



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 checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY				LOCAL INFORMATION REPORTING AGENCY NAME* NCIC* Fairfield Police Department 00901					
				HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR			
				1 - SOLVED 2 - UNSOLVED	0 2	0 1 98 - ANIMAL 0 1 99 - UNKNOWN			
COUNTY* 0 9		LOCALITY* 1 - CITY 1 2 - VILLAGE 3 - TOWNSHIP	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield						
LOCATION	ROUTE TYPE S R	ROUTE NUMBER 4	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME Muhlhauser	ROAD TYPE R D	LATITUDE DECIMAL DEGREES 39.314904			
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES -84.488197			
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1	DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES				
DISTANCE FROM REFERENCE 1 0 0	DISTANCE 1 - MILES 2 - FEET 3 - YARDS 2				ROADWAY <input type="checkbox"/> ROADWAY DIVIDED				
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 0 1 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			MANNER OF CRASH COLLISION/IMPACT 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 2 1 - REAR-TO-REAR 2 - SIDESWIPE, OPPOSITE DIRECTION 3 - HEAD-ON 4 - 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 0 2		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE 2 - ADVANCE WARNING SIGN 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 0 2 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN			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 <p>On April 25, 2022 at about 4:22 P.M Unit 1 was traveling northbound on S.R. 4 (Dixie Hwy.) near Muhlhauser Rd. Unit 1 failed to stop within the assured clear distance ahead and collided with Unit 2 which was also northbound and was slowing down in traffic. Unit 2 was pulling a flat bed trailer that sustained minor damage to the rear of the trailer. Unit 2 vehicle did not sustain any damage.</p> <p style="text-align: right;">See OH-2</p>									
CRASH REPORTED DATE / TIME 0 4 2 5 2 0 2 2 1 6 2 2			DISPATCH DATE / TIME 0 4 2 5 2 0 2 2 1 6 2 9		ARRIVAL DATE / TIME 0 4 2 5 2 0 2 2 1 6 4 1		SCENE CLEARED DATE / TIME 0 4 2 5 2 0 2 2 1 7 0 5		REPORT TAKEN BY
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 3 0		TOTAL MINUTES 6 6		OFFICER'S NAME* J. Mitchell		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP)	
						CHECKED BY OFFICER'S NAME* 			
						OFFICER'S BADGE NUMBER* 1 7 1		CHECKED BY OFFICER'S BADGE NUMBER* 	



Indicate the north direction with an "N" on the compass diagram.

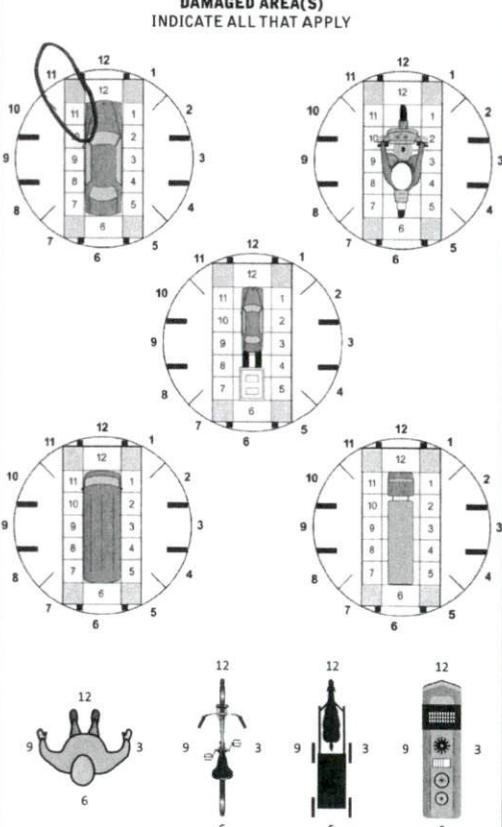
LOCAL REPORT NUMBER

2 2 0 2 9 1 1 6

OWNER	UNIT # <u>0 1</u> OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) Ray St Clair Roofing INC	OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER)
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 3810 Port Union Rd, Fairfield, OH, 45014	
	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP	COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

