



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION		2 2 0 6 2 5 3 1	
REPORTING AGENCY NAME* Fairfield Police Department				NCIC* 0 0 9 0 1		HIT/SKIP 1 - SOLVED 2 - UNSOLVED 2 1	
COUNTY* 0 9		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield		CRASH DATE / TIME* 08292022 1524	
ROUTE TYPE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		ROUTE NUMBER 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME Providence		ROAD TYPE D R	
ROUTE TYPE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		ROUTE NUMBER 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Woodridge		ROAD TYPE B L	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 1		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	
DISTANCE FROM REFERENCE 0 2 0		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS 3		INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 3		ROADWAY <input type="checkbox"/> ROADWAY DIVIDED	
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 0 1		MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN 2		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 2		MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (>4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN	
WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN 2	
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 1		WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN 0 1		CONDITIONS 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN 1		SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN 2	
NARRATIVE On August 29, 2022 at about 3:24 P.M. Unit 1 was traveling southbound on Providence Drive at approximately 25 M.P.H. and when at Woodridge Blvd failed to stop within the assured clear distance ahead and collided with Unit 2 which was also southbound and was slowing down for the stop sign at Woodridge Blvd. Unit 1 left the scene without exchanging any personal information.						SEE OH-2	
CRASH REPORTED DATE / TIME 0 8 2 9 2 0 2 2 1 5 2 4		DISPATCH DATE / TIME 0 8 2 9 2 0 2 2 1 5 2 5		ARRIVAL DATE / TIME 0 8 2 9 2 0 2 2 1 5 3 6		SCENE CLEARED DATE / TIME 0 8 2 9 2 0 2 2 1 5 4 6	
TOTAL TIME ROADWAY CLOSED 3 0		OTHER INVESTIGATION TIME 5 1		OFFICER'S NAME* C.Frazier		CHECKED BY OFFICER'S NAME* SA. Aaron Meyer	
TOTAL MINUTES 5 1		OFFICER'S BADGE NUMBER* 1 5 8		CHECKED BY OFFICER'S BADGE NUMBER* 1 3 2		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ADPS)	

OWNER	UNIT # <u>01</u>		OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER)																																			
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER)																																							
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP				COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																																				
VEHICLE	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #		VEHICLE YEAR	VEHICLE MAKE NISSAN																																		
	<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #		COLOR SILVER	VEHICLE MODEL ALTIMA																																		
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #																																				
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input checked="" type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS <u>01</u>	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.																																				
	TYPE OF USE			TOWED BY: COMPANY NAME																																				
	<input type="checkbox"/> MATERIAL RELEASED			HAZARDOUS MATERIAL CLASS # PLACARD ID #																																				
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POSTED SPEED											
<u>25</u>											

