



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL INFORMATION		LOCAL REPORT NUMBER*			
<input checked="" type="checkbox"/> PHOTOS TAKEN <input checked="" 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		REPORTING AGENCY NAME*		NCIC*		HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR	
		Fairfield Police Department		0 0 9 0 1		2 1 - SOLVED	0 3	0 1 98-ANIMAL 99-UNKNOWN	
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*		City of Fairfield		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 2 - VILLAGE 3 - TOWNSHIP					0 1 2 3 2 0 2 2 1 5 4 2			
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 0 3 3 7 8 8 7			
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			
				Tallawanda	D R	- 8 4 0 5 7 1 6 8 7			
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	4 NUMBER OF APPROACHES		
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE					ROADWAY			
	1 - MILES 2 - FEET 3 - YARDS					<input type="checkbox"/> ROADWAY DIVIDED			
LOCATION OF FIRST HARMFUL EVENT			MANNER OF CRASH COLLISION/IMPACT			DIRECTION OF TRAVEL	MEDIAN TYPE		
0 1	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	1 - NOT COLLISION 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN TRANSPORT 4 - REAR-END 5 - HEAD-ON	4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	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"/> WORK ZONE RELATED	WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE			
<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	1	2			
<input type="checkbox"/> LAW ENFORCEMENT PRESENT				1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE	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			
<input type="checkbox"/> ACTIVE SCHOOL ZONE									
LIGHT CONDITION			WEATHER						
1	1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	0 1	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					
NARRATIVE						 Indicate the north direction with an "N" on the compass diagram.			
On 1/23/22 Unit 1 was traveling westbound on River Road approaching Tallawanda Drive. Unit 1 failed to assure cleared distance ahead and struck the rear of unit 2. Unit 2 then struck unit 3 in the rear. Unit 1 driver left the scene on foot without contacting authorities.						See OH-2			
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY	
0 1 2 3 2 0 2 2 1 5 4 2	0 1 2 3 2 0 2 2 1 5 4 4	0 1 2 3 2 0 2 2 1 5 5 0	0 1 2 3 2 0 2 2 1 6 3 5					<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*	CHECKED BY OFFICER'S NAME*					
0 0	2 0	7 1	N. Davis	Sgt. Aaron Meyer					
				OFFICER'S BADGE NUMBER*	CHECKED BY OFFICER'S BADGE NUMBER*				
				1 6 9	1 3 2				

OWNER	UNIT # <u>0_1</u> OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) <u>Hensley, Sheri, Ann</u>	OWNER PHONE: <input type="checkbox"/> INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) <u>325 Summit Ave. Connersville, Indiana 47331</u>		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP	COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	

LP STATE <u>I_N</u>	LICENSE PLATE # <u>TBF814</u>	VEHICLE IDENTIFICATION # <u>1G6KD54Y0XU740082</u>	VEHICLE YEAR <u>1999</u>	VEHICLE MAKE <u>Cadillac</u>
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR <u>Black</u>	VEHICLE MODEL <u>Deville</u>
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME <u>FOX Towing</u>	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input checked="" type="checkbox"/> HIT/SKIP UNIT #OCCUPANTS <u>0_1</u>		VEHICLE WEIGHT GVWR/GCW 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <u> </u> <input type="checkbox"/> PLACARD PLACARD ID # <u> </u>	

UNIT TYPE <u>0_1</u>	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 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 UNITTRUCK 15 - SEMI-TRACTOR 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
<u>0</u>	# OF TRAILING UNITS			

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>2</u>	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
<u>0_1</u>	AUTONOMOUS MODE LEVEL		

SPECIAL FUNCTION <u>0_1</u>	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
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CARGO BODY TYPE <u>0_1</u>	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 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

