



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, 2, 8, 9, 1, 6		
<input type="checkbox"/> SECONDARY CRASH	<input checked="" type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*		HIT/SKIP
<input type="checkbox"/> PRIVATE PROPERTY			Fairfield Police Department		0, 0, 9, 0, 1		1-SOLVED
						2-UNSOLVED	
						NUMBER OF UNITS	
						0, 2	
						UNIT IN ERROR	
						98-ANIMAL	
						99-UNKNOWN	

COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*		CRASH DATE / TIME*		CRASH SEVERITY	
0, 9	1	City of Fairfield		0, 4, 2, 3, 2, 0, 2, 3, 1, 6, 1, 0		4	
1-CITY 2-VILLAGE 3-TOWNSHIP							

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

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	4
3-HOUSE #	3-EAST	SR-STATE ROUTE	BL-BOULEVARD	NUMBER OF APPROACHES	
	4-WEST	CR-NUMBERED COUNTY ROUTE	MP-MILEPOST		
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE	TR-NUMBERED TOWNSHIP ROUTE	ST-STREET		
	1-MILES		CR-CIRCLE		
	2-FEET		OV-OVAL		
	3-YARDS		TE-TERRACE		
			PK-PARKWAY		
			TL-TRAIL		
			DR-DRIVE		
			PI-PIKE		
			WA-WAY		
			HE-HEIGHTS		
			PL-PLACE		
ROADWAY					
<input type="checkbox"/> ROADWAY DIVIDED					

LOCATION OF FIRST HARMFUL EVENT		MANNER OF CRASH COLLISION/IMPACT		DIRECTION OF TRAVEL		MEDIAN TYPE	
1-ON ROADWAY	9-CROSSOVER	1-NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT	4-REAR-TO-REAR	1-NORTH	1-DIVIDED FLUSH MEDIAN (<4 FEET)		
2-ON SHOULDER	10-DRIVEWAY/ALLEY ACCESS	2-REAR-END	5-BACKING	2-SOUTH	2-DIVIDED FLUSH MEDIAN (≥4 FEET)		
3-IN MEDIAN	11-RAILWAY GRADE CROSSING	3-HEAD-ON	6-ANGLE	3-EAST	3-DIVIDED, DEPRESSED MEDIAN		
4-ON ROADSIDE	12-SHARED USE PATHS OR TRAILS		7-SIDESWIPE, SAME DIRECTION	4-WEST	4-DIVIDED, RAISED MEDIAN (ANY TYPE)		
5-ON GORE	13-BIKE LANE		8-SIDESWIPE, OPPOSITE DIRECTION		9-OTHER/UNKNOWN		
6-OUTSIDE TRAFFIC WAY	14-TOLL BOOTH		9-OTHER / UNKNOWN				
7-ON RAMP	99-OTHER / UNKNOWN						
8-OFF RAMP							

<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-STRAIGHT GRADE	2-WET	2-BLACKTOP, BITUMINOUS, ASPHALT
<input type="checkbox"/> ACTIVE SCHOOL ZONE	3-WORK ON SHOULDER OR MEDIAN	3-TRANSITION AREA	3-CURVE LEVEL	3-SNOW	3-BRICK/BLOCK
	4-INTERMITTENT OR MOVING WORK	4-ACTIVITY AREA	4-CURVE GRADE	4-ICE	4-SLAG, GRAVEL, STONE
	5-OTHER	5-TERMINATION AREA	9-OTHER/UNKNOWN	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

On 4/23/23 at about 4:10 p.m. unit 1 was traveling south on SR 4B and when at Port Union Rd. failed to stop for the red light, and was struck by Unit 2 which was traveling west on Port Union Rd. through the intersection.

