



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

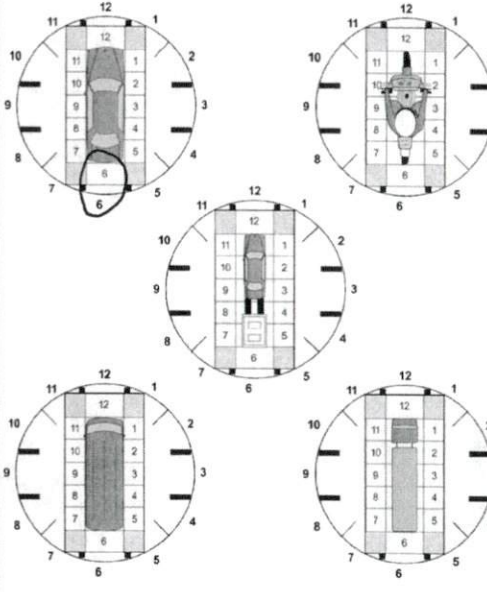

LOCAL REPORT NUMBER*

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION		2 2 0 5 7 7 7 1					
COUNTY* 0 9		LOCALITY* 1 CITY 2 VILLAGE 3 TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield		HIT/SKIP 1 - SOLVED 2 - UNSOLVED 2		NUMBER OF UNITS 0 2		UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN 0 1	
ROUTE TYPE U S		ROUTE NUMBER 1 2 7		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME City of Fairfield		ROAD TYPE		CRASH DATE / TIME* 08 12 2022 16 06	
ROUTE TYPE		ROUTE NUMBER		PREFIX		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Vonderhaar		ROAD TYPE C T		LATITUDE DECIMAL DEGREES 39.330199	
ROUTE TYPE		ROUTE NUMBER		PREFIX		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Vonderhaar		ROAD TYPE C T		LONGITUDE DECIMAL DEGREES -84.559780	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1		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 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		INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 4			
DISTANCE FROM REFERENCE 3 5 0		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS 2		ROUTE TYPE		ROAD TYPE		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 0 1		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		MANNER OF CRASH COLLISION/IMPACT 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		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 2		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 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 0 1		CONTOUR 2		CONDITIONS 1		SURFACE 2			
NARRATIVE On 08/12/22 at 4:06 P.M. Unit 2 was traveling south west on U.S. 127 near Vonderhaar Ct. in the left lane. Unit 1 was traveling behind Unit 2. Unit 2 had slowed for traffic. Unit 1 rear ended Unit 2. Unit 1 did not stop after the crash occurred.										Indicate the north direction with an "N" on the compass diagram.	
CRASH REPORTED DATE / TIME 08 12 2022 16 06		DISPATCH DATE / TIME 08 12 2022 16 15		ARRIVAL DATE / TIME 08 12 2022 16 26		SCENE CLEARED DATE / TIME 08 12 2022 16 34		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST			
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 3 0		TOTAL MINUTES 4 9		OFFICER'S NAME* D. Miller		CHECKED BY OFFICER'S NAME* D. Pohl		SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OHS)	
OFFICER'S BADGE NUMBER* 1 6 7		CHECKED BY OFFICER'S BADGE NUMBER* 1 3 0									

