



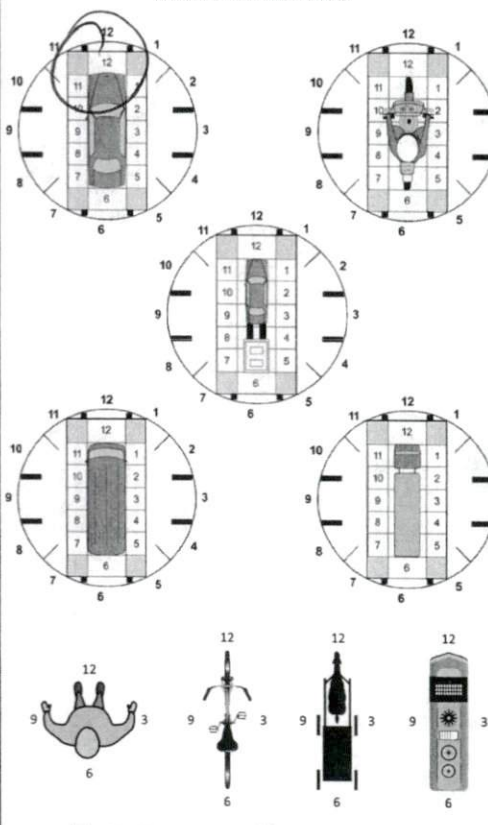
TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

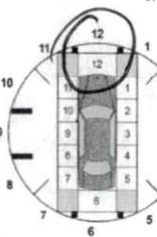
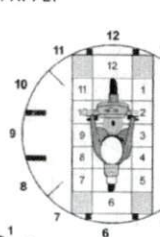
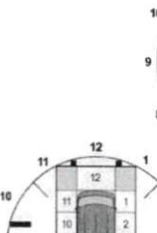
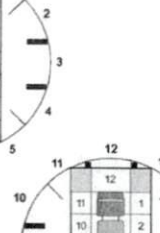
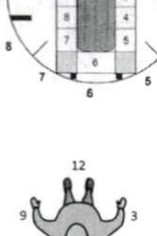
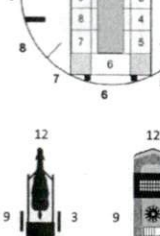
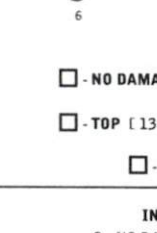
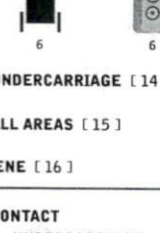
LOCAL REPORT NUMBER*

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY	LOCAL INFORMATION REPORTING AGENCY NAME* Fairfield Police Department		NCIC* 00901	22047420		HIT/SKIP 1-SOLVED 2-UNSOLVED		NUMBER OF UNITS 02	UNIT IN ERROR 98-ANIMAL 99-UNKNOWN	
COUNTY* 09	LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP 1	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield				CRASH DATE / TIME* 07042022 0008		CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY				
ROUTE TYPE LOCATION	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME Woodside		ROAD TYPE D R	LATITUDE DECIMAL DEGREES 39.318990		LONGITUDE DECIMAL DEGREES -84.521830				
ROUTE TYPE REFERENCE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 3012		ROAD TYPE	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA		NUMBER OF APPROACHES				
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE # 3	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 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		ROADWAY <input type="checkbox"/> ROADWAY DIVIDED		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 01		MANNER OF CRASH COLLISION/IMPACT 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 3		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 (ANY TYPE) 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 1 1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-OTHER/UNKNOWN		CONDITIONS 1 1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN		SURFACE 2 1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN		
LIGHT CONDITION 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN 3		WEATHER 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL 01		6-SNOW 7-SEVERE CROSSWINDS 8-BLOWING SAND, SOIL, DIRT, SNOW 9-FREEZING RAIN OR FREEZING DRIZZLE 99-OTHER / UNKNOWN		NARRATIVE On 7-4-22 at about 12:08 a.m. Unit 1 was traveling north on Woodside Dr. near 3012 Woodside Dr. when it struck Unit 2 head on. Unit 2 was parked on the side of the street. Unit 1 left the scene without leaving proper identification or contacting law enforcement. Unit 1 was later located, identified. Unit 1 was charged with OVI (FCO 333.01a1A), OVI (FCO 333.01a1D) and Leaving The Scene - Public Property (FCO 335.12a).		REFER TO OH-2				
CRASH REPORTED DATE / TIME 07042022 1208		DISPATCH DATE / TIME 07042022 0012		ARRIVAL DATE / TIME 07042022 0022		SCENE CLEARED DATE / TIME 07042022 0104		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 38P3)				
TOTAL TIME ROADWAY CLOSED 60		OTHER INVESTIGATION TIME 112		TOTAL MINUTES 144		OFFICER'S NAME* P.O. Hoelle		CHECKED BY OFFICER'S NAME* Sgt. B. Carnis		CHECKED BY OFFICER'S BADGE NUMBER* 139		

