



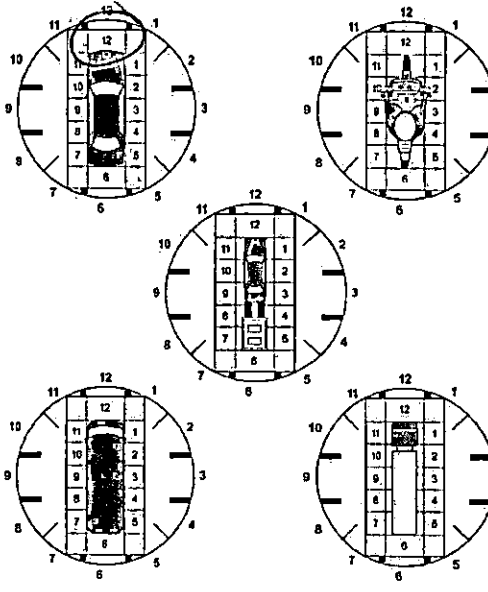
TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

☒ PHOTOS TAKEN ☐ SECONDARY CRASH		☐ OH-2 ☐ OH-1P ☐ PRIVATE PROPERTY	LOCAL INFORMATION		2 2 0 6 8 0 4 6		
REPORTING AGENCY NAME*		NCIC*		HIT/SKIP 1 - SOLVED 2 - UNSOLVED		NUMBER OF UNITS 0 1	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN
Fairfield Police Department		0 0 9 0 1		CRASH DATE / TIME*		0 9 1 7 2 0 2 2 0 3 5 4	
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*		CRASH SEVERITY		5	
0 9	1 1 CITY 2 VILLAGE 3 TOWNSHIP	City of Fairfield		1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY			
ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES		
U S	1 2 7				3 9 3 0 9 3 1 1		
ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES		
			Augusta	B L	8 4 5 6 2 1 5 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 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 ☐ WITHIN INTERSECTION OR ON APPROACH ☐ WITHIN INTERCHANGE AREA NUMBER OF APPROACHES			
1	2						
DISTANCE FROM REFERENCE 2 0 0	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS			ROADWAY ☐ ROADWAY DIVIDED			
	3						
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 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		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 (ANY TYPE) 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN	
	0 4		1				
☐ WORK ZONE RELATED ☐ WORKERS PRESENT ☐ LAW ENFORCEMENT PRESENT ☐ 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 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 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		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	
NARRATIVE On 09-17-22, at about 3:54 a.m. Unit 1 was traveling north on US 127 when the driver went off the right side of the road and struck (3) street signs. The driver of Unit 1 then left without notifying law enforcement. The owner of the signs is the City of Fairfield, 5350 Pleasant Ave Fairfield, OH 45014,		 Indicate the north direction with an "N" on the compass diagram.					
SEE OH-2							
CRASH REPORTED DATE / TIME 0 9 1 9 2 0 2 2 1 0 3 5		DISPATCH DATE / TIME 0 9 1 9 2 0 2 2 1 0 5 5		ARRIVAL DATE / TIME 0 9 1 9 2 0 2 2 1 1 0 4		SCENE CLEARED DATE / TIME 0 9 1 9 2 0 2 2 1 1 1 8	
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*	CHECKED BY OFFICER'S NAME*		REPORT TAKEN BY	
		2 3	D. Setterstrom	Sgt. J Sprague		☒ POLICE AGENCY ☐ MOTORIST	
			OFFICER'S BADGE NUMBER*	CHECKED BY OFFICER'S BADGE NUMBER*		☐ SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OSP)	
			1 2 1	8 4			

