



## 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 type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION		LOCAL REPORT NUMBER*			
		REPORTING AGENCY NAME*		NCIC*	2 2 0 5 0 5 2 1		
		Fairfield Police Department		0 0 9 0 1	HIT/SKIP	NUMBER OF UNITS	
COUNTY* 0 9		LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP*		2 1-SOLVED 2 2-UNRESOLVED	UNIT IN ERROR 0 1 98-ANIMAL 99-UNKNOWN
				City of Fairfield		CRASH DATE / TIME* 0 7 1 5 2 0 2 2 0 9 4 3	
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME Fairfield	ROAD TYPE A V	LATITUDE DECIMAL DEGREES 3 9 3 5 0 1 8 3	
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Lombardy	ROAD TYPE D R	LONGITUDE DECIMAL DEGREES -8 4 5 5 0 0 8 3	
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(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	ROAD TYPE 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	CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY	
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS					INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA	
						NUMBER OF APPROACHES 3	
LOCATION OF FIRST HARMFUL EVENT 0 1			MANNER OF CRASH COLLISION/IMPACT 6	DIRECTION OF TRAVEL 1-NORTH 2-SOUTH 3-EAST 4-WEST	ROADWAY ROADWAY DIVIDED		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 SIGN 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		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				
NARRATIVE On 07-15-22, at 9:43 a.m. Unit 2 was traveling south on Fairfield Ave when Unit 1 made a wide right turn onto Fairfield Ave from Lombardy Dr. As a result, the front of Unit 1 struck the front of Unit 2.  The driver of Unit 1 left the scene without exchanging information or contacting law enforcement.							
SEE OH-2							
CRASH REPORTED DATE / TIME 0 7 1 5 2 0 2 2 0 9 4 3		DISPATCH DATE / TIME 0 7 1 5 2 0 2 2 0 9 4 5		ARRIVAL DATE / TIME 0 7 1 5 2 0 2 2 0 9 5 2		SCENE CLEARED DATE / TIME 0 7 1 5 2 0 2 2 1 0 1 0	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES 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 ODP)	
		OFFICER'S NAME* D. Setterstrom		CHECKED BY OFFICER'S NAME* Sgt. J. Sprosue			
		OFFICER'S BADGE NUMBER* 1 2 1		CHECKED BY OFFICER'S BADGE NUMBER* 8 4			



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

OWNER

VEHICLE

EVENT(s)

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

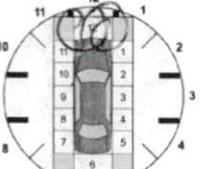
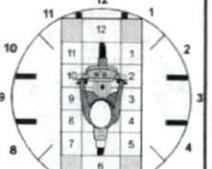
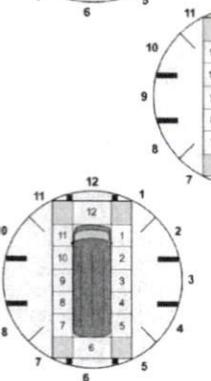
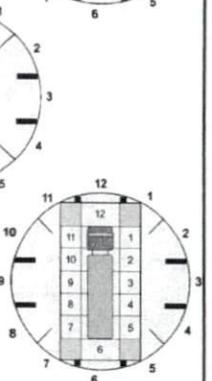
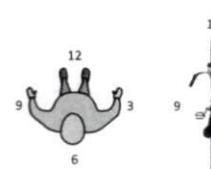
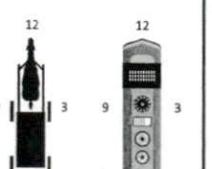
1

