



# 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 checked="" type="checkbox"/> OH-3 | LOCAL INFORMATION      | 2 3 0 2 4 3 1 6 |  |                        |  |
| <input type="checkbox"/> SECONDARY CRASH         | <input checked="" type="checkbox"/> OH-1P | <input type="checkbox"/> OTHER           | REPORTING AGENCY NAME* | NCIC*           | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED | NUMBER OF UNITS<br>0 2 | UNIT IN ERROR<br>98 - ANIMAL<br>99 - UNKNOWN |
| <input type="checkbox"/> PRIVATE PROPERTY        | Fairfield Police Department               |  | 0 0 9 0 1              |                 |  |                        |  |

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

|            |              |        |  |   |                  |  |  |
|------------|--------------|--------|--|---|------------------|--|--|
| ROUTE TYPE | ROUTE NUMBER | PREFIX | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | LOCATION ROAD NAME<br>NILLES                  | ROAD TYPE<br>R D | LATITUDE DECIMAL DEGREES<br>3 9 . 3 3 7 7 6 8  | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY |
| ROUTE TYPE | ROUTE NUMBER | PREFIX | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | ROAD TYPE        | LONGITUDE DECIMAL DEGREES<br>8 4 . 5 6 0 2 1 8 |  |

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

|  |  |   |  |
|--|--|---|--|
| LOCATION OF FIRST HARMFUL EVENT<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP<br>0 1 | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN<br>6 | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (≥4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN |
|--|--|---|--|

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

|   |  |
|---|--|
| LIGHT CONDITION<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN<br>1 | WEATHER<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN<br>0 2 |
|---|--|

|  |          |  |
|--|----------|--|
| NARRATIVE<br>On April 3, 2023 at about 1:59 p.m. Unit 1 was traveling east on Nilles Rd. and when at U.S. 127 (Pleasant Ave.) attempted to turn left to travel northbound on U.S. 127 and in so doing, failed to yield the right of way to oncoming traffic and collided with Unit 2 which was traveling west on Nilles Rd.<br><br>The driver of Unit 1 was also cited for not wearing a seatbelt. | SEE OH-2 | Indicate the north direction with an "N" on the compass diagram. |
|  |          |  |

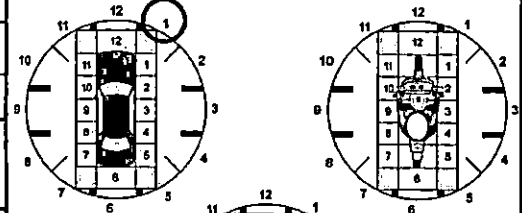
|   |   |  |  |  |
|---|---|--|--|--|
| CRASH REPORTED DATE / TIME<br>0 4 0 3 2 0 2 3 1 3 5 9 | DISPATCH DATE / TIME<br>0 4 0 3 2 0 2 3 1 4 0 0 | ARRIVAL DATE / TIME<br>0 4 0 3 2 0 2 3 1 4 0 3 | SCENE CLEARED DATE / TIME<br>0 4 0 3 2 0 2 3 1 5 5 2                     | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OEPS) |
| TOTAL TIME ROADWAY CLOSED<br>6 0                      | OTHER INVESTIGATION TIME                        | TOTAL MINUTES<br>1 1 2                         | OFFICER'S NAME*<br>P.O. RYAN FLEENOR<br>OFFICER'S BADGE NUMBER*<br>1 1 7 | CHECKED BY OFFICER'S NAME*<br>S. J. Spangue<br>CHECKED BY OFFICER'S BADGE NUMBER*<br>8 4   |

OWNER INFORMATION: UNIT # 01, OWNER NAME: SMITH, TERRI ANN, OWNER ADDRESS: 3408 WABASH AVE. CINCINNATI, OH 45207-1947, COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

DAMAGE: 1 - NONE, 2 - MINOR DAMAGE, 3 - FUNCTIONAL DAMAGE, 4 - DISABLING DAMAGE, 9 - UNKNOWN. Selected: 4

VEHICLE IDENTIFICATION # 2G1125S130F9195964, VEHICLE YEAR 2015, VEHICLE MAKE CHEVROLET, VEHICLE MODEL IMPALA, COLOR BLACK

