



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

| | | | LOCAL INFORMATION | | | LOCAL REPORT NUMBER* | | | | | |
|--|--|--|---|---|---|--|--|--|--|---------------------------|-----|
| <input type="checkbox"/> PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY <input type="checkbox"/> NCIC* | | | REPORTING AGENCY NAME* Fairfield Police Department 00901 | | | 2 2 0 5 5 0 9 8 HIT/SKIP NUMBER OF UNITS UNIT IN ERROR 1-SOLVED 0 2 9 9 -ANIMAL 2-UNSOLVED 9 9 -UNKNOWN | | | | | |
| COUNTY* | LOCALITY* | LOCATION: CITY, VILLAGE, TOWNSHIP* | | | CRASH DATE / TIME* | | | CRASH SEVERITY | | | |
| 0 9 | 1-CITY 1- VILLAGE 3- TOWNSHIP | City of Fairfield | | | 0 8 0 1 2 0 2 2 1 2 5 3 | | | 1- FATAL 2- SERIOUS INJURY SUSPECTED 3- MINOR INJURY SUSPECTED 4- INJURY POSSIBLE 5- PROPERTY DAMAGE ONLY | | | |
| REFERENCE LOCATION | ROUTE TYPE | ROUTE NUMBER | PREFIX 1- NORTH 2- SOUTH 3- EAST 4- WEST | LOCATION ROAD NAME | ROAD TYPE | LATITUDE DECIMAL DEGREES | | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | ROAD TYPE | LONGITUDE DECIMAL DEGREES | |
| | S R | 4 | | | | 3 9 . 3 3 2 5 9 3 | | | | | R D |
| REFERENCE POINT | DIRECTION FROM REFERENCE | ROUTE TYPE | | ROAD TYPE | | INTERSECTION RELATED | | | | | |
| | 1- INTERSECTION 2- MILE POST 3- HOUSE # | 1- NORTH 2- SOUTH 3- EAST 4- WEST | IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE | AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS | HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE | RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY | <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA | NUMBER OF APPROACHES | | | |
| DISTANCE FROM REFERENCE | DISTANCE UNIT OF MEASURE | ROUTE TYPE | | ROAD TYPE | | ROADWAY | | | | | |
| | 1- MILES 2- FEET 3- YARDS | 1- MILES 2- FEET 3- YARDS | 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"/> ROADWAY DIVIDED | | | | |
| LOCATION OF FIRST HARMFUL EVENT | | | MANNER OF CRASH COLLISION/IMPACT | | DIRECTION OF TRAVEL | MEDIAN TYPE | | | | | |
| 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 | 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 | 6 | 1- NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT | 4- REAR-TO-REAR 5- BACKING 6- ANGLE 7- SIDESWIPE, SAME DIRECTION 8- SIDESWIPE, OPPOSITE DIRECTION 9- OTHER / UNKNOWN | 1- NORTH 2- SOUTH 3- EAST 4- WEST | 1- DIVIDED FLUSH MEDIAN (<4 FEET) 2- DIVIDED FLUSH MEDIAN (>4 FEET) 3- DIVIDED, DEPRESSED MEDIAN 4- DIVIDED, RAISED MEDIAN (ANY TYPE) 9- OTHER/UNKNOWN | | | | |
| <input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE | | WORK ZONE TYPE | | LOCATION OF CRASH IN WORK ZONE | | CONTOUR | CONDITIONS | SURFACE | | | |
| | | 1- LANE CLOSURE 2- LANE SHIFT/CROSSOVER 3- WORK ON SHOULDER OR MEDIAN 4- INTERMITTENT OR MOVING WORK 5- OTHER | 1- BEFORE THE 1ST WORK ZONE WARNING SIGN 2- ADVANCE WARNING AREA 3- TRANSITION AREA 4- ACTIVITY AREA 5- TERMINATION AREA | 1 | 1 | 1 | 1 | 2 | | | |
| 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 | | 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 | | | |
| LIGHT CONDITION | | | WEATHER | | | | | | Indicate the north direction with an "N" on the compass diagram. | | |
| 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 | | | | | | | | | | | |
| On August 1, 2022 at about 12:53 P.M. Unit 1 was traveling north on South Gilmore crossing over Dixie Hwy. Unit 2 was traveling south on Dixie Hwy and collided with Unit 1. Both drivers said they had a green light. There were no independent witnesses. | | | | | | | | | | | |
| | | | | | | | | | SEE OH-2 | | |
| CRASH REPORTED DATE / TIME | | DISPATCH DATE / TIME | | ARRIVAL DATE / TIME | | SCENE CLEARED DATE / TIME | | REPORT TAKEN BY | | | |
| 0 8 0 1 2 0 2 2 1 2 5 5 | | 0 8 0 1 2 0 2 2 1 2 5 6 | | 0 8 0 1 2 0 2 2 1 3 1 2 | | 0 8 0 1 2 0 2 2 1 3 3 5 | | <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST | | | |
| TOTAL TIME ROADWAY CLOSED | | OTHER INVESTIGATION TIME | | TOTAL MINUTES | | OFFICER'S NAME* | | CHECKED BY OFFICER'S NAME* | | | |
| | | | | | | R. CORNER | | | | | |
| | | | | | | OFFICER'S BADGE NUMBER* | | CHECKED BY OFFICER'S BADGE NUMBER* | | | |
| | | | | | | 8 5 | | 10 3 | | | |
| <input type="checkbox"/> SUPPLEMENT (CORRECTION or ADDITION TO AN EXISTING REPORT SENT TO DOPS) | | | | | | | | | | | |

