



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

<input type="checkbox"/> PHOTOS TAKEN	<input checked="" type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION	2 3 0 1 6 1 9 1			
<input type="checkbox"/> SECONDARY CRASH	<input checked="" type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*	NCIC*	HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 0 2	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN
	<input type="checkbox"/> PRIVATE PROPERTY		Fairfield Police Department	0 0 9 0 1			

COUNTY* 0 9	LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield	CRASH DATE / TIME* 0 3 0 2 2 0 2 3 1 2 5 7	CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 4
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ROUTE TYPE S R	ROUTE NUMBER 4	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES 3 9 . 3 4 0 2 3 6	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 #) 5117	ROAD TYPE	LONGITUDE DECIMAL DEGREES - 8 4 . 5 3 4 9 7 6	

REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 3	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 PL - PLACE 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 type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES
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 0 1	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 2	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 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	CONDITIONS 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN
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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 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
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NARRATIVE On 03/02/2023 at about 12:57 P.M., unit 1 was stopped in traffic on southbound Dixie Hwy, when it made an improper start, and collided with the rear of unit 2 which was stopped in traffic directly in front of unit 1. Unit 1 was traveling about 2 MPH when it struck unit 2.	SEE OH-2	Indicate the north direction with an "N" on the compass diagram.
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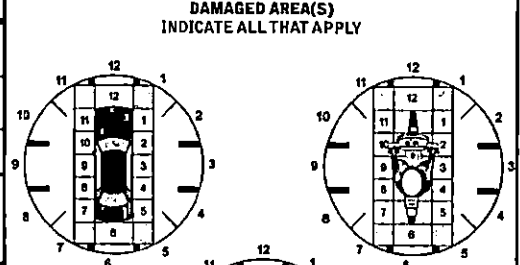
CRASH REPORTED DATE / TIME 0 3 0 2 2 0 2 3 1 2 5 8	DISPATCH DATE / TIME 0 3 0 2 2 0 2 3 1 3 0 5	ARRIVAL DATE / TIME 0 3 0 2 2 0 2 3 1 3 1 7	SCENE CLEARED DATE / TIME 0 3 0 2 2 0 2 3 1 3 4 0	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES 3 5	OFFICER'S NAME* C. Singleton	CHECKED BY OFFICER'S NAME* <i>[Signature]</i>
			OFFICER'S BADGE NUMBER* 8 9	CHECKED BY OFFICER'S BADGE NUMBER* <i>[Signature]</i>

LOCAL REPORT NUMBER
 2 3 0 1 6 1 9 1

OWNER
 UNIT # 01
 OWNER NAME: LAST, FIRST, MIDDLE () SAME AS DRIVER
 Fresh Bakery Service
 OWNER ADDRESS: STREET, CITY, STATE, ZIP () SAME AS DRIVER
 1500 Sherwood Dr. Apt. 5A Fairfield, Ohio 45014
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

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

VEHICLE
 LP STATE OH
 LICENSE PLATE # GGJ5120
 VEHICLE IDENTIFICATION # JN1CA21DXXT203804
 VEHICLE YEAR 1999
 VEHICLE MAKE Nissan
 INSURANCE COMPANY New South Ins.
 INSURANCE POLICY # 2010228642
 COLOR Gray
 VEHICLE MODEL Maxima



TYPE OF USE
 COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE
 INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT
 #OCCUPANTS 01
 VEHICLE WEIGHT GVWR/GCWR
 1 - <10K LBS.
 2 - 10,001 - 26K LBS.
 3 - >26K LBS.
 TOWED BY: COMPANY NAME
 HAZARDOUS MATERIAL
 MATERIAL RELEASED
 PLACARD

UNIT TYPE
 01
 1 - PASSENGER CAR
 2 - PASSENGER VAN (MINIVAN)
 3 - SPORT UTILITY VEHICLE
 4 - PICK UP
 5 - CARGO VAN
 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
 # OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?
 02
 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
 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

CARGO BODY 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
 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