DAMAGED AREA(S) INDICATE ALL THAT APPLY



INSURANCE COMPANY STATE FARM, POLICY # 20333508FP35, TOWED BY: FOX TOWING, HAZARDOUS MATERIAL CLASS # PLACARD ID #

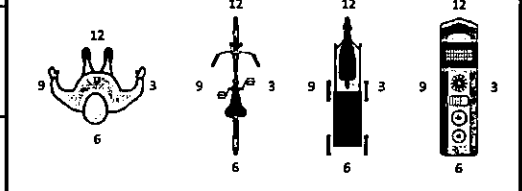
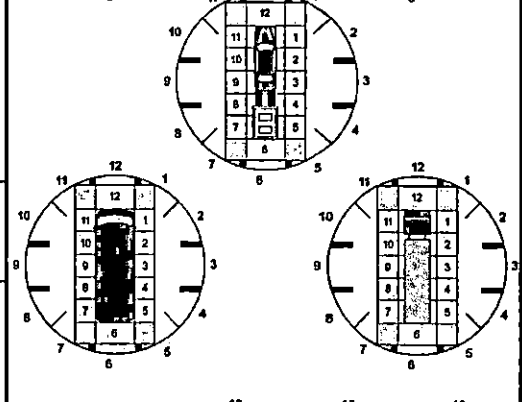
VEHICLE TYPE: 1 - PASSENGER CAR, 2 - PASSENGER VAN (MINIVAN), 3 - SPORT UTILITY VEHICLE, 4 - PICK UP, 5 - CARGO VAN, 6 - VAN (9-15 SEATS)

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES, 2 - NO, 9 - OTHER/UNKNOWN. Selected: 2

SPECIAL FUNCTION: 1 - NONE, 2 - TAXI, 3 - ELECTRONIC RIDE SHARING, 4 - SCHOOL TRANSPORT, 5 - BUS - TRANSIT/COMMUTER

CARGO BODY TYPE: 1 - NO CARGO BODY TYPE / NOT APPLICABLE, 2 - BUS, 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE, 4 - LOGGING

VEHICLE DEFECTS: 1 - TURN SIGNALS, 2 - HEAD LAMPS, 3 - TAIL LAMPS, 4 - BRAKES, 5 - STEERING, 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, 2 - INTERSECTION - UNMARKED CROSSWALK, 3 - INTERSECTION - OTHER, 4 - MIDBLOCK - MARKED CROSSWALK, 5 - TRAVEL LANE - OTHER LOCATION

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

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

CONTRIBUTING CIRCUMSTANCES: 1 - NONE, 2 - FAILURE TO YIELD, 3 - RAN RED LIGHT, 4 - RAN STOP SIGN, 5 - UNSAFE SPEED, 6 - IMPROPER TURN

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

SEQUENCE OF EVENTS: 1 2 0, 2 0 7. NON-COLLISION: 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL, 12 - DOWNHILL RUNAWAY, 13 - OTHER NON-COLLISION, 14 - PEDESTRIAN, 15 - PEDALCYCLE

# OF THROUGH LANES ON ROAD 4, RAIL GRADE CROSSING 1. Selected: 4, 1

COLLISION WITH FIXED 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 - MEDIUM CABLE BARRIER, 34 - MEDIUM GUARDRAIL BARRIER, 35 - MEDIUM CONCRETE BARRIER, 36 - MEDIUM 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

UNIT / NON-MOTORIST DIRECTION: FROM 4 TO 1. Selected: 4, 1

UNIT SPEED 30, POSTED SPEED 35, DETECTED SPEED 1. Selected: 30, 35, 1

LOCAL REPORT NUMBER  
2 3 0 2 4 3 1 6

**OWNER**

UNIT # 0 2 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) PATEL, HARSHIL SANJAY  
OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) \_\_\_\_\_  
OWNER PHONE: (INCLUDE AREA CODE) \_\_\_\_\_

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP \_\_\_\_\_  
COMMERCIAL CARRIER PHONE: (INCLUDE AREA CODE) \_\_\_\_\_

