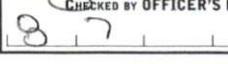




TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN		<input type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION			LOCAL REPORT NUMBER*						
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*			NCIC*	2 2 0 3 3 8 3 1					
		Fairfield Police Department			0 0 9 0 1	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR					
						1 - SOLVED	0 2	98 - ANIMAL					
						2 - UNSOLVED		0 1 99 - UNKNOWN					
COUNTY*		LOCALITY*		LOCATION: CITY, VILLAGE, TOWNSHIP*			CRASH DATE / TIME*	CRASH SEVERITY					
0 9		1 - CITY 2 - VILLAGE 3 - TOWNSHIP		City of Fairfield			0 5 1 3 2 0 2 2 1 4 5 2	5					
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DECIMAL DEGREES					
	S R	4						3 9 3 3 4 5 1 1					
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)		ROAD TYPE	LONGITUDE DECIMAL DEGREES					
					5425			- 8 4 5 2 5 1 7 4					
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		<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA					
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE				HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE		NUMBER OF APPROACHES					
		1 - MILES 2 - FEET 3 - YARDS						ROADWAY					
								ROADWAY DIVIDED					
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT				DIRECTION OF TRAVEL		MEDIAN TYPE			
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 - REAR-TO-REAR 3 - BACKING 4 - ANGLE 5 - SIDESWIPE, SAME DIRECTION 6 - REAR-END 7 - SIDESWIPE, OPPOSITE DIRECTION 8 - HEAD-ON 9 - OTHER / UNKNOWN		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 2 - ADVANCE WARNING SIGN 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		1	1	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 - 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				6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN					
NARRATIVE													
On May 13, 2022 at approximately 2:52 P.M. Unit 1 was traveling north west on Dixie Hwy. and when near 5425 Dixie Hwy. failed to maintain an assured clear distance ahead and collided with Unit 2 which was slowing in traffic.													
 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			REPORT TAKEN BY	
0 5 1 3 2 0 2 2 1 4 5 2			0 5 1 3 2 0 2 2 1 4 5 4			0 5 1 3 2 0 2 2 1 4 5 9			0 5 1 3 2 0 2 2 1 5 4 8			<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*			CHECKED BY OFFICER'S NAME*				
						Z. Shust							
						OFFICER'S BADGE NUMBER*			CHECKED BY OFFICER'S BADGE NUMBER*				
						1 4 6			8 7				

UNIT # 0_1	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) Parker, Ronshea		OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER)	
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 5385 Winneste Ave, Cincinnati, OH 45232			COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP	
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE				
LP STATE O_H	LICENSE PLATE # GQE 2854	VEHICLE IDENTIFICATION # 5NPDH4A0DH308788		VEHICLE YEAR 2013
INSURANCE VERIFIED <input type="checkbox"/>	INSURANCE COMPANY	INSURANCE POLICY #		VEHICLE MAKE Hyundai
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #		TOWED BY: COMPANY NAME
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>	HIT/SKIP UNIT <input type="checkbox"/>	# OCCUPANTS 0_1	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD
UNIT TYPE 0_1	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 - 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
0	# OF TRAILING UNITS			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 0	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
SPECIAL FUNCTION 0_1	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	21 - MAIL CARRIER 99 - OTHER / UNKNOWN
CARGO BODY TYPE 0_1	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 0	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 0	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 5 - TRAVEL LANE - OTHER LOCATION	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN
ACTION 3	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 21 - STANDING OUTSIDE DISABLED VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN
CONTRIBUTING CIRCUMSTANCES 0_8	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 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION
SEQUENCE OF EVENTS				
1_2_0	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY	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 MOVABLE OBJECT
2_1_1	4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT
3_1_1	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL SUPPORT	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN
4_1_1	27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET	35 - MEDIAN CONCRETE BARRIER	42 - CULVERT	
5_1_1	29 - BRIDGE RAIL 30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER		
6_1_1	1	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT

LOCAL REPORT NUMBER											
2	2	0	3	3	8	3	1				
DAMAGE											
DAMAGE SCALE											
<u>3</u>	1 - NONE			3 - FUNCTIONAL DAMAGE							
	2 - MINOR DAMAGE			4 - DISABLING DAMAGE							
				9 - UNKNOWN							
DAMAGED AREA(S) INDICATE ALL THAT APPLY											
<img											



UNIT

OWNER

UNIT # OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)
 0 2 Hoskins, Courtney
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
 1962 Patton Ave, Hamilton, OH 45015