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)			
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)					
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE				
VEHICLE	LP STATE OH	LICENSE PLATE # GSY8885	VEHICLE IDENTIFICATION # 5TD DKR FH 5FS 221628	VEHICLE YEAR 2015	VEHICLE MAKE Toyota	
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY American Select In	INSURANCE POLICY # WNP 8368735	COLOR White	VEHICLE MODEL Highland	
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME Waynes Towing		
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input checked="" type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 01	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL CLASS # PLACARD ID #	
	UNIT TYPE 03		1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST 4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN 6 - VAN (9-15 SEATS)			
	# OF TRAILING UNITS 0		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN			
	SPECIAL FUNCTION 01		0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION			
	CARGO BODY TYPE 01		1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL			
	VEHICLE DEFECTS		1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 10 - FLAT BED 13 - AUTO TRANSPORTER 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT 3 - TAIL LAMPS 6 - TIRE BLOWOUT			
	NON-MOTORIST LOCATION AT IMPACT		1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS			
ACTION 3		1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST 4 - STRUCK PRE-CRASH ACTIONS 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE 5 - BOTH STRIKING & STRUCK 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN 9 - OTHER / UNKNOWN				
CONTRIBUTING CIRCUMSTANCES 07		1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 6 - IMPROPER TURN 12 - IMPROPER BACKING				
SEQUENCE OF EVENTS		1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - OTHER 24 - OTHER MOVABLE OBJECT 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - PARKED MOTOR VEHICLE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE				
COLLISION WITH FIXED OBJECT - STRUCK		25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN 49 - FIRE HYDRANT				
FIRST HARMFUL EVENT 1		MOST HARMFUL EVENT 1				

LOCAL REPORT NUMBER 2 2 0 4 7 4 2 0	
DAMAGE DAMAGE SCALE 3 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
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 0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN	
TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 6 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 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM 2 TO 1 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 30	DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 25	



LOCAL REPORT NUMBER	
<div style="display: flex; justify-content: space-around; font-family: monospace; font-size: 1.2em;"> 22047420 </div>	
DAMAGE	
DAMAGE SCALE	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>1 - NONE</p> <p>2 - MINOR DAMAGE</p> <p>9 - UNKNOWN</p> </div> <div style="width: 45%;"> <p>3 - FUNCTIONAL DAMAGE</p> <p>4 - DISABLING DAMAGE</p> </div> </div>	
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 10px;">4</div> </div>	
DAMAGED AREA(S)	
INDICATE ALL THAT APPLY	
<div style="display: grid; grid-template-columns: 1fr 1fr; gap: 10px;">         </div>	
<div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> <input type="checkbox"/> - NO DAMAGE [0] </div> <div style="text-align: center;"> <input type="checkbox"/> - UNDERCARRIAGE [14] </div> </div>	
<div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> <input type="checkbox"/> - TOP [13] </div> <div style="text-align: center;"> <input type="checkbox"/> - ALL AREAS [15] </div> </div>	
<input type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>0 - NO DAMAGE</p> <p>1-12 - REFER TO UNIT DIAGRAM</p> <p>13 - TOP</p> </div> <div style="width: 45%;"> <p>14 - UNDERCARRIAGE</p> <p>15 - VEHICLE NOT AT SCENE</p> <p>99 - UNKNOWN</p> </div> </div>	
TRAFFIC	
<p>TRAFFICWAY FLOW</p> <p>1 - ONE-WAY</p> <p>2 - TWO-WAY</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">2</div>	<p>TRAFFIC CONTROL</p> <p>1 - ROUNDABOUT</p> <p>2 - SIGNAL</p> <p>3 - FLASHER</p> <p>4 - STOP SIGN</p> <p>5 - YIELD SIGN</p> <p>6 - NO CONTROL</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">6</div>
<p># OF THROUGH LANES ON ROAD</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">2</div>	<p>RAIL GRADE CROSSING</p> <p>1 - NOT INVOLVED</p> <p>2 - INVOLVED-ACTIVE CROSSING</p> <p>3 - INVOLVED-PASSIVE CROSSING</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">1</div>
UNIT / NON-MOTORIST DIRECTION	
<p>FROM <div style="border: 1px solid black; padding: 2px 10px;">1</div> TO <div style="border: 1px solid black; padding: 2px 10px;">2</div></p>	
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p>1 - NORTH</p> <p>2 - SOUTH</p> <p>3 - EAST</p> <p>4 - WEST</p> </div> <div style="width: 45%;"> <p>5 - NORTHEAST</p> <p>6 - NORTHWEST</p> <p>7 - SOUTHEAST</p> <p>8 - SOUTHWEST</p> <p>9 - OTHER / UNKNOWN</p> </div> </div>	
<p>UNIT SPEED</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">0</div>	<p>DETECTED SPEED</p> <p>1 - STATED / ESTIMATED SPEED</p> <p>2 - CALCULATED / EDR</p> <p>3 - UNDETERMINED</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">1</div>
<p>POSTED SPEED</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">2 5</div>	



