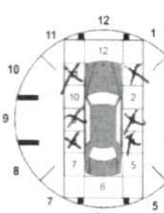
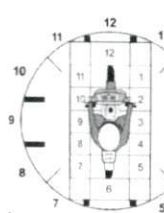
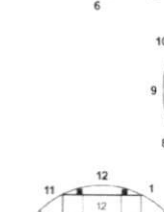
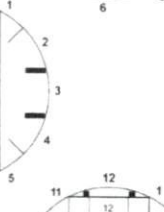
