



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL REPORT NUMBER*			
<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION		2 2 0 4 4 0 8 4			
REPORTING AGENCY NAME* Fairfield Police Department				NCIC*		HIT/SKIP	NUMBER OF UNITS
				0 0 9 0 1		1 - SOLVED	0 1
						2 - UNSOLVED	
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*			CRASH DATE / TIME*		
0 9	1	City of Fairfield			0 6 2 2 2 0 2 2 1 2 3 5		
ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES		
			S. Gilmore	R D	3 9 3 0 9 2 5 4		
ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES		
			6120		- 8 4 5 2 2 9 8 5		
REFERENCE POINT	DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED			
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	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					ROADWAY	
LOCATION OF FIRST HARMFUL EVENT			MANNER OF CRASH COLLISION/IMPACT		DIRECTION OF TRAVEL	MEDIAN TYPE	
0 4	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	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	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	LOCATION OF CRASH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE	
		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 - 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"/> 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				
NARRATIVE				 Indicate the north direction with an "N" on the compass diagram.			
On 06-22-22, at 12:35 p.m. Unit 1 was traveling north on S. Gilmore Rd when the driver of Unit 1 claimed another vehicle began to change lanes causing him to go off the right side of the road and strike a light pole.				SEE OH-2			
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME	
0 6 2 2 2 0 2 2 1 2 3 5		0 6 2 2 2 0 2 2 1 2 3 6		0 6 2 2 2 0 2 2 1 2 3 8		0 6 2 2 2 0 2 2 1 3 0 0	
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*		
0	0	2 4	D. Setterstrom		<i>[Signature]</i>		
		OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*			
		1 2 1		1 0 3			
				REPORT TAKEN BY			
				<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST			
				<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)			

SEQUENCE OF EVENTS

COLLISION WITH FIXED OBJECT - STRUCK

1	0	8	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT
2	3	9	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	17 - ANIMAL - FARM	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION	1 - NORTH 5 - NORTHEAST
3			3 - IMMERSION	8 - RAN OFF ROAD RIGHT	18 - ANIMAL - DEER	20 - MOTOR VEHICLE IN TRANSPORT	2 - SOUTH 6 - NORTHWEST
4			4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	19 - ANIMAL - OTHER	21 - OTHER MOVEABLE OBJECT	3 - EAST 7 - SOUTHEAST
5			5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	14 - PEDESTRIAN	24 - PARKED MOTOR VEHICLE	4 - WEST 8 - SOUTHWEST
6					15 - PEDALCYCLE		9 - OTHER/ UNKNOWN
7					21 - PARKED MOTOR VEHICLE		
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MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	LOCAL REPORT NUMBER											
	2 2 0 4 4 0 8 4					DATE OF BIRTH		AGE	GENDER			
UNIT #	NAME: LAST, FIRST, MIDDLE Ray, Zachary A.											
ADDRESS: STREET, CITY, STATE, ZIP	31 Providence Dr Apt 161 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
