

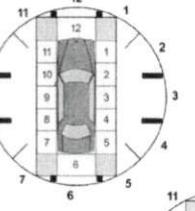
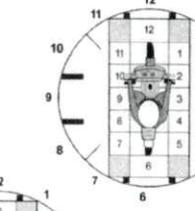
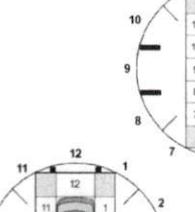
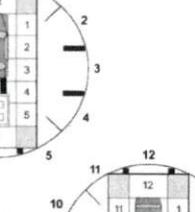
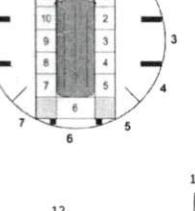
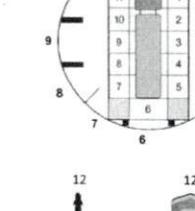
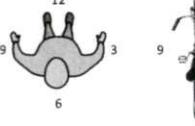
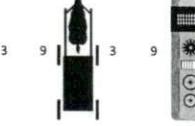
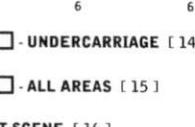


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL INFORMATION				LOCAL REPORT NUMBER*						
<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		NCIC* Fairfield Police Department 00901				2 2 0 5 3 6 5 9				
COUNTY* 0 9		LOCALITY* 1-CITY 1 2-VILLAGE 3-TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield				HIT/SKIP 2 1-SOLVED 2-UNSOLVED	NUMBER OF UNITS 0 1	UNIT IN ERROR 0 1 98-ANIMAL 99-UNKNOWN
LOCATION REFERENCE	ROUTE TYPE S R	ROUTE NUMBER 4	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME Dixie	ROAD TYPE H W	CRASH DATE / TIME* 07222022 0952		CRASH SEVERITY 1-FATAL 5 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY		
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 6679	ROAD TYPE	LATITUDE DECIMAL DEGREES 39 31 93 34		LONGITUDE DECIMAL DEGREES 84 49 76 24		
REFERENCE POINT 1-INTERSECTION 3 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 HW - HIGHWAY RD - ROAD AV - AVENUE LA - LANE SQ - SQUARE BL - BOULEVARD MP - MILEPOST ST - STREET CR - CIRCLE OV - OVAL TE - TERRACE CT - COURT PK - PARKWAY TL - TRAIL DR - DRIVE PI - PIKE WA - WAY HE - HEIGHTS PL - PLACE	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA				NUMBER OF APPROACHES
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS		ROADWAY <input type="checkbox"/> ROADWAY DIVIDED						
LOCATION OF FIRST HARMFUL EVENT 1-ON ROADWAY 0 6 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				MANNER OF CRASH COLLISION/IMPACT 1-NOT COLLISION 2-BEFORE THE 1ST WORK ZONE 3-BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 4-REAR-END 5-HEAD-ON 1 6-BACKING 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 9-OTHER / UNKNOWN		DIRECTION OF TRAVEL 1-NORTH 2-SOUTH 3-EAST 4-WEST		MEDIAN TYPE 1-DIVIDED FLUSH MEDIAN (<4 FEET) 2-DIVIDED FLUSH MEDIAN (24 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	CONDITIONS 9	SURFACE 2		
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 9 9 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		1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-OTHER/UNKNOWN	1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN	1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN				
NARRATIVE On 07/22/2022 at about 9:52 A.M., Unit 1 was traveling southbound in the parking lot of 6679 Dixie Hwy when it struck a large sign. Unit 1 left the scene without reporting the crash. The owner of the sign is Bernard Niederman with Northwest Center Management. 2114 57th St. Brooklyn, NY 11204.				SEE OH-2						
CRASH REPORTED DATE / TIME 0 7 2 7 2 0 2 2 1 0 3 4		DISPATCH DATE / TIME 0 7 2 7 2 0 2 2 1 0 3 7		ARRIVAL DATE / TIME 0 7 2 7 2 0 2 2 1 0 4 7		SCENE CLEARED DATE / TIME 0 7 2 7 2 0 2 2 1 1 1 0		REPORT TAKEN BY		
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES 3 3		OFFICER'S NAME* C. Singleton		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)		
						CHECKED BY OFFICER'S NAME* 51				
						CHECKED BY OFFICER'S BADGE NUMBER* 103				

OWNER	UNIT # <u>0 1</u>	OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> SAME AS DRIVER	OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER																																																												