SEE OH 2

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

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

OWNER

UNIT # 011 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

DAMAGE

DAMAGE SCALE

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

3

VEHICLE

LP STATE OH LICENSE PLATE # HLN2959 VEHICLE IDENTIFICATION # 4T14BF1FK2E1R318148124 VEHICLE YEAR 2014 VEHICLE MAKE Toyota

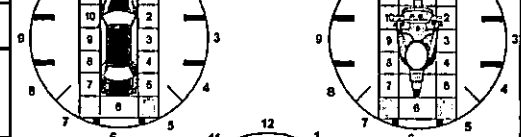
INSURANCE VERIFIED INSURANCE COMPANY _____ INSURANCE POLICY # _____ COLOR D Grn VEHICLE MODEL Camry

DAMAGED AREA(S)
 INDICATE ALL THAT APPLY

TYPE OF USE
 COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

US DOT # _____

HAZARDOUS MATERIAL
 MATERIAL RELEASED CLASS # _____
 PLACARD PLACARD ID # _____



UNIT TYPE 01

1 - PASSENGER CAR
 2 - PASSENGER VAN (MINIVAN)
 3 - SPORT UTILITY VEHICLE
 4 - PICKUP
 5 - CARGO VAN
 6 - VAN (9-15 SEATS)

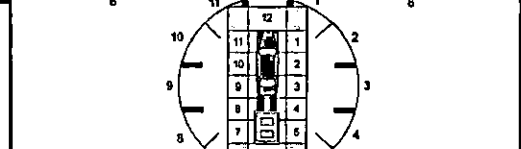
7 - MOTORCYCLE 2-WHEELED
 8 - MOTORCYCLE 3-WHEELED
 9 - AUTOCYCLE
 10 - MOPED OR MOTORIZED BICYCLE
 11 - ALL TERRAIN VEHICLE (ATV/UTV)

12 - GOLF CART
 13 - SNOWMOBILE
 14 - SINGLE UNIT TRUCK
 15 - SEMI-TRACTOR
 16 - FARM EQUIPMENT
 17 - MOTORHOME

18 - LIMB (LIVERY VEHICLE)
 19 - BUS (16+ PASSENGERS)
 20 - OTHER VEHICLE
 21 - HEAVY EQUIPMENT
 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE

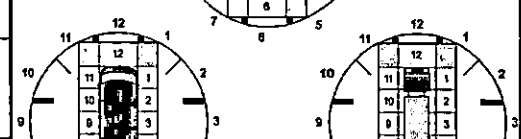
23 - PEDESTRIAN / SKATER
 24 - WHEELCHAIR (ANY TYPE)
 25 - OTHER NON-MOTORIST
 26 - BICYCLE
 27 - TRAIN
 99 - UNKNOWN OR HIT/SKIP

of TRAILING UNITS 0



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

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

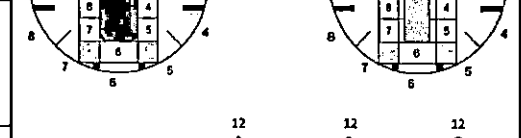
1 - NONE
 2 - TAXI
 3 - ELECTRONIC RIDE SHARING
 4 - SCHOOL TRANSPORT
 5 - BUS - TRANSIT/COMMUTER

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

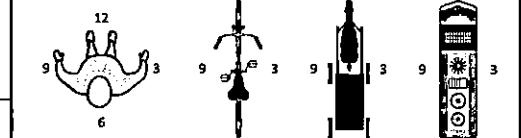
1 - NO CARGO BODY TYPE / NOT APPLICABLE
 2 - BUS

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

- 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 - MIDDLEBLOCK - 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

INITIAL POINT OF CONTACT

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

ACTION 4

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

1 - STRAIGHT AHEAD
 2 - BACKING
 3 - CHANGING LANES
 4 - OVERTAKING/PASSING
 5 - MAKING RIGHT TURN
 6 - MAKING LEFT TURN

7 - MAKING U-TURN
 8 - ENTERING TRAFFIC LANE
 9 - LEAVING TRAFFIC LANE
 10 - PARKED
 11 - SLOWING OR STOPPED IN TRAFFIC
 12 - DRIVERLESS

