



## 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*	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR
				Fairfield Police Department		00901	1-SOLVED	0 1	0 1 98-ANIMAL
							2-UNSOLVED		99-UNKNOWN
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*		City of Fairfield		CRASH DATE / TIME*		CRASH SEVERITY	
0 9	1 CITY 2 VILLAGE 3 TOWNSHIP					06162022 1216		1- FATAL 2- SERIOUS INJURY SUSPECTED 3- MINOR INJURY SUSPECTED 4- INJURY POSSIBLE 5- PROPERTY DAMAGE ONLY	
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME Pleasant		ROAD TYPE A V	LATITUDE DECIMAL DEGREES 39° 35' 25.84"		
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Symmes		ROAD TYPE R D	LONGITUDE DECIMAL DEGREES -84° 55' 90.09"		
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	RD - ROAD 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 0 4				
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- REAR-END 3- HEAD-ON 4- REAR-TO-REAR 5- BACKING 6- ANGLE 7- SIDESWIPE, SAME DIRECTION 8- SIDESWIPE, OPPOSITE DIRECTION 9- 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		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 1	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		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 On 06/16/2022 at about 12:16 P.M. Unit 1 was traveling southbound on Pleasant Ave. and when at Symmes Rd. lost control and struck the fire hydrant on the northwest corner of the intersection in the parking lot of Jocko's Chicken & Seafood located at 4611 Pleasant Ave. Fairfield, OH 45014.								Indicate the north direction with an "N" on the compass diagram.	
The fire hydrant belongs to: The City of Fairfield 5350 Pleasant Ave. Fairfield, OH 45014						See OH-2			
CRASH REPORTED DATE / TIME 06162022 1217		DISPATCH DATE / TIME 06162022 1219		ARRIVAL DATE / TIME 06162022 1226		SCENE CLEARED DATE / TIME 06162022 1307		REPORT TAKEN BY	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES 4 8		OFFICER'S NAME* P.O. C. Moore		<input checked="" type="checkbox"/> POLICE AGENCY	
						CHECKED BY OFFICER'S NAME* <i>[Signature]</i>		<input type="checkbox"/> MOTORIST	
						OFFICER'S BADGE NUMBER* 1 3 6		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)	
						CHECKED BY OFFICER'S BADGE NUMBER* 1 0 3			

OWNER

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER)
0_1	Scheffel, Mark		_____
OWNER ADDRESS: STREET, CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER)			4 Highknoll Ct. Fairfield, OH 45014
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**LOCAL REPORT NUMBER**  
 2 2 0 4 2 6 0 6

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
O_H	JDF1840	3FAHP07Z1X8R113491	2008	Ford
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	Allstate Ins.	826577311	Silver	Fusion

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 type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	Marcell's Towing
		0_1	HAZARDOUS MATERIAL
			<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> CLASS # <input type="checkbox"/> PLACARD ID # <input type="checkbox"/> PLACARD

UNIT TYPE	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 - AUTOCAR 10 - MOVED OR MOTORIZED 11 - ALLTERRAIN 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
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# OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	0_2	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
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SPECIAL FUNCTION	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/RENTAL 19 - TOWING 20 - SAFETY SERVICE PATROL
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CARGO BODY TYPE	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
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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
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NON-MOTORIST LOCATION AT IMPACT	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER CROSSWALK 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
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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
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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
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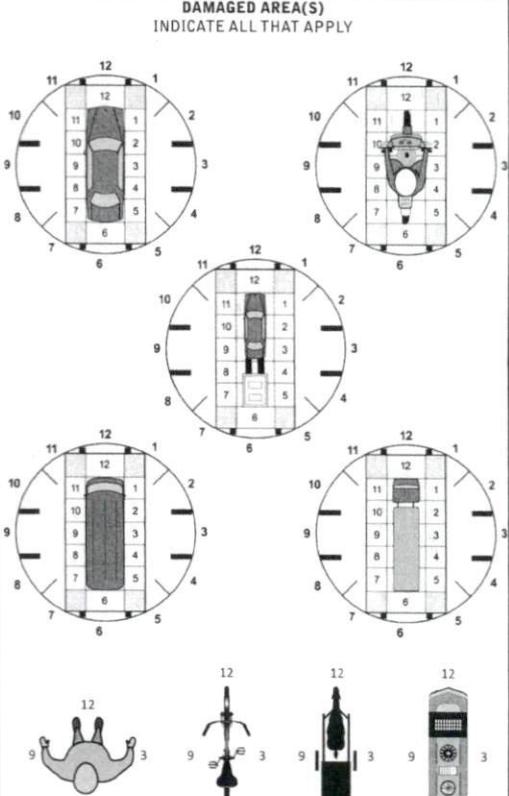
SEQUENCE OF EVENTS

1_4_3	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 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 MOVEABLE OBJECT
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4_1	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
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FIRST HARMFUL EVENT  MOST HARMFUL EVENT

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



NO DAMAGE [0]  UNDERCARRIAGE [14]

TOP [13]  ALL AREAS [15]

UNIT NOT AT SCENE [16]

<b>INITIAL POINT OF CONTACT</b>	
0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