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2 2 0 4 7 4 2 0

MOTORIST / NON-MOTORIST	UNIT # 0 1	NAME: LAST, FIRST, MIDDLE Reed, Becky, Ledford		DATE OF BIRTH 0 6 1 8 1 9 6 5		AGE 5 7	GENDER F																																																																																																																																								
	ADDRESS: STREET, CITY, STATE, ZIP 129 Chapel Hill Dr. Fairfield, OH 45014				CONTACT PHONE - INCLUDE AREA CODE																																																																																																																																										
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> 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 331.34a	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION Failure To Control		CITATION NUMBER 251321																																																																																																																																							
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 3 8		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4																																																																																																																																					
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<table border="1"><thead><tr><th>INJURIES</th><th>SEATING POSITION</th><th>AIR BAG</th><th>OL CLASS</th><th>OL RESTRICTION(S)</th><th>DRIVER DISTRACTION</th><th>TEST STATUS</th></tr></thead><tbody><tr><td>1 - FATAL</td><td>1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)</td><td>1 - NOT DEPLOYED</td><td>1 - CLASS A</td><td>1 - ALCOHOL INTERLOCK DEVICE</td><td>1 - NOT DISTRACTED</td><td>1 - NONE GIVEN</td></tr><tr><td>2 - SUSPECTED SERIOUS INJURY</td><td>2 - FRONT - MIDDLE</td><td>2 - DEPLOYED FRONT</td><td>2 - CLASS B</td><td>2 - CDL INTRASTATE ONLY</td><td>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)</td><td>2 - TEST REFUSED</td></tr><tr><td>3 - SUSPECTED MINOR INJURY</td><td>3 - FRONT - RIGHT SIDE</td><td>3 - DEPLOYED SIDE</td><td>3 - CLASS C</td><td>3 - CORRECTIVE LENSES</td><td>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE</td><td>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE</td></tr><tr><td>4 - POSSIBLE INJURY</td><td>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)</td><td>4 - 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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		6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	6 - PASSENGER			7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE			8 - THIRD - MIDDLE			8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE			9 - THIRD - RIGHT SIDE			9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN			10 - SLEEPER SECTION OF TRUCK CAB			10 - LIMITED TO DAYLIGHT ONLY				11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)			11 - LIMITED TO EMPLOYMENT				12 - PASSENGER IN UNENCLOSED CARGO AREA			12 - LIMITED - OTHER				13 - TRAILING UNIT			13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)				14 - 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IN COUNTY OF Butler	ACCIDENT LOCATION 3012 WOODSIDE DRIVE	

3012

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WOODSIDE DR.

NOT TO SCALE

OFFICER'S SIGNATURE
PO A. HOELLE

BADGE NO
144