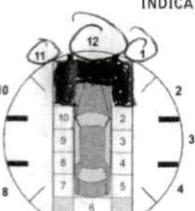
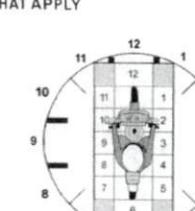
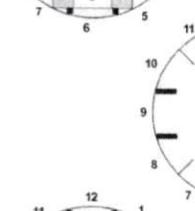
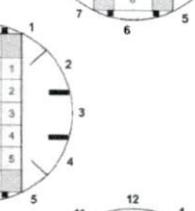
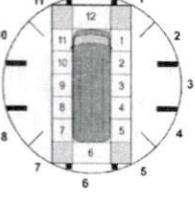
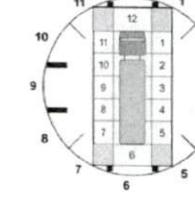
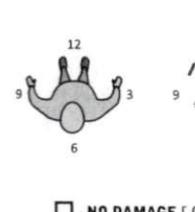
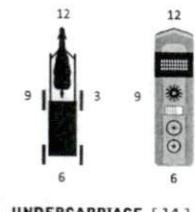


TRAFFIC CRASH REPORT

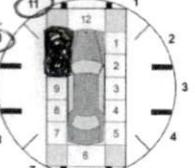
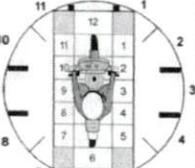
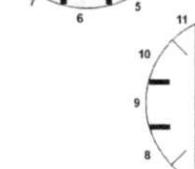
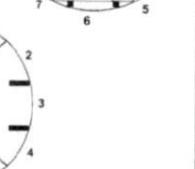
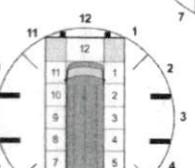
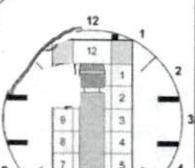
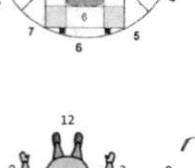
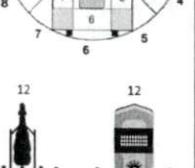
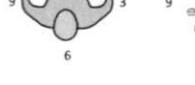
*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> PHOTOS TAKEN <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> PRIVATE PROPERTY			LOCAL INFORMATION			LOCAL REPORT NUMBER*		
			REPORTING AGENCY NAME* Fairfield Police Department NCIC* 00901			HIT/SKIP 1-SOLVED 2-UNRESOLVED	NUMBER OF UNITS 0 2	UNIT IN ERROR 98-ANIMAL 0 1 99-UNKNOWN
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP* 0 9 1 CITY 2-VILLAGE 3-TOWNSHIP City of Fairfield			CRASH DATE / TIME* 08262022 1757	CRASH SEVERITY 5 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY		
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME Port Union	ROAD TYPE R D	LATITUDE DECIMAL DEGREES 39 33 21 09		
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 4100	ROAD TYPE	LONGITUDE DECIMAL DEGREES -84 48 76 64		
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 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 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 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			MANNER OF CRASH COLLISION/IMPACT 9-CROSSOVER 10-DRIVEWAY/ALLEY ACCESS 11-RAILWAY GRADE CROSSING 12-SHARED USE PATHS OR TRAILS 13-BIKE LANE 14-TOLL BOOTH 99-OTHER / UNKNOWN			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		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 SIGN 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA	CONTOUR 1 2-Straight Level 3-Straight Grade 4-Curve Level 5-Curve Grade 9-Other/Unknown	CONDITIONS 1 1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-Other/Unknown	SURFACE 2 1-Concrete 2-Blacktop, Bituminous, Asphalt 3-Brick/Block 4-Slag, Gravel, Stone 5-Dirt 9-Other/Unknown	
LIGHT CONDITION 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN			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					
NARRATIVE On August 26, 2022 at about 5:57 PM Unit 1 was traveling southeast from 4100 Port Union Road and when doing so, Unit 1 failed to yield the right of way to traffic approaching when turning left out of the business and collided with Unit 2 who was traveling southeast in front of 4100 Port Union Road.						 Indicate the north direction with an "N" on the compass diagram.		
						SEE OH-2		
CRASH REPORTED DATE / TIME 08262022 1757		DISPATCH DATE / TIME 08262022 1800		ARRIVAL DATE / TIME 08262022 1811		SCENE CLEARED DATE / TIME 08262022 1844		REPORT TAKEN BY
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 0		TOTAL MINUTES 4 4		OFFICER'S NAME* J. TAYLOR	CHECKED BY OFFICER'S NAME* Sgt. Aaron Meyer	<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OIPS)
						OFFICER'S BADGE NUMBER* 1 5 7	CHECKED BY OFFICER'S BADGE NUMBER* 1 3 2	

