

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN <input checked="" 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* 2 2 0 4 8 5 9 0		
		REPORTING AGENCY NAME* Fairfield Police Department		NCIC* 0 0 9 0 1	HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 0 2
COUNTY* 0 9	LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield			CRASH DATE / TIME* 0 7 0 8 2 0 2 2 1 2 0 7	UNIT IN ERROR 0 1 98 - ANIMAL 99 - UNKNOWN
LOCATION S R	ROUTE TYPE 4	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE 3 9 3 5 8 4 4 2	CRASH SEVERITY 5 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY
	ROUTE TYPE A V	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) St. Clair	ROAD TYPE - 8 4 5 4 1 9 0 3	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1	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 PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES ROADWAY <input type="checkbox"/> ROADWAY DIVIDED		
DISTANCE FROM REFERENCE 5 0	DISTANCE UNIT OF MEASURE 2 - FEET 3 - YARDS			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	
LOCATION OF FIRST HARMFUL EVENT 0 1 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		MANNER OF CRASH COLLISION/IMPACT 7 1 - NOT COLLISION 2 - REAR-END 3 - HEAD-ON		CONTOUR 2	CONDITIONS 2	SURFACE 2
<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	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 1 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		WEATHER 0 2 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL		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	See OH-2	
NARRATIVE On 07/08/2022 at approximately 12:07 P.M. unit #1 was northbound on S.R. 4 in the left through lane of travel. Unit #2 was northbound on S.R. 4 in the right through lane of travel. The driver of unit #1 failed to stay in his lane of travel and collided into unit #2.						
CRASH REPORTED DATE / TIME 0 7 0 8 2 0 2 2 1 2 0 7		DISPATCH DATE / TIME 0 7 0 8 2 0 2 2 1 2 0 8		ARRIVAL DATE / TIME 0 7 0 8 2 0 2 2 1 2 0 8		SCENE CLEARED DATE / TIME 0 7 0 8 2 0 2 2 1 2 4 0
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 ODDS)		TOTAL TIME ROADWAY CLOSED TOTAL TIME INVESTIGATION TIME 3 2		OFFICER'S NAME* Doug Day		CHECKED BY OFFICER'S NAME* Y.O.C. Danner
				OFFICER'S BADGE NUMBER* 7 6		CHECKED BY OFFICER'S BADGE NUMBER* 1 3 6



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

OWNER

UNIT # <u>01</u>	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER)
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OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP
RBHJAX Consulting 2405 Dry Bank Lane Pearland, Texas 77584

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE <u>O H</u>	LICENSE PLATE # <u>PMT2451</u>	VEHICLE IDENTIFICATION # <u>3C6MRVJG1ME570930</u>	VEHICLE YEAR <u>2021</u>	VEHICLE MAKE <u>Dodge</u>
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>Marsh USA</u>	INSURANCE POLICY # <u>ALA200701-25</u>	COLOR <u>gray</u>	VEHICLE MODEL <u>Ram</u>

<input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	TYPE OF USE <u>INTERLOCK DEVICE EQUIPPED</u>	US DOT # <u>1</u>	TOWED BY: COMPANY NAME
<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS <u>0 1</u>	VEHICLE WEIGHT GVWR/GCWR <u>1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.</u>	HAZARDOUS MATERIAL
			<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD

UNIT TYPE <u>015</u>	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 <u>0</u>		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>2</u>	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN
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SPECIAL FUNCTION <u>01</u>	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
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CARGO BODY TYPE <u>06</u>	1 - NO CARGO BODY TYPE /NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - GRAIN/CHIPS/GRAVEL	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - TRAILER EQUIPMENT DEFECTIVE	8 - POLE 9 - CARGO TANK 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 <u>3</u>	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING <u>01</u> 4 - STRUCK PRE-CRASH 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 <u>99</u>	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 / ACOA 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