OWNER	UNIT # 012	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE KY	LICENSE PLATE # 1232KA	VEHICLE IDENTIFICATION # 2FTRF071394CA77275	VEHICLE YEAR 2004	VEHICLE MAKE FORD
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY KENTUCKY FARM BURE	INSURANCE POLICY # 0020964641	COLOR BLACK	VEHICLE MODEL F150
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 01	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
	TYPE OF USE		TOWED BY: COMPANY NAME		
	<input type="checkbox"/> PASSENGER CAR		HAZARDOUS MATERIAL		
	<input type="checkbox"/> PASSENGER VAN (MINIVAN)		<input type="checkbox"/> MATERIAL RELEASED		
	<input type="checkbox"/> SPORT UTILITY VEHICLE		<input type="checkbox"/> PLACARD		
	<input type="checkbox"/> PICK UP		CLASS # PLACARD ID #		
	<input type="checkbox"/> CARGO VAN		1 - PASSENGER CAR		
<input type="checkbox"/> VAN (9-15 SEATS)		2 - PASSENGER VAN (MINIVAN)			
# OF TRAILING UNITS 0		3 - SPORT UTILITY VEHICLE			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		4 - PICK UP			
1 - YES 2 - NO 9 - OTHER / UNKNOWN		5 - CARGO VAN			
AUTONOMOUS MODE LEVEL		6 - VAN (9-15 SEATS)			
0		7 - MOTORCYCLE 2-WHEELED			
1 - NONE		8 - MOTORCYCLE 3-WHEELED			
2 - TAXI		9 - AUTOCYCLE			
3 - ELECTRONIC RIDE SHARING		10 - MOPED OR MOTORIZED BICYCLE			
4 - SCHOOL TRANSPORT		11 - ALL TERRAIN VEHICLE (ATV / UTV)			
5 - BUS - TRANSIT/COMMUTER		12 - GOLF CART			
6 - BUS - CHARTER/TOUR		13 - SNOWMOBILE			
7 - BUS - INTERCITY		14 - SINGLE UNIT TRUCK			
8 - BUS - SHUTTLE		15 - SEMI-TRACTOR			
9 - BUS - OTHER		16 - FARM EQUIPMENT			
10 - AMBULANCE		17 - MOTORHOME			
1 - NO CARGO BODY TYPE / NOT APPLICABLE		18 - LIMO (LIVERY VEHICLE)			
2 - BUS		19 - BUS (16+ PASSENGERS)			
3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE		20 - OTHER VEHICLE			
4 - LOGGING		21 - HEAVY EQUIPMENT			
5 - INTERMODAL CONTAINER CHASSIS		22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE			
6 - CARGO VAN/ENCLOSED BOX		23 - PEDESTRIAN / SKATER			
7 - GRAIN/CHIPS/GRAVEL		24 - WHEELCHAIR (ANY TYPE)			
8 - POLE		25 - OTHER NON-MOTORIST			
9 - CARGO TANK		26 - BICYCLE			
10 - FLAT BED		27 - TRAIN			
11 - DUMP		99 - UNKNOWN OR HIT/SKIP			
1 - TURN SIGNALS		12 - CONCRETE MIXER			
2 - HEAD LAMPS		13 - AUTO TRANSPORTER			
3 - TAIL LAMPS		14 - GARBAGE/REFUSE			
4 - BRAKES		99 - OTHER / UNKNOWN			
5 - STEERING		1 - TURN SIGNALS			
6 - TIRE BLOWOUT		2 - HEAD LAMPS			
7 - WORN OR SLICK TIRES		3 - TAIL LAMPS			
8 - TRAILER EQUIPMENT DEFECTIVE		4 - BRAKES			
9 - MOTOR TROUBLE		5 - STEERING			
10 - DISABLED FROM PRIOR ACCIDENT		6 - TIRE BLOWOUT			
99 - OTHER / UNKNOWN		7 - WORN OR SLICK TIRES			
1 - INTERSECTION - MARKED CROSSWALK		8 - TRAILER EQUIPMENT DEFECTIVE			
2 - INTERSECTION - UNMARKED CROSSWALK		9 - MOTOR TROUBLE			
