



## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN		<input checked="" type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION		LOCAL REPORT NUMBER*		
		<input checked="" type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*	HIT/SKIP	NUMBER OF UNITS
		<input type="checkbox"/> PRIVATE PROPERTY	<input type="checkbox"/> FAIRFIELD POLICE DEPARTMENT	Fairfield Police Department		00901	1 - SOLVED	0 1
						2 - UNSOLVED		0 1
COUNTY*		LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*				CRASH DATE / TIME*	
0 9		1 - CITY 1 - VILLAGE 3 - TOWNSHIP	City of Fairfield				05302022 1115	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		
				3168		39.330841	84.514740	
REFERENCE POINT		DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED			
1 - INTERSECTION 3 - 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 type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA	
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE					NUMBER OF APPROACHES	
		1 - MILES 2 - FEET 3 - YARDS						
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT	DIRECTION OF TRAVEL	ROADWAY		
1 - ON ROADWAY 0 4 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 - TWO MOTOR VEHICLES IN TRANSPORT 4 - REAR-END 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - HEAD-ON 9 - OTHER / UNKNOWN	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	<input type="checkbox"/> ROADWAY DIVIDED	
<input type="checkbox"/> WORK ZONE RELATED		WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE	
<input type="checkbox"/> WORKERS PRESENT		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 AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	1	1	2	
<input type="checkbox"/> LAW ENFORCEMENT PRESENT					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	
<input type="checkbox"/> ACTIVE SCHOOL ZONE								
LIGHT CONDITION				WEATHER				
1 - DAYLIGHT 1 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN				1 - CLEAR 0 1 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								
<p>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.</p> <p>3168 Production Dr. and the adjacent property, 3206 Production Dr., are both vacant. The owner of the rock is unknown.</p> <p>SEE OH-2</p>								
Indicate the north direction with an "N" on the compass diagram.								
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		
05302022 1119		05302022 1121		05302022 1123		05302022 1157		
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*	REPORT TAKEN BY	
				3 6		C. Singleton	<input checked="" type="checkbox"/> POLICE AGENCY	
							<input type="checkbox"/> MOTORIST	
							<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)	
CHECKED BY OFFICER'S NAME*								
R. Fleeson								
CHECKED BY OFFICER'S BADGE NUMBER*								
117								

UNIT # **01** OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER) **Performance Honda**

OWNER PHONE: INCLUDE AREA CODE (  SAME AS DRIVER)

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER)

5760 Dixie Hwy Fairfield, Ohio 45014

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE **1** LICENSE PLATE # **1C4RJFDJ9E** VEHICLE IDENTIFICATION # **1C338190** VEHICLE YEAR **2014** VEHICLE MAKE **Jeep**

INSURANCE VERIFIED INSURANCE COMPANY **Federated Ins.** INSURANCE POLICY # **9009814** COLOR **White** VEHICLE MODEL **Cherokee**

TYPE OF USE  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT # OCCUPANTS **02** US DOT # VEHICLE WEIGHT GVWR/GCWR

1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.

1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYLE 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

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?

**02** 1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER / UNKNOWN

1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRES 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN

1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 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 13 - STANDING 14 - WALKING, RUNNING, JOGGING, PLAYING 15 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 22 - OPENING DOOR INTO ROADWAY 23 - SWERVING TO AVOID SPILLING 24 - OTHER / UNKNOWN

1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK PRE-CRASH ACTIONS 5 - BOTH STRIKING & STRUCK 6 - 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 22 - OPENING DOOR INTO ROADWAY 23 - SWERVING TO AVOID SPILLING 24 - OTHER / UNKNOWN

1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 24 - OTHER IMPROPER ACTION 25 - OTHER / UNKNOWN

SEQUENCE OF EVENTS

**108** 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNSHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM EQUIPMENT 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

**54** 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 SUPPORT 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN

**2** FIRST HARMFUL EVENT **2** MOST HARMFUL EVENT

LOCAL REPORT NUMBER  
**22038214**

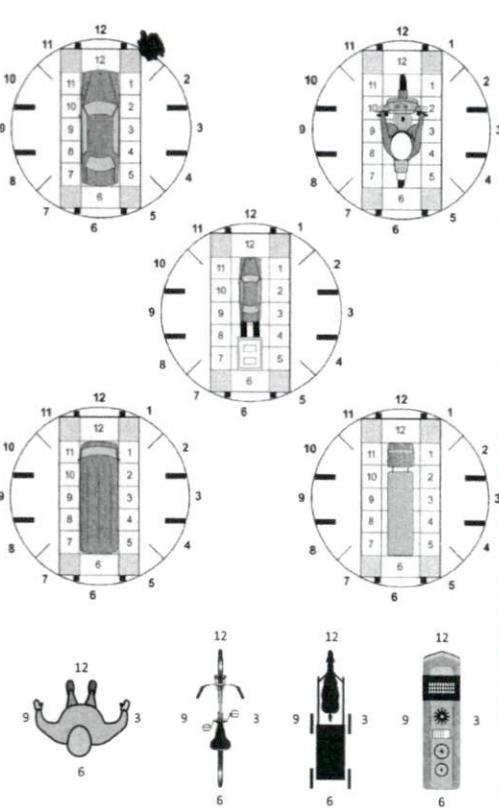
DAMAGE

DAMAGE SCALE

**4** 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]**

INITIAL POINT OF CONTACT

**01** 0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN 13 - TOP

TRAFFIC

TRAFFICWAY FLOW

**2** 1 - ONE-WAY 2 - TWO-WAY **6**

# OF THROUGH LANES ON ROAD

**2** 1

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

UNIT SPEED

**35** 1 - STATED / ESTIMATED SPEED  
2 - CALCULATED / EDR

POSTED SPEED

**25** 3 - UNDETERMINED



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER									
UNIT #		DATE OF BIRTH							
0 1		1 2 1 3 2 0 0 4							
AGE 17 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									
OL STATE O H OPERATOR LICENSE NUMBER OFFENSE CHARGED 4511.202A LOCAL CODE <input type="checkbox"/> OFFENSE DESCRIPTION Failure to Control CITATION NUMBER 251356									
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 STATUS 1 TYPE 1 VALUE 1 STATUS 1 TYPE 1 RESULT SELECT UP TO 4									
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									
OL STATE OPERATOR LICENSE NUMBER OFFENSE CHARGED LOCAL CODE OFFENSE DESCRIPTION CITATION NUMBER									
OL 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 STATUS 1 TYPE 1 VALUE 1 STATUS 1 TYPE 1 RESULT SELECT UP TO 4									
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									
OL STATE OPERATOR LICENSE NUMBER OFFENSE CHARGED LOCAL CODE OFFENSE DESCRIPTION CITATION NUMBER									
OL 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 STATUS 1 TYPE 1 VALUE 1 STATUS 1 TYPE 1 RESULT SELECT UP TO 4									
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 MOVED ONLY	5-EXCEPT CLASS A BUS	5-TEST GIVEN, RESULTS UNKNOWN				
INJURED TAKEN BY EJECTION OL ENDORSEMENT ALCOHOL TEST TYPE									
1-NOT TRANSPORTED / TREATED AT SCENE	6-SECOND - RIGHT SIDE	6-NOT EJECTED	H-HAZMAT	1-NOT DISTRACTED	1-NONE GIVEN				
2-EMS	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	2-PARTIALLY EJECTED	M-MOTORCYCLE	2-CDL INTRASTATE ONLY	2-TEST REFUSED				
3-POLICE	8-THIRD - MIDDLE	3-TOTALLY EJECTED	P-PASSENGER	3-CORRECTIVE LENSES	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
9-OTHER / UNKNOWN	9-THIRD - RIGHT SIDE	4-NOT APPLICABLE	N-TANKER	4-FARM WAIVER	4-TEST GIVEN, RESULTS KNOWN				
SAFETY EQUIPMENT TRAPPED DRUG TEST TYPE									
1-NONE USED	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1-NOT TRAPPED	Q-MOTOR SCOOTER	5-EXCEPT CLASS A BUS	5-TEST GIVEN, RESULTS UNKNOWN				
2-SHOULDER BELT ONLY USED	12-PASSENGER IN UNENCLOSED CARGO AREA	2-EXTRICATED BY MECHANICAL MEANS	R-THREE-WHEEL MOTORCYCLE	6-EXCEPT CLASS A & CLASS B BUS	6-TEST GIVEN, RESULTS UNKNOWN				
3-LAP BELT ONLY USED	13-TRAILING UNIT	3-FREED BY NON-MECHANICAL MEANS	S-SCHOOL BUS	7-EXCEPT TRACTOR-TRAILER	7-TEST GIVEN, RESULTS UNKNOWN				
4-SHOULDER & LAP BELT USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		T-T-DOUBLE & TRIPLE TRAILERS	8-INTERMEDIATE LICENSE RESTRICTIONS	8-TEST GIVEN, RESULTS UNKNOWN				
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	15-NON-MOTORIST		X-TANKER / HAZMAT	9-LEARNER'S PERMIT RESTRICTIONS	9-TEST GIVEN, RESULTS UNKNOWN				
6-CHILD RESTRAINT SYSTEM - REAR FACING	99-OTHER / UNKNOWN			10-LIMITED TO DAYLIGHT ONLY	10-TEST GIVEN, RESULTS UNKNOWN				
