



## TRAFFIC CRASH REPORT

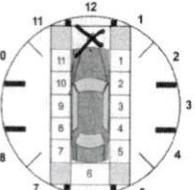
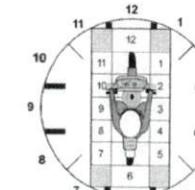
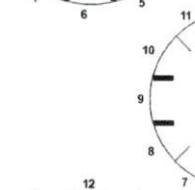
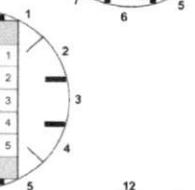
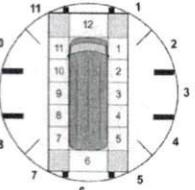
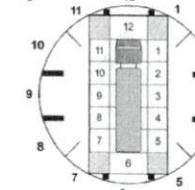
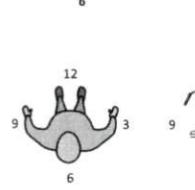
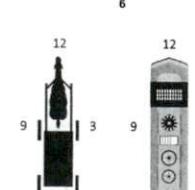
\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				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 checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION				2 2 0 4 5 8 3 3						
		REPORTING AGENCY NAME* NCIC*				HIT/SKIP		NUMBER OF UNITS		UNIT IN ERROR		
		Fairfield Police Department 0 0 9 0 1				1 - SOLVED 2 - UNSOLVED		0 1		0 1 98 - ANIMAL 0 1 99 - UNKNOWN		
COUNTY* 0 9		LOCALITY* 1 - CITY 1 1		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield				CRASH DATE / TIME* 0 6 2 8 2 0 2 2 1 8 1 3		CRASH SEVERITY		
ROUTE TYPE S R 4		ROUTE NUMBER		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME		ROAD TYPE		LATITUDE DECIMAL DEGREES 3 9 3 2 5 8 3 3		
ROUTE TYPE		ROUTE NUMBER		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 6160		ROAD TYPE		LONGITUDE DECIMAL DEGREES - 8 4 5 0 8 6 8 4		
REFERENCE POINT 3		DIRECTION FROM REFERENCE 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE 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		
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS		ROUTE TYPE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE						NUMBER OF APPROACHES		
LOCATION OF FIRST HARMFUL EVENT 0 6		MANNER OF CRASH COLLISION/IMPACT 1								ROADWAY		
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 BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 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 WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 2		CONDITIONS 1		SURFACE 2		
LIGHT CONDITION 1		WEATHER 0 1										
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		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												
<p>On 6-28-2022 at approximately 6:13 p.m. Unit 1 was traveling southeast on S.R. 4 (Dixie Highway) in the area of 6160 Dixie Highway. According to a witness, Unit 1 stopped in the center through lane of Dixie Highway, began to drift into opposing traffic, ran off the road to the left into the private lot of 6160 Dixie Highway, and struck the building at 6160 Dixie Highway. The driver of Unit 1 appeared to have suffered an unknown medical issue.</p> <p>The owner of 6160 Dixie Highway is James Bonaminio. He can be reached at</p>												
SEE OH-2												
CRASH REPORTED DATE / TIME 0 6 2 8 2 0 2 2 1 8 1 3		DISPATCH DATE / TIME 0 6 2 8 2 0 2 2 1 8 1 4		ARRIVAL DATE / TIME 0 6 2 8 2 0 2 2 1 8 1 5		SCENE CLEARED DATE / TIME 0 6 2 8 2 0 2 2 1 9 1 5		REPORT TAKEN BY				
TOTAL TIME ROADWAY CLOSED 0 0		OTHER INVESTIGATION TIME 2 0		TOTAL MINUTES 8 1		OFFICER'S NAME* P.O. Wells		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION or ADDITION TO AN EXISTING REPORT SENT TO OOPS)				
						CHECKED BY OFFICER'S NAME* SGT. B. Barnes						
						OFFICER'S BADGE NUMBER* 1 4 8		CHECKED BY OFFICER'S BADGE NUMBER* 1 3 9				



