



# 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 3 0 0 3 4 0 3
<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*	2 - UNSOLVED
			0 0 9 0 1	NUMBER OF UNITS
				0 2
				UNIT IN ERROR
				98 - ANIMAL
				0 1
				99 - UNKNOWN

COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*	CRASH DATE / TIME*	CRASH SEVERITY
0 9	1	City of Fairfield	0 1 1 4 2 0 2 3 1 0 3 5	3
	1-CITY			1-FATAL
	2-VILLAGE			2-SERIOUS INJURY SUSPECTED
	3-TOWNSHIP			3-MINOR INJURY SUSPECTED
				4-INJURY POSSIBLE
				5-PROPERTY DAMAGE ONLY

ROUTE TYPE	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES
S R	4		DIVERSION	R D	3 9 3 2 4 2 4 7
REFERENCE	ROUTE TYPE	ROUTE NUMBER	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES
					8 4 5 0 6 4 7 6

REFERENCE POINT	DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED
1- INTERSECTION	1- NORTH	IR- INTERSTATE ROUTE (TP)	AL- ALLEY	<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH
2- MILE POST	2- SOUTH	US- FEDERAL US ROUTE	AV- AVENUE	<input type="checkbox"/> WITHIN INTERCHANGE AREA
3- HOUSE #	3- EAST	SR- STATE ROUTE	BL- BOULEVARD	NUMBER OF APPROACHES
	4- WEST	CR- NUMBERED COUNTY ROUTE	MP- MILEPOST	0 3
		TR- NUMBERED TOWNSHIP ROUTE	ST- STREET	
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE		OV- OVAL	
	1- MILES		TE- TERRACE	
	2- FEET		CT- COURT	
	3- YARDS		PK- PARKWAY	
			DR- DRIVE	
			PI- PIKE	
			WA- WAY	
			HE- HEIGHTS	
			PL- PLACE	
				<input type="checkbox"/> ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT	MANNER OF CRASH COLLISION/IMPACT	DIRECTION OF TRAVEL	MEDIAN TYPE
1- ON ROADWAY	1- NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT	1- NORTH	1- DIVIDED FLUSH MEDIAN (<4 FEET)
2- ON SHOULDER	2- REAR-END	2- SOUTH	2- DIVIDED FLUSH MEDIAN (≥4 FEET)
3- IN MEDIAN	3- HEAD-ON	3- EAST	3- DIVIDED, DEPRESSED MEDIAN
4- ON ROADSIDE	4- REAR-TO-REAR	4- WEST	4- DIVIDED, RAISED MEDIAN (ANY TYPE)
5- ON GORE	5- BACKING		9- OTHER/UNKNOWN
6- OUTSIDE TRAFFIC WAY	6- ANGLE		
7- ON RAMP	7- SIDESWIPE, SAME DIRECTION		
8- OFF RAMP	8- SIDESWIPE, OPPOSITE DIRECTION		
	9- OTHER / UNKNOWN		

<input type="checkbox"/> WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE
<input type="checkbox"/> WORKERS PRESENT	1- LANE CLOSURE	1- BEFORE THE 1ST WORK ZONE WARNING SIGN	1	1- DRY	1- CONCRETE
<input type="checkbox"/> LAW ENFORCEMENT PRESENT	2- LANE SHIFT/CROSSOVER	2- ADVANCE WARNING AREA		2- WET	2- BLACKTOP, BITUMINOUS, ASPHALT
<input type="checkbox"/> ACTIVE SCHOOL ZONE	3- WORK ON SHOULDER OR MEDIAN	3- TRANSITION AREA		3- SNOW	3- BRICK/BLOCK
	4- INTERMITTENT OR MOVING WORK	4- ACTIVITY AREA		4- ICE	4- SLAG, GRAVEL, STONE
	5- OTHER	5- TERMINATION AREA		5- SAND, MUD, DIRT, OIL, GRAVEL	5- DIRT
				6- WATER (STANDING, MOVING)	9- OTHER/UNKNOWN
				7- SLUSH	
				9- OTHER/UNKNOWN	