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER		
O H												
DL 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	SELECT UP TO 4	
UNIT #	NAME: LAST, FIRST, MIDDLE											
ADDRESS: STREET, CITY, STATE, ZIP												
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"/>					
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER		
DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)		
					<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			1	1	1	SELECT UP TO 4	
UNIT #	NAME: LAST, FIRST, MIDDLE											
ADDRESS: STREET, CITY, STATE, ZIP												
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"/>					
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER		
DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)		
					<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			1	1	1	SELECT UP TO 4	
INJURIES	SEATING POSITION		AIR BAG		DL CLASS		DL 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-FARM WAIVER		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-MIC MOPED ONLY		5-EXCEPT CLASS A BUS		4-TEST GIVEN, RESULTS KNOWN	
5-NO APPARENT INJURY	5-SECOND - MIDDLE		5-NOT APPLICABLE		5-DEPLOYMENT UNKNOWN		6-EXCEPT CLASS A & CLASS B BUS		6-EXCEPT CLASS A & CLASS B BUS		5-TEST GIVEN, RESULTS UNKNOWN	
INJURED TAKEN BY	6-SECOND - RIGHT SIDE		7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		8-THIRD - MIDDLE		9-THIRD - RIGHT SIDE		7-EXCEPT TRACTOR-TRAILER		7-EXCEPT TRACTOR-TRAILER	
1-NOT TRANSPORTED /TREATED AT SCENE	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		8-THIRD - MIDDLE		9-THIRD - RIGHT SIDE		10-SLEEPER SECTION OF TRUCK CAB		8-INTERMEDIATE LICENSE RESTRICTIONS		5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	
2-EMS	8-THIRD - MIDDLE		9-THIRD - RIGHT SIDE		10-SLEEPER SECTION OF TRUCK CAB		11-NOT EJECTED		9-LEARNER'S PERMIT RESTRICTIONS		1-NONE	
3-POLICE	9-THIRD - RIGHT SIDE		11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		12-PASSENGER IN UNENCLOSED CARGO AREA		12-PARTIALLY EJECTED		10-LIMITED TO DAYLIGHT ONLY		2-TEST REFUSED	
9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB		13-TRAILING UNIT		14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		13-TOTALLY EJECTED		11-LIMITED TO EMPLOYMENT		3-TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE	
SAFETY EQUIPMENT	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		15-NON-MOTORIST		14-NOT APPLICABLE		12-LIMITED - OTHER		4-TEST GIVEN, RESULTS UNKNOWN	
1-NONE USED	12-PASSENGER IN UNENCLOSED CARGO AREA		15-NON-MOTORIST		16-OTHER / UNKNOWN		15-MOTOR VEHICLES WITHOUT AIR BRAKES		13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		5-TEST GIVEN, RESULTS UNKNOWN	
2-SHOULDER BELT ONLY USED	13-TRAILING UNIT		16-OUTSIDE MIRROR		17-PROSTHETIC AID		16-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		14-ILLNESS		1-AMPHETAMINES	
3-LAP BELT ONLY USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		17-PROSTHETIC AID		18-OTHER		17-FELL ASLEEP, FAINTED, FATIGUED, ETC.		15-FELL ASLEEP, FAINTED, FATIGUED, ETC.		2-BARBITURATES	
4-SHOULDER & LAP BELT USED	15-OTHER / UNKNOWN		18-OTHER		19-OTHER / UNKNOWN		18-OTHER		16-UNDER THE INFLUENCE OF MEDICATIONS/DRUGS /ALCOHOL		3-BENZODIAZEPINES	
