



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN		<input type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION		LOCAL REPORT NUMBER*			
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*			
				Fairfield Police Department		00901			
ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DECIMAL DEGREES			
			South Gilmore		R D	39.310359			
ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)		ROAD TYPE	LONGITUDE DECIMAL DEGREES			
			6120			-84.522936			
REFERENCE POINT 1-INTERSECTION 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 AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	RD - ROAD LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	INTERSECTION RELATED				
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS				<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH				
0 1			2		<input type="checkbox"/> WITHIN INTERCHANGE AREA	NUMBER OF APPROACHES 4			
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT				ROADWAY	
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	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	DIRECTION OF TRAVEL 1-NORTH 2-SOUTH 3-EAST 4-WEST	ROADWAY DIVIDED				
<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	
1	0 1			WEATHER 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				SEE OH2					Indicate the north direction with an "N" on the compass diagram.
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY	
08122022 0750		08122022 0751		08122022 0759		08122022 0836		<input checked="" type="checkbox"/> POLICE AGENCY	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		<input type="checkbox"/> MOTORIST	
						Kamphaus			
						CHECKED BY OFFICER'S NAME*			
						103			
						CHECKED BY OFFICER'S BADGE NUMBER*			
						103			
<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)									

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER)
0 1		

OWNER ADDRESS: STREET, CITY, STATE, ZIP (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
0 H	GCZ5668	3C63R3HL6EG174698	2014	Ram

<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	State Farm	137-9827-F04-0335E	Silver	3500

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 EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR
	0 1	1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.

UNIT TYPE	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
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0 # 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
2	1 - YES 2 - NO 9 - OTHER/UNKNOWN	0 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
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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 - CARGOTANK 10 - FLAT BED 11 - DUMP	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 15 - OTHER/UNKNOWN
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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
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NON-MOTORIST LOCATION AT IMPACT	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER CROSSWALK 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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ACTION	1 - NON-CONTACT 2 - BACKING 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
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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 / ACOA 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

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 - PEDESTRIAN 12 - PEDALCYCLE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDESTRIAN	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
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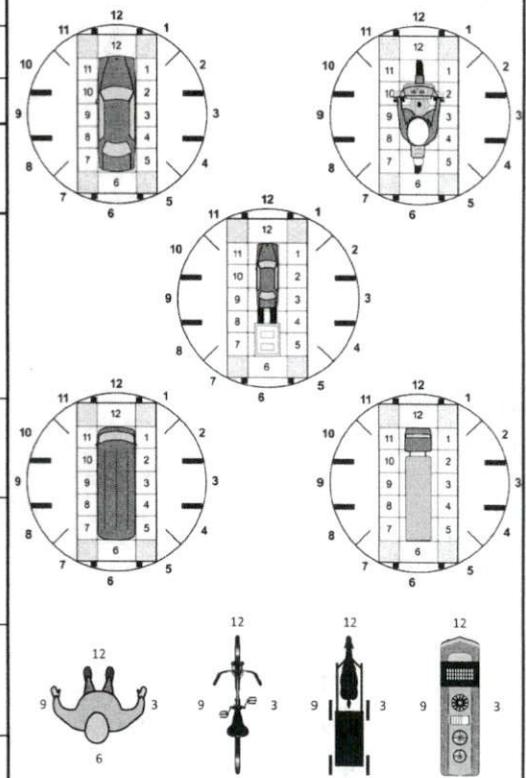
4 1 1	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL SUPPORT 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER 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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1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER
2 2 0 5 7 6 6 2

