

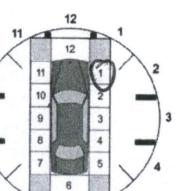
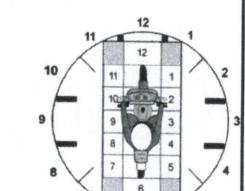
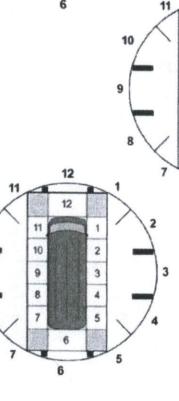
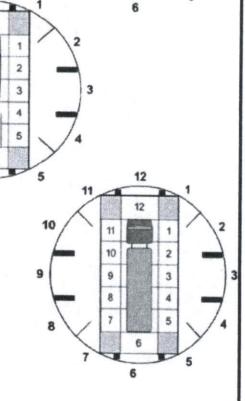
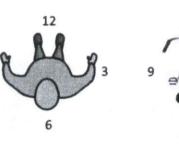
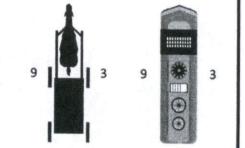


## TRAFFIC CRASH REPORT

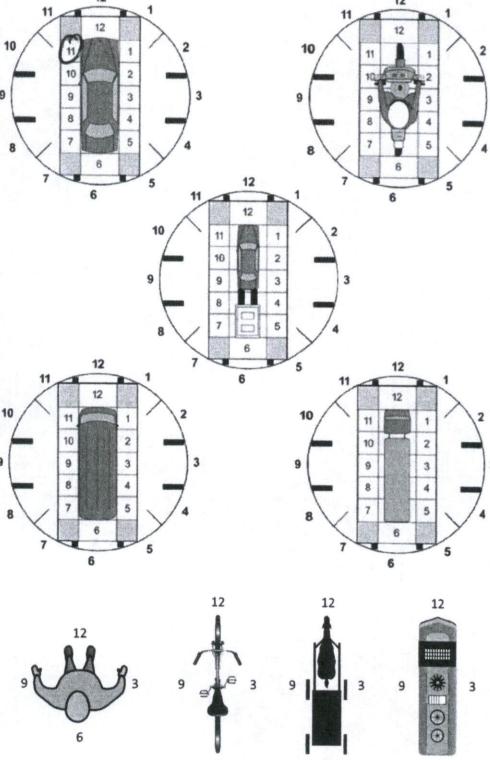
\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY			LOCAL INFORMATION			LOCAL REPORT NUMBER*			
			REPORTING AGENCY NAME* NCIC*			2 3 0 0 4 5 5 7			
			Fairfield Police Department 0 0 9 0 1			HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR	
						1-SOLVED	0 2	98-ANIMAL 0 1 99-UNKNOWN	
						2-UNSOLVED			
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*			CRASH DATE / TIME*			CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY	
0 9	1-CITY 1 2-VILLAGE 3-TOWNSHIP	City of Fairfield			0 1 1 8 2 0 2 3 1 3 4 7				
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES			
				River	R D	3 9 3 6 0 1 1 0			
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES			
				St. Clair	A V	-8 4 5 6 1 9 4 9			
REFERENCE POINT		DIRECTION FROM REFERENCE		ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED			
1-INTERSECTION 2-MILE POST 3-HOUSE #		1-NORTH 2-SOUTH 3-EAST 4-WEST		IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA	
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE						NUMBER OF APPROACHES 4	
1-MILES 2- FEET 3-YARDS		1-MILES 2- FEET 3-YARDS						ROADWAY	
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT			ROADWAY DIVIDED		
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				1-NOT COLLISION 2-BETWEEN 3-TWO MOTOR VEHICLES IN 4-TRANSPORT			1-NORTH 2-SOUTH 3-EAST 4-WEST		
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				4-REAR-TO-REAR 5-BACKING 6-ANGLE 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 9-OTHER / UNKNOWN			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		
				6					
WORK ZONE RELATED		WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE			MEDIAN TYPE		
<input type="checkbox"/> WORKERS PRESENT		1-LANE CLOSURE 2-LANE SHIFT/CROSSOVER 3-WORK ON SHOULDER OR MEDIAN 4-INTERMITTENT OR MOVING WORK 5- OTHER		1-BEFORE THE 1ST WORK ZONE WARNING SIGN 2-ADVANCE WARNING AREA 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA			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		
<input type="checkbox"/> LAW ENFORCEMENT PRESENT									
<input type="checkbox"/> ACTIVE SCHOOL ZONE									
LIGHT CONDITION		WEATHER							
1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9- OTHER / UNKNOWN		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			1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9- OTHER/UNKNOWN		
0 1		0 1							
<p>NARRATIVE</p> <p>On 01/18/23 at about 1:47 P.M. Unit 1 was traveling east bound on Joe Nuxall Way at approximately 15 m.p.h. and when at River Rd. attempted to turn left to travel north bound on River Rd. and in doing so, failed to yield the right of way to oncoming traffic and collided with Unit 2 which was traveling west bound on St. Clair Ave. (at 15 m.p.h.) and was making a right hand turn onto north bound River Rd.</p>									
See OH #2.			<p>Indicate the north direction with an "N" on the compass diagram.</p>						
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY	
0 1 1 8 2 0 2 3 1 3 4 8		0 1 1 8 2 0 2 3 1 3 5 1		0 1 1 8 2 0 2 3 1 4 0 1		0 1 1 8 2 0 2 3 1 4 3 2		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION or ADDITION TO AN EXISTING REPORT SENT TO ODS)	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME* P.O. Gregg Lamb		CHECKED BY OFFICER'S NAME* P.O.C. Moore	
				6 1		OFFICER'S BADGE NUMBER* 6 5		CHECKED BY OFFICER'S BADGE NUMBER* 1 3 4	