LIGHT CONDITION	WEATHER
1- DAYLIGHT	1- CLEAR
2- DAWN/DUSK	2- CLOUDY
3- DARK - LIGHTED ROADWAY	3- FOG, SMOG, SMOKE
4- DARK - ROADWAY NOT LIGHTED	4- RAIN
5- DARK - UNKNOWN ROADWAY LIGHTING	5- SLEET, HAIL
9- OTHER / UNKNOWN	6- SNOW
	7- SEVERE CROSSWINDS
	8- BLOWING SAND, SOIL, DIRT, SNOW
	9- FREEZING RAIN OR FREEZING DRIZZLE
	99- OTHER / UNKNOWN

NARRATIVE	Indicate the north direction with an "N" on the compass diagram.
On January 14, 2023 at about 10:35 a.m. Unit 1 was traveling north on S.R. 4 (Dixie Hwy.) and when at Diversion Rd. went off the right side of the roadway, drove over a traffic island, and then collided with Unit 2 which was stopped at a traffic signal and attempted to evade the vehicle prior to impact.	
The owner of the traffic island is:	SEE OH-2
The City of Fairfield 5350 Pleasant Avenue, Fairfield, OH 45014	

CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME	SCENE CLEARED DATE / TIME	REPORT TAKEN BY
0 1 1 4 2 0 2 3 1 0 3 8	0 1 1 4 2 0 2 3 1 0 4 0	0 1 1 4 2 0 2 3 1 0 4 3	0 1 1 4 2 0 2 3 1 1 2 5	<input checked="" type="checkbox"/> POLICE AGENCY
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*	<input type="checkbox"/> MOTORIST
0	0	4 5	P.O. RYAN FLEENOR	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOSP)
			OFFICER'S BADGE NUMBER*	
			1 1 7	
			CHECKED BY OFFICER'S NAME*	
			P.O.C. Moore	
			CHECKED BY OFFICER'S BADGE NUMBER*	
			1 3 0	

