



## TRAFFIC CRASH REPORT

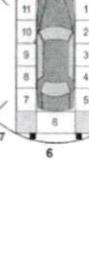
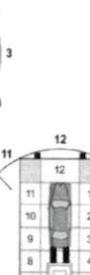
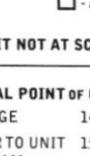
\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL REPORT NUMBER*					
				2 2 0 4 8 6 5 9					
<input checked="" type="checkbox"/> PHOTOS TAKEN <input 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 <input type="checkbox"/> NCIC*		LOCAL INFORMATION		HIT/SKIP		NUMBER OF UNITS	UNIT IN ERROR		
		Fairfield Police Department 0 0 9 0 1		1 - SOLVED 2 - UNSOLVED		0 2	0 1 98 - ANIMAL 99 - UNKNOWN		
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*				CRASH DATE / TIME*		CRASH SEVERITY	
0 9	1 2 - VILLAGE 3 - TOWNSHIP	City of Fairfield				0 7 0 8 2 0 2 2 1 8 0 2		1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY	
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES			
				MACK	R D	3 9 3 1 0 4 3 9			
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES			
				SOUTH GILMORE	R D	- 8 4 5 2 3 3 0 2			
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 checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA <span style="float: right;">NUMBER OF APPROACHES 4</span>			
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE	1 - MILES 2 - FEET 3 - YARDS				ROADWAY			
7 5	2					<input type="checkbox"/> ROADWAY DIVIDED			
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT				DIRECTION OF TRAVEL	MEDIAN TYPE
1 - ON ROADWAY 0 1 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 VEHICLES IN TRANSPORT	4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 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 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN				
LIGHT CONDITION		WEATHER							
1 - DAYLIGHT 1 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	0 2	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 July 8, 2022, Units 1 and 2 were traveling eastbound on Mack Road at South Gilmore Road. Both Units were stopped at the red light. Unit 1 then accelerated and rear-ended Unit 2.						SEE OH-2			
No citation was issued due to the extremely minor amount of damage.									
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY	
0 7 0 8 2 0 2 2 1 8 0 2		0 7 0 8 2 0 2 2 1 8 0 4		0 7 0 8 2 0 2 2 1 8 1 2		0 7 0 8 2 0 2 2 1 8 2 3		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*	
0		3 0		4 9		A. ROUSH		<i>S. Roush</i>	
						OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*	
						1 7 0		<i>B. Roush</i>	
<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOSPS)									



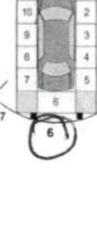
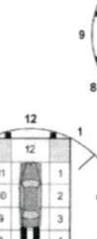
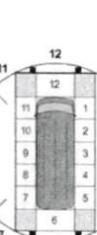
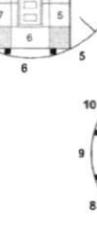
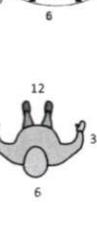
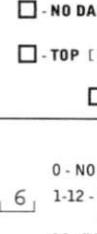
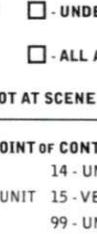
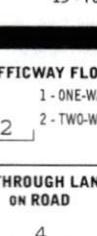
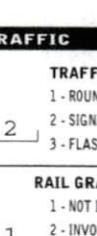
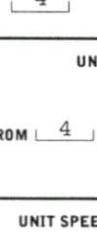
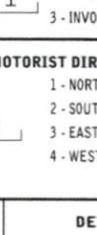
## UNIT

OWNER	UNIT # 0_1	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 O_H	LICENSE PLATE # HYX8567	VEHICLE IDENTIFICATION # JTHB146G3921331715	VEHICLE YEAR 2009
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY METROPOLITAN PROP	INSURANCE POLICY # 6163311650	VEHICLE MAKE LEXUS
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	VEHICLE YEAR 2009
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS 0_1	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.
TOWED BY: COMPANY NAME		HAZARDOUS MATERIAL	
<input type="checkbox"/> RELEASED		MATERIAL CLASS # PLACARD	PLACARD ID #
UNIT TYPE 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		1 - 1 - PASSENGER CAR 2 - 1 - PASSENGER VAN (MINIVAN) 3 - 1 - SPORT UTILITY VEHICLE 4 - 1 - PICK UP 5 - 1 - CARGO VAN 6 - 1 - VAN (9-15 SEATS)	1 - 1 - PASSENGER CAR 2 - 1 - PASSENGER VAN (MINIVAN) 3 - 1 - SPORT UTILITY VEHICLE 4 - 1 - PICK UP 5 - 1 - CARGO VAN 6 - 1 - VAN (9-15 SEATS)
# OF TRAILING UNITS 0_1		1 - 1 - PASSENGER CAR 2 - 1 - PASSENGER VAN (MINIVAN) 3 - 1 - SPORT UTILITY VEHICLE 4 - 1 - PICK UP 5 - 1 - CARGO VAN 6 - 1 - VAN (9-15 SEATS)	
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0_2 1 - YES 2 - NO 9 - OTHER / UNKNOWN		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 0	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION
AUTONOMOUS MODE LEVEL		9 - UNKNOWN	
SPECIAL FUNCTION 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
CARGO BODY TYPE 1 - NONE 2 - BUS		16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	21 - MAIL CARRIER 99 - OTHER / UNKNOWN
1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		21 - MAIL CARRIER 99 - OTHER / UNKNOWN	21 - MAIL CARRIER 99 - OTHER / UNKNOWN
VEHICLE DEFECTS		4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE
NON-MOTORIST LOCATION AT IMPACT		9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT	99 - OTHER / UNKNOWN
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
1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 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
ACTION 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN		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
CONTRIBUTING CIRCUMSTANCES 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN		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		NON-COLLISION	
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 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE
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 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
COLLISION WITH FIXED OBJECT - STRUCK		50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	
1 - FIRST HARMFUL EVENT 1		1 - MOST HARMFUL EVENT	

