



TRAFFIC CRASH REPORT

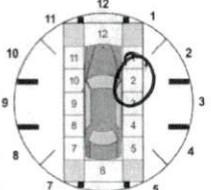
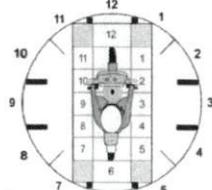
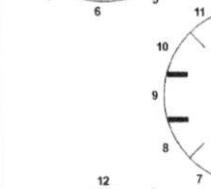
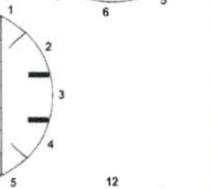
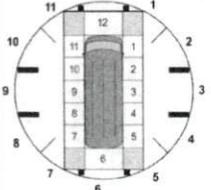
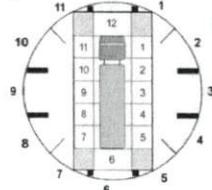
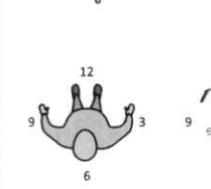
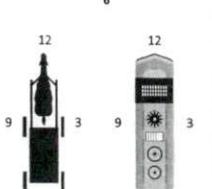
*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL REPORT NUMBER*		
				2 2 0 5 2 0 9 4		
<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY				REPORTING AGENCY NAME* Fairfield Police Department		NCIC* 0 0 9 0 1
COUNTY* 0 9		LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP	LOCATION: CITY, VILLAGE, TOWNSHIP*			
		City of Fairfield			CRASH DATE / TIME*	
ROUTE TYPE U S		ROUTE NUMBER 1 2 7	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES 3 9 3 3 0 1 7 8
ROUTE TYPE		ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Rolling Hills	ROAD TYPE B L	LONGITUDE DECIMAL DEGREES -8 4 5 5 9 8 1 7
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE # 1 2		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	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA
DISTANCE FROM REFERENCE 2 0		DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS				NUMBER OF APPROACHES ROADWAY <input type="checkbox"/> ROADWAY DIVIDED
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 6 1-NOT COLLISION 2-BETWEEN 3-TWO MOTOR VEHICLES IN TRANSPORT 4-REAR-END 5-HEAD-ON	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
<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 2	CONDITIONS 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 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN		WEATHER 0 1 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL				
NARRATIVE On 07-21-2022 at 1710 hrs Unit 1 was traveling south on US127 and when approaching Rolling Hills Blvd attempted to change lanes and in so doing failed to yield. Unit 1 struck Unit 2 who was also traveling south on US127.						
SEE OH-2						
CRASH REPORTED DATE / TIME 0 7 2 1 2 0 2 2 1 7 1 0		DISPATCH DATE / TIME 0 7 2 1 2 0 2 2 1 7 1 1		ARRIVAL DATE / TIME 0 7 2 1 2 0 2 2 1 7 1 5		SCENE CLEARED DATE / TIME 0 7 2 1 2 0 2 2 1 7 4 7
TOTAL TIME ROADWAY CLOSED 1 0		OTHER INVESTIGATION TIME 4 6	TOTAL MINUTES 5	OFFICER'S NAME* T. King		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 OOPS)
				CHECKED BY OFFICER'S NAME* Sgt. Adam Meyer		
				OFFICER'S BADGE NUMBER* 1 6 1		CHECKED BY OFFICER'S BADGE NUMBER* 1 3 2
HSY7001 OH 1/19 [760-0820]						



