

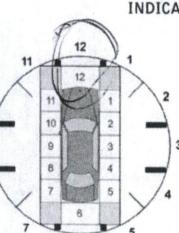
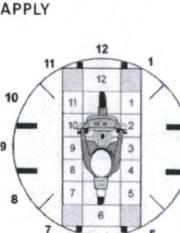
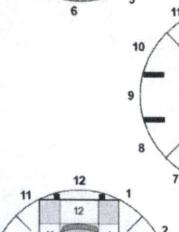
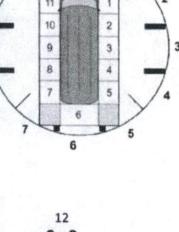
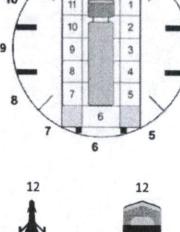
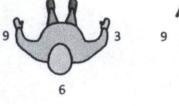


TRAFFIC CRASH REPORT

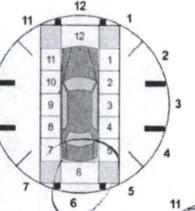
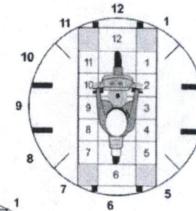
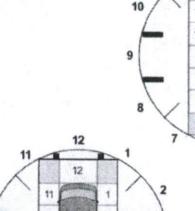
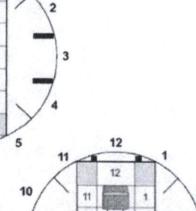
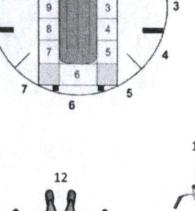
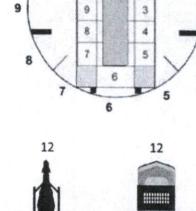
*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL INFORMATION		2 2 0 5 6 3 2 1				
<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	REPORTING AGENCY NAME*			
			Fairfield Police Department NCIC*			
		0 0 9 0 1				
ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES	
			Ross	R D	39.307451	
ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES	
			Woodridge	B L	84.502430	
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	<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			ROADWAY		
1 5 0	1 - MILES 2 - FEET 3 - YARDS			<input type="checkbox"/> ROADWAY DIVIDED		
LOCATION OF FIRST HARMFUL EVENT			MANNER OF CRASH COLLISION/IMPACT		MEDIAN TYPE	
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	2	1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON	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
WORK ZONE RELATED		WORK ZONE TYPE		CONTOUR	CONDITIONS	SURFACE
<input type="checkbox"/> WORKERS PRESENT	<input type="checkbox"/> LAW ENFORCEMENT PRESENT	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	3	1	2
<input type="checkbox"/> ACTIVE SCHOOL ZONE						
LIGHT CONDITION		WEATHER				
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	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 08/06/22 at 7:37 P.M. Unit 2 was traveling north on Ross Rd and came to a stop at a stop sign on Ross Rd. at Woodridge Blvd. to turn east. Unit 1 was behind Unit 2. Unit 1 failed to stop within the assured clear distance ahead and rear ended Unit 2.						
See OH-2						
Indicate the north direction with an "N" on the compass diagram.						
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		REPORT TAKEN BY
0 8 0 6 2 0 2 2 1 9 3 7		0 8 0 6 2 0 2 2 1 9 3 8		0 8 0 6 2 0 2 2 1 9 4 7		<input checked="" type="checkbox"/> POLICE AGENCY
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		<input type="checkbox"/> MOTORIST
0		3 0		6 4		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DPS)
D. Miller				D. Pottc		
				1 3 0		
OFFICER'S BADGE NUMBER*				CHECKED BY OFFICER'S BADGE NUMBER*		
1 6 7				1 3 0		

