



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

		LOCAL INFORMATION			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 type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		REPORTING AGENCY NAME* Fairfield Police Department			NCIC* 0 0 9 0 1			
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*			CRASH DATE / TIME*			
0 9	1 - CITY 2 - VILLAGE 3 - TOWNSHIP	City of Fairfield			0 6 0 9 2 0 2 2 0 8 3 7			
ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME Boehm	ROAD TYPE D R	LATITUDE DECIMAL DEGREES 3 9 . 3 3 2 9 1 7			
ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Sherwood	ROAD TYPE D R	LONGITUDE DECIMAL DEGREES 8 4 . 5 2 8 1 9 0			
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	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 checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA			
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS				NUMBER OF APPROACHES 2			
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			MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN TRANSPORT 4 - REAR-END 5 - HEAD-ON			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	LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	CONTOUR 1	CONDITIONS 9	SURFACE 2		
<input type="checkbox"/> 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	6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN	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		
<p>NARRATIVE</p> <p>On 06/09/2022 at about 8:37 A.M. a Fairfield resident reported that someone struck the Camelot East Apartment sign and a large decorative boulder at the intersection of Sherwood Dr. and Boehm Dr.</p> <p>It is unknown as to what time this occurred. The sign and boulder belong to:</p> <p>Camelot East Apartments 1400 Sherwood Dr. Fairfield, OH 45014</p> <p>See OH-2</p>								
CRASH REPORTED DATE / TIME 0 6 0 9 2 0 2 2 0 8 3 7			DISPATCH DATE / TIME 0 6 0 9 2 0 2 2 0 8 4 4		ARRIVAL DATE / TIME 0 6 0 9 2 0 2 2 0 8 5 4		SCENE CLEARED DATE / TIME 0 6 0 9 2 0 2 2 0 9 1 5	REPORT TAKEN BY
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME	TOTAL MINUTES 3 1	OFFICER'S NAME* P.O. C. Moore		CHECKED BY OFFICER'S NAME* P.O. C. Moore		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OGPS)
				OFFICER'S BADGE NUMBER* 1 3 6		CHECKED BY OFFICER'S BADGE NUMBER* 1 3 6		



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

OWNER

VEHICLE

EVENT(S)

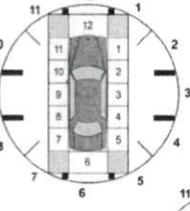
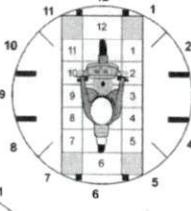
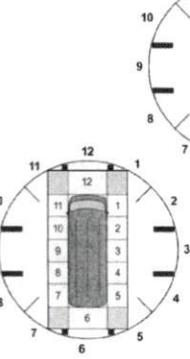
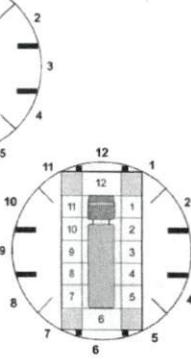
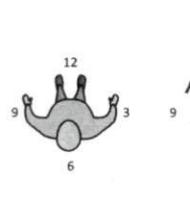
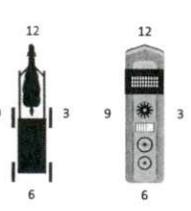
1

