

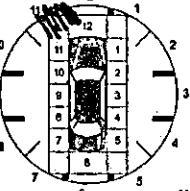
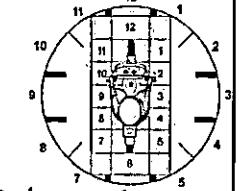
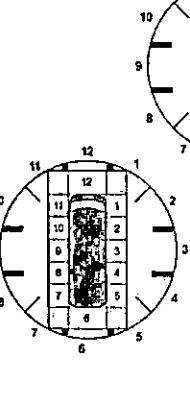
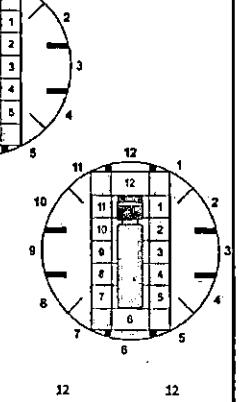
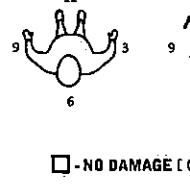
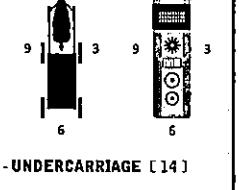


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL REPORT NUMBER*				
<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION		2 2 0 6 8 8 9 4				
		REPORTING AGENCY NAME*		NCIC*		HIT/SKIP	NUMBER OF UNITS	
		Fairfield Police Department		0 0 9 0 1		1 - SOLVED	0 1	
						2 - UNSOLVED		
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*				CRASH DATE / TIME*		
0 9	1 CITY 2 VILLAGE 3 TOWNSHIP	City of Fairfield				0 9 2 2 2 0 2 2 0 6 3 5		
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES		
				Patterson	B L	3 9 3 4 0 9 7 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			
			465		- 8 4 5 6 4 1 2 0			
REFERENCE POINT	DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED				
1 - INTERSECTION 3 - MILE POST 3 - HOUSE #	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE	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	<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA <input type="checkbox"/> NUMBER OF APPROACHES		
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE	ROUTE TYPE	ROAD TYPE	ROADWAY				
	1 - MILES 2 - FEET 3 - YARDS	TR - NUMBERED TOWNSHIP ROUTE	HE - HEIGHTS	<input checked="" type="checkbox"/> ROADWAY DIVIDED				
LOCATION OF FIRST HARMFUL EVENT			MANNER OF CRASH COLLISION/IMPACT		DIRECTION OF TRAVEL	MEDIAN TYPE		
0 1	1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 7 - ON RAMPS 8 - OFF RAMP	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	1 - NOT COLLISION 2 - TWO MOTOR VEHICLES IN TRANSPORT 3 - REAR-END 4 - HEAD-ON	4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER/ UNKNOWN	1 - NORTH 3 - 2 - SOUTH 3 - EAST 4 - WEST	1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (24 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	LOCATION OF CRASH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE		
		1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - 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		
4 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 09/22/2022 at about 6:35 A.M., unit 1 was traveling eastbound on Patterson Blvd at about 30 MPH when the driver failed to maintain control, and in so doing, struck the center median curb and a tree.								
The tree is property of the City of Fairfield. 5350 Pleasant Ave. Fairfield, Ohio 45014.								
Indicate the north direction with an "N" on the compass diagram.								
SEE OH-2								
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY
0 9 2 2 2 0 2 2 0 6 3 7		0 9 2 2 2 0 2 2 0 6 3 8		0 9 2 2 2 0 2 2 0 6 4 8		0 9 2 2 2 0 2 2 0 7 4 2		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP)
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*
						C. Singleton		
						OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*
5 4		6 4		8 9				1 0 3