OWNER	UNIT # <u>01</u>	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER)																																																																																																				
	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 <u>O H</u>	LICENSE PLATE # <u>JSD8976</u>	VEHICLE IDENTIFICATION # <u>5N1AR18W187C605655</u>	VEHICLE YEAR <u>2007</u> VEHICLE MAKE <u>NISSAN</u>																																																																																																				
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>GAINSCO</u>	INSURANCE POLICY # <u>OPHA02-442-344-0000</u>	COLOR <u>GRAY</u> VEHICLE MODEL <u>PATHFIND</u>																																																																																																				
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME																																																																																																				
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <u>0 1</u>		VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD																																																																																																				
UNIT TYPE <u>0 3</u> 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		# OCCUPANTS <u>0 1</u>	CLASS # <u>PLACARD ID #</u>																																																																																																				
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# OF TRAILING UNITS <u>0</u>																																																																																																							
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>0 2</u> 1 - YES 2 - NO 9 - OTHER / UNKNOWN																																																																																																							
AUTONOMOUS MODE LEVEL <u>0</u> 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN																																																																																																							
SPECIAL FUNCTION <u>0 1</u> 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER																																																																																																							
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CARGO BODY TYPE <u>0 1</u> 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS																																																																																																							
1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS																																																																																																							
VEHICLE DEFECTS <u>0 1</u> 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS																																																																																																							
NON-MOTORIST LOCATION AT IMPACT <u>0 1</u> 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK																																																																																																							
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	1	38 - LIGHT / LUMINARIES	29 - LIGHT / LUMINARIES																																																																																																				
	MOST HARMFUL EVENT	39 - SUPPORT	30 - WORK ZONE MAINTENANCE EQUIPMENT																																																																																																				
		40 - UTILITY POLE	31 - WALL																																																																																																				
		41 - OTHER POST, POLE OR SUPPORT	32 - BUILDING																																																																																																				
		42 - CULVERT	33 - TUNNEL																																																																																																				
			34 - MAILBOX																																																																																																				
			35 - TREE																																																																																																				
			36 - FIRE HYDRANT																																																																																																				
			37 - OTHER FIXED OBJECT																																																																																																				
			38 - OTHER / UNKNOWN																																																																																																				

LOCAL REPORT NUMBER <u>2 2 0 6 1 6 9 5</u>	
DAMAGE	
DAMAGE SCALE 3 - 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	
99 - UNKNOWN	
13 - TOP	
TRAFFIC	
TRAFFICWAY FLOW <u>2</u>	TRAFFIC CONTROL 1 - ONE-WAY 2 - TWO-WAY
# OF THROUGH LANES ON ROAD <u>2</u>	RAIL GRADE CROSSING 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 <u>1</u> TO <u>7</u>	
UNIT SPEED <u>1 5</u>	
DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR	
3 - UNDETERMINED	
POSTED SPEED <u>4 5</u>	

