



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN		<input checked="" type="checkbox"/> OH-2		<input type="checkbox"/> OH-3		LOCAL INFORMATION				2 2 0 6 1 6 1 7							
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P		<input type="checkbox"/> OTHER		REPORTING AGENCY NAME*				NCIC*							
						Fairfield Police Department				0 0 9 0 1							
COUNTY*	LOCALITY*	1-CITY 2-VILLAGE 3-TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP*				City of Fairfield				CRASH DATE / TIME*					
0 9	1											0 8 2 6 2 0 2 2 1 3 5 2					
ROUTE TYPE		ROUTE NUMBER		PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME				ROAD TYPE	LATITUDE DECIMAL DEGREES							
					Augusta				B L	3 9 . 3 1 0 7 2 9							
ROUTE TYPE		ROUTE NUMBER		PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)				ROAD TYPE	LONGITUDE DECIMAL DEGREES							
					Doral				D R	- 8 4 . 5 5 8 7 1 5							
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(PT) US - FEDERAL US ROUTE SR - STATE ROUTE		AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS		<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH									
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE		CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE		<input type="checkbox"/> WITHIN INTERCHANGE AREA									
1 5		2 3-YARDS				RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY		3									
LOCATION OF FIRST HARMFUL EVENT						MANNER OF CRASH COLLISION/IMPACT						NUMBER OF APPROACHES					
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-BETWEEN 3-TWO MOTOR VEHICLES IN 4-TRANSPORT 5-REAR-END 6-ANGLE 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 9-HEAD-ON 10-CROSSOVER 11-RAILWAY GRADE CROSSING 12-SHARED USE PATHS OR TRAILS 13-BIKE LANE 14-TOLL BOOTH 99-OTHER / UNKNOWN						ROADWAY					
0 6						1											
1-NORTH 2-SOUTH 3-EAST 4-WEST						1-NORTH 2-SOUTH 3-EAST 4-WEST						ROADWAY DIVIDED					
DIRECTION OF TRAVEL						MEDIAN TYPE											
1-NORTH 2-SOUTH 3-EAST 4-WEST						1-DIVIDED FLUSH MEDIAN (<4 FEET) 2-DIVIDED FLUSH MEDIAN (>4 FEET) 3-DIVIDED, DEPRESSED MEDIAN 4-DIVIDED, RAISED MEDIAN (ANY TYPE) 9-OTHER/UNKNOWN											
LOCATION OF CRASH IN WORK ZONE						CONTOUR						CONDITIONS					
1-BEFORE THE 1ST WORK ZONE WARNING SIGN 2-ADVANCE WARNING AREA 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA						1						1 1					
1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE						1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN						2					
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-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN					
WEATHER						9-OTHER/UNKNOWN						SURFACE					
1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN						0 1											
LIGHT CONDITION						WEATHER						9-OTHER/UNKNOWN					
SEE OH-2																	
NARRATIVE												 Indicate the north direction with an "N" on the compass diagram.					
On 08-26-22, at 1:52 p.m. Unit 1 was traveling west on Augusta Blvd when the driver failed to maintain control of the vehicle. As a result, Unit 1 went off the left side of the road, over the curb and struck a utility pole. The driver of Unit 1 then left the area without notifying law enforcement. The pole is owned by Duke Energy, 1199 Nilles Rd. Fairfield, OH 45014.																	
CRASH REPORTED DATE / TIME				DISPATCH DATE / TIME				ARRIVAL DATE / TIME				SCENE CLEARED DATE / TIME				REPORT TAKEN BY	
0 8 2 6 2 0 2 2 1 3 5 2				0 8 2 6 2 0 2 2 1 3 5 3				0 8 2 6 2 0 2 2 1 3 5 9				0 8 2 6 2 0 2 2 1 4 3 4				<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*				<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DPS)			
3 0		7 1				D. Setterstrom								103			
OFFICER'S BADGE NUMBER*						CHECKED BY OFFICER'S BADGE NUMBER*											
1 2 1																	