<b>UNIT #</b> 011	<b>OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)</b>	<b>OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)</b>
<b>OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)</b>		
<b>COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP</b>		<b>COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE</b>
<b>LP STATE</b> OH	<b>LICENSE PLATE #</b> JSM-5728	<b>VEHICLE IDENTIFICATION #</b> 15FN1Y1F161H15131J1B1011109151
<b>LICENSE YEAR</b> 2018	<b>VEHICLE MAKE</b> HONDA	<b>VEHICLE MODEL</b> PILOT
<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b> ERIE INSURANCE	<b>INSURANCE POLICY #</b> Q055304271
<input type="checkbox"/> <b>COMMERCIAL</b>	<input type="checkbox"/> <b>GOVERNMENT</b>	<input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>
<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>	<input type="checkbox"/> <b>HIT/SKIP UNIT</b>	<b># OCCUPANTS</b> 01
<b>TYPE OF USE</b>		<b>US DOT #</b>
<input type="checkbox"/> <b>COMMERCIAL</b> <input type="checkbox"/> <b>GOVERNMENT</b> <input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>		<input type="checkbox"/> <b>HAZARDOUS MATERIAL</b>
<b>TOWED BY: COMPANY NAME</b> FOX TOWING		<b>CLASS #</b> <b>PLACARD ID #</b>
<input type="checkbox"/> <b>MATERIAL RELEASED</b>		<input type="checkbox"/> <b>PLACARD</b>
<b>UNIT TYPE</b> 03	<b>VEHICLE WEIGHT GVWR/GCWR</b> 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	<b>VEHICLE YEAR</b> 2018
1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART
2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED	13 - SNOWMOBILE
3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14 - SINGLE UNIT TRUCK
4 - PICK UP	10 - MOPED OR MOTORIZED BICYCLE	15 - SEMI-TRACTOR
5 - CARGO VAN	11 - ALL TERRAIN VEHICLE (ATV/UTV)	16 - FARM EQUIPMENT
6 - VAN (9-15 SEATS)		17 - MOTORHOME
<b># OF TRAILING UNITS</b>		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
<b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b> 0 2	0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION
1 - YES 2 - NO 9 - OTHER / UNKNOWN	1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION
<b>AUTONOMOUS MODE LEVEL</b>	2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION
<b>SPECIAL FUNCTION</b> 01	1 - NONE	6 - BUS - CHARTER/TOUR
2 - TAXI	7 - BUS - INTERCITY	11 - FIRE
3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	12 - MILITARY
4 - SCHOOL TRANSPORT	9 - BUS - OTHER	13 - POLICE
5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	14 - PUBLIC UTILITY
		15 - CONSTRUCTION EQUIPMENT
		16 - FARM
		17 - MOWING
		18 - SNOW REMOVAL
		19 - TOWING
		20 - SAFETY SERVICE PATROL
<b>CARGO BODY TYPE</b> 01	1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE
2 - BUS	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
<b>VEHICLE DEFECTS</b>	1 - TURN SIGNALS	4 - BRAKES
2 - HEAD LAMPS	5 - STEERING	7 - WORN OR SLICK TIRES
3 - TAIL LAMPS	6 - TIRE BLOWOUT	8 - TRAILER EQUIPMENT DEFECTIVE
		9 - MOTOR TROUBLE
		10 - DISABLED FROM PRIOR ACCIDENT
		99 - OTHER / UNKNOWN
<b>NON-MOTORIST LOCATION AT IMPACT</b>	1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER
2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	6 - BICYCLE LANE
	5 - TRAVEL LANE - OTHER LOCATION	7 - SHOULDER / ROADSIDE
		8 - SIDEWALK
		9 - MEDIUM CROSSING ISLAND
		10 - DRIVEWAY ACCESS
		11 - SHARED USE PATHS OR TRAILS
		12 - FIRST RESPONDER AT INCIDENT SCENE
		99 - OTHER / UNKNOWN
<b>ACTION</b> 03	1 - NON-CONTACT	1 - STRAIGHT AHEAD
2 - NON-COLLISION	2 - BACKING	2 - BACKING
3 - STRIKING	3 - CHANGING LANES	3 - CHANGING LANES
4 - STRUCK	4 - OVERTAKING/PASSING	4 - OVERTAKING/PASSING
5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	5 - MAKING RIGHT TURN
9 - OTHER / UNKNOWN	6 - MAKING LEFT 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
<b>CONTRIBUTING CIRCUMSTANCES</b> 99	1 - NONE	7 - LEFT OF CENTER
2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / ACDA	8 - FOLLOWING TOO CLOSE / ACDA
3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	9 - IMPROPER LANE CHANGE
4 - RAN STOP SIGN	10 - IMPROPER PASSING	10 - IMPROPER PASSING
5 - UNSAFE SPEED	11 - DROVE OFF ROAD	11 - DROVE OFF ROAD
6 - IMPROPER TURN	12 - IMPROPER BACKING	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
<b>SEQUENCE OF EVENTS</b> 108 299 320 4 5 6	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE
2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL
3 - IMMERSION	8 - RAN OFF ROAD RIGHT	12 - DOWNHILL RUNAWAY
4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	13 - OTHER NON-COLLISION
5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	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 BARRIER
		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
<b>FIRST HARMFUL EVENT</b> 2	<b>MOST HARMFUL EVENT</b> 3	

**LOCAL REPORT NUMBER**  
2, 3, 0, 0, 3, 4, 0, 3

**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**

<b>TRAFFICWAY FLOW</b> 1 - ONE-WAY 2 - TWO-WAY	<b>TRAFFIC CONTROL</b> 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
<b># OF THROUGH LANES ON ROAD</b> 4	<b>RAIL GRADE CROSSING</b> 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
<b>UNIT / NON-MOTORIST DIRECTION</b>	
<b>FROM</b> 2 <b>TO</b> 1	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
<b>UNIT SPEED</b> 35	<b>DETECTED SPEED</b> 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
<b>POSTED SPEED</b> 35	