OWNER	UNIT # 0_1 OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER)		
	Transport U Transportation LLC				
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER)					
1815 Pleasant Ave. Hamilton, Ohio 45015					
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
LP STATE O_H	LICENSE PLATE # 796ZEB	VEHICLE IDENTIFICATION # 2A14GP514L136R19019998	VEHICLE YEAR 210106	VEHICLE MAKE Chrysler	
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY Selective Ins.	INSURANCE POLICY # S2184021	COLOR Maroon	VEHICLE MODEL Town & C	
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT # 111111	TOWED BY: COMPANY NAME		
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS 0 4	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		
			CLASS # 1 PLACARD ID # 1		
0_2 UNIT TYPE 3 - SPORT UTILITY VEHICLE		1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	
4 - PICK UP		8 - MOTORCYCLE 3-WHEELED	13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)	
5 - CARGOVAN		9 - AUTOCYCLE	14 - SINGLE UNIT TRUCK	20 - OTHER VEHICLE	
6 - VAN (9-15 SEATS)		10 - MOPED OR MOTORIZED BICYCLE	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	
		11 - ALL-TERRAIN VEHICLE (ATV/UTV)	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	
			17 - MOTORHOME	27 - TRAIN	
				99 - UNKNOWN OR HIT/SKIP	
1_2 # OF TRAILING UNITS					
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN	
1_2 1 - YES 2 - NO 9 - OTHER/UNKNOWN		1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION		
		2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION		
1_2 SPECIAL FUNCTION 3 - ELECTRONIC RIDE SHARING		1 - NONE 6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM	
4 - SCHOOL TRANSPORT		7 - BUS - INTERCITY	12 - MILITARY	21 - MAIL CARRIER	
5 - BUS - TRANSIT/COMUTER		8 - BUS - SHUTTLE	13 - POLICE	17 - MOWING	
		9 - BUS - OTHER	14 - PUBLIC UTILITY	18 - SNOW REMOVAL	
		10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	19 - TOWING	
			20 - SAFETY SERVICE PATROL		
1_1 CARGO BODY TYPE 1 - NO CARGO BODY TYPE /NOT APPLICABLE		1 - NO CARGO BODY TYPE /NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	
2 - BUS		4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	8 - POLE	
			7 - GRAIN/CHIPS/GRAVEL	12 - CONCRETE MIXER	
				9 - CARGO TANK	
				13 - AUTO TRANSPORTER	
				14 - GARBAGE/REFUSE	
				99 - OTHER/UNKNOWN	
1_1 VEHICLE DEFECTS 1 - TURN SIGNALS		1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	
2 - HEAD LAMPS		5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTOR TROUBLE	
3 - TAIL LAMPS		6 - TIRE BLOWOUT		10 - DISABLED FROM PRIOR ACCIDENT	
1_1 LOCATION AT IMPACT 1 - INTERSECTION - MARKED CROSSWALK		1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	