FIRST HARMFUL EVENT

1 MOST HARMFUL EVENT

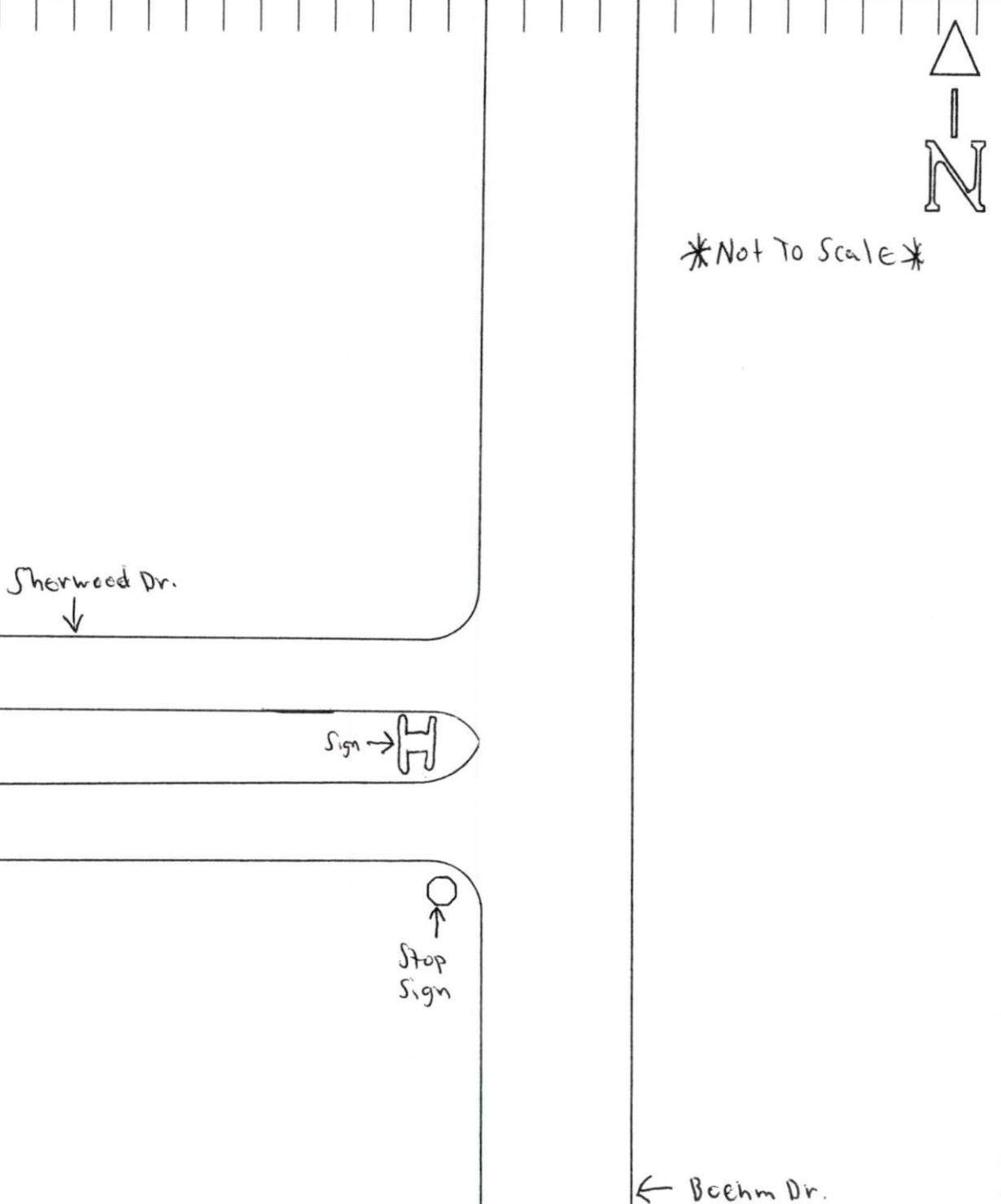
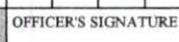
2

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER)
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER)			
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input checked="" type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 0 1	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.
UNIT TYPE 9 9 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
# OF TRAILING UNITS		CLASS # PLACARD ID #	
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 9 1 - YES 2 - NO 9 - OTHER/UNKNOWN		AUTONOMOUS MODE LEVEL 9 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN	
SPECIAL FUNCTION 9 9 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER		1 - NONE 2 - TAXI 3 - BUS - SHUTTLE 4 - BUS - OTHER 5 - AMBULANCE 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - PUBLIC UTILITY 9 - FARM EQUIPMENT 10 - SEMI-TRACTOR 11 - ALL-TERRAIN VEHICLE (ATV/UTV) 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - FARM EQUIPMENT 16 - SEMI-TRACTOR 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	
CARGO BODY TYPE 9 9 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS		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	
NON-MOTORIST LOCATION AT IMPACT 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		1 - INTERSECTION - OTHER 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 - NECESSARY 14 - STANDING 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 - DRIVING 23 - OPENING DOOR INTO ROADWAY 24 - OTHER UNKNOWN	
ACTION 0 9 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER/UNKNOWN		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - PRE-CRASH 5 - OVERTAKING/PASSING 6 - MAKING RIGHT TURN 7 - MAKING LEFT TURN 8 - BACKING 9 - CHANGING LANES 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVINGLESS 13 - MAKING U-TURN 14 - ENTERING TRAFFIC LANE 15 - LEAVING TRAFFIC LANE 16 - PARKED POSITION 17 - NECESSARY 18 - STANDING 19 - WALKING, RUNNING, JOGGING, PLAYING 20 - WORKING 21 - PUSHING VEHICLE 22 - APPROACHING OR LEAVING VEHICLE 23 - STANDING 24 - OTHER UNKNOWN	
CONTRIBUTING CIRCUMSTANCES 9 9 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN		1 - LEFT OF CENTER 2 - FOLLOWING TOO CLOSE / ACDA 3 - IMPROPER LANE CHANGE 4 - IMPROPER PASSING 5 - DROVE OFF ROAD 6 - WRONG WAY 7 - IMPROPER BACKING 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 - SWERVING TO AVOID 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	
SEQUENCE OF EVENTS 1 9 9 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 3 1 1 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE		NON-COLLISION 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 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 25 - CURB 26 - DITCH 27 - WALL 28 - BUILDING 29 - TUNNEL 30 - OTHER FIXED OBJECT 31 - FIRE HYDRANT 32 - OTHER FIXED OBJECT 33 - LIGHT / LUMINARIES SUPPORT 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - OTHER POST, POLE OR SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	
COLLISION WITH FIXED OBJECT - STRUCK 4 1 1 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER		1 - STATEMENT / ESTIMATE 2 - CALCULATED / EDR 3 - UNDETERMINED	