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

OWNER	UNIT # <u>0 1</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																																
LP STATE <u>I N</u>	LICENSE PLATE # <u>GET403</u>	VEHICLE IDENTIFICATION # <u>1C4PJMD1S0H1D12217384</u>	VEHICLE YEAR <u>2017</u> VEHICLE MAKE <u>Jeep</u>																															
<input checked="" type="checkbox"/> INSURED VERIFIED	INSURANCE COMPANY <u>Erie Insurance</u>	INSURANCE POLICY # <u>203051537</u>	COLOR <u>Black</u> VEHICLE MODEL <u>Limited</u>																															
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT # <u>1</u>	TOWED BY: COMPANY NAME																															
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <u>0 2</u>		VEHICLE WEIGHT GVWR/GCWR <u>1 - <10K LBS.</u> <u>2 - 10,001 - 26K LBS.</u> <u>3 - >26K LBS.</u>	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <u>1</u> CLASS # <u>23</u> PLACARD ID # <u>3</u> <input type="checkbox"/> PLACARD <u>2</u>																															
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WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>2</u> 1 - YES 2 - NO 9 - OTHER / UNKNOWN		AUTONOMOUS MODE LEVEL <u>0</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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LOCAL REPORT NUMBER <u>2 2 0 5 2 0 9 4</u>	
DAMAGE	
DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
       	
<input type="checkbox"/> NO DAMAGE <u>0 0</u> <input type="checkbox"/> UNDERCARRIAGE <u>14</u> <input type="checkbox"/> TOP <u>13</u> <input type="checkbox"/> ALL AREAS <u>15</u> <input type="checkbox"/> UNIT NOT AT SCENE <u>16</u>	
INITIAL POINT OF CONTACT	
0 - NO DAMAGE <u>0 2</u> 14 - UNDERCARRIAGE 1 - 12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE DIAGRAM 99 - UNKNOWN 13 - TOP	
TRAFFIC	
TRAFFIC WAY FLOW <u>2</u>	TRAFFIC CONTROL <u>6</u> 1 - ONE-WAY 2 - TWO-WAY
# OF THROUGH LANES ON ROAD <u>3</u>	RAIL GRADE CROSSING <u>1</u> 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM <u>1</u> TO <u>2</u> 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED <u>3 5</u>	DETECTED SPEED <u>1</u> 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED <u>3 5</u>	

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER	OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER
0 2		

OWNER ADDRESS: STREET, CITY, STATE, ZIP SAME AS DRIVER

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
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LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
O H	JHX4134	1G111C5SA1GF140329	2016	Chevy

<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	Liberty Mutual	AOV-281-967220-75-21	Beige	Malibu

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

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	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)		17 - MOTORHOME		99 - UNKNOWN OR HIT/SKIP

OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN
<input type="checkbox"/> 1 - YES	1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION	
<input type="checkbox"/> 2 - NO	2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION	

UNIT TYPE	AUTONOMOUS MODE LEVEL			
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	

CARGO BODY TYPE	1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER
<input type="checkbox"/> 1 - CARGO BODY TYPE	2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	9 - CARGO TANK	13 - AUTO TRANSPORTER
			7 - GRAIN/CHIPS/GRAVEL	10 - FLAT BED	14 - GARBAGE/REFUSE
				11 - DUMP	99 - OTHER / UNKNOWN

VEHICLE DEFECTS	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	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	
		5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	99 - OTHER / UNKNOWN

ACTION	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE
<input type="checkbox"/> 2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19 - STANDING	20 - OTHER NON-MOTORIST
<input type="checkbox"/> 3 - STRIKING	<input type="checkbox"/> 0 1 3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	10 - PARKED	15 - WALKING, RUNNING, JOGGING, PLAYING	21 - STANDING OUTSIDE DISABLED VEHICLE
<input type="checkbox"/> 4 - STRUCK	PRE-CRASH ACTIONS	4 - OVERTAKING/PASSING	11 - SLOWING OR STOPPED IN TRAFFIC	16 - WORKING	17 - PUSHING VEHICLE
<input type="checkbox"/> 5 - BOTH STRIKING & STRUCK		5 - MAKING RIGHT TURN	6 - MAKING LEFT TURN		99 - OTHER / UNKNOWN