OWNER	UNIT # 01	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		
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #
	INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #
	TYPE OF USE	US DOT #	TOWED BY: COMPANY NAME
	INTERLOCK DEVICE EQUIPPED	HIT/SKIP UNIT	HAZARDOUS MATERIAL
	#OCCUPANTS		VEHICLE WEIGHT GVWR/GCWR
	1 - PASSENGER CAR		12 - GOLF CART
	2 - PASSENGER VAN (MINIVAN)		13 - SNOWMOBILE
	3 - SPORT UTILITY VEHICLE		14 - SINGLE UNIT TRUCK
	4 - PICK UP		15 - SEMI-TRACTOR
5 - CARGO VAN		16 - FARM EQUIPMENT	
6 - VAN (9-15 SEATS)		17 - MOTORHOME	
# OF TRAILING UNITS		18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION
1 - YES 2 - NO 9 - OTHER / UNKNOWN		1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION
AUTONOMOUS MODE LEVEL		2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION
SPECIAL FUNCTION		11 - FIRE	16 - FARM
1 - NONE		12 - MILITARY	17 - MOWING
2 - TAXI		13 - POLICE	18 - SNOW REMOVAL
3 - ELECTRONIC RIDE SHARING		14 - PUBLIC UTILITY	19 - TOWING
4 - SCHOOL TRANSPORT		15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL
5 - BUS - TRANSIT/COMMUTER		10 - AMBULANCE	21 - MAIL CARRIER
CARGO BODY TYPE		5 - INTERMODAL CONTAINER CHASSIS	12 - CONCRETE MIXER
1 - NO CARGO BODY TYPE / NOT APPLICABLE		6 - CARGO VAN/ENCLOSED BOX	13 - AUTO TRANSPORTER
2 - BUS		7 - GRAIN/CHIPS/GRAVEL	14 - GARBAGE/REFUSE
VEHICLE DEFECTS		8 - POLE	15 - DUMP
1 - TURN SIGNALS		9 - MOTOR TROUBLE	99 - OTHER / UNKNOWN
2 - HEAD LAMPS		10 - DISABLED FROM PRIOR ACCIDENT	
3 - TAIL LAMPS			
NON-MOTORIST LOCATION AT IMPACT		6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND
1 - INTERSECTION - MARKED CROSSWALK		7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS
2 - INTERSECTION - UNMARKED CROSSWALK		8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS
3 - INTERSECTION - OTHER		9 - LEAVING TRAFFIC LANE	12 - FIRST RESPONDER AT INCIDENT SCENE
4 - MIDBLOCK - MARKED CROSSWALK		10 - PARKED	13 - TOP
5 - TRAVEL LANE - OTHER LOCATION		11 - SLOWING OR STOPPED IN TRAFFIC	99 - OTHER / UNKNOWN
ACTION		12 - DRIVERLESS	
1 - NON-CONTACT		13 - IMPROPER START FROM A PARKED POSITION	14 - ENTERING OR CROSSING SPECIFIED LOCATION
2 - NON-COLLISION		14 - STOPPED OR PARKED ILLEGALLY	15 - WALKING, RUNNING, JOGGING, PLAYING
3 - STRIKING		15 - SWERVING TO AVOID	16 - WORKING
4 - STRUCK		16 - WRONG WAY	17 - PUSHING VEHICLE
5 - BOTH STRIKING & STRUCK			18 - APPROACHING OR LEAVING VEHICLE
9 - OTHER / UNKNOWN			19 - STANDING
CONTRIBUTING CIRCUMSTANCES			20 - OTHER NON-MOTORIST
1 - NONE			21 - STANDING OUTSIDE DISABLED VEHICLE
2 - FAILURE TO YIELD			99 - OTHER / UNKNOWN
3 - RAN RED LIGHT			
4 - RAN STOP SIGN			
5 - UNSAFE SPEED			
6 - IMPROPER TURN			
SEQUENCE OF EVENTS			
1 - OVERTURN/ROLLOVER			
2 - FIRE/EXPLOSION			
3 - IMMERSION			
4 - JACKKNIFE			
5 - CARGO / EQUIPMENT LOSS OR SHIFT			
EQUIPMENT FAILURE			
6 - EQUIPMENT FAILURE			
7 - SEPARATION OF UNITS			
8 - RAN OFF ROAD RIGHT			
9 - RAN OFF ROAD LEFT			
10 - CROSS MEDIAN			
COLLISION WITH FIXED OBJECT - STRUCK			
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 BARRIER			
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			
50 - WORK ZONE MAINTENANCE EQUIPMENT			
51 - WALL			
52 - BUILDING			
53 - TUNNEL			
54 - OTHER FIXED OBJECT			
99 - OTHER / UNKNOWN			
FIRST HARMFUL EVENT		MOST HARMFUL EVENT	

LOCAL REPORT NUMBER 2 2 0 5 7 7 7 1	
DAMAGE	
DAMAGE SCALE	
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 checked="" type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT	
0 - NO DAMAGE 14 - UNDERCARRIAGE	
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE	
13 - TOP 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN
2 - TWO-WAY	2 - SIGNAL 5 - YIELD SIGN
	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	
1 - NORTH 5 - NORTHWEST	
2 - SOUTH 6 - NORTHWEST	
3 - EAST 7 - SOUTHWEST	
4 - WEST 8 - SOUTHWEST	
9 - OTHER / UNKNOWN	
UNIT SPEED	DETECTED SPEED
	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED
POSTED SPEED	
3 5	