NON-MOTORIST LOCATION AT IMPACT <u>1_1</u>	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED 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
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ACTION <u>3</u>	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	PRE-CRASH ACTIONS <u>0_1</u> 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - 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	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
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CONTRIBUTING CIRCUMSTANCES <u>0_8</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	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION
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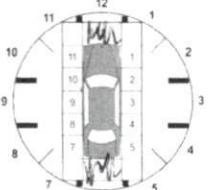
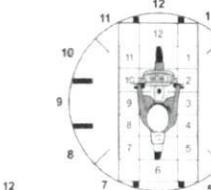
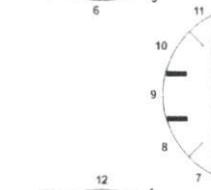
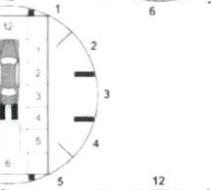
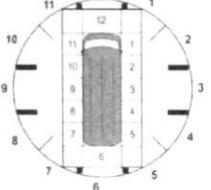
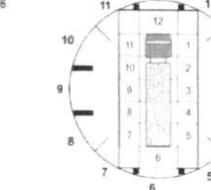
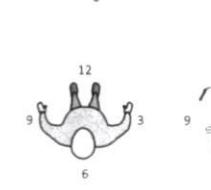
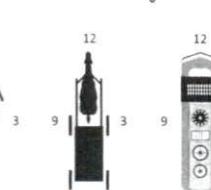
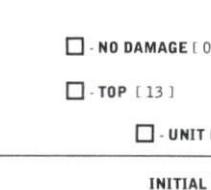
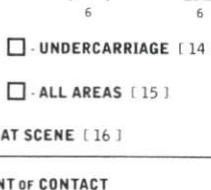
SEQUENCE OF EVENTS <u>1_2_0</u>	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - 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
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COLLISION WITH FIXED OBJECT - STRUCK <u>4_5_6</u>	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 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	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN
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<u>1</u> FIRST HARMFUL EVENT <u>1</u> MOST HARMFUL EVENT
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LOCAL REPORT NUMBER <u>2 2 0 0 5 1 0 0</u>	
DAMAGE	
DAMAGE SCALE <u>4</u> 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<img alt="	

OWNER		UNIT # <u>0_2</u> OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> SAME AS DRIVER) OWNER PHONE: <input type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: <input type="checkbox"/> SAME AS DRIVER)							
OWNER ADDRESS: STREET, CITY, STATE, ZIP <input type="checkbox"/> SAME AS DRIVER) 5875 Fairdale Dr. Fairfield, OH 45014											
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP				COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE							
LP STATE <u>O_H</u>	LICENSE PLATE # <u>HY57298</u>	VEHICLE IDENTIFICATION # <u>1G1AT58H697280832</u>		VEHICLE YEAR <u>2009</u>	VEHICLE MAKE <u>Chevrolet</u>						
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>Esurance</u>	INSURANCE POLICY # <u>PAHO07057495</u>		COLOR <u>Gray</u>	VEHICLE MODEL <u>Cobalt</u>						
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #		TOWED BY: COMPANY NAME							
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 <input type="checkbox"/> PLACARD						
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FIRST HARMFUL EVENT <u>1</u>		MOST HARMFUL EVENT <u>1</u>									

LOCAL REPORT NUMBER <u>2_2_0_0_5_1_0_0</u>	
DAMAGE	
<u>2</u>	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN
DAMAGE SCALE	
3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE	
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	
<u>0_6</u>	0 - NO DAMAGE 1 - 12 - REFER TO UNIT DIAGRAM 13 - TOP
TRAFFIC	
TRAFFIC FLOW <u>2</u>	TRAFFIC CONTROL 1 - ONE-WAY 2 - TWO-WAY <u>6</u> 1 - ROUNDABOUT 2 - SIGNAL 3 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD <u>2</u>	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING <u>1</u> 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM <u>3</u> TO <u>4</u>	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - N - NORTHEAST 6 - S - NORTHWEST 7 - S - SOUTHEAST 8 - W - SOUTHWEST 9 - OTHER / UNKNOWN
UNIT SPEED	
<u>0</u>	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR <u>1</u> 3 - UNDETERMINED
POSTED SPEED	
<u>3</u>	<u>5</u>

OWNER

UNIT # 013 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

LP STATE O H LICENSE PLATE # HSS6202 VEHICLE IDENTIFICATION # 2FMDK3KC3D1B14188 VEHICLE YEAR 2013 VEHICLE MAKE Ford

<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>Nationwide</u>	INSURANCE POLICY # <u>9234J263296</u>	COLOR <u>Gray</u>	VEHICLE MODEL <u>Edge</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 2</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>1</u> PLACARD ID # <u>1</u> <input type="checkbox"/> PLACARD	

1 - PASSENGER CAR <u>0 13</u>	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 ANIMAL-DRAWN VEHICLE	27 - TRAIN
6 - VAN (9-15 SEATS)	11 - ALL-TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	19 - TOWING	99 - UNKNOWN OR HIT/SKIP