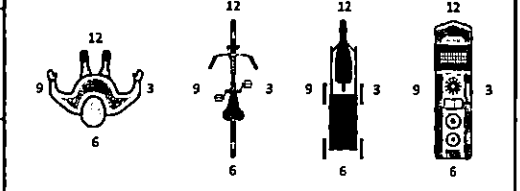
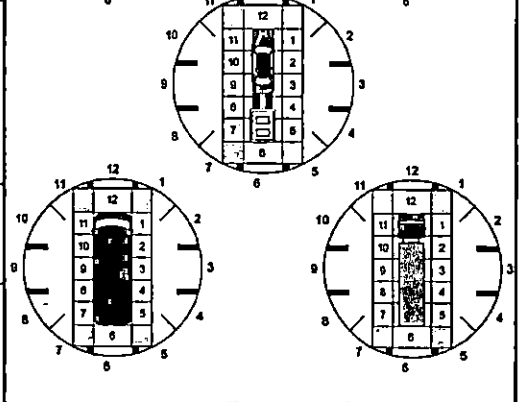
NON-MOTORIST LOCATION AT IMPACT
 1 - INTERSECTION - MARKED CROSSWALK
 2 - INTERSECTION - UNMARKED CROSSWALK
 3 - INTERSECTION - OTHER
 4 - MIDBLOCK - MARKED CROSSWALK
 5 - TRAVEL LANE - OTHER LOCATION
 6 - BICYCLE LANE
 7 - SHOULDER / ROADSIDE
 8 - SIDEWALK
 9 - MEDIAN/CROSSING ISLAND
 10 - DRIVEWAY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

ACTION
 03
 1 - NON-CONTACT
 2 - NON-COLLISION
 3 - STRIKING
 4 - STRUCK
 5 - BOTH STRIKING & STRUCK
 9 - OTHER / UNKNOWN
 01
 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
 1, 3
 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
 1, 2, 0
 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
 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



- 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
 4
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
 2
POSTED SPEED
 3 5
DETECTED SPEED
 1 - STATED / ESTIMATED SPEED
 2 - CALCULATED / EDR
 3 - UNDETERMINED

OWNER

UNIT # 012 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) _____
 OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) _____

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) _____

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP _____
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE _____

VEHICLE

LP STATE OH LICENSE PLATE # JVU8037 VEHICLE IDENTIFICATION # 1HGCP12F1341BA100181946 VEHICLE YEAR 2011 VEHICLE MAKE Honda

INSURANCE VERIFIED INSURANCE COMPANY Travelers INSURANCE POLICY # 6030853962031 COLOR Gray VEHICLE MODEL Accord

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT OCCUPANTS 02 US DOT # _____ TOWED BY: COMPANY NAME _____

HAZARDOUS MATERIAL
 MATERIAL RELEASED CLASS # _____ PLACARD ID # _____
 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 - 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 - CARGO VAN	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? 02

1 - YES	2 - NO	9 - OTHER / UNKNOWN	0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN
			1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION	
			2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION	

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 - CARGO VAN/ENCLOSED BOX	9 - CARGO TANK	13 - AUTO TRANSPORTER
		7 - GRAIN/CHIPS/GRAVEL	10 - FLAT BED	14 - GARBAGE/REFUSE
			11 - DUMP	99 - 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			

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 - YIELD BLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	99 - OTHER / UNKNOWN
	5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	

ACTION 04

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	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	15 - WALKING, RUNNING, JOGGING, PLAYING	20 - OTHER NON-MOTORIST
4 - STRUCK	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		

CONTRIBUTING CIRCUMSTANCES 01

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 / ACCA	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 - GROVE OFF ROAD			
6 - IMPROPER TURN	12 - IMPROPER BACKING			

SEQUENCE OF EVENTS

1 2 0

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

COLLISION WITH FIXED OBJECT

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 - EMBANKMENT	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

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

LOCAL REPORT NUMBER
2, 3, 0, 1, 6, 1, 9, 1

DAMAGE

DAMAGE SCALE

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

1

DAMAGED AREA(S)
 INDICATE ALL THAT APPLY

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

INITIAL POINT OF CONTACT

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

0

TRAFFIC

TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY	1 - ROUNDABOUT
2 - TWO-WAY	4 - STOP SIGN
	2 - SIGNAL
	5 - YIELD SIGN
	3 - FLASHER
	6 - NO CONTROL

OF THROUGH LANES ON ROAD 4

RAIL GRADE CROSSING

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

1

UNIT / NON-MOTORIST DIRECTION

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

FROM 1 TO 2

UNIT SPEED 0

POSTED SPEED 3 5

DETECTED SPEED

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

1



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2 3 0 1 6 1 9 1

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE Dominguez Romero, Mauricio	DATE OF BIRTH 0 7 1 4 1 9 9 7	AGE 2 5	GENDER M
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ADDRESS: STREET, CITY, STATE, ZIP 1500 Sherwood Dr. Apt. 5A Fairfield, Ohio 45014	CONTACT PHONE - INCLUDE AREA CODE
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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	OPERATOR LICENSE NUMBER	OFFENSE CHARGED 335.01A1	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION No License	CITATION NUMBER 252949				
OL CLASS 6	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: 1, TYPE: 1, VALUE: .		DRUG TEST(S) STATUS: 1, TYPE: 1, RESULT: SELECT UP TO 4	

UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Julian, Karen	DATE OF BIRTH 0 9 1 9 1 9 5 7	AGE 6 5	GENDER F
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ADDRESS: STREET, CITY, STATE, ZIP 3317 Banning Rd. Cincinnati, Ohio 45239	CONTACT PHONE - INCLUDE AREA CODE
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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 OH	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: 1, TYPE: 1, VALUE: .		DRUG TEST(S) STATUS: 1, TYPE: 1, RESULT: SELECT UP TO 4	

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE 0	GENDER
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ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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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 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-MC MOPED ONLY 6-NO VALID OL	1-ALCOHOL INTERLOCK DEVICE 2-CDL 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	TRAPPED	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	H-HAZMAT M-MOTORCYCLE P-PASSENGER N-TANKER Q-MOTOR SCOOTER R-THREE-WHEEL MOTORCYCLE S-SCHOOL BUS T-DOUBLE & TRIPLE TRAILERS X-TANKER/HAZMAT	1-NOT TRAPPED 2-EXTRICATED BY MECHANICAL MEANS 3-FREED BY NON-MECHANICAL MEANS	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	CONDITION	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-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-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 1 6 1 9 1

OCCUPANT

UNIT # 2 NAME: LAST, FIRST, MIDDLE
Spivey, Oma

ADDRESS: STREET, CITY, STATE, ZIP
10 Vance Ct. Hamilton, Ohio 45015

INJURIES 4 INJURED TAKEN BY 1 EMS AGENCY (NAME) _____ INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) _____ SAFETY EQUIPMENT USED 0 4

DATE OF BIRTH 0 1 1 3 1 9 3 5 AGE 8 8 GENDER F

CONTACT PHONE - INCLUDE AREA CODE _____

DOT-COMPLIANT MC HELMET SEATING POSITION 0 3 AIR BAG USAGE 0 1 EJECTION 1 TRAPPED 1

OCCUPANT

UNIT # _____ NAME: LAST, FIRST, MIDDLE _____

ADDRESS: STREET, CITY, STATE, ZIP _____

INJURIES _____ INJURED TAKEN BY _____ EMS AGENCY (NAME) _____ INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) _____ SAFETY EQUIPMENT USED _____

DATE OF BIRTH _____ AGE 0 GENDER _____

CONTACT PHONE - INCLUDE AREA CODE _____

DOT-COMPLIANT MC HELMET SEATING POSITION _____ AIR BAG USAGE _____ EJECTION _____ TRAPPED _____

OCCUPANT

UNIT # _____ NAME: LAST, FIRST, MIDDLE _____

ADDRESS: STREET, CITY, STATE, ZIP _____

INJURIES _____ INJURED TAKEN BY _____ EMS AGENCY (NAME) _____ INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) _____ SAFETY EQUIPMENT USED _____

DATE OF BIRTH _____ AGE 0 GENDER _____

CONTACT PHONE - INCLUDE AREA CODE _____

DOT-COMPLIANT MC HELMET SEATING POSITION _____ AIR BAG USAGE _____ EJECTION _____ TRAPPED _____

OCCUPANT

UNIT # _____ NAME: LAST, FIRST, MIDDLE _____

ADDRESS: STREET, CITY, STATE, ZIP _____

INJURIES _____ INJURED TAKEN BY _____ EMS AGENCY (NAME) _____ INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) _____ SAFETY EQUIPMENT USED _____

DATE OF BIRTH _____ AGE 0 GENDER _____

CONTACT PHONE - INCLUDE AREA CODE _____

DOT-COMPLIANT MC HELMET SEATING POSITION _____ AIR BAG USAGE _____ EJECTION _____ TRAPPED _____

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 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
1 - NOT TRANSPORTED / TREATED AT SCENE	6 - CHILD RESTRAINT SYSTEM - REAR FACING	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION
2 - EMS	7 - BOOSTER SEAT	8 - THIRD - MIDDLE	1 - NOT EJECTED
3 - POLICE	8 - HELMET USED	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED
9 - OTHER / UNKNOWN	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED
GENDER		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE
F - FEMALE	10 - REFLECTIVE CLOTHING	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED
M - MALE	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	13 - TRAILING UNIT	1 - NOT TRAPPED
U - OTHER / UNKNOWN	99 - 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 _____

