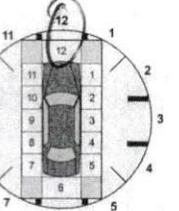
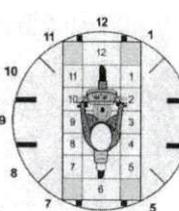
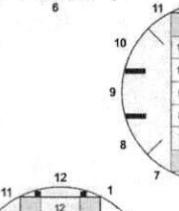
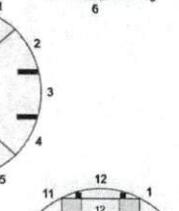
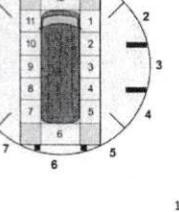
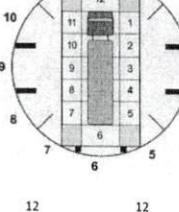
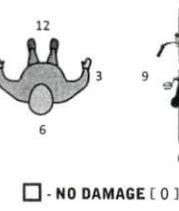
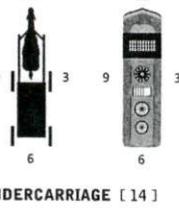


## TRAFFIC CRASH REPORT

\*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 checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION		2 2 0 4 4 5 3 5				
		REPORTING AGENCY NAME* Fairfield Police Department		NCIC*	HIT/SKIP 1 - SOLVED 2 - UNSOLVED			
COUNTY* 0 9		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield				
ROUTE TYPE S R		ROUTE NUMBER 4		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES 39.322851	
ROUTE TYPE		ROUTE NUMBER		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 6369	ROAD TYPE	LONGITUDE DECIMAL DEGREES -84.504353	
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( ITP) 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	
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS					ROADWAY	
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		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		MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION 2 - REAR-TO-REAR 3 - SIDESWIPE, SAME DIRECTION 4 - REAR-END 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, OPPOSITE 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
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
NARRATIVE On 06/23/22 at 8:46 P.M. Units 1 and 2 were both traveling southeast near 6369 SR-4 in the left-most lane. Unit 1 failed to assure clear distance and rear ended Unit 2.  The driver of Unit 1 was also charged with Operating a Motor Vehicle While Under The Influence F.C.O. 333.01 Ala						 Indicate the north direction with an "N" on the compass diagram.		
						See OH-2		
CRASH REPORTED DATE / TIME 0 6 2 3 2 0 2 2 2 0 4 6		DISPATCH DATE / TIME 0 6 2 3 2 0 2 2 2 0 4 8		ARRIVAL DATE / TIME 0 6 2 3 2 0 2 2 2 0 5 7		SCENE CLEARED DATE / TIME 0 6 2 3 2 0 2 2 2 1 2 7		REPORT TAKEN BY
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 3 0		TOTAL MINUTES 6 9		OFFICER'S NAME* D. Miller		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
						CHECKED BY OFFICER'S NAME* <i>Sgt. Aaron Meyer</i>		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DOPS)
						OFFICER'S BADGE NUMBER* 1 6 7		<input type="checkbox"/> CHECKED BY OFFICER'S BADGE NUMBER* 1 3 7

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)		
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input checked="" 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		
O H	JJN5681	KM1851C13D154U6131819185	20004		
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR		
			Black		
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME		
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	Marcell's		
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR		
0 3		0 1	1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		
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					
# OF TRAILING UNITS					
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?					
2	1 - YES	2 - NO	9 - OTHER / UNKNOWN		
AUTONOMOUS MODE LEVEL					
0 1	0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN	9 - UNKNOWN		
SPECIAL FUNCTION					
0 1	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		
CARGO BODY TYPE					
0 1	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
VEHICLE DEFECTS					
0 1	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
NON-MOTORIST LOCATION AT IMPACT					
0 1	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER CROSSWALK 4 - MIDDLEBLOCK - 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
ACTION					
3	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	0 1 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 - PARKED 16 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN
CONTRIBUTING CIRCUMSTANCES					
0 1 8	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
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 - 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 MOBILE OBJECT
COLLISION WITH FIXED OBJECT - STRUCK					
4 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 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
FIRST HARMFUL EVENT					
1	1			1	
MOST HARMFUL EVENT					