<u>120</u>	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 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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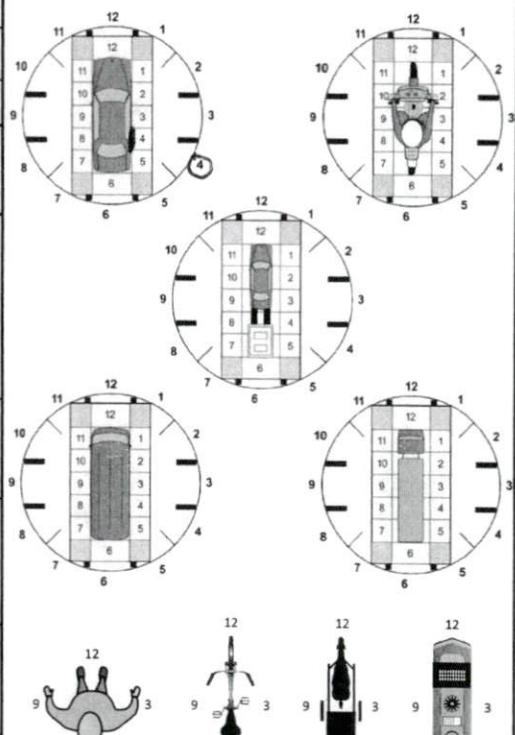
<u>45</u>	25 - IMPACT ATTENUATOR /CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES 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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<u>1</u>	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT
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LOCAL REPORT NUMBER
2 2 0 4 8 5 9 0

DAMAGE
DAMAGE SCALE
1 - NONE 3 - FUNCTIONAL DAMAGE
2 - MINOR DAMAGE 4 - DISABLING DAMAGE
9 - UNKNOWN

DAMAGED 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 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
99 - UNKNOWN
13 - TOP

TRAFFIC
TRAFFIC FLOW
1 - ONE-WAY
2 - TWO-WAY
6

TRAFFIC CONTROL
1 - ROUNDABOUT 4 - STOP SIGN
2 - SIGNAL 5 - YIELD SIGN
3 - FLASHER 6 - NO CONTROL

OF THROUGH LANES ON ROAD
3

RAIL GRADE CROSSING
1 - NOT INVOLVED
2 - INVOLVED-ACTIVE CROSSING
3 - INVOLVED-PASSIVE CROSSING

UNIT / 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 1
UNIT SPEED
3 5

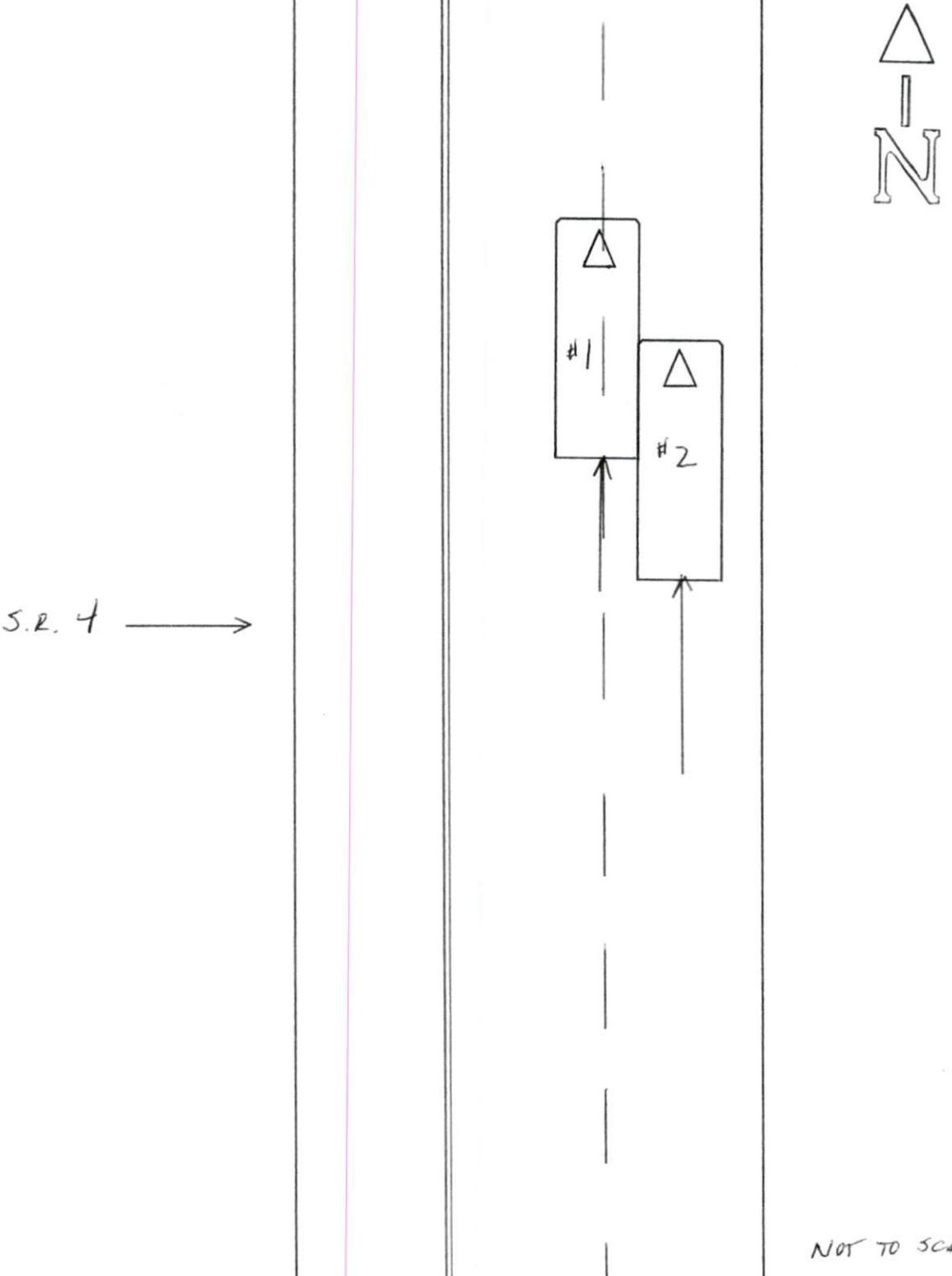
DETECTED SPEED
1 - STATED / ESTIMATED SPEED
2 - CALCULATED / EDR
3 - UNDETERMINED