LOCAL REPORT NUMBER  
2 3 0 0 3 4 0 3

**OWNER**

UNIT # 0 2 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) **PERFORMANCE HONDA** OWNER PHONE: (EXCEPT ALFA ROMEO IF TRUCK OR TRAILER)  
OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)  
5760 DIXIE HWY. FAIRFIELD, OH 45014  
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE (INCLUDE AREA CODE)

**DAMAGE**

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

4

**VEHICLE**

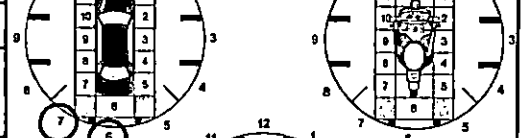
LP STATE LICENSE PLATE # VEHICLE IDENTIFICATION # VEHICLE YEAR VEHICLE MAKE  
7 F A R S I 4 H 7 1 1 P E 0 0 2 8 6 6 2 0 2 3 HONDA

INSURANCE VERIFIED INSURANCE COMPANY INSURANCE POLICY # COLOR VEHICLE MODEL  
   BLACK CR-V

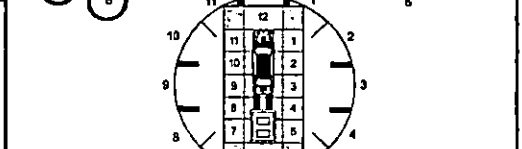
**DAMAGED AREA(S)**  
INDICATE ALL THAT APPLY

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
US DOT # VEHICLE WEIGHT GVWR/GCWR  
0 2 1 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.

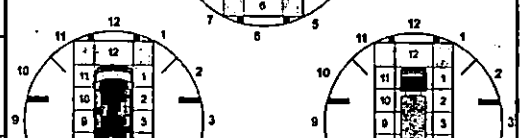
TOWED BY: COMPANY NAME HAZARDOUS MATERIAL  
WAYNE'S TOWING  MATERIAL RELEASED  PLACARD CLASS # PLACARD ID #



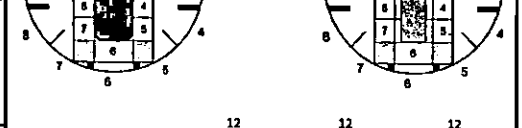
UNIT TYPE: 0 3  
1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER  
2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE 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 99 - UNKNOWN OR HIT/SKIP



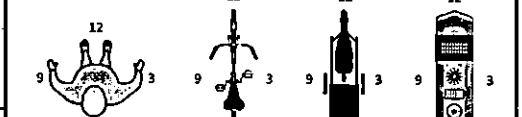
# OF TRAILING UNITS  
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 2  
1 - YES 2 - NO 9 - OTHER / UNKNOWN  
AUTONOMOUS MODE LEVEL  
0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN



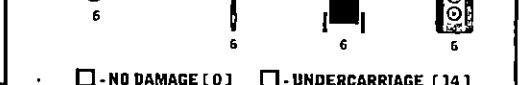
SPECIAL FUNCTION: 0 1  
1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN  
3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL  
4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING  
5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL



CARGO BODY TYPE: 0 1  
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 - CARGO VAN/ENCLOSED BOX 10 - FLAT BED 13 - AUTO TRANSPORTER  
7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 99 - OTHER / UNKNOWN



VEHICLE DEFECTS: 0 1  
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



NON-MOTORIST LOCATION AT IMPACT: 0 1  
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 - MIDDLEBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN  
5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS

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

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

ACTION: 0 4  
1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE OR LEAVING VEHICLE 18 - APPROACHING  
2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING  
3 - STRIKING 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 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN

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

CONTRIBUTING CIRCUMSTANCES: 0 1  
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 - WRONGWAY 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 2 0  
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: 1

