOIDS									
7-OTHER									
8-NEGATIVE RESULTS									



OCCUPANT / WITNESS ADDENDUM

		LOCAL REPORT NUMBER							
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER		
	2	Gurung, Ram			0 1 0 1 1 9 5 6	66	M		
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE							
2758 Jupiter Dr. Fairfield, OH 45014									
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED					
5				0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 3	AIR BAG USAGE 0 1	EJECTION 1	TRAPPED 1
UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER			
				0					
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					
					<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER			
				0					
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					
					<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER			
				0					
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					
					<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
INJURIES	INJURIES		SAFETY EQUIPMENT USED	SEATING POSITION		AIR BAG USAGE			
1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED			
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED		2 - FRONT - MIDDLE	2 - FRONT - MIDDLE		2 - DEPLOYED FRONT			
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED		3 - FRONT - RIGHT SIDE	3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE			
4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	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 - SECOND - MIDDLE		5 - NOT APPLICABLE			
INJURED TAKEN BY		6 - CHILD RESTRAINT SYSTEM - REAR FACING		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN			
1 - NOT TRANSPORTED /TREATED AT SCENE	7 - BOOSTER SEAT		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)					
2 - EMS	8 - HELMET USED		8 - THIRD - MIDDLE	8 - THIRD - MIDDLE		EJECTION			
3 - POLICE	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		9 - THIRD - RIGHT SIDE	9 - THIRD - RIGHT SIDE		1 - NOT EJECTED			
9 - OTHER / UNKNOWN	10 - REFLECTIVE CLOTHING		10 - SLEEPER SECTION OF TRUCK CAB	10 - SLEEPER SECTION OF TRUCK CAB		2 - PARTIALLY EJECTED			
GENDER		11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		3 - TOTALLY EJECTED			
F - FEMALE	12 - PASSENGER IN UNENCLOSED CARGO AREA		12 - PASSENGER IN UNENCLOSED CARGO AREA	12 - PASSENGER IN UNENCLOSED CARGO AREA		4 - NOT APPLICABLE			
M - MALE	13 - TRAILING UNIT		13 - TRAILING UNIT	13 - TRAILING UNIT		TRAPPED			
U - OTHER / UNKNOWN	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		1 - NOT TRAPPED			
		15 - NON-MOTORIST		15 - NON-MOTORIST		2 - EXTRICATED BY MECHANICAL MEANS			
		99 - OTHER / UNKNOWN		99 - OTHER / UNKNOWN		3 - FREED BY NON-MECHANICAL MEANS			
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER		
					0				
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE							
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER		
					0				
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE							
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER		
					0				
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE							

LOCAL REPORT NUMBER	22-029105	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	4/25/22
IN COUNTY OF	Butler	ACCIDENT LOCATION	River Rd./Lakeside Dr.		
<p style="text-align: center;">"</p> <p style="text-align: center;">Pleasant Dale Ter.</p> <p style="text-align: center;">NOT TO SCALE</p> <p style="text-align: center;">N</p> 					
<p>River Rd.</p> <p>Lakeside Dr.</p>					
<p>OFFICER'S SIGNATURE</p> <p>D. Miller</p> <p>BADGE NO.</p> <p>167</p>					