

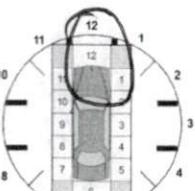
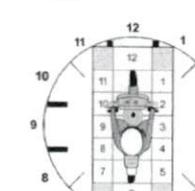
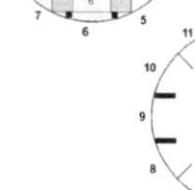
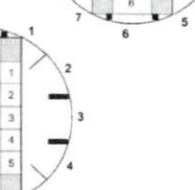
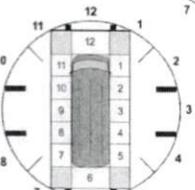
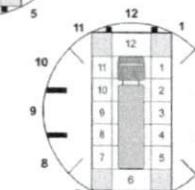
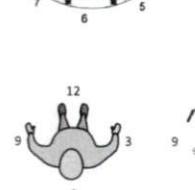
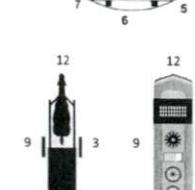
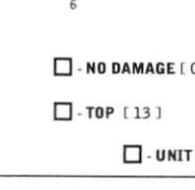
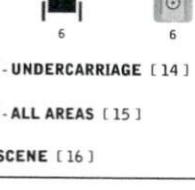


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL REPORT NUMBER*			
				2 2 0 5 1 0 1 6			
<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		REPORTING AGENCY NAME* NCIC* Fairfield Police Department 0 0 9 0 1		UNIT IN ERROR	
						98 - ANIMAL 99 - UNKNOWN	
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*				CRASH DATE / TIME*	
0 9	1 - CITY 2 - VILLAGE 3 - TOWNSHIP	City of Fairfield				0 7 1 7 2 0 2 2 0 1 4 8	
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES	
				BUSWAY	L A	3 9 3 4 2 1 2 0	
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	
				DONALD	D R	- 8 4 5 2 7 8 8 6	
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 type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES	
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE	ROUTE TYPE	ROAD TYPE	ROADWAY			
4 2	1 - MILES 2 - FEET 3 - YARDS			<input type="checkbox"/> ROADWAY DIVIDED			
LOCATION OF FIRST HARMFUL EVENT			MANNER OF CRASH COLLISION/IMPACT	DIRECTION OF TRAVEL	MEDIAN TYPE		
0 4	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	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 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	1	2	
LIGHT CONDITION		WEATHER					
3	1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	0 1 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 07/17/2022 at about 1:48 A.M., Unit #1 was traveling westbound on Busway Ln, when he attempted to navigate a curve in the road at a high rate of speed. Unit #1 was approximately half way into the curve when the vehicle jumped the curb, leaving the road, striking a large boulder (moving it several feet), rotated the car sideways and then came to a stop just before the stop-sign.				REFER TO OH-2			
The large boulder is owned by Bronco Excavating Inc., 280 Donald Dr, Fairfield, OH 45014 and phone number is							
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME	REPORT TAKEN BY
0 7 1 7 2 0 2 2 0 1 4 8		0 7 1 7 2 0 2 2 0 1 5 3		0 7 1 7 2 0 2 2 0 2 0 0		0 7 1 7 2 0 2 2 0 3 0 0	<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OIPS)
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME* M. MAJOR	CHECKED BY OFFICER'S NAME* Sgt. B. Barnes
0		1 5		8 2		OFFICER'S BADGE NUMBER* 1 6 2	CHECKED BY OFFICER'S BADGE NUMBER* 1 3 9

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER)
	0 1	AQUINO, JOHAN		
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER)				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
0 H	DNY3326	1N1XBA02E7VZ588621	1997	TOYOTA
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	PROGRESSIVE	916497215	CHROME	COROLLA
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	WAYNE'S	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	HAZARDOUS MATERIAL	
