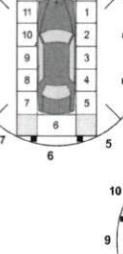
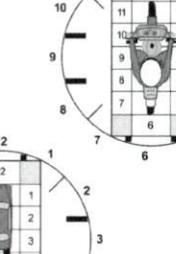
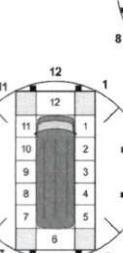
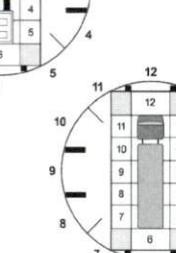
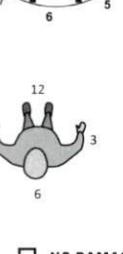
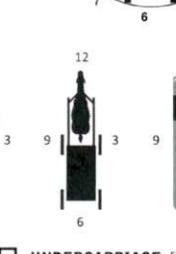
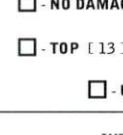
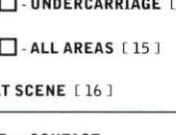
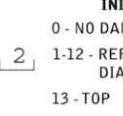
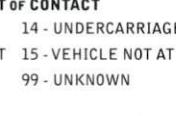
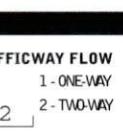




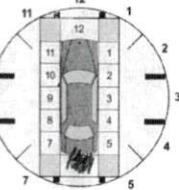
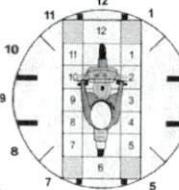
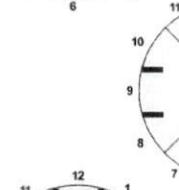
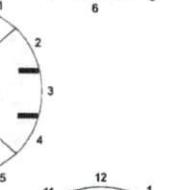
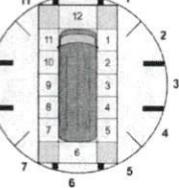
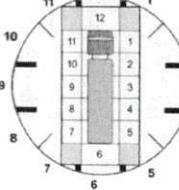
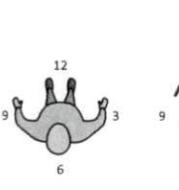
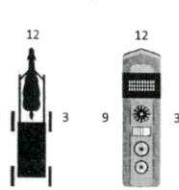
TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input type="checkbox"/> PHOTOS TAKEN <input checked="" 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* Fairfield Police Department		NCIC*	HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 0 2	
				0 0 9 0 1	UNIT IN ERROR 0 1 98-ANIMAL 0 1 99- UNKNOWN		
COUNTY* 0 9	LOCALITY* 1-CITY 1 2-VILLAGE 3-TOWNSHIP	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield			CRASH DATE / TIME* 0 8 2 3 2 0 2 2 1 5 3 9	CRASH SEVERITY 5	
ROUTE TYPE S R	ROUTE NUMBER 4	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME Muhlhauser	ROAD TYPE R D	LATITUDE DECIMAL DEGREES 3 9 3 1 4 6 1 8	1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY	
ROUTE TYPE REFERENCE	ROUTE NUMBER REFERENCE	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Muhlhauser	ROAD TYPE R D	LONGITUDE DECIMAL DEGREES -8 4 4 8 7 4 2 3		
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 <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA		
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS					NUMBER OF APPROACHES 4	
LOCATION OF FIRST HARMFUL EVENT 0 1			MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION 2 - BACKING 3 - ANGLE 4 - REAR-TO-REAR 5 - SIDEWALL 6 - SIDEWALL, SAME DIRECTION 7 - SIDEWALL, OPPOSITE DIRECTION 8 - HEAD-ON 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 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	CONTOUR 1	CONDITIONS 1	SURFACE 2		
LIGHT CONDITION 1	WEATHER 0 1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL	6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN	2 - STRAIGHT LEVEL 3 - STRAIGHT GRADE 4 - CURVE LEVEL 5 - 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 On 8/23/22 at about 3:39 p.m. Unit 1 was traveling north on Dixie Hw when they failed to stop within assured clear distance, striking Unit 2 which was stopped to merge onto Muhlhauser Rd.			 <p>Indicate the north direction with an "N" on the compass diagram.</p> <p>SEE OH 2</p>				
CRASH REPORTED DATE / TIME 0 8 2 3 2 0 2 2 1 5 3 9		DISPATCH DATE / TIME 0 8 2 3 2 0 2 2 1 5 4 6		ARRIVAL DATE / TIME 0 8 2 3 2 0 2 2 1 5 5 6		SCENE CLEARED DATE / TIME 0 8 2 3 2 0 2 2 1 6 1 9	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED 4 0		OTHER INVESTIGATION TIME 0		TOTAL MINUTES 3 3		OFFICER'S NAME* J. Sons	CHECKED BY OFFICER'S NAME* Sgt. Adam Meyer
						OFFICER'S BADGE NUMBER* 1 5 0	CHECKED BY OFFICER'S BADGE NUMBER* 1 3 2
SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OIPS)							