2 - INTERSECTION - UNMARKED CROSSWALK		4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER /ROADSIDE	9 - MEDIAN/CROSSING ISLAND	
		5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	10 - DRIVEWAY ACCESS	
				11 - SHARED USE PATHS OR TRAILS	
1_3 ACTION 1 - NON-CONTACT		1 - NON-COLLISION	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	
2 - NON-COLLISION		3 - STRIKING	2 - BACKING	8 - ENTERING TRAFFIC LANE	
4 - STRUCK		4 - PRE-CRASH	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	
5 - BOTH STRIKING & STRUCK		6 - ACTIONS	4 - OVERTAKING/PASSING	10 - PARKED	
		5 - MAKING RIGHT TURN	5 - MAKING LEFT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	
		6 - MAKING LEFT TURN		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	
				22 - OTHER UNKNOWN	
1_9 CONTRIBUTING CIRCUMSTANCES 1 - NONE		2 - FAILURE TO YIELD	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	
3 - RAN RED LIGHT		8 - FOLLOWING TOO CLOSE /ACDA	14 - STOPPED OR PARKED ILLEGALLY	17 - VISION OBSTRUCTION	
4 - RAN STOP SIGN		9 - IMPROPER LANE CHANGE	15 - SWERVING TO AVOID	18 - OPERATING DEFECTIVE EQUIPMENT	
5 - UNSAFE SPEED		10 - IMPROPER PASSING	16 - WRONG WAY	19 - OPENING DOOR INTO ROADWAY	
6 - IMPROPER TURN		11 - DROVE OFF ROAD	12 - IMPROPER BACKING	20 - IMPROPER CROSSING	
1_4,3 SEQUENCE OF EVENTS				99 - OTHER IMPROPER ACTION	
1 - OVERTURN/ROLLOVER		6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE	
2 - FIRE/EXPLOSION		7 - SEPARATION OF UNITS	12 - DOWNHILL RUNAWAY	17 - ANIMAL - FARM	
3 - IMMERSION		8 - RAN OFF ROAD RIGHT	13 - OTHER NON-COLLISION	18 - ANIMAL - DEER	
4 - JACKKNIFE		9 - RAN OFF ROAD LEFT	14 - PEDESTRIAN	19 - ANIMAL - OTHER	
5 - CARGO / EQUIPMENT LOSS OR SHIFT		10 - CROSS MEDIAN	15 - PEDALCYCLE	20 - MOTOR VEHICLE IN TRANSPORT	
				21 - PARKED MOTOR VEHICLE	
				22 - WORK ZONE MAINTENANCE EQUIPMENT	
				23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE	
				24 - OTHER MOBILE OBJECT	
				25 - OTHER UNKNOWN	
4_1,8 COLLISION WITH FIXED OBJECT - STRUCK		25 - IMPACT ATTENUATOR /CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	
26 - BRIDGE OVERHEAD STRUCTURE		32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	43 - CURB	
27 - BRIDGE PIER OR ABUTMENT		33 - MEDIAN CABLE BARRIER	39 - LIGHT/LUMINARIES	44 - DITCH	
28 - BRIDGE PARAPET		34 - MEDIAN GUARDRAIL BARRIER	40 - SUPPORT	45 - EMBANKMENT	
29 - BRIDGE RAIL		35 - MEDIAN CONCRETE BARRIER	41 - UTILITY POLE	46 - FENCE	
30 - GUARDRAIL FACE		36 - MEDIAN OTHER BARRIER	42 - SUPPORT OR SUPPORT	47 - MAILBOX	
				48 - TREE	
				49 - FIRE HYDRANT	
				99 - OTHER/UNKNOWN	
1 FIRST HARMFUL EVENT		2 MOST HARMFUL EVENT			

