



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 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION		LOCAL REPORT NUMBER*			
		REPORTING AGENCY NAME*		NCIC*			
		Fairfield Police Department		0 0 9 0 1			
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*			CRASH DATE / TIME*		
0 9	1 2-VILLAGE 3-TOWNSHIP	City of Fairfield			0 6 2 1 2 0 2 2 1 5 4 1		
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME	ROAD TYPE		
	1-NORTH 2-SOUTH 3-EAST 4-WEST			Winton	R D		
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE		
	1-NORTH 2-SOUTH 3-EAST 4-WEST			5430			
REFERENCE POINT		DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	CRASH SEVERITY		
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	HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY	
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE					
1-MILES 2-FEET 3-YARDS							
LOCATION OF FIRST HARMFUL EVENT			MANNER OF CRASH COLLISION/IMPACT		DIRECTION OF TRAVEL	INTERSECTION RELATED	
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			1-NOT COLLISION 2-BETWEEN 3-TWO MOTOR VEHICLES IN 4-TRANSPORT 5-REAR-END 6-ANGLE 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 9-HEAD-ON 99-OTHER / UNKNOWN		1-NORTH 2-SOUTH 3-EAST 4-WEST	<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			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			1-NOT COLLISION 2-BETWEEN 3-TWO MOTOR VEHICLES IN 4-TRANSPORT 5-REAR-END 6-ANGLE 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 9-HEAD-ON 99-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	
WORK ZONE RELATED		WORK ZONE TYPE	LOCATION OF CRASH IN WORK ZONE		CONTOUR	CONDITIONS	SURFACE
<input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		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 WARNING SIGN 2-ADVANCE WARNING AREA 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		0 1	6-SNOW 7-SEVERE CROSSWINDS 8-BLOWING SAND, SOIL, DIRT, SNOW 9-FREEZING RAIN OR FREEZING DRIZZLE 99-OTHER / UNKNOWN	
NARRATIVE					 Indicate the north direction with an "N" on the compass diagram.		
On 06-21-2022 at approximately 3:41 p.m. Unit 2 was stopped in traffic on northbound Winton Road in front of 5430 Winton Road. Unit 1 was traveling directly behind Unit 2. Unit 1 failed to maintain an assured clear distance ahead and struck the rear of Unit 2.					SEE OH-2		
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME	
0 6 2 1 2 0 2 2 1 5 4 1		0 6 2 1 2 0 2 2 1 5 4 2		0 6 2 1 2 0 2 2 1 5 5 4		0 6 2 1 2 0 2 2 1 6 2 4	
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*		REPORT TAKEN BY
3 0	2 0	6 2	P.O. Wells		Sgt. B. Barnes		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
			OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OGPS)
			1 4 8		1 3 9		



UNIT

LOCAL REPORT NUMBER												
2	2	0	4	3	8	5	1					
DAMAGE												
DAMAGE SCALE												
<u>4</u>		1 - NONE			3 - FUNCTIONAL DAMAGE							
		2 - MINOR DAMAGE			4 - DISABLING DAMAGE							
					9 - UNKNOWN							
DAMAGED AREA(S) INDICATE ALL THAT APPLY												
						<img alt="Diagram of						



UNIT

OWNER

VEHICLE

EVENTS

1

FIRST HARMFUL EVENT

1 MOST HARMFUL EVENT

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)
0 2	Minnich, Chad
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER)	
721 Hooven Ave., Hamilton, OH 45015	
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP	
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	

OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER)

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
0 H	LIAPIA	3N1AB6AP6CL744919	2012	Nissan

<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	Grange	4321294	Blue	Sentra
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE			FOX Towing	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS	HAZARDOUS MATERIAL	
		0 1	<input type="checkbox"/> MATERIAL RELEASED	CLASS # 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 - 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
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OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
2	1 - YES 2 - NO 9 - OTHER / UNKNOWN	AUTONOMOUS MODE LEVEL	