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

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 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
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TRAFFIC	TRAFFIC WAY FLOW	TRAFFIC CONTROL
2	1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 6 - NO CONTROL
4	1	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION	FROM 2 TO 1	5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
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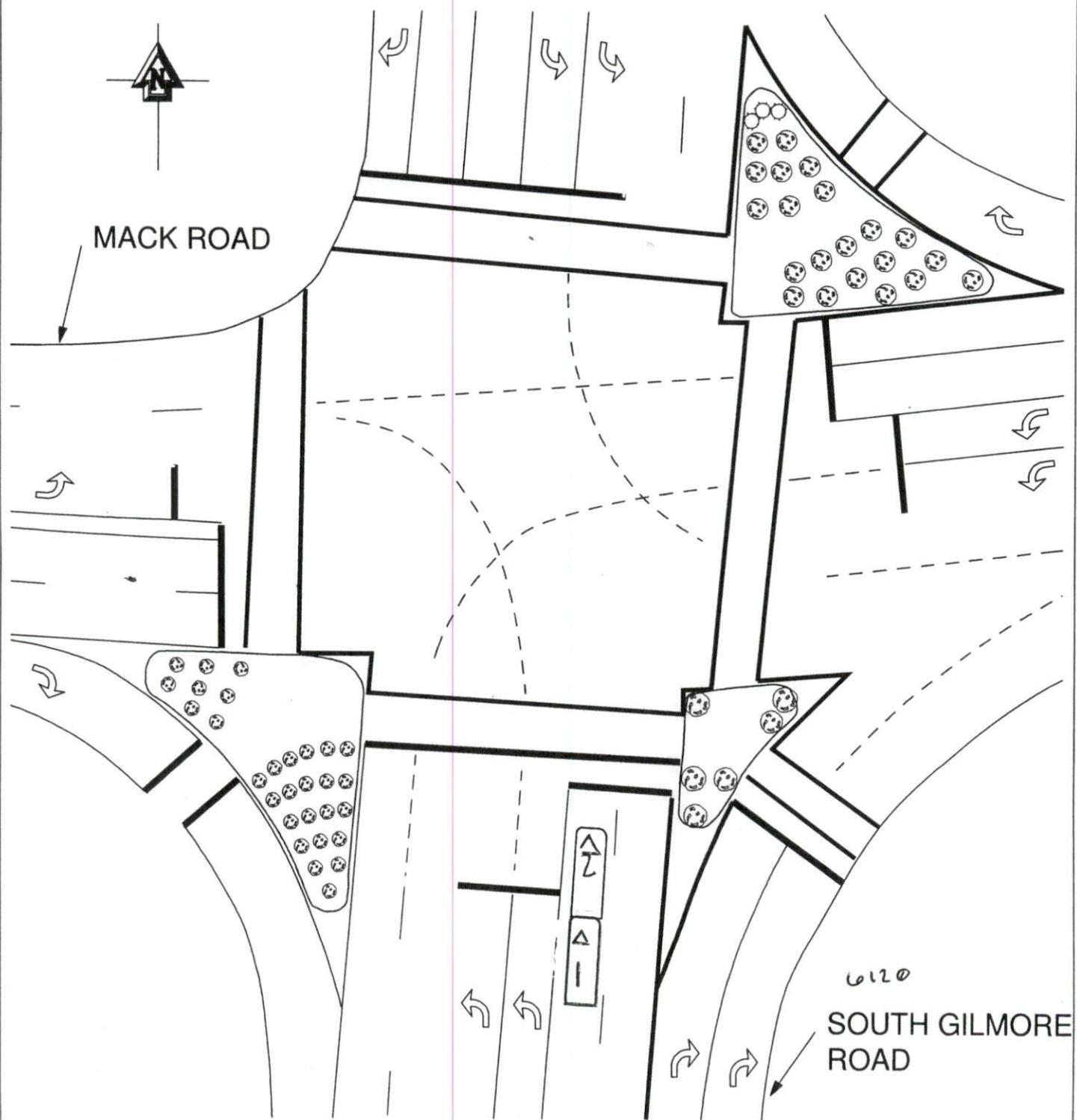
DETECTED SPEED	UNIT SPEED	POSTED SPEED
1	0 5	1 2 - CALCULATED / EDR 3 - UNDETERMINED
3 5		