13 - NEGOTIATING A CURVE
 14 - ENTERING OR CROSSING SPECIFIED LOCATION
 15 - WALKING, RUNNING, JOGGING, PLAYING
 16 - WORKING
 17 - PUSHING VEHICLE

18 - APPROACHING OR LEAVING VEHICLE
 19 - STANDING
 20 - OTHER NON-MOTORIST
 21 - STANDING OUTSIDE DISABLED VEHICLE
 99 - OTHER / UNKNOWN

TRAFFIC

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

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

CONTRIBUTING CIRCUMSTANCES 03

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

of THROUGH LANES ON ROAD 4

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

SEQUENCE OF EVENTS

1 20
 2 1
 3 1
 4 1
 5 1
 6 1

1 - OVERTURN/ROLLOVER
 2 - FIRE/EXPLOSION
 3 - IMMERSION
 4 - JACKKNIFE
 5 - CARGO/EQUIPMENT LOSS OR SHIFT

6 - EQUIPMENT FAILURE
 7 - SEPARATION OF UNITS
 8 - RAN OFF ROAD RIGHT
 9 - RAN OFF ROAD LEFT
 10 - CROSS MEDIAN

11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL
 12 - DOWNHILL RUNAWAY
 13 - OTHER NON-COLLISION
 14 - PEDESTRIAN
 15 - PEDALCYCLE

16 - RAILWAY VEHICLE
 17 - ANIMAL - FARM
 18 - ANIMAL - DEER
 19 - ANIMAL - OTHER
 20 - MOTOR VEHICLE IN TRANSPORT
 21 - PARKED MOTOR VEHICLE

22 - WORK ZONE MAINTENANCE EQUIPMENT
 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
 24 - OTHER MOVABLE OBJECT

25 - IMPACT ATTENUATOR / CRASH CUSHION
 26 - BRIDGE OVERHEAD STRUCTURE
 27 - BRIDGE PIER OR ABUTMENT
 28 - BRIDGE PARAPET
 29 - BRIDGE RAIL
 30 - GUARDRAIL FACE

31 - GUARDRAIL END
 32 - PORTABLE BARRIER
 33 - 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

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

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 50

POSTED SPEED 50

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

OWNER

UNIT # 012 OWNER NAME: LAST, FIRST, MIDDLE SAME AS DRIVER
Cabrera Insulation LLC

OWNER ADDRESS: STREET, CITY, STATE, ZIP SAME AS DRIVER
3130 Dixie hwy. Hamilton, Oh 45015

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP
Cabrera Insulation LLC, 3130 Dixie hwy. Hamilton, Oh 45015

OWNER PHONE: (INCLUDE AREA CODE) SAME AS DRIVER
COMMERCIAL CARRIER PHONE: (INCLUDE AREA CODE)

VEHICLE

LP STATE OH LICENSE PLATE # JZE1457 VEHICLE IDENTIFICATION # 1N4AL3AP6HN359351 VEHICLE YEAR 2017 VEHICLE MAKE Nissan

INSURANCE VERIFIED INSURANCE COMPANY Incline Casualty INSURANCE POLICY # OHA2310UV00259 COLOR Black VEHICLE MODEL Altima

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS 02 US DOT # _____

VEHICLE WEIGHT GVWR/GCWR
1 - ≤10K LBS.
2 - 10,001 - 26K LBS.
3 - >26K LBS.

TOWED BY: COMPANY NAME Waynes
HAZARDOUS MATERIAL
 MATERIAL RELEASED CLASS # PLACARD ID #
 PLACARD

UNIT TYPE

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 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?