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 REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	21 - MAIL CARRIER 99 - OTHER / UNKNOWN
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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 - CARGOTANK 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 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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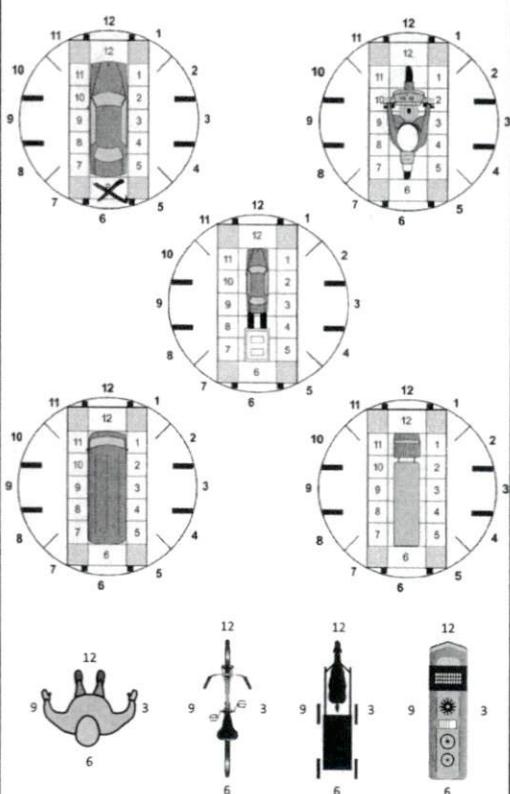
ACTION	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - 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 / A/CDA 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

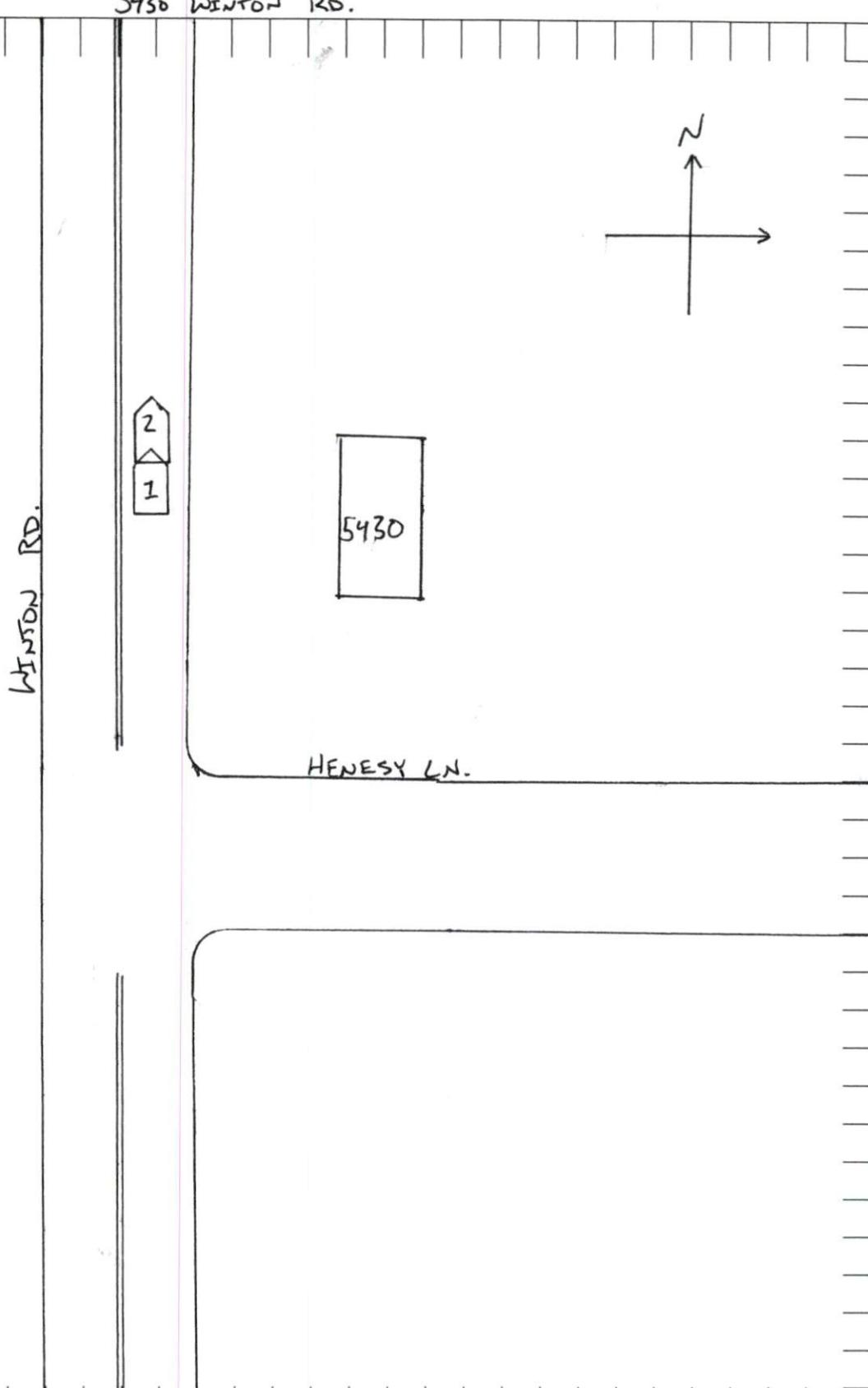
1 2 0	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 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 MOBILE OBJECT
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4 1 5 6	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