1

1

1

OWNER	UNIT # <u>012</u>	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																																																				
VEHICLE	LP STATE <u>O H</u>	LICENSE PLATE # <u>HTN8666</u>	VEHICLE IDENTIFICATION # <u>3N1BC1CP3AL378268</u>	VEHICLE YEAR <u>2010</u>	VEHICLE MAKE <u>Nissan</u>																																																	
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>Farmers</u>	INSURANCE POLICY # <u>184276071</u>	COLOR <u>Black</u>	VEHICLE MODEL <u>Versa</u>																																																	
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME																																																		
UNIT TYPE	INTERLOCK EQUIPPED <input type="checkbox"/>	HIT/SKIP UNIT EQUIPPED <input type="checkbox"/>	# OCCUPANTS <u>0, 1</u>	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.																																																		
				HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD																																																		
				CLASS # <u>1</u> PLACARD ID # <u>1</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 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																																																	
	<u>0, 1</u>		<u>0, 1</u>																																																			
	# OF TRAILING UNITS <u>0</u>																																																					
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>2</u> 1 - YES 2 - NO 9 - OTHER / UNKNOWN		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN																																																	
	<u>0, 1</u>		<u>0</u>																																																			
	SPECIAL FUNCTION 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER		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																																																	
	<u>0, 1</u>		<u>0, 1</u>																																																			
	CARGO BODY TYPE 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 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 15 - OTHER / UNKNOWN																																																	
	<u>1</u>		<u>1</u>																																																			
	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																																																	
	<u>1</u>		<u>1</u>																																																			
	NON-MOTORIST LOCATION AT IMPACT 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		3 - INTERSECTION - OTHER CROSSWALK 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 13 - STANDING 14 - WORKING 15 - PUSHING VEHICLE 16 - WORKING 17 - APPROACHING OR LEAVING VEHICLE 18 - STANDING 19 - WORKING 20 - OTHER NON-MOTORIST 21 - WORKING 22 - OTHER / UNKNOWN																																																	
	<u>1</u>		<u>1</u>																																																			
	ACTION 4 - STRUCK PRE-CRASH ACTIONS 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK PRE-CRASH ACTIONS 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 22 - OTHER / UNKNOWN																																																
	<u>4</u>		<u>0, 1</u>																																																			
	CONTRIBUTING CIRCUMSTANCES 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 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 24 - OTHER IMPROPER ACTION 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 24 - OTHER IMPROPER ACTION 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 24 - OTHER IMPROPER ACTION 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 24 - OTHER IMPROPER ACTION																																																	
	<u>0, 1</u>		<u>0, 1</u>																																																			
EVENT(S)	SEQUENCE OF EVENTS																																																					
	<table border="1"> <thead> <tr> <th colspan="6">NON-COLLISION</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>0</td> <td>1</td> <td>2</td> <td>0</td> </tr> <tr> <td>1</td> <td>2</td> <td>0</td> <td>1</td> <td>2</td> <td>0</td> </tr> <tr> <td>2</td> <td>1</td> <td>1</td> <td>2</td> <td>1</td> <td>1</td> </tr> <tr> <td>3</td> <td>1</td> <td>1</td> <td>2</td> <td>1</td> <td>1</td> </tr> <tr> <td>4</td> <td>1</td> <td>1</td> <td>2</td> <td>1</td> <td>1</td> </tr> <tr> <td>5</td> <td>1</td> <td>1</td> <td>2</td> <td>1</td> <td>1</td> </tr> <tr> <td>6</td> <td>1</td> <td>1</td> <td>2</td> <td>1</td> <td>1</td> </tr> </tbody> </table>						NON-COLLISION						1	2	0	1	2	0	1	2	0	1	2	0	2	1	1	2	1	1	3	1	1	2	1	1	4	1	1	2	1	1	5	1	1	2	1	1	6	1	1	2	1	1
NON-COLLISION																																																						
1	2	0	1	2	0																																																	
1	2	0	1	2	0																																																	
2	1	1	2	1	1																																																	
3	1	1	2	1	1																																																	
4	1	1	2	1	1																																																	
5	1	1	2	1	1																																																	
6	1	1	2	1	1																																																	
	<table border="1"> <thead> <tr> <th colspan="6">COLLISION WITH FIXED OBJECT - STRUCK</th> </tr> </thead> <tbody> <tr> <td>4</td> <td>1</td> <td>1</td> <td>2</td> <td>0</td> <td>1</td> </tr> <tr> <td>5</td> <td>1</td> <td>1</td> <td>2</td> <td>0</td> <td>1</td> </tr> <tr> <td>6</td> <td>1</td> <td>1</td> <td>2</td> <td>0</td> <td>1</td> </tr> </tbody> </table>						COLLISION WITH FIXED OBJECT - STRUCK						4	1	1	2	0	1	5	1	1	2	0	1	6	1	1	2	0	1																								
COLLISION WITH FIXED OBJECT - STRUCK																																																						
4	1	1	2	0	1																																																	
5	1	1	2	0	1																																																	
6	1	1	2	0	1																																																	
	<table border="1"> <thead> <tr> <th colspan="6">FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1</th> </tr> </thead> </table>						FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1																																															
FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1																																																						