LOCAL REPORT NUMBER		
2 2 0 4 4 5 3 5		
DAMAGE		
DAMAGE SCALE		
2	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE
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		
1 2	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
TRAFFIC		
2	TRAFFIC FLOW	TRAFFIC CONTROL
6	1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
4	# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
1	1	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION		
6 7	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 9 - OTHER / UNKNOWN	5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST
FROM 6 TO 7		
UNIT SPEED		DETECTED SPEED
4 0	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	1
POSTED SPEED		5 0
PAGE 2 OF 6		

OWNER

VEHICLE

EVENT(S)

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# MOTORIST / Non-MOTORIST

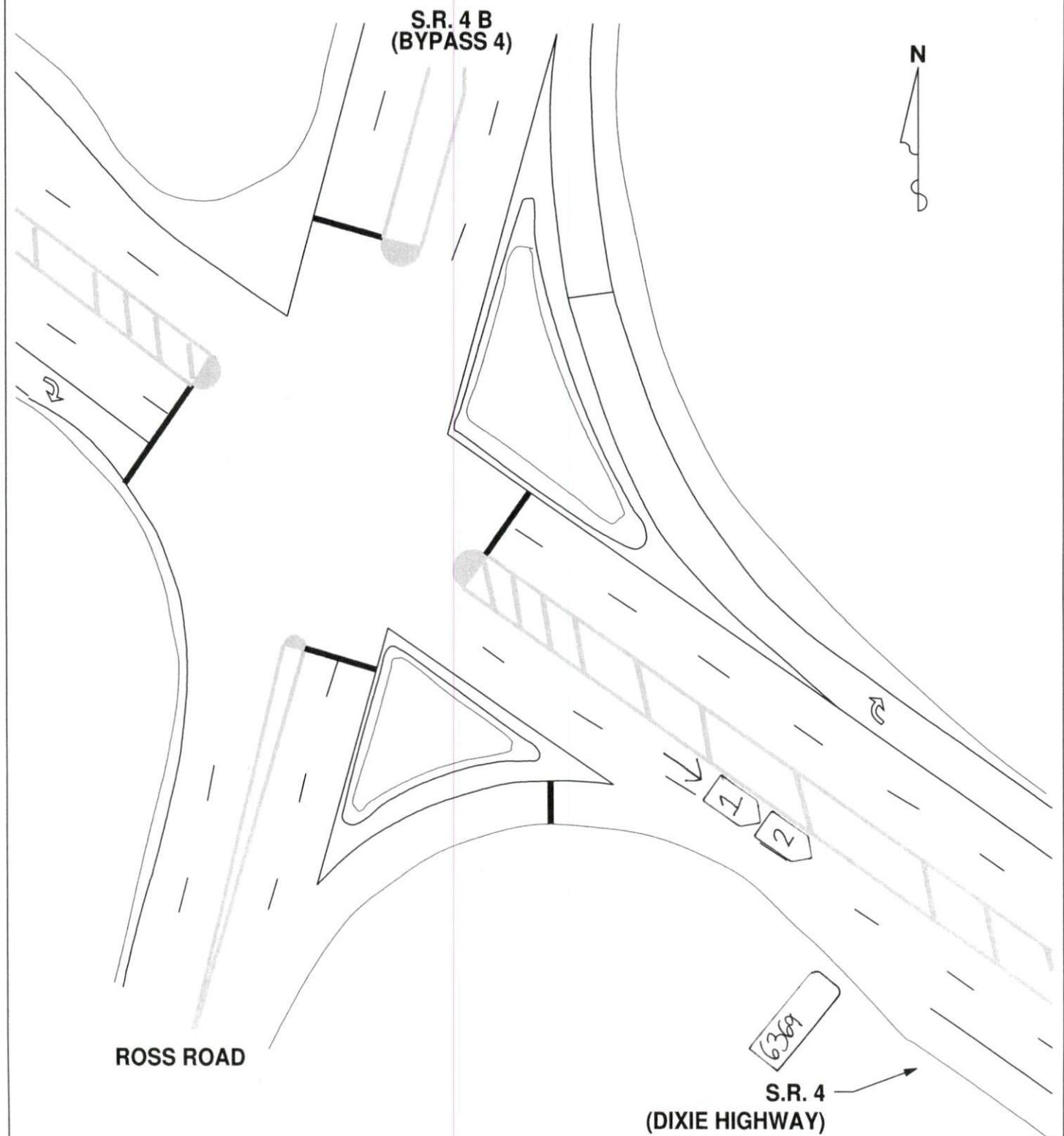
LOCAL REPORT NUMBER												
UNIT #	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH	AGE	GENDER	
0 1	Henry, Earl								0 7 1 6 1 9 6 3	5 8	M	
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE		
707 S. Martin Luther King Jr. Blvd., Hamilton, OH 45011												
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1			
OL STATE O H	OPERATOR LICENSE NUMBER			OFFENSE CHARGED 333.03 A	LOCAL CODE X	OFFENSE DESCRIPTION ACDA			CITATION NUMBER 251098			
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 6	ALCOHOL TEST STATUS 4 TYPE 4 VALUE 1 9 4	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4					
UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Goodwin, Evan								DATE OF BIRTH 0 1 1 1 1 9 9 9	AGE 2 3	GENDER M	
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE		
643 N. Franklin St. Apt. 3, Van Wert, OH 45891												
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1			
OL STATE O H	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER			
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 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE 1 1	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4					
UNIT #	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH	AGE 0	GENDER	
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	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	ALCOHOL TEST STATUS 1 TYPE 1 VALUE 1 1	DRUG TEST(S) 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 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								
