



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

☒ PHOTOS TAKEN ☐ SECONDARY CRASH		☒ OH-2 ☐ OH-1P ☐ OTHER ☐ PRIVATE PROPERTY	LOCAL INFORMATION REPORTING AGENCY NAME* Fairfield Police Department		NCIC* 0,0,9,0,1		2,2,0,8,1,9,9,7				
COUNTY* 0,9	LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP 1	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield		CRASH DATE / TIME* 11,09,2022,10,44		CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY 5					
ROUTE TYPE S,R	ROUTE NUMBER 4	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME Crescentville	ROAD TYPE R,D	LATITUDE DECIMAL DEGREES 39,3,0,1,8,2,2	LONGITUDE DECIMAL DEGREES -84,4,8,5,3,5,1					
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 MA-MAIN MP-MILEPOST OV-OVAL PK-PARKWAY PI-PIKE PL-PLACE RD-ROAD SO-SQUARE ST-STREET TE-TERRACE TL-TRAIL WA-WAY	INTERSECTION RELATED ☐ WITHIN INTERSECTION OR ON APPROACH ☐ WITHIN INTERCHANGE AREA NUMBER OF APPROACHES ROADWAY ☐ 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) 4-DIVIDED, RAISED MEDIAN (ANY TYPE) 9-OTHER/UNKNOWN					
☐ 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-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-OTHER/UNKNOWN 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	
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		NARRATIVE On 11/09/2022 at about 10:44 A.M. Unit 1 was traveling southbound on Dixie Hwy. at approximately 10 m.p.h. and when near Crescentville Rd. failed to stop within the assured clear distance ahead and collided with Unit 2 which was also southbound on Dixie Hwy. and was stopped in traffic near Crescentville Rd. Brake lights on Unit 2 were inspected and were working properly.							
CRASH REPORTED DATE / TIME 11,09,2022,10,44		DISPATCH DATE / TIME 11,09,2022,10,48		ARRIVAL DATE / TIME 11,09,2022,10,59		SCENE CLEARED DATE / TIME 11,09,2022,11,35		REPORT TAKEN BY ☒ POLICE AGENCY ☐ MOTORIST ☐ SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)			
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME* P.O. C. Moore		CHECKED BY OFFICER'S NAME*		OFFICER'S BADGE NUMBER* 1,3,6		CHECKED BY OFFICER'S BADGE NUMBER* 1,0,3		

LOCAL REPORT NUMBER											
2	2	0	8	1	8	9	9	7			
DAMAGE											
DAMAGE SCALE											
2		1 - NONE				3 - FUNCTIONAL DAMAGE					
		2 - MINOR DAMAGE				4 - DISABLING DAMAGE					
9 - UNKNOWN											
DAMAGED AREA(S)											

INDICATE ALL THAT APPLY

Figure 1 consists of two circular diagrams, each containing a 4x4 grid of cells. The cells are numbered 1 through 16 in a clockwise spiral starting from the top center. In the left diagram, all cells are white. In the right diagram, the cells are shaded black and white in a specific pattern: the top row (cells 1-4) is white, the second row (cells 5-8) has cells 5 and 8 white and cells 6 and 7 black, the third row (cells 9-12) has cells 9 and 12 white and cells 10 and 11 black, and the bottom row (cells 13-16) is white.