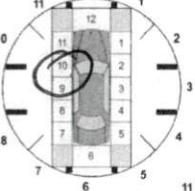
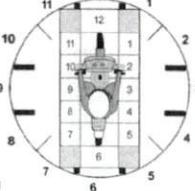
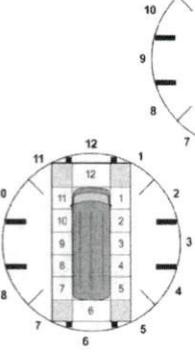
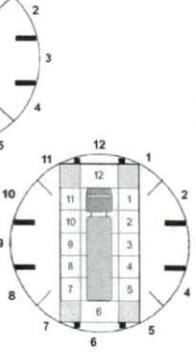
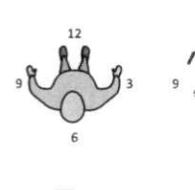
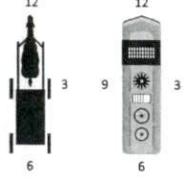
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	4 - RAN STOP SIGN	10 - IMPROPER PASSING	16 - WRONG WAY	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION
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SEQUENCE OF EVENTS

1 2 0	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT
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	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	18 - DOWNHILL RUNAWAY	19 - ANIMAL - OTHER	20 - MOTOR VEHICLE IN TRANSPORT
2 1 1	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	13 - OTHER NON-COLLISION	21 - PARKED MOTOR VEHICLE	24 - OTHER MOVABLE OBJECT
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	14 - PEDESTRIAN		
			15 - PEDALCYCLE		

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1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

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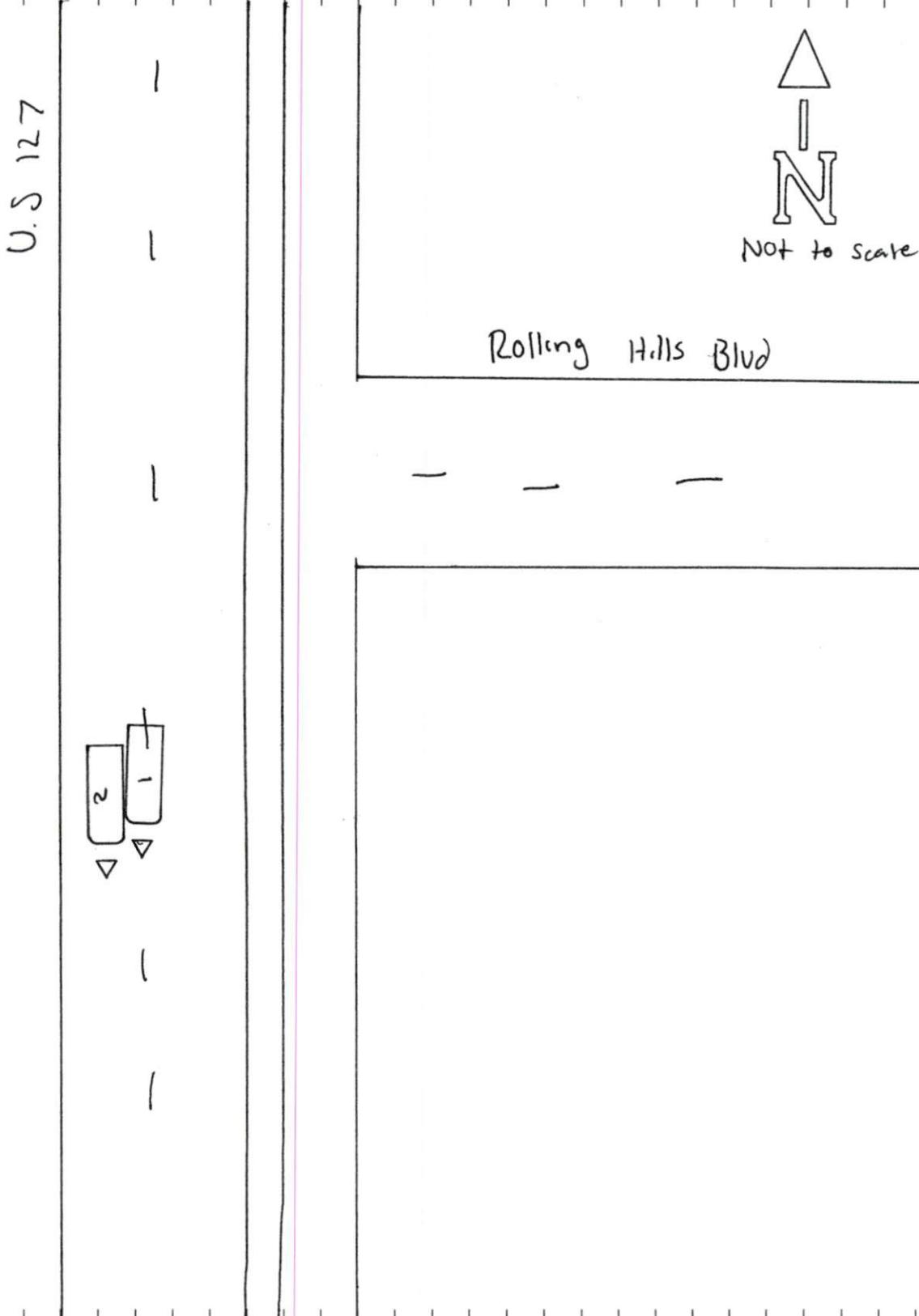
MOTORIST / Non-MOTORIST