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

LOCAL REPORT NUMBER

2 2 0 3 3 8 3 1

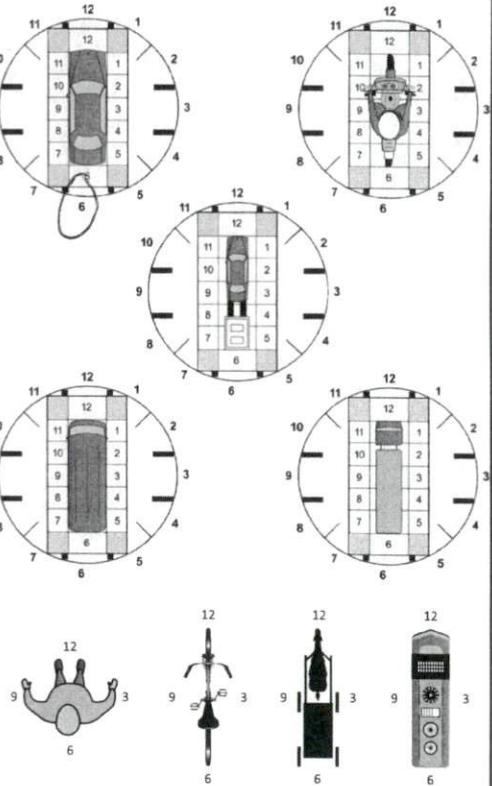
DAMAGE

DAMAGE SCALE

3 1 - NONE 3 - FUNCTIONAL DAMAGE
 2 - MINOR DAMAGE 4 - DISABLING DAMAGE
 9 - UNKNOWN

DAMAGED AREA(S)

INDICATE ALL THAT APPLY



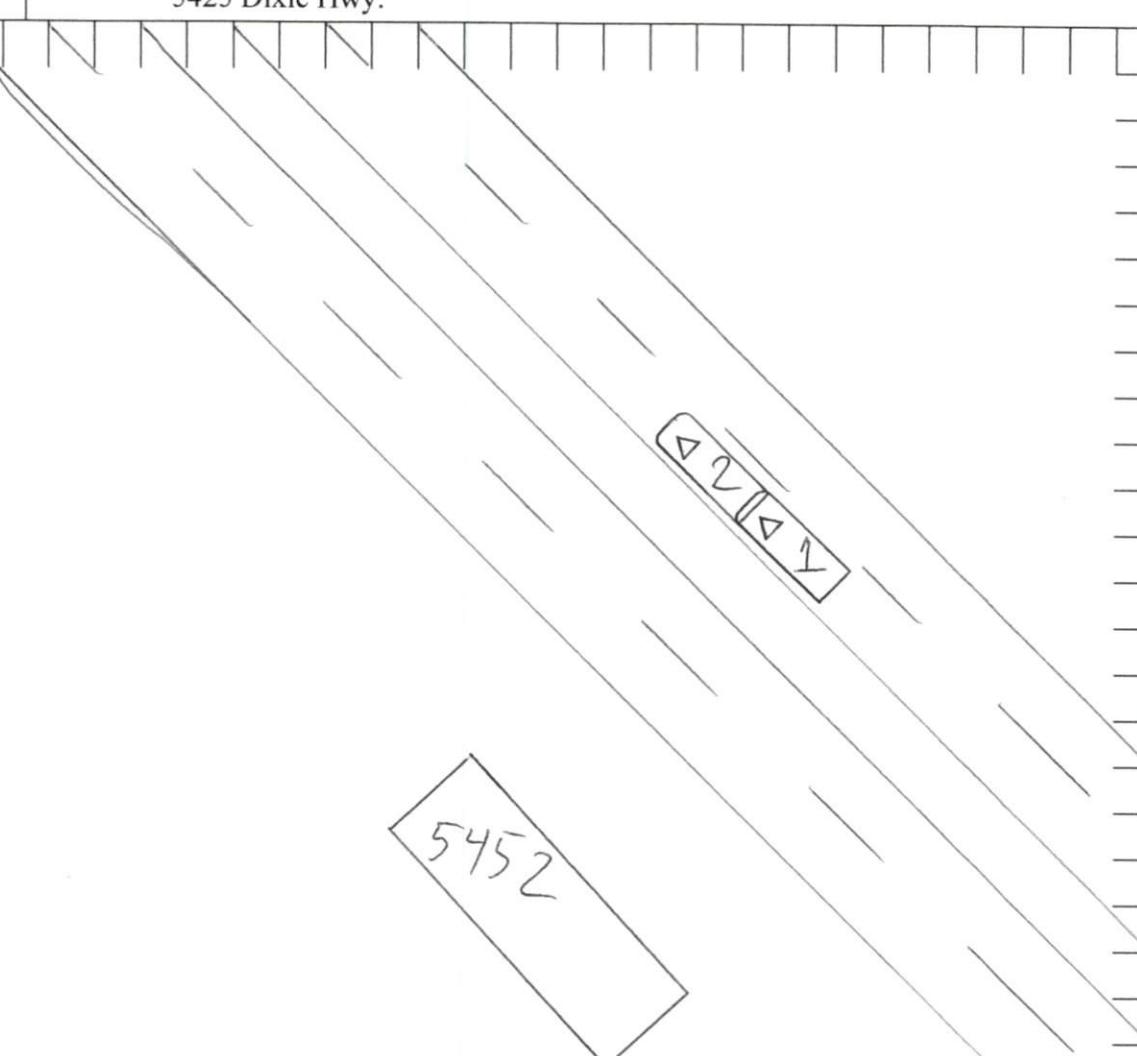
NO DAMAGE [0] UNDERCARRIAGE [14]
 TOP [13] ALL AREAS [15]
 UNIT NOT AT SCENE [16]