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER)	
	0 1	Jones, Bryan		L	
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	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE	
O H	JEH7207	4M2CU97198KJ14691	2008	Mercury	
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL	
	Erie	Q067350352	Black	Mariner	
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	VEHICLE WEIGHT GVWR/GCWR		
0 3		0 1	1 - ≤10K LBS.	12 - LIMO (LIVERY VEHICLE)	
UNIT TYPE	2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED	2 - 10,001 - 26K LBS.	13 - SNOWMOBILE	
4 - PICK UP	3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	3 - >26K LBS.	14 - SINGLE UNIT TRUCK	
5 - CARGO VAN	10 - MOPED OR MOTORIZED	11 - ALL-TERRAIN VEHICLE (ATV/UTV)		15 - SEMI-TRACTOR	
6 - VAN (9-15 SEATS)	BICYCLE			16 - FARM EQUIPMENT	
0	# OF TRAILING UNITS			17 - MOTORHOME	
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?			0 - NO AUTOMATION	23 - PEDESTRIAN / SKATER	
2	1 - YES	2 - NO	9 - OTHER / UNKNOWN	18 - LIMO (LIVERY VEHICLE)	
	AUTONOMOUS MODE LEVEL		1 - DRIVER ASSISTANCE	19 - BUS (16+ PASSENGERS)	
			2 - PARTIAL AUTOMATION	20 - OTHER VEHICLE	
			3 - CONDITIONAL AUTOMATION	21 - HEAVY EQUIPMENT	
			4 - HIGH AUTOMATION	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	
			5 - FULL AUTOMATION	23 - TRAIN	
				99 - UNKNOWN OR HIT/SKIP	
SPECIAL FUNCTION		1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	
	2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	16 - FARM	
	3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	17 - MOWING	
	4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	18 - SNOW REMOVAL	
	5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	19 - TOWING	
CARGO BODY TYPE		1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	
0 1	2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	8 - POLE	
			7 - GRAIN/CHIPS/GRAVEL	9 - CARGO TANK	
				10 - FLAT BED	
				11 - DUMP	
VEHICLE DEFECTS		1 - TURN SIGNALS	4 - BRAKES	12 - CONCRETE MIXER	
	2 - HEAD LAMPS	5 - STEERING	7 - WORN OR SLICK TIRES	13 - AUTO TRANSPORTER	
	3 - TAIL LAMPS	6 - TIRE BLOWOUT	8 - TRAILER EQUIPMENT DEFECTIVE	14 - GARBAGE/REFUSE	
				15 - SAFETY SERVICE PATROL	
NON-MOTORIST LOCATION AT IMPACT		1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	
	2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	9 - MEDIAN/CROSSING ISLAND	
		5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	10 - DRIVEWAY ACCESS	
				11 - SHARED USE PATHS OR TRAILS	
ACTION		1 - NON-CONTACT	1 - STRAIGHT AHEAD	12 - FIRST RESPONDER AT INCIDENT SCENE	
	2 - NON-COLLISION	2 - BACKING	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	
3	3 - STRIKING	0 5 3 - CHANGING LANES	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	
	4 - STRUCK	4 - OVERTAKING/PASSING	9 - LEAVING TRAFFIC LANE	19 - STANDING	
	5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	10 - PARKED	20 - OTHER NON-MOTORIST	
	9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	21 - STANDING OUTSIDE DISABLED VEHICLE	
			12 - DRIVERLESS	17 - PUSHING VEHICLE	
CONTRIBUTING CIRCUMSTANCES		1 - NONE	7 - LEFT OF CENTER	18 - APPROACHING OR LEAVING VEHICLE	
0 8	2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / ACD	13 - IMPROPER START FROM A PARKED POSITION	19 - LOAD SHIFTING/FALLING/SPILLING	
	3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	14 - STOPPED OR PARKED ILLEGALLY	20 - IMPROPER CROSSING	
	4 - RAN STOP SIGN	10 - IMPROPER PASSING	15 - SWERVING TO AVOID	21 - LYING IN ROADWAY	
	5 - UNSAFE SPEED	11 - DROVE OFF ROAD	16 - WRONG WAY	22 - NOT DISCERNIBLE	
	6 - IMPROPER TURN	12 - IMPROPER BACKING	17 - VISION OBSTRUCTION	23 - OPENING DOOR INTO ROADWAY	
SEQUENCE OF EVENTS		NON-COLLISION			
1 2 0	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT
	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	12 - DOWNHILL RUNAWAY	17 - ANIMAL - FARM	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	13 - OTHER NON-COLLISION	18 - ANIMAL - DEER	20 - MOTOR VEHICLE IN TRANSPORT
2 1	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	14 - PEDESTRIAN	19 - ANIMAL - OTHER	21 - PARKED MOTOR VEHICLE
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	15 - PEDALCYCLE	24 - OTHER MOBILE OBJECT	
COLLISION WITH FIXED OBJECT - STRUCK					
4 1	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT
	26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH	51 - WALL
5 1	27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES	45 - EMBANKMENT	52 - BUILDING
	28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL	40 - UTILITY POLE	46 - FENCE	53 - TUNNEL
6 1	29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX	54 - OTHER FIXED OBJECT
	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	48 - TREE	99 - OTHER / UNKNOWN
1	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT		

