



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

<input checked="" type="checkbox"/> PHOTOS TAKEN	<input checked="" type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION	2 2 0 9 1 5 0 9
<input type="checkbox"/> SECONDARY CRASH	<input checked="" type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*	HIT/SKIP
<input type="checkbox"/> PRIVATE PROPERTY			Fairfield Police Department	1-SOLVED
			NCIC* 0 0 9 0 1	2-UNSOLVED
				NUMBER OF UNITS
				0 2
				UNIT IN ERROR
				9 9 98-ANIMAL
				99-UNKNOWN

COUNTY* 0 9	LOCALITY* 1	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield	CRASH DATE / TIME* 12 17 20 22 12 15	CRASH SEVERITY 5
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ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME NILLES	ROAD TYPE R D	LATITUDE DECIMAL DEGREES 39.337820	CRASH SEVERITY 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	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) RIVER	ROAD TYPE R D	LONGITUDE DECIMAL DEGREES -84.568530	

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 checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA	NUMBER OF APPROACHES 4
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS			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	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	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 4-DIVIDED, RAISED MEDIAN (ANY TYPE) 9-OTHER/UNKNOWN
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<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 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	CONDITIONS 1	SURFACE 2
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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	9-OTHER/UNKNOWN	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
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NARRATIVE

On 12-17-22 at 12:15 p.m., Unit 1 was traveling west on Nilles Rd in the left turn lane approaching the intersection of Nilles Rd / River Rd/ Southgate Blvd. Unit 2 was traveling south on River Rd in the through lane approaching the intersection of Nilles Rd / River Rd/ Southgate Blvd.

The driver of Unit 1 stated that he had a green arrow to turn left onto Southgate Blvd. While he was making his turn, Unit 2 ran through a red light causing Unit 1 to strike Unit 2 in the driver side rear quarter panel.

The driver of Unit 2 stated that she had a green light and that while she was going through the intersection onto Southgate Blvd, Unit 1 struck her vehicle in the driver side rear quarter panel.

SEE OH-2



Indicate the north direction with an "N" on the compass diagram.

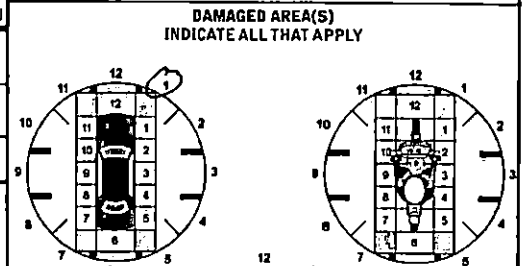
CRASH REPORTED DATE / TIME 12 17 20 22 12 16	DISPATCH DATE / TIME 12 17 20 22 12 18	ARRIVAL DATE / TIME 12 17 20 22 12 26	SCENE CLEARED DATE / TIME 12 17 20 22 12 58	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED 0	OTHER INVESTIGATION TIME 2 0	TOTAL MINUTES 6 0	OFFICER'S NAME* P.O. J. DRAKE OFFICER'S BADGE NUMBER* 8 8	CHECKED BY OFFICER'S NAME* P.O. C. Moore CHECKED BY OFFICER'S BADGE NUMBER* 1 3 6
				<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DSP)

LOCAL REPORT NUMBER  
2, 2, 0, 9, 1, 5, 0, 9

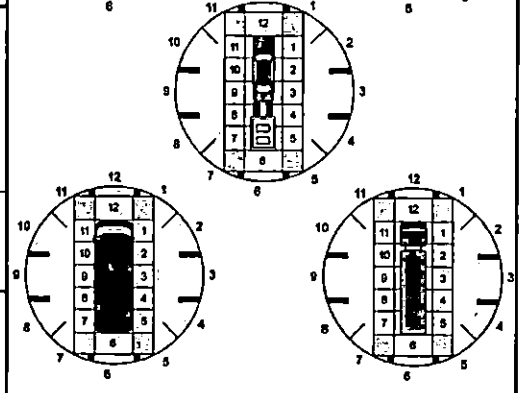
**OWNER**  
UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)  
**EDUARDO, CRISTA**  
OWNER ADDRESS: STREET, CITY, STATE, ZIP (☒ SAME AS DRIVER)  
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**DAMAGE**  
DAMAGE SCALE  
2 1 - NONE 3 - FUNCTIONAL DAMAGE  
2 - MINOR DAMAGE 4 - DISABLING DAMAGE  
9 - UNKNOWN