LP STATE O H	LICENSE PLATE # JLK 7947	VEHICLE IDENTIFICATION # 1C4NJPFB0HD183764		VEHICLE YEAR 2017	VEHICLE MAKE Jeep																																																																					
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY Trexis	INSURANCE POLICY # 11-34-016355023		COLOR Gray	VEHICLE MODEL Patriot																																																																					
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MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	LOCAL REPORT NUMBER											
	2 2 0 3 3 8 3 1					DATE OF BIRTH		AGE	GENDER			
UNIT #	NAME: LAST, FIRST, MIDDLE Kelly, Jaylen					1 0 0 6 2 0 0 1		2 0	M			
ADDRESS: STREET, CITY, STATE, ZIP 2911 Ashland Ave, Cincinnati, OH 45206	CONTACT PHONE - INCLUDE AREA CODE											
INJURIES 5	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
OL STATE O H	OPERATOR LICENSE NUMBER			OFFENSE CHARGED 333.03a		LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION ACDA		CITATION NUMBER 250120			
OL CLASS 4	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 TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT		SELECT UP TO 4	
UNIT # 0 2	NAME: LAST, FIRST, MIDDLE German, Enyer					DATE OF BIRTH 1 0 0 1 1 9 9 8		AGE	GENDER		M	
ADDRESS: STREET, CITY, STATE, ZIP 70 Lilliedale Ln, Hamilton, OH 45015	CONTACT PHONE - INCLUDE AREA CODE											
INJURIES 5	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
OL STATE O H	OPERATOR LICENSE NUMBER			OFFENSE CHARGED 335.07a		LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION Driving Under Suspensio		CITATION NUMBER 250121			
OL CLASS 6	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 TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT		SELECT UP TO 4	
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH 0		AGE	GENDER		M	
ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE											
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OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER			
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INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS						
1 - FATAL	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED	1 - CLASS A	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED	1 - NONE GIVEN						
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B	2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2 - TEST REFUSED						
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C	3 - CORRECTIVE LENSES	3 - 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	EJECTION	OL ENDORSEMENT	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS							
1 - NOT TRANSPORTED / TREATED AT SCENE	1 - NOT EJECTED	H - HAZMAT	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED	1 - NONE GIVEN							
2 - EMS	2 - PARTIALLY EJECTED	M - MOTORCYCLE	2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2 - TEST REFUSED							
3 - POLICE	3 - TOTALLY EJECTED	P - PASSENGER	3 - CORRECTIVE LENSES	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE								
9 - OTHER / UNKNOWN	4 - NOT APPLICABLE	N - TANKER	4 - FARM WAIVER									
SAFETY EQUIPMENT	TRAPPED	Q - MOTOR SCOOTER	5 - EXCEPT CLASS A BUS									
1 - NONE USED	1 - NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE	6 - EXCEPT CLASS A & CLASS B BUS									
2 - SHOULDER BELT ONLY USED	2 - EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	7 - EXCEPT TRACTOR-TRAILER									
3 - LAP BELT ONLY USED	3 - FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	8 - INTERMEDIATE LICENSE RESTRICTIONS									
4 - SHOULDER & LAP BELT USED		X - TANKER / HAZMAT	9 - LEARNER'S PERMIT RESTRICTIONS									
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING			10 - LIMITED TO DAYLIGHT ONLY									
6 - CHILD RESTRAINT SYSTEM - REAR FACING			11 - LIMITED TO EMPLOYMENT									
7 - BOOSTER SEAT			12 - LIMITED - OTHER									
8 - HELMET USED			13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)									
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			14 - MILITARY VEHICLES ONLY									
10 - REFLECTIVE CLOTHING			15 - MOTOR VEHICLES WITHOUT AIR BRAKES									
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY			16 - OUTSIDE MIRROR									
99 - OTHER / UNKNOWN			17 - PROSTHETIC AID									
			18 - OTHER									
CONDITION	DRUG TEST TYPE											
1 - APPARENTLY NORMAL	1 - NONE											
2 - PHYSICAL IMPAIRMENT	2 - BLOOD											
3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3 - URINE											
4 - ILLNESS	4 - BREATH											
5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	5 - OTHER											
6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6 - DRUG TEST RESULT(S)											
9 - OTHER / UNKNOWN	1 - AMPHETAMINES											
	2 - BARBITURATES											
	3 - BENZODIAZEPINES											
	4 - CANNABINOID											
	5 - COCAINE											
	6 - OPIATES / OPIOIDS											
	7 - OTHER											
	8 - NEGATIVE RESULTS											

LOCAL REPORT NUMBER	22-033831	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	5/13/22
IN COUNTY OF	Butler	ACCIDENT LOCATION	5425 Dixie Hwy.		
					
 * Not to Scale					
					
OFFICER'S SIGNATURE					
Z. Shust					
BADGE NO					
146					