OWNER	UNIT # <u>0 2</u>	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER)
	PITT OHIO EXPRESS LLC		
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER)		15 27TH STREET, PITTSBURGH, PA 15222	
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		PITT OHIO EXPRESS LLC, 15 27TH STREET, PITTSBURGH, PA 15222	
LP STATE <u>I_N</u>	LICENSE PLATE # <u>2745556</u>	VEHICLE IDENTIFICATION # <u>1FVACXDT2GHGU7818</u>	VEHICLE YEAR <u>2016</u>
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>PROTECTIVE INS</u>	INSURANCE POLICY # <u>B-9605</u>	COLOR <u>RED</u>
TYPE OF USE <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT # <u>1 9 0 1 8 0</u>	TOWED BY: COMPANY NAME
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <input type="checkbox"/>		# OCCUPANTS <u>0 1</u>	VEHICLE WEIGHT GVWR/GCWR <u>1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.</u>
UNIT TYPE <u>1 4</u>		1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	
# OF TRAILING UNITS <u>0</u>		7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL-TERRAIN VEHICLE (ATV / UTV)	
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>0 2</u>		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	
AUTONOMOUS MODE LEVEL <u>0</u>		3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	
SPECIAL FUNCTION <u>0 1</u>		1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	
CARGO BODY TYPE <u>0 6</u>		6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	
VEHICLE DEFECTS		11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - SNOW REMOVAL 18 - MOWING 19 - TOWING 20 - SAFETY SERVICE PATROL	
NON-MOTORIST LOCATION AT IMPACT		1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	
ACTION		4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	
PRE-CRASH ACTIONS		7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE	
4 - STRUCK		9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT	
5 - BOTH STRIKING & STRUCK		11 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE 13 - SHOULDER / ROADSIDE 14 - SIDEWALK 15 - TRAIL	
9 - OTHER / UNKNOWN		16 - APPROACHING OR LEAVING VEHICLE 17 - STANDING 18 - WALKING, RUNNING, JOGGING, PLAYING 19 - STANDING OUTSIDE DISABLED VEHICLE 20 - PUSHING VEHICLE	
CONTRIBUTING CIRCUMSTANCES		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING <u>0 1</u> 4 - RAN RED LIGHT 5 - RAN STOP SIGN 6 - UNSAFE SPEED 7 - IMPROPER TURN	
SEQUENCE OF EVENTS		1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	
NON-COLLISION		13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	
1 - LEFT OF CENTER 2 - FOLLOWING TOO CLOSE / AHEAD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN		18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 22 - LYING IN ROADWAY 23 - NOT DISCERNIBLE 24 - OTHER IMPROPER ACTION	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION		13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	
2 - RAN OFF ROAD RIGHT 3 - RAN OFF ROAD LEFT		17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING	
5 - CARGO / EQUIPMENT LOSS OR SHIFT		21 - PARKED MOTOR VEHICLE	
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 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	
40 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT		50 - WORK ZONE MAINTENANCE EQUIPMENT 55 - OTHER / UNKNOWN	
1 - FIRST HARMFUL EVENT		1 - MOST HARMFUL EVENT	

LOCAL REPORT NUMBER <u>2 2 0 6 1 6 9 5</u>	
DAMAGE	
DAMAGE SCALE <u>2</u> 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 <u>0</u> <input type="checkbox"/> UNDERCARRIAGE <u>14</u> <input type="checkbox"/> TOP <u>13</u> <input type="checkbox"/> ALL AREAS <u>15</u> <input type="checkbox"/> UNIT NOT AT SCENE <u>16</u>	
INITIAL POINT OF CONTACT	
0 - NO DAMAGE 14 - UNDERCARRIAGE <u>1 1</u> 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE DIAGRAM 99 - UNKNOWN 13 - TOP	
TRAFFIC	
TRAFFICWAY FLOW <u>2</u>	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD <u>2</u>	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM <u>6</u> TO <u>7</u> 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED <u>4 0</u>	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED <u>4 5</u>	