LOCAL REPORT NUMBER	
2 2 0 6 8 8 9 4	
DAMAGE	
DAMAGE SCALE	
4	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 [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_1	1-12 - REFER TO UNIT DIAGRAM
15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
13 - TOP	
TRAFFIC	
TRAFFIC WAY FLOW	TRAFFIC CONTROL
2	1 - ONE WAY 4 - STOP SIGN
	2 - TWO WAY 5 - YIELD SIGN
	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	
1 - NORTH 5 - NORTHEAST	
2 - SOUTH 6 - NORTHWEST	
3 - EAST 7 - SOUTHEAST	
4 - WEST 8 - SOUTHWEST	
9 - OTHER/UNKNOWN	
FROM 4	TO 3
UNIT SPEED	
3 0	DETECTED SPEED
	1 - STATED/ESTIMATED SPEED
	2 - CALCULATED/EDR
	3 - UNDETERMINED
POSTED SPEED	
2 1 5	

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER									
2 2 0 6 8 8 9 4									
DATE OF BIRTH									
0 5 1 1 1 9 7 2 5 0 F									

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE 0 1 McDaniel, Dreamia								CONTACT PHONE - INCLUDE AREA CODE				
	ADDRESS: STREET, CITY, STATE, ZIP 388 Molly Dr. Hamilton, Ohio 45013													
INJURIES	INJURED TAKEN BY 5	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT MC HELMET		SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
DL STATE	OPERATOR LICENSE NUMBER O H			OFFENSE CHARGED 331.34A		LOCAL CODE X	OFFENSE DESCRIPTION Failure to Control		CITATION NUMBER 251367					
DL CLASS	ENDORSEMENT SELECT UP TO 2 4	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 .1		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		
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER					
DL 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				
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		
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER					
DL 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		DL CLASS	DL RESTRICTIONS		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 - MC MOPED ONLY	5 - EXCEPT CLASS A BUS	5 - TEST GIVEN, RESULTS UNKNOWN									
INJURED TAKEN BY	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID DL	6 - EXCEPT CLASS A & CLASS B BUS	6 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE									
1 - NOT TRANSPORTED / TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7 - THIRD - MIDDLE	7 - THIRD - RIGHT SIDE	7 - EXCEPT TRACTOR-TRAILER	7 - TALKING ON HAND-HELD COMMUNICATION DEVICE									
2 - EMS	8 - THIRD - MIDDLE	8 - PARTIALLY EJECTED	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - TALKING ON HAND-HELD COMMUNICATION DEVICE	8 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE									
3 - POLICE	9 - THIRD - RIGHT SIDE	9 - TOTALLY EJECTED	9 - LEARNER'S PERMIT RESTRICTIONS	9 - PASSENGER	9 - BLOOD									
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT APPLICABLE	10 - LIMITED TO DAYLIGHT ONLY	10 - OTHER DISTRACTION INSIDE THE VEHICLE	10 - URINE									
SAFETY EQUIPMENT		EJECTION		11 - LIMITED TO EMPLOYMENT	11 - OTHER DISTRACTION OUTSIDE THE VEHICLE	11 - BREATH								
1 - NONE USED	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOT TRAPPED	12 - LIMITED - OTHER	12 - OTHER	12 - OTHER									
2 - SHOULDER BELT ONLY USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	2 - EXTRICATED BY MECHANICAL MEANS	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13 - OTHER / UNKNOWN	13 - OTHER / UNKNOWN									
3 - LAP BELT ONLY USED	13 - TRAILING UNIT	3 - FREED BY NON-MECHANICAL MEANS	14 - MILITARY VEHICLES ONLY	14 - AMPHETAMINES										
4 - SHOULDER & LAP BELT USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	TRAPPED	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	15 - BARBITURATES										
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	15 - NON-MOTORIST	F - FEMALE	16 - OUTSIDE MIRROR	16 - BENZODIAZEPINES										
6 - CHILD RESTRAINT SYSTEM - REAR FACING	99 - OTHER / UNKNOWN	M - MALE	17 - PROSTHETIC AID	17 - CANNABINOID										
7 - BOOSTER SEAT		U - OTHER / UNKNOWN	18 - OTHER	18 - COCAINE										
8 - HELMET USED				19 - OTHER / UNKNOWN										
9 - PROTECTIVE PAOS USED (ELBOW, KNEES, ETC.)				20 - OPIATES / OPIOIDS										
10 - REFLECTIVE CLOTHING				21 - OTHER										
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY				22 - NEGATIVE RESULTS										
99 - OTHER / UNKNOWN														