0 1		0 1	<input type="checkbox"/> MATERIAL RELEASED	CLASS #
			<input type="checkbox"/> PLACARD	PLACARD ID #
VEHICLE WEIGHT GVWR/GCWR				
1 - <10K LBS.			1 - LIMO (LIVERY VEHICLE)	
2 - 10,001 - 26K LBS.			23 - PEDESTRIAN / SKATER	
3 - >26K LBS.			24 - WHEELCHAIR (ANY TYPE)	
UNIT TYPE			19 - BUS (16+ PASSENGERS)	
4 - PICK UP	10 - MOPED OR MOTORIZED		20 - OTHER VEHICLE	
5 - CARGO VAN	BICYCLE		25 - OTHER NON-MOTORIST	
6 - VAN (9-15 SEATS)	11 - ALL-TERRAIN VEHICLE (ATV / UTV)		21 - HEAVY EQUIPMENT	
0 0	# OF TRAILING UNITS		26 - BICYCLE	
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION	27 - TRAIN	
0 1	1 - YES 2 - NO 9 - OTHER / UNKNOWN	1 - DRIVER ASSISTANCE	99 - UNKNOWN OR HIT/SKIP	
		2 - PARTIAL AUTOMATION		
AUTONOMOUS MODE LEVEL		3 - CONDITIONAL AUTOMATION	9 - UNKNOWN	
4 - HIGH AUTOMATION		4 - FULL AUTOMATION		
5 - UNKNOWN				
SPECIAL FUNCTION				
1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	21 - MAIL CARRIER	
2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	99 - OTHER / UNKNOWN	
3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE		
4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY		
5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	19 - TOWING	
CARGO BODY TYPE		16 - FARM	20 - SAFETY SERVICE PATROL	
0 1	1 - NO CARGO BODY TYPE / NOT APPLICABLE	17 - MOWING		
	2 - BUS	18 - SNOW REMOVAL		
	3 - LOGGING	19 - CONSTRUCTION EQUIPMENT		
	4 - CARGO VAN/ENCLOSED BOX	20 - SAFETY SERVICE PATROL		
	5 - GRAIN/CHIPS/GRAVEL			
VEHICLE DEFECTS		8 - POLE	12 - CONCRETE MIXER	
0 1	1 - TURN SIGNALS	9 - CARGO TANK	13 - AUTO TRANSPORTER	
	2 - HEAD LAMPS	10 - FLAT BED	14 - GARBAGE/REFUSE	
	3 - TAIL LAMPS	11 - DUMP	99 - OTHER / UNKNOWN	
NON-MOTORIST LOCATION AT IMPACT				
0 1	1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND
	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	12 - FIRST RESPONDER
	5 - UNMARKED CROSSWALK	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	13 - AT INCIDENT SCENE
	5 - TRAVEL LANE - OTHER LOCATION	5 - TRAVEL LANE - OTHER LOCATION		99 - OTHER / UNKNOWN
ACTION		13 - NECESSITATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE	
0 4	1 - NON-CONTACT	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19 - STANDING	
	2 - NON-COLLISION	15 - WALKING, RUNNING, JOGGING, PLAYING	20 - OTHER NON-MOTORIST	
	3 - STRIKING	16 - WORKING	21 - STANDING OUTSIDE DISABLED VEHICLE	
	4 - STRUCK	17 - PUSHING VEHICLE	22 - NOT DISCERNIBLE	
	5 - BOTH STRIKING & STRUCK	18 - VISION OBSTRUCTION	23 - OPENING DOOR INTO ROADWAY	
	6 - STRUCK	19 - OPERATING DEFECTIVE EQUIPMENT	24 - OTHER IMPROPER ACTION	
	7 - OTHER / UNKNOWN	20 - STOPPED OR PARKED ILLEGALLY		
CONTRIBUTING CIRCUMSTANCES		21 - SWERVING TO AVOID		
0 5	1 - NONE	22 - DROVE OFF ROAD		
	2 - FAILURE TO YIELD	23 - FOLLOWING TOO CLOSE / ACCA		
	3 - RAN RED LIGHT	24 - IMPROPER START FROM A PARKED POSITION		
	4 - RAN STOP SIGN	25 - IMPROPER LANE CHANGE		
	5 - UNSAFE SPEED	26 - IMPROPER PASSING		
	6 - IMPROPER TURN	27 - SWERVING TO AVOID		
SEQUENCE OF EVENTS		28 - DROVE OFF ROAD		
0 8	1 - OVERTURN/ROLLOVER	29 - FOLLOWING TOO CLOSE / ACCA		
	2 - FIRE/EXPLOSION	30 - IMPROPER LANE CHANGE		
	3 - IMMERSION	31 - IMPROPER PASSING		