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LOCAL REPORT NUMBER
2 2 0 4 3 8 5 1DAMAGE
DAMAGE SCALE
4 - NONE
2 - MINOR DAMAGE
9 - UNKNOWN
3 - FUNCTIONAL DAMAGE
4 - DISABLING DAMAGEDAMAGED 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
0 - NO DAMAGE 14 - UNDERCARRIAGE
1 - 12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
6 - 99 - UNKNOWN
13 - TOPTRAFFIC
TRAFFICWAY FLOW
1 - ONE-WAY
2 - TWO-WAY
2
TRAFFIC CONTROL
1 - ROUNDABOUT 4 - STOP SIGN
2 - SIGNAL 5 - YIELD SIGN
3 - FLASHER 6 - NO CONTROL# OF THROUGH LANES ON ROAD
2
RAIL GRADE CROSSING
1 - NOT INVOLVED
1 - INVOLVED-ACTIVE CROSSING
2 - INVOLVED-PASSIVE CROSSINGUNIT / NON-MOTORIST DIRECTION
1 - NORTH 5 - NORTHEAST
2 - SOUTH 6 - NORTHWEST
3 - EAST 7 - SOUTHEAST
4 - WEST 8 - SOUTHWEST
9 - OTHER / UNKNOWN
FROM 2 TO 1UNIT SPEED
0 0
DETECTED SPEED
1 - STATED / ESTIMATED SPEED
1
2 - CALCULATED / EDR
3 - UNDETERMINED
POSTED SPEED
3 5