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	19-OTHER / UNKNOWN		19-OTHER / UNKNOWN		20-OTHER		19-OTHER / UNKNOWN		17-CANNABINOID		4-COCAINES	
6-CHILD RESTRAINT SYSTEM - REAR FACING	20-OTHER		20-OTHER		21-OTHER		20-OTHER		18-OPIATES / OPIOIDS		5-COCAINES	
7-BOOSTER SEAT	21-OTHER		21-OTHER		22-OTHER		21-OTHER		19-OTHER / UNKNOWN		6-OTHER	
8-HELMET USED	22-OTHER		22-OTHER		23-OTHER		22-OTHER		20-NEGATIVE RESULTS		7-OTHER	
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	23-OTHER		23-OTHER		24-OTHER		23-OTHER		21-OTHER		8-NEGATIVE RESULTS	
10-REFLECTIVE CLOTHING	24-OTHER		24-OTHER		25-OTHER		24-OTHER		22-OTHER		9-OTHER	
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY	25-OTHER		25-OTHER		26-OTHER		25-OTHER		23-OTHER		10-OTHER	
12-REFLECTIVE CLOTHING	26-OTHER		26-OTHER		27-OTHER		26-OTHER		24-OTHER		11-OTHER	
13-REFLECTIVE CLOTHING	27-OTHER		27-OTHER		28-OTHER		27-OTHER		25-OTHER		12-OTHER	
14-REFLECTIVE CLOTHING	28-OTHER		28-OTHER		29-OTHER		28-OTHER		26-OTHER		13-OTHER	
15-REFLECTIVE CLOTHING	29-OTHER		29-OTHER		30-OTHER		29-OTHER		27-OTHER		14-OTHER	
16-REFLECTIVE CLOTHING	30-OTHER		30-OTHER		31-OTHER		30-OTHER		28-OTHER		15-OTHER	
17-REFLECTIVE CLOTHING	31-OTHER		31-OTHER		32-OTHER		31-OTHER		29-OTHER		16-OTHER	
18-REFLECTIVE CLOTHING	32-OTHER		32-OTHER		33-OTHER		32-OTHER		30-OTHER		17-OTHER	
19-REFLECTIVE CLOTHING	33-OTHER		33-OTHER		34-OTHER		33-OTHER		31-OTHER		18-OTHER	
20-REFLECTIVE CLOTHING	34-OTHER		34-OTHER		35-OTHER		34-OTHER		32-OTHER		19-OTHER	
21-REFLECTIVE CLOTHING	35-OTHER		35-OTHER		36-OTHER		35-OTHER		33-OTHER		20-OTHER	
22-REFLECTIVE CLOTHING	36-OTHER		36-OTHER		37-OTHER		36-OTHER		34-OTHER		21-OTHER	
23-REFLECTIVE CLOTHING	37-OTHER		37-OTHER		38-OTHER		37-OTHER		35-OTHER		22-OTHER	
24-REFLECTIVE CLOTHING	38-OTHER		38-OTHER		39-OTHER		38-OTHER		36-OTHER		23-OTHER	
25-REFLECTIVE CLOTHING	39-OTHER		39-OTHER		40-OTHER		39-OTHER		37-OTHER		24-OTHER	
26-REFLECTIVE CLOTHING	40-OTHER		40-OTHER		41-OTHER		40-OTHER		38-OTHER		25-OTHER	
27-REFLECTIVE CLOTHING	41-OTHER		41-OTHER		42-OTHER		41-OTHER		39-OTHER		26-OTHER	
28-REFLECTIVE CLOTHING	42-OTHER		42-OTHER		43-OTHER		42-OTHER		40-OTHER		27-OTHER	
29-REFLECTIVE CLOTHING	43-OTHER		43-OTHER		44-OTHER		43-OTHER		41-OTHER		28-OTHER	
30-REFLECTIVE CLOTHING	44-OTHER		44-OTHER		45-OTHER		44-OTHER		42-OTHER		29-OTHER	
31-REFLECTIVE CLOTHING	45-OTHER		45-OTHER		46-OTHER		45-OTHER		43-OTHER		30-OTHER	
32-REFLECTIVE CLOTHING	46-OTHER		46-OTHER		47-OTHER		46-OTHER		44-OTHER		31-OTHER	
33-REFLECTIVE CLOTHING	47-OTHER		47-OTHER		48-OTHER		47-OTHER		45-OTHER		32-OTHER	
34-REFLECTIVE CLOTHING	48-OTHER		48-OTHER		49-OTHER		48-OTHER		46-OTHER		33-OTHER	
35-REFLECTIVE CLOTHING	49-OTHER		49-OTHER		50-OTHER		49-OTHER		47-OTHER		34-OTHER	
36-REFLECTIVE CLOTHING	50-OTHER		50-OTHER		51-OTHER		50-OTHER		48-OTHER		35-OTHER	
37-REFLECTIVE CLOTHING	51-OTHER		51-OTHER		52-OTHER		51-OTHER		49-OTHER		36-OTHER	
38-REFLECTIVE CLOTHING	52-OTHER		52-OTHER		53-OTHER		52-OTHER		50-OTHER		37-OTHER	
39-REFLECTIVE CLOTHING	53-OTHER		53-OTHER		54-OTHER		53-OTHER		51-OTHER		38-OTHER	
40-REFLECTIVE CLOTHING	54-OTHER		54-OTHER		55-OTHER		54-OTHER		52-OTHER		39-OTHER	