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



MOTORIST / Non-MOTORIST

INJURIES						INJURED TAKEN BY			EMS AGENCY (NAME)			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED		DATE OF BIRTH		AGE		GENDER			
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	0 1	0 4 0 8 1 9 8 6	3 6	M				
OL STATE						OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE		OFFENSE DESCRIPTION			CONTACT PHONE - INCLUDE AREA CODE							
O H	O H	O H	O H	O H	O H	O H	O H	O H	O H	O H	O H	O H	O H	O H	331.08 A1	<input checked="" type="checkbox"/>	Marked Lanes	CITATION NUMBER						
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	4	4	4	4	4	4	4	4	4	4	4	4	4	4	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	1	1	1	1	1	1
UNIT #						NAME: LAST, FIRST, MIDDLE			ADDRESS: STREET, CITY, STATE, ZIP			DATE OF BIRTH			AGE GENDER									
0 2	0 2	0 2	0 2	0 2	0 2	0 2	0 2	0 2	0 2	0 2	0 2	0 2	0 2	0 2	0 6 1 4 1 9 6 9	5 3	M							
358 West Maple Ave. Hodgenville, Kentucky 42748															CONTACT PHONE - INCLUDE AREA CODE									
INJURIES						INJURED TAKEN BY			EMS AGENCY (NAME)			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED		DATE OF BIRTH		AGE GENDER					
5	5	5	5	5	5	5	5	5	5	5	5	5	5	0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	0 1	0 6 1 4 1 9 6 9	5 3	M					
OL STATE						OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE		OFFENSE DESCRIPTION			CITATION NUMBER							
K Y	K Y	K Y	K Y	K Y	K Y	K Y	K Y	K Y	K Y	K Y	K Y	K Y	K Y	K Y	K Y	K Y	K Y	K Y	K Y	K Y	K Y	K Y		
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	1	1	1	1	1	1	1	1	1	1	1	1	1	1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	1	1	1	1	1	1
UNIT #						NAME: LAST, FIRST, MIDDLE			ADDRESS: STREET, CITY, STATE, ZIP			DATE OF BIRTH			AGE GENDER									
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 6 1 4 1 9 6 9	5 3	M							
358 West Maple Ave. Hodgenville, Kentucky 42748															CONTACT PHONE - INCLUDE AREA CODE									
INJURIES						INJURED TAKEN BY			EMS AGENCY (NAME)			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED		DATE OF BIRTH		AGE GENDER					
5	5	5	5	5	5	5	5	5	5	5	5	5	5	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	0 1	0 6 1 4 1 9 6 9	5 3	M						
OL STATE						OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE		OFFENSE DESCRIPTION			CITATION NUMBER							
K Y	K Y	K Y	K Y	K Y	K Y	K Y	K Y	K Y	K Y	K Y	K Y	K Y	K Y	K Y	K Y	K Y	K Y	K Y	K Y	K Y	K Y	K Y		
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	1	1	1	1	1	1	1	1	1	1	1	1	1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	1	1	1	1	1	1	
INJURIES						SEATING POSITION			AIR BAG		OL CLASS		OL RESTRICTIONS		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						9-SECOND - MIDDLE	9-DEPLOYMENT UNKNOWN	6-EXCEPT CLASS A & CLASS B BUS	7-EXCEPT TRACTOR-TRAILER	4-TALKING ON HAND-HELD COMMUNICATION DEVICE														
1-NOT TRANSPORTED / TREATED AT SCENE	6-SECOND - RIGHT SIDE	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-EXCEPT TRACTOR-TRAILER	5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE																				