OWNER

UNIT # 0 1 2 OWNER NAME: LAST, FIRST, MIDDLE SAME AS DRIVER

OWNER PHONE: INCLUDE AREA CODE SAME AS DRIVER

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

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

| | | | | | |
|---|--|---|---|---|-----------------------------|
| LP STATE <u>O H</u> | LICENSE PLATE # <u>HTN7991</u> | VEHICLE IDENTIFICATION # <u>3N1A1B7A1P9KY218923</u> | | VEHICLE YEAR <u>2019</u> | VEHICLE MAKE <u>NISSAN</u> |
| <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY <u>STATE FARM</u> | INSURANCE POLICY # <u>C748133C2135</u> | | COLOR <u>BLUE</u> | VEHICLE MODEL <u>SENTRA</u> |
| TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | | US DOT # | TOWED BY: COMPANY NAME | | |
| INTERLOCK DEVICE EQUIPPED | <input 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 <input type="checkbox"/> PLACARD | |

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| <u>0 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 BICYCLE 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 |
|------------|---|--|---|--|

UNIT TYPE
1 - # OF TRAILING UNITS

| | | | |
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| <u>2</u> | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER/ UNKNOWN | AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION | 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN |
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| <u>0 1</u> | 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/ COMMUTER | 6 - BUS - CHARTERTOUR 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 99 - OTHER/ UNKNOWN |
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| <u>0 1</u> | 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 - CARGOTANK 10 - FLAT BED 11 - DUMP | 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/ REFUSE 99 - OTHER/ UNKNOWN |
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| <u>1</u> | 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 |
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| <u>1</u> | 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - AT IMPACT CROSSWALK | 3 - INTERSECTION - OTHER 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 99 - OTHER / UNKNOWN |
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| <u>5</u> | 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN | 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - PRE-CRASH 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 99 - OTHER / UNKNOWN |
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| <u>2 2</u> | 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 | 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION |
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SEQUENCE OF EVENTS

| | | | | | |
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| <u>1 2 0</u> | 1 - OVERTURN/ ROLLOVER 2 - FIRE/ EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE | 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE | 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT |
|--------------|--|--|---|---|---|