OF TRAILING UNITS 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	0 - NO AUTOMATION <u>2</u> 1 - YES 2 - NO 9 - OTHER / UNKNOWN	1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
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AUTONOMOUS MODE LEVEL	1 - NONE <u>0 1</u>	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
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CARGO BODY TYPE	1 - NO CARGO BODY TYPE / NOT APPLICABLE <u>0 1</u> 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
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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
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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	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
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ACTION	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
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CONTRIBUTING CIRCUMSTANCES	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
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SEQUENCE OF EVENTS

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	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT
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4 - IMPACT ATTENUATOR / CRASH CUSHION 5 - BRIDGE OVERHEAD STRUCTURE 6 - BRIDGE PIER OR ABUTMENT 7 - BRIDGE PARAPET 8 - BRIDGE RAIL 9 - GUARDRAIL FACE	10 - GUARDRAIL END 11 - PORTABLE BARRIER 12 - MEDIAN CABLE BARRIER 13 - MEDIAN GUARDRAIL 14 - BARRIER 15 - MEDIAN CONCRETE BARRIER 16 - MEDIAN OTHER BARRIER	17 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 18 - DOWNHILL RUNAWAY 19 - OTHER NON-COLLISION 20 - PEDESTRIAN 21 - PARKED MOTOR VEHICLE	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 99 - OTHER / UNKNOWN
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1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER <u>2 2 0 0 5 1 0 0</u>	
DAMAGE	
DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL 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 <u>0 16</u> 1 - 12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC	
TRAFFIC WAY FLOW <u>2</u>	TRAFFIC CONTROL 1 - ONE-WAY 2 - TWO-WAY <u>6</u> 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD <u>2</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>4</u>	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
UNIT SPEED	
<u>0</u>	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	
<u>3</u> <u>5</u>	



MOTORIST / Non-MOTORIST

UNIT #		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH			AGE	GENDER		
0 1									0	U		
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	9 9	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER		
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED			CONDITION	ALCOHOL TEST	DRUG TEST(S)			
			9	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	<input type="checkbox"/> OTHER DRUG	9	STATUS 1	TYPE 1	VALUE	STATUS 1	TYPE 1
UNIT #		NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH			AGE	GENDER
0 2		Van Winsen, Joshua R						0 9 0 8 1 9 8 6			3 5	M
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE						
5875 Fairdale Dr. Fairfield, OH 45014												
INJURIES	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	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER		
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED			CONDITION	ALCOHOL TEST	DRUG TEST(S)			
			1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	<input type="checkbox"/> OTHER DRUG	1	STATUS 1	TYPE 1	VALUE	STATUS 1	TYPE 1
UNIT #		NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH			AGE	GENDER
0 3		Hopewell, Nicholas Ryan Franz						0 3 1 2 1 9 8 7			3 4	M
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE						
2516 Sunshine Dr. Fairfield, OH 45014												
INJURIES	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	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER		
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED			CONDITION	ALCOHOL TEST	DRUG TEST(S)			
			1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	<input type="checkbox"/> OTHER DRUG	1	STATUS 1	TYPE 1	VALUE	STATUS 1	TYPE 1
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 - 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 - 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 - TEST GIVEN, RESULTS UNKNOWN							
INJURED TAKEN BY		6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - EXCEPT CLASS A & CLASS B BUS								
1 - NOT TRANSPORTED / TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	6 - NO VALID OL	7 - EXCEPT TRACTOR-TRAILER	4 - TALKING ON HAND-HELD COMMUNICATION DEVICE								
2 - EMS	8 - THIRD - MIDDLE		8 - INTERMEDIATE LICENSE RESTRICTIONS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE								
3 - POLICE	9 - THIRD - RIGHT SIDE		9 - LEARNER'S PERMIT RESTRICTIONS	6 - PASSENGER								
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB		10 - LIMITED TO DAYLIGHT ONLY	7 - OTHER DISTRACTION INSIDE THE VEHICLE								
SAFETY EQUIPMENT			11 - NOT EJECTED	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE								
1 - NONE USED	11 - PASSENGER IN OTHER - ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAPI)		12 - LIMITED - OTHER	9 - OTHER / UNKNOWN								
2 - SHOULDER BELT ONLY USED	12 - PASSENGER IN UNENCLOSED CARGO AREA		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)									
3 - LAP BELT ONLY USED	13 - TRAILING UNIT		14 - MILITARY VEHICLES ONLY									
4 - SHOULDER & LAP BELT USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		15 - MOTOR VEHICLES WITHOUT AIR BRAKES									
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	15 - NON-MOTORIST		16 - OUTSIDE MIRROR									
6 - CHILD RESTRAINT SYSTEM - REAR FACING	99 - OTHER / UNKNOWN		17 - PROSTHETIC AID									
7 - BOOSTER SEAT			18 - OTHER									
8 - HELMET USED												
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)												
10 - REFLECTIVE CLOTHING												
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY												
99 - OTHER / UNKNOWN												
EJECTION		OL ENDORSEMENT	ALCOHOL TEST					DRUG TEST TYPE				
1 - NOT EJECTED	H - HAZMAT	1 - NOT DISTRACTED	1 - NONE									
2 - PARTIALLY EJECTED	M - MOTORCYCLE	2 - CDL INTRASTATE ONLY	2 - BLOOD									
3 - TOTALLY EJECTED	P - PASSENGER	3 - CORRECTIVE LENSES	3 - URINE									
4 - NOT APPLICABLE	N - TANKER	4 - FARM WAIVER	4 - BREATH									
	Q - MOTOR SCOOTER	5 - EXCEPT CLASS A BUS	5 - OTHER									
	R - THREE-WHEEL MOTORCYCLE	6 - EXCEPT CLASS A & CLASS B BUS										
	S - SCHOOL BUS	7 - EXCEPT TRACTOR-TRAILER										
	T - DOUBLE & TRIPLE TRAILERS	8 - INTERMEDIATE LICENSE RESTRICTIONS										
	X - TANKER / HAZMAT	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										
TRAPPED		DRUG TEST RESULT(S)										
1 - NOT TRAPPED	1 - AMPHETAMINES											
2 - EXTRICATED BY MECHANICAL MEANS	2 - BARBITURATES											
3 - FREED BY NON-MECHANICAL MEANS	3 - BENZODIAZEPINES											
	4 - CANNABINOID											
	5 - COCAINE											
	6 - OPIATES / OPIOIDS											
	7 - OTHER											
	8 - NEGATIVE RESULTS											
GENDER		CONDITION										
F - FEMALE	1 - APPARENTLY NORMAL											
M - MALE	2 - PHYSICAL IMPAIRMENT											
U - OTHER / UNKNOWN	3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)											
	4 - ILLNESS											
	5 - FELL ASLEEP / FAINTED, FATIGUED, ETC.											
	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL											
	9 - OTHER / UNKNOWN											