0 9	4 - JACKNIFE	32 - SWERVING TO AVOID		
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	33 - DROVE OFF ROAD		
1 1	6 - IMPROPER TURN	34 - FOLLOWING TOO CLOSE / ACCA		
COLLISION WITH FIXED OBJECT		35 - IMPROPER LANE CHANGE		
4 1	25 - IMPACT ATTENUATOR / CRASH CUSHION	36 - IMPROPER PASSING		
	26 - BRIDGE OVERHEAD STRUCTURE	37 - SWERVING TO AVOID		
5 1	27 - BRIDGE PIER OR ABUTMENT	38 - DROVE OFF ROAD		
	28 - BRIDGE PARAPET	39 - FOLLOWING TOO CLOSE / ACCA		
6 1	29 - BRIDGE RAIL	40 - IMPROPER PASSING		
	30 - GUARDRAIL FACE	41 - SWERVING TO AVOID		
2	FIRST HARMFUL EVENT	42 - DROVE OFF ROAD		
2	MOST HARMFUL EVENT	43 - FOLLOWING TOO CLOSE / ACCA		

LOCAL REPORT NUMBER	
2 2 0 5 1 0 1 6	
DAMAGE	
DAMAGE SCALE	
4	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 2	1 - 12 - REFER TO UNIT DIAGRAM
	15 - VEHICLE NOT AT SCENE
	99 - UNKNOWN
	13 - TOP
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
2	1 - ONE-WAY
	2 - TWO-WAY
6	1 - ROUNDABOUT
	2 - SIGNAL
	3 - YIELD SIGN
	4 - FLASHER
	5 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	1 - NOT INVOLVED
	2 - INVOLVED-ACTIVE CROSSING
	3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
5	1 - NORTH
	2 - SOUTH
	3 - EAST
	4 - WEST
	5 - NORTHEAST
	6 - NORTHWEST
	7 - SOUTHEAST
	8 - SOUTHWEST
	9 - OTHER / UNKNOWN
FROM 5 TO 8	
UNIT SPEED	
6 5	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED
POSTED SPEED	
2 5	

MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	LOCAL REPORT NUMBER										
	2 2 0 5 1 0 1 6					DATE OF BIRTH		AGE	GENDER		
UNIT #	NAME: LAST, FIRST, MIDDLE 0 1 AQUINO, ANTONIO, ANDRES, JR										
ADDRESS: STREET, CITY, STATE, ZIP 3241 ROESCH BLVD, APT 1, FAIRFIELD, OHIO, 45014											
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 2	EJECTION 1	TRAPPED 1
OL STATE O H	OPERATOR LICENSE NUMBER			OFFENSE CHARGED 4511.202A	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION FAILURE TO CONTROL		CITATION NUMBER 254730			
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3 0 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 TYPE 1 VALUE • 1		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4			
UNIT #	NAME: LAST, FIRST, MIDDLE										
ADDRESS: STREET, CITY, STATE, ZIP											
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
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	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	ALCOHOL TEST STATUS 1 TYPE 1 VALUE • 1		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4			
UNIT #	NAME: LAST, FIRST, MIDDLE										
ADDRESS: STREET, CITY, STATE, ZIP											
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
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	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	ALCOHOL TEST STATUS 1 TYPE 1 VALUE • 1		DRUG TEST(S) STATUS 1 TYPE 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 - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD - MIDDLE	7-EXCEPT TRACTOR-TRAILER	7-EXCEPT TRACTOR-TRAILER							
8-THIRD - MIDDLE	8-THIRD - MIDDLE	8-NOT EJECTED	8-INTERMEDIATE LICENSE RESTRICTIONS	8-INTERMEDIATE LICENSE RESTRICTIONS							
