



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> PRIVATE PROPERTY	LOCAL INFORMATION		2 2 0 3 8 2 1 4	
REPORTING AGENCY NAME* Fairfield Police Department		NCIC* 0 0 9 0 1		HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 0 1	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN
COUNTY* 0 9	LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield		CRASH DATE / TIME* 05302022 1115		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY
ROUTE TYPE LOCATION	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME Production	ROAD TYPE D R	LATITUDE DECIMAL DEGREES 39.330841	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES ROADWAY <input type="checkbox"/> ROADWAY DIVIDED
ROUTE TYPE REFERENCE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 3168	ROAD TYPE	LONGITUDE DECIMAL DEGREES -84.514740	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 3	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 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	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 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 4		MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN 1		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 2		
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 WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 1		WEATHER 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 0 1		CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN 1		
CONDITIONS 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN 1		SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN 2		INDICATE THE NORTH DIRECTION WITH AN "N" ON THE COMPASS DIAGRAM.		
NARRATIVE On 05/30/2022 at about 11:15 A.M., Unit 1 was traveling southbound on Production Dr. when the driver failed to maintain control, and in so doing, ran off the road to the right and struck a large landscaping rock in front of 3168 Production Dr. The rock was not damaged.  3168 Production Dr. and the adjacent property, 3206 Production Dr., are both vacant. The owner of the rock is unknown.  SEE OH-2						
CRASH REPORTED DATE / TIME 05302022 1115		DISPATCH DATE / TIME 05302022 1121		ARRIVAL DATE / TIME 05302022 1123		SCENE CLEARED DATE / TIME 05302022 1157
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME* C. Singleton	CHECKED BY OFFICER'S NAME* R. Fleener	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
			OFFICER'S BADGE NUMBER* 8 9	CHECKED BY OFFICER'S BADGE NUMBER* 1 1 7	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO JSPS)	



<b>OWNER</b>	<b>UNIT #</b>	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )	<b>OWNER PHONE:</b> INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )
	<u>01</u>	Performance Honda	
<b>VEHICLE</b>	<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )		
	5760 Dixie Hwy Fairfield, Ohio 45014		
	<b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP		<b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE
	<b>LP STATE</b>	<b>LICENSE PLATE #</b>	<b>VEHICLE IDENTIFICATION #</b>
	<u>OH</u>		<u>1C4RJFDJ9EC338190</u>
	<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b>	<b>INSURANCE POLICY #</b>
	Federated Ins.	9009814	
	<b>TYPE OF USE</b>	<b>US DOT #</b>	<b>TOWED BY:</b> COMPANY NAME
	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		Fox Towing
	<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>	<input type="checkbox"/> <b>HIT/SKIP UNIT</b>	<b>HAZARDOUS MATERIAL CLASS #</b> <b>PLACARD ID #</b>
<u>03</u>	<u>02</u>		
<b>EVENT(S)</b>	<b>VEHICLE MAKE</b>		
	Jeep		
	<b>VEHICLE YEAR</b>		
	<u>2014</u>		
	<b>VEHICLE MODEL</b>		
	Cherokee		
	<b>VEHICLE WEIGHT GVWR/GCWR</b>		
	1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		
	<b>VEHICLE TYPE</b>		
	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;">1 - PASSENGER CAR</div> <div style="width: 33%;">7 - MOTORCYCLE 2-WHEELED</div> <div style="width: 33%;">12 - GOLF CART</div> <div style="width: 33%;">18 - LIMO (LIVERY VEHICLE)</div> <div style="width: 33%;">23 - PEDESTRIAN / SKATER</div> <div style="width: 33%;">2 - PASSENGER VAN (MINIVAN)</div> <div style="width: 33%;">8 - MOTORCYCLE 3-WHEELED</div> <div style="width: 33%;">13 - SNOWMOBILE</div> <div style="width: 33%;">19 - BUS (16+ PASSENGERS)</div> <div style="width: 33%;">24 - WHEELCHAIR (ANY TYPE)</div> <div style="width: 33%;">3 - SPORT UTILITY VEHICLE</div> <div style="width: 33%;">9 - AUTOCYCLE</div> <div style="width: 33%;">14 - SINGLE UNIT TRUCK</div> <div style="width: 33%;">20 - OTHER VEHICLE</div> <div style="width: 33%;">25 - OTHER NON-MOTORIST</div> <div style="width: 33%;">4 - PICK UP</div> <div style="width: 33%;">10 - MOPED OR MOTORIZED BICYCLE</div> <div style="width: 33%;">15 - SEMI-TRACTOR</div> <div style="width: 33%;">21 - HEAVY EQUIPMENT</div> <div style="width: 33%;">26 - BICYCLE</div> <div style="width: 33%;">5 - CARGO VAN</div> <div style="width: 33%;">11 - ALL TERRAIN VEHICLE (ATV / UTV)</div> <div style="width: 33%;">16 - FARM EQUIPMENT</div> <div style="width: 33%;">22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE</div> <div style="width: 33%;">27 - TRAIN</div> <div style="width: 33%;">6 - VAN (9-15 SEATS)</div> <div style="width: 33%;">17 - MOTORHOME</div> <div style="width: 33%;">99 - UNKNOWN OR HIT/SKIP</div> </div>		
<b># OF TRAILING UNITS</b>			
<u>02</u>			
<b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b>			
1 - YES 2 - NO 9 - OTHER / UNKNOWN			
<b>AUTONOMOUS MODE LEVEL</b>			
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 20 - SAFETY SERVICE PATROL			
<b>SPECIAL FUNCTION</b>			
1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER			
<b>CARGO BODY TYPE</b>			
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			
<b>VEHICLE DEFECTS</b>			
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			
<b>NON-MOTORIST LOCATION AT IMPACT</b>			
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			
<b>ACTION</b>			
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 OR LEAVING VEHICLE SPECIFIED LOCATION 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			
<b>CONTRIBUTING CIRCUMSTANCES</b>			
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			
<b>SEQUENCE OF EVENTS</b>			
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			
<b>NON-COLLISION</b>			
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 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			
<b>COLLISION WITH FIXED OBJECT - STRUCK</b>			
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 BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER			
37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT			
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			
<b>FIRST HARMFUL EVENT</b> <u>2</u> <b>MOST HARMFUL EVENT</b> <u>2</u>			