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER)
0 1	Owner Name: Owusu, James	
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER)		
5929 Glen Abby Ct Liberty Twp, OH 45011		
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	JEH8196	4T1B1K316B16U12131718	2006	Toyota
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	Progressive	908133111	White	Avalon

TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME		
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	Wayne's		
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input checked="" type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	HAZARDOUS MATERIAL		
		0 1	<input type="checkbox"/> MATERIAL RELEASED	CLASS #	
			<input type="checkbox"/> PLACARD	PLACARD ID #	
UNIT TYPE		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 - MOVED 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 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
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	21 - MAIL CARRIER 99 - OTHER / UNKNOWN
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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 - CARGO TANK 10 - FLAT BED 11 - DUMP	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE / REFUSE 99 - 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 - NON-COLLISION 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 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 / ACDA 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 0 9		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 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT
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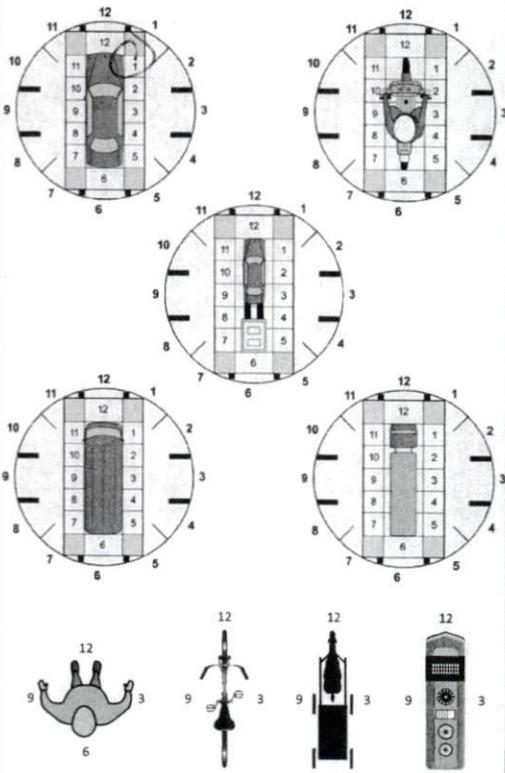
4 1 3		25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN
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3		FIRST HARMFUL EVENT	3	MOST HARMFUL EVENT
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LOCAL REPORT NUMBER	
2 2 0 6 1 6 1 7	

DAMAGE		
DAMAGE SCALE		
4	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		
1 2	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

