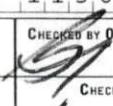
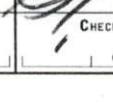


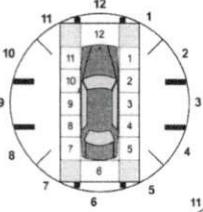
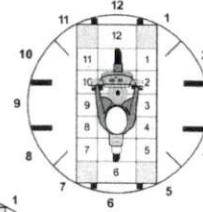
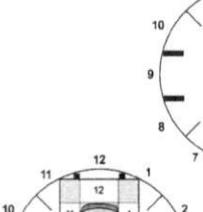
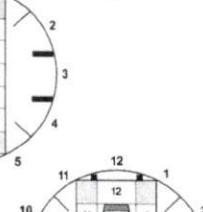
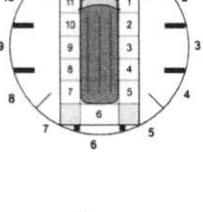
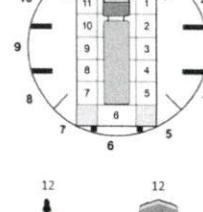
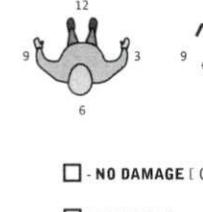
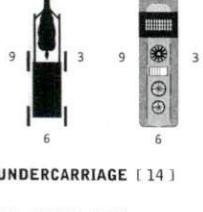


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" 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			LOCAL INFORMATION REPORTING AGENCY NAME* Fairfield Police Department NCIC* 0 0 9 0 1			LOCAL REPORT NUMBER* 2 2 0 5 5 3 1 9														
COUNTY* 0 9			LOCALITY* 1 - CITY 1 2 - VILLAGE 3 - TOWNSHIP			LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield														
ROUTE TYPE L			ROUTE NUMBER 1			PREFIX 1 - NORTH 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 4 - WEST			LOCATION ROAD NAME Seward			ROAD TYPE R D			LATITUDE DECIMAL DEGREES 3 9 . 3 1 7 2 9 9					
ROUTE TYPE S R			ROUTE NUMBER 4			PREFIX 1 - NORTH 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 4 - WEST			REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)			ROAD TYPE			LONGITUDE DECIMAL DEGREES - 8 4 . 4 9 1 8 3 7					
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #			DIRECTION FROM REFERENCE 1 - NORTH 1 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 NUMBER OF APPROACHES					
DISTANCE FROM REFERENCE 1 0			DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS												ROADWAY <input type="checkbox"/> ROADWAY DIVIDED					
LOCATION OF FIRST HARMFUL EVENT 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 1 - NOT COLLISION 2 - TWO MOTOR VEHICLES IN TRANSPORT 3 - REAR-END 4 - 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 1			CONDITIONS 1			SURFACE 2					
LIGHT CONDITION 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						6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN								
NARRATIVE Unit 1 was traveling northbound on Seward Rd. near Dixie Hwy. Unit 2 was also traveling northbound on Seward Rd. near Dixie Hwy. Unit 1 made an improper lane change, and struck unit 2 on the passenger side.															 Indicate the north direction with an "N" on the compass diagram.					
																		SEE OH2		
CRASH REPORTED DATE / TIME 0 8 0 2 2 0 2 2 1 1 2 2			DISPATCH DATE / TIME 0 8 0 2 2 0 2 2 1 1 3 2			ARRIVAL DATE / TIME 0 8 0 2 2 0 2 2 1 1 3 6			SCENE CLEARED DATE / TIME 0 8 0 2 2 0 2 2 1 2 1 5			REPORT TAKEN BY								
TOTAL TIME ROADWAY CLOSED 6 0			OTHER INVESTIGATION TIME 1 0 3			TOTAL MINUTES 1 0 3			OFFICER'S NAME* Kamphaus			CHECKED BY OFFICER'S NAME* 			REPORT TAKEN BY					
															OFFICER'S BADGE NUMBER* 1 7 3			CHECKED BY OFFICER'S BADGE NUMBER* 		
HSY7001 OH1 1/19 [760-0820]															PAGE 1 OF 5					