<b>LOCAL REPORT NUMBER</b>	
<u>22038214</u>	
<b>DAMAGE</b>	
<b>DAMAGE SCALE</b>	
1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
<b>DAMAGED AREA(S)</b> 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 ]	
<b>INITIAL POINT OF CONTACT</b>	
0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
<b>TRAFFIC</b>	
<b>TRAFFICWAY FLOW</b>	<b>TRAFFIC CONTROL</b>
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
<b># OF THROUGH LANES ON ROAD</b>	<b>RAIL GRADE CROSSING</b>
<u>2</u>	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
<b>UNIT / NON-MOTORIST DIRECTION</b>	
1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
<b>UNIT SPEED</b>	<b>DETECTED SPEED</b>
<u>35</u>	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
<b>POSTED SPEED</b>	
<u>25</u>	





# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 2 0 3 8 2 1 4

MOTORIST / NON-MOTORIST	UNIT # 0 1	NAME: LAST, FIRST, MIDDLE Sanders, Harley				DATE OF BIRTH 1 2 1 3 2 0 0 4				AGE 1 7	GENDER M																																																																																																																																																																																																				
	ADDRESS: STREET, CITY, STATE, ZIP 4040 Freeman Ave. Hamilton, Ohio 45015					CONTACT PHONE - INCLUDE AREA CODE																																																																																																																																																																																																									
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1																																																																																																																																																																																																				
	OL STATE O H	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 4511.202A		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION Failure to Control		CITATION NUMBER 251356																																																																																																																																																																																																						
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<table border="1"><thead><tr><th>INJURIES</th><th>SEATING POSITION</th><th>AIR BAG</th><th>OL CLASS</th><th>OL RESTRICTION(S)</th><th>DRIVER DISTRACTION</th><th>TEST STATUS</th></tr></thead><tbody><tr><td>1 - FATAL</td><td>1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)</td><td>1 - NOT DEPLOYED</td><td>1 - CLASS A</td><td>1 - ALCOHOL INTERLOCK DEVICE</td><td>1 - NOT DISTRACTED</td><td>1 - NONE GIVEN</td></tr><tr><td>2 - SUSPECTED SERIOUS INJURY</td><td>2 - FRONT - MIDDLE</td><td>2 - DEPLOYED FRONT</td><td>2 - CLASS B</td><td>2 - CDL INTRASTATE ONLY</td><td>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)</td><td>2 - TEST REFUSED</td></tr><tr><td>3 - SUSPECTED MINOR INJURY</td><td>3 - FRONT - RIGHT SIDE</td><td>3 - DEPLOYED SIDE</td><td>3 - CLASS C</td><td>3 - CORRECTIVE LENSES</td><td>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE</td><td>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE</td></tr><tr><td>4 - POSSIBLE INJURY</td><td>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)</td><td>4 - DEPLOYED BOTH FRONT / SIDE</td><td>4 - REGULAR CLASS (OHIO = D)</td><td>4 - FARM WAIVER</td><td>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE</td><td>4 - TEST GIVEN, RESULTS KNOWN</td></tr><tr><td>5 - NO APPARENT INJURY</td><td>5 - SECOND - MIDDLE</td><td>5 - NOT APPLICABLE</td><td>5 - M/C MOPED ONLY</td><td>5 - EXCEPT CLASS A BUS</td><td>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE</td><td>5 - TEST GIVEN, RESULTS UNKNOWN</td></tr><tr><td></td><td>6 - SECOND - RIGHT SIDE</td><td>9 - DEPLOYMENT UNKNOWN</td><td>6 - NO VALID OL</td><td>6 - EXCEPT CLASS A &amp; CLASS