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

UNIT # 012	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)																																																																																																																																				
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INSURANCE VERIFIED	INSURANCE COMPANY Nationwide	INSURANCE POLICY # 9234J376778	VEHICLE MAKE Nissan																																																																																																																																				
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LOCAL REPORT NUMBER 2 2 0 5 6 3 2 1	
DAMAGE	
DAMAGE SCALE 2 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
     	
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT 0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE DIAGRAM 99 - UNKNOWN 13 - TOP	
TRAFFIC	
TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 0	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 0	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 3 5	



MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST		LOCAL REPORT NUMBER													
		2 2 0 5 6 3 2 1					DATE OF BIRTH		AGE	GENDER					
UNIT #	NAME: LAST, FIRST, MIDDLE 0 1 Bright, Tionna										0 2 2 4 2 0 0 5	1 7	F		
ADDRESS: STREET, CITY, STATE, ZIP 7505 Tepperwood Dr., West Chester, OH 45069												CONTACT PHONE - INCLUDE AREA CODE			
INJURIES	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	AIR BAG USAGE	EJECTION	TRAPPED		
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED 4511.21 A			LOCAL CODE	<input type="checkbox"/>	OFFENSE DESCRIPTION ACDA			CITATION NUMBER 254776			
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	1	1	1	1	1	DRUG TEST(S) SELECT UP TO 4		
UNIT #	NAME: LAST, FIRST, MIDDLE 0 2 Oladele, Olubunmi										DATE OF BIRTH 0 5 3 1 1 9 8 4	AGE 3 8	GENDER F		
ADDRESS: STREET, CITY, STATE, ZIP 1773 Riverwood Trl., Kings Mills, OH 45034												CONTACT PHONE - INCLUDE AREA CODE			
INJURIES	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	AIR BAG USAGE	EJECTION	TRAPPED		
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UNIT #	NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH 0	AGE 0	GENDER F		
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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-SECOND - RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-EXCEPT CLASS A & CLASS B BUS											
1-NOT TRANSPORTED /TREATED AT SCENE	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	6-SECON - RIGHT SIDE	6-NO VALID OL	7-EXCEPT TRACTOR-TRAILER											
2-EMS	8-THIRD - MIDDLE	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-INTERMEDIATE LICENSE RESTRICTIONS	8-INTERMEDIATE LICENSE RESTRICTIONS	1-NONE										
3-POLICE	9-THIRD - RIGHT SIDE	8-THIRD - MIDDLE	8-LEARNER'S PERMIT RESTRICTIONS	9-PASSENGER	2-BLOOD										
9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB	9-THIRD - RIGHT SIDE	9-OTHER DISTRACTION INSIDE THE VEHICLE	10-OTHER DISTRACTION OUTSIDE THE VEHICLE	3-URINE										
SAFETY EQUIPMENT		11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11-NOT TRAPPED	11-LIMITED TO EMPLOYMENT	4-BREATH										
1-NONE USED	12-PASSENGER IN UNENCLOSED CARGO AREA	12-EXTRICATED BY MECHANICAL MEANS	12-LIMITED - OTHER	12-LIMITED - OTHER	5-OTHER										
2-SHOULDER BELT ONLY USED	13-TRAILING UNIT	13-FREED BY NON-MECHANICAL MEANS	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)											
3-LAP BELT ONLY USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14-NOT APPLICABLE	14-MILITARY VEHICLES ONLY	14-MILITARY VEHICLES ONLY											
4-SHOULDER & LAP BELT USED	15-NON-MOTORIST	15-NOT TRAPPED	15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-MOTOR VEHICLES WITHOUT AIR BRAKES											
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	99-OTHER / UNKNOWN	16-EXTRICATED BY MECHANICAL MEANS	16-OUTSIDE MIRROR	16-OUTSIDE MIRROR											
6-CHILD RESTRAINT SYSTEM - REAR FACING		17-FREED BY NON-MECHANICAL MEANS	17-PROSTHETIC AID	17-PROSTHETIC AID											
7-BOOSTER SEAT		18-OTHER	18-OTHER	18-OTHER											
8-Helmet USED															
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)															
10-REFLECTIVE CLOTHING															
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY															
99-OTHER / UNKNOWN															
GENDER		TRAPPED		EJECTION		OL ENDORSEMENT		TEST STATUS							
F - FEMALE		1-NOT TRAPPED		1-NOT EJECTED		H - HAZMAT		1-NONE GIVEN							
M - MALE		2-EXTRICATED BY MECHANICAL MEANS		2-PARTIALLY EJECTED		M - MOTORCYCLE		2-TEST REFUSED							
U - OTHER / UNKNOWN		3-FREED BY NON-MECHANICAL MEANS		3-TOTALLY EJECTED		P - PASSENGER		3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE							
TEST STATUS		TEST STATUS		TEST STATUS		TEST STATUS		TEST STATUS							
1 - NONE		2 - BLOOD		3 - URINE		4 - BREATH		5 - OTHER							
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1 - NONE		2 - BLOOD		3 - URINE		4 - BREATH		5 - OTHER							
CONDITION		CONDITION		CONDITION		CONDITION		CONDITION							
1 - APPARENTLY NORMAL		2 - PHYSICAL IMPAIRMENT		3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)		4 - ILLNESS		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.							
6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		7 - OTHER		8 - OTHER / UNKNOWN		9 - OTHER / UNKNOWN		10 - NEGATIVE RESULTS							
DRUG TEST RESULT(S)		DRUG TEST RESULT(S)		DRUG TEST RESULT(S)		DRUG TEST RESULT(S)		DRUG TEST RESULT(S)							
1 - AMPHETAMINES		2 - BARBITURATES		3 - BENZODIAZEPINES		4 - CANNABINOID		5 - COCAINE							
6 - OPIATES / OPIOIDS		7 - OTHER		8 - NEGATIVE RESULTS											