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)	
	01				
VEHICLE	OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)				
	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP				
EVENT(S)	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
	☐ INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR White	VEHICLE MODEL
	☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE	TYPE OF USE	US DOT #	TOWED BY: COMPANY NAME	
	☐ INTERLOCK DEVICE EQUIPPED	☒ HIT/SKIP UNIT	#OCCUPANTS 01	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL ☐ MATERIAL RELEASED ☐ PLACARD CLASS # PLACARD ID #
	03	UNIT TYPE			
	0	# OF TRAILING UNITS			
	9	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	AUTONOMOUS MODE LEVEL		
	01	SPECIAL FUNCTION			
	01	CARGO BODY TYPE			
	VEHICLE DEFECTS				
	NON-MOTORIST LOCATION AT IMPACT				
	3	ACTION			
	11	CONTRIBUTING CIRCUMSTANCES			
	11	SEQUENCE OF EVENTS			
	08	1. OVERTURN/ROLLOVER			
	37	2. FIRE/EXPLOSION			
	37	3. IMMERSION			
	37	4. JACKKNIFE			
	37	5. CARGO/EQUIPMENT LOSS OR SHIFT			
	37	6. EQUIPMENT FAILURE			
	37	7. SEPARATION OF UNITS			
	37	8. RAN OFF ROAD RIGHT			
	37	9. RAN OFF ROAD LEFT			
	37	10. CROSS MEDIAN			
	37	11. CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL			
	37	12. DOWNHILL RUNAWAY			
	37	13. OTHER NON-COLLISION			
	37	14. PEDESTRIAN			
	37	15. PEDALCYCLE			
	37	16. RAILWAY VEHICLE			
	37	17. ANIMAL - FARM			
	37	18. ANIMAL - DEER			
	37	19. ANIMAL - OTHER			
	37	20. MOTOR VEHICLE IN TRANSPORT			
	37	21. PARKED MOTOR VEHICLE			
	37	22. WORK ZONE MAINTENANCE EQUIPMENT			
	37	23. STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE			
	37	24. OTHER MOVABLE OBJECT			
	37	25. IMPACT ATTENUATOR / CRASH CUSHION			
	37	26. BRIDGE OVERHEAD STRUCTURE			
	37	27. BRIDGE PIER OR ABUTMENT			
	37	28. BRIDGE PARAPET			
	37	29. BRIDGE RAIL			
	37	30. GUARDRAIL FACE			
	37	31. GUARDRAIL END			
	37	32. PORTABLE BARRIER			
	37	33. MEDIAN CABLE BARRIER			
	37	34. MEDIAN GUARDRAIL BARRIER			
	37	35. MEDIAN CONCRETE BARRIER			
	37	36. MEDIAN OTHER BARRIER			
	37	37. TRAFFIC SIGN POST			
	37	38. OVERHEAD SIGN POST			
	37	39. LIGHT / LUMINARIES SUPPORT			
	37	40. UTILITY POLE			
	37	41. OTHER POST, POLE OR SUPPORT			
	37	42. CULVERT			
	37	43. CURB			
	37	44. DITCH			
	37	45. EMBANKMENT			
	37	46. FENCE			
	37	47. MAILBOX			
	37	48. TREE			
	37	49. FIRE HYDRANT			
	37	50. WORK ZONE MAINTENANCE EQUIPMENT			
	37	51. WALL			
	37	52. BUILDING			
	37	53. TUNNEL			
	37	54. OTHER FIXED OBJECT			
	37	99. OTHER / UNKNOWN			
	2	FIRST HARMFUL EVENT	3 MOST HARMFUL EVENT		

LOCAL REPORT NUMBER 2 2 0 6 8 0 4 6	
DAMAGE DAMAGE SCALE 3 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] ☐ - TOP [13] ☐ - ALL AREAS [15] ☐ - 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 13 - TOP 99 - UNKNOWN	
TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM 2 TO 1 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 40	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 40	