DAMAGE	
DAMAGE SCALE	
<u>2</u>	1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN

LP STATE <u>O H</u>	LICENSE PLATE # <u>PHK4533</u>	VEHICLE IDENTIFICATION # <u>3D6WF4ET1B611988</u>	VEHICLE YEAR <u>2011</u>	VEHICLE MAKE <u>Dodge</u>																														
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>Ohio Farmers</u>	INSURANCE POLICY # <u>TRA150S41T</u>	COLOR <u>Red</u>	VEHICLE MODEL <u>3500</u>																														
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT # <u>3 0 3 6 6 8 1</u>	TOWED BY: COMPANY NAME																															
INTERLOCK EQUIPPED <input type="checkbox"/> DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. <u>2</u>	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD																															
UNIT TYPE	#OCCUPANTS <u>0 2</u>																																	
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- NO DAMAGE [0] - UNDERCARRIAGE [14]

- TOP [13] - ALL AREAS [15]

- UNIT NOT AT SCENE [16]

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION <u>0 2</u>	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN																									
AUTONOMOUS MODE LEVEL																													
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INITIAL POINT OF CONTACT	
0 - NO DAMAGE	14 - UNDERCARRIAGE
<u>1 1</u> 1-12 - REFER TO UNIT DIAGRAM	15 - VEHICLE NOT AT SCENE
99 - UNKNOWN	
13 - TOP	

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TRAFFIC	
TRAFFIC WAY FLOW <u>2</u>	TRAFFIC CONTROL <u>6</u>
# OF THROUGH LANES ON ROAD <u>6</u>	RAIL GRADE CROSSING <u>1</u>

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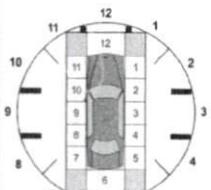
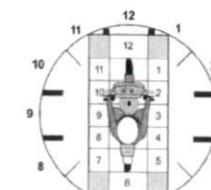
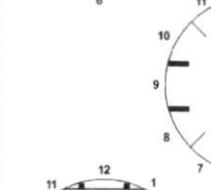
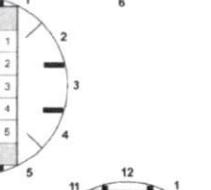
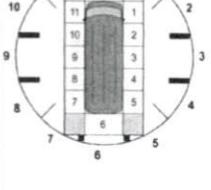
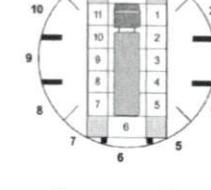
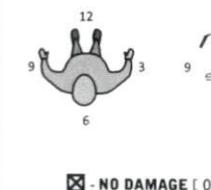
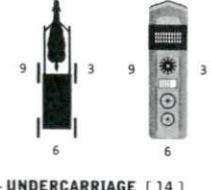
UNIT / NON-MOTORIST DIRECTION FROM <u>2</u> TO <u>1</u>	1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
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UNIT SPEED <u>4 5</u>	DETECTED SPEED <u>1</u>
POSTED SPEED <u>5 0</u>	3 - UNDETERMINED