OWNER UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) Focus on Independence LLC			OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER)
OWNER OWNER ADDRESS:	STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 155 Northland Blvd. Cincinnati OH 45246			
OWNER COMMERCIAL CARRIER:	NAME, ADDRESS, CITY, STATE, ZIP			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
O H	JBD2022	2C4RDGCG1CR284357	2012	Dodge
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	Progressive	07773217	Red	Caravan
VEHICLE TYPE	TYPE OF USE	US DOT #	TOWED BY: COMPANY NAME	
	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE			
INTERLOCK EQUIPPED	HIT/SKIP UNIT	#OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR	HAZARDOUS MATERIAL
		0 1	1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD
UNIT TYPE	CLASS # PLACARD ID #			
1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED 11 - ALL TERRAIN VEHICLE (ATV/UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
0 2	# OF TRAILING UNITS			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
1 - YES 2 - NO 9 - OTHER/ UNKNOWN		AUTONOMOUS MODE LEVEL		
SPECIAL FUNCTION				
1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/ COMMUTER	6 - BUS - CHARTER/ TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	16 - FARM 17 - MOWING 18 - SNOW/ REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	
CARGO BODY TYPE				
1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ ENCLOSED BOX 7 - GRAIN/ CHIPS/ GRAVEL	8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/ REFUSE 99 - OTHER/ UNKNOWN
VEHICLE DEFECTS				
1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT	99 - OTHER/ UNKNOWN
NON-MOTORIST LOCATION AT IMPACT				
1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED 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
ACTION				
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 - OVERTAKING/ PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER/ UNKNOWN
CONTRIBUTING CIRCUMSTANCES				
1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACD 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
SEQUENCE OF EVENTS				
1 2 0	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 - DOWNSHILL 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
4 1	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 SUPPORT 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
5 1	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER/ UNKNOWN			
6 1	FIRST HARMFUL EVENT	MOST HARMFUL EVENT		