MOTORIST / Non-MOTORIST

												LOCAL REPORT NUMBER				
												2 2 0 4 3 8 5 1				DATE OF BIRTH
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE														
	0 1	Mayes, Jaydan														
	ADDRESS:	STREET, CITY, STATE, ZIP														
	5218 Dorshire Dr., 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	2	1	1	
	OL STATE	OPERATOR LICENSE NUMBER				OFFENSE CHARGED			LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER			
	O H					333.03A			X	ACDA			251092			
	OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3			DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)			
	4					1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	1	1	1	RESULT SELECT UP TO 4			
UNIT #	NAME: LAST, FIRST, MIDDLE															
0 2	Minnich, Lia															
ADDRESS:	STREET, CITY, STATE, ZIP															
2218 Brockton Dr., Fairfield, OH 45014																
MOTORIST / NON-MOTORIST	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								X							
	OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3			DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)			
	4					1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	1	1	1	RESULT SELECT UP TO 4			
	UNIT #	NAME: LAST, FIRST, MIDDLE														
	0															
	ADDRESS:	STREET, CITY, STATE, ZIP														
	CONTACT PHONE - INCLUDE AREA CODE															
MOTORIST / NON-MOTORIST	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	
											<input type="checkbox"/>					
	OL STATE	OPERATOR LICENSE NUMBER				OFFENSE CHARGED			LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER			
									X							
	OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3			DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)			
						1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	1	1	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-TALKING ON HANDS-FREE COMMUNICATION DEVICE		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-TALKING ON HAND-HELD COMMUNICATION DEVICE		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-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		5-TEST GIVEN, RESULTS UNKNOWN						
INJURED TAKEN BY	6-SECOND - RIGHT SIDE		6-DEPLOYMENT UNKNOWN		6-NO VALID OL	6-EXCEPT CLASS A & CLASS B BUS		6-PASSSENGER		6-BLOOD						
1-NOT TRANSPORTED / TREATED AT SCENE	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		7-NOT EJECTED		7-H-HAZMAT	7-INTERMEDIATE LICENSE RESTRICTIONS		7-OTHER DISTRACTION INSIDE THE VEHICLE		7-URINE						
2-EMS	8-THIRD - MIDDLE		8-PARTIALLY EJECTED		8-M-MOTORCYCLE	8-LEARNER'S PERMIT RESTRICTIONS		8-OTHER DISTRACTION OUTSIDE THE VEHICLE		8-BREATH						
3-POLICE	9-THIRD - RIGHT SIDE		9-TOTALLY EJECTED		9-P-PASSENGER	9-10-LIMITED TO DAYLIGHT ONLY		9-OTHER / UNKNOWN		9-OTHER						
9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB		10-NOT APPLICABLE		10-N-TANKER	10-11-LIMITED TO EMPLOYMENT		10-ILLNESS		10-AMPHETAMINES						
SAFETY EQUIPMENT	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		11-NOT TRAPPED		11-Q-MOTOR SCOOTER	11-12-LIMITED - OTHER		11-OUTSIDE MIRROR		10-BARBITURATES						
1-NONE USED	12-PASSENGER IN UNENCLOSED CARGO AREA		12-EXTRICATED BY MECHANICAL MEANS		12-R-THREE-WHEEL MOTORCYCLE	12-13-MECHNICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		12-PROSTHETIC AID		10-BENZODIAZEPINES						
2-SHOULDER BELT ONLY USED	13-TRAILING UNIT		13-FREED BY NON-MECHANICAL MEANS		13-S-SCHOOL BUS	13-14-MILITARY VEHICLES ONLY		13-OTHER		10-CANNABINOID						
3-LAP BELT ONLY USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		14-NOT APPLICABLE		14-T-DOUBLE & TRIPLE TRAILERS	14-15-MOTOR VEHICLES WITHOUT AIR BRAKES		14-ILLNESS		10-COCAIN						
4-SHOULDER & LAP BELT USED	15-NON-MOTORIST		15-FREED BY NON-MECHANICAL MEANS		15-X-TANKER / HAZMAT	15-16-OUTSIDE MIRROR		15-FELL ASLEEP, FAINTED, FATIGUED, ETC.		10-OPIATES / OPIOIDS						
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	16-OTHER / UNKNOWN		16-F-FEMALE		16-17-PROSTHETIC AID	16-18-OTHER		16-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		10-OTHER						
6-CHILD RESTRAINT SYSTEM - REAR FACING	17-BOOSTER SEAT		17-M-MALE		17-U-U-OTHER / UNKNOWN	17-9-OTHER / UNKNOWN		17-OTHER / UNKNOWN		10-NEGATIVE RESULTS						
7-BOOSTER SEAT	18-HELMET USED		18-U-U-OTHER / UNKNOWN		18-19-OTHER	18-9-OTHER / UNKNOWN		18-9-OTHER / UNKNOWN		10-NEGATIVE RESULTS						
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	10-REFLECTIVE CLOTHING		10-F-FEMALE		19-DRUG TEST RESULT(S)											