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

<b>OWNER</b>	<b>UNIT #</b> <u>0 1</u>	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER	<b>OWNER PHONE:</b> INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER																																			
	<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER																																					
<b>VEHICLE</b>	<b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP																																					
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<b>LP STATE</b> <u>O H</u>	<b>LICENSE PLATE #</b> <u>GQE8844</u>	<b>VEHICLE IDENTIFICATION #</b> <u>3 M E H M 0 7 Z 0 8 R 6 1 3 1 3 0</u>																																				
<b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b> <u>Allstate</u>	<b>INSURANCE POLICY #</b> <u>992 519 672</u>	<b>VEHICLE YEAR</b> <u>2 0 0 8</u> <b>VEHICLE MAKE</b> <u>Mercury</u>																																			
<b>TYPE OF USE</b> <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		<b>US DOT #</b>	<b>TOWED BY:</b> COMPANY NAME <u>Wayne's Towing</u>																																			
<b>INTERLOCK DEVICE EQUIPPED</b>	<b>HIT/SKIP UNIT</b>	<b>#OCCUPANTS</b> <u>0 1</u>	<b>VEHICLE WEIGHT GVWR/GCWR</b> 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.																																			
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<b>LOCAL REPORT NUMBER</b>	
<u>2 2 0 4 5 8 3 3</u>	
<b>DAMAGE</b>	
<b>DAMAGE SCALE</b>	<b>2</b>
1 - NONE	3 - FUNCTIONAL DAMAGE
2 - MINOR DAMAGE	4 - DISABLING DAMAGE
9 - UNKNOWN	
<b>DAMAGED AREA(S)</b> INDICATE ALL THAT APPLY	
       	
<b>NO DAMAGE</b> <input type="checkbox"/> <b>UNDERCARRIAGE</b> <input type="checkbox"/>	
<b>TOP</b> <input type="checkbox"/> <b>ALL AREAS</b> <input type="checkbox"/>	
<b>UNIT NOT AT SCENE</b> <input type="checkbox"/>	
<b>INITIAL POINT OF CONTACT</b>	
<b>0 - NO DAMAGE</b>	<b>14 - UNDERCARRIAGE</b>
<b>1 - 12 - REFER TO UNIT DIAGRAM</b>	<b>15 - VEHICLE NOT AT SCENE</b>
<b>13 - TOP</b>	
<b>TRAFFIC</b>	
<b>TRAFFIC WAY FLOW</b>	<b>TRAFFIC CONTROL</b>
<b>1 - ONE WAY</b>	<b>1 - ROUNDABOUT</b>
<b>2 - TWO WAY</b>	<b>2 - STOP SIGN</b>
	<b>2 - SIGNAL</b>
	<b>3 - YIELD SIGN</b>
	<b>3 - FLASHER</b>
	<b>6 - NO CONTROL</b>
<b># OF THROUGH LANES ON ROAD</b>	<b>RAIL GRADE CROSSING</b>
<b>4</b>	<b>1 - NOT INVOLVED</b>
	<b>2 - INVOLVED-ACTIVE CROSSING</b>
	<b>3 - INVOLVED-PASSIVE CROSSING</b>
<b>UNIT / NON-MOTORIST DIRECTION</b>	
<b>1 - NORTH</b>	<b>5 - NORTHEAST</b>
<b>2 - SOUTH</b>	<b>6 - NORTHWEST</b>
<b>3 - EAST</b>	<b>7 - SOUTHEAST</b>
<b>4 - WEST</b>	<b>8 - SOUTHWEST</b>
<b>9 - OTHER/UNKNOWN</b>	
<b>UNIT SPEED</b>	<b>DETECTED SPEED</b>
<b>1 - 5</b>	<b>1 - STATED/ESTIMATED SPEED</b>
	<b>2 - CALCULATED/EDR</b>
	<b>3 - UNDETERMINED</b>
<b>POSTED SPEED</b>	
<b>5 - 0</b>	



# MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST		LOCAL REPORT NUMBER									
		2 2 0 4 5 8 3 3					DATE OF BIRTH		AGE	GENDER	
UNIT #	NAME: LAST, FIRST, MIDDLE Darko, Joel										
ADDRESS: STREET, CITY, STATE, ZIP 516 Smiley Ave., Cincinnati, OH 45246		DATE OF BIRTH		AGE		GENDER					
INJURIES 5	INJURED TAKEN BY 2	EMS AGENCY (NAME) City of Fairfield	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) Mercy Hospital	SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT MC HELMET <input checked="" type="checkbox"/>		SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
DL STATE O H	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 331.34A	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION Failure to Control		CITATION NUMBER 252026				
DL 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 9	ALCOHOL TEST STATUS 1	TYPE 1	VALUE •	DRUG TEST(S) STATUS 1	TYPE 1	RESULT SELECT UP TO 4
UNIT #	NAME: LAST, FIRST, MIDDLE										
ADDRESS: STREET, CITY, STATE, ZIP		DATE OF BIRTH		AGE	GENDER						
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET <input checked="" type="checkbox"/>		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
DL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER				
DL 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 •	DRUG TEST(S) STATUS 1	TYPE 1	RESULT SELECT UP TO 4
UNIT #	NAME: LAST, FIRST, MIDDLE										
ADDRESS: STREET, CITY, STATE, ZIP		DATE OF BIRTH		AGE	GENDER						
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET <input checked="" type="checkbox"/>		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
DL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER				
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<b>INJURIES</b>	<b>SEATING POSITION</b>	<b>AIR BAG</b>	<b>DL CLASS</b>	<b>DL RESTRICTION(S)</b>	<b>DRIVER DISTRACTION</b>	<b>TEST STATUS</b>					
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	3-TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE					
4-POSSIBLE INJURY	4-SECOND - LEFT SIDE	4-DEPLOYED BOTH FRONT / SIDE	4-REGULAR CLASS (OHIO=D)	4-FARM WAIVER	4-TEST GIVEN, RESULTS KNOWN	4-TEST GIVEN, RESULTS KNOWN					
5-NO APPARENT INJURY	5-SECOND - MIDDLE	5-NOT APPLICABLE	5-MIC MOPED ONLY	5-EXCEPT CLASS A BUS	5-EXCEPT CLASS A & CLASS B BUS	5-TEST GIVEN, RESULTS UNKNOWN					
6-SECOND - RIGHT SIDE	6-SECOND - RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-NO VALID DL	7-EXCEPT TRACTOR-TRAILER	7-EXCEPT TRACTOR-TRAILER	7-TEST GIVEN, RESULTS UNKNOWN					
7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD - MIDDLE	1-NOT EJECTED	H - HAZMAT	8-INTERMEDIATE LICENSE RESTRICTIONS	8-INTERMEDIATE LICENSE RESTRICTIONS	1-NONE					
8-THIRD - MIDDLE	8-THIRD - RIGHT SIDE	2-PARTIALLY EJECTED	M - MOTORCYCLE	9-LEARNER'S PERMIT RESTRICTIONS	9-LEARNER'S PERMIT RESTRICTIONS	2-BLOOD					
9-THIRD - RIGHT SIDE	10-SLEEPER SECTION OF TRUCK CAB	3-TOTALLY EJECTED	P - PASSENGER	10-LIMITED TO DAYLIGHT ONLY	10-LIMITED TO DAYLIGHT ONLY	3-URINE					
11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	12-PASSENGER IN UNENCLOSED CARGO AREA	4-NOT APPLICABLE	N - TANKER	11-LIMITED TO EMPLOYMENT	11-LIMITED TO EMPLOYMENT	4-BREATH					
13-TRAILING UNIT	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	11-NOT TRAPPED	Q - MOTOR SCOOTER	12-LIMITED - OTHER	12-LIMITED - OTHER	5-OTHER					
15-NON-MOTORIST	15-NON-MOTORIST	2-EXTRICATED BY MECHANICAL MEANS	R - THREE-WHEEL MOTORCYCLE	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	ALCOHOL TEST TYPE					
99-OTHER / UNKNOWN	99-OTHER / UNKNOWN	3-FREED BY NON-MECHANICAL MEANS	S - SCHOOL BUS	14-MILITARY VEHICLES ONLY	14-MILITARY VEHICLES ONLY	1-NONE					
11-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	4-NOT MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-MOTOR VEHICLES WITHOUT AIR BRAKES	2-BLOOD					
10-REFLECTIVE CLOTHING	15-NON-MOTORIST	5-FREED BY NON-MECHANICAL MEANS	X - TANKER / HAZMAT	16-OUTSIDE MIRROR	16-OUTSIDE MIRROR	3-URINE					
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY	99-OTHER / UNKNOWN	6-FREED BY NON-MECHANICAL MEANS	17-PROSTHETIC AID	17-PROSTHETIC AID	17-PROSTHETIC AID	4-OTHER					
99-OTHER / UNKNOWN		7-FREED BY NON-MECHANICAL MEANS	18-OTHER	18-OTHER	18-OTHER	DRUG TEST TYPE					
						DRUG TEST RESULT(S)					
						1-AMPHETAMINES					
						2-BARBITURATES					
						3-BENZODIAZEPINES					
						4-CANNABINOID					
						5-COCAIN					
						6-OPIATES / OPIOIDS					
						7-OTHER					
						8-NEGATIVE RESULTS					



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

2 2 0 4 5 8 3 3

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE						
OCCUPANT	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO	MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER			
OCCUPANT	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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE						
OCCUPANT	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO	MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER			
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE						
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OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE						
	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		
	Allen, Bridget						1 2 1 2 1 9 7 2	4 9	F		
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE				
	7333 Jerry Dr., West Chester, OH 45069										
WITNESS	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH	AGE	GENDER		
							1 2 1 2 1 9 7 2	4 9	F		
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE				
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							1 2 1 2 1 9 7 2	4 9	F		
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE				

LOCAL REPORT NUMBER	PD-22-045833	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	6160 Dixie Highway, Fairfield, OH 45014	6/28/22
NOT TO SCALE		OFFICER'S SIGNATURE	BADGE NO.	
		P.O. Wells 148	148	