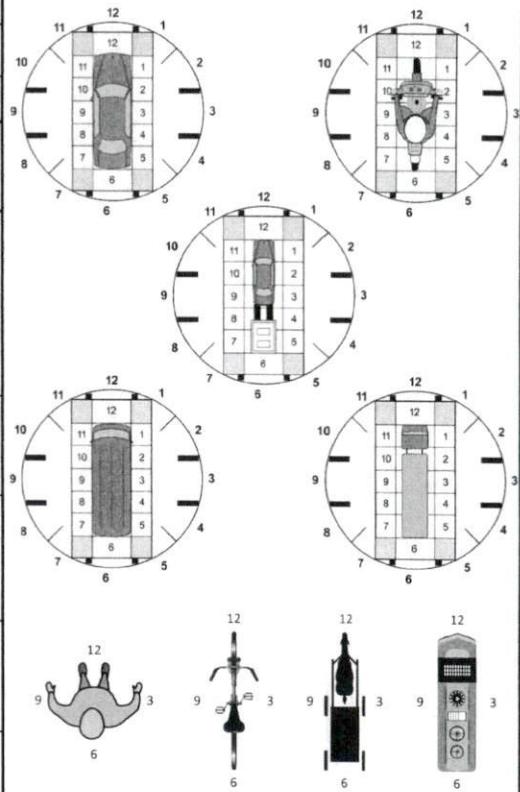
| | | | | | |
|--------------|--|--|---|--|--|
| <u>4 5 6</u> | 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE | 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER | 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT | 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT | 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN |
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FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

LOCAL REPORT NUMBER
2 2 0 5 5 0 9 8

DAMAGE
1 - NONE 3 - FUNCTIONAL DAMAGE
2 - MINOR DAMAGE 4 - DISABLING DAMAGE
9 - UNKNOWN

DAMAGED AREA(S)
INDICATE ALL THAT APPLY



- NO DAMAGE 0 - UNDERCARRIAGE 14
 - TOP 13 - ALL AREAS 15
 - UNIT NOT AT SCENE 16

INITIAL POINT OF CONTACT
0 - NO DAMAGE 14 - UNDERCARRIAGE
1 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE
2 - DRIVeway ACCESS 99 - UNKNOWN
3 - SHARED USE PATHS OR TRAILS
13 - TOP

| | |
|-------------------------------------|--|
| TRAFFICWAY FLOW <u>2</u> | TRAFFIC CONTROL 1 - ONE-WAY 2 - TWO-WAY |
| # OF THROUGH LANES ON ROAD <u>4</u> | RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING |

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| UNIT / NON-MOTORIST DIRECTION FROM <u>6</u> TO <u>7</u> | 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - WEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN |
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|-------------------------|--|
| UNIT SPEED <u>2 0</u> | DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED |
| POSTED SPEED <u>3 5</u> | |