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

UNIT / NON-MOTORIST DIRECTION  
FROM 3 TO 1  
1 - NORTH 5 - NORTHEAST  
2 - SOUTH 6 - NORTHWEST  
3 - EAST 7 - SOUTHEAST  
4 - WEST 8 - SOUTHWEST  
9 - OTHER / UNKNOWN

COLLISION WITH FIXED OBJECT: 1  
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 - MEDIUM CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - FENCE 52 - BUILDING  
28 - BRIDGE PARAPET 34 - MEDIUM GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL  
29 - BRIDGE RAIL 35 - MEDIUM CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT  
30 - GUARDRAIL FACE 36 - MEDIUM OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN  
49 - FIRE HYDRANT

UNIT SPEED: 5

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

POSTED SPEED: 3 5



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 3 0 0 3 4 0 3

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE PETKUN, LEONARD JOHN	DATE OF BIRTH 0 2 2 0 1 9 4 5	AGE 7 7	GENDER M
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ADDRESS: STREET, CITY, STATE, ZIP  
9050 INDIAN RIDGE LN. CINCINNATI, OH 45243-3739

CONTACT PHONE - INCLUDE AREA CODE

INJURIES 3	INJURED TAKEN BY 2	EMS AGENCY (NAME) FAIRFIELD SQUAD	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) MERCY - FAIRFIELD	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 4	EJECTION 1	TRAPPED 1
DL STATE OH	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 331.34 (A)	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION FAILURE TO CONTROL		CITATION NUMBER 253035		

DL 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		
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UNIT # 0 2	NAME: LAST, FIRST, MIDDLE MOURING, EMILY DIANA	DATE OF BIRTH 0 3 0 7 2 0 0 2	AGE 2 0	GENDER F
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ADDRESS: STREET, CITY, STATE, ZIP  
6227 CARRIAGE OAK WY. HAMILTON, OH 45011-1192

CONTACT PHONE - INCLUDE AREA CODE

INJURIES 3	INJURED TAKEN BY 2	EMS AGENCY (NAME) FAIRFIELD SQUAD	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) MERCY - FAIRFIELD	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 3	EJECTION 1	TRAPPED 1
DL STATE OH	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER		

DL 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		
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UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE 0	GENDER
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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
DL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	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		
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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	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 - M/C MOPED ONLY 6 - INVALID DL	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	TRAPPED	OL ENDORSEMENT	CONDITION	ALCOHOL TEST TYPE	DRUG 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	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER O - MOTOR SCOOTER 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 - OTHER
SAFETY EQUIPMENT	TRAPPED	TRAPPED	GENDER	CONDITION	DRUG TEST RESULT(S)	DRUG TEST RESULT(S)
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	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	F - FEMALE M - MALE U - OTHER / UNKNOWN	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 - OTHER	1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER			
2	3	0	0
3	4	0	3

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	2	MOURING, RICHARD	0 7 2 3 1 9 7 3	4 9	M

ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
6227 CARRIAGE OAK WY. HAMILTON, OH 45011-1192	

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
3	2	FAIRFIELD SQUAD	MERCY - FAIRFIELD	0 4	<input type="checkbox"/>	0 6	0 5	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
					<input type="checkbox"/>				

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
					<input type="checkbox"/>				

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
					<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
	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	
	8 - HELMET USED	8 - THIRD - MIDDLE	
	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE	
	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	
	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	
	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	
		13 - TRAILING UNIT	
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	
		15 - NON-MOTORIST	
		99 - OTHER / UNKNOWN	