41-REFLECTIVE CLOTHING	55-OTHER		55-OTHER		56-OTHER		55-OTHER		53-OTHER		40-OTHER	
42-REFLECTIVE CLOTHING	56-OTHER		56-OTHER		57-OTHER		56-OTHER		54-OTHER		41-OTHER	
43-REFLECTIVE CLOTHING	57-OTHER		57-OTHER		58-OTHER		57-OTHER		55-OTHER		42-OTHER	
44-REFLECTIVE CLOTHING	58-OTHER		58-OTHER		59-OTHER		58-OTHER		56-OTHER		43-OTHER	
45-REFLECTIVE CLOTHING	59-OTHER		59-OTHER		60-OTHER		59-OTHER		57-OTHER		44-OTHER	
46-REFLECTIVE CLOTHING	60-OTHER		60-OTHER		61-OTHER		60-OTHER		58-OTHER		45-OTHER	
47-REFLECTIVE CLOTHING	61-OTHER		61-OTHER		62-OTHER		61-OTHER		59-OTHER		46-OTHER	
48-REFLECTIVE CLOTHING	62-OTHER		62-OTHER		63-OTHER		62-OTHER		60-OTHER		47-OTHER	
49-REFLECTIVE CLOTHING	63-OTHER		63-OTHER		64-OTHER		63-OTHER		61-OTHER		48-OTHER	
50-REFLECTIVE CLOTHING	64-OTHER		64-OTHER		65-OTHER		64-OTHER		62-OTHER		49-OTHER	
51-REFLECTIVE CLOTHING	65-OTHER		65-OTHER		66-OTHER		65-OTHER		63-OTHER		50-OTHER	
52-REFLECTIVE CLOTHING	66-OTHER		66-OTHER		67-OTHER		66-OTHER		64-OTHER		51-OTHER	
53-REFLECTIVE CLOTHING	67-OTHER		67-OTHER		68-OTHER		67-OTHER		65-OTHER		52-OTHER	
54-REFLECTIVE CLOTHING	68-OTHER		68-OTHER		69-OTHER		68-OTHER		66-OTHER		53-OTHER	
55-REFLECTIVE CLOTHING	69-OTHER		69-OTHER		70-OTHER		69-OTHER		67-OTHER		54-OTHER	
56-REFLECTIVE CLOTHING	70-OTHER		70-OTHER		71-OTHER		70-OTHER		68-OTHER		55-OTHER	
57-REFLECTIVE CLOTHING	71-OTHER		71-OTHER		72-OTHER		71-OTHER		69-OTHER		56-OTHER	
58-REFLECTIVE CLOTHING	72-OTHER		72-OTHER		73-OTHER		72-OTHER		70-OTHER		57-OTHER	
59-REFLECTIVE CLOTHING	73-OTHER		73-OTHER		74-OTHER		73-OTHER		71-OTHER		58-OTHER	
60-REFLECTIVE CLOTHING	74-OTHER		74-OTHER		75-OTHER		74-OTHER		72-OTHER		59-OTHER	
61-REFLECTIVE CLOTHING	75-OTHER		75-OTHER		76-OTHER		75-OTHER		73-OTHER		60-OTHER	
62-REFLECTIVE CLOTHING	76-OTHER		76-OTHER		77-OTHER		76-OTHER		74-OTHER		61-OTHER	
63-REFLECTIVE CLOTHING	77-OTHER		77-OTHER		78-OTHER		77-OTHER		75-OTHER		62-OTHER	
64-REFLECTIVE CLOTHING	78-OTHER		78-OTHER		79-OTHER		78-OTHER		76-OTHER		63-OTHER	
65-REFLECTIVE CLOTHING	79-OTHER		79-OTHER		80-OTHER		79-OTHER		77-OTHER		64-OTHER	
66-REFLECTIVE CLOTHING	80-OTHER		80-OTHER		81-OTHER		80-OTHER		78-OTHER		65-OTHER	
67-REFLECTIVE CLOTHING	81-OTHER		81-OTHER		82-OTHER		81-OTHER		79-OTHER		66-OTHER	
68-REFLECTIVE CLOTHING	82-OTHER		82-OTHER		83-OTHER		82-OTHER		80-OTHER		67-OTHER	
69-REFLECTIVE CLOTHING	83-OTHER		83-OTHER		84-OTHER		83-OTHER		81-OTHER		68-OTHER	
70-REFLECTIVE CLOTHING	84-OTHER		84-OTHER		85-OTHER		84-OTHER		82-OTHER		69-OTHER	
71-REFLECTIVE CLOTHING	85-OTHER		85-OTHER		86-OTHER		85-OTHER		83-OTHER		70-OTHER	
72-REFLECTIVE CLOTHING	86-OTHER		86-OTHER		87-OTHER		86-OTHER		84-OTHER		71-OTHER	
73-REFLECTIVE CLOTHING	87-OTHER		87-OTHER		88-OTHER		87-OTHER		85-OTHER		72-OTHER	
74-REFLECTIVE CLOTHING	88-OTHER		88-OTHER		89-OTHER		88-OTHER		86-OTHER		73-OTHER	
75-REFLECTIVE CLOTHING	89-OTHER		89-OTHER		90-OTHER		89-OTHER		87-OTHER		74-OTHER	
76-REFLECTIVE CLOTHING	90-OTHER		90-OTHER		91-OTHER		90-OTHER		88-OTHER		75-OTHER	
77-REFLECTIVE CLOTHING	91-OTHER		91-OTHER		92-OTHER		91-OTHER		89-OTHER		76-OTHER	
78-REFLECTIVE CLOTHING	92-OTHER		92-OTHER		93-OTHER		92-OTHER		90-OTHER		77-OTHER	