MOTORIST / Non-MOTORIST

UNIT #		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH			AGE	GENDER				
0 1	Lassen, Jeffery, Colin				1	2	1	0	1	9	7	1	50	M
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE								
1295 Poplar Dr. Lebanon, OH 45036														
INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET		SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE O H	OPERATOR LICENSE NUMBER			OFFENSE CHARGED 333.03a		LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION ACDA		CITATION NUMBER 255157					
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 5	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS 1	TYPE 1	VALUE 1	DRUG TEST(S) STATUS 1	TYPE 1	RESULT SELECT UP TO 4	
UNIT #		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH			AGE	GENDER				
0 2	Jackson, Christopher				0	8	0	2	1	9	7	9	43	M
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE								
3639 Evensong Dr. Union, KY 41091														
INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET		SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE K Y	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER					
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS 1	TYPE 1	VALUE 1	DRUG TEST(S) STATUS 1	TYPE 1	RESULT SELECT UP TO 4	
UNIT #		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH			AGE	GENDER				
0					0	8	0	2	1	9	7	9	43	M
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE								
3639 Evensong Dr. Union, KY 41091														
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER					
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS 1	TYPE 1	VALUE 1	DRUG TEST(S) STATUS 1	TYPE 1	RESULT SELECT UP TO 4	
INJURIES		SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS							
1-FATAL	1-FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1-NOT DEPLOYED	1-CLASS A	1-ALCOHOL INTERLOCK DEVICE	1-NOT DISTRACTED	1-NONE GIVEN								
2-SUSPECTED SERIOUS INJURY	2-FRONT - MIDDLE	2-DEPLOYED FRONT	2-CLASS B	2-CDL INTRASTATE ONLY	2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2-TEST REFUSED								
3-SUSPECTED MINOR INJURY	3-FRONT - RIGHT SIDE	3-DEPLOYED SIDE	3-CLASS C	3-CORRECTIVE LENSES	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE									
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		9-DEPLOYMENT UNKNOWN	6-NOT VALID OL	6-EXCEPT CLASS A & CLASS B BUS										
1-NOT TRANSPORTED / TREATED AT SCENE	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD - MIDDLE	7-THIRD - RIGHT SIDE	7-EXCEPT TRACTOR-TRAILER										
2-EMS	8-THIRD - MIDDLE	8-THIRD - RIGHT SIDE	8-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	8-INTERMEDIATE LICENSE RESTRICTIONS	1-NONE									
3-POLICE	9-THIRD - RIGHT SIDE	10-SLEEPER SECTION OF TRUCK CAB	9-THIRD - MIDDLE	9-LEARNER'S PERMIT RESTRICTIONS	2-BLOOD									
9-OTHER / UNKNOWN	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	10-LIMITED TO DAYLIGHT ONLY	3-URINE									
SAFETY EQUIPMENT		12-PASSENGER IN UNENCLOSED CARGO AREA	12-PASSENGER IN UNENCLOSED CARGO AREA	11-LIMITED TO EMPLOYMENT	4-BREATH									
1-NONE USED	13-TRAILING UNIT	13-TRAILING UNIT	13-TRAILING UNIT	12-LIMITED - OTHER	5-OTHER									
2-SHOULDER BELT ONLY USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)										
3-LAP BELT ONLY USED	15-NON-MOTORIST	15-NON-MOTORIST	15-NON-MOTORIST	14-MILITARY VEHICLES ONLY										
4-SHOULDER & LAP BELT USED	99-OTHER / UNKNOWN	99-OTHER / UNKNOWN	99-OTHER / UNKNOWN	15-MOTOR VEHICLES WITHOUT AIR BRAKES										
5-CHILD RESTRAINT SYSTEM - FORWARD FACING				16-OUTSIDE MIRROR										
6-CHILD RESTRAINT SYSTEM - REAR FACING				17-PROSTHETIC AID										
7-BOOSTER SEAT				18-OTHER										
8-HELMET USED														
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)														
10-REFLECTIVE CLOTHING														
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY														
99-OTHER / UNKNOWN														
INJURED TAKEN BY		EJECTION	OL ENDORSEMENT	TEST STATUS										
1-NOT EJECTED	H - HAZMAT	1-H	1-NOT DISTRACTED	1-NONE GIVEN										
2-PARTIALLY EJECTED	M - MOTORCYCLE	2-M	2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2-TEST REFUSED										