☐ NO DAMAGE [0] ☐ UNDERCARRIAGE [14]

☐ -NO DAMAGE [03] ☐ -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

TRAFFIC

TRAFFICWAY FLOW 1- ONE-WAY <u>2</u> 2- TWO-WAY	TRAFFIC CONTROL 1- ROUNDABOUT 4- STOP SIGN <u>6</u> 2- SIGNAL 5- YIELD SIGN 3- FLASHER 6- NO CONTROL
# OF THROUGH LANES	RAIL GRADE CROSSING

ON ROAD 1 6	1	1 - NOT INVOLVED
		2 - INVOLVED-ACTIVE CROSSING
		3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION		
FROM 1 TO 2	1 - NORTH	5 - NORTHEAST
	2 - SOUTH	6 - NORTHWEST
	3 - EAST	7 - SOUTHEAST
	4 - WEST	8 - SOUTHWEST
	9 - OTHER/ UNKNOWN	
UNIT SPEED	1	DETECTED SPEED
1 0		1 - STATED/ ESTIMATED SPEED
POSTED SPEED		2 - CALCULATED / EDR
4 0		3 - UNDETERMINED

OWNER	UNIT # 02	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) Media Enterprises LLC	OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) 260 Northland Blvd. Cincinnati, OH 45246		
	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE				
VEHICLE	LP STATE OH	LICENSE PLATE # JWF1728	VEHICLE IDENTIFICATION # 2T1K1R32E315C316909	VEHICLE YEAR 2005	VEHICLE MAKE Toyota
	☒ INSURANCE VERIFIED	INSURANCE COMPANY biBerk Ins.	INSURANCE POLICY # 001661601CA	COLOR White	VEHICLE MODEL Matrix
	☐ COMMERCIAL	☐ GOVERNMENT	☐ IN EMERGENCY RESPONSE	US DOT #	
	☐ INTERLOCK DEVICE EQUIPPED	☐ 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		
	☐ PASSENGER CAR		HAZARDOUS MATERIAL		
	☐ PASSENGER VAN (MINIVAN)		☐ MATERIAL RELEASED		
	☐ SPORT UTILITY VEHICLE		☐ PLACARD		
	☐ PICK UP		CLASS # PLACARD ID #		
	☐ CARGO VAN		1 - PASSENGER CAR		
☐ VAN (9-15 SEATS)		2 - PASSENGER VAN (MINIVAN)			
# of TRAILING UNITS		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			
11 - FIRE		18 - LIMO (LIVERY VEHICLE)			
12 - MILITARY		19 - BUS (16+ PASSENGERS)			
13 - POLICE		20 - OTHER VEHICLE			
14 - PUBLIC UTILITY		21 - HEAVY EQUIPMENT			
15 - CONSTRUCTION EQUIPMENT		22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE			
16 - FARM		23 - PEDESTRIAN / SKATER			
17 - MOWING		24 - WHEELCHAIR (ANY TYPE)			
18 - SNOW REMOVAL		25 - OTHER NON-MOTORIST			
19 - TOWING		26 - BICYCLE			
20 - SAFETY SERVICE PATROL		27 - TRAIN			
21 - MAIL CARRIER		99 - UNKNOWN OR HIT/SKIP			
22 - CONCRETE MIXER					
23 - AUTO TRANSPORTER					
24 - GARBAGE/REFUSE					
25 - OTHER / UNKNOWN					
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					
1 - INTERSECTION - MARKED CROSSWALK					
2 - INTERSECTION - UNMARKED CROSSWALK					
3 - INTERSECTION - OTHER					
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					
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 IN TRAFFIC					
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					
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					
CONTRIBUTING CIRCUMSTANCES					
SEQUENCE OF EVENTS					
1 - OVERTURN/ROLLOVER					
2 - FIRE/EXPLOSION					
3 - IMMERSION					
4 - JACKKNIFE					
5 - CARGO / EQUIPMENT LOSS OR SHIFT					
6 - EQUIPMENT FAILURE					
7 - SEPARATION OF UNITS					
8 - RAN OFF ROAD RIGHT					
9 - RAN OFF ROAD LEFT					
10 - CROSS MEDIAN					
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					
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 MOVABLE OBJECT					
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 SUPPORT					
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					
50 - WORK ZONE MAINTENANCE EQUIPMENT					
51 - WALL					
52 - BUILDING					
53 - TUNNEL					
54 - OTHER FIXED OBJECT					
99 - OTHER / UNKNOWN					
FIRST HARMFUL EVENT					
MOST HARMFUL EVENT					