79-REFLECTIVE CLOTHING	93-OTHER		93-OTHER		94-OTHER		93-OTHER		91-OTHER		78-OTHER	
80-REFLECTIVE CLOTHING	94-OTHER		94-OTHER		95-OTHER		94-OTHER		92-OTHER		79-OTHER	
81-REFLECTIVE CLOTHING	95-OTHER		95-OTHER		96-OTHER		95-OTHER		93-OTHER		80-OTHER	
82-REFLECTIVE CLOTHING	96-OTHER		96-OTHER		97-OTHER		96-OTHER		94-OTHER		81-OTHER	
83-REFLECTIVE CLOTHING	97-OTHER		97-OTHER		98-OTHER		97-OTHER		95-OTHER		82-OTHER	
84-REFLECTIVE CLOTHING	98-OTHER		98-OTHER		99-OTHER		98-OTHER		96-OTHER		83-OTHER	
85-REFLECTIVE CLOTHING	99-OTHER		99-OTHER		100-OTHER		99-OTHER		97-OTHER		84-OTHER	
86-REFLECTIVE CLOTHING	100-OTHER		100-OTHER		101-OTHER		100-OTHER		98-OTHER		85-OTHER	
87-REFLECTIVE CLOTHING	101-OTHER											



OCCUPANT / WITNESS ADDENDUM

OCCUPANT	LOCAL REPORT NUMBER 2 2 0 4 4 0 8 4																	
	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER										
1	Earnhart, Stormey L.			0 6 1	7 1 9 8 8	3 4	F											
ADDRESS: STREET, CITY, STATE, ZIP 31 Providence Dr Apt 161 Fairfield, OH 45014																		
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															
4	2	Fairfield EMS	Fort Hamilton	0 4														
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER										
					0													
ADDRESS: STREET, CITY, STATE, ZIP																		
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4	2			1														
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER										
					0													
ADDRESS: STREET, CITY, STATE, ZIP																		
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4	2			1														
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					0													
ADDRESS: STREET, CITY, STATE, ZIP																		
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SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED															
4	2			1														
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															
INJURED TAKEN BY		6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN														
1 - NOT TRANSPORTED /TREATED AT SCENE	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION															
2 - EMS	8 - HELMET USED	8 - THIRD - MIDDLE	1 - NOT EJECTED															
3 - POLICE	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED															
9 - OTHER / UNKNOWN	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED															
GENDER		11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE														
F - FEMALE	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED															
M - MALE		13 - TRAILING UNIT	1 - NOT TRAPPED															
U - OTHER / UNKNOWN		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS															
		15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS															
		99 - OTHER / UNKNOWN																
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER										
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ADDRESS: STREET, CITY, STATE, ZIP																		

OHIO INJURIOUS ACCIDENT - DIAGRAM / NARRATIVE CONTINUATION		LOCAL NUMBER	AGENCY	IN COUNTY OF	LOCATION	BUTLER
OH-2 (Rev. 1/82)	6-22-22	22-044084	Fairfield Police Department	Fairfield	South Gilmore Rd. @ 6120	6120 N