OCCUPANT / WITNESS ADDENDUM

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 3 Hopewell, Paisley				DATE OF BIRTH 0 7 1 9 2 0 1 6	AGE 5	GENDER F		
	ADDRESS: STREET, CITY, STATE, ZIP 2516 Sunshine Dr. Fairfield, OH 45014					CONTACT PHONE - INCLUDE AREA CODE				
OCCUPANT	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
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 				DATE OF BIRTH 	AGE 0	GENDER 		
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP 					CONTACT PHONE - INCLUDE AREA CODE				
OCCUPANT	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
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 				DATE OF BIRTH 	AGE 0	GENDER 		
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP 					CONTACT PHONE - INCLUDE AREA CODE				
OCCUPANT	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
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 				DATE OF BIRTH 	AGE 0	GENDER 		
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP 					CONTACT PHONE - INCLUDE AREA CODE				
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)							
2 - EMS	8 - HELMET USED		8 - THIRD - MIDDLE							
3 - POLICE	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		9 - THIRD - RIGHT SIDE							
9 - OTHER / UNKNOWN	10 - REFLECTIVE CLOTHING		10 - SLEEPER SECTION OF TRUCK CAB							
GENDER	11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)							
F - FEMALE	99 - OTHER / UNKNOWN		12 - PASSENGER IN UNENCLOSED CARGO AREA							
M - MALE			13 - TRAILING UNIT							
U - OTHER / UNKNOWN			14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)							
			15 - NON-MOTORIST							
			99 - OTHER / UNKNOWN							
WITNESS	NAME: LAST, FIRST, MIDDLE 				DATE OF BIRTH 	AGE 0	GENDER 			
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP 					CONTACT PHONE - INCLUDE AREA CODE				
WITNESS	NAME: LAST, FIRST, MIDDLE 				DATE OF BIRTH 	AGE 0	GENDER 			
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP 					CONTACT PHONE - INCLUDE AREA CODE				
WITNESS	NAME: LAST, FIRST, MIDDLE 				DATE OF BIRTH 	AGE 0	GENDER 			
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP 					CONTACT PHONE - INCLUDE AREA CODE				

LOCAL REPORT NUMBER	22-005100	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	River Rd./Tallawanda Dr.	1/23/22
<p>Not to Scale</p>				
		OFFICER'S SIGNATURE	BADGE NO 169	