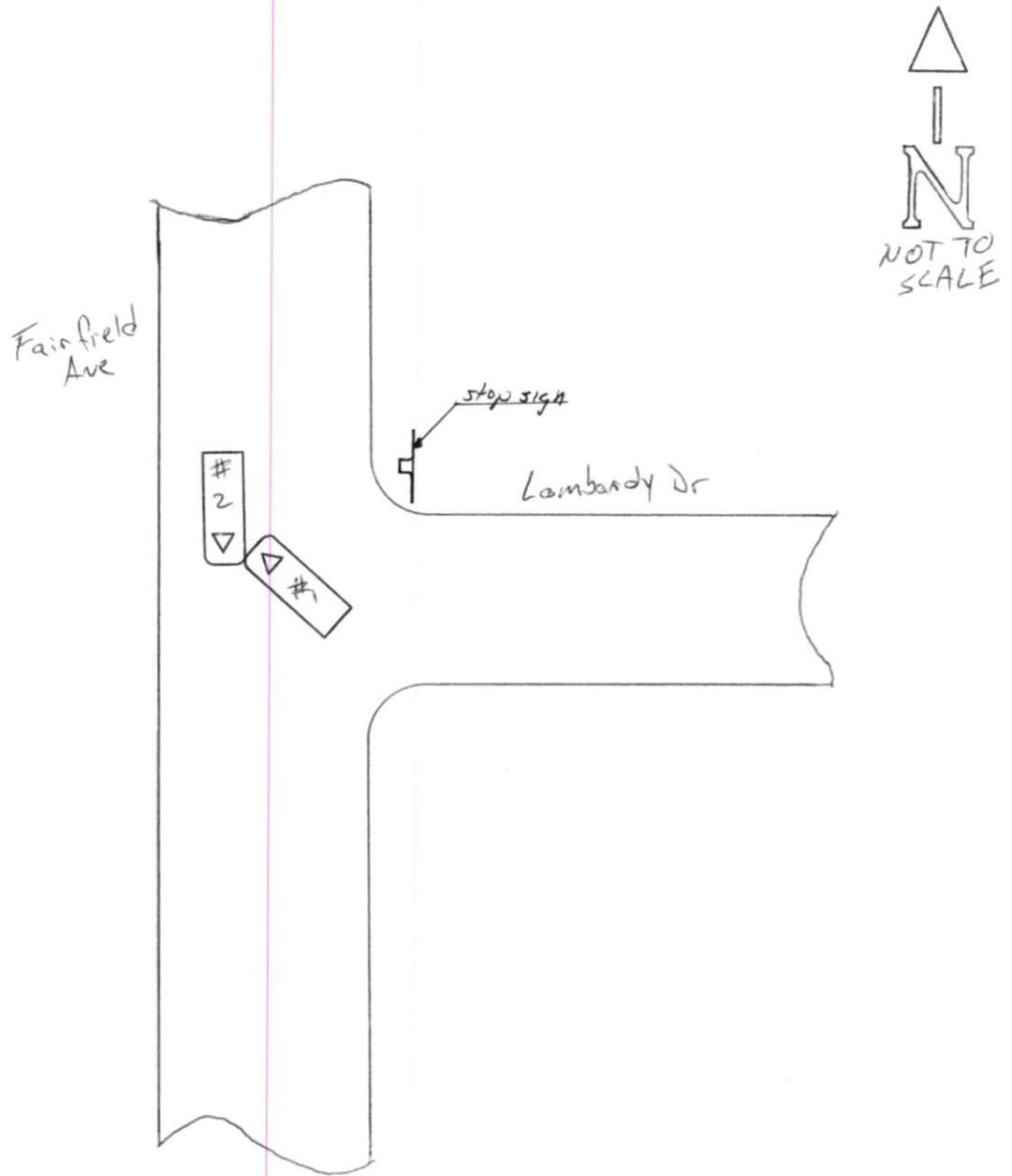
LOCAL REPORT NUMBER <u>22050521</u>		DAMAGE	
		DAMAGE SCALE	
2	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE	
DAMAGED AREA(S) INDICATE ALL THAT APPLY			
     			