ADDRESS: STREET, CITY, STATE, ZIP _____

DATE OF BIRTH _____ AGE 0 GENDER _____

CONTACT PHONE - INCLUDE AREA CODE _____

WITNESS

NAME: LAST, FIRST, MIDDLE _____

ADDRESS: STREET, CITY, STATE, ZIP _____

DATE OF BIRTH _____ AGE 0 GENDER _____

CONTACT PHONE - INCLUDE AREA CODE _____

WITNESS

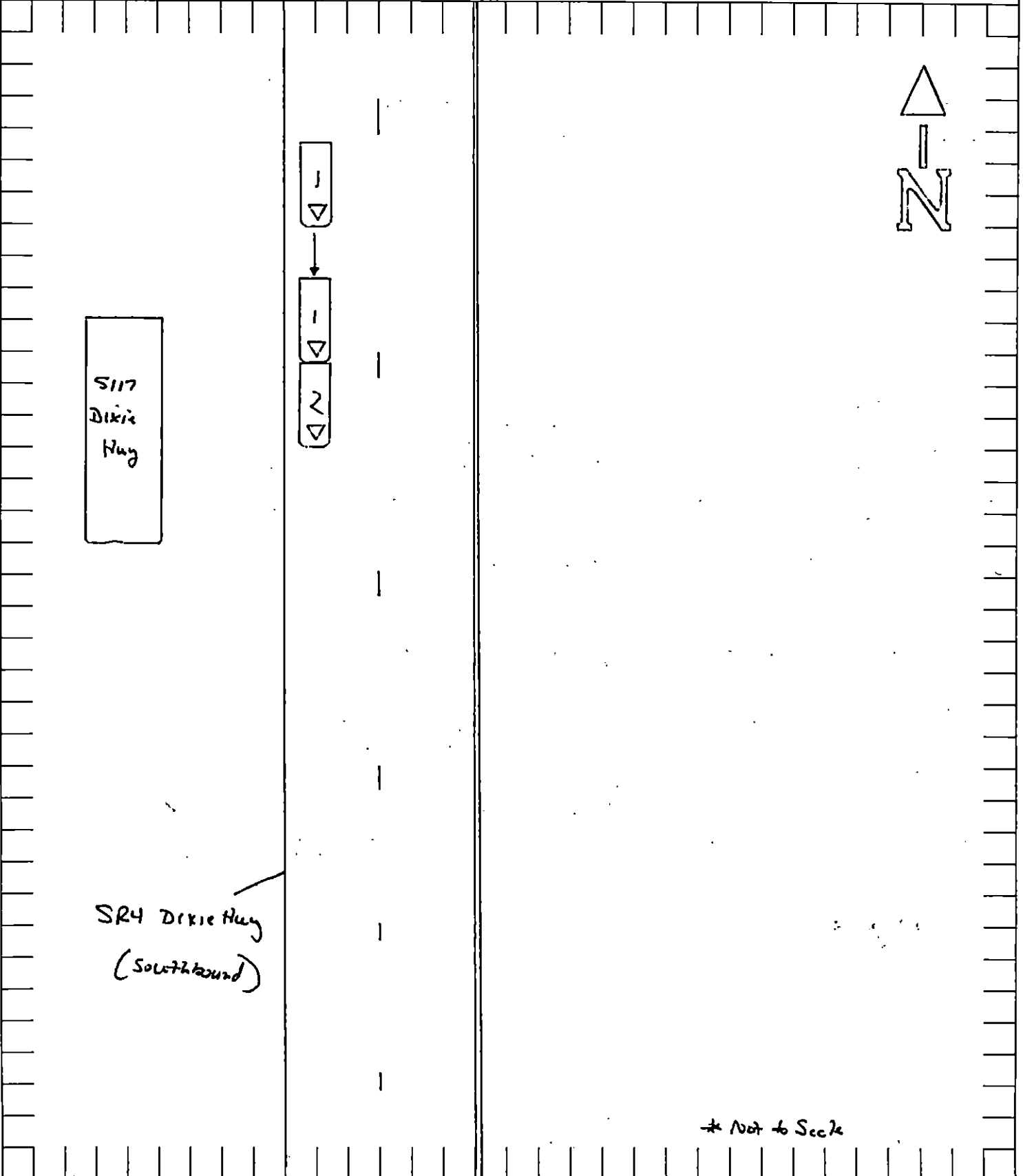
NAME: LAST, FIRST, MIDDLE _____

ADDRESS: STREET, CITY, STATE, ZIP _____

DATE OF BIRTH _____ AGE 0 GENDER _____

CONTACT PHONE - INCLUDE AREA CODE _____

LOCAL REPORT NUMBER 23-016191	REPORTING AGENCY Fairfield Police Department	DATE OF ACCIDENT 3/2/23
IN COUNTY OF Butler	ACCIDENT LOCATION 5117 Dixie Hwy	



OFFICER'S SIGNATURE C. Singleton	BADGE NO. 89
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