OWNER	UNIT # 012	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)		
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
	LP STATE OH	LICENSE PLATE # DBH2545	VEHICLE IDENTIFICATION # JTDBT92135181195532
EVENT(S)	INSURANCE VERIFIED X	INSURANCE COMPANY Safeco	INSURANCE POLICY # H2149232
	TYPE OF USE COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE <input type="checkbox"/>	US DOT #	TOWED BY: COMPANY NAME
VEHICLE	INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>	HIT/SKIP UNIT <input type="checkbox"/>	#OCCUPANTS 01
	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		
VEHICLE	HAZARDOUS MATERIAL MATERIAL RELEASED <input type="checkbox"/> CLASS # PLACARD ID #		
	UNIT TYPE 01		
VEHICLE	# OF TRAILING UNITS 0		
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN 0		
VEHICLE	AUTONOMOUS MODE LEVEL 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 21 - MAIL CARRIER 99 - OTHER / UNKNOWN		
	SPECIAL FUNCTION 01		
VEHICLE	CARGO BODY TYPE 01		
	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		
VEHICLE	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 4		
VEHICLE	PRE-CRASH ACTIONS 11		
	CONTRIBUTING CIRCUMSTANCES 01		
VEHICLE	SEQUENCE OF EVENTS 120		
	NON-COLLISION 11		
VEHICLE	COLLISION WITH FIXED OBJECT - STRUCK 4		
	FIRST HARMFUL EVENT 1		
VEHICLE	MOST HARMFUL EVENT 1		

LOCAL REPORT NUMBER 22057771	
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 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN	
TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 6 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 3	RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM 5 TO 8 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 20	DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 35	