2 1-YES 2-NO 9-OTHER/UNKNOWN

AUTONOMOUS MODE LEVEL 0

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

SPECIAL FUNCTION

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

1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTORVEHICLE	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 - GRAINCHIPS/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 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER/ROADSIDE	10 - DRIVEWAY ACCESS	14 - UNDERCARRIAGE
	5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	15 - VEHICLE NOT AT SCENE
				99 - OTHER / UNKNOWN

ACTION

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 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		

CONTRIBUTING CIRCUMSTANCES

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			

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 MOTORVEHICLE
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	
5 - CARGO/EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	15 - PEDALCYCLE	20 - MOTOR VEHICLE IN TRANSPORT	
			21 - PARKED MOTOR VEHICLE	

COLLISION WITH FIXED OBJECT STRUCK

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

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

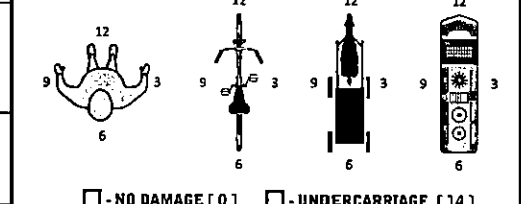
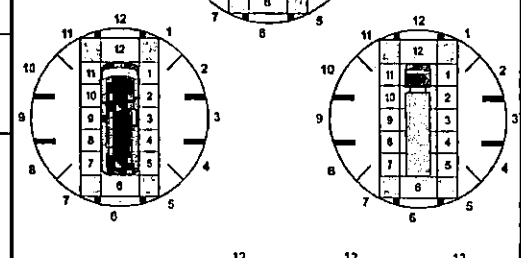
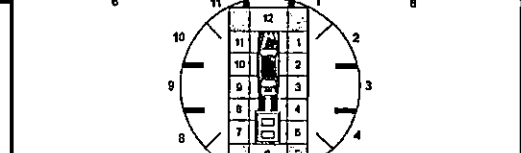
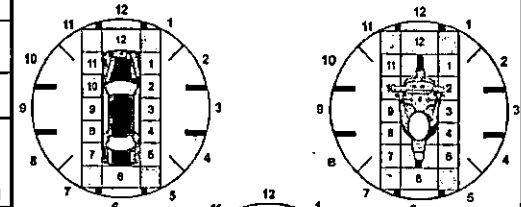
LOCAL REPORT NUMBER
23028916

DAMAGE

DAMAGE SCALE

4 1 - NONE 3 - FUNCTIONAL DAMAGE
2 - MINOR 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

1 2

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

TRAFFIC

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

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

OF THROUGH LANES ON ROAD 3

RAIL GRADE CROSSING 1

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

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 20

POSTED SPEED 45

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



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2 3 0 2 8 9 1 6

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE Baker, Paige	DATE OF BIRTH 0 1 0 5 1 9 9 1	AGE 3 2	GENDER F
ADDRESS: STREET, CITY, STATE, ZIP 7738 Wildbranch Rd. Hamilton, Oh 45011		CONTACT PHONE - INCLUDE AREA CODE		
INJURIES TAKEN BY 5	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 TL826222	OFFENSE CHARGED 313.01a	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION Traffic Control Device
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG
CONDITION 1		ALCOHOL TEST STATUS TYPE VALUE 1 1		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1

UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Garrerro, Elana	DATE OF BIRTH 1 2 2 7 1 9 8 2	AGE 4 0	GENDER F
ADDRESS: STREET, CITY, STATE, ZIP 27 Delta Dr. Hamilton, Oh 45015		CONTACT PHONE - INCLUDE AREA CODE		
INJURIES TAKEN BY 4	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 2 EJECTION 1 TRAPPED 1
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION
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 TYPE VALUE 1 1		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE 0	GENDER
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE		
INJURIES 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
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	ALCOHOL TEST(S)	DRIVER DISTRACTION	TEST STATUS
1-FATAL	1-FRONT-LEFT SIDE (MOTORCYCLE DRIVER)	1-NOT DEPLOYED	1-CLASS A	1-ALCOHOL INTERLOCK DEVICE	1-NOT DISTRACTED	1-NONE GIVEN
2-SUSPECTED SERIOUS INJURY	2-FRONT-MIDDLE	2-DEPLOYED FRONT	2-CLASS B	2-CDL INTRASTATE ONLY	2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2-TEST REFUSED
3-SUSPECTED MINOR INJURY	3-FRONT-RIGHT SIDE	3-DEPLOYED SIDE	3-CLASS C	3-CORRECTIVE LENSES	3-TALKING ON HANDS-FREE COMMUNICATION DEVICE	3-TEST GIVEN; CONTAMINATED SAMPLE / UNUSABLE
4-POSSIBLE INJURY	4-SECOND-LEFT SIDE (MOTORCYCLE PASSENGER)	4-DEPLOYED BOTH FRONT / SIDE	4-REGULAR CLASS (OHIO #D)	4-FARM WAIVER	4-TALKING ON HAND-HELD COMMUNICATION DEVICE	4-TEST GIVEN; RESULTS KNOWN
5-NO APPARENT INJURY	5-SECOND-MIDDLE	5-NOT APPLICABLE	5-M/C MOPED ONLY	5-EXCEPT CLASS A BUS & CLASS B BUS	5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5-TEST GIVEN; RESULTS UNKNOWN
INJURED TAKEN BY	6-SECOND-RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-NO VALID OL	7-EXCEPT TRACTOR-TRAILER	6-PASSENGER	
1-NOT TRANSPORTED / TREATED AT SCENE	7-THIRD-LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION		8-INTERMEDIATE LICENSE, RESTRICTIONS	7-OTHER DISTRACTION INSIDE THE VEHICLE	ALCOHOL TEST TYPE
2-EMS	8-THIRD-MIDDLE	1-NOT EJECTED	H-HAZMAT	9-LEARNER'S PERMIT RESTRICTIONS	8-OTHER DISTRACTION OUTSIDE THE VEHICLE	1-NONE
3-POLICE	9-THIRD-RIGHT SIDE	2-PARTIALLY EJECTED	M-MOTORCYCLE	10-LIMITED TO DAYLIGHT ONLY	9-OTHER / UNKNOWN	2-BLOOD
9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB	3-TOTALLY EJECTED	P-PASSENGER	11-LIMITED TO EMPLOYMENT		3-URINE
SAFETY EQUIPMENT	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT; BUS; PICK-UP WITH CAP)	4-NOT APPLICABLE	N-TANKER	12-LIMITED-OTHER	CONDITION	4-BREATH
1-NONE USED	12-PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED	Q-MOTOR SCOOTER	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	1-APPARENTLY NORMAL	5-OTHER
2-SHOULDER BELT ONLY USED	13-TRAILING UNIT	1-NOT TRAPPED	R-THREE-WHEEL MOTORCYCLE	14-MILITARY VEHICLES ONLY	2-PHYSICAL IMPAIRMENT	DRUG TEST TYPE
3-LAP BELT ONLY USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2-EXTRICATED BY MECHANICAL MEANS	S-SCHOOL BUS	15-MOTOR VEHICLES WITHOUT AIR BRAKES	3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	1-NONE
4-SHOULDER & LAP BELT USED	15-NON-MOTORIST	3-FREED BY NON-MECHANICAL MEANS	T-DOUBLE & TRIPLE TRAILERS	16-OUTSIDE MIRROR	4-ILLNESS	2-BLOOD
5-CHILD RESTRAINT SYSTEM FORWARD FACING	99-OTHER / UNKNOWN		X-TANKER / HAZMAT	17-PROSTHETIC AID	5-FELL ASLEEP, FAINTED, FATIGUED, ETC.	3-URINE
6-CHILD RESTRAINT SYSTEM REAR FACING				18-OTHER	6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	4-OTHER
7-BEARER SEAT					7-OTHER / UNKNOWN	DRUG TEST RESULT(S)
8-HELMET USED						1-AMPHETAMINES
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						2-BARBITURATES
10-REFLECTIVE CLOTHING						3-BENZODIAZEPINES
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY						4-CANNABINOIDS
99-OTHER / UNKNOWN						5-COCAINE
						6-OPiates / OPIOIDS
						7-OTHER
						8-NEGATIVE RESULTS