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

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 2	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	JNX5930	4 T 1 B K 3 D B 5 B U 4 0 2 2 6 4		2 0 1 1	Toyota
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #		COLOR	VEHICLE MODEL
	State Farm	D366654B1735		Silver	Avalon
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	1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	CLASS # PLACARD ID #
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 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			
# 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	9 - UNKNOWN
SPECIAL FUNCTION		1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER			
		6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE			
		11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT			
		16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL			
CARGO BODY TYPE		1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS			
		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL			
VEHICLE DEFECTS		8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP			
		12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 15 - OTHER/UNKNOWN			
NON-MOTORIST LOCATION AT IMPACT		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			
CONTRIBUTING CIRCUMSTANCES		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			
ACTION		12 - FIRST RESPONDER AT INCIDENT SCENE 13 - STANDING 14 - WALKING, RUNNING, JOGGING, PLAYING 15 - STANDING OUTSIDE DISABLED VEHICLE 16 - WORKING 17 - PUSHING VEHICLE			
		18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY			
SEQUENCE OF EVENTS		19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING			
		21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 24 - OTHER MOVABLE OBJECT			
1 2 0		1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION			
		6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT			
		11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION			
		16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER			
4 1 1		22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE			
		24 - OTHER MOVABLE OBJECT			
5 - CARGO / EQUIPMENT LOSS OR SHIFT		10 - CROSS MEDIAN 14 - PEDESTRIAN 15 - PEDALCYCLE			
		21 - PARKED MOTOR VEHICLE			
3 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 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			
4 1 1		43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT			
5 1 1		50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT			
6 1 1		99 - OTHER / UNKNOWN			
1		FIRST HARMFUL EVENT			
1		MOST HARMFUL EVENT			