1-NOT TRANSPORTED /TREATED AT SCENE	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD - MIDDLE	7-EXCEPT TRACTOR-TRAILER									
2-EMS	8-THIRD - MIDDLE	8-TOTALLY EJECTED	8-INTERMEDIATE LICENSE RESTRICTIONS									
3-POLICE	9-THIRD - RIGHT SIDE	9-NOT APPLICABLE	9-LEARNER'S PERMIT RESTRICTIONS									
9-OTHER/UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	10-LIMITED TO DAYLIGHT ONLY									
SAFETY EQUIPMENT	11-PASSENGER IN UNENCLOSED CARGO AREA	11-PASSENGER	11-LIMITED TO EMPLOYMENT									
1-NONE USED	12-TRAILING UNIT	12-EXTRICATED BY MECHANICAL MEANS	12-LIMITED - OTHER									
2-SHOULDER BELT ONLY USED	13-TRAILING UNIT	13-FREED BY NON-MECHANICAL MEANS	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)									
3-LAP BELT ONLY USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14-MILITARY VEHICLES ONLY	14-MILITARY VEHICLES ONLY									
4-SHOULDER & LAP BELT USED	15-NON-MOTORIST	15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-MOTOR VEHICLES WITHOUT AIR BRAKES									
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	99-OTHER / UNKNOWN	16-OUTSIDE MIRROR	16-OUTSIDE MIRROR									
6-CHILD RESTRAINT SYSTEM - REAR FACING		17-PROSTHETIC AID	17-PROSTHETIC AID									
7-BOOSTER SEAT		18-OTHER	18-OTHER									
8-HELMET USED		GENDER										
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		F-FEMALE	1-APPARENTLY NORMAL									
10-REFLECTIVE CLOTHING		M-MALE	2-PHYSICAL IMPAIRMENT									
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY		U-OTHER / UNKNOWN	3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)									
99-OTHER / UNKNOWN			4-ILLNESS									
			5-FELL ASLEEP, FAINTED, FATIGUED, ETC.									
			6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL									
			9-OTHER / UNKNOWN									
			1-AMPHETAMINES									
			2-BARBITURATES									
			3-BENZODIAZEPINES									
			4-CANNABINOID									
			5-COCAIN									
			6-OPIATES / OPIOIDS									
			7-OTHER									
			8-Negative results									



# OCCUPANT / WITNESS ADDENDUM

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LOCAL REPORT NUMBER PD-22-044535	REPORTING AGENCY Fairfield Police Department	DATE OF CRASH M 6   D 23   Y 2022
IN COUNTY OF Butler	CRASH LOCATION 6369 Dixie Hwy. Fairfield OH 45014	



**\*\* NOT TO SCALE \*\***

OFFICER'S SIGNATURE  
D. Miller

BADGE NUMBER  
167