

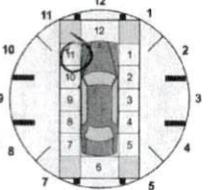
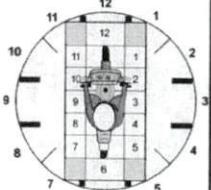
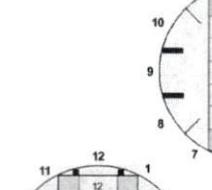
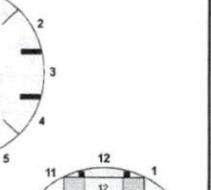
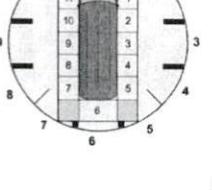
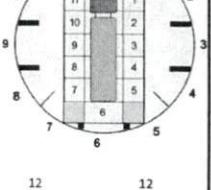
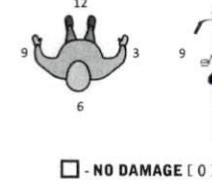
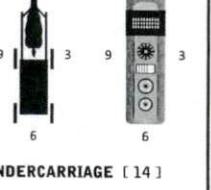


TRAFFIC CRASH REPORT

*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*	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR		
				Fairfield Police Department		00901	1-SOLVED	0 2	0 1 98-ANIMAL		
							2-UNRESOLVED		0 1 99-UNKNOWN		
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*						CRASH DATE / TIME*		CRASH SEVERITY	
0 9	1-CITY 2-VILLAGE 3-TOWNSHIP	City of Fairfield						0 8 1 9 2 0 2 2 0 6 5 1		1-FATAL	
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME			ROAD TYPE	LATITUDE DECIMAL DEGREES		2-SERIOUS INJURY SUSPECTED	
				Holden			B L	3 9 3 3 3 7 4 6	3-MINOR INJURY SUSPECTED		
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)			ROAD TYPE	LONGITUDE DECIMAL DEGREES		4-INJURY POSSIBLE	
				Port Union			R D	8 4 5 1 9 6 6 5	5-PROPERTY DAMAGE ONLY		
REFERENCE POINT		DIRECTION FROM REFERENCE	ROUTE TYPE		ROAD TYPE		INTERSECTION RELATED				
1-INTERSECTION 2-MILE POST 3-HOUSE #		1-NORTH 2-SOUTH 3-EAST 4-WEST	IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS		HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA		NUMBER OF APPROACHES 4
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE							ROADWAY		
		1-MILES 2-FEET 3-YARDS							ROADWAY DIVIDED		
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT			DIRECTION OF TRAVEL		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				1-NOT COLLISION 2-BEFORE 3-BETWEEN 4-TWO MOTOR VEHICLES IN 5-TRANSPORT 6-REAR-END 7-HEAD-ON			1-NORTH 2-SOUTH 3-EAST 4-WEST		1-DIVIDED FLUSH MEDIAN (<4 FEET) 2-DIVIDED FLUSH MEDIAN (24 FEET) 3-DIVIDED, DEPRESSED MEDIAN 4-DIVIDED, RAISED MEDIAN (ANY TYPE) 9-OTHER/UNKNOWN		
<input type="checkbox"/> WORK ZONE RELATED		WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE			CONTOUR	CONDITIONS	SURFACE		
<input type="checkbox"/> WORKERS 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			1	1	2		
<input type="checkbox"/> LAW ENFORCEMENT PRESENT							1-STRAIGHT LEVEL	1-DRY	1-CONCRETE		
<input type="checkbox"/> ACTIVE SCHOOL ZONE							2-STRAIGHT GRADE	2-WET	2-BLACKTOP, BITUMINOUS, ASPHALT		
LIGHT CONDITION				WEATHER			3-CURVE LEVEL	3-SNOW	3-BRICK/BLOCK		
1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN				1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL			4-CURVE GRADE	4-ICE	4-SLAG, GRAVEL, STONE		
				6-SNOW 7-SEVERE CROSSWINDS 8-BLOWING SAND, SOIL, DIRT, SNOW 9-FREEZING RAIN OR FREEZING DRIZZLE 99-OTHER / UNKNOWN			9-OTHER/UNKNOWN	5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN	5-DIRT 9-OTHER/UNKNOWN		
NARRATIVE										 Indicate the north direction with an "N" on the compass diagram.	
On 08-19-22, at 6:51 a.m. Unit 2 was traveling west on Port Union Rd crossing through the intersection of Holden Blvd. Unit 1, was traveling south on Holden Blvd and failed to stop at the red light. As a result the front of Unit 1 struck the side of Unit 2.										SEE OH-2	
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME			SCENE CLEARED DATE / TIME		REPORT TAKEN BY		
0 8 9 1 9 2 0 2 0 6 5 1		0 8 1 9 2 0 2 2 0 6 5 3		0 8 1 9 2 0 2 2 0 7 0 6			0 8 1 9 2 0 2 2 0 7 2 7		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST		
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES	OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*		SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP)		
					D. Setterstrom						
					OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*				
					1 2 1		1 0 3				