LOCAL REPORT NUMBER 2 2 0 4 0 7 6 8	
DAMAGE	
DAMAGE SCALE 9 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 [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 9 9 0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE DIAGRAM 99 - UNKNOWN 13 - TOP	
TRAFFIC	
TRAFFIC WAY FLOW 2	TRAFFIC CONTROL 6 1 - ONE-WAY 2 - TWO-WAY
# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM 9 TO 9 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 3	DETECTED SPEED 3 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR
POSTED SPEED 2 5	

MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE 0 1	ADDRESS: STREET, CITY, STATE, ZIP	INJURIES TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 9 9	DATE OF BIRTH 2 2 0 4 0 7 6 8	AGE 0	GENDER U	LOCAL REPORT NUMBER
MOTORIST / NON-MOTORIST	OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER	DOT-COMPLIANT MC HELMET <input type="checkbox"/>	SEATING POSITION 0 1	AIR BAG USAGE 9	EJECTION 1	TRAPPED 1
							ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 09	ALCOHOL TEST STATUS 1 TYPE 1 VALUE • 1	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4	
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE	ADDRESS: STREET, CITY, STATE, ZIP	INJURIES TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED <input type="checkbox"/>	DATE OF BIRTH 2 2 0 4 0 7 6 8	AGE 0	GENDER	LOCAL REPORT NUMBER
MOTORIST / NON-MOTORIST	OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER	DOT-COMPLIANT MC HELMET <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
							ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST STATUS 1 TYPE 1 VALUE • 1	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4	
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE	ADDRESS: STREET, CITY, STATE, ZIP	INJURIES TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED <input type="checkbox"/>	DATE OF BIRTH 2 2 0 4 0 7 6 8	AGE 0	GENDER	LOCAL REPORT NUMBER
MOTORIST / NON-MOTORIST	OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER	DOT-COMPLIANT MC HELMET <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
							ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST STATUS 1 TYPE 1 VALUE • 1	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4	
MOTORIST / NON-MOTORIST	INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS	ALCOHOL TEST TYPE			
								EJECTION	OL ENDORSEMENT	DRUG TEST TYPE	
INJURED TAKEN BY	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				
SAFETY EQUIPMENT	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					
INJURIES	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					
	6-SECOND - RIGHT SIDE	6-SECOND - RIGHT SIDE	6-DEPLOYMENT UNKNOWN	6-NO VALID OL	6-EXCEPT CLASS A & CLASS B BUS						
EJECTION	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD - LEFT SIDE	7-NOT EJECTED	7-EXCEPT TRACTOR-TRAILER							
	8-THIRD - MIDDLE	8-THIRD - MIDDLE	8-PARTIALLY EJECTED	8-INTERMEDIATE LICENSE RESTRICTIONS							
OL ENDORSEMENT	9-THIRD - RIGHT SIDE	9-TOTALLY EJECTED	9-LEARNER'S PERMIT RESTRICTIONS								
	10-SLEEPER SECTION OF TRUCK CAB	4-NOT APPLICABLE	10-LIMITED TO DAYLIGHT ONLY								
TRAPPED	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-LIMITED TO EMPLOYMENT								
	12-PASSENGER IN UNENCLOSED CARGO AREA	12-EXTRICATED BY MECHANICAL MEANS	12-LIMITED - OTHER								
GENDER	13-TRAILING UNIT	13-FREED BY NON-MECHANICAL MEANS	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)								
	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14-MILITARY VEHICLES ONLY	14-MILITARY VEHICLES ONLY								
FEMALE	15-NON-MOTORIST	15-MOTOR VEHICLES WITHOUT AIR BRAKES									
	99-OTHER / UNKNOWN	16-OUTSIDE MIRROR									
M-MALE	17-PROSTHETIC AID										
	U-OTHER / UNKNOWN	18-OTHER									
CONDITION	1-APPARENTLY NORMAL	1-APPARENTLY NORMAL									
	2-PHYSICAL IMPAIRMENT	2-PHYSICAL IMPAIRMENT									
DRUG TEST RESULT(S)	3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)									
	4-ILLNESS	4-ILLNESS									
DRUG TEST TYPE	5-FELL ASLEEP, FAINTED, FATIGUED, ETC.	5-FELL ASLEEP, FAINTED, FATIGUED, ETC.									
	6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL									
TEST STATUS	7-OTHER	7-OTHER									
	8-NON-NEGATIVE RESULTS	8-NON-NEGATIVE RESULTS									

LOCAL REPORT NUMBER	PD-22-040768	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	Boehm Dr. @ Sherwood Dr.	6/9/22
 <p>*Not To Scale*</p>				
 <p>OFFICER'S SIGNATURE</p> <p>P.O. C. Moore</p> <p>BADGE NO</p> <p>136</p>				