3 - INTERSECTION - OTHER		10 - DISABLED FROM PRIOR ACCIDENT			
4 - MIDBLOCK - MARKED CROSSWALK		99 - OTHER / UNKNOWN			
5 - TRAVEL LANE - OTHER LOCATION		1 - INTERSECTION - MARKED CROSSWALK			
6 - BICYCLE LANE		2 - INTERSECTION - UNMARKED CROSSWALK			
7 - SHOULDER / ROADSIDE		3 - INTERSECTION - OTHER			
8 - SIDEWALK		4 - MIDBLOCK - MARKED CROSSWALK			
9 - MEDIAN/CROSSING ISLAND		5 - TRAVEL LANE - OTHER LOCATION			
10 - DRIVEWAY ACCESS		6 - BICYCLE LANE			
11 - SHARED USE PATHS OR TRAILS		7 - SHOULDER / ROADSIDE			
12 - FIRST RESPONDER AT INCIDENT SCENE		8 - SIDEWALK			
99 - OTHER / UNKNOWN		9 - MEDIAN/CROSSING ISLAND			
1 - NON-CONTACT		10 - DRIVEWAY ACCESS			
2 - NON-COLLISION		11 - SHARED USE PATHS OR TRAILS			
3 - STRIKING		12 - FIRST RESPONDER AT INCIDENT SCENE			
4 - STRUCK		99 - OTHER / UNKNOWN			
5 - BOTH STRIKING & STRUCK		1 - NON-CONTACT			
9 - OTHER / UNKNOWN		2 - NON-COLLISION			
1 - STRAIGHT AHEAD		3 - STRIKING			
2 - BACKING		4 - STRUCK			
3 - CHANGING LANES		5 - BOTH STRIKING & STRUCK			
4 - OVERTAKING/PASSING		9 - OTHER / UNKNOWN			
5 - MAKING RIGHT TURN		1 - STRAIGHT AHEAD			
6 - MAKING LEFT TURN		2 - BACKING			
7 - MAKING U-TURN		3 - CHANGING LANES			
8 - ENTERING TRAFFIC LANE		4 - OVERTAKING/PASSING			
9 - LEAVING TRAFFIC LANE		5 - MAKING RIGHT TURN			
10 - PARKED		6 - MAKING LEFT TURN			
11 - SLOWING OR STOPPED IN TRAFFIC		7 - MAKING U-TURN			
12 - DRIVERLESS		8 - ENTERING TRAFFIC LANE			
13 - NEGOTIATING A CURVE		9 - LEAVING TRAFFIC LANE			
14 - ENTERING OR CROSSING SPECIFIED LOCATION		10 - PARKED			
15 - WALKING, RUNNING, JOGGING, PLAYING		11 - SLOWING OR STOPPED IN TRAFFIC			
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17 - PUSHING VEHICLE		13 - NEGOTIATING A CURVE			
18 - APPROACHING OR LEAVING VEHICLE		14 - ENTERING OR CROSSING SPECIFIED LOCATION			
19 - STANDING		15 - WALKING, RUNNING, JOGGING, PLAYING			
20 - OTHER NON-MOTORIST		16 - WORKING			
21 - STANDING OUTSIDE DISABLED VEHICLE		17 - PUSHING VEHICLE			
99 - OTHER / UNKNOWN		18 - APPROACHING OR LEAVING VEHICLE			
1 - NONE		19 - STANDING			
2 - FAILURE TO YIELD		20 - OTHER NON-MOTORIST			
3 - RAN RED LIGHT		21 - STANDING OUTSIDE DISABLED VEHICLE			
4 - RAN STOP SIGN		99 - OTHER / UNKNOWN			
5 - UNSAFE SPEED		1 - NONE			
6 - IMPROPER TURN		2 - FAILURE TO YIELD			
7 - LEFT OF CENTER		3 - RAN RED LIGHT			
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23 - OPENING DOOR INTO ROADWAY		23 - OPENING DOOR INTO ROADWAY			
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3 - RAN RED LIGHT		3 - RAN RED LIGHT			
4 - RAN STOP SIGN		4 - RAN STOP SIGN			
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2 - FAILURE TO YIELD		2 - FAILURE TO YIELD			
3 - RAN RED LIGHT					