LOCAL REPORT NUMBER 2 2 0 8 1 9 9 7	
DAMAGE DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL 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 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL	
# OF THROUGH LANES ON ROAD 6 RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	
UNIT / NON-MOTORIST DIRECTION FROM 1 TO 2 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 0 POSTED SPEED 4 0 DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER																							
2 2 0 8 1 9 9 7																							
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER															
0 1	Luboya, Yannick Kamuanga				0 1 1 5 1 9 9 1		3 1	M															
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																		
55 Heffron Dr. Apt. 9 Fairfield, OH 45014																							
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													
5					0 4	☐	0 1	1	1	1													
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER															
0 H			333.03a		☒	ACDA		255532															
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)												
4				1	☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		01	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4										
								1	1		1	1											
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER															
0 2	Kamara-Magba, Abdul				0 9 1 5 1 9 7 6		4 6	M															
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																		
9575 Stateland Ct. Cincinnati, OH 45251																							
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													
5					0 4	☐	0 1	1	1	1													
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER															
0 H					☐																		
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)												
4				1	☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		01	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4										
								1	1		1	1											
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER															
							0																
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		CONDITION	ALCOHOL TEST			DRUG TEST(S)												
					☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG			STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4										
INJURIES										SEATING POSITION		AIR BAG		OL CLASS		OL RESTRICTION(S)		DRIVER DISTRACTION		TEST STATUS			
1-FATAL 2-SUSPECTED SERIOUS INJURY 3-SUSPECTED MINOR INJURY 4-POSSIBLE INJURY 5-NO APPARENT INJURY										1-FRONT-LEFT SIDE (MOTORCYCLE DRIVER) 2-FRONT-MIDDLE 3-FRONT-RIGHT SIDE 4-SECOND-LEFT SIDE (MOTORCYCLE PASSENGER) 5-SECOND-MIDDLE 6-SECOND-RIGHT SIDE 7-THIRD-LEFT SIDE (MOTORCYCLE SIDE CAR) 8-THIRD-MIDDLE 9-THIRD-RIGHT SIDE 10-SLEEPER SECTION OF TRUCK CAB 11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS) 12-PASSENGER IN UNENCLOSED CARGO AREA 13-TRAILING UNIT 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15-NON-MOTORIST 99-OTHER/UNKNOWN		1-NOT DEPLOYED 2-DEPLOYED FRONT 3-DEPLOYED SIDE 4-DEPLOYED BOTH FRONT/SIDE 5-NOT APPLICABLE 9-DEPLOYMENT UNKNOWN		1-CLASS A 2-CLASS B 3-CLASS C 4-REGULAR CLASS (OHIO=D) 5-MC MOPED ONLY 6-NO VALID OL		1-CLASS A 2-CLASS B 3-CLASS C 4-REGULAR CLASS (OHIO=D) 5-MC MOPED ONLY 6-NO VALID OL		1-ALCOHOL INTERLOCK DEVICE 2-COL INTRASTATE ONLY 3-CORRECTIVE LENSES 4-FARM WAIVER 5-EXCEPT CLASS A