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



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER																			
2 2 0 5 5 3 1 9																			
UNIT #	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH	AGE	GENDER								
0 1	Morales, Mamekraa								0 7 3 0 1 9 9 9	2 3	F								
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE									
5254 Camelot Dr. Fairfield OH 45014																			
INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED		DOT-COMPLIANT MC HELMET		SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED			
						0 4		<input type="checkbox"/>		0 1		1		1		1			
OL STATE O H	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION		CITATION NUMBER									
				331.08a1		<input checked="" type="checkbox"/>		Improper Lane Change		255152									
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED		CONDITION		ALCOHOL TEST		DRUG TEST(S)								
					<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1		1 1		1 1								
UNIT #	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH				AGE	GENDER					
0 2	Getz, Ryan L								0 1 1 4 1 9 7 2				5 0	M					
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE									
21497 Saltfork Rd. Lawrenceburg IN. 47025																			
INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED		DOT-COMPLIANT MC HELMET		SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED			
						0 4		<input type="checkbox"/>		0 1		1		1		1			
OL STATE I N	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION		CITATION NUMBER									
						<input type="checkbox"/>													
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED		CONDITION		ALCOHOL TEST		DRUG TEST(S)								
					<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1		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									
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			
						<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION		CITATION NUMBER									
						<input type="checkbox"/>													
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED		CONDITION		ALCOHOL TEST		DRUG TEST(S)								
					<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1		1 1		1 1								
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, 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		4-TEST GIVEN, RESULTS KNOWN									
5-NO APPARENT INJURY	5-SECOND - MIDDLE		5-NOT APPLICABLE		5-M/C MOVED ONLY	5-EXCEPT CLASS A BUS		5-TALKING ON HANDS-FREE COMMUNICATION DEVICE		5-TEST GIVEN, RESULTS UNKNOWN									
INJURED TAKEN BY		6-SECOND - RIGHT SIDE		9-DEPLOYMENT UNKNOWN		6-NO VALID OL	6-EXCEPT CLASS A & CLASS B BUS		6-EXCEPT TRACTOR-TRAILER		6-EXCEPT TRACTOR-TRAILER								
1-NOT TRANSPORTED /TREATED AT SCENE	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		1-NOT EJECTED		H-HAZMAT	8-INTERMEDIATE LICENSE RESTRICTIONS		7-INTERMEDIATE LICENSE RESTRICTIONS		7-INTERMEDIATE LICENSE RESTRICTIONS									
2-EMS	8-THIRD - MIDDLE		2-PARTIALLY EJECTED		M-MOTORCYCLE	9-LEARNER'S PERMIT RESTRICTIONS		6-PASSENGER		6-PASSENGER									
3-POLICE	9-THIRD - RIGHT SIDE		3-TOTALLY EJECTED		P-PASSENGER	10-LIMITED TO DAYLIGHT ONLY		7-OTHER DISTRACTION INSIDE THE VEHICLE		7-OTHER DISTRACTION INSIDE THE VEHICLE									
9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB		4-NOT APPLICABLE		N-TANKER	11-LIMITED TO EMPLOYMENT		8-OTHER DISTRACTION OUTSIDE THE VEHICLE		8-OTHER DISTRACTION OUTSIDE THE VEHICLE									
SAFETY EQUIPMENT		11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		1-NOT TRAPPED		Q-MOTOR SCOOTER	12-LIMITED - OTHER		9-OTHER / UNKNOWN		9-OTHER / UNKNOWN								
1-NONE USED	12-PASSENGER IN UNENCLOSED CARGO AREA		2-EXTRICATED BY MECHANICAL MEANS		R-THREE-WHEEL MOTORCYCLE	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		14-MILITARY VEHICLES ONLY		14-MILITARY VEHICLES ONLY									
2-SHOULDER BELT ONLY USED	13-TRAILING UNIT		3-FREED BY NON-MECHANICAL MEANS		S-SCHOOL BUS	15-MOTOR VEHICLES WITHOUT AIR BRAKES		15-MOTOR VEHICLES WITHOUT AIR BRAKES		15-MOTOR VEHICLES WITHOUT AIR BRAKES									
3-LAP BELT ONLY USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				T-DOUBLE & TRIPLE TRAILERS	16-OUTSIDE MIRROR		16-OUTSIDE MIRROR		16-OUTSIDE MIRROR									
4-SHOULDER & LAP BELT USED	15-NON-MOTORIST				X-TANKER / HAZMAT	17-PROSTHETIC AID		17-PROSTHETIC AID		17-PROSTHETIC AID									
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	99-OTHER / UNKNOWN					18-OTHER		18-OTHER		18-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																			
INJURIES										EJECTION		OL ENDORSEMENT		ALCOHOL TEST TYPE					
OL RESTRICTION(S)										TRAPPED		GENDER		DRUG TEST TYPE					
DRIVER DISTRACTION										F-FEMALE		M-MALE		CONDITON					
TEST STATUS										U-OTHER / UNKNOWN				DRUG TEST RESULT(S)					
ALCOHOL TEST TYPE										CONDITON									
DRUG TEST TYPE										DRUG TEST RESULT(S)									
CONDITON										CONDITON									
DRUG TEST RESULT(S)										DRUG TEST RESULT(S)									