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																																																												
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	VEHICLE MODEL Color <u>White</u>																																																												
TYPE OF USE <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME																																																												
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input checked="" type="checkbox"/> HIT/SKIP UNIT #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 CLASS # <u>1</u> PLACARD ID # <u>1</u> <input type="checkbox"/> PLACARD																																																												
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LOCAL REPORT NUMBER <u>2 2 0 5 3 6 5 9</u>	
DAMAGE	
DAMAGE SCALE <u>9</u>	
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 <input type="checkbox"/> 14 - UNDERCARRIAGE	
1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE	
DIAGRAM <input type="checkbox"/> 99 - UNKNOWN	
13 - TOP	
TRAFFIC	
TRAFFICWAY FLOW <u>2</u>	TRAFFIC CONTROL 1 - ONE-WAY 2 - TWO-WAY
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION 1 - NORTH <input type="checkbox"/> 5 - NORTHEAST 2 - SOUTH <input type="checkbox"/> 6 - NORTHWEST 3 - EAST <input type="checkbox"/> 7 - SOUTHEAST 4 - WEST <input type="checkbox"/> 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
FROM <u>1</u> TO <u>2</u>	
UNIT SPEED <u>5</u>	DETECTED SPEED <u>1</u>
POSTED SPEED	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED

MOTORIST / Non-MOTORIST

										LOCAL REPORT NUMBER				
										2 2 0 5 3 6 5 9				
UNIT #	NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH		AGE	GENDER	
0 1												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		DOT-COMPLIANT MC HELMET		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
5						9 9		<input type="checkbox"/>		0 1	9	1	1	
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION				CITATION NUMBER		
DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION		ALCOHOL TEST		DRUG TEST(S)			
				9	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		9		1 1		1 1			
UNIT #	NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH		AGE	GENDER	
												0		
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE				
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				9	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG						1 1			
INJURIES	SEATING POSITION	AIR BAG	DL CLASS	DL 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-PASSINGER		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-EXCEPT CLASS A BUS		4-TEST GIVEN, RESULTS KNOWN						
5-NO APPARENT INJURY	5-SECOND - MIDDLE	5-NOT APPLICABLE	5-M/C MOPED ONLY	5-EXCEPT CLASS A & CLASS B BUS		5-EXCEPT CLASS A & CLASS B BUS		5-TEST GIVEN, RESULTS UNKNOWN						
6-SECOND - RIGHT SIDE	6-SECOND - RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-NO VALID DL	6-EXCEPT TRACTOR-TRAILER		6-EXCEPT TRACTOR-TRAILER		6-EXCEPT TRACTOR-TRAILER						
7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD - MIDDLE	7-THIRD - MIDDLE	7-INTERMEDIATE LICENSE RESTRICTIONS		7-INTERMEDIATE LICENSE RESTRICTIONS		7-INTERMEDIATE LICENSE RESTRICTIONS						
8-THIRD - MIDDLE	8-THIRD - MIDDLE	8-THIRD - RIGHT SIDE	8-THIRD - RIGHT SIDE	8-LEARNER'S PERMIT RESTRICTIONS		8-PASSINGER		8-PASSINGER						