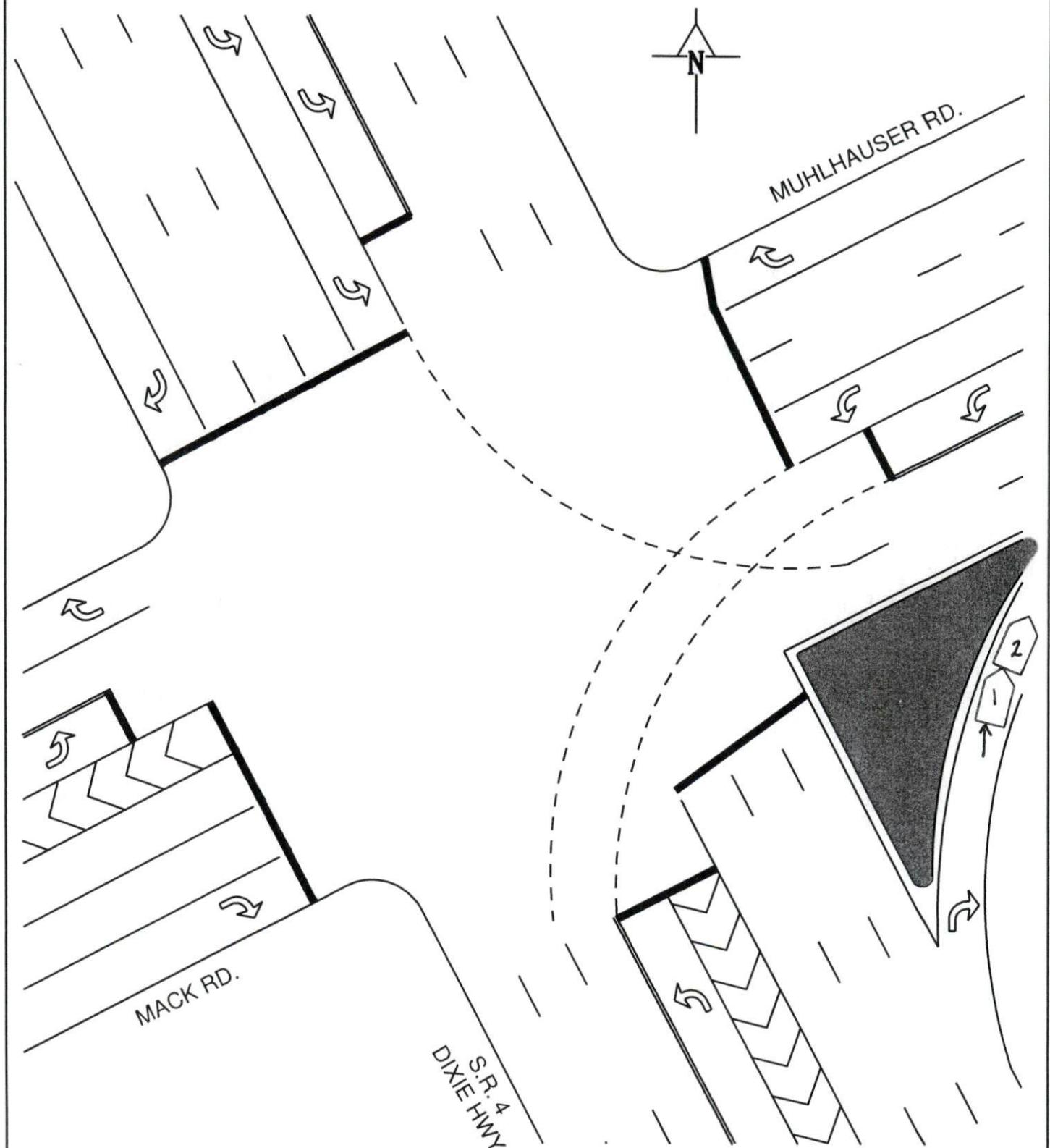
LOCAL REPORT NUMBER	
2 2 0 6 0 8 6 9	
DAMAGE	
DAMAGE SCALE	
2	1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
       	
<input type="checkbox"/> NO DAMAGE [0] <input type="checkbox"/> UNDERCARRIAGE [14]	
<input type="checkbox"/> 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	
99 - UNKNOWN	
13 - TOP	
TRAFFIC	
TRAFFIC WAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
6	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	
FROM 2 TO 5	
UNIT SPEED	DETECTED SPEED
0	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	
5 0	



MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST					INJURED PERSON				OFFENDER				VEHICLE				CRIME				TESTS			
UNIT #	NAME: LAST, FIRST, MIDDLE																DATE OF BIRTH				AGE	GENDER		
0 1	Pittman, Parker A																0 5 2 2 2 0 0 3				1 9	M		
ADDRESS: STREET, CITY, STATE, ZIP					INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)					SAFETY EQUIPMENT USED					CONTACT PHONE - INCLUDE AREA CODE									
2569 Chateaugay Ct. Burlington Ky 41005										0 4														
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)			OFFENSE CHARGED					LOCAL CODE	OFFENSE DESCRIPTION					DOT-COMPLIANT MC HELMET		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
5					333.03a					<input checked="" type="checkbox"/>	ACDA							0 1	1	1	1			
OL STATE	OPERATOR LICENSE NUMBER				RESTRICTION SELECT UP TO 3				DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED				CONDITION	ALCOHOL TEST			DRUG TEST(S)						
K Y									1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4						
OL CLASS	ENDORSEMENT SELECT UP TO 2									<input type="checkbox"/> OTHER DRUG			1	1	1	1	1							
4																								
UNIT #	NAME: LAST, FIRST, MIDDLE													DATE OF BIRTH				AGE	GENDER					
0 2	Kwarteng, Ernest													1 0 2 2 1 9 8 6				3 5	M					
ADDRESS: STREET, CITY, STATE, ZIP					INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)					SAFETY EQUIPMENT USED					CONTACT PHONE - INCLUDE AREA CODE									
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)			OFFENSE CHARGED					LOCAL CODE	OFFENSE DESCRIPTION					CITATION NUMBER								
5										<input type="checkbox"/>														
OL STATE	OPERATOR LICENSE NUMBER				RESTRICTION SELECT UP TO 3				DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED				CONDITION	ALCOHOL TEST			DRUG TEST(S)						
O H									1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4						
OL CLASS	ENDORSEMENT SELECT UP TO 2									<input type="checkbox"/> OTHER DRUG			1	1	1	1	1							
4																								
UNIT #	NAME: LAST, FIRST, MIDDLE													DATE OF BIRTH				AGE	GENDER					
														1 0 2 2 1 9 8 6				3 5	M					
ADDRESS: STREET, CITY, STATE, ZIP					INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)					SAFETY EQUIPMENT USED					CONTACT PHONE - INCLUDE AREA CODE									
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)			OFFENSE CHARGED					LOCAL CODE	OFFENSE DESCRIPTION					CITATION NUMBER								
										<input type="checkbox"/>														
OL STATE	OPERATOR LICENSE NUMBER				RESTRICTION SELECT UP TO 3				DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED				CONDITION	ALCOHOL TEST			DRUG TEST(S)						
									1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4						
OL CLASS	ENDORSEMENT SELECT UP TO 2									<input type="checkbox"/> OTHER DRUG			1	1	1	1	1							
INJURIES		SEATING POSITION		AIR BAG		OL CLASS		OL RESTRICTION(S)		DRIVER DISTRACTION		TEST STATUS												
1-FATAL	1-FRONT-LEFT SIDE (MOTORCYCLE DRIVER)		1-NOT DEPLOYED		1-CLASS A		1-ALCOHOL INTERLOCK DEVICE		1-NOT DISTRACTED		1-NONE GIVEN													
2-SUSPECTED SERIOUS INJURY	2-FRONT-MIDDLE		2-DEPLOYED FRONT		2-CLASS B		2-CDL INTRASTATE ONLY		2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)		2-TEST REFUSED													
3-SUSPECTED MINOR INJURY	3-FRONT-RIGHT SIDE		3-DEPLOYED SIDE		3-CLASS C		3-CORRECTIVE LENSES		3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE		3-TEST GIVEN, RESULTS KNOWN													
4-POSSIBLE INJURY	4-SECOND-LEFT SIDE (MOTORCYCLE PASSENGER)		4-DEPLOYED BOTH FRONT / SIDE		4-REGULAR CLASS (OHIO = D)		4-FARM WAIVER		4-EXCEPT CLASS A BUS		4-TEST GIVEN, RESULTS UNKNOWN													
5-NO APPARENT INJURY	5-SECOND-MIDDLE		5-NOT APPLICABLE		5-M/C MOPED ONLY		5-EXCEPT CLASS A & CLASS B BUS		5-EXCEPT CLASS A & CLASS B BUS		5-EXCEPT TRACTOR-TRAILER													
INJURED TAKEN BY		7-THIRD-LEFT SIDE (MOTORCYCLE SIDE CAR)		9-DEPLOYMENT UNKNOWN		6-NO VALID OL		7-EXCEPT TRACTOR-TRAILER		8-INTERMEDIATE LICENSE RESTRICTIONS		5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE												