OCCUPANT / WITNESS ADDENDUM

		LOCAL REPORT NUMBER							
		2 2 0 5 6 3 2 1			DATE OF BIRTH		AGE	GENDER	
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE Oludele, Rachel			0 1 0 7 2 0 0 8		14	F	
	ADDRESS: STREET, CITY, STATE, ZIP 1773 Riverwood Trl., Kings Mills, OH 45034			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
5				0 4		0 3	0 1	1	1
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE Oludele, Bethel			0 7 2 7 2 0 1 0		12	F	
	ADDRESS: STREET, CITY, STATE, ZIP 1773 Riverwood Trl., Kings Mills, OH 45034			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
5				0 4		0 6	0 1	1	1
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			0 7 2 7 2 0 1 0		12	F	
	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			0 7 2 7 2 0 1 0		12	F	
	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		1 - NONE USED - VEHICLE OCCUPANT		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED			
2 - SUSPECTED SERIOUS INJURY		2 - SHOULDER BELT ONLY USED		2 - FRONT - MIDDLE		2 - DEPLOYED FRONT			
3 - SUSPECTED MINOR INJURY		3 - LAP BELT ONLY USED		3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE			
4 - POSSIBLE INJURY		4 - SHOULDER & LAP BELT USED		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT/SIDE			
5 - NO APPARENT INJURY		5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		5 - SECOND - MIDDLE		5 - NOT APPLICABLE			
INJURED TAKEN BY		6 - CHILD RESTRAINT SYSTEM - REAR FACING		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN			
1 - NOT TRANSPORTED /TREATED AT SCENE		7 - BOOSTER SEAT		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		EJECTION			
2 - EMS		8 - HELMET USED		8 - THIRD - MIDDLE		1 - NOT EJECTED			
3 - POLICE		9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED			
9 - OTHER / UNKNOWN		10 - REFLECTIVE CLOTHING		10 - SLEEPER SECTION OF TRUCK CAB		3 - TOTALLY EJECTED			
GENDER		11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		4 - NOT APPLICABLE			
F - FEMALE		99 - OTHER / UNKNOWN		12 - PASSENGER IN UNENCLOSED CARGO AREA		TRAPPED			
M - MALE				13 - TRAILING UNIT		1 - NOT TRAPPED			
U - OTHER / UNKNOWN				14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		2 - EXTRICATED BY MECHANICAL MEANS			
				15 - NON-MOTORIST		3 - FREED BY NON-MECHANICAL MEANS			
				99 - OTHER / UNKNOWN					
WITNESS	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE					
WITNESS	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE					
WITNESS	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE					

LOCAL
REPORT
NUMBER

PD-22-05632

REPORTING
AGENCY

FAIRFIELD P.D. 00901

DATE OF ACCIDENT

M 8 10 6 2022

IN COUNTY OF

BUTLER

ACCIDENT
LOCATION

ROSS RD. AT WOODRIDGE BLVD.

ROSS RD.

WOODRIDGE BLVD.



NOT TO SCALE

OFFICERS SIGNATURE

D. Dyer MIR

BADGE NO.

167