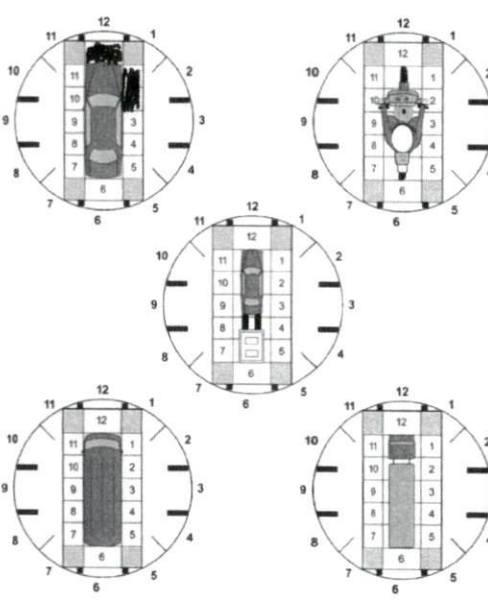




LOCAL REPORT NUMBER*

PAGE 1 OF 4

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)
	011	Boyd, Ebony Nicole	
VEHICLE	OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)	COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
	5540 Lake Michigan Dr. Fairfield, OH. 45014		
VEHICLE	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #
	OH	FSK7071	5N1A1T2MVLHC754592
VEHICLE	INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #
	☑	Allstate	980650449
VEHICLE	TYPE OF USE	US DOT #	TOWED BY: COMPANY NAME
	☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE		Marcell's Towing
VEHICLE	INTERLOCK DEVICE EQUIPPED	HIT/SKIP UNIT	HAZARDOUS MATERIAL
	☐	☐	☐ MATERIAL RELEASED ☐ PLACARD
VEHICLE	#OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR	CLASS # PLACARD ID #
	01	1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
VEHICLE	UNIT TYPE	18-LIMO (LIVERY VEHICLE) 23-PEDESTRIAN / SKATER	
	03	19-BUS (16+ PASSENGERS) 24-WHEELCHAIR (ANY TYPE)	
VEHICLE	# OF TRAILING UNITS	25-OTHER NON-MOTORIST 26-BICYCLE	
		27-TRAIN 99-UNKNOWN OR HIT/SKIP	
VEHICLE	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN	
	2	1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	
VEHICLE	SPECIAL FUNCTION	16-FARM 21-MAIL CARRIER	
	01	17-MOWING 99-OTHER / UNKNOWN	
VEHICLE	CARGO BODY TYPE	18-SNOW REMOVAL 19-TOWING	
	01	20-OTHER VEHICLE 21-HEAVY EQUIPMENT	
VEHICLE	VEHICLE DEFECTS	22-ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	
	01	23-PEDESTRIAN / SKATER 24-WHEELCHAIR (ANY TYPE)	
VEHICLE	NON-MOTORIST LOCATION AT IMPACT	25-OTHER NON-MOTORIST 26-BICYCLE	
	01	27-TRAIN 99-UNKNOWN OR HIT/SKIP	
VEHICLE	ACTION	28-ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	
	03	29-UNKNOWN OR HIT/SKIP	
VEHICLE	CONTRIBUTING CIRCUMSTANCES	30-UNKNOWN OR HIT/SKIP	
	15	31-UNKNOWN OR HIT/SKIP	
VEHICLE	SEQUENCE OF EVENTS	32-UNKNOWN OR HIT/SKIP	
	18	33-UNKNOWN OR HIT/SKIP	
VEHICLE	NON-COLLISION	34-UNKNOWN OR HIT/SKIP	
	08	35-UNKNOWN OR HIT/SKIP	
VEHICLE	COLLISION WITH FIXED OBJECT - STRUCK	36-UNKNOWN OR HIT/SKIP	
	4	37-UNKNOWN OR HIT/SKIP	
VEHICLE	FIRST HARMFUL EVENT	38-UNKNOWN OR HIT/SKIP	
	3	39-UNKNOWN OR HIT/SKIP	
VEHICLE	MOST HARMFUL EVENT	40-UNKNOWN OR HIT/SKIP	
	3	41-UNKNOWN OR HIT/SKIP	

LOCAL REPORT NUMBER	
22001858	
DAMAGE	
DAMAGE SCALE	
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	
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE	
13 - TOP 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN
2 - TWO-WAY	2 - SIGNAL 5 - YIELD SIGN
	3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	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	
UNIT SPEED	DETECTED SPEED
030	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED
POSTED SPEED	
35	