9-OTHER / UNKNOWN	9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB	10-SLEEPER SECTION OF TRUCK CAB	9-OTHER / UNKNOWN		9-OTHER / UNKNOWN		9-OTHER / UNKNOWN						
INJURED TAKEN BY	EJECTION	DL ENDORSEMENT	TEST STATUS	ALCOHOL TEST TYPE										
1-NOT TRANSPORTED / TREATED AT SCENE	1-NOT EJECTED	H - HAZMAT	1-NONE	1-NONE										
2-EMS	2-PARTIALLY EJECTED	M - MOTORCYCLE	2-BLOOD	2-BLOOD										
3-POLICE	3-TOTALLY EJECTED	P - PASSENGER	3-URINE	3-URINE										
4-OTHER / UNKNOWN	4-NOT APPLICABLE	N - TANKER	4-BREATH	4-BREATH										
5-PASSINGER	5-PASSINGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	Q - MOTOR SCOOTER	5-OTHER	5-OTHER										
6-TRAILER	6-TRAILER	R - THREE-WHEEL MOTORCYCLE	6-ALCOHOL TEST	6-ALCOHOL TEST										
7-TRAILER	7-TRAILER	S - SCHOOL BUS	7-BLOOD	7-BLOOD										
8-TRAILER	8-TRAILER	T - DOUBLE & TRIPLE TRAILERS	8-URINE	8-URINE										
9-TRAILER	9-TRAILER	X - TANKER / HAZMAT	9-OTHER	9-OTHER										
SAFETY EQUIPMENT	TRAPPED	GENDER	TEST STATUS	DRUG TEST TYPE										
1-NONE USED	1-NOT TRAPPED	F - FEMALE	1-NONE	1-NONE										
2-SHOULDER BELT ONLY USED	2-EXTRICATED BY MECHANICAL MEANS	M - MALE	2-BLOOD	2-BLOOD										
3-LAP BELT ONLY USED	3-FREED BY NON-MECHANICAL MEANS	U - OTHER / UNKNOWN	3-URINE	3-URINE										
4-SHOULDER & LAP BELT USED	4-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	14 - MILITARY VEHICLES ONLY	4-OTHER	4-OTHER										
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	5-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	5-AMPHETAMINES	5-AMPHETAMINES										
6-CHILD RESTRAINT SYSTEM - REAR FACING	6-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	16 - OUTSIDE MIRROR	2-BARBITURATES	2-BARBITURATES										
7-BOOSTER SEAT	7-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	17 - PROSTHETIC AID	3-BENZODIAZEPINES	3-BENZODIAZEPINES										
8-HELMET USED	8-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	18 - OTHER	4-CANNABINOID	4-CANNABINOID										
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	5-FELL ASLEEP FAINTED, FATIGUED, ETC.	5-COCAIN	5-COCAIN										
10-REFLECTIVE CLOTHING	10-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6-OPIATES / OPIOIDS	6-OPIATES / OPIOIDS										
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY	11-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	9-OTHER / UNKNOWN	7-OTHER	7-OTHER										
12-REFLECTIVE CLOTHING	12-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	10-NEGATIVE RESULTS	8-NEGATIVE RESULTS	8-NEGATIVE RESULTS										
INJURIES	SEATING POSITION	AIR BAG	DL CLASS	DL 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-PASSINGER		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-EXCEPT CLASS A BUS		4-TEST GIVEN, RESULTS KNOWN						
5-NO APPARENT INJURY	5-SECOND - MIDDLE	5-NOT APPLICABLE	5-M/C MOPED ONLY	5-EXCEPT CLASS A & CLASS B BUS		5-EXCEPT CLASS A & CLASS B BUS		5-TEST GIVEN, RESULTS UNKNOWN						
6-SECOND - RIGHT SIDE	6-SECOND - RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-NO VALID DL	6-EXCEPT TRACTOR-TRAILER		6-EXCEPT TRACTOR-TRAILER		6-EXCEPT TRACTOR-TRAILER						
7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD - MIDDLE	7-THIRD - MIDDLE	7-INTERMEDIATE LICENSE RESTRICTIONS		7-INTERMEDIATE LICENSE RESTRICTIONS		7-INTERMEDIATE LICENSE RESTRICTIONS						
8-THIRD - MIDDLE	8-THIRD - MIDDLE	8-THIRD - RIGHT SIDE	8-THIRD - RIGHT SIDE	8-LEARNER'S PERMIT RESTRICTIONS		8-PASSINGER		8-PASSINGER						