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

OWNER	UNIT # <u>0_2</u>	OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> SAME AS DRIVER Jerry Pate Turf and Irr INC	OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER				
	OWNER ADDRESS: STREET, CITY, STATE, ZIP <input type="checkbox"/> SAME AS DRIVER 5999 Angola Rd, Toledo, OH, 43615	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP					
VEHICLE	LP STATE <u>O_H</u>	LICENSE PLATE # <u>PMT4927</u>	VEHICLE IDENTIFICATION # <u>1C6RR6FT9GS179629</u>	VEHICLE YEAR <u>2016</u>	VEHICLE MAKE <u>Dodge</u>		
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>Cincinnati Ins</u>	INSURANCE POLICY # <u>EBA0556434</u>	COLOR <u>Silver</u>	VEHICLE MODEL <u>1500</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 EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <input type="checkbox"/>		# 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"/> CLASS # <input type="checkbox"/> PLACARD ID # <input type="checkbox"/> PLACARD		
	UNIT TYPE <u>0_4</u> 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		11 - ALL TERRAIN VEHICLE (ATV / UTV)	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - PASSENGER VAN (MINIVAN) 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	2 - MOTORCYCLE 3-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 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 <u>1</u>						
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>0_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	9 - UNKNOWN	
	SPECIAL FUNCTION <u>0_1</u> 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER		1 - NONE 2 - TAXI 3 - BUS - SHUTTLE 4 - SCHOOL BUS 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	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN
	VEHICLE DEFECTS		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
NON-MOTORIST LOCATION AT IMPACT		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	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN	
ACTION		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	
CONTRIBUTING CIRCUMSTANCES		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	
SEQUENCE OF EVENTS		NON-COLLISION					
1 <u>2_0</u>	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 - DOWNHILL 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	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT		
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1 <u>1</u>	FIRST HARMFUL EVENT	1 <u>1</u>	MOST HARMFUL EVENT				

LOCAL REPORT NUMBER <u>2 2 0 2 9 1 1 6</u>	
DAMAGE	
2	DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
       	
<input checked="" 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 <u>0</u>	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP
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>6</u>	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM <u>2</u> TO <u>1</u>	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
UNIT SPEED <u>5_0</u>	
DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	
POSTED SPEED <u>5_0</u>	



MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE 0 1 Fitzpatrick, Adam	ADDRESS: STREET, CITY, STATE, ZIP 1266 Landis Ln, Cincinnati, OH, 45231	INJURIES TAKEN BY 5	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	DATE OF BIRTH 1 0 0 9 1 9 9 6	AGE 25	GENDER M	LOCAL REPORT NUMBER 2 2 0 2 9 1 1 6		
											CONTACT PHONE - INCLUDE AREA CODE	
MOTORIST / NON-MOTORIST	OL STATE O H	OPERATOR LICENSE NUMBER	OFFENSE CHARGED 333.03A	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION ACDA	CITATION NUMBER 250918	DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 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) RESULT SELECT UP TO 4 1 1		
MOTORIST / NON-MOTORIST	UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Reed, Lawrence	ADDRESS: STREET, CITY, STATE, ZIP 142 Hanover St, Hamilton, OH 45011	INJURIES TAKEN BY 5	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	DATE OF BIRTH 0 6 1 1 1 9 6 4	AGE 57	GENDER M	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER
MOTORIST / NON-MOTORIST	OL STATE O H	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER	DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 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) RESULT SELECT UP TO 4 1 1		
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE	ADDRESS: STREET, CITY, STATE, ZIP	INJURIES TAKEN BY 5	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	DATE OF BIRTH 0	AGE 0	GENDER M	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER
MOTORIST / NON-MOTORIST	OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
							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) RESULT SELECT UP TO 4 1 1		
MOTORIST / NON-MOTORIST	OL 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) RESULT SELECT UP TO 4 1 1	TEST STATUS			
										INJURIES	SEATING POSITION	AIR BAG
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-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-M/C MOPED ONLY	5-EXCEPT CLASS A BUS	5-TEST GIVEN, RESULTS UNKNOWN							
INJURED TAKEN BY	6-SECOND - RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-NO VALID OL	6-EXCEPT CLASS A & CLASS B BUS								
1- NOT TRANSPORTED / TREATED AT SCENE	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-NO VALID OL	7-EXCEPT TRACTOR-TRAILER									
2- EMS	8-THIRD - MIDDLE	8-NOT APPLICABLE	8-INTERMEDIATE LICENSE RESTRICTIONS									
3- POLICE	9-THIRD - RIGHT SIDE	9-TOTALLY EJECTED	9-LEARNER'S PERMIT RESTRICTIONS									
9- OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB	4-NOT APPLICABLE	10-LIMITED TO DAYLIGHT ONLY									
SAFETY EQUIPMENT	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1-NOT TRAPPED	11-LIMITED TO EMPLOYMENT									
1- NONE USED	12-PASSENGER IN UNENCLOSED CARGO AREA	2-EXTRICATED BY MECHANICAL MEANS	12-LIMITED - OTHER									
2- SHOULDER BELT ONLY USED	13-TRAILING UNIT	3-FREED BY NON-MECHANICAL MEANS	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)									
3- LAP BELT ONLY USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	TRAPPED	14-MILITARY VEHICLES ONLY									
4- SHOULDER & LAP BELT USED	15-NON-MOTORIST	R-THREE-WHEEL MOTORCYCLE	15-MOTOR VEHICLES WITHOUT AIR BRAKES									
5- CHILD RESTRAINT SYSTEM - FORWARD FACING	99- OTHER / UNKNOWN	S-SCHOOL BUS	16-OUTSIDE MIRROR									
6- CHILD RESTRAINT SYSTEM - REAR FACING		T-DOUBLE & TRIPLE TRAILERS	17-PROSTHETIC AID									
7- BOOSTER SEAT		X-TANKER / HAZMAT	18-OTHER									
8- HELMET USED		GENDER										
9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	F-FEMALE	F-FEMALE										
10- REFLECTIVE CLOTHING	M-MALE	M-MALE										
11- LIGHTING - PEDESTRIAN / BICYCLE ONLY	U-OTHER / UNKNOWN	U-OTHER / UNKNOWN										
99- OTHER / UNKNOWN												
ALCOHOL TEST TYPE												
1- NONE 2- BLOOD 3- URINE 4- BREATH 5- OTHER												
DRUG TEST TYPE												
1- NONE 2- BLOOD 3- URINE 4- OTHER												
DRUG TEST RESULT(S)												
1- AMPHETAMINES 2- BARBITURATES 3- BENZODIAZEPINES 4- CANNABINOIDS 5- COCAINE 6- OPIATES / OPIOIDS 7- OTHER 8- NEGATIVE RESULTS												