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
2 3 0 2 8 9 1 6

UNIT # 1	NAME: LAST, FIRST, MIDDLE Bullock, Akarri	DATE OF BIRTH 1 0 0 8 2 0 2 0	AGE 2	GENDER F
--------------------	---	---	-----------------	--------------------

ADDRESS: STREET, CITY, STATE, ZIP
7738 Wildbranch Rd. Hamilton, Oh 45011

INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 5	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 6	AIR BAG USAGE 0 1	EJECTION 1	TRAPPED 1
----------------------	-------------------------	--------------------------	--	-------------------------------------	---	--------------------------------	-----------------------------	----------------------	---------------------

UNIT # 2	NAME: LAST, FIRST, MIDDLE Cabreera Hernandez, Miguel Angel	DATE OF BIRTH 0 3 0 9 1 9 8 9	AGE 3 4	GENDER M
--------------------	--	---	-------------------	--------------------

ADDRESS: STREET, CITY, STATE, ZIP
27 Delta Dr. Hamilton, Oh 45015

INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 3	AIR BAG USAGE 0 2	EJECTION 1	TRAPPED 1
----------------------	-------------------------	--------------------------	--	-------------------------------------	---	--------------------------------	-----------------------------	----------------------	---------------------

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

ADDRESS: STREET, CITY, STATE, ZIP

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
-----------------	-------------------------	--------------------------	--	------------------------------	---	-------------------------	----------------------	-----------------	----------------

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

ADDRESS: STREET, CITY, STATE, ZIP

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
INJURED TAKEN BY	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
1 - NOT TRANSPORTED / TREATED AT SCENE	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION
2 - EMS	8 - HELMET USED	8 - THIRD - MIDDLE	1 - NOT EJECTED
3 - POLICE	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED
9 - OTHER / UNKNOWN	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB CARGO AREA (NON-TRAILING UNIT; BUS, PICK-UP WITH CAP)	3 - TOTALLY EJECTED
GENDER	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT; BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE
F - FEMALE	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED
M - MALE		13 - TRAILING UNIT	1 - NOT TRAPPED
U - OTHER / UNKNOWN		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS
		15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS
		99 - OTHER / UNKNOWN	

NAME: LAST, FIRST, MIDDLE Falings, Nieshia	DATE OF BIRTH 0 3 0 9 1 9 7 8	AGE 4 5	GENDER F
--	---	-------------------	--------------------