9-OTHER / UNKNOWN	9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB	10-SLEEPER SECTION OF TRUCK CAB	10-LIMITED TO DAYLIGHT ONLY		10-OTHER DISTRACTION INSIDE THE VEHICLE		10-OTHER DISTRACTION INSIDE THE VEHICLE						
10-SLEEPER SECTION OF TRUCK CAB	10-SLEEPER SECTION OF TRUCK CAB	11-LIMITED TO EMPLOYMENT	11-LIMITED TO EMPLOYMENT		12-LIMITED - OTHER		12-LIMITED - OTHER							
11-LIMITED TO EMPLOYMENT	11-LIMITED TO EMPLOYMENT	12-LIMITED - OTHER	12-LIMITED - OTHER		13-MECHNICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		13-MECHNICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)							
12-LIMITED - OTHER	12-LIMITED - OTHER	13-MECHNICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13-MECHNICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		14-MILITARY VEHICLES ONLY		14-MILITARY VEHICLES ONLY							
13-MECHNICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13-MECHNICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	14-MILITARY VEHICLES ONLY	14-MILITARY VEHICLES ONLY		15-MOTOR VEHICLES WITHOUT AIR BRAKES		15-MOTOR VEHICLES WITHOUT AIR BRAKES							
14-MILITARY VEHICLES ONLY	14-MILITARY VEHICLES ONLY	15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-MOTOR VEHICLES WITHOUT AIR BRAKES		16-OUTSIDE MIRROR		16-OUTSIDE MIRROR							
15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-MOTOR VEHICLES WITHOUT AIR BRAKES	16-OUTSIDE MIRROR	16-OUTSIDE MIRROR		17-PROSTHETIC AID		17-PROSTHETIC AID							
16-OUTSIDE MIRROR	16-OUTSIDE MIRROR	17-PROSTHETIC AID	17-PROSTHETIC AID		18-OTHER		18-OTHER							
INJURIES	EJECTION	DL ENDORSEMENT	TEST STATUS	ALCOHOL TEST TYPE										
1-NOT EJECTED	H - HAZMAT	1-NONE	1-NONE											
2-PARTIALLY EJECTED	M - MOTORCYCLE	2-BLOOD	2-BLOOD											
3-TOTALLY EJECTED	P - PASSENGER	3-URINE	3-URINE											
4-NOT APPLICABLE	N - TANKER	4-BREATH	4-BREATH											
5-PASSINGER	Q - MOTOR SCOOTER	5-OTHER	5-OTHER											
6-TRAILER	R - THREE-WHEEL MOTORCYCLE	6-ALCOHOL TEST	6-ALCOHOL TEST											
7-TRAILER	S - SCHOOL BUS	7-BLOOD	7-BLOOD											
8-TRAILER	T - DOUBLE & TRIPLE TRAILERS	8-URINE	8-URINE											
9-TRAILER	X - TANKER / HAZMAT	9-OTHER	9-OTHER											
INJURED TAKEN BY	EJECTION	DL ENDORSEMENT	TEST STATUS	ALCOHOL TEST TYPE										
1-NOT EJECTED	H - HAZMAT	1-NONE	1-NONE											
2-PARTIALLY EJECTED	M - MOTORCYCLE	2-BLOOD	2-BLOOD											
3-TOTALLY EJECTED	P - PASSENGER	3-URINE	3-URINE											
4-NOT APPLICABLE	N - TANKER	4-BREATH	4-BREATH											
5-PASSINGER	Q - MOTOR SCOOTER	5-OTHER	5-OTHER											
6-TRAILER	R - THREE-WHEEL MOTORCYCLE	6-ALCOHOL TEST	6-ALCOHOL TEST											
7-TRAILER	S - SCHOOL BUS	7-BLOOD	7-BLOOD											
8-TRAILER	T - DOUBLE & TRIPLE TRAILERS	8-URINE	8-URINE											
9-TRAILER	X - TANKER / HAZMAT	9-OTHER	9-OTHER											
SAFETY EQUIPMENT	TRAPPED	GENDER	TEST STATUS	DRUG TEST TYPE										
1-NONE USED	1-NOT TRAPPED	F - FEMALE	1-NONE	1-NONE										
2-SHOULDER BELT ONLY USED	2-EXTRICATED BY MECHANICAL MEANS	M - MALE	2-BLOOD	2-BLOOD										
3-LAP BELT ONLY USED	3-FREED BY NON-MECHANICAL MEANS	U - OTHER / UNKNOWN	3-URINE	3-URINE										
4-SHOULDER & LAP BELT USED	4-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	14 - MILITARY VEHICLES ONLY	4-OTHER	4-OTHER										
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	5-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	5-AMPHETAMINES	5-AMPHETAMINES										