<b>TRAFFIC</b>	
TRAFFICWAY FLOW	TRAFFIC CONTROL
2	1 - ONE WAY 2 - TWO WAY 6
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING 1

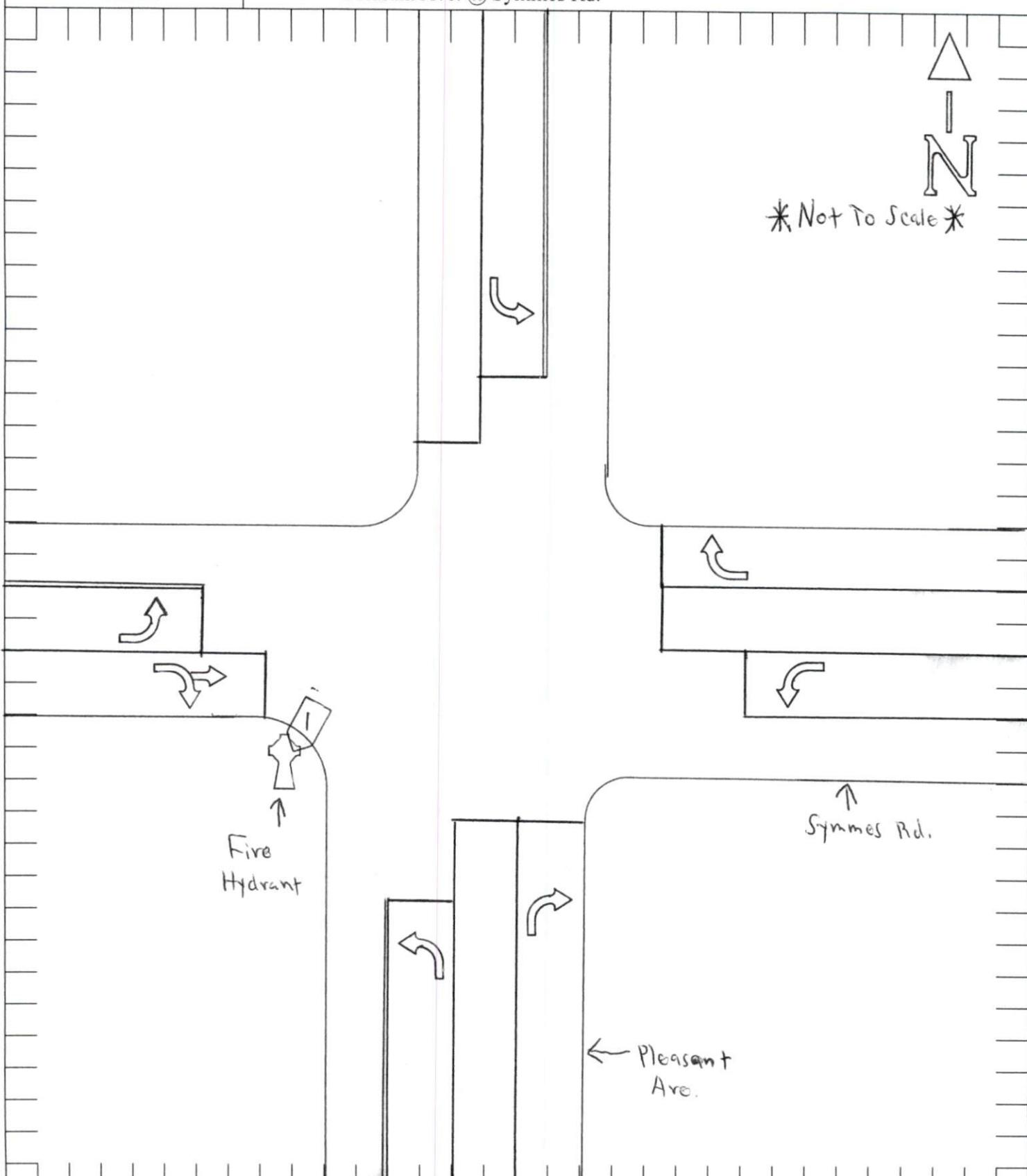
<b>UNIT / NON-MOTORIST DIRECTION</b>	
FROM 1 TO 2	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN

UNIT SPEED	DETECTED SPEED
3_0	1 - STATED / ESTIMATED SPEED 1
POSTED SPEED	2 - CALCULATED / EDR 3 - UNDETERMINED 3_5



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER											
2 2 0 4 2 6 0 6											
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH	AGE	GENDER	
	0 1	Scheffel, Mark P.						0 4 3 0 1 9 6 0	6 2	M	
	ADDRESS: STREET, CITY, STATE, ZIP 4 Highknoll Ct. Fairfield, OH 45014										
INJURIES	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
5						0 4	<input type="checkbox"/>	0 1	1	1	1
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER	
O H				331.34a		<input checked="" type="checkbox"/>	Failure to Control			251383	
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST STATUS	TYPE	VALUE	DRUG TEST(S) STATUS	RESULT SELECT UP TO 4
04			1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	01	1	1	1	1	
INJURIES	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	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		CONDITION	ALCOHOL TEST STATUS	TYPE	VALUE	DRUG TEST(S) STATUS	RESULT SELECT UP TO 4
INJURIES	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	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		CONDITION	ALCOHOL TEST STATUS	TYPE	VALUE	DRUG TEST(S) STATUS	RESULT SELECT UP TO 4
INJURIES	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	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		CONDITION	ALCOHOL TEST STATUS	TYPE	VALUE	DRUG TEST(S) STATUS	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 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	6-TALKING ON HAND-HELD COMMUNICATION DEVICE						
1-NOT TRANSPORTED /TREATED AT SCENE	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD - MIDDLE	7-THIRD - RIGHT SIDE	7-EXCEPT TRACTOR-TRAILER	7-TALKING ON HAND-HELD COMMUNICATION DEVICE						
2-EMS	8-THIRD - MIDDLE	9-THIRD - RIGHT SIDE	1-NOT EJECTED	8-INTERMEDIATE LICENSE RESTRICTIONS	8-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE						
3-POLICE	10-SLEEPER SECTION OF TRUCK CAB	12-PASSENGER IN UNENCLOSED CARGO AREA	2-PARTIALLY EJECTED	9-LEARNER'S PERMIT RESTRICTIONS	9-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE						
9-OTHER / UNKNOWN	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	13-TRAILING UNIT	3-TOTALLY EJECTED	10-LIMITED TO DAYLIGHT ONLY	10-TEST GIVEN, RESULTS KNOWN						
SAFETY EQUIPMENT	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	15-NON-MOTORIST	4-NOT APPLICABLE	11-LIMITED TO EMPLOYMENT	11-TEST GIVEN, RESULTS UNKNOWN						
1-NONE USED	16-BOOSTER SEAT	17-NON-MOTORIST	17-TRAPPED	12-LIMITED - OTHER	12-TEST GIVEN, RESULTS UNKNOWN						
2-SHOULDER BELT ONLY USED	18-HELMET USED	19-OTHER / UNKNOWN	1-NOT TRAPPED	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13-TEST GIVEN, RESULTS UNKNOWN						
3-LAP BELT ONLY USED	9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	10-REFLECTIVE CLOTHING	2-EXTRICATED BY MECHANICAL MEANS	14-MILITARY VEHICLES ONLY	14-TEST GIVEN, RESULTS UNKNOWN						
4-SHOULDER & LAP BELT USED	11-LIGHTING - PEDESTRIAN / BICYCLE ONLY	11-LIGHTING - PEDESTRIAN / BICYCLE ONLY	3-FREED BY NON-MECHANICAL MEANS	15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-TEST GIVEN, RESULTS UNKNOWN						
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	12-CHILD RESTRAINT SYSTEM - REAR FACING	13-CHILD RESTRAINT SYSTEM - REAR FACING	16-OUTSIDE MIRROR	16-TEST GIVEN, RESULTS UNKNOWN							
6-CHILD RESTRAINT SYSTEM - REAR FACING	14-CHILD RESTRAINT SYSTEM - REAR FACING	15-CHILD RESTRAINT SYSTEM - REAR FACING	17-PROSTHETIC AID	17-TEST GIVEN, RESULTS UNKNOWN							
7-BOOSTER SEAT	16-BOOSTER SEAT	17-BOOSTER SEAT	18-OTHER	18-TEST GIVEN, RESULTS UNKNOWN							
8-HELMET USED	17-HELMET USED	18-HELMET USED	DRUG TEST TYPE	1-TEST GIVEN, RESULTS UNKNOWN							
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	18-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	19-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	CONDITION	2-TEST REFUSED							
10-REFLECTIVE CLOTHING	19-REFLECTIVE CLOTHING	20-REFLECTIVE CLOTHING	1-APPARENTLY NORMAL	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE							
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY	20-LIGHTING - PEDESTRIAN / BICYCLE ONLY	21-LIGHTING - PEDESTRIAN / BICYCLE ONLY	2-PHYSICAL IMPAIRMENT	4-TEST GIVEN, RESULTS UNKNOWN							
99-OTHER / UNKNOWN	21-OTHER / UNKNOWN	22-OTHER / UNKNOWN	3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	5-TEST GIVEN, RESULTS UNKNOWN							
			4-ILLNESS	6-TEST GIVEN, RESULTS UNKNOWN							
			5-FELL ASLEEP, FAINTED, FATIGUED, ETC.	7-TEST GIVEN, RESULTS UNKNOWN							
			6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	8-TEST GIVEN, RESULTS UNKNOWN							
			9-OTHER / UNKNOWN	9-TEST GIVEN, RESULTS UNKNOWN							
			DRUG TEST RESULT(S)	1-AMPHETAMINES							
				2-BARBITURATES							
				3-BENZODIAZEPINES							
				4-CANNABINOIDS							
				5-COCAINA							
				6-OPIATES / OPIOIDS							
				7-OTHER							
				8-Negative results							

LOCAL REPORT NUMBER	PD-22-42606	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	Pleasant Ave. @ Symmes Rd.	6/16/22
				
OFFICER'S SIGNATURE			P.O. C. Moore	BADGE NO. 136