OHIO DEPARTMENT
OF PUBLIC SAFETY
SAFETY - SERVICE - PROTECTION

Motorist / Non-Motorist

LOCAL REPORT NUMBER																																																																																																																																																																																																							
2 2 0 5 7 7 7 1																																																																																																																																																																																																							
UNIT # 0 1	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE 0	GENDER																																																																																																																																																																																															
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																																																																																																																																																																																																		
INJURIES 4	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		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER																																																																																																																																																																																															
OL CLASS 4	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 TYPE VALUE 1 1		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1																																																																																																																																																																																														
UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Gialloreto, Marilyn				DATE OF BIRTH 0 1 2 8 1 9 6 0		AGE 6 2	GENDER F																																																																																																																																																																																															
ADDRESS: STREET, CITY, STATE, ZIP 2050 Augusta Blvd., Apt. 145, Fairfield, OH 45014					CONTACT PHONE - INCLUDE AREA CODE																																																																																																																																																																																																		
INJURIES 4	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		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER																																																																																																																																																																																															
OL CLASS 4	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 TYPE VALUE 1 1		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1																																																																																																																																																																																														
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER																																																																																																																																																																																															
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																																																																																																																																																																																													
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 <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4																																																																																																																																																																																														
<table border="1"><thead><tr><th>INJURIES</th><th>SEATING POSITION</th><th>AIR BAG</th><th>OL CLASS</th><th>OL RESTRICTION(S)</th><th>DRIVER DISTRACTION</th><th>TEST STATUS</th></tr></thead><tbody><tr><td>1 - FATAL</td><td>1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)</td><td>1 - NOT DEPLOYED</td><td>1 - CLASS A</td><td>1 - ALCOHOL INTERLOCK DEVICE</td><td>1 - NOT DISTRACTED</td><td>1 - NONE GIVEN</td></tr><tr><td>2 - SUSPECTED SERIOUS INJURY</td><td>2 - FRONT - MIDDLE</td><td>2 - DEPLOYED FRONT</td><td>2 - CLASS B</td><td>2 - CDL INTRASTATE ONLY</td><td>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)</td><td>2 - TEST REFUSED</td></tr><tr><td>3 - SUSPECTED MINOR INJURY</td><td>3 - FRONT - RIGHT SIDE</td><td>3 - DEPLOYED SIDE</td><td>3 - CLASS C</td><td>3 - CORRECTIVE LENSES</td><td>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE</td><td>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE</td></tr><tr><td>4 - POSSIBLE INJURY</td><td>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)</td><td>4 - DEPLOYED BOTH FRONT / SIDE</td><td>4 - REGULAR CLASS (OHIO = D)</td><td>4 - FARM WAIVER</td><td>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE</td><td>4 - TEST GIVEN, RESULTS KNOWN</td></tr><tr><td>5 - NO APPARENT INJURY</td><td>5 - SECOND - MIDDLE</td><td>5 - NOT APPLICABLE</td><td>5 - MIC MOPED ONLY</td><td>5 - EXCEPT CLASS A BUS</td><td>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE</td><td>5 - TEST GIVEN, RESULTS UNKNOWN</td></tr><tr><td colspan="3">INJURED TAKEN BY</td><td colspan="3">EJECTION</td><td>ALCOHOL TEST TYPE</td></tr><tr><td colspan="3">1 - NOT TRANSPORTED / TREATED AT SCENE</td><td colspan="3">1 - NOT EJECTED</td><td>1 - NONE</td></tr><tr><td colspan="3">2 - EMS</td><td colspan="3">2 - PARTIALLY EJECTED</td><td>2 - BLOOD</td></tr><tr><td colspan="3">3 - POLICE</td><td colspan="3">3 - TOTALLY EJECTED</td><td>3 - URINE</td></tr><tr><td colspan="3">9 - OTHER / UNKNOWN</td><td colspan="3">4 - NOT APPLICABLE</td><td>4 - BREATH</td></tr><tr><td colspan="3">SAFETY EQUIPMENT</td><td colspan="3">TRAPPED</td><td>5 - OTHER</td></tr><tr><td colspan="3">1 - NONE USED</td><td colspan="3">1 - NOT TRAPPED</td><td>DRUG TEST TYPE</td></tr><tr><td colspan="3">2 - SHOULDER BELT ONLY USED</td><td colspan="3">2 - EXTRICATED BY MECHANICAL MEANS</td><td>1 - NONE</td></tr><tr><td colspan="3">3 - LAP BELT ONLY USED</td><td colspan="3">3 - FREED BY NON-MECHANICAL MEANS</td><td>2 - BLOOD</td></tr><tr><td colspan="3">4 - SHOULDER & LAP BELT USED</td><td colspan="3"></td><td>3 - URINE</td></tr><tr><td colspan="3">5 - CHILD RESTRAINT SYSTEM - FORWARD FACING</td><td colspan="3"></td><td>4 - BREATH</td></tr><tr><td colspan="3">6 - CHILD RESTRAINT SYSTEM - REAR FACING</td><td colspan="3"></td><td>5 - OTHER</td></tr><tr><td colspan="3">7 - BOOSTER SEAT</td><td colspan="3"></td><td>DRUG TEST RESULT(S)</td></tr><tr><td colspan="3">8 - HELMET USED</td><td colspan="3"></td><td>1 - AMPHETAMINES</td></tr><tr><td colspan="3">9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)</td><td colspan="3"></td><td>2 - BARBITURATES</td></tr><tr><td colspan="3">10 - REFLECTIVE CLOTHING</td><td colspan="3"></td><td>3 - BENZODIAZEPINES</td></tr><tr><td colspan="3">11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY</td><td colspan="3"></td><td>4 - CANNABINOIDS</td></tr><tr><td colspan="3">99 - OTHER / UNKNOWN</td><td colspan="3"></td><td>5 - COCAINE</td></tr><tr><td colspan="3"></td><td colspan="3"></td><td>6 - OPIATES / OPIOIDS</td></tr><tr><td colspan="3"></td><td colspan="3"></td><td>7 - OTHER</td></tr><tr><td colspan="3"></td><td colspan="3"></td><td>8 - NEGATIVE RESULTS</td></tr></tbody></table>											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 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	