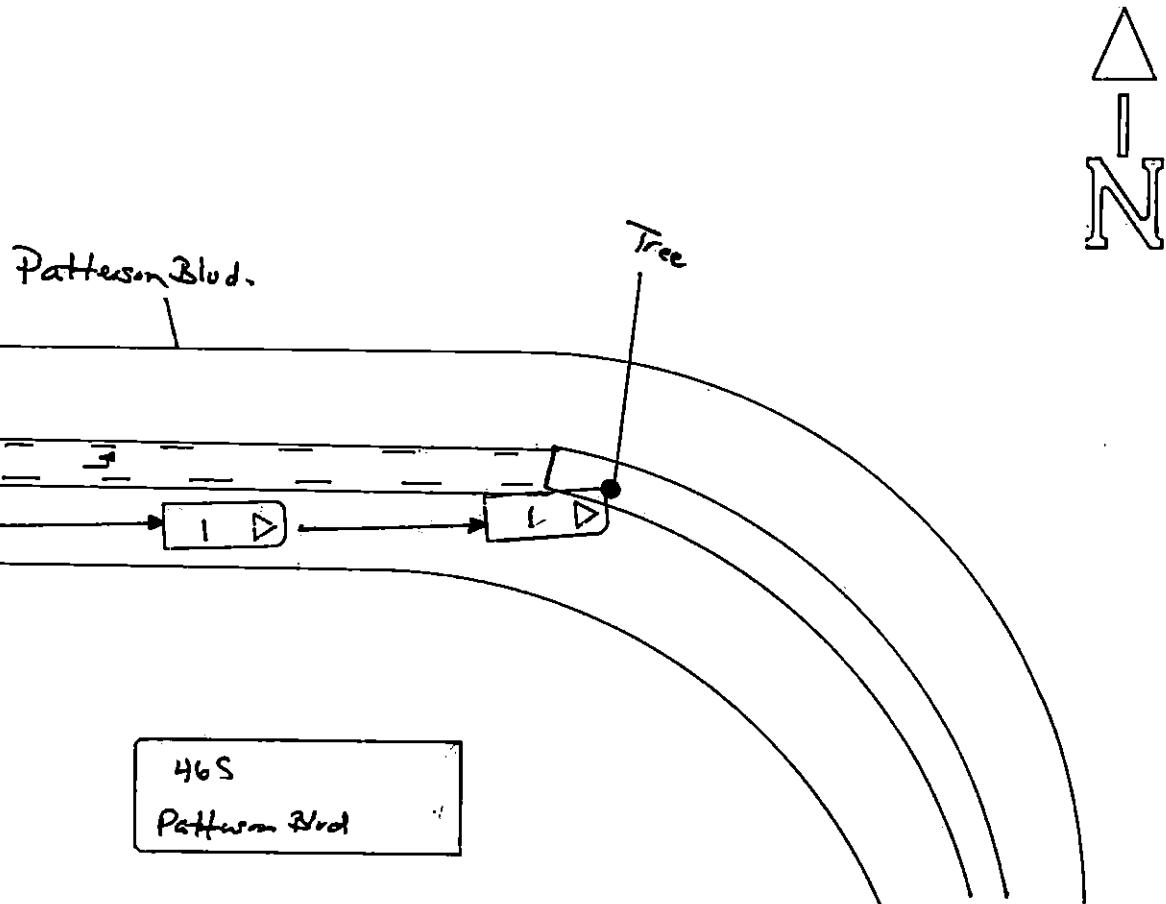
OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