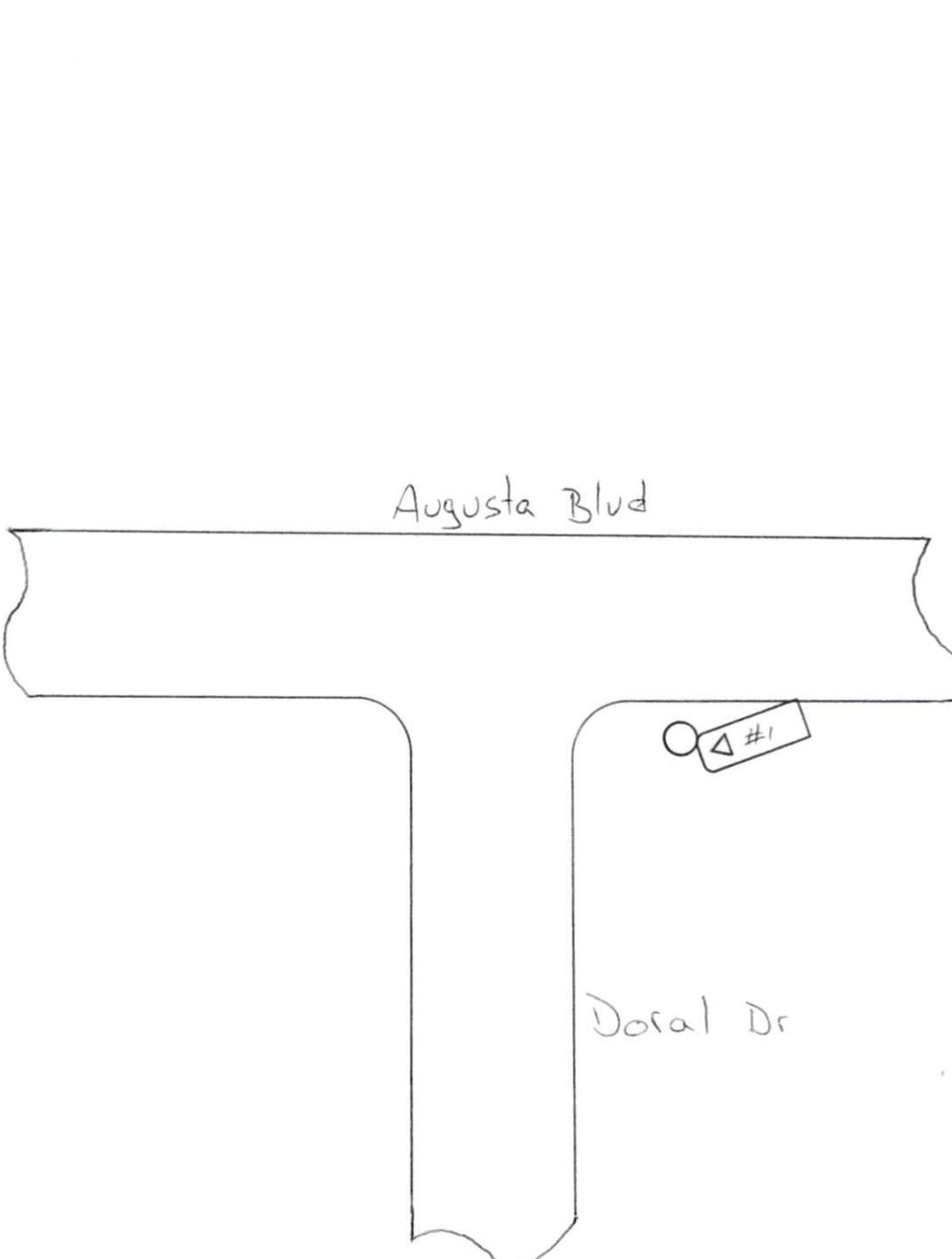
TRAFFIC	
TRAFFIC WAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION	
FROM 3 TO 4	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 9 - OTHER / UNKNOWN
5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST	

UNIT SPEED	
3 0	DETECTED SPEED
1	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	
2 5	