OWNER	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 (<input checked="" type="checkbox"/> SAME AS DRIVER)																																
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																															
	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE																													
0 1	GUJ1557	2G1F1C1E138C91409173	2012	Chevrolet																														
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL																														
	Progressive	934957893	Black	Camaro																														
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	HAZARDOUS MATERIAL																														
0 1		0 1	1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD																														
UNIT TYPE	<table border="0"> <tr> <td>1 - PASSENGER CAR</td> <td>7 - MOTORCYCLE 2-WHEELED</td> <td>12 - GOLF CART</td> <td>18 - LIMO (LIVERY VEHICLE)</td> <td>23 - PEDESTRIAN/SKATER</td> </tr> <tr> <td>2 - PASSENGER VAN (MINIVAN)</td> <td>8 - MOTORCYCLE 3-WHEELED</td> <td>13 - SNOWMOBILE</td> <td>19 - BUS (16+ PASSENGERS)</td> <td>24 - WHEELCHAIR (ANY TYPE)</td> </tr> <tr> <td>3 - SPORT UTILITY VEHICLE</td> <td>9 - AUTOCYCLE</td> <td>14 - SINGLE UNIT TRUCK</td> <td>20 - OTHER VEHICLE</td> <td>25 - OTHER NON-MOTORIST</td> </tr> <tr> <td>4 - PICK UP</td> <td>10 - MOPED OR MOTORIZED</td> <td>15 - SEMI-TRACTOR</td> <td>21 - HEAVY EQUIPMENT</td> <td>26 - BICYCLE</td> </tr> <tr> <td>5 - CARGO VAN</td> <td>BICYCLE</td> <td>16 - FARM EQUIPMENT</td> <td>22 - ANIMAL WITH RIDER OR</td> <td>27 - TRAIN</td> </tr> <tr> <td>6 - VAN (9-15 SEATS)</td> <td>11 - ALL TERRAIN VEHICLE (ATV/UTV)</td> <td>17 - MOTORHOME</td> <td>23 - ANIMAL DRAWN VEHICLE</td> <td>99 - UNKNOWN OR HIT/SKIP</td> </tr> </table>				1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN/SKATER	2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED	13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)	3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14 - SINGLE UNIT TRUCK	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST	4 - PICK UP	10 - MOPED OR MOTORIZED	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE	5 - CARGO VAN	BICYCLE	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR	27 - TRAIN	6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE (ATV/UTV)	17 - MOTORHOME	23 - ANIMAL DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP
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0	# OF TRAILING UNITS																																	
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION																														
2	1 - YES	2 - NO	9 - OTHER/UNKNOWN																															
AUTONOMOUS MODE LEVEL																																		
0 1	1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM																														
	2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	21 - MAIL CARRIER																														
SPECIAL FUNCTION	3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	99 - OTHER/UNKNOWN																														
4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	18 - SNOW REMOVAL																															
5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	19 - TOWING																															
0 1	1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE																														
CARGO BODY TYPE	2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	9 - CARGO TANK																														
0 1	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	12 - CONCRETE MIXER																														
VEHICLE DEFECTS	2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	13 - AUTO TRANSPORTER																														
3 - TAIL LAMPS	6 - TIRE BLOWOUT			14 - GARBAGE/REFUSE																														
				11 - DUMP																														
				99 - OTHER/UNKNOWN																														
0 1	1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND																														
NON-MOTORIST LOCATION AT IMPACT	2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	12 - FIRST RESPONDER AT INCIDENT SCENE																														
		5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	10 - DRIVEWAY ACCESS																														
				11 - SHARED USE PATHS OR TRAILS																														
0 1	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE																														
ACTION	2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION																														
3 - STRIKING	0 1 3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	10 - PARKED	15 - WALKING, RUNNING, JOGGING, PLAYING																														
4 - STRUCK	PRE-CRASH 4 - OVERTAKING/PASSING ACTIONS	5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	20 - OTHER NON-MOTORIST																														
5 - BOTH STRIKING & STRUCK		6 - MAKING LEFT TURN	12 - DRIVERLESS	21 - STANDING OUTSIDE DISABLED VEHICLE																														
9 - OTHER/UNKNOWN				16 - WORKING																														
				17 - PUSHING VEHICLE																														
0 1	1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	18 - APPROACHING OR LEAVING VEHICLE																														
CONTRIBUTING CIRCUMSTANCES	2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / ACDA	14 - STOPPED OR PARKED ILLEGALLY	19 - STANDING																														
0 3	3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	15 - SWERVING TO AVOID	20 - OTHER NON-MOTORIST																														
	4 - RAN STOP SIGN	10 - IMPROPER PASSING	16 - WRONG WAY	21 - STANDING OUTSIDE DISABLED VEHICLE																														
	5 - UNSAFE SPEED	11 - DROVE OFF ROAD	17 - VISION OBSTRUCTION	22 - LYING IN ROADWAY																														
	6 - IMPROPER TURN	12 - IMPROPER BACKING	18 - OPERATING DEFECTIVE EQUIPMENT	23 - NOT DISCERNIBLE																														
SEQUENCE OF EVENTS																																		
1 2 0	NON-COLLISION																																	
1	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE																														
	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	17 - ANIMAL - FARM	22 - WORK ZONE MAINTENANCE EQUIPMENT																														
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	18 - ANIMAL - DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR																														
2	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	19 - ANIMAL - OTHER	24 - ANYTHING SET IN MOTION BY A MOTOR VEHICLE																														
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	20 - MOTOR VEHICLE IN TRANSPORT	25 - OTHER MOBILE OBJECT																														
3			21 - PARKED MOTOR VEHICLE																															
4	COLLISION WITH FIXED OBJECT - STRUCK																																	
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 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES	45 - EMBANKMENT	52 - BUILDING																														
27 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL	40 - SUPPORT	46 - FENCE	53 - TUNNEL																														
28 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - UTILITY POLE	47 - MAILBOX	54 - TREE																														
29 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - SUPPORT	48 - FIRE HYDRANT	99 - OTHER/UNKNOWN																														
30 - GUARDRAIL END		43 - CULVERT																																
1	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT																															