BUS 6-EXCEPT CLASS A & CLASS B BUS 7-EXCEPT TRACTOR-TRAILER 8-INTERMEDIATE LICENSE RESTRICTIONS 9-LEARNER'S PERMIT RESTRICTIONS 10-LIMITED TO DAYLIGHT ONLY 11-LIMITED TO EMPLOYMENT 12-LIMITED-OTHER 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14-MILITARY VEHICLES ONLY 15-MOTOR VEHICLES WITHOUT AIR BRAKES 16-OUTSIDE MIRROR 17-PROSTHETIC AID 18-OTHER		1-NOT DISTRACTED 2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3-TALKING ON HANDS-FREE COMMUNICATION DEVICE 4-TALKING ON HAND-HELD COMMUNICATION DEVICE 5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6-PASSENGER 7-OTHER DISTRACTION INSIDE THE VEHICLE 8-OTHER DISTRACTION OUTSIDE THE VEHICLE 9-OTHER/UNKNOWN		1-NONE GIVEN 2-TEST REFUSED 3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4-TEST GIVEN, RESULTS KNOWN 5-TEST GIVEN, RESULTS UNKNOWN	
INJURED TAKEN BY										EJECTION		OL ENDORSEMENT		CONDITION		DRUG TEST TYPE		ALCOHOL TEST TYPE					
1-NOT TRANSPORTED / TREATED AT SCENE 2-EMS 3-POLICE 9-OTHER / UNKNOWN										1-NOT EJECTED 2-PARTIALLY EJECTED 3-TOTALLY EJECTED 4-NOT APPLICABLE		H-HAZMAT M-MOTORCYCLE P-PASSENGER T-TANKER R-THREE-WHEEL MOTORCYCLE S-SCHOOL BUS T-DOUBLE & TRIPLE TRAILERS X-TANKER / HAZMAT		1-APPARENTLY NORMAL 2-PHYSICAL IMPAIRMENT 3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) 4-ILLNESS 5-FELL ASLEEP, FAINTED, FATIGUED, ETC. 6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9-OTHER / UNKNOWN		1-NONE 2-BLOOD 3-URINE 4-BREATH 5-OTHER		1-NONE 2-BLOOD 3-URINE 4-BREATH 5-OTHER					
SAFETY EQUIPMENT										TRAPPED		GENDER		DRUG TEST RESULT(S)		CONDITION		DRUG TEST TYPE					
1-NONE USED 2-SHOULDER BELT ONLY USED 3-LAP BELT ONLY USED 4-SHOULDER & LAP BELT USED 5-CHILD RESTRAINT SYSTEM - FORWARD FACING 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										1-NOT TRAPPED 2-EXTRICATED BY MECHANICAL MEANS 3-FREED BY NON-MECHANICAL MEANS		F-FEMALE M-MALE U-OTHER / UNKNOWN		1-AMPHETAMINES 2-BARBITURATES 3-BENZODIAZEPINES 4-CANNABINOIDS 5-COCAINE 6-OPATES / OPIOIDS 7-OTHER 8-NEGATIVE RESULTS		1-APPARENTLY NORMAL 2-PHYSICAL IMPAIRMENT 3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) 4-ILLNESS 5-FELL ASLEEP, FAINTED, FATIGUED, ETC. 6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9-OTHER / UNKNOWN		1-NONE 2-BLOOD 3-URINE 4-BREATH 5-OTHER		1-AMPHETAMINES 2-BARBITURATES 3-BENZODIAZEPINES 4-CANNABINOIDS 5-COCAINE 6-OPATES / OPIOIDS 7-OTHER 8-NEGATIVE RESULTS			

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER PD-22-081997	REPORTING AGENCY Fairfield Police Dept.	DATE OF ACCIDENT M 11 10 09 Y 22
IN COUNTY OF BUTLER	ACCIDENT LOCATION Dixie Hwy near Crescentville Rd.	

The diagram illustrates a traffic accident scene. A vertical road on the left is labeled 'DIXIE HWY' with an arrow pointing right. A horizontal road on the right is labeled 'CRESCENTVILLE' with an arrow pointing down. A diagonal road at the bottom left is labeled 'RAY NORRISH DR.' with an arrow pointing up-right. A circular area in the center is labeled 'FAIRFIELD SPRINGDALE'. A dashed line runs from the top left towards the intersection. On the right side, the number '7504' is written. Lane markings and arrows indicate traffic flow. A north arrow is located in the top left corner of the diagram area.

OFFICER'S SIGNATURE X P.O.C. Moore	BADGE NUMBER 136
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