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

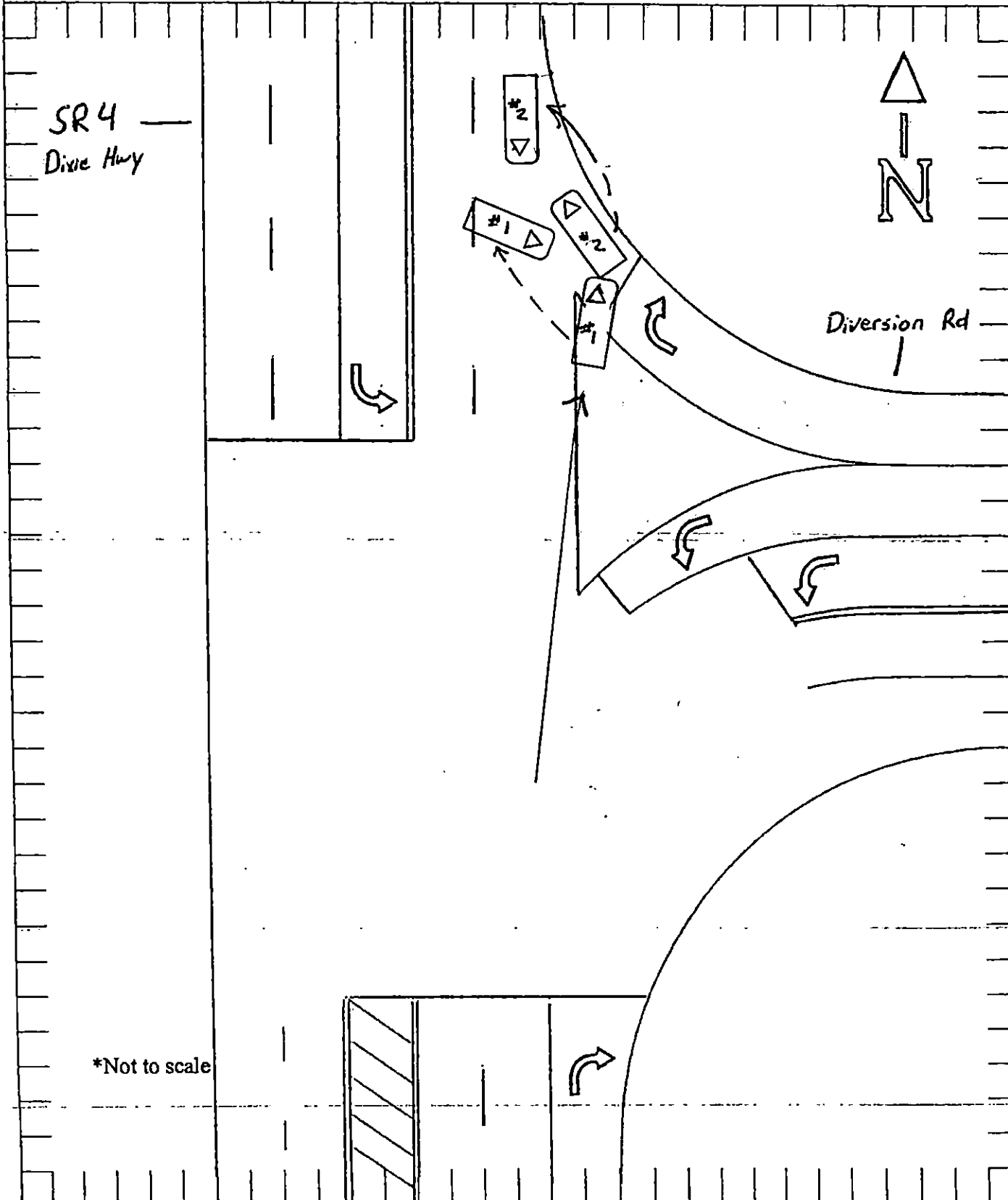
NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
		0	

ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE

OHIO TRAFFIC ACCIDENT - DIAGRAM / NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 23-003403	REPORTING AGENCY Fairfield Police Department	DATE OF ACCIDENT 1/14/23
IN COUNTY OF Butler	ACCIDENT LOCATION SR4 (Dixie Hwy) / Diversion Rd	



OFFICER'S SIGNATURE P.O. R. Fleenor	BADGE NO. 117
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