7-BOOSTER SEAT				11-LIMITED TO EMPLOYMENT	11-TEST GIVEN, RESULTS UNKNOWN				
8-HELMET USED				12-LIMITED - OTHER	12-TEST GIVEN, RESULTS UNKNOWN				
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)				13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13-TEST GIVEN, RESULTS UNKNOWN				
10-REFLECTIVE CLOTHING				14-MILITARY VEHICLES ONLY	14-TEST GIVEN, RESULTS UNKNOWN				
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY				15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-TEST GIVEN, RESULTS UNKNOWN				
99-OTHER / UNKNOWN				16-OUTSIDE MIRROR	16-TEST GIVEN, RESULTS UNKNOWN				
				17-PROSTHETIC AID	17-TEST GIVEN, RESULTS UNKNOWN				
				18-OTHER	18-TEST GIVEN, RESULTS UNKNOWN				
GENDER CONDITION DRUG TEST RESULT(S)									
F-FEMALE	1-APPARENTLY NORMAL	1-AMPHETAMINES							
M-MALE	2-PHYSICAL IMPAIRMENT	2-BARBITURATES							
U-OTHER / UNKNOWN	3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3-BENZODIAZEPINES							
	4-ILLNESS	4-CANNABINOIDS							
	5-FELL ASLEEP, FAINTED, FATIGUED, ETC.	5-COCAINA							
	6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6-OPIATES / OPIOIDS							
	9-OTHER / UNKNOWN	7-TEST GIVEN, RESULTS UNKNOWN							
		8-TEST REFUSED							
		9-TEST GIVEN, RESULTS UNKNOWN							
		10-TEST GIVEN, RESULTS UNKNOWN							
		11-TEST GIVEN, RESULTS UNKNOWN							
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# OCCUPANT / WITNESS ADDENDUM

						LOCAL REPORT NUMBER											
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				2 2 0 3 8 2 1 4	DATE OF BIRTH	AGE	GENDER								
	1	Craft, Dalton				0 1 1 4 2 0 0 4	1 8	M									
ADDRESS: STREET, CITY, STATE, ZIP 1375 Taft Pl. Hamilton, Ohio 45013						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 <table border="1"> <tr><td>SEATING POSITION</td><td>AIR BAG USAGE</td><td>EJECTION</td><td>TRAPPED</td></tr> <tr><td>0 3</td><td>0 1</td><td>1</td><td>1</td></tr> </table>				SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	0 3	0 1	1	1
SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED														
0 3	0 1	1	1														
5					0 4												
OCCUPANT	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 <table border="1"> <tr><td>SEATING POSITION</td><td>AIR BAG USAGE</td><td>EJECTION</td><td>TRAPPED</td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>				SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED														
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OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER									
						0											
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE											
OCCUPANT	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												
					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											
WITNESS	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH	AGE	GENDER								
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ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE											
WITNESS	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH	AGE	GENDER								
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ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE											

OHIO TRAFFIC ACCIDENT - DIAGRAM / NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER	22-038214	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	3168 Production Dr.	5/30/22
<p>* Not to Scale</p>				