**VEHICLE**  
LP STATE OH LICENSE PLATE # JUB9613 VEHICLE IDENTIFICATION # 3N11C1P5CV9N1418106180 VEHICLE YEAR 2022 VEHICLE MAKE NISSAN  
INSURANCE VERIFIED  INSURANCE COMPANY CERTAINLY INSURANCE POLICY # AON2817058057023 COLOR GRAY VEHICLE MODEL KICKS  
TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_  
INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT  #OCCUPANTS 02 VEHICLE WEIGHT GVWR/GCWR: 1 - ≤10K LBS., 2 - 10,001 - 26K LBS., 3 - >26K LBS.  
HAZARDOUS MATERIAL:  MATERIAL RELEASED  PLACARD

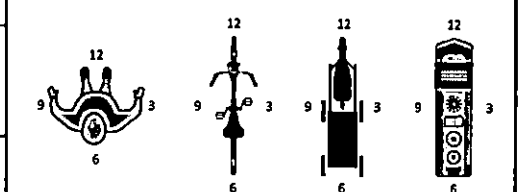


UNIT TYPE 01  
1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER  
2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOW MOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST  
4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE  
5 - CARGOVAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN  
6 - VAN (9-15 SEATS) 17 - MOTORHOME



WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2  
1 - YES 2 - NO 9 - OTHER / UNKNOWN  
AUTONOMOUS MODE LEVEL: 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

SPECIAL FUNCTION 01  
1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN  
3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL  
4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING  
5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL



CARGO BODY TYPE 01  
1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER  
2 - BUS 4 - LOGGING 6 - CARGOVAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER  
7 - GRAIN CHIPS/GRAVEL 10 - FLAT BED 11 - DUMP 14 - GARBAGE/REFUSE 15 - OTHER / UNKNOWN

VEHICLE DEFECTS  
1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN  
2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT  
3 - TAIL LAMPS 6 - TIRE BLOWOUT

- NO DAMAGE [ 0 ]  - UNDERCARRIAGE [ 14 ]  
 - TOP [ 13 ]  - ALL AREAS [ 15 ]  
 - UNIT NOT AT SCENE [ 16 ]

NON-MOTORIST LOCATION AT IMPACT  
1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE  
2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN  
5 - TRAVEL LANE - OTHER LOCATION

ACTION 3  
1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE  
2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING  
3 - STRIKING 06 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST  
4 - STRUCK PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE  
5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN  
9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS

INITIAL POINT OF CONTACT  
0 - NO DAMAGE 14 - UNDERCARRIAGE  
01 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
13 - TOP 99 - UNKNOWN

CONTRIBUTING CIRCUMSTANCES 22  
1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY  
2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE  
3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/ SPILLING 23 - OPENING DOOR INTO ROADWAY  
4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION  
5 - UNSAFE SPEED 11 - DROVE OFF ROAD  
6 - IMPROPER TURN 12 - IMPROPER BACKING

TRAFFICWAY FLOW 2  
1 - ONE-WAY  
2 - TWO-WAY

TRAFFIC CONTROL 2  
1 - ROUNDABOUT 4 - STOP SIGN  
2 - SIGNAL 5 - YIELD SIGN  
3 - FLASHER 6 - NO CONTROL

SEQUENCE OF EVENTS  
1 20  
1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT  
4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT  
5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE

# OF THROUGH LANES ON ROAD 5

RAIL GRADE CROSSING 1  
1 - NOT INVOLVED  
2 - INVOLVED-ACTIVE CROSSING  
3 - INVOLVED-PASSIVE CROSSING

**COLLISION WITH FIXED OBJECT STRUCK**  
25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  
26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL  
27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING  
28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL  
29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT  
30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN  
49 - FIRE HYDRANT

UNIT / NON-MOTORIST DIRECTION  
FROM 3 TO 2

1 - NORTH 5 - NORTHEAST  
2 - SOUTH 6 - NORTHWEST  
3 - EAST 7 - SOUTHEAST  
4 - WEST 8 - SOUTHWEST  
9 - OTHER / UNKNOWN