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



## UNIT

LOCAL REPORT NUMBER											
2	2	0	4	8	6	5	9				
DAMAGE											
DAMAGE SCALE											
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					
TRAFFIC											
TRAFFICWAY FLOW						TRAFFIC CONTROL					
1 - ONE-WAY				1 - ROUNDABOUT							
2 - TWO-WAY				4 - STOP SIGN							
											
											
# OF THROUGH LANES ON ROAD						RAIL GRADE CROSSING					
											
UNIT / NON-MOTORIST DIRECTION											
FROM <u>4</u> TO <u>3</u>						1 - NORTH      5 - NORTHEAST					
						2 - SOUTH      6 - NORTHWEST					
						3 - EAST      7 - SOUTHEAST					
						4 - WEST      8 - SOUTHWEST					
						9 - OTHER / UNKNOWN					
UNIT SPEED						DETECTED SPEED					
											
POSTED SPEED											
											



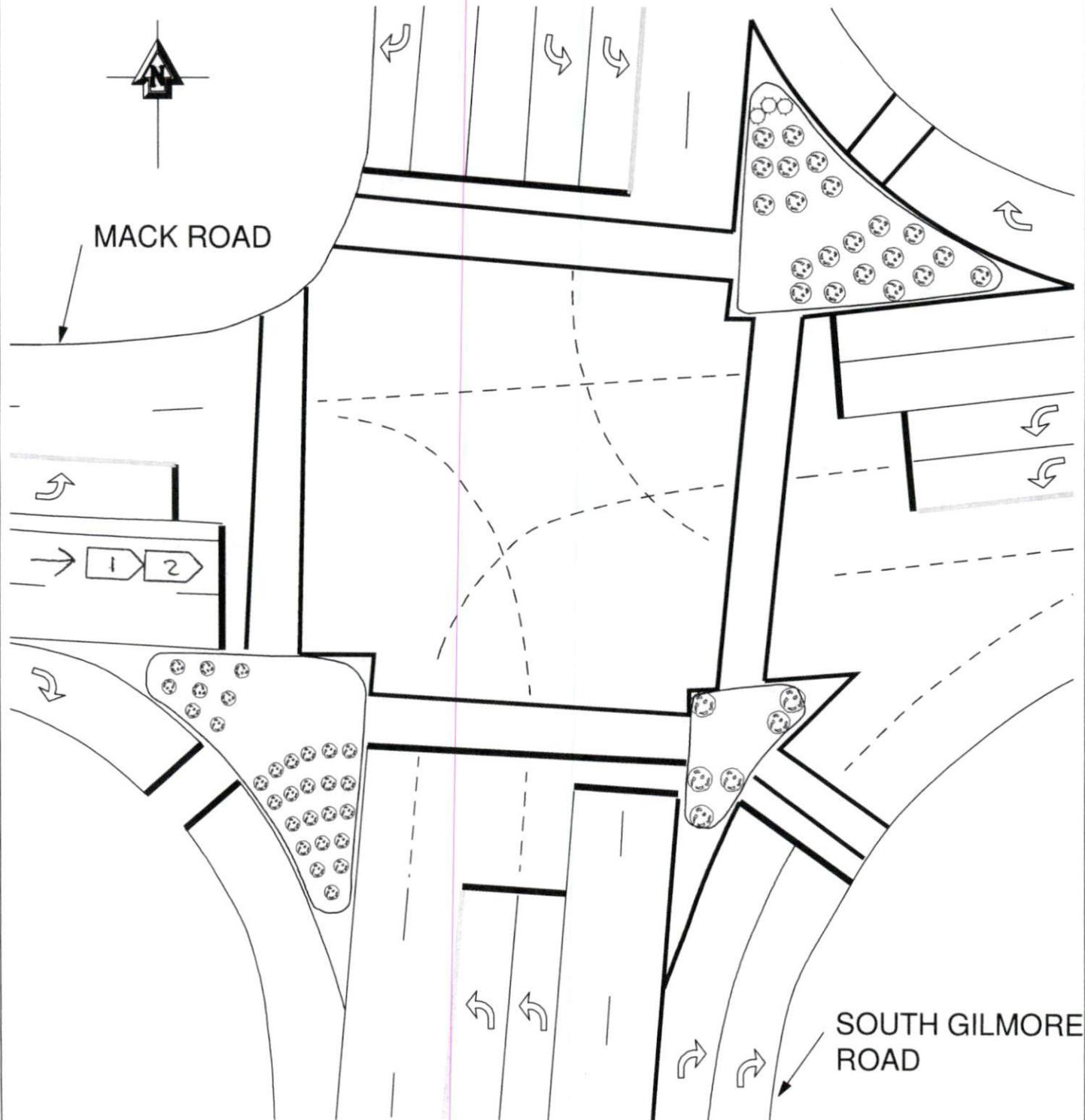
# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