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER)																														
	0 1																																	
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER)																																		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																															
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE																														
O H	GGL8850	2 G 1 W T 5 8 K 3 8 1 2 7 9 1 2 0	2 0 0 8	Chevrolet																														
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL																														
	Safeco Ins.	K3470282	Mar	Impala																														
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME																															
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE																																
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR																															
0 1		0 1	1 - ≤10K LBS.	HAZARDOUS MATERIAL																														
			2 - 10,001 - 26K LBS.	<input type="checkbox"/> MATERIAL RELEASED																														
			3 - >26K LBS.	<input type="checkbox"/> PLACARD																														
UNIT TYPE	<table border="0"> <tr> <td>1 - PASSENGER CAR</td> <td>7 - MOTORCYCLE 2-WHEELED</td> <td>12 - GOLF CART</td> <td>18 - LIMO (LIVERY VEHICLE)</td> <td>23 - PEDESTRIAN / SKATER</td> </tr> <tr> <td>2 - PASSENGER VAN (MINIVAN)</td> <td>8 - MOTORCYCLE 3-WHEELED</td> <td>13 - SNOWMOBILE</td> <td>19 - BUS (16+ PASSENGERS)</td> <td>24 - WHEELCHAIR (ANY TYPE)</td> </tr> <tr> <td>3 - SPORT UTILITY VEHICLE</td> <td>9 - AUTOCYCLE</td> <td>14 - SINGLE UNIT TRUCK</td> <td>20 - OTHER VEHICLE</td> <td>25 - OTHER NON-MOTORIST</td> </tr> <tr> <td>4 - PICK UP</td> <td>10 - MOPED OR MOTORIZED</td> <td>15 - SEMI-TRACTOR</td> <td>21 - HEAVY EQUIPMENT</td> <td>26 - BICYCLE</td> </tr> <tr> <td>5 - CARGO VAN</td> <td>BICYCLE</td> <td>16 - FARM EQUIPMENT</td> <td>22 - ANIMAL WITH RIDER OR</td> <td>27 - TRAIN</td> </tr> <tr> <td>6 - VAN (9-15 SEATS)</td> <td>11 - ALL TERRAIN VEHICLE (ATV / UTV)</td> <td>17 - MOTORHOME</td> <td>ANIMAL-DRAWN VEHICLE</td> <td>99 - UNKNOWN OR HIT/SKIP</td> </tr> </table>				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	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE	5 - CARGO VAN	BICYCLE	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR	27 - TRAIN	6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	ANIMAL-DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP
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# OF TRAILING UNITS																																		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?																																		
2	1 - YES	2 - NO	9 - OTHER / UNKNOWN	0 - NO AUTOMATION																														
			0	3 - CONDITIONAL AUTOMATION																														
				4 - HIGH AUTOMATION																														
				5 - FULL AUTOMATION																														
AUTONOMOUS MODE LEVEL																																		
SPECIAL FUNCTION																																		
0 1	1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM																														
	2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	21 - MAIL CARRIER																														
	3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	99 - OTHER / UNKNOWN																														
	4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY																															
	5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	19 - TOWING																														
CARGO BODY TYPE																																		
0 1	1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE																														
	2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	12 - CONCRETE MIXER																														
			7 - GRAIN/CHIPS/GRAVEL	9 - CARGO TANK																														
				13 - AUTO TRANSPORTER																														
				10 - FLAT BED																														
				14 - GARBAGE/REFUSE																														
				11 - DUMP																														
				99 - OTHER / UNKNOWN																														
