



TRAFFIC CRASH REPORT

***DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT**

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION		2 3 0 1 8 3 3 9				
		REPORTING AGENCY NAME* Fairfield Police Department		NCIC*	HIT/SKIP 1-SOLVED 2-UNSOLVED			
COUNTY* 0 9		LOCALITY* 1-CITY 1 2-VILLAGE 3-TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield				
ROUTE TYPE []		ROUTE NUMBER []	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST []	LOCATION ROAD NAME PORT UNION	ROAD TYPE R D			
ROUTE TYPE S R		ROUTE NUMBER 4, B	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST []	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE			
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE # []		DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-WEST []	ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE []	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS PL - PLACE	ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE ST - STREET			
DISTANCE FROM REFERENCE []		DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS []	[]	[]	ROAD TYPE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY			
LOCATION OF FIRST HARMFUL EVENT 1-ON ROADWAY 2-ON SHOULDER 3-IN MEDIAN 4-ON ROADSIDE 5-ON GORE 6-OUTSIDE TRAFFIC WAY 7-ON RAMP 8-OFF RAMP []			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 []	6	MANNER OF CRASH COLLISION/IMPACT 1-NOT COLLISION 2-BETWEEN 3-TWO MOTOR VEHICLES IN 4-TRANSPORT 5-BACKING 6-ANGLE 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 9-HEAD-ON 10-OTHER / UNKNOWN []	DIRECTION OF TRAVEL 1-NORTH 2-SOUTH 3-EAST 4-WEST []	MEDIAN TYPE 1-DIVIDED FLUSH MEDIAN (<4 FEET) 2-DIVIDED FLUSH MEDIAN (>4 FEET) 3-DIVIDED, DEPRESSED MEDIAN 4-DIVIDED, RAISED MEDIAN (ANY TYPE) 9-OTHER/UNKNOWN []	
WORK ZONE RELATED []		WORK ZONE TYPE 1-LANE CLOSURE 2-LANE SHIFT/CROSSOVER 3-WORK ON SHOULDER OR MEDIAN 4-INTERMITTENT OR MOVING WORK 5-OTHER []	LOCATION OF CRASH IN WORK ZONE 1-BEFORE THE 1ST WORK ZONE 2-ADVANCE WARNING AREA 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA []	1	CONDITIONS 1 1	SURFACE 2		
WORKERS PRESENT []		WEATHER 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL []	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- STRAIGHT LEVEL 2- STRAIGHT GRADE 3- CURVE LEVEL 4- CURVE GRADE 9- 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 []	1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9- OTHER/UNKNOWN []		
LAW ENFORCEMENT PRESENT []		LIGHT CONDITION 1-DAYLIGHT 2-DAWN/DUSK 3-DARK-LIGHTED ROADWAY 4-DARK-ROADWAY NOT LIGHTED 5-DARK-UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN []	WEATHER 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL 6-SNOW 7-SEVERE CROSSWINDS 8-BLOWING SAND, SOIL, DIRT, SNOW 9-FREEZING RAIN OR FREEZING DRIZZLE 99-OTHER / UNKNOWN []	9- OTHER/UNKNOWN []	SEE OH-2 []			
ACTIVE SCHOOL ZONE []								
NARRATIVE							Indicate the north direction with an "N" on the compass diagram.	
On March 9, 2023 at approximately 4:08 PM, Unit 1 was traveling westbound on Port Union Road approaching Bypass 4. Unit 2 was traveling eastbound on Port Union Road approaching Bypass 4.								
Per Unit 1 driver: Unit 1 received a green arrow to turn left onto Bypass 4 and proceeded into the intersection. Unit 2 then ran the red light and struck Unit 1.								
Per Unit 2 driver: Unit 1 initiated a left turn onto Bypass 4, failed to yield to Unit 2, and was struck by it.								
Officers received conflicting statements with no true witnesses.								
CRASH REPORTED DATE / TIME 0 3 0 9 2 0 2 3 1 6 0 9		DISPATCH DATE / TIME 0 3 0 9 2 0 2 3 1 6 1 1		ARRIVAL DATE / TIME 0 3 0 9 2 0 2 3 1 6 1 3		SCENE CLEARED DATE / TIME 0 3 0 9 2 0 2 3 1 6 4 1		REPORT TAKEN BY
TOTAL TIME ROADWAY CLOSED 0 1 3 0		OTHER INVESTIGATION TIME TOTAL MINUTES 6 0		OFFICER'S NAME* A. ROUSH		CHECKED BY OFFICER'S NAME* Sgt. Adam Mayer		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
				OFFICER'S BADGE NUMBER* 1 7 0		CHECKED BY OFFICER'S BADGE NUMBER* 1 3 2		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OGS)