1-NOT TRANSPORTED /TREATED AT SCENE	8-THIRD-MIDDLE		7-NOT APPLICABLE		H-HAZMAT		9-LEARNER'S PERMIT RESTRICTIONS		6-PASSENGER		6-OTHER DISTRACTION INSIDE THE VEHICLE													
2-EMS	9-THIRD-RIGHT SIDE		8-TOTALLY EJECTED		M-MOTORCYCLE		10-LIMITED TO DAYLIGHT ONLY		7-OTHER DISTRACTION OUTSIDE THE VEHICLE		8-OTHER DISTRACTION OUTSIDE THE VEHICLE													
3-POLICE	10-SLEEPER SECTION OF TRUCK CAB		9-NOT APPLICABLE		P-PASSENGER		11-LIMITED TO EMPLOYMENT		9-OTHER / UNKNOWN		9-OTHER / UNKNOWN													
9-OTHER / UNKNOWN	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		12-PASSENGER IN UNENCLOSED CARGO AREA		N-TANKER		12-LIMITED - OTHER		13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)													
SAFETY EQUIPMENT		13-TRAILING UNIT		Q-MOTOR SCOOTER		14-MILITARY VEHICLES ONLY		15-MOTOR VEHICLES WITHOUT AIR BRAKES		16-OUTSIDE MIRROR		16-OUTSIDE MIRROR												
1-NONE USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		R-THREE-WHEEL MOTORCYCLE		17-PROSTHETIC AID		17-PROSTHETIC AID		18-OTHER		18-OTHER													
2-SHOULDER BELT ONLY USED	15-NON-MOTORIST		S-SCHOOL BUS		19-OTHER / UNKNOWN		19-OTHER / UNKNOWN		20-OTHER / UNKNOWN		20-OTHER / UNKNOWN													
3-LAP BELT ONLY USED	99-OTHER / UNKNOWN		T-DOUBLE & TRIPLETRAILERS		21-OTHER / UNKNOWN		21-OTHER / UNKNOWN		22-OTHER / UNKNOWN		22-OTHER / UNKNOWN													
4-SHOULDER & LAP BELT USED			X-TANKER / HAZMAT		23-OTHER / UNKNOWN		23-OTHER / UNKNOWN		24-OTHER / UNKNOWN		24-OTHER / UNKNOWN													
5-CHILD RESTRAINT SYSTEM - FORWARD FACING			25-OTHER / UNKNOWN		26-OTHER / UNKNOWN		26-OTHER / UNKNOWN		27-OTHER / UNKNOWN		27-OTHER / UNKNOWN													
6-CHILD RESTRAINT SYSTEM - REAR FACING			28-OTHER / UNKNOWN		29-OTHER / UNKNOWN		29-OTHER / UNKNOWN		30-OTHER / UNKNOWN		30-OTHER / UNKNOWN													
7-BOOSTER SEAT			31-OTHER / UNKNOWN		32-OTHER / UNKNOWN		32-OTHER / UNKNOWN		33-OTHER / UNKNOWN		33-OTHER / UNKNOWN													
8-HELMET USED			34-OTHER / UNKNOWN		35-OTHER / UNKNOWN		35-OTHER / UNKNOWN		36-OTHER / UNKNOWN		36-OTHER / UNKNOWN													
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			37-OTHER / UNKNOWN		38-OTHER / UNKNOWN		38-OTHER / UNKNOWN		39-OTHER / UNKNOWN		39-OTHER / UNKNOWN													
10-REFLECTIVE CLOTHING			39-OTHER / UNKNOWN		40-OTHER / UNKNOWN		40-OTHER / UNKNOWN		41-OTHER / UNKNOWN		41-OTHER / UNKNOWN													
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY			41-OTHER / UNKNOWN		42-OTHER / UNKNOWN		42-OTHER / UNKNOWN		43-OTHER / UNKNOWN		43-OTHER / UNKNOWN													
99-OTHER / UNKNOWN			43-OTHER / UNKNOWN		44-OTHER / UNKNOWN		44-OTHER / UNKNOWN		45-OTHER / UNKNOWN		45-OTHER / UNKNOWN													
TEST STATUS												ALCOHOL TEST TYPE												
1-NONE												1-NONE												
2-BLOOD												2-BLOOD												
3-URINE												3-URINE												
4-BREATH												4-BREATH												
5-OTHER												5-OTHER												
TEST STATUS												DRUG TEST TYPE												
1-NONE												1-NONE												
2-BLOOD												2-BLOOD												
3-URINE												3-URINE												
4-OTHER												4-OTHER												
TEST STATUS												DRUG TEST RESULT(S)												
1-AMPHETAMINES												1-AMPHETAMINES												
2-BARBITURATES												2-BARBITURATES												
3-BENZODIAZEPINES												3-BENZODIAZEPINES												
4-CANNABINOID												4-CANNABINOID												
5-COCAIN												5-COCAIN												
6-OPIATES / OPIOIDS												6-OPIATES / OPIOIDS												
7-OTHER												7-OTHER												
8-NEGATIVE RESULTS												8-NEGATIVE RESULTS												

LOCAL REPORT NUMBER 22-040869	REPORTING AGENCY Fairfield Police Department	DATE OF CRASH M 8 10 23 1Y 22
IN COUNTY OF Butler	CRASH LOCATION Dixie // Muhlhauser	



*NOT TO SCALE

OFFICER'S SIGNATURE

J.Sons

BADGE NUMBER

150