VEHICLE DEFECTS																																		
1	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE																														
	2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	99 - OTHER / UNKNOWN																														
	3 - TAIL LAMPS	6 - TIRE BLOWOUT		10 - DISABLED FROM PRIOR ACCIDENT																														
NON-MOTORIST LOCATION AT IMPACT																																		
1	1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER CROSSWALK	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND																														
	2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	12 - FIRST RESPONDER AT INCIDENT SCENE																														
	5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	10 - DRIVEWAY ACCESS	11 - SHARED USE PATHS OR TRAILS																														
ACTION																																		
3	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE																														
	2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION																														
	3 - STRIKING	0 6 3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	19 - STANDING																														
	4 - STRUCK PRE-CRASH ACTIONS	4 - OVERTAKING/PASSING	10 - PARKED	15 - WALKING, RUNNING, JOGGING, PLAYING																														
	5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	20 - OTHER NON-MOTORIST																														
	6 - MAKING LEFT TURN	6 - MAKING LEFT TURN	16 - WORKING	21 - STANDING OUTSIDE DISABLED VEHICLE																														
	9 - OTHER / UNKNOWN		12 - DRIVERLESS	17 - PUSHING VEHICLE																														
CONTRIBUTING CIRCUMSTANCES																																		
0 6	1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	18 - APPROACHING OR LEAVING VEHICLE																														
	2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / ACDA	14 - STOPPED OR PARKED ILLEGALLY	19 - STANDING																														
	3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	15 - SWERVING TO AVOID	20 - OTHER NON-MOTORIST																														
	4 - RAN STOP SIGN	10 - IMPROPER PASSING	16 - WRONG WAY	21 - STANDING OUTSIDE DISABLED VEHICLE																														
	5 - UNSAFE SPEED	11 - DROVE OFF ROAD	17 - PUSHING VEHICLE	99 - OTHER / UNKNOWN																														
	6 - IMPROPER TURN	12 - IMPROPER BACKING																																
SEQUENCE OF EVENTS																																		
1 2 0	NON-COLLISION																																	
1	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE																														
	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	17 - ANIMAL - FARM	22 - WORK ZONE MAINTENANCE EQUIPMENT																														
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	18 - ANIMAL - DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION																														
2	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	19 - ANIMAL - OTHER	24 - OTHER MOVABLE OBJECT																														
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	20 - MOTOR VEHICLE IN TRANSPORT																															
3			21 - PEDESTRIAN																															
			22 - PARKED MOTOR VEHICLE																															
4	COLLISION WITH FIXED OBJECT - STRUCK																																	
4	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB																														
	26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH																														
5	27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES SUPPORT	45 - EMBANKMENT																														
	28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER	40 - UTILITY POLE	46 - FENCE																														
6	29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX																														
	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	48 - TREE																														
				49 - FIRE HYDRANT																														
1	FIRE/HARMFUL EVENT																																	
1	MOST HARMFUL EVENT																																	