10-LIGHTING - PEDESTRIAN / BICYCLE ONLY	11-LIGHTING - PEDESTRIAN / BICYCLE ONLY		11-M-MALE													
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY	12-REFLECTIVE CLOTHING		12-U-U-OTHER / UNKNOWN													
99-OTHER / UNKNOWN	13-REFLECTIVE CLOTHING		13-F-FEMALE													
	14-REFLECTIVE CLOTHING		14-M-MALE													
	15-REFLECTIVE CLOTHING		15-U-U-OTHER / UNKNOWN													
	16-REFLECTIVE CLOTHING		16-F-FEMALE													
	17-REFLECTIVE CLOTHING		17-M-MALE													
	18-REFLECTIVE CLOTHING		18-U-U-OTHER / UNKNOWN													
	19-REFLECTIVE CLOTHING		19-F-FEMALE													
	20-REFLECTIVE CLOTHING		20-M-MALE													
	21-REFLECTIVE CLOTHING		21-U-U-OTHER / UNKNOWN													
	22-REFLECTIVE CLOTHING		22-F-FEMALE													
	23-REFLECTIVE CLOTHING		23-M-MALE													
	24-REFLECTIVE CLOTHING		24-U-U-OTHER / UNKNOWN													
	25-REFLECTIVE CLOTHING		25-F-FEMALE													
	26-REFLECTIVE CLOTHING		26-M-MALE													
	27-REFLECTIVE CLOTHING		27-U-U-OTHER / UNKNOWN													
	28-REFLECTIVE CLOTHING		28-F-FEMALE													
	29-REFLECTIVE CLOTHING		29-M-MALE													
	30-REFLECTIVE CLOTHING		30-U-U-OTHER / UNKNOWN													
	31-REFLECTIVE CLOTHING		31-F-FEMALE													
	32-REFLECTIVE CLOTHING		32-M-MALE													
	33-REFLECTIVE CLOTHING		33-U-U-OTHER / UNKNOWN													
	34-REFLECTIVE CLOTHING		34-F-FEMALE													
	35-REFLECTIVE CLOTHING		35-M-MALE													
	36-REFLECTIVE CLOTHING		36-U-U-OTHER / UNKNOWN													
	37-REFLECTIVE CLOTHING		37-F-FEMALE													
	38-REFLECTIVE CLOTHING		38-M-MALE													
	39-REFLECTIVE CLOTHING		39-U-U-OTHER / UNKNOWN													
	40-REFLECTIVE CLOTHING		40-F-FEMALE													
	41-REFLECTIVE CLOTHING		41-M-MALE													
	42-REFLECTIVE CLOTHING		42-U-U-OTHER / UNKNOWN													
	43-REFLECTIVE CLOTHING		43-F-FEMALE													
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	45-REFLECTIVE CLOTHING		45-U-U-OTHER / UNKNOWN													
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	49-REFLECTIVE CLOTHING		49-F-FEMALE													
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	51-REFLECTIVE CLOTHING		51-U-U-OTHER / UNKNOWN													
	52-REFLECTIVE CLOTHING		52-F-FEMALE													
	53-REFLECTIVE CLOTHING		53-M-MALE													
	54-REFLECTIVE CLOTHING		54-U-U-OTHER / UNKNOWN													
	55-REFLECTIVE CLOTHING		55-F-FEMALE													
	56-REFLECTIVE CLOTHING		56-M-MALE													
	57-REFLECTIVE CLOTHING		57-U-U-OTHER / UNKNOWN													
	58-REFLECTIVE CLOTHING		58-F-FEMALE													
	59-REFLECTIVE CLOTHING		59-M-MALE													
	60-REFLECTIVE CLOTHING		60-U-U-OTHER / UNKNOWN													
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	63-REFLECTIVE CLOTHING		63-U-U-OTHER / UNKNOWN													
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	66-REFLECTIVE CLOTHING		66-U-U-OTHER / UNKNOWN													
	67-REFLECTIVE CLOTHING		67-F-FEMALE													
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	72-REFLECTIVE CLOTHING		72-U-U-OTHER / UNKNOWN													
	73-REFLECTIVE CLOTHING		73-F-FEMALE													
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	75-REFLECTIVE CLOTHING		75-U-U-OTHER / UNKNOWN													
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	81-REFLECTIVE CLOTHING		81-U-U-OTHER / UNKNOWN													
	82-REFLECTIVE CLOTHING		82-F-FEMALE													
	83-REFLECTIVE CLOTHING		83-M-MALE													
	84-REFLECTIVE CLOTHING		84-U-U-OTHER / UNKNOWN													
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	90-REFLECTIVE CLOTHING		90-U-U-OTHER / UNKNOWN													
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	92-REFLECTIVE CLOTHING		92-M-MALE													
	93-REFLECTIVE CLOTHING		93-U-U-OTHER / UNKNOWN													
	94-REFLECTIVE CLOTHING		94-F-FEMALE													
	95-REFLECTIVE CLOTHING		95-M-MALE													
	96-REFLECTIVE CLOTHING		96-U-U-OTHER / UNKNOWN													
	97-REFLECTIVE CLOTHING		97-F-FEMALE													
	98-REFLECTIVE CLOTHING		98-M-MALE													
	99-REFLECTIVE CLOTHING		99-U-U-OTHER / UNKNOWN													

LOCAL REPORT NUMBER	PD-22-043851	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	6/21/22
IN COUNTY OF	Butler	ACCIDENT LOCATION	5430 WINTON RD.		
					
NOT TO SCALE			OFFICER'S SIGNATURE	BADGE NO	
			P.O. Wells 148	148	