MOTORIST / Non-MOTORIST

| | | | | | | | | | |
|-----------------------------------|--|--|--|--|-----|--------|--|--|--|
| LOCAL REPORT NUMBER | | | | | | | | | |
| 2 2 0 5 5 0 9 8 | | | | | | | | | |
| DATE OF BIRTH | | | | | AGE | GENDER | | | |
| 0 3 3 0 1 9 8 7 | | | | | 3 5 | M | | | |
| CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|---|--|---|---|--|--|-----------------------|---------------------|-------------------------|------------------|--|--------------------------------|--------------------------------|---|---|-------------------|
| MOTORIST / NON-MOTORIST | UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | | | | | | | | | |
| | 0 1 | GRIMBELL, MARK WILHELM | | | | | | | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| 5507 TIMBERWAY DR CINCINNATI, OH 45238 | | | | | | | | | | | | | | | |
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: | MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED | 0 4 | DOT-Compliant MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | | |
| 5 | | | | | | | | | 0 1 | 1 | 1 | 1 | | | |
| OL STATE | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | | LOCAL CODE | | OFFENSE DESCRIPTION | | | CITATION NUMBER | | | | |
| O H | | | | | | | | | | | | | | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | | CONDITION | ALCOHOL TEST | DRUG TEST(S) | | | | | | | |
| 4 | | | 1 | <input type="checkbox"/> ALCOHOL | <input type="checkbox"/> MARIJUANA | 1 | 1 1 | 1 | 1 | 1 | 1 | | | | |
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: | MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED | 0 4 | DOT-Compliant MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | | |
| 5 | | | | | | | | | 0 1 | 1 | 1 | 1 | | | |
| OL STATE | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | | LOCAL CODE | OFFENSE DESCRIPTION | | | CITATION NUMBER | | | | | |
| O H | | | | | | | | | | | | | | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | | CONDITION | ALCOHOL TEST | DRUG TEST(S) | | | | | | | |
| 4 | | | 1 | <input type="checkbox"/> ALCOHOL | <input type="checkbox"/> MARIJUANA | 1 | 1 1 | 1 | 1 | 1 | 1 | | | | |
| 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) | | | | | | | |
| | | | | <input type="checkbox"/> ALCOHOL | <input type="checkbox"/> MARIJUANA | | | | | | | | | | |
| 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 | | | | | | | | | | |
| INJURED TAKEN BY | | | | | | | | | | 6-NO VALID OL | 6-EXCEPT CLASS A & CLASS B BUS | 6-EXCEPT CLASS A & CLASS B BUS | 6-TALKING ON HAND-HELD COMMUNICATION DEVICE | 6-TALKING ON HAND-HELD COMMUNICATION DEVICE | ALCOHOL TEST TYPE |
| 1-NOT TRANSPORTED /TREATED AT SCENE | 6-SECOND-RIGHT SIDE | 7-THIRD-LEFT SIDE (MOTORCYCLE SIDE CAR) | 7-NOT EJECTED | 7-INTERMEDIATE LICENSE RESTRICTIONS | 5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE | 1-NONE | | | | | | | | | |
| 2-EMS | 7-THIRD-MIDDLE | 8-THIRD-RIGHT SIDE | 8-PARTIALLY EJECTED | 8-LEARNER'S PERMIT RESTRICTIONS | 6-PASSENGER | 2-BLOOD | | | | | | | | | |
| 3-POLICE | 9-THIRD-RIGHT SIDE | 10-SLEEPER SECTION OF TRUCK CAB | 9-TOTALLY EJECTED | 9-LIMITED TO DAYLIGHT ONLY | 7-OTHER DISTRACTION INSIDE THE VEHICLE | 3-URINE | | | | | | | | | |
| 9-OTHER / UNKNOWN | 11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 12-PASSENGER IN UNENCLOSED CARGO AREA | 10-NOT APPLICABLE | 11-LIMITED TO EMPLOYMENT | 8-OTHER DISTRACTION OUTSIDE THE VEHICLE | 4-BREATH | | | | | | | | | |
| SAFETY EQUIPMENT | | | | | | | | | | 12-LIMITED-OTHER | 9-OTHER / UNKNOWN | 5-OTHER | DRUG TEST TYPE | | |
| 1-NONE USED | 11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 12-PASSENGER IN UNENCLOSED CARGO AREA | 13-TRAILING UNIT | 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 14-MILITARY VEHICLES ONLY | 1-NONE | | | | | | | | | |
| 2-SHOULDER BELT ONLY USED | 12-PASSENGER IN UNENCLOSED CARGO AREA | 13-TRAILING UNIT | 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 15-MOTOR VEHICLES WITHOUT AIR BRAKES | 15-OUTSIDE MIRROR | 2-BLOOD | | | | | | | | | |
| 3-LAP BELT ONLY USED | 13-TRAILING UNIT | 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 15-NON-MOTORIST | 16-PROSTHETIC AID | 17-PROSTHETIC AID | 3-URINE | | | | | | | | | |
| 4-SHOULDER & LAP BELT USED | 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 15-NON-MOTORIST | 99-OTHER / UNKNOWN | 17-OTHER | 18-OTHER | 4-OTHER | | | | | | | | | |
| 5-CHILD RESTRAINT SYSTEM - FORWARD FACING | 15-NON-MOTORIST | 99-OTHER / UNKNOWN | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | |
| CONDITION | | | | | | | | | | 3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) | 4-ILLNESS | 1-AMPHETAMINES | DRUG TEST RESULT(S) | | |
| | | | | | | | | | | 5-FELL ASLEEP, FAINTED, FATIGUED, ETC. | 5-BARBITURATES | 2-BARBITURATES | | | |
| | | | | | | | | | | 6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL | 3-BENZODIAZEPINES | 3-BENZODIAZEPINES | | | |
| | | | | | | | | | | 9-OTHER / UNKNOWN | 4-CANNABINOID | 4-CANNABINOID | | | |
| | | | | | | | | | | | 5-COCAIN | 5-COCAIN | | | |
| | | | | | | | | | | | 6-OPIATES / OPIOIDS | 6-OPIATES / OPIOIDS | | | |
| | | | | | | | | | | | 7-OTHER | 7-OTHER | | | |
| | | | | | | | | | | | 8-Negative RESULTS | 8-Negative RESULTS | | | |