NUMBER 22055319

REPORTING AGENCY - FAIRFIELD P.D. 00901

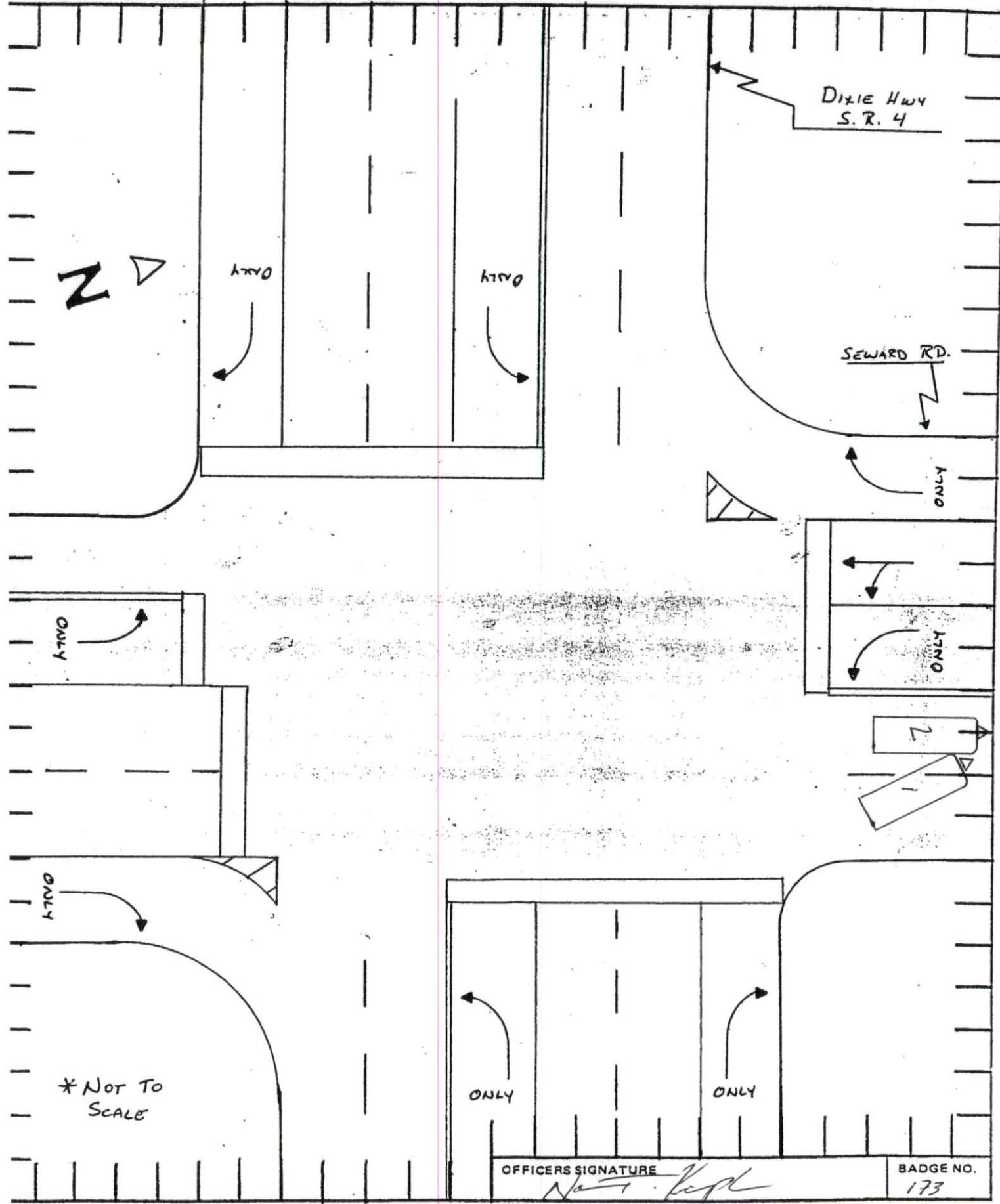
8 102 1Y 2022

IN COUNTY OF

BUTLER

**ACCIDENT
LOCATION**

SEWARD - RD. - NORTH QF. Dixie Hwy. S.E. 4



*NOT TO
SCALE

NY 0002

OFFICERS SIGNATURE

CERS SIGNATURE 

BADGE NO.