LOCAL REPORT NUMBER	
2 2 0 5 9 7 5 1	
DAMAGE	
3	DAMAGE SCALE 1 - NONE 2 - MINOR 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	
1 1	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP
14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC	
TRAFFIC FLOW	TRAFFIC CONTROL
1 - ONE-WAY 2	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
4	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM 1 TO 2	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER/UNKNOWN
UNIT SPEED	
2 5	1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED
DETECTED SPEED	
3 5	
POSTED SPEED	
3 5	

MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	LOCAL REPORT NUMBER													
	2 2 0 5 9 7 5 1					DATE OF BIRTH		AGE	GENDER					
UNIT #	NAME: LAST, FIRST, MIDDLE													
0 1	Morris II, Jeffery E.													
ADDRESS:	STREET, CITY, STATE, ZIP													
89 Foal Run Ln Monroe, OH 45050														
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		
5						0 4			0 1	1	1	1		
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER					
O H				313.01a		X	Red Light		251732					
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)				
4				1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	1	1	1	RESULT SELECT UP TO 4		
OTHER DRUG					<input type="checkbox"/> OTHER DRUG									
UNIT #	NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH		AGE	
0 2	Coleman, Terry A.										0 5 1 4 1 9 8 0	4 2	M	
ADDRESS:	STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE			
205 Mendingwall Way Fairfield, OH 45014														
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		
5						0 4			0 1	1	1	1		
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER					
O H														
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)				
4				1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	1	1	1	RESULT SELECT UP TO 4		
OTHER DRUG					<input type="checkbox"/> OTHER DRUG									
UNIT #	NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH		AGE	
											0			
ADDRESS:	STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE			
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		
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER					
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				1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	1	1	1	RESULT SELECT UP TO 4		
OTHER DRUG					<input type="checkbox"/> OTHER DRUG									
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 MOPED ONLY	5-EXCEPT CLASS A BUS		5-EXCEPT CLASS A & CLASS B BUS		5-TEST GIVEN, RESULTS UNKNOWN				
	6-SECOND - RIGHT SIDE		9-DEPLOYMENT UNKNOWN		6-NO VALID OL	6-EXCEPT CLASS A & CLASS B BUS		6-EXCEPT CLASS A & CLASS B BUS						