LOCAL REPORT NUMBER	
2 3 0 0 4 5 5 7	
DAMAGE	
DAMAGE SCALE	
2	1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
     	
<input type="checkbox"/> - NO DAMAGE [ 0 ] <input type="checkbox"/> - UNDERCARRIAGE [ 14 ]	
<input type="checkbox"/> - TOP [ 13 ] <input type="checkbox"/> - ALL AREAS [ 15 ]	
<input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ]	
INITIAL POINT OF CONTACT	
0 - NO DAMAGE 14 - UNDERCARRIAGE	
0 1	1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
13 - TOP	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
2	1 - ONE-WAY 4 - STOP SIGN 2 - TWO-WAY 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
4	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
FROM 4	TO 1
UNIT SPEED	
1 5	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
DETECTED SPEED	
2 5	
POSTED SPEED	
2 5	

OWNER	UNIT # <u>012</u>	OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER	OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER
	OWNER ADDRESS: STREET, CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE <u>O H</u>	LICENSE PLATE # <u>JUC6463</u>	VEHICLE IDENTIFICATION # <u>2C13CD1ZA1T3F1H81813410</u>	VEHICLE YEAR <u>2015</u> VEHICLE MAKE <u>Dodge</u>
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY State Farm	INSURANCE POLICY # 7943713E2835H	COLOR <u>Black</u> VEHICLE MODEL <u>Challenger</u>
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT #OCCUPANTS <u>0 1</u>		VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <u></u> PLACARD ID # <u></u> <input type="checkbox"/> PLACARD
UNIT TYPE <u>01</u>	1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GO-FORWARD
	2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED	13 - SNOWMOBILE
4 - PICK UP	3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14 - SINGLE UNIT TRUCK
	5 - CARGO VAN	10 - MOPED OR MOTORIZED BICYCLE	15 - SEMI-TRACTOR
6 - VAN (9-15 SEATS)	11 - ALL-TERRAIN VEHICLE (ATV / UTV)	16 - FARM EQUIPMENT	21 - HEAVY EQUIPMENT
	17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER
# OF TRAILING UNITS <u>0</u>			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>2</u> 1 - YES 2 - NO 9 - OTHER / UNKNOWN			
AUTONOMOUS MODE LEVEL <u>0</u> 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION			
SPECIAL FUNCTION <u>01</u>	1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE
	2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY
4 - SCHOOL TRANSPORT	3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	
	9 - BUS - OTHER	10 - MOPED OR MOTORIZED BICYCLE	
5 - BUS - TRANSIT/COMMUTER	11 - ALL-TERRAIN VEHICLE (ATV / UTV)	12 - GO-FORWARD	
	10 - AMBULANCE	13 - SNOWMOBILE	
CARGO BODY TYPE <u>01</u>	1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS
	2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX
VEHICLE DEFECTS	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES
	2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE
NON-MOTORIST LOCATION AT IMPACT	3 - TAIL LAMPS	6 - TIRE BLOWOUT	9 - MOTOR TROUBLE
	1 - INTERSECTION - MARKED CROSSWALK	2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER
ACTION <u>4</u>	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN
	2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE
ACTION <u>5</u>	3 - STRIKING	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE
	4 - STRUCK	4 - OVERTAKING/PASSING	10 - PARKED
CONTRIBUTING CIRCUMSTANCES <u>1</u>	5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC
	6 - IMPROPER TURN	6 - MAKING LEFT TURN	12 - DRIVERLESS
SEQUENCE OF EVENTS			
1 - OVERTURN/ROLLOVER	2 - FAILURE TO YIELD	3 - RAN RED LIGHT	4 - RAN STOP SIGN
	5 - UNSAFE SPEED	6 - IMPROPER TURN	7 - LEFT OF CENTER
2 - FIRE/EXPLOSION	3 - RAN STOP SIGN	4 - IMPROPER PASSING	5 - FOLLOWING TOO CLOSE / ACDA
	6 - IMPROPER BACKING	7 - IMPROPER LANE CHANGE	8 - FOLLOWING TOO CLOSE / ACDA
3 - IMMERSION	4 - JACKKNIFE	5 - CARGO / EQUIPMENT LOSS OR SHIFT	9 - IMPROPER LANE CHANGE
	6 - IMPROPER BACKING	7 - SEPARATION OF UNITS	8 - RAN OFF ROAD RIGHT
4 - JACKKNIFE	5 - CARGO / EQUIPMENT LOSS OR SHIFT	6 - IMPROPER BACKING	9 - RAN OFF ROAD LEFT
	7 - SEPARATION OF UNITS	8 - RAN OFF ROAD RIGHT	10 - CROSS MEDIAN
5 - CARGO / EQUIPMENT LOSS OR SHIFT	6 - IMPROPER BACKING	7 - SEPARATION OF UNITS	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL
	8 - RAN OFF ROAD RIGHT	9 - RAN OFF ROAD LEFT	12 - DOWNHILL RUNAWAY
6 - IMPROPER BACKING	10 - CROSS MEDIAN	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	13 - OTHER NON-COLLISION
	12 - DOWNHILL RUNAWAY	13 - OTHER NON-COLLISION	14 - PEDESTRIAN
NON-COLLISION			
1 - IMPACT ATTENUATOR / CRASH CUSHION	2 - BRIDGE OVERHEAD STRUCTURE	3 - BRIDGE PIER OR ABUTMENT	4 - BRIDGE PARAPET
	5 - BRIDGE RAIL	6 - GUARDRAIL END	7 - PORTABLE BARRIER
2 - BRIDGE OVERHEAD STRUCTURE	3 - GUARDRAIL FACE	4 - GUARDRAIL END	5 - PORTABLE BARRIER
	6 - GUARDRAIL FACE	7 - SEPARATION OF UNITS	8 - RAN OFF ROAD RIGHT
3 - BRIDGE PIER OR ABUTMENT	4 - GUARDRAIL FACE	5 - GUARDRAIL END	6 - PORTABLE BARRIER
	7 - SEPARATION OF UNITS	8 - RAN OFF ROAD RIGHT	9 - RAN OFF ROAD LEFT
4 - BRIDGE PARAPET	5 - GUARDRAIL FACE	6 - GUARDRAIL END	7 - PORTABLE BARRIER
	8 - RAN OFF ROAD LEFT	9 - RAN OFF ROAD LEFT	10 - CROSS MEDIAN
5 - BRIDGE RAIL	6 - GUARDRAIL FACE	7 - GUARDRAIL END	8 - PORTABLE BARRIER
	9 - RAN OFF ROAD LEFT	10 - CROSS MEDIAN	11 - GUARDRAIL END
COLLISION WITH FIXED OBJECT - STRUCK			
1 - FIRST HARMFUL EVENT	2 - MOST HARMFUL EVENT	3 - MOST HARMFUL EVENT	4 - FIRST HARMFUL EVENT