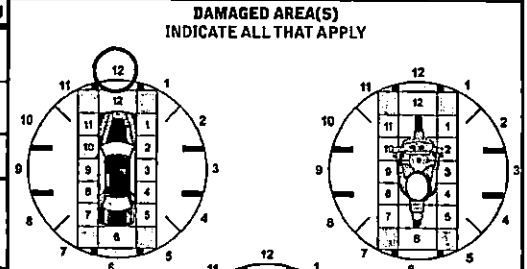
**DAMAGE**

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

4

**VEHICLE**

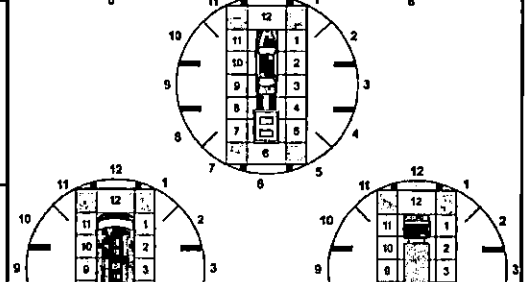
LP STATE M D LICENSE PLATE # 6ER5735 VEHICLE IDENTIFICATION # JHMZC15F11XMC001462 VEHICLE YEAR 2021 VEHICLE MAKE HONDA  
INSURANCE VERIFIED  INSURANCE COMPANY GEICO INSURANCE POLICY # 606581165 COLOR SILVER VEHICLE MODEL CLARITY  
TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME WAYNE'S TOWING  
HAZARDOUS MATERIAL:  MATERIAL RELEASED  PLACARD  CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_  
INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT  #OCCUPANTS 0 1  
VEHICLE WEIGHT GVWR/GCWR: 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.



UNIT TYPE 0 1  
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

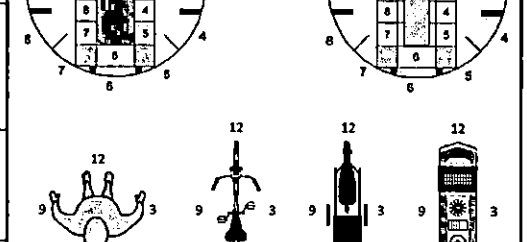
# OF TRAILING UNITS \_\_\_\_\_

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 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



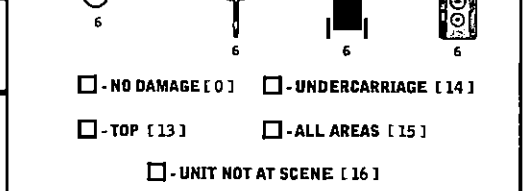
SPECIAL FUNCTION 0 1  
1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN  
3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL  
4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 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 9 - CARGO TANK 13 - AUTOTRANSPORTER  
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 - MEDIUM 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



ACTION 0 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 0 1 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 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE  
5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN  
9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN

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 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION  
5 - UNSAFE SPEED 11 - DROVE OFF ROAD  
6 - IMPROPER TURN 12 - IMPROPER BACKING

INITIAL POINT OF CONTACT  
0 - NO DAMAGE 14 - UNDERCARRIAGE  
1 2 1 - 12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
13 - TOP 99 - UNKNOWN

**TRAFFIC**

TRAFFICWAY FLOW: 1 - ONE-WAY 2 2 - TWO-WAY  
TRAFFIC CONTROL: 1 - ROUNDABOUT 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 1 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

**EVENT(S)**

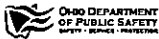
SEQUENCE OF EVENTS  
1 2 0 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
2 0 7 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 19 - ANIMAL - DEER 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTORVEHICLE  
3 \_\_\_\_\_ 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 20 - MOTOR VEHICLE IN TRANSPORT 24 - OTHER MOVABLE OBJECT  
4 \_\_\_\_\_ 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 21 - PARKED MOTOR VEHICLE  
5 \_\_\_\_\_ 5 - CARGO/EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE  
6 \_\_\_\_\_ 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