	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		7-NOT EJECTED		H-HAZMAT	7-EXCEPT TRACTOR-TRAILER		7-EXCEPT TRACTOR-TRAILER						
	8-THIRD - MIDDLE		8-PARTIALLY EJECTED		M-MOTORCYCLE	8-INTERMEDIATE LICENSE RESTRICTIONS		8-INTERMEDIATE LICENSE RESTRICTIONS		1-NONE				
	9-THIRD - RIGHT SIDE		9-TOTALLY EJECTED		P-PASSENGER	9-LEARNER'S PERMIT RESTRICTIONS		9-LEARNER'S PERMIT RESTRICTIONS		2-BLOOD				
	10-SLEEPER SECTION OF TRUCK CAB		10-NOT APPLICABLE		N-TANKER	10-LIMITED TO DAYLIGHT ONLY		10-LIMITED TO DAYLIGHT ONLY		3-URINE				
	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		11-NOT TRAPPED		Q-MOTOR SCOOTER	11-LIMITED TO EMPLOYMENT		11-LIMITED TO EMPLOYMENT		4-BREATH				
	12-PASSENGER IN UNENCLOSED CARGO AREA		12-EXTRICATED BY MECHANICAL MEANS		R-THREE-WHEEL MOTORCYCLE	12-LIMITED - OTHER		12-LIMITED - OTHER		5-OTHER				
	13-TRAILING UNIT		13-FREED BY NON-MECHANICAL MEANS		S-SCHOOL BUS	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)						
	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		14-MILITARY VEHICLES ONLY		T-DOUBLE & TRIPLE TRAILERS	14-MILITARY VEHICLES ONLY		14-MILITARY VEHICLES ONLY						
	15-NON-MOTORIST		15-MOTOR VEHICLES WITHOUT AIR BRAKES		X-TANKER / HAZMAT	15-MOTOR VEHICLES WITHOUT AIR BRAKES		15-MOTOR VEHICLES WITHOUT AIR BRAKES						
	99-OTHER / UNKNOWN		16-OUTSIDE MIRROR			16-OUTSIDE MIRROR		16-OUTSIDE MIRROR						
	F-FEMALE		17-PROSTHETIC AID			17-PROSTHETIC AID		17-PROSTHETIC AID						
	M-MALE		18-OTHER			18-OTHER		18-OTHER						
	U-OTHER / UNKNOWN		GENDER			CONDITION		CONDITION						
	1-APPARENTLY NORMAL		2-PHYSICAL IMPAIRMENT			1-APPARENTLY NORMAL		1-APPARENTLY NORMAL						
	3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		4-ILLNESS			2-PHYSICAL IMPAIRMENT		2-PHYSICAL IMPAIRMENT						
	4-FELL ASLEEP, FAINTED, FATIGUED, ETC.		5-OTHER			3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)						
	6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		6-OTHER			4-ILLNESS		4-ILLNESS						
	9-OTHER / UNKNOWN		7-OTHER			5-FELL ASLEEP, FAINTED, FATIGUED, ETC.		5-FELL ASLEEP, FAINTED, FATIGUED, ETC.						
	8-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		8-OTHER / UNKNOWN			6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL						
	10-REFLECTIVE CLOTHING		9-AMPHETAMINES			7-OTHER		7-OTHER						
	11-LIGHTING - PEDESTRIAN / BICYCLE ONLY		2-BARBITURATES			8-OPIATES / OPIOIDS		8-OPIATES / OPIOIDS						
	99-OTHER / UNKNOWN		3-BENZODIAZEPINES			9-CANNABINOID		9-CANNABINOID						
			4-COCAIN			5-COCAIN		5-COCAIN						
			6-OPiates / Opioids			6-OPiates / Opioids		6-OPiates / Opioids						
			7-OTHER			8-Negative results		8-Negative results						

REPORT NUMBER 22-059751

N COUNTY OF

BUTLER

FAIRFIELD P.D. 00901

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ACCIDENT LOCATION

Holden / Port Union