2-EMS	7-THIRD - MIDDLE	8-THIRD - MIDDLE	8-INTERMEDIATE LICENSE RESTRICTIONS	6-PASSENGER																				
3-POLICE	9-THIRD - RIGHT SIDE	9-THIRD - RIGHT SIDE	9-LEARNER'S PERMIT RESTRICTIONS	7-OTHER DISTRACTION INSIDE THE VEHICLE																				
9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB	10-NOT APPLICABLE	10-LIMITED TO DAYLIGHT ONLY	8-OTHER DISTRACTION OUTSIDE THE VEHICLE																				
SAFETY EQUIPMENT						11-NOT APPLICABLE	11-LIMITED TO EMPLOYMENT	9-OTHER / UNKNOWN	9-OTHER / UNKNOWN	5-OTHER														
1-NONE USED	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	12-EXTRICATED BY MECHANICAL MEANS	12-LIMITED - OTHER	12-OTHER	12-BREATH																			
2-SHOULDER BELT ONLY USED	12-PASSENGER IN UNENCLOSED CARGO AREA	13-FREED BY NON-MECHANICAL MEANS	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13-AMPHETAMINES																				
3-LAP BELT ONLY USED	13-TRAILING UNIT	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14-MILITARY VEHICLES ONLY	2-BLOOD																				
4-SHOULDER & LAP BELT USED	14-NON-MOTORIST	15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-MOTOR VEHICLES WITHOUT AIR BRAKES	3-URINE																				
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	15-NON-MOTORIST	16-OUTSIDE MIRROR	16-OUTSIDE MIRROR	4-OTHER																				
6-CHILD RESTRAINT SYSTEM - REAR FACING	19-OTHER / UNKNOWN	17-PROSTHETIC AID	17-PROSTHETIC AID	DRUG TEST TYPE																				
7-BOOSTER SEAT	19-OTHER / UNKNOWN	18-OTHER	18-OTHER	1-NONE																				
8-HELMET USED	19-OTHER / UNKNOWN	20-CONDITION	20-CONDITION	2-BLOOD																				
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	19-OTHER / UNKNOWN	21-FEMALE	21-FEMALE	3-URINE																				
10-REFLECTIVE CLOTHING	19-OTHER / UNKNOWN	22-M-MALE	22-M-MALE	4-OTHER																				
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY	19-OTHER / UNKNOWN	23-U-OTHER / UNKNOWN	23-U-OTHER / UNKNOWN	DRUG TEST RESULT(S)																				
19-OTHER / UNKNOWN	19-OTHER / UNKNOWN	24-CONDITION	24-CONDITION	1-AMPHETAMINES																				
19-OTHER / UNKNOWN	19-OTHER / UNKNOWN	25-F-CONDITION	25-F-CONDITION	2-BARBITURATES																				
19-OTHER / UNKNOWN	19-OTHER / UNKNOWN	26-M-CONDITION	26-M-CONDITION	3-BENZODIAZEPINES																				
19-OTHER / UNKNOWN	19-OTHER / UNKNOWN	27-U-CONDITION	27-U-CONDITION	4-CANNABINOID																				
19-OTHER / UNKNOWN	19-OTHER / UNKNOWN	28-CONDITION	28-CONDITION	5-COCAIN																				
19-OTHER / UNKNOWN	19-OTHER / UNKNOWN	29-CONDITION	29-CONDITION	6-OPIATES / OPIOIDS																				
19-OTHER / UNKNOWN	19-OTHER / UNKNOWN	30-CONDITION	30-CONDITION	7-OTHER																				
19-OTHER / UNKNOWN	19-OTHER / UNKNOWN	31-CONDITION	31-CONDITION	8-NEGATIVE RESULTS																				

LOCAL REPORT NUMBER	22-048590	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	7/8/22
IN COUNTY OF	Butler	ACCIDENT LOCATION	S.R. 4 at St. Clair Ave.		
					
OFFICER'S SIGNATURE			Doug Day	BADGE NO	
				76	