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

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

UNIT SPEED 3 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 2 4 3 1 6

|  |  |                                      |  |  |  |                         |  |               |  |
|--|--|--------------------------------------|--|--|--|-------------------------|--|---------------|--|
| UNIT #<br>0 1  | NAME: LAST, FIRST, MIDDLE<br>CRAWFORD, JAZMIN NICOLE |                                      | DATE OF BIRTH<br>1 0 1 1 1 9 9 5                                       |  | AGE<br>2 7                                       | GENDER<br>F             |  |               |  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>5457 SOUTHGATE BLVD. APT. 1 FAIRFIELD, OH 45014 |  |                                      |  | CONTACT PHONE - INCLUDE AREA CODE<br>-   |  |                         |  |               |  |
| INJURIES<br>3  | INJURED TAKEN BY<br>2                                | EMS AGENCY (NAME)<br>FAIRFIELD SQUAD | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)<br>FORT HAMILTON HOSP. | SAFETY EQUIPMENT USED<br>0 1   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 1 | AIR BAG USAGE<br>4                       | EJECTION<br>1 | TRAPPED<br>1   |
| OL STATE<br>N V  | OPERATOR LICENSE NUMBER                              |                                      | OFFENSE CHARGED<br>331.17 (A)  | LOCAL CODE<br><input checked="" type="checkbox"/>  | OFFENSE DESCRIPTION<br>FAILURE TO YIELD          |                         | CITATION NUMBER<br>254104                |               |  |
| OL CLASS<br>3  | ENDORSEMENT SELECT UP TO 2                           | RESTRICTION SELECT UP TO 3           | DRIVER DISTRACTED BY<br>1  | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | CONDITION<br>01         | ALCOHOL TEST<br>STATUS TYPE VALUE<br>1 1 |               | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4<br>1 1 |

|   |   |                                      |  |  |  |                         |  |               |  |
|---|---|--------------------------------------|--|--|--|-------------------------|--|---------------|--|
| UNIT #<br>0 2   | NAME: LAST, FIRST, MIDDLE<br>PATEL, PRIT SANJAY |                                      | DATE OF BIRTH<br>0 5 1 9 2 0 0 5                                   |  | AGE<br>1 7                                       | GENDER<br>M             |  |               |  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>6682 SPRINGMEADOW DR. HAMILTON, OH 45011 |   |                                      |  | CONTACT PHONE - INCLUDE AREA CODE<br>-   |  |                         |  |               |  |
| INJURIES<br>4   | INJURED TAKEN BY<br>2                           | EMS AGENCY (NAME)<br>FAIRFIELD SQUAD | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)<br>MERCY FAIRFIELD | SAFETY EQUIPMENT USED<br>0 4   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 1 | AIR BAG USAGE<br>4                       | EJECTION<br>1 | TRAPPED<br>1   |
| OL STATE<br>O H   | OPERATOR LICENSE NUMBER                         |                                      | OFFENSE CHARGED  | LOCAL CODE<br><input type="checkbox"/>   | OFFENSE DESCRIPTION                              |                         | CITATION NUMBER                          |               |  |
| OL CLASS<br>4   | ENDORSEMENT SELECT UP TO 2                      | RESTRICTION SELECT UP TO 3           | DRIVER DISTRACTED BY<br>1  | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | CONDITION<br>01         | ALCOHOL TEST<br>STATUS TYPE VALUE<br>1 1 |               | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4<br>1 1 |

|                                   |                            |                            |   |  |  |                  |                                   |          |   |
|-----------------------------------|----------------------------|----------------------------|---|--|--|------------------|-----------------------------------|----------|---|
| UNIT #                            | NAME: LAST, FIRST, MIDDLE  |                            | DATE OF BIRTH                                   |  | AGE<br>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<br><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<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | CONDITION        | ALCOHOL TEST<br>STATUS TYPE VALUE |          | DRUG TEST(S)<br>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 - FARN WAIVER  | 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE  | 4 - TEST GIVEN, RESULTS KNOWN                  |
| 5 - NO APPARENT INJURY                        | 5 - SECOND - MIDDLE  | 5 - NOT APPLICABLE                 | 5 - M/C 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 DL              | 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