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14]			
<input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15]			
<input type="checkbox"/> - UNIT NOT AT SCENE [16]			
INITIAL POINT OF CONTACT			
0 - NO DAMAGE 1 - 12 - REFER TO UNIT DIAGRAM 13 - TOP		14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC			
TRAFFIC FLOW 1 - ONE-WAY 2 - TWO-WAY 6		TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 5 - YIELD SIGN 6 - NO CONTROL	
# OF THROUGH LANES ON ROAD 2		RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING 1	
UNIT / NON-MOTORIST DIRECTION			
FROM 1 TO 2		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 2 0		DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED 1	
POSTED SPEED 2 5			



# MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	LOCAL REPORT NUMBER											
	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH			AGE	GENDER		
0 1								0	M			
ADDRESS: STREET, CITY, STATE, ZIP												
CONTACT PHONE - INCLUDE AREA CODE												
INJURIES 5	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		CONDITION	ALCOHOL TEST	DRUG TEST(S)			
0 2	Perry, Kaylee R.				9	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	9	1 1	1 1	RESULT SELECT UP TO 4		
INJURIES 5	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 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	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST	DRUG TEST(S)			
0 2	Perry, Kaylee R.				1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	1	1 1	1 1	RESULT SELECT UP TO 4		
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		CONDITION	ALCOHOL TEST	DRUG TEST(S)			
0 2	Perry, Kaylee R.				1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	1	1 1	1 1	RESULT SELECT UP TO 4		
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		CONDITION	ALCOHOL TEST	DRUG TEST(S)			
0 2	Perry, Kaylee R.				1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	1	1 1	1 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							
6 - SECOND - RIGHT SIDE	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 - THIRD - MIDDLE	7 - THIRD - RIGHT SIDE	7 - NO VALID OL	7 - EXCEPT TRACTOR-TRAILER								
8 - EMS	8 - THIRD - MIDDLE	8 - NOT EJECTED	8 - H - HAZMAT	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE							
9 - POLICE	9 - THIRD - RIGHT SIDE	9 - PARTIALLY EJECTED	9 - M - MOTORCYCLE	9 - 9 - LEARNER'S PERMIT RESTRICTIONS	9 - PASSENGER							
10 - SLEEPER SECTION OF TRUCK CAB	10 - NOT APPLICABLE	10 - TOTALLY EJECTED	10 - P - PASSENGER	10 - N - TANKER	10 - OTHER DISTRACTION INSIDE THE VEHICLE							
11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11 - NOT APPLICABLE	11 - R - MOTOR SCOOTER	11 - Q - MOTOR SCOOTER	11 - LIMITED TO DAYLIGHT ONLY	11 - OTHER DISTRACTION OUTSIDE THE VEHICLE							