										LOCAL REPORT NUMBER									
										2 2 0 5 2 0 9 4			DATE OF BIRTH			AGE			GENDER
UNIT # NAME: LAST, FIRST, MIDDLE 0 1 Velkoff-Cummins, Jurlene										0 9 2 8 1 9 5 2			6 9			F			
ADDRESS: STREET, CITY, STATE, ZIP 5042 State Road 252, Brookville, Indiana 47012										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 I N	OPERATOR LICENSE NUMBER			OFFENSE CHARGED 331.08A1		LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION Improper lane change		CITATION NUMBER 252111										
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 TYPE 1 VALUE	DRUG TEST(S) STATUS 1 TYPE 1 RESULT	SELECT UP TO 4									
UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Lamott, Shawna										DATE OF BIRTH 1 0 1 5 1 9 7 4			AGE 4 7			GENDER F		
ADDRESS: STREET, CITY, STATE, ZIP 7115 Clovernook Ave, Cincinnati OH 45231										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							
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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	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	3-TEST GIVEN, RESULTS KNOWN												
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 UNKNOWN	4-TEST GIVEN, RESULTS UNKNOWN												
5-NO APPARENT INJURY	5-SECOND- MIDDLE	5-NOT APPLICABLE		5-M/C MOPED ONLY	5-EXCEPT CLASS A BUS	5-EXCEPT CLASS A & CLASS B BUS	5-TEST GIVEN, RESULTS UNKNOWN												
INJURED TAKEN BY	6-SECOND- RIGHT SIDE	6-DEPLOYMENT UNKNOWN		6-NO VALID OL	6-EXCEPT CLASS A & CLASS B BUS	6-EXCEPT TRACTOR-TRAILER	6-TEST GIVEN, RESULTS UNKNOWN												
1-NOT TRANSPORTED /TREATED AT SCENE	7-THIRD- LEFT SIDE (MOTORCYCLE SIDE CAR)	7-NOT EJECTED		H - HAZMAT	7-INTERMEDIATE LICENSE RESTRICTIONS	7-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	7-TEST GIVEN, RESULTS UNKNOWN												
2-EMS	8-THIRD - MIDDLE	2-PARTIALLY EJECTED		M - MOTORCYCLE	8-LEARNER'S PERMIT RESTRICTIONS	8-PASSINGER	8-TEST REFUSED												
3-POLICE	9-THIRD- RIGHT SIDE	3-TOTALLY EJECTED		P - PASSENGER	9-LIMITED TO DAYLIGHT ONLY	9-OTHER DISTRACTION INSIDE THE VEHICLE	9-TEST GIVEN, RESULTS UNKNOWN												
9-OTHER /UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB	4-NOT APPLICABLE		N - TANKER	10-LIMITED TO EMPLOYMENT	10-OTHER DISTRACTION OUTSIDE THE VEHICLE	10-TEST GIVEN, RESULTS UNKNOWN												
SAFETY EQUIPMENT	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	TRAPPED		Q - MOTOR SCOOTER	11-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	11-MILITARY VEHICLES ONLY	11-TEST GIVEN, RESULTS UNKNOWN												
1-NONE USED	12-PASSENGER IN UNENCLOSED CARGO AREA	1-NOT TRAPPED		R - THREE-WHEEL MOTORCYCLE	12-LIMITED - OTHER	12-APPARENTLY NORMAL	12-TEST REFUSED												
2-SHOULDER BELT ONLY USED	13-TRAILING UNIT	2-EXTRICATED BY MECHANICAL MEANS		S - SCHOOL BUS	13-MOTOR VEHICLES WITHOUT AIR BRAKES	13-PHYSICAL IMPAIRMENT	13-TEST GIVEN, RESULTS UNKNOWN												
3-LAP BELT ONLY USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	3-FREED BY NON-MECHANICAL MEANS		T - DOUBLE & TRIPLE TRAILERS	14-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	14-ILLNESS	14-TEST GIVEN, RESULTS UNKNOWN												
4-SHOULDER & LAP BELT USED	15-NON-MOTORIST			X - TANKER / HAZMAT	15-MOTOR VEHICLES WITH AIR BRAKES	15-FELL ASLEEP FAINTED, FATIGUED, ETC.	15-TEST REFUSED												
5-CHILD RESTRAINT SYSTEM- FORWARD FACING	99-OTHER / UNKNOWN			GENDER	16-OUTSIDE MIRROR	16-PROSTHETIC AID	16-TEST GIVEN, RESULTS UNKNOWN												
6-CHILD RESTRAINT SYSTEM- REAR FACING				F - FEMALE	17-OTHER	17-OTHER	17-TEST GIVEN, RESULTS UNKNOWN												
7-BOOSTER SEAT				M - MALE			18-TEST GIVEN, RESULTS UNKNOWN												
8-HELMET USED				U - OTHER / UNKNOWN			19-TEST GIVEN, RESULTS UNKNOWN												
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)							20-TEST GIVEN, RESULTS UNKNOWN												
10-REFLECTIVE CLOTHING							21-TEST GIVEN, RESULTS UNKNOWN												
11-LIGHTING - PEDESTRIAN /BICYCLE ONLY							22-TEST GIVEN, RESULTS UNKNOWN												
99-OTHER / UNKNOWN							23-TEST GIVEN, RESULTS UNKNOWN												