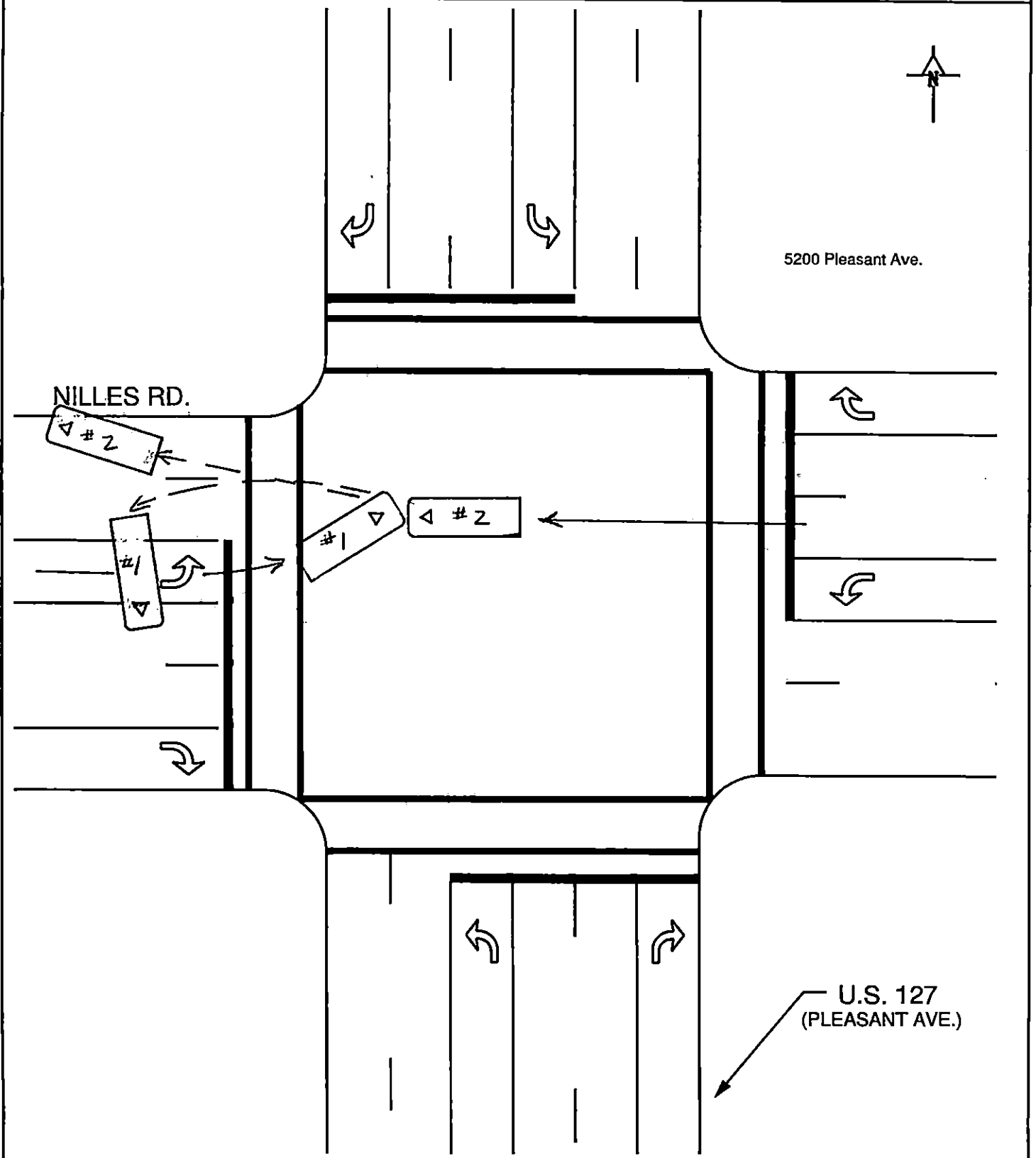
LOCAL REPORT NUMBER  
2 3 0 2 4 3 1 6

|                 |                                   |                           |                   |   |                       |  |                  |               |          |         |
|-----------------|-----------------------------------|---------------------------|-------------------|---|-----------------------|--|------------------|---------------|----------|---------|
| <b>OCCUPANT</b> | UNIT #                            | NAME: LAST, FIRST, MIDDLE |                   |   |                       | DATE OF BIRTH                                    |                  | AGE           | 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 |
| <b>OCCUPANT</b> | UNIT #                            | NAME: LAST, FIRST, MIDDLE |                   |   |                       | DATE OF BIRTH                                    |                  | AGE           | 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 |
| <b>OCCUPANT</b> | UNIT #                            | NAME: LAST, FIRST, MIDDLE |                   |   |                       | DATE OF BIRTH                                    |                  | AGE           | 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 |
| <b>OCCUPANT</b> | UNIT #                            | NAME: LAST, FIRST, MIDDLE |                   |   |                       | DATE OF BIRTH                                    |                  | AGE           | 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 |