ADDRESS: STREET, CITY, STATE, ZIP
5255 Southgate Bv. Apt 1, Fairfield, Oh 45014

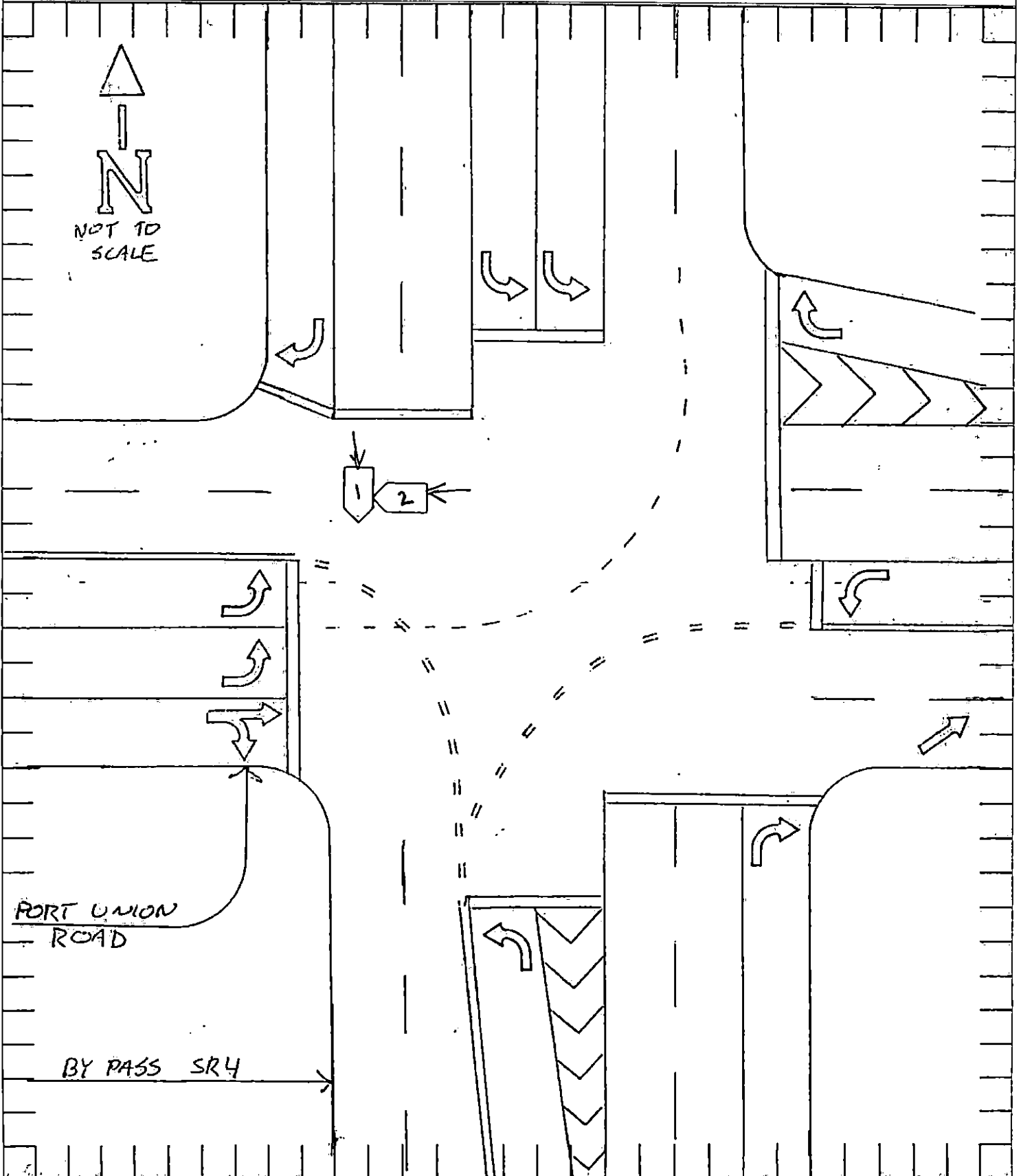
NAME: LAST, FIRST, MIDDLE Morganroth, Chloe	DATE OF BIRTH 0 7 0 6 2 0 0 5	AGE 1 7	GENDER F
---	---	-------------------	--------------------

ADDRESS: STREET, CITY, STATE, ZIP
5667 Bordeaux Way, Fairfield, Oh 45014

NAME: LAST, FIRST, MIDDLE Numrich, Jeanne	DATE OF BIRTH 0 6 1 3 1 9 5 8	AGE 6 4	GENDER F
---	---	-------------------	--------------------

ADDRESS: STREET, CITY, STATE, ZIP
2400 Clara Bea Ln. Fairfield, Oh 45014

LOCAL REPORT NUMBER 23028916	REPORTING AGENCY Fairfield Police Department	DATE OF ACCIDENT 4/23/23
IN COUNTY OF Butler	ACCIDENT LOCATION ByPass 4 at Port Union Rd.	



OFFICER'S SIGNATURE J. Sons	BADGE NO. 150
--------------------------------	------------------