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 - TALKING ON HAND-HELD COMMUNICATION DEVICE	4 - TEST GIVEN, RESULTS KNOWN	5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - MIC MOPED ONLY	5 - EXCEPT CLASS A BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN	INJURED TAKEN BY			EJECTION			ALCOHOL TEST TYPE	1 - NOT TRANSPORTED / TREATED AT SCENE			1 - NOT EJECTED			1 - NONE	2 - EMS			2 - PARTIALLY EJECTED			2 - BLOOD	3 - POLICE			3 - TOTALLY EJECTED			3 - URINE	9 - OTHER / UNKNOWN			4 - NOT APPLICABLE			4 - BREATH	SAFETY EQUIPMENT			TRAPPED			5 - OTHER	1 - NONE USED			1 - NOT TRAPPED			DRUG TEST TYPE	2 - SHOULDER BELT ONLY USED			2 - EXTRICATED BY MECHANICAL MEANS			1 - NONE	3 - LAP BELT ONLY USED			3 - FREED BY NON-MECHANICAL MEANS			2 - BLOOD	4 - SHOULDER & LAP BELT USED						3 - URINE	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING						4 - BREATH	6 - CHILD RESTRAINT SYSTEM - REAR FACING						5 - OTHER	7 - BOOSTER SEAT						DRUG TEST RESULT(S)	8 - HELMET USED						1 - AMPHETAMINES	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						2 - BARBITURATES	10 - REFLECTIVE CLOTHING						3 - BENZODIAZEPINES	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						4 - CANNABINOIDS	99 - OTHER / UNKNOWN						5 - COCAINE							6 - OPIATES / OPIOIDS							7 - OTHER							8 - NEGATIVE RESULTS
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 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	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 - TALKING ON HAND-HELD COMMUNICATION DEVICE	4 - TEST GIVEN, RESULTS KNOWN																																																																																																																																																																																																	
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - MIC MOPED ONLY	5 - EXCEPT CLASS A BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN																																																																																																																																																																																																	
INJURED TAKEN BY			EJECTION			ALCOHOL TEST TYPE																																																																																																																																																																																																	
1 - NOT TRANSPORTED / TREATED AT SCENE			1 - NOT EJECTED			1 - NONE																																																																																																																																																																																																	
2 - EMS			2 - PARTIALLY EJECTED			2 - BLOOD																																																																																																																																																																																																	
3 - POLICE			3 - TOTALLY EJECTED			3 - URINE																																																																																																																																																																																																	
9 - OTHER / UNKNOWN			4 - NOT APPLICABLE			4 - BREATH																																																																																																																																																																																																	
SAFETY EQUIPMENT			TRAPPED			5 - OTHER																																																																																																																																																																																																	
1 - NONE USED			1 - NOT TRAPPED			DRUG TEST TYPE																																																																																																																																																																																																	
2 - SHOULDER BELT ONLY USED			2 - EXTRICATED BY MECHANICAL MEANS			1 - NONE																																																																																																																																																																																																	
3 - LAP BELT ONLY USED			3 - FREED BY NON-MECHANICAL MEANS			2 - BLOOD																																																																																																																																																																																																	
4 - SHOULDER & LAP BELT USED						3 - URINE																																																																																																																																																																																																	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING						4 - BREATH																																																																																																																																																																																																	
6 - CHILD RESTRAINT SYSTEM - REAR FACING						5 - OTHER																																																																																																																																																																																																	
7 - BOOSTER SEAT						DRUG TEST RESULT(S)																																																																																																																																																																																																	
8 - HELMET USED						1 - AMPHETAMINES																																																																																																																																																																																																	
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						2 - BARBITURATES																																																																																																																																																																																																	
10 - REFLECTIVE CLOTHING						3 - BENZODIAZEPINES																																																																																																																																																																																																	
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						4 - CANNABINOIDS																																																																																																																																																																																																	
99 - OTHER / UNKNOWN						5 - COCAINE																																																																																																																																																																																																	
						6 - OPIATES / OPIOIDS																																																																																																																																																																																																	
						7 - OTHER																																																																																																																																																																																																	
						8 - NEGATIVE RESULTS																																																																																																																																																																																																	

LOCAL REPORT NUMBER PD-22-057771	REPORTING AGENCY Fairfield Police Department	DATE OF ACCIDENT 8/12/22
IN COUNTY OF Butler	ACCIDENT LOCATION U.S. 127// Vonderhaar Ct.	

Vonderhaar
CT.

S. Staunton
DR.

NOT TO
SCALE

N

1

2

OFFICER'S SIGNATURE
D. Miller

BADGE NO
167