| 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             |
| <b>INJURED TAKEN BY</b>               | 7- BOOSTER SEAT                              | 7- THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  | <b>EJECTION</b>                   |
| 1- NOT TRANSPORTED / TREATED AT SCENE | 8- HELMET USED                               | 8- THIRD - MIDDLE   | 1- NOT EJECTED                    |
| 2- EMS                                | 9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9- THIRD - RIGHT SIDE   | 2- PARTIALLY EJECTED              |
| 3- POLICE                             | 10- REFLECTIVE CLOTHING                      | 10- SLEEPER SECTION OF TRUCK CAB  | 3- TOTALLY EJECTED                |
| 9- OTHER / UNKNOWN                    | 11- LIGHTING - PEDESTRIAN / BICYCLE ONLY     | 11- PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4- NOT APPLICABLE                 |
| <b>GENDER</b>                         | 99- OTHER / UNKNOWN                          | 12- PASSENGER IN UNENCLOSED CARGO AREA  | <b>TRAPPED</b>                    |
| F - FEMALE                            |  | 13- TRAILING UNIT   | 1- NOT TRAPPED                    |
| M - MALE                              |  | 14- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 2- EXTRICATED BY MECHANICAL MEANS |
| U - OTHER / UNKNOWN                   |  | 15- NON-MOTORIST  | 3- FREED BY NON-MECHANICAL MEANS  |
|                                       |  | 99- OTHER / UNKNOWN   |                                   |

|  |                           |                 |  |     |                                   |  |
|--|---------------------------|-----------------|--|-----|-----------------------------------|--|
| <b>WITNESS</b>                               | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH   |  | AGE | GENDER                            |  |
|  | GEHRUM, AMY GARNER        | 0 3 0 2 1 9 6 9 |  | 5 4 | F                                 |  |
| ADDRESS: STREET, CITY, STATE, ZIP            |                           |                 |  |     | CONTACT PHONE - INCLUDE AREA CODE |  |
| 5042 FAIRFIELD AVE. FAIRFIELD, OH 45014-2704 |                           |                 |  |     |                                   |  |
| <b>WITNESS</b>                               | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH   |  | AGE | GENDER                            |  |
|  | MAKLEM, TABITHA LYNN      | 0 4 2 6 1 9 9 1 |  | 3 1 | F                                 |  |
| ADDRESS: STREET, CITY, STATE, ZIP            |                           |                 |  |     | CONTACT PHONE - INCLUDE AREA CODE |  |
| 4125 BEDFORD AVE. HAMILTON, OH 45015-1974    |                           |                 |  |     |                                   |  |
| <b>WITNESS</b>                               | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH   |  | AGE | GENDER                            |  |
|  |                           |                 |  | 0   |                                   |  |
| ADDRESS: STREET, CITY, STATE, ZIP            |                           |                 |  |     | CONTACT PHONE - INCLUDE AREA CODE |  |
|  |                           |                 |  |     |                                   |  |

|   |  |                                     |
|---|--|-------------------------------------|
| LOCAL REPORT NUMBER<br><b>23-024316</b> | REPORTING AGENCY<br><b>Fairfield Police Department</b>       | DATE OF CRASH<br>M 04   D 03   Y 23 |
| IN COUNTY OF<br><b>Butler</b>           | CRASH LOCATION<br><b>Nilles Rd. @ US 127 (Pleasant Ave.)</b> |                                     |



\* NOT TO SCALE

|   |                            |
|---|----------------------------|
| OFFICER'S SIGNATURE<br><b>P.O. RYAN FLEENOR</b> | BADGE NUMBER<br><b>117</b> |
|---|----------------------------|