6-CHILD RESTRAINT SYSTEM - REAR FACING	6-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	16 - OUTSIDE MIRROR	2-BARBITURATES	2-BARBITURATES										
7-BOOSTER SEAT	7-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	17 - PROSTHETIC AID	3-BENZODIAZEPINES	3-BENZODIAZEPINES										
8-HELMET USED	8-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	18 - OTHER	4-CANNABINOID	4-CANNABINOID										
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	5-FELL ASLEEP FAINTED, FATIGUED, ETC.	5-COCAIN	5-COCAIN										
10-REFLECTIVE CLOTHING	10-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6-OPIATES / OPIOIDS	6-OPIATES / OPIOIDS										
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY	11-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	9-OTHER / UNKNOWN	7-OTHER	7-OTHER										
12-REFLECTIVE CLOTHING	12-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	10-NEGATIVE RESULTS	8-NEGATIVE RESULTS	8-NEGATIVE RESULTS										
INJURIES	SEATING POSITION	AIR BAG	DL CLASS	DL 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-PASSINGER		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-EXCEPT CLASS A BUS		4-TEST GIVEN, RESULTS KNOWN						
5-NO APPARENT INJURY	5-SECOND - MIDDLE	5-NOT APPLICABLE	5-M/C MOPED ONLY	5-EXCEPT CLASS A & CLASS B BUS		5-EXCEPT CLASS A & CLASS B BUS		5-TEST GIVEN, RESULTS UNKNOWN						
6-SECOND - RIGHT SIDE	6-SECOND - RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-NO VALID DL	6-EXCEPT TRACTOR-TRAILER		6-EXCEPT TRACTOR-TRAILER		6-EXCEPT TRACTOR-TRAILER						
7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD - MIDDLE	7-THIRD - MIDDLE	7-INTERMEDIATE LICENSE RESTRICTIONS		7-INTERMEDIATE LICENSE RESTRICTIONS		7-INTERMEDIATE LICENSE RESTRICTIONS						
8-THIRD - MIDDLE	8-THIRD - MIDDLE	8-THIRD - RIGHT SIDE	8-THIRD - RIGHT SIDE	8-LEARNER'S PERMIT RESTRICTIONS		8-PASSINGER		8-PASSINGER						
9-OTHER / UNKNOWN	9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB	10-SLEEPER SECTION OF TRUCK CAB	10-LIMITED TO DAYLIGHT ONLY		10-OTHER DISTRACTION INSIDE THE VEHICLE		10-OTHER DISTRACTION INSIDE THE VEHICLE						
10-SLEEPER SECTION OF TRUCK CAB	10-SLEEPER SECTION OF TRUCK CAB	11-LIMITED TO EMPLOYMENT	11-LIMITED TO EMPLOYMENT		12-LIMITED - OTHER		12-LIMITED - OTHER							
11-LIMITED TO EMPLOYMENT	11-LIMITED TO EMPLOYMENT	12-LIMITED - OTHER	12-LIMITED - OTHER		13-MECHNICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		13-MECHNICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)							
12-LIMITED - OTHER	12-LIMITED - OTHER	13-MECHNICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13-MECHNICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		14-MILITARY VEHICLES ONLY		14-MILITARY VEHICLES ONLY							
13-MECHNICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13-MECHNICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	14-MILITARY VEHICLES ONLY	14-MILITARY VEHICLES ONLY		15-MOTOR VEHICLES WITHOUT AIR BRAKES		15-MOTOR VEHICLES WITHOUT AIR BRAKES							
14-MILITARY VEHICLES ONLY	14-MILITARY VEHICLES ONLY	15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-MOTOR VEHICLES WITHOUT AIR BRAKES		16-OUTSIDE MIRROR		16-OUTSIDE MIRROR							
15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-MOTOR VEHICLES WITHOUT AIR BRAKES	16-OUTSIDE MIRROR	16-OUTSIDE MIRROR		17-									

LOCAL REPORT NUMBER	22-053659	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	6679 Dixie Hwy	07/22/2022
OFFICER'S SIGNATURE			BADGE NO	
			89	