LOCAL REPORT NUMBER <u>2 3 0 0 4 5 5 7</u>	
DAMAGE 2 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGE SCALE 2 - 1000	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
	
<input type="checkbox"/> - NO DAMAGE <u>0</u> <input type="checkbox"/> - UNDERCARRIAGE <u>14</u> <input type="checkbox"/> - TOP <u>13</u> <input type="checkbox"/> - ALL AREAS <u>15</u> <input type="checkbox"/> - UNIT NOT AT SCENE <u>16</u>	
INITIAL POINT OF CONTACT 0 - NO DAMAGE 14 - UNDERCARRIAGE 1 - 12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN 13 - TOP	
TRAFFIC TRAFFICWAY FLOW 1 - ONE-WAY <u>2</u> 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 <u>4</u>	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM <u>3</u> TO <u>1</u> 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED <u>1 5</u>	DETECTED SPEED 1 - STATED / ESTIMATED SPEED <u>1</u> 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED <u>3 5</u>	



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER									
2	3	0	0	4	5	5	7		
DATE OF BIRTH					AGE	GENDER			
1	1	2	5	1	9	4	9	7	3
CONTACT PHONE - INCLUDE AREA CODE									

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE 0 1 Knoche, Phillip G.										
	ADDRESS: STREET, CITY, STATE, ZIP 4751 Bradley Dr. Fairfield, OH. 45014								DATE OF BIRTH 1 1 2 5 1 9 4 9			
	INJURIES 5	INJURED TAKEN BY OL STATE O H	EMS AGENCY (NAME) OPERATOR LICENSE NUMBER	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) OFFENSE CHARGED 331.17A	SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT MC HELMET LOCAL CODE X	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA OTHER DRUG	OFFENSE DESCRIPTION Right of Way	CITATION NUMBER 252963						
UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Bell, Brian S.							DATE OF BIRTH 0 8 0 8 1 9 7 4				
ADDRESS: STREET, CITY, STATE, ZIP 2064 Ross Estates Dr. Hamilton, OH. 45013	CONTACT PHONE - INCLUDE AREA CODE											
MOTORIST / NON-MOTORIST	INJURIES 5	INJURED TAKEN BY OL STATE O H	EMS AGENCY (NAME) OPERATOR LICENSE NUMBER	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) OFFENSE CHARGED	SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT MC HELMET LOCAL CODE X	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA OTHER DRUG	OFFENSE DESCRIPTION	CITATION NUMBER						
UNIT #	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH 0				
ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE											
MOTORIST / NON-MOTORIST	INJURIES	INJURED TAKEN BY OL STATE	EMS AGENCY (NAME) OPERATOR LICENSE NUMBER	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) OFFENSE CHARGED	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET LOCAL CODE X	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA OTHER DRUG	OFFENSE DESCRIPTION	CITATION NUMBER						
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- 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 8- OTHER DISTRACTION OUTSIDE THE VEHICLE 9- OTHER / UNKNOWN	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 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	ALCOHOL 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- NONE 2- BLOOD 3- URINE 4- BREATH 5- OTHER									
SAFETY EQUIPMENT	TRAPPED	DRUG TEST TYPE										
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	F- FEMALE M- MALE U- OTHER / UNKNOWN	CONDITION									
	GENDER	DRUG TEST RESULT(S)										
		1- AMPHETAMINES 2- BARBITURATES 3- BENZODIAZEPINES 4- CANNABINOIDS 5- COCAINE 6- OPIATES / OPIOIDS 7- OTHER 8- NEGATIVE RESULTS										



# OCCUPANT / WITNESS ADDENDUM

OCCUPANT	LOCAL REPORT NUMBER										
	2 3 0 0 4 5 5 7					DATE OF BIRTH	AGE	GENDER			
	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH					
	ADDRESS: STREET, CITY, STATE, ZIP					AGE 0					
	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				
	ADDRESS: STREET, CITY, STATE, ZIP					AGE 0					
	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				
	ADDRESS: STREET, CITY, STATE, ZIP					AGE 0					
	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				
	ADDRESS: STREET, CITY, STATE, ZIP					AGE 0					
	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				
	ADDRESS: STREET, CITY, STATE, ZIP					AGE 0					
	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				
	ADDRESS: STREET, CITY, STATE, ZIP					AGE 0					
	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			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					DATE OF BIRTH					
	Ream, Todd					1 2 2 2 1 9 5 8					
	ADDRESS: STREET, CITY, STATE, ZIP					AGE 64					
	2620 Halifax Dr. Middletown, OH. 45044					M					
	NAME: LAST, FIRST, MIDDLE					CONTACT PHONE - INCLUDE AREA CODE					
	ADDRESS: STREET, CITY, STATE, ZIP										
	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH					
	ADDRESS: STREET, CITY, STATE, ZIP					AGE 0					
	NAME: LAST, FIRST, MIDDLE					CONTACT PHONE - INCLUDE AREA CODE					
	ADDRESS: STREET, CITY, STATE, ZIP										
	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH					
	ADDRESS: STREET, CITY, STATE, ZIP					AGE 0					
	NAME: LAST, FIRST, MIDDLE					CONTACT PHONE - INCLUDE AREA CODE					
	ADDRESS: STREET, CITY, STATE, ZIP										

## OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER	23-004557	REPORTING AGENCY	FAIRFIELD. P.D.	DATE OF CRASH
IN COUNTY OF	BUTLER	CRASH LOCATION	Rivers Rd AT St Clair Ave	M 1 18 23