LOCAL REPORT NUMBER
22 055098

IN COUNTY OF
BUTLER

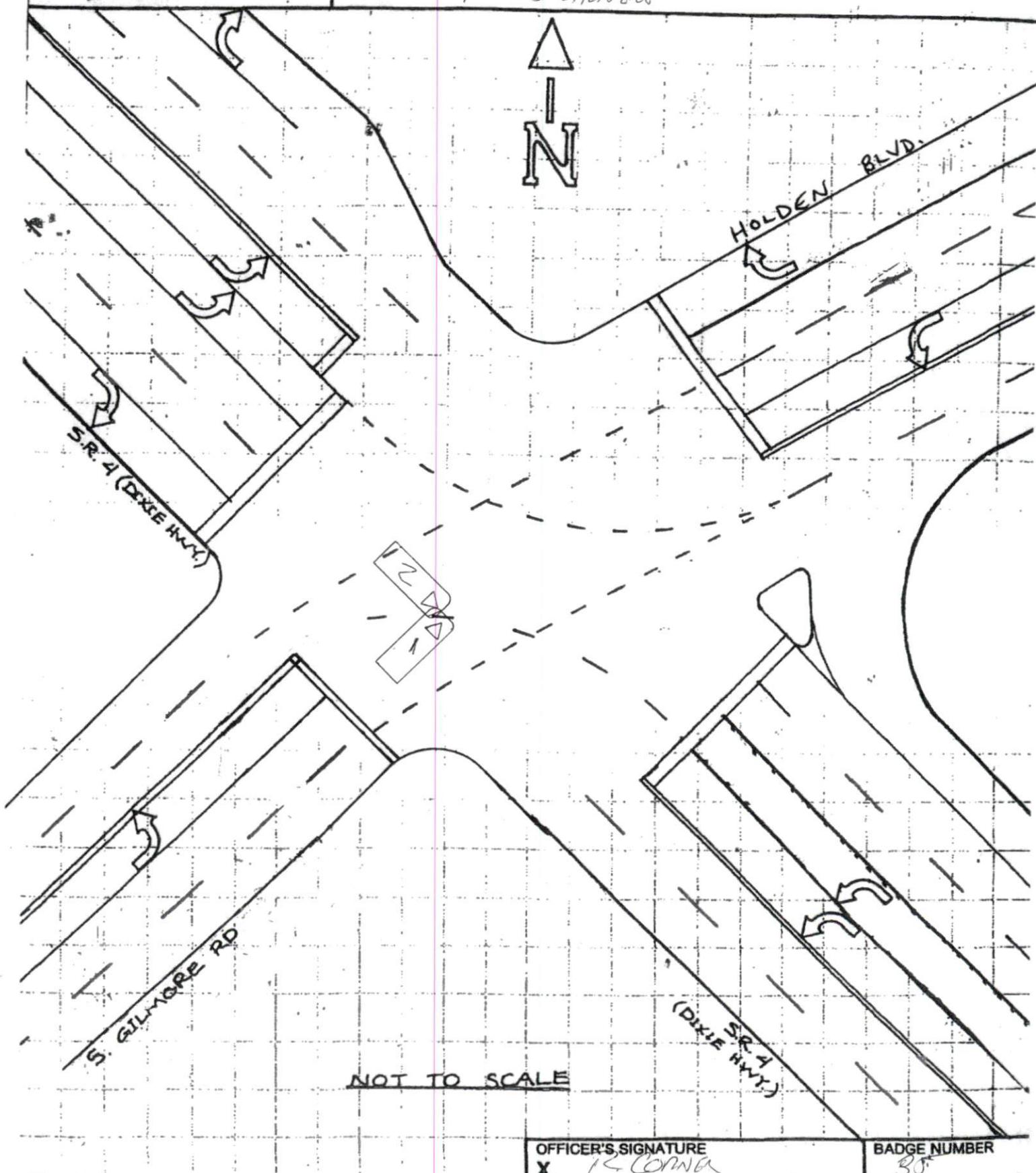
REPORTING AGENCY

FAIRFIELD P.D.

CRASH LOCATION

DIXIE AT S. GILMORE

DATE OF CRASH
M 3 D 1 Y 22



OFFICER'S SIGNATURE
X R CORNER

BADGE NUMBER
30