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

2 2 0 6 1 6 9 5

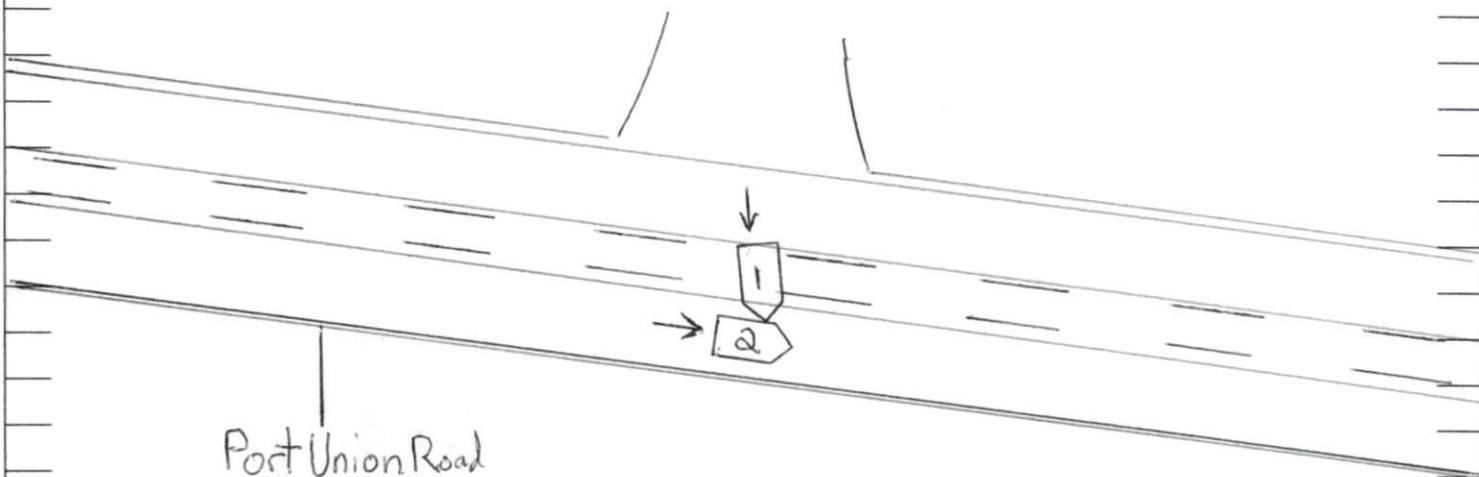
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE 0 1 NDJIBU, JONATHAN, NDJIBU				DATE OF BIRTH	AGE	GENDER	
						1 1 2 0 1 9 8 9	3 2	M	
ADDRESS: STREET, CITY, STATE, ZIP 473 DEWDROP CIR. APT G, CINCINNATI, OH 45240									
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL 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 331.22A	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION RIGHT OF WAY EXITING PP		CITATION NUMBER 254671		
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 1	DRUG TEST(S) STATUS 1	TEST SELECT UP TO 4	
UNIT # 0 2	NAME: LAST, FIRST, MIDDLE SWING, JEFFREY, RAY				DATE OF BIRTH	AGE	GENDER	0 9 2 4 1 9 6 5	5 6 M
ADDRESS: STREET, CITY, STATE, ZIP 2630 MILLVILLE SHANDON ROAD, HAMILTON, OH 45013									
INJURIES 5	INJURED TAKEN BY	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 2	ENDORSEMENT SELECT UP TO 2 M X	RESTRICTION SELECT UP TO 3 0 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	ALCOHOL TEST STATUS 1	DRUG TEST(S) STATUS 1	TEST SELECT UP TO 4	
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER	0	
ADDRESS: STREET, CITY, STATE, ZIP									
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER		
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST STATUS 1	DRUG TEST(S) STATUS 1	TEST SELECT UP TO 4	
INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS			
1 - FATAL	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED	1 - CLASS A	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED	1 - NONE GIVEN			
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B	2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2 - TEST REFUSED			
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C	3 - CORRECTIVE LENSES	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE	4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER	4 - TEST GIVEN, RESULTS KNOWN				
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - MIC MOPED ONLY	5 - EXCEPT CLASS A BUS	5 - TEST GIVEN, RESULTS UNKNOWN				
INJURED TAKEN BY		6 - SECOND - RIGHT SIDE	6 - DEPLOYMENT UNKNOWN	6 - EXCEPT CLASS A & CLASS B BUS					
1 - NOT TRANSPORTED / TREATED AT SCENE		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7 - EXCEPT TRACTOR-TRAILER	7 - EXCEPT TRACTOR-TRAILER					
2 - EMS		8 - THIRD - MIDDLE	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - INTERMEDIATE LICENSE RESTRICTIONS					
3 - POLICE		9 - THIRD - RIGHT SIDE	9 - LEARNER'S PERMIT RESTRICTIONS	9 - LEARNER'S PERMIT RESTRICTIONS					
9 - OTHER / UNKNOWN		10 - SLEEPER SECTION OF TRUCK CAB	10 - LIMITED TO DAYLIGHT ONLY	10 - LIMITED TO DAYLIGHT ONLY					
SAFETY EQUIPMENT			11 - LIMITED TO EMPLOYMENT	11 - LIMITED TO EMPLOYMENT					
1 - NONE USED		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	12 - LIMITED - OTHER	12 - LIMITED - OTHER					
2 - SHOULDER BELT ONLY USED		12 - PASSENGER IN UNENCLOSED CARGO AREA	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)					
3 - LAP BELT ONLY USED		13 - TRAILING UNIT	14 - MILITARY VEHICLES ONLY	14 - MILITARY VEHICLES ONLY					
4 - SHOULDER & LAP BELT USED		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	15 - MOTOR VEHICLES WITHOUT AIR BRAKES					