2 2 0 6 8 8 9 4

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER	
	1	Sizemore, Kennedy			0 2 1 0 1 9 9 7	2 5	F		
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
111 Mosketti Ct. Hamilton, Ohio 45013									
INJURIES <input type="checkbox"/> INJURED TAKEN BY <u>5</u> EMS AGENCY (NAME) <input type="checkbox"/> INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) <input type="checkbox"/> SAFETY EQUIPMENT USED <u>0 4</u>					<input type="checkbox"/> DOT-COMPLIANT MC HELMET <input type="checkbox"/> SEATING POSITION <u>0 3</u> <input type="checkbox"/> AIR BAG USAGE <u>0 1</u> <input type="checkbox"/> EJECTION <u>1</u> <input type="checkbox"/> TRAPPED <u>1</u>				
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER	
	1	Williams, Joshua			1 0 1 7 1 9 8 5	3 6	M		
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
31 Sunset Ct. Hamilton, Ohio 45013									
INJURIES <input type="checkbox"/> INJURED TAKEN BY <u>5</u> EMS AGENCY (NAME) <input type="checkbox"/> INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) <input type="checkbox"/> SAFETY EQUIPMENT USED <u>0 4</u>					<input type="checkbox"/> DOT-COMPLIANT MC HELMET <input type="checkbox"/> SEATING POSITION <u>0 6</u> <input type="checkbox"/> AIR BAG USAGE <u>0 5</u> <input type="checkbox"/> EJECTION <u>1</u> <input type="checkbox"/> TRAPPED <u>1</u>				
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER	
	1	Hawthorne, Zachary			1 0 2 8 1 9 9 0	3 1	M		
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
638 Schwartz Dr. Hamilton, Ohio 45013									
INJURIES <input type="checkbox"/> INJURED TAKEN BY <u>5</u> EMS AGENCY (NAME) <input type="checkbox"/> INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) <input type="checkbox"/> SAFETY EQUIPMENT USED <u>0 4</u>					<input type="checkbox"/> DOT-COMPLIANT MC HELMET <input type="checkbox"/> SEATING POSITION <u>0 7</u> <input type="checkbox"/> AIR BAG USAGE <u>0 5</u> <input type="checkbox"/> EJECTION <u>1</u> <input type="checkbox"/> TRAPPED <u>1</u>				
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER	
							0		
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
INJURIES <input type="checkbox"/> INJURED TAKEN BY <input type="checkbox"/> EMS AGENCY (NAME) <input type="checkbox"/> INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) <input type="checkbox"/> SAFETY EQUIPMENT USED <input type="checkbox"/>					<input type="checkbox"/> DOT-COMPLIANT MC HELMET <input type="checkbox"/> SEATING POSITION <input type="checkbox"/> AIR BAG USAGE <input type="checkbox"/> EJECTION <input type="checkbox"/> TRAPPED <input type="checkbox"/>				
INJURIES			SAFETY EQUIPMENT USED		SEATING POSITION		AIR BAG USAGE		
1 - FATAL			1 - NONE USED - VEHICLE OCCUPANT		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED		
2 - SUSPECTED SERIOUS INJURY			2 - SHOULDER BELT ONLY USED		2 - FRONT - MIDDLE		2 - DEPLOYED FRONT		
3 - SUSPECTED MINOR INJURY			3 - LAP BELT ONLY USED		3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE		
4 - POSSIBLE INJURY			4 - SHOULDER & LAP BELT USED		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT/SIDE		
5 - NO APPARENT INJURY			5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		5 - SECOND - MIDDLE		5 - NOT APPLICABLE		
INJURED TAKEN BY			6 - CHILD RESTRAINT SYSTEM - REAR FACING		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN		
1 - NOT TRANSPORTED /TREATED AT SCENE			7 - BOOSTER SEAT		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		EJECTION		
2 - EMS			8 - HELMET USED		8 - THIRD - MIDDLE		1 - NOT EJECTED		
3 - POLICE			9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED		
9 - OTHER / UNKNOWN			10 - REFLECTIVE CLOTHING		10 - SLEEPER SECTION OF TRUCK CAB		3 - TOTALLY EJECTED		
GENDER			11 - LIGHTING - PEDESTRIAN, /BICYCLE ONLY		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		4 - NOT APPLICABLE		
F - FEMALE			99 - OTHER / UNKNOWN		12 - PASSENGER IN UNENCLOSED CARGO AREA		TRAPPED		
M - MALE					13 - TRAILING UNIT		1 - NOT TRAPPED		
U - OTHER / UNKNOWN					14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		2 - EXTRICATED BY MECHANICAL MEANS		
					15 - NON-MOTORIST		3 - FREED BY NON-MECHANICAL MEANS		
					99 - OTHER / UNKNOWN				
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER
						0			
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER	
					0				
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER	
					0				
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				

LOCAL REPORT NUMBER	22068894	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	465 Patterson Blvd.	9/22/22



* Not to Scale

OFFICER'S SIGNATURE

C. Singleton

BADGE NO.

89