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2 2 0 6 8 0 4 6

UNIT # 0 1		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE 0	GENDER	
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 9 9	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 9	EJECTION 1	TRAPPED 1
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 9	ALCOHOL / DRUG SUSPECTED ☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		CONDITION 9	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	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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 ☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE 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	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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 ☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE 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	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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 ☐ ALCOHOL ☐ MARIJUANA ☐ 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 BUS		5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		5 - TEST GIVEN, RESULTS UNKNOWN	
6 - SECOND - RIGHT SIDE		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN		6 - NO VALID OL		6 - EXCEPT CLASS A & CLASS B BUS		6 - PASSENGER			
7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)						7 - EXCEPT TRACTOR-TRAILER		7 - OTHER DISTRACTION INSIDE THE VEHICLE			
8 - THIRD - MIDDLE		8 - THIRD - MIDDLE						8 - INTERMEDIATE LICENSE RESTRICTIONS		8 - OTHER DISTRACTION OUTSIDE THE VEHICLE			
9 - THIRD - RIGHT SIDE		9 - THIRD - RIGHT SIDE						9 - LEARNER'S PERMIT RESTRICTIONS		9 - OTHER / UNKNOWN			
10 - SLEEPER SECTION OF TRUCK CAB		10 - SLEEPER SECTION OF TRUCK CAB						10 - LIMITED TO DAYLIGHT ONLY					
11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)						11 - LIMITED - OTHER					
12 - PASSENGER IN UNENCLOSED CARGO AREA		12 - PASSENGER IN UNENCLOSED CARGO AREA						12 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)					
13 - TRAILING UNIT		13 - TRAILING UNIT						13 - LIMITED - OTHER					
14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)						14 - MILITARY VEHICLES ONLY					
15 - NON-MOTORIST		15 - NON-MOTORIST						15 - MOTOR VEHICLES WITHOUT AIR BRAKES					
99 - OTHER / UNKNOWN		99 - OTHER / UNKNOWN						16 - OUTSIDE MIRROR					
								17 - PROSTHETIC AID					
								18 - OTHER					

INJURED TAKEN BY		EJECTION		OL ENDORSEMENT		GENDER	
1 - NOT TRANSPORTED / TREATED AT SCENE		1 - NOT EJECTED		H - HAZMAT		F - FEMALE	
2 - EMS		2 - PARTIALLY EJECTED		M - MOTORCYCLE		M - MALE	
3 - POLICE		3 - TOTALLY EJECTED		P - PASSENGER		U - OTHER / UNKNOWN	
9 - OTHER / UNKNOWN		4 - NOT APPLICABLE		N - TANKER			
				Q - MOTOR SCOOTER			
				R - THREE-WHEEL MOTORCYCLE			
				S - SCHOOL BUS			
				T - DOUBLE & TRIPLE TRAILERS			
				X - TANKER / HAZMAT			

SAFETY EQUIPMENT		TRAPPED		ALCOHOL TEST TYPE		DRUG TEST TYPE	
1 - NONE USED		1 - NOT TRAPPED		1 - NONE		1 - NONE	
2 - SHOULDER BELT ONLY USED		2 - EXTRICATED BY MECHANICAL MEANS		2 - BLOOD		2 - BLOOD	
3 - LAP BELT ONLY USED		3 - FREED BY NON-MECHANICAL MEANS		3 - URINE		3 - URINE	
4 - SHOULDER & LAP BELT USED				4 - BREATH		4 - BREATH	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING				5 - OTHER		5 - OTHER	
6 - CHILD RESTRAINT SYSTEM - REAR FACING							
7 - BOOSTER SEAT							
8 - HELMET USED							
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)							
10 - REFLECTIVE CLOTHING							
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY							
99 - OTHER / UNKNOWN							

CONDITION		DRUG TEST RESULT(S)	
1 - APPARENTLY NORMAL		1 - AMPHETAMINES	
2 - PHYSICAL IMPAIRMENT		2 - BARBITURATES	
3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		3 - BENZODIAZEPINES	
4 - ILLNESS		4 - CANNABINOIDS	
5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		5 - COCAINE	
6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		6 - OPIATES / OPIOIDS	
9 - OTHER / UNKNOWN		7 - OTHER	
		8 - NEGATIVE RESULTS	

LOCAL REPORT NUMBER 22-068046	REPORTING AGENCY Fairfield Police Department	DATE OF ACCIDENT 09-17-22
IN COUNTY OF Butler	ACCIDENT LOCATION US 127/ 200yds South of Augusta Blvd	

US 127

Augusta Blvd

Sign 3

Sign 2

Sign 1

OFFICER'S SIGNATURE D. Setterstrom	BADGE NO. 121
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