3-TOTALLY EJECTED	P - PASSENGER	3-P	3-CORRECTIVE LENSES	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE										
4-NOT APPLICABLE	N - TANKER	4-N	4-FARM WAIVER	4-TEST GIVEN, RESULTS KNOWN										
INJURED TAKEN BY		9-NOT APPLICABLE	5-M/C MOPED ONLY	5-TEST GIVEN, RESULTS UNKNOWN										
11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	Q - MOTOR SCOOTER	6-Q	6-EXCEPT CLASS A & CLASS B BUS											
12-PASSENGER IN UNENCLOSED CARGO AREA	R - THREE-WHEEL MOTORCYCLE	7-R	7-EXCEPT TRACTOR-TRAILER											
13-TRAILING UNIT	S - SCHOOL BUS	8-S	8-INTERMEDIATE LICENSE RESTRICTIONS											
14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	T - DOUBLE & TRIPLE TRAILERS	9-T	9-LEARNER'S PERMIT RESTRICTIONS											
15-NON-MOTORIST	X - TANKER / HAZMAT	10-X	10-LIMITED TO DAYLIGHT ONLY											
99-OTHER / UNKNOWN														
INJURED TAKEN BY		TRAPPED	TEST STATUS											
1-NOT TRAPPED	H - HAZMAT	1-H	1-NOT DISTRACTED	1-NONE GIVEN										
2-EXTRICATED BY MECHANICAL MEANS	M - MOTORCYCLE	2-M	2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2-TEST REFUSED										
3-FREED BY NON-MECHANICAL MEANS	P - PASSENGER	3-P	3-CORRECTIVE LENSES	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE										
INJURED TAKEN BY		OL ENDORSEMENT	TEST STATUS											
1-H	N - TANKER	4-N	4-FARM WAIVER	4-TEST GIVEN, RESULTS KNOWN										
2-M	Q - MOTOR SCOOTER	5-Q	5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5-TEST GIVEN, RESULTS UNKNOWN										
3-P	R - THREE-WHEEL MOTORCYCLE	6-R	6-PASSENGER	6-TEST GIVEN, RESULTS UNKNOWN										
4-X	S - SCHOOL BUS	7-S	7-OTHER DISTRACTION INSIDE THE VEHICLE	7-TEST GIVEN, RESULTS UNKNOWN										
INJURED TAKEN BY		OL RESTRICTION(S)	TEST STATUS											
1-H	10-N	11-N	11-LIMITED TO EMPLOYMENT	11-TEST GIVEN, RESULTS UNKNOWN										
2-M	12-O	13-O	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13-TEST GIVEN, RESULTS UNKNOWN										
3-P	14-L	15-L	14-MILITARY VEHICLES ONLY	14-TEST GIVEN, RESULTS UNKNOWN										
4-X	16-O	17-O	15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-TEST GIVEN, RESULTS UNKNOWN										
INJURED TAKEN BY		DRIVER DISTRACTION	TEST STATUS											
1-H	17-O	18-O	16-OUTSIDE MIRROR	16-TEST GIVEN, RESULTS UNKNOWN										
2-M	18-O	19-O	17-PROSTHETIC AID	17-TEST GIVEN, RESULTS UNKNOWN										
3-P	19-O	20-O	18-OTHER	18-TEST GIVEN, RESULTS UNKNOWN										
INJURED TAKEN BY		TEST STATUS												
1-H	20-O	21-O	19-OTHER / UNKNOWN	19-TEST GIVEN, RESULTS UNKNOWN										
2-M	21-O	22-O	20-OTHER / UNKNOWN	20-TEST GIVEN, RESULTS UNKNOWN										
3-P	22-O	23-O	21-OTHER / UNKNOWN	21-TEST GIVEN, RESULTS UNKNOWN										
4-X	23-O	24-O	22-OTHER / UNKNOWN	22-TEST GIVEN, RESULTS UNKNOWN										
INJURED TAKEN BY		ALCOHOL TEST TYPE	TEST STATUS											
1-H	24-O	25-O	23-OTHER / UNKNOWN	23-TEST GIVEN, RESULTS UNKNOWN										
2-M	25-O	26-O	24-OTHER / UNKNOWN	24-TEST GIVEN, RESULTS UNKNOWN										
3-P	26-O	27-O	25-OTHER / UNKNOWN	25-TEST GIVEN, RESULTS UNKNOWN										
4-X	27-O	28-O	26-OTHER / UNKNOWN	26-TEST GIVEN, RESULTS UNKNOWN										
INJURED TAKEN BY		DRUG TEST TYPE	TEST STATUS											
1-H	28-O	29-O	27-OTHER / UNKNOWN	27-TEST GIVEN, RESULTS UNKNOWN										
2-M	29-O	30-O	28-OTHER / UNKNOWN	28-TEST GIVEN, RESULTS UNKNOWN										
3-P	30-O	31-O	29-OTHER / UNKNOWN	29-TEST GIVEN, RESULTS UNKNOWN										
4-X	31-O	32-O	30-OTHER / UNKNOWN	30-TEST GIVEN, RESULTS UNKNOWN										
INJURED TAKEN BY		DRUG TEST RESULT(S)	TEST STATUS											
1-H	32-O	33-O	31-OTHER / UNKNOWN	31-TEST GIVEN, RESULTS UNKNOWN										
2-M	33-O	34-O	32-OTHER / UNKNOWN	32-TEST GIVEN, RESULTS UNKNOWN										
3-P	34-O	35-O	33-OTHER / UNKNOWN	33-TEST GIVEN, RESULTS UNKNOWN										
4-X	35-O	36-O	34-OTHER / UNKNOWN	34-TEST GIVEN, RESULTS UNKNOWN										

LOCAL REPORT NUMBER 22057662	REPORTING AGENCY Fairfield Police Department	DATE OF CRASH M 08 D 12 Y 2022
IN COUNTY OF Butler	CRASH LOCATION S. Gilmore Rd @ 6120	


NOT TO SCALE

HSY 7002 4/07

OFFICER'S SIGNATURE
Kamphaus

BADGE NUMBER
173