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER									
2	2	0	6	2	5	3	1		

UNIT # 01	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE 0	GENDER M	
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE				
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 99	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 01	AIR BAG USAGE 9	EJECTION 1	TRAPPED 1
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 9	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 9	ALCOHOL TEST STATUS 1 TYPE 1 VALUE		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4

UNIT # 02	NAME: LAST, FIRST, MIDDLE MERLO, JAIME, I					DATE OF BIRTH 01041979		AGE 43	GENDER M	
ADDRESS: STREET, CITY, STATE, ZIP 2802 SURFSIDE DRIVE, VILLA HILLS, KY, 41017						CONTACT PHONE - INCLUDE AREA CODE				
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE KY	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER		
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4

UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE 0	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <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 TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT 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 - TALKING ON HANDS-FREE COMMUNICATION DEVICE		3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	
4 - POSSIBLE INJURY		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT / SIDE		4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER		4 - TALKING ON HAND-HELD COMMUNICATION DEVICE		4 - TEST GIVEN, RESULTS KNOWN	
5 - NO APPARENT INJURY		5 - SECOND - MIDDLE		5 - NOT APPLICABLE		5 - M/C MOPED ONLY		5 - EXCEPT CLASS A & CLASS B BUS		5 - OTHER ACTIVITY WITH AN ELECTRONIC 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 - PASSENGER		ALCOHOL TEST TYPE	
1 - NOT TRANSPORTED / TREATED AT SCENE		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		EJECTION		OL ENDORSEMENT		7 - EXCEPT TRACTOR-TRAILER		7 - OTHER DISTRACTION INSIDE THE VEHICLE		1 - NONE	
2 - EMS		8 - THIRD - MIDDLE		1 - NOT EJECTED		H - HAZMAT		8 - INTERMEDIATE LICENSE RESTRICTIONS		8 - OTHER DISTRACTION OUTSIDE THE VEHICLE		2 - BLOOD	
3 - POLICE		9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED		M - MOTORCYCLE		9 - LEARNER'S PERMIT RESTRICTIONS		9 - OTHER / UNKNOWN		3 - URINE	
SAFETY EQUIPMENT		10 - SLEEPER SECTION OF TRUCK CAB		3 - TOTALLY EJECTED		P - PASSENGER		10 - LIMITED TO DAYLIGHT ONLY		CONDITION		4 - BREATH	
1 - NONE USED		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		4 - NOT APPLICABLE		N - TANKER		11 - LIMITED TO EMPLOYMENT		1 - APPARENTLY NORMAL		5 - OTHER	
2 - SHOULDER BELT ONLY USED		12 - PASSENGER IN UNENCLOSED CARGO AREA		TRAPPED		Q - MOTOR SCOOTER		12 - LIMITED - OTHER		2 - PHYSICAL IMPAIRMENT		DRUG TEST TYPE	
3 - LAP BELT ONLY USED		13 - TRAILING UNIT		1 - NOT TRAPPED		R - THREE-WHEEL MOTORCYCLE		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)		1 - NONE	
4 - SHOULDER & LAP BELT USED		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		2 - EXTRICATED BY MECHANICAL MEANS		S - SCHOOL BUS		14 - MILITARY VEHICLES ONLY		4 - ILLNESS		2 - BLOOD	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		15 - NON-MOTORIST		3 - FREED BY NON-MECHANICAL MEANS		T - DOUBLE & TRIPLE TRAILERS		15 - MOTOR VEHICLES WITHOUT AIR BRAKES		5 - FELL ASLEEP, FRAINTED, FATIGUED, ETC.		3 - URINE	
6 - CHILD RESTRAINT SYSTEM - REAR FACING		99 - OTHER / UNKNOWN				X - TANKER / HAZMAT		16 - OUTSIDE MIRROR		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		4 - OTHER	
7 - BOOSTER SEAT								17 - PROSTHETIC AID		9 - OTHER / UNKNOWN		DRUG TEST RESULT(S)	
8 - HELMET USED								18 - OTHER				1 - AMPHETAMINES	
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)												2 - BARBITURATES	
10 - REFLECTIVE CLOTHING												3 - BENZODIAZEPINES	
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY												4 - CANNABINOIDS	
99 - OTHER / UNKNOWN												5 - COCAINE	
												6 - OPIATES / OPIOIDS	
												7 - OTHER	
												8 - NEGATIVE RESULTS	

LOCAL REPORT NUMBER PD22062531	REPORTING AGENCY Fairfield Police Department	DATE OF ACCIDENT 8/29/22
IN COUNTY OF Butler	ACCIDENT LOCATION Providence Dr. and Woodridge Blvd.	

Providence Dr.

Woodridge Blvd

stop

NOT TO SCALE

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OFFICER'S SIGNATURE C.Frazier	BADGE NO 158
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