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

2 2 0 2 9 1 1 6

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 1 Crowder, Harry				DATE OF BIRTH	AGE	GENDER																		
	5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	1 2 0 3 1 9 8 6	3 5	M																		
ADDRESS: STREET, CITY, STATE, ZIP 212 N Hill Street, Harrison, OH 45030					CONTACT PHONE - INCLUDE AREA CODE																					
OCCUPANT	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 	DATE OF BIRTH	AGE	GENDER																		
	5					0 3	0 1	1																		
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																					
OCCUPANT	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 	DATE OF BIRTH	AGE	GENDER																		
	5					0	0																			
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																					
OCCUPANT	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 	DATE OF BIRTH	AGE	GENDER																		
	5					0	0																			
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ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																					
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	5					0	0																			
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																					
WITNESS	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 - 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
INJURED TAKEN BY			1 - NOT TRANSPORTED / TREATED AT SCENE	2 - EMS	3 - POLICE	4 - OTHER / UNKNOWN	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	EJECTION	1 - NOT EJECTED	2 - PARTIALLY EJECTED	3 - TOTALLY EJECTED	4 - NOT APPLICABLE								
GENDER			F - FEMALE	M - MALE	U - 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 TRAPPED	2 - EXTRICATED BY MECHANICAL MEANS	3 - FREED BY NON-MECHANICAL MEANS		
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER																		
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																				
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LOCAL REPORT NUMBER	PD-22-029116	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	S.R.4 // Muhlhauser Road	4/25/22
<p>* Not to scale *</p> <p>N</p> <p>Muhlhauser Road</p>				
OFFICER'S SIGNATURE			J.Mitchell	BADGE NO 171