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		15 - NON-MOTORIST	16 - OUTSIDE MIRROR	16 - OUTSIDE MIRROR					
6 - CHILD RESTRAINT SYSTEM - REAR FACING		99 - OTHER / UNKNOWN	17 - PROSTHETIC AID	17 - PROSTHETIC AID					
7 - BOOSTER SEAT			18 - OTHER	18 - OTHER					
8 - HELMET USED									
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)									
10 - REFLECTIVE CLOTHING									
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY									
99 - OTHER / UNKNOWN									
TEST STATUS		EJECTION	OL ENDORSEMENT	TEST STATUS	TEST STATUS				
1 - NONE		1 - NOT EJECTED	H - HAZMAT	1 - HAZMAT	1 - NONE				
2 - BLOOD		2 - PARTIALLY EJECTED	M - MOTORCYCLE	2 - MOTORCYCLE	2 - BLOOD				
3 - URINE		3 - TOTALLY EJECTED	P - PASSENGER	3 - PASSENGER	3 - URINE				
4 - BREATH		4 - NOT APPLICABLE	N - TANKER	4 - TANKER	4 - BREATH				
5 - OTHER			Q - MOTOR SCOOTER	5 - MOTOR SCOOTER	5 - OTHER				
TEST STATUS		TRAPPED	R - THREE-WHEEL MOTORCYCLE	R - THREE-WHEEL MOTORCYCLE	TEST STATUS				
1 - NONE		1 - NOT TRAPPED	S - SCHOOL BUS	S - SCHOOL BUS	1 - NONE				
2 - BLOOD		2 - EXTRICATED BY MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	T - DOUBLE & TRIPLE TRAILERS	2 - BLOOD				
3 - URINE		3 - FREED BY NON-MECHANICAL MEANS	X - TANKER / HAZMAT	X - TANKER / HAZMAT	3 - URINE				
4 - OTHER					4 - OTHER				
TEST STATUS		GENDER	TEST STATUS	TEST STATUS	TEST STATUS				
1 - APPARENTLY NORMAL		F - FEMALE	1 - APPARENTLY NORMAL	1 - APPARENTLY NORMAL	1 - APPARENTLY NORMAL				
2 - PHYSICAL IMPAIRMENT		M - MALE	2 - PHYSICAL IMPAIRMENT	2 - PHYSICAL IMPAIRMENT	2 - PHYSICAL IMPAIRMENT				
3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)		U - OTHER / UNKNOWN	3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)				
4 - ILLNESS			4 - ILLNESS	4 - ILLNESS	4 - ILLNESS				
5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.			5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.				
6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL			6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL				
7 - OTHER			7 - OTHER	7 - OTHER	7 - OTHER				
8 - NEGATIVE RESULTS			8 - NEGATIVE RESULTS	8 - NEGATIVE RESULTS	8 - NEGATIVE RESULTS				
TEST STATUS		CONDITION	TEST STATUS	TEST STATUS	TEST STATUS				
1 - APPARENTLY NORMAL		1 - APPARENTLY NORMAL	1 - APPARENTLY NORMAL	1 - APPARENTLY NORMAL	1 - APPARENTLY NORMAL				
2 - PHYSICAL IMPAIRMENT		2 - PHYSICAL IMPAIRMENT	2 - PHYSICAL IMPAIRMENT	2 - PHYSICAL IMPAIRMENT	2 - PHYSICAL IMPAIRMENT				
3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)		3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)				
4 - ILLNESS		4 - ILLNESS	4 - ILLNESS	4 - ILLNESS	4 - ILLNESS				
5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.				
6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL				
7 - OTHER		7 - OTHER	7 - OTHER	7 - OTHER	7 - OTHER				
8 - NEGATIVE RESULTS		8 - NEGATIVE RESULTS	8 - NEGATIVE RESULTS	8 - NEGATIVE RESULTS	8 - NEGATIVE RESULTS				

LOCAL REPORT NUMBER	PD-22-061695	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	4100 Port Union road, Fairfield, Ohio 45014	8/26/22



Not To Scale

4100



Port Union Road

OFFICER'S SIGNATURE	J. Taylor	BADGE NO
		157