MOTORIST / Non-MOTORIST

										LOCAL REPORT NUMBER										
										2 2 0 6 1 6 1 7			DATE OF BIRTH			AGE			GENDER	
UNIT # NAME: LAST, FIRST, MIDDLE 0 1 Osei-Tutu, Quentin										0 3 1 6 1 9 9 2			3 0			M				
ADDRESS: STREET, CITY, STATE, ZIP 1615 Gelhot #39 Dr Fairfield, OH 45014										CONTACT PHONE - INCLUDE AREA CODE										
MOTORIST / NON-MOTORIST	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	
	3		9				Mercy Fairfield		0 4				0 1		1		1		1	
OL STATE	OPERATOR LICENSE NUMBER				OFFENSE CHARGED				LOCAL CODE		OFFENSE DESCRIPTION				CITATION NUMBER					
	G H				331.34a				X		Fail To Control				251734					
OL CLASS	ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY		ALCOHOL / DRUG SUSPECTED		CONDITION		ALCOHOL TEST			DRUG TEST(S)						
	2				1		<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		5		1 1			1 1			RESULT SELECT UP TO 4			
MOTORIST / NON-MOTORIST	UNIT # NAME: LAST, FIRST, MIDDLE 0										DATE OF BIRTH			AGE			GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE									
MOTORIST / NON-MOTORIST	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	
	0																			
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		CONDITION		ALCOHOL TEST			DRUG TEST(S)						
	0				1		<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG										RESULT SELECT UP TO 4			
MOTORIST / NON-MOTORIST	UNIT # NAME: LAST, FIRST, MIDDLE 0										DATE OF BIRTH			AGE			GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE									
MOTORIST / NON-MOTORIST	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	
	0																			
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		CONDITION		ALCOHOL TEST			DRUG TEST(S)						
	0				1		<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG										RESULT SELECT UP TO 4			
MOTORIST / NON-MOTORIST	UNIT # NAME: LAST, FIRST, MIDDLE 0										DATE OF BIRTH			AGE			GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE									
MOTORIST / NON-MOTORIST	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-TALKING ON HANDS-FREE COMMUNICATION DEVICE		5-TEST GIVEN, RESULTS UNKNOWN								
INJURED TAKEN BY		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		6-TEST GIVEN, RESULTS UNKNOWN								
1-NOT TRANSPORTED / TREATED AT SCENE		7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		1-NOT EJECTED		H - HAZMAT		7-EXCEPT TRACTOR-TRAILER		7-EXCEPT TRACTOR-TRAILER		7-TEST GIVEN, RESULTS UNKNOWN								
2-EMS		8-THIRD - MIDDLE		2-PARTIALLY EJECTED		M - MOTORCYCLE		8-INTERMEDIATE LICENSE RESTRICTIONS		8-INTERMEDIATE LICENSE RESTRICTIONS		8-TEST GIVEN, RESULTS UNKNOWN								
3-POLICE		9-THIRD - RIGHT SIDE		3-TOTALLY EJECTED		P - PASSENGER		9-LEARNER'S PERMIT RESTRICTIONS		9-LEARNER'S PERMIT RESTRICTIONS		9-TEST GIVEN, RESULTS UNKNOWN								
9-OTHER / UNKNOWN		10-SLEEPER SECTION OF TRUCK CAB		4-NOT APPLICABLE		N - TANKER		10-LIMITED TO DAYLIGHT ONLY		10-LIMITED TO DAYLIGHT ONLY		10-TEST GIVEN, RESULTS UNKNOWN								
SAFETY EQUIPMENT		11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		1-NOT TRAPPED		Q - MOTOR SCOOTER		11-LIMITED TO EMPLOYMENT		11-LIMITED TO EMPLOYMENT		11-TEST GIVEN, RESULTS UNKNOWN								
1-NONE USED		12-PASSENGER IN UNENCLOSED CARGO AREA		2-EXTRICATED BY MECHANICAL MEANS		R - THREE-WHEEL MOTORCYCLE		12-LIMITED - OTHER		12-LIMITED - OTHER		12-TEST GIVEN, RESULTS UNKNOWN								
2-SHOULDER BELT ONLY USED		13-TRAILING UNIT		3-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)		13-TEST GIVEN, RESULTS UNKNOWN								
3-LAP BELT ONLY USED		14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		F - FEMALE		T - DOUBLE & TRIPLE TRAILERS		14-MILITARY VEHICLES ONLY		14-MILITARY VEHICLES ONLY		14-TEST GIVEN, RESULTS UNKNOWN								