9-THIRD - RIGHT SIDE	9-THIRD - RIGHT SIDE	9-PARTIALLY EJECTED	9-LEARNER'S PERMIT RESTRICTIONS	9-LEARNER'S PERMIT RESTRICTIONS							
10-SLEEPER SECTION OF TRUCK CAB	10-SLEEPER SECTION OF TRUCK CAB	10-TOTALLY EJECTED	10-LIMITED TO DAYLIGHT ONLY	10-LIMITED TO DAYLIGHT ONLY							
11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11-NOT APPLICABLE	11-LIMITED TO EMPLOYMENT	11-LIMITED TO EMPLOYMENT							
12-PASSENGER IN UNENCLOSED CARGO AREA	12-PASSENGER IN UNENCLOSED CARGO AREA	12-FREED BY NON-MECHANICAL MEANS	12-LIMITED - OTHER	12-LIMITED - OTHER							
13-TRAILING UNIT	13-TRAILING UNIT	13-FREED BY NON-MECHANICAL MEANS	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)							
14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14-MILITARY VEHICLES ONLY	14-MILITARY VEHICLES ONLY	14-MILITARY VEHICLES ONLY							
15-NON-MOTORIST	15-NON-MOTORIST	15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-MOTOR VEHICLES WITHOUT AIR BRAKES							
99-OTHER / UNKNOWN	99-OTHER / UNKNOWN	16-OUTSIDE MIRROR	16-OUTSIDE MIRROR	16-OUTSIDE MIRROR							
		17-PROSTHETIC AID	17-PROSTHETIC AID	17-PROSTHETIC AID							
		18-OTHER	18-OTHER	18-OTHER							
INJURED TAKEN BY	EJECTION	OL ENDORSEMENT	CONDITION	ALCOHOL TEST TYPE							
1-NOT TRANSPORTED /TREATED AT SCENE	1-NOT EJECTED	H-HAZMAT	1-APPARENTLY NORMAL	1-NONE							
2-EMS	2-PARTIALLY EJECTED	M-MOTORCYCLE	2-PHYSICAL IMPAIRMENT	2-BLOOD							
3-POLICE	3-TOTALLY EJECTED	P-PASSENGER	3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3-URINE							
9-OTHER / UNKNOWN	4-NOT APPLICABLE	N-TANKER	4-ILLNESS	4-BREATH							
SAFETY EQUIPMENT	TRAPPED	Q-MOTOR SCOOTER	5-OTHER / UNKNOWN	5-OTHER							
1-NONE USED	1-NOT TRAPPED	R-THREE-WHEEL MOTORCYCLE	5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	1-NONE							
2-SHOULDER BELT ONLY USED	2-EXTRICATED BY MECHANICAL MEANS	S-SCHOOL BUS	6-PASSENGER	2-BLOOD							
3-LAP BELT ONLY USED	3-FREED BY NON-MECHANICAL MEANS	T-DOUBLE & TRIPLE TRAILERS	7-OTHER DISTRACTION INSIDE THE VEHICLE	3-URINE							
4-SHOULDER & LAP BELT USED		X-TANKER / HAZMAT	8-OTHER DISTRACTION OUTSIDE THE VEHICLE	4-BREATH							
5-CHILD RESTRAINT SYSTEM - FORWARD FACING			9-OTHER / UNKNOWN	5-OTHER							
6-CHILD RESTRAINT SYSTEM - REAR FACING											
7-BOOSTER SEAT											
8-HELMET USED											
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)											
10-REFLECTIVE CLOTHING											
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY											
99-OTHER / UNKNOWN											
GENDER	CONDITION	DRUG TEST TYPE									
F-FEMALE	1-APPARENTLY NORMAL	1-AMPHETAMINES									
M-MALE	2-PHYSICAL IMPAIRMENT	2-BARBITURATES									
U-OTHER / UNKNOWN	3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3-BENZODIAZEPINES									
	4-ILLNESS	4-CANNABINOID									
	5-FELL ASLEEP, FAINTED, FATIGUED, ETC.	5-COCAIN									
	6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6-OPIATES / OPIOIDS									
	9-OTHER / UNKNOWN	7-OTHER									
		8-Negative results									

LOCAL REPORT NUMBER	22-051016	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	7/17/22
IN COUNTY OF	Butler	ACCIDENT LOCATION	BUSWAY LN NEAR DONALD DR		
OFFICER'S SIGNATURE			PO. M. MAJOR		BADGE NO 162