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

UNIT SPEED 5

POSTED SPEED 3 5

DETECTED SPEED 1  
1 - STATED / ESTIMATED SPEED  
2 - CALCULATED / EDR  
3 - UNDETERMINED

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (☒ SAME AS DRIVER)		
	012	MASSONG, IRENE			
OWNER ADDRESS: STREET, CITY, STATE, ZIP (☒ SAME AS DRIVER)		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP					
VEHICLE	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
	OH	DVE6733	5XYP(G)DA134(G)G1034974	2011	KIA
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
		STATE FARM	27800228FP35	GRAY	SORENTO
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	TOWED BY: COMPANY NAME	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	HAZARDOUS MATERIAL	
			01	<input type="checkbox"/> MATERIAL RELEASED CLASS # PLACARD ID #	
	TYPE OF USE		US DOT #	VEHICLE WEIGHT GVWR/GCWR	
	<input type="checkbox"/> PASSENGER CAR			1 - ≤10K LBS.	
	UNIT TYPE			2 - 10,001 - 26K LBS.	
03			3 - >26K LBS.		
# OF TRAILING UNITS		0			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		AUTONOMOUS MODE LEVEL			
2		0 - NO AUTOMATION			
1 - YES 2 - NO 9 - OTHER / UNKNOWN		1 - DRIVER ASSISTANCE			
		2 - PARTIAL AUTOMATION			
		3 - CONDITIONAL AUTOMATION			
		4 - HIGH AUTOMATION			
		5 - FULL AUTOMATION			
		9 - UNKNOWN			
SPECIAL FUNCTION		VEHICLE TYPE			
01		1 - PASSENGER CAR			
		2 - PASSENGER VAN (MINIVAN)			
		3 - SPORT UTILITY VEHICLE			
		4 - PICK UP			
		5 - CARGOVAN			
		6 - VAN (9-15 SEATS)			
		7 - MOTORCYCLE 2-WHEELED			
		8 - MOTORCYCLE 3-WHEELED			
		9 - AUTOCYCLE			
		10 - MOPED OR MOTORIZED BICYCLE			
		11 - ALL TERRAIN VEHICLE (ATV / UTV)			
		12 - GOLF CART			
		13 - SNOWMOBILE			
		14 - SINGLE UNIT TRUCK			
		15 - SEMI-TRACTOR			
		16 - FARM EQUIPMENT			
		17 - MOTORHOME			
		18 - LIMO (LIVERY VEHICLE)			
		19 - BUS (16+ PASSENGERS)			
		20 - OTHER VEHICLE			
		21 - HEAVY EQUIPMENT			
		22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE			
		23 - PEDESTRIAN / SKATER			
		24 - WHEELCHAIR (ANY TYPE)			
		25 - OTHER NON-MOTORIST			
		26 - BICYCLE			
		27 - TRAIN			
		99 - UNKNOWN OR HIT/SKIP			
VEHICLE DEFECTS		VEHICLE TYPE			
01		1 - NONE			
		2 - TAXI			
		3 - ELECTRONIC RIDE SHARING			
		4 - SCHOOL TRANSPORT			
		5 - BUS - TRANSIT/COMMUTER			
		6 - BUS - CHARTER/TOUR			
		7 - BUS - INTERCITY			
		8 - BUS - SHUTTLE			
		9 - BUS - OTHER			
		10 - AMBULANCE			
		11 - FIRE			
		12 - MILITARY			
		13 - POLICE			
		14 - PUBLIC UTILITY			
		15 - CONSTRUCTION EQUIPMENT			
		16 - FARM			
		17 - MOWING			
		18 - SNOW REMOVAL			
		19 - TOWING			
		20 - SAFETY SERVICE PATROL			
		21 - MAIL CARRIER			
		99 - OTHER / UNKNOWN			
VEHICLE DEFECTS		VEHICLE TYPE			
01		1 - NO CARGO BODY TYPE / NOT APPLICABLE			
		2 - BUS			
		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE			
		4 - LOGGING			
		5 - INTERMODAL CONTAINER CHASSIS			
		6 - CARGO VAN/ENCLOSED BOX			
		7 - GRAIN/CHIPS/GRAVEL			
		8 - POLE			
		9 - CARGO TANK			
		10 - FLAT BED			
		11 - DUMP			
		12 - CONCRETE MIXER			
		13 - AUTO TRANSPORTER			
		14 - GARBAGE/REFUSE			
		99 - OTHER / UNKNOWN			
VEHICLE DEFECTS		VEHICLE TYPE			
01		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			
NON-MOTORIST LOCATION AT IMPACT		NON-MOTORIST LOCATION AT IMPACT			
01		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			
ACTION		ACTION			
04		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			
CONTRIBUTING CIRCUMSTANCES		CONTRIBUTING CIRCUMSTANCES			
22		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			
SEQUENCE OF EVENTS		SEQUENCE OF EVENTS			
120		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			
COLLISION WITH FIXED OBJECT - STRUCK		COLLISION WITH FIXED OBJECT - STRUCK			
4		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			
1		1			