12 - PASSENGER IN UNENCLOSED CARGO AREA	12 - EXTRICATED BY MECHANICAL MEANS	12 - S - SCHOOL BUS	12 - R - THREE-WHEEL MOTORCYCLE	12 - LIMITED - OTHER	12 - OTHER							
13 - TRAILING UNIT	13 - FREED BY NON-MECHANICAL MEANS	13 - T - DOUBLE & TRIPLE TRAILERS	13 - S - SCHOOL BUS	13 - X - TANKER / HAZMAT	13 - OTHER							
14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14 - NOT APPLICABLE	14 - X - TANKER / HAZMAT	14 - X - TANKER / HAZMAT	14 - MILITARY VEHICLES ONLY	14 - OTHER							
15 - NON-MOTORIST	15 - NOT APPLICABLE	15 - F - FEMALE	15 - M - MALE	15 - AIR BRAKES	15 - OTHER							
99 - OTHER / UNKNOWN	99 - OTHER / UNKNOWN	16 - M - MALE	16 - U - OTHER / UNKNOWN	16 - OUTSIDE MIRROR	16 - OTHER							
99 - OTHER / UNKNOWN	99 - OTHER / UNKNOWN	17 - F - FEMALE	17 - M - MALE	17 - PROSTHETIC AID	17 - OTHER							
99 - OTHER / UNKNOWN	99 - OTHER / UNKNOWN	18 - U - OTHER / UNKNOWN	18 - F - FEMALE	18 - OTHER	18 - OTHER							
SAFETY EQUIPMENT												
1 - NONE USED	1 - NOT TRAPPED	1 - APPARENTLY NORMAL	1 - APPARENTLY NORMAL	1 - NONE								
2 - SHOULDER BELT ONLY USED	2 - EXTRICATED BY MECHANICAL MEANS	2 - PHYSICAL IMPAIRMENT	2 - PHYSICAL IMPAIRMENT	2 - BLOOD								
3 - LAP BELT ONLY USED	3 - FREED BY NON-MECHANICAL MEANS	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3 - URINE								
4 - SHOULDER & LAP BELT USED	4 - NOT APPLICABLE	4 - ILLNESS	4 - ILLNESS	4 - BREATH								
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	5 - NOT APPLICABLE	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	5 - OTHER								
6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - NOT APPLICABLE	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6 - OTHER								
7 - BOOSTER SEAT	7 - NOT APPLICABLE	9 - OTHER / UNKNOWN	9 - OTHER / UNKNOWN	9 - OTHER								
8 - HELMET USED	8 - NOT APPLICABLE	10 - OTHER / UNKNOWN	10 - OTHER / UNKNOWN	10 - OTHER								
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - NOT APPLICABLE	11 - OTHER / UNKNOWN	11 - OTHER / UNKNOWN	11 - OTHER								
10 - REFLECTIVE CLOTHING	10 - NOT APPLICABLE	12 - OTHER / UNKNOWN	12 - OTHER / UNKNOWN	12 - OTHER								
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - NOT APPLICABLE	13 - OTHER / UNKNOWN	13 - OTHER / UNKNOWN	13 - OTHER								
99 - OTHER / UNKNOWN	99 - OTHER / UNKNOWN	14 - OTHER / UNKNOWN	14 - OTHER / UNKNOWN	14 - OTHER								
TEST STATUS												
ALCOHOL TEST TYPE												
DRUG TEST TYPE												
CONDITION												
DRUG TEST RESULT(S)												

LOCAL REPORT NUMBER	22-050521	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	07-15-22
IN COUNTY OF	Butler	ACCIDENT LOCATION	Fairfield Ave/Lombardy Dr		



OFFICER'S SIGNATURE

D. Setterstrom

BADGE NO

121