4-SHOULDER & LAP BELT USED		15-NON-MOTORIST		M - MALE		X - TANKER / HAZMAT		15-MOTOR VEHICLES WITHOUT AIR BRAKES		15-MOTOR VEHICLES WITHOUT AIR BRAKES		15-TEST GIVEN, RESULTS UNKNOWN								
5-CHILD RESTRAINT SYSTEM - FORWARD FACING		99-OTHER / UNKNOWN		U - OTHER / UNKNOWN		GENDER		16-OUTSIDE MIRROR		16-OUTSIDE MIRROR		16-TEST GIVEN, RESULTS UNKNOWN								
6-CHILD RESTRAINT SYSTEM - REAR FACING						F - FEMALE		17-PROSTHETIC AID		17-PROSTHETIC AID		17-TEST GIVEN, RESULTS UNKNOWN								
7-BOOSTER SEAT						M - MALE		18-OTHER		18-OTHER		18-TEST GIVEN, RESULTS UNKNOWN								
8-HELMET USED						U - OTHER / UNKNOWN														
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)																				
10-REFLECTIVE CLOTHING																				
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY																				
99-OTHER / UNKNOWN																				
ALCOHOL TEST TYPE		1-NONE		2-BLOOD		3-URINE		4-BREATH		5-OTHER		5-TEST GIVEN, RESULTS UNKNOWN								
DRUG TEST TYPE		1-NONE		2-BLOOD		3-URINE		4-BREATH		5-OTHER		5-TEST GIVEN, RESULTS UNKNOWN								
DRUG TEST RESULT(S)		1-AMPHETAMINES		2-BARBITURATES		3-BENZODIAZEPINES		4-CANNABINOID		5-COCAIN		5-TEST GIVEN, RESULTS UNKNOWN								
TEST STATUS		1-NONE GIVEN		2-TEST REFUSED		3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE		4-TEST GIVEN, RESULTS KNOWN		5-TEST GIVEN, RESULTS UNKNOWN		5-TEST GIVEN, RESULTS UNKNOWN								
CONDITION		1-NOT GIVEN		2-TEST REFUSED		3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE		4-TEST GIVEN, RESULTS KNOWN		5-TEST GIVEN, RESULTS UNKNOWN		5-TEST GIVEN, RESULTS UNKNOWN								
TEST STATUS		1-NONE		2-BLOOD		3-URINE		4-BREATH		5-OTHER		5-TEST GIVEN, RESULTS UNKNOWN								
DRUG TEST TYPE		1-NONE		2-BLOOD		3-URINE		4-BREATH		5-OTHER		5-TEST GIVEN, RESULTS UNKNOWN								
DRUG TEST RESULT(S)		1-AMPHE		2-BARBIT		3-BENZOD		4-CANNAB		5-COCAIN		5-TEST GIVEN, RESULTS UNKNOWN								
TEST STATUS		1-TEST REFUSED		2-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE		3-TEST GIVEN, RESULTS KNOWN		4-TEST GIVEN, RESULTS UNKNOWN		5-TEST GIVEN, RESULTS UNKNOWN		5-TEST GIVEN, RESULTS UNKNOWN								
DRUG TEST TYPE		1-TEST REFUSED		2-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE		3-TEST GIVEN, RESULTS KNOWN		4-TEST GIVEN, RESULTS UNKNOWN		5-TEST GIVEN, RESULTS UNKNOWN		5-TEST GIVEN, RESULTS UNKNOWN								
TEST STATUS		1-TEST REFUSED		2-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE		3-TEST GIVEN, RESULTS KNOWN		4-TEST GIVEN, RESULTS UNKNOWN		5-TEST GIVEN, RESULTS UNKNOWN		5-TEST GIVEN, RESULTS UNKNOWN								
DRUG TEST RESULT(S)		1-TEST REFUSED		2-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE		3-TEST GIVEN, RESULTS KNOWN		4-TEST GIVEN, RESULTS UNKNOWN		5-TEST GIVEN, RESULTS UNKNOWN		5-TEST GIVEN, RESULTS UNKNOWN								
TEST STATUS		1-TEST REFUSED		2-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE		3-TEST GIVEN, RESULTS KNOWN		4-TEST GIVEN, RESULTS UNKNOWN		5-TEST GIVEN, RESULTS UNKNOWN		5-TEST GIVEN, RESULTS UNKNOWN								
DRUG TEST TYPE		1-TEST REFUSED		2-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE		3-TEST GIVEN, RESULTS KNOWN		4-TEST GIVEN, RESULTS UNKNOWN		5-TEST GIVEN, RESULTS UNKNOWN		5-TEST GIVEN, RESULTS UNKNOWN								
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DRUG TEST RESULT(S)		1-TEST REFUSED		2-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE		3-TEST GIVEN, RESULTS KNOWN		4-TEST GIVEN, RESULTS UNKNOWN		5-TEST GIVEN, RESULTS UNKNOWN		5-TEST GIVEN, RESULTS UNKNOWN								
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LOCAL REPORT NUMBER	22-061617	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	06-26-22
IN COUNTY OF	Butler	ACCIDENT LOCATION	Augusta Blvd/Doral Dr		
					
OFFICER'S SIGNATURE			D. Setterstrom		BADGE NO 121