B BUS</td><td>6 - PASSENGER</td><td></td></tr><tr><td colspan="3"><b>INJURED TAKEN BY</b></td><td colspan="3"><b>EJECTION</b></td><td><b>ALCOHOL TEST TYPE</b></td></tr><tr><td colspan="3">1 - NOT TRANSPORTED / TREATED AT SCENE</td><td colspan="3">1 - NOT EJECTED</td><td>1 - NONE</td></tr><tr><td colspan="3">2 - EMS</td><td colspan="3">2 - PARTIALLY EJECTED</td><td>2 - BLOOD</td></tr><tr><td colspan="3">3 - POLICE</td><td colspan="3">3 - TOTALLY EJECTED</td><td>3 - URINE</td></tr><tr><td colspan="3">9 - OTHER / UNKNOWN</td><td colspan="3">4 - NOT APPLICABLE</td><td>4 - BREATH</td></tr><tr><td colspan="3"><b>SAFETY EQUIPMENT</b></td><td colspan="3"><b>TRAPPED</b></td><td>5 - OTHER</td></tr><tr><td colspan="3">1 - NONE USED</td><td colspan="3">1 - NOT TRAPPED</td><td><b>DRUG TEST TYPE</b></td></tr><tr><td colspan="3">2 - SHOULDER BELT ONLY USED</td><td colspan="3">2 - EXTRICATED BY MECHANICAL MEANS</td><td>1 - NONE</td></tr><tr><td colspan="3">3 - LAP BELT ONLY USED</td><td colspan="3">3 - FREED BY NON-MECHANICAL MEANS</td><td>2 - BLOOD</td></tr><tr><td colspan="3">4 - SHOULDER &amp; 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# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER									
2	2	0	3	8	2	1	4		

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH				AGE	GENDER				
	1	Craft, Dalton			0 1 1 4 2 0 0 4				1 8	M				
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
1375 Taft Pl. Hamilton, Ohio 45013														
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			
5					0 4			0 3	0 1	1	1			

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH				AGE	GENDER				
									0					
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
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INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE
4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED	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 - NOT APPLICABLE
	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	
	8 - HELMET USED	8 - THIRD - MIDDLE	
	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE	
	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	
	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	
	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	
		13 - TRAILING UNIT	
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	
		15 - NON-MOTORIST	
		99 - OTHER / UNKNOWN	

INJURED TAKEN BY	
1 - NOT TRANSPORTED / TREATED AT SCENE	
2 - EMS	
3 - POLICE	
9 - OTHER / UNKNOWN	

GENDER	
F - FEMALE	
M - MALE	
U - OTHER / UNKNOWN	

EJECTION	
1 - NOT EJECTED	
2 - PARTIALLY EJECTED	
3 - TOTALLY EJECTED	
4 - NOT APPLICABLE	

TRAPPED	
1 - NOT TRAPPED	
2 - EXTRICATED BY MECHANICAL MEANS	
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								
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									0				
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE								



LOCAL REPORT NUMBER	22-038214	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	5/30/22
IN COUNTY OF	Butler	ACCIDENT LOCATION	3168 Production Dr.		

  

The diagram is drawn on a grid background. It shows a vertical road labeled "3168 Production Dr." on the left. A horizontal road, labeled "Production Dr." on the right, intersects it. A vehicle, represented by a rectangle with a downward-pointing triangle, is positioned on the vertical road. An arrow points from the vehicle to a small circle on the road, which is labeled "Landscaping Rock". Another arrow points from the vehicle to a rectangle above it, also containing a downward-pointing triangle. A north arrow, consisting of a triangle above the letter "N", is located in the upper right corner. The text "\* Not to Scale" is written in the bottom left corner.

OFFICER'S SIGNATURE	C. Singleton	BADGE NO	89
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