UNIT

OWNER	UNIT # <u>0 1</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>004A3LU</u>	VEHICLE IDENTIFICATION # <u>3FA16P0H9XER195806</u>	VEHICLE YEAR <u>2014</u>	VEHICLE MAKE <u>FORD</u>	
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>GAINSCO</u>	INSURANCE POLICY # <u>OHPA063183860000</u>	COLOR <u>WHITE</u>	VEHICLE MODEL <u>FUSION</u>	
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT # <u>1</u>	TOWED BY: COMPANY NAME <u>FOX TOWING</u>		
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS <u>0 2</u>	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		
UNIT TYPE <u>0 1</u>		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> CLASS # <input type="checkbox"/> PLACARD ID # <input type="checkbox"/> PLACARD			
4 - PICK UP 5 - CARGOVAN 6 - VAN (9-15 SEATS)		1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - AUTOCAR 5 - AUTOMOTORIZED BICYCLE 6 - ALL-TERRAIN VEHICLE (ATV/UTV)			
11 - SEMI-TRACTOR 12 - FARM EQUIPMENT 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRAILER 16 - FARM EQUIPMENT 17 - MOTORHOME		18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP			
VEHICLE	# OF TRAILING UNITS <u>0 0</u>				
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>0 2</u> 1 - YES 2 - NO 9 - OTHER/UNKNOWN		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN	
SPECIAL FUNCTION <u>0 1</u> 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER		1 - NONE 2 - TAXI 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	6 - BUS - CHARTER/TOUR 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	
CARGO BODY TYPE <u>0 1</u> 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 - CARGOTANK 10 - FLAT BED 11 - DUMP	
VEHICLE DEFECTS <u>0 1</u> 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	
NON-MOTORIST LOCATION AT IMPACT <u>0 1</u> 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS	
ACTION <u>0 4</u> 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER/UNKNOWN		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - PRE-CRASH 5 - OVERTAKING/PASSING 6 - MAKING RIGHT TURN 7 - MAKING LEFT TURN	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	
CONTRIBUTING CIRCUMSTANCES <u>2 2</u> 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	
SEQUENCE OF EVENTS		NON-COLLISION			
<u>1 2 0</u>		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 - PEADCYCLE	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE
4 1		25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT
5 1		50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL	54 - OTHER FIXED OBJECT	55 - OTHER/UNKNOWN	
6 1		56 - OTHER/UNKNOWN	57 - OTHER/UNKNOWN	58 - OTHER/UNKNOWN	
1		FIRST HARMFUL EVENT	MOST HARMFUL EVENT		

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



UNIT

OWNER

VEHICLE

EVENT(S)

SEQUENCE OF EVENTS

COLLISION WITH FIXED OBJECT

STRUCK

UNIT SPEED

DETECTED SPEED

POSTED SPEED

UNIT

FROM

TO

UNIT



MOTORIST / Non-MOTORIST



OCCUPANT / WITNESS APPENDUM

OCCUPANT / WITNESS ADDENDUM							LOCAL REPORT NUMBER				
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER		
	1	NDIAYE, OUSMANE HAMADY				0 2 0 1 1 9 8 6		37	M		
ADDRESS: STREET, CITY, STATE, ZIP 957 CASTRO LN, CINCINNATI, OH 45246							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	
3		2	FAIRFIELD EMS	MERCY FAIRFIELD	0 4	<input type="checkbox"/>	0 3	0 2	1	1	
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER		
	2	BOLONKALI, RACHEL MBOKEBOTE				0 4 0 5 1 9 7 9		43	F		
ADDRESS: STREET, CITY, STATE, ZIP 1353 CORYDALE DR APT F, FAIRFIELD, OH 45014							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	
5					0 4	<input type="checkbox"/>	0 3	0 1	1	1	
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER		
								0			
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE				
INJURIES		INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
5						<input type="checkbox"/>					
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER		
								0			
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE				
INJURIES		INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
5						<input type="checkbox"/>					
INJURIES			SAFETY EQUIPMENT USED			SEATING POSITION		AIR BAG USAGE			
1- FATAL 2- SUSPECTED SERIOUS INJURY 3- SUSPECTED MINOR INJURY 4- POSSIBLE INJURY 5- NO APPARENT INJURY			1- NONE USED 2- VEHICLE OCCUPANT 3- SHOULDER BELT ONLY USED 4- LAP BELT ONLY USED 5- SHOULDER & LAP BELT USED 6- CHILD RESTRAINT SYSTEM FORWARD FACING 7- CHILD RESTRAINT SYSTEM REAR FACING 8- BOOSTER SEAT 9- HELMET USED 10- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 11- REFLECTIVE CLOTHING 12- LIGHTING - PEDESTRIAN / BICYCLE ONLY 13- OTHER / UNKNOWN			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 11- PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT) 12- PASSENGER IN UNENCLOSED CARGO AREA 13- TRAILING UNIT 14- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15- NON-MOTORIST 99- OTHER / UNKNOWN		1- NOT DEPLOYED 2- DEPLOYED FRONT 3- DEPLOYED SIDE 4- DEPLOYED BOTH FRONT/SIDE 5- NOT APPLICABLE 9- DEPLOYMENT UNKNOWN			
INJURED TAKEN BY			1- NOT TRANSPORTED / TREATED AT SCENE 2- EMS 3- POLICE 9- OTHER / UNKNOWN			8- THIRD - MIDDLE 9- THIRD - RIGHT SIDE 10- SLEEPER SECTION OF TRUCK CAB 11- PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT) 12- PASSENGER IN UNENCLOSED CARGO AREA 13- TRAILING UNIT 14- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15- NON-MOTORIST 99- OTHER / UNKNOWN		1- NOT EJECTED 2- PARTIALLY EJECTED 3- TOTALLY EJECTED 4- NOT APPLICABLE			
GENDER								EJECTION			
F- FEMALE M- MALE U- OTHER / UNKNOWN								1- NOT EJECTED 2- PARTIALLY EJECTED 3- TOTALLY EJECTED 4- NOT APPLICABLE			
WITNESS	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH		AGE	GENDER
										0	
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE				
WITNESS	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH		AGE	GENDER
										0	
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE				
WITNESS	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH		AGE	GENDER
										0	
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE				

LOCAL REPORT NUMBER	23018339	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	PORT UNION RD / BYPASS 4	
<p>PORT UNION ROAD</p> <p>BY PASS SR4</p> <p>NOT TO SCALE</p>				
OFFICER'S SIGNATURE			A. ROUSH	BADGE NO.
				170