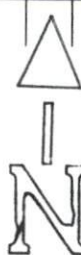


MOTORIST / Non-MOTORIST

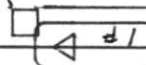
LOCAL REPORT NUMBER
2 2 0 0 1 8 5 8

MOTORIST / NON-MOTORIST	UNIT # 0 1	NAME: LAST, FIRST, MIDDLE Boyd, Ebony Nicole				DATE OF BIRTH 0 5 3 0 1 9 8 3		AGE 3 8	GENDER F				
	ADDRESS: STREET, CITY, STATE, ZIP 5540 Lake Michigan Dr. Fairfield, OH. 45014					CONTACT PHONE - INCLUDE AREA CODE							
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
	OL STATE O H	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER				
MOTORIST / NON-MOTORIST	OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 8	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 01	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	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		
MOTORIST / NON-MOTORIST	OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER				
	OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4		
	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE 0	GENDER				
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
MOTORIST / NON-MOTORIST	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER				
	OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4		
	INJURIES	SEATING POSITION		AIR BAG		OL CLASS		OL RESTRICTION(S)		DRIVER DISTRACTION		TEST STATUS	
1 - FATAL		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 & 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		6 - EXCEPT CLASS A & CLASS B BUS		6 - PASSENGER		ALCOHOL TEST TYPE	
1 - NOT TRANSPORTED / TREATED AT SCENE		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		EJECTION		H - HAZMAT		7 - EXCEPT TRACTOR-TRAILER		7 - OTHER DISTRACTION INSIDE THE VEHICLE		1 - NONE	
2 - EMS		8 - THIRD - MIDDLE		1 - NOT EJECTED		M - MOTORCYCLE		8 - INTERMEDIATE LICENSE RESTRICTIONS		8 - OTHER DISTRACTION OUTSIDE THE VEHICLE		2 - BLOOD	
3 - POLICE		9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED		P - PASSENGER		9 - LEARNER'S PERMIT RESTRICTIONS		9 - OTHER / UNKNOWN		3 - URINE	
9 - OTHER / UNKNOWN		10 - SLEEPER SECTION OF TRUCK CAB		3 - TOTALLY EJECTED		N - TANKER		10 - LIMITED TO DAYLIGHT ONLY		10 - LIMITED TO EMPLOYMENT		4 - BREATH	
SAFETY EQUIPMENT		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		4 - NOT APPLICABLE		Q - MOTOR SCOOTER		11 - LIMITED - OTHER		12 - LIMITED - OTHER		5 - OTHER	
1 - NONE USED		12 - PASSENGER IN UNENCLOSED CARGO AREA		TRAPPED		R - THREE-WHEEL MOTORCYCLE		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		DRUG TEST TYPE	
3 - LAP BELT ONLY USED		13 - TRAILING UNIT		1 - NOT TRAPPED		S - SCHOOL BUS		14 - MILITARY VEHICLES ONLY		14 - MILITARY VEHICLES ONLY		1 - NONE	
4 - SHOULDER & LAP BELT USED		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		2 - EXTRICATED BY MECHANICAL MEANS		T - DOUBLE & TRIPLE TRAILERS		15 - MOTOR VEHICLES WITHOUT AIR BRAKES		15 - MOTOR VEHICLES WITHOUT AIR BRAKES		2 - BLOOD	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		15 - NON-MOTORIST		3 - FREED BY NON-MECHANICAL MEANS		X - TANKER / HAZMAT		16 - OUTSIDE MIRROR		16 - OUTSIDE MIRROR		3 - URINE	
6 - CHILD RESTRAINT SYSTEM - REAR FACING		99 - OTHER / UNKNOWN		GENDER		F - FEMALE		17 - PROSTHETIC AID		17 - PROSTHETIC AID		4 - OTHER	
7 - BOOSTER SEAT				M - MALE		M - MALE		18 - OTHER		18 - OTHER		DRUG TEST RESULT(S)	
8 - HELMET USED				U - OTHER / UNKNOWN		U - OTHER / UNKNOWN				1 - APPARENTLY NORMAL		1 - AMPHETAMINES	
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)										2 - PHYSICAL IMPAIRMENT		2 - BARBITURATES	
10 - REFLECTIVE CLOTHING										3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		3 - BENZODIAZEPINES	
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY										4 - ILLNESS		4 - CANNABINOIDS	
99 - OTHER / UNKNOWN										5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		5 - COCAINE	
										6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		6 - OPIATES / OPIOIDS	
										9 - OTHER / UNKNOWN		7 - OTHER	
												8 - NEGATIVE RESULTS	

LOCAL REPORT NUMBER	PD-22-001858	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	01/09/2022
IN COUNTY OF	Butler	ACCIDENT LOCATION	5900 Gray Rd. Fairfield, OH 45014		


Not To Scale

Drainage Culvert



Concrete Water Run-off

5900 Gray Rd.

	OFFICER'S SIGNATURE	PO Greg Bailes	BADGE NO 122
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