2 2 0 4 8 6 5 9

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE 0 1 BIVENS, KEVIN					DATE OF BIRTH 1 2 0 5 1 9 8 0	AGE 4 1	GENDER M
	ADDRESS: STREET, CITY, STATE, ZIP 1412 HAZELGROVE DR, CINCINNATI, OH 45240						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	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	DRUG TEST(S) TYPE 1	RESULT SELECT UP TO 4 1	
UNIT # 0 2	NAME: LAST, FIRST, MIDDLE ROSE, SHEILA ANN					DATE OF BIRTH 0 9 2 6 1 9 5 3	AGE 6 8	GENDER F	
ADDRESS: STREET, CITY, STATE, ZIP 5363 YEATMAN RD, CINCINNATI, OH 45252						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	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	DRUG TEST(S) TYPE 1	RESULT SELECT UP TO 4 1	
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH 0	AGE	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 1	ALCOHOL TEST STATUS 1	DRUG TEST(S) TYPE 1	RESULT SELECT UP TO 4 1	
<b>INJURIES</b>	<b>SEATING POSITION</b>	<b>AIR BAG</b>	<b>OL CLASS</b>	<b>OL 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				
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					
	6-SECOND - RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-NO VALID OL	6-EXCEPT CLASS A & CLASS B BUS					
	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7-EXCEPT TRACTOR-TRAILER					
	8-THIRD - MIDDLE			8-INTERMEDIATE LICENSE RESTRICTIONS					
	9-THIRD - RIGHT SIDE			9-LEARNER'S PERMIT RESTRICTIONS					
	10-SLEEPER SECTION OF TRUCK CAB			10-LIMITED TO DAYLIGHT ONLY					
<b>INJURED TAKEN BY</b>	<b>EJECTION</b>	<b>OL ENDORSEMENT</b>		11-LIMITED TO EMPLOYMENT					
1-NOT TRANSPORTED / TREATED AT SCENE	1-NOT EJECTED	H - HAZMAT		12-LIMITED - OTHER					
2-EMS	2-PARTIALLY EJECTED	M - MOTORCYCLE		13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)					
3-POLICE	3-TOTALLY EJECTED	P - PASSENGER		14-MILITARY VEHICLES ONLY					
9-OTHER / UNKNOWN	4-NOT APPLICABLE	N - TANKER		15-MOTOR VEHICLES WITHOUT AIR BRAKES					
<b>SAFETY EQUIPMENT</b>	<b>TRAPPED</b>	Q - MOTOR SCOOTER		16-OUTSIDE MIRROR					
1-NONE USED	1-NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE		17-PROSTHETIC AID					
2-SHOULDER BELT ONLY USED	2-EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS		18-OTHER					
3-LAP BELT ONLY USED	3-FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS							
4-SHOULDER & LAP BELT USED		X - TANKER / HAZMAT							
5-CHILD RESTRAINT SYSTEM - FORWARD FACING		<b>GENDER</b>							
6-CHILD RESTRAINT SYSTEM - REAR FACING	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	F - FEMALE	1-APPARENTLY NORMAL						
7-BOOSTER SEAT	15-NON-MOTORIST	M - MALE	2-PHYSICAL IMPAIRMENT						
8-HELMET USED	99-OTHER / UNKNOWN	U - OTHER / UNKNOWN	3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)						
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			4-ILLNESS						
10-REFLECTIVE CLOTHING			5-FELL ASLEEP, FAINTED, FATIGUED, ETC.						
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY			6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL						
99-OTHER / UNKNOWN			9-OTHER / UNKNOWN						
			<b>DRUG TEST TYPE</b>						
			1-NONE						
			2-BLOOD						
			3-URINE						
			4-BREATH						
			5-OTHER						
			<b>DRUG TEST RESULT(S)</b>						
			1-AMPHETAMINES						
			2-BARBITURATES						
			3-BENZODIAZEPINES						
			4-CANNABINOIDS						
			5-COCAININE						
			6-OPIATES / OPIOIDS						
			7-OTHER						
			8-NEGATIVE RESULTS						

LOCAL REPORT NUMBER 22048659	REPORTING AGENCY Fairfield Police Department	DATE OF CRASH M 07   D 08   Y 22
IN COUNTY OF Butler	CRASH LOCATION MACK RD. / SOUTH GILMORE RD.	



NOT TO SCALE

OFFICER'S SIGNATURE  
A. ROUSH

BADGE NUMBER  
170