OCCUPANT / WITNESS ADDENDUM

					LOCAL REPORT NUMBER				
					2 2 0 5 2 0 9 4				
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER	
	1	Bowen, Ann, B			0 3 2 0 1 9 4 6	7 6	F		
ADDRESS: STREET, CITY, STATE, ZIP 8115 Seward Ave apt 300, Cincinnati OH 45231					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 3	AIR BAG USAGE 0 1	EJECTION 1	TRAPPED 1
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER	
	2	Lamott, Mark, Anthony			1 0 1 7 1 9 7 0	5 1	M		
ADDRESS: STREET, CITY, STATE, ZIP 7115 Clovernook Ave, Cincinnati OH 45231					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 3	AIR BAG USAGE 0 1	EJECTION 1	TRAPPED 1
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER	
							0		
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					<input type="checkbox"/> DOT-Compliant MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER	
							0		
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					<input type="checkbox"/> DOT-Compliant MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
INJURIES			SAFETY EQUIPMENT USED		SEATING POSITION		AIR BAG USAGE		
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY			1 - NONE USED - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 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		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN		1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN		
INJURED TAKEN BY							EJECTION		
1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN							1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE		
GENDER							TRAPPED		
F - FEMALE M - MALE U - OTHER / UNKNOWN							1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS		
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER
								0	
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER
								0	
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER
								0	
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				

LOCAL REPORT NUMBER	PD-22-052094	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	U.S. 127 // Rolling Hills Blvd	7/21/22
				
OFFICER'S SIGNATURE			T.King	BADGE NO 161