LOCAL REPORT NUMBER	
2, 2, 0, 9, 1, 5, 0, 9	
DAMAGE	
DAMAGE SCALE	
2	1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL 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, 7	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
2	1 - ONE-WAY 2 - TWO-WAY
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
5	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	DETECTED SPEED
30	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	
35	



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 2 0 9 1 5 0 9

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE MILLER, SYLAR ANTHONY	DATE OF BIRTH 1 1 0 5 2 0 0 3	AGE 1 9	GENDER M
ADDRESS: STREET, CITY, STATE, ZIP 936 SYMMES RD FAIRFIELD, OHIO 45014		CONTACT PHONE - INCLUDE AREA CODE		

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 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 TYPE VALUE 1 1		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1	

UNIT # 0 2	NAME: LAST, FIRST, MIDDLE MASSONG, ASHLEY NICHOLE	DATE OF BIRTH 1 1 1 8 1 9 8 7	AGE 3 5	GENDER F
ADDRESS: STREET, CITY, STATE, ZIP 5215 SOUTHGATE BLVD APT B FAIRFIELD, OHIO 45014		CONTACT PHONE - INCLUDE AREA CODE		

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 4	ENDORSEMENT SELECT UP TO 2	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 TYPE VALUE 1 1		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1	

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-MC MOPED ONLY	5-EXCEPT CLASS A BUS	5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5-TEST GIVEN, RESULTS UNKNOWN
<b>INJURED TAKEN BY</b>	6-SECOND - RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-NO VALID OL	6-EXCEPT CLASS A & CLASS B BUS	6-PASSENGER	<b>ALCOHOL TEST TYPE</b>
1-NOT TRANSPORTED / TREATED AT SCENE	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	<b>EJECTION</b>	<b>OL ENDORSEMENT</b>	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
9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB	3-TOTALLY EJECTED	P-PASSENGER	10-LIMITED TO DAYLIGHT ONLY	<b>CONDITION</b>	4-BREATH
<b>SAFETY EQUIPMENT</b>	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
1-NONE USED	12-PASSENGER IN UNENCLOSED CARGO AREA	<b>TRAPPED</b>	Q-MOTOR SCOOTER	12-LIMITED-OTHER	2-PHYSICAL IMPAIRMENT	<b>DRUG TEST TYPE</b>
2-SHOULDER 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
3-LAP BELT ONLY 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
4-SHOULDER & LAP BELT USED	15-NON-MOTORIST	3-FREED BY NON-MECHANICAL MEANS	T-DOUBLE & TRIPLE TRAILERS	15-MOTOR VEHICLES WITHOUT AIR BRAKES	5-FELL ASLEEP, FAINTED, FATIGUED, ETC.	3-URINE
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	99-OTHER / UNKNOWN		X-TANKER / HAZMAT	16-OUTSIDE MIRROR	6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	4-OTHER
6-CHILD RESTRAINT SYSTEM - REAR FACING			<b>GENDER</b>	17-PROSTHETIC AID	9-OTHER / UNKNOWN	<b>DRUG TEST RESULT(S)</b>
7-BOOSTER SEAT			F-FEMALE	18-OTHER		1-AMPHETAMINES
8-HELMET USED			M-MALE			2-BARBITURATES
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			U-OTHER / UNKNOWN			3-BENZODIAZEPINES
10-REFLECTIVE CLOTHING						4-CANNABINOIDS
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY						5-COCAINE
99-OTHER / UNKNOWN						6-OPIATES / OPIOIDS
						7-OTHER
						8-NEGATIVE RESULTS



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
2 2 0 9 1 5 0 9

<b>OCCUPANT</b>	UNIT # 1	NAME: LAST, FIRST, MIDDLE LOWE, JAKAI MARQUEL	DATE OF BIRTH 0 3 0 9 2 0 0 4	AGE 1 8	GENDER M
	ADDRESS: STREET, CITY, STATE, ZIP 5233 SOUTHGATE BLVD APT J FAIRFIELD, OHIO 45014			CONTACT PHONE - INCLUDE AREA CODE	

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 3	AIR BAG USAGE 0 1	EJECTION 1	TRAPPED 1
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<b>OCCUPANT</b>	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
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<b>OCCUPANT</b>	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
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<b>OCCUPANT</b>	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
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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
<b>INJURED TAKEN BY</b>	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)	<b>EJECTION</b>
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
<b>GENDER</b>	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	<b>TRAPPED</b>
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	

<b>WITNESS</b>	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE 0	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		

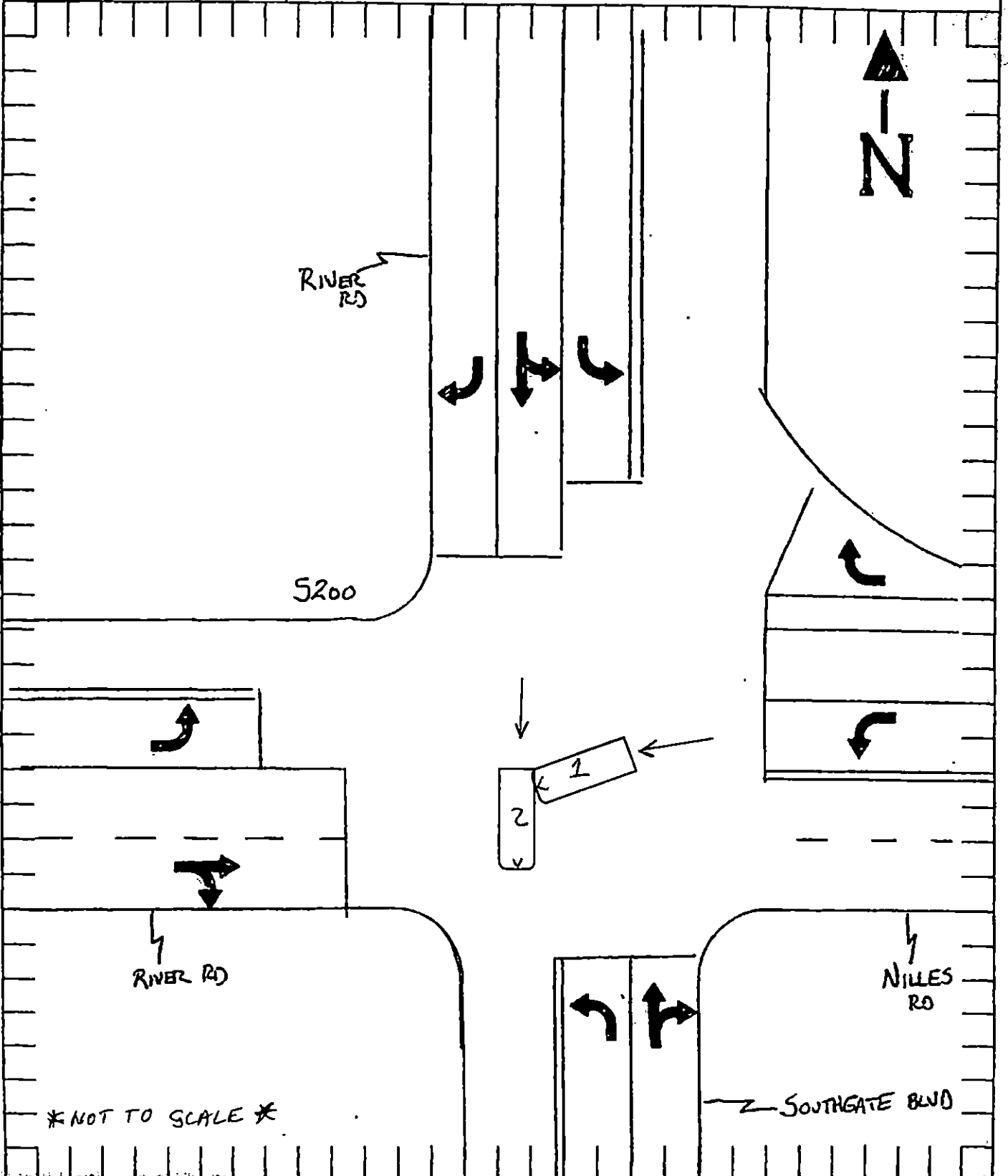
<b>WITNESS</b>	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE 0	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		

<b>WITNESS</b>	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE 0	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		

OHIO TRAFFIC ACCIDENT - DIAGRAM / NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 22-091509	REPORTING AGENCY Fairfield Police Department	DATE OF ACCIDENT 12-17-2022
IN COUNTY OF Butler	ACCIDENT LOCATION NILLES RD / RIVER RD / SOUTHGATE BLVD	



\* NOT TO SCALE \*

OFFICER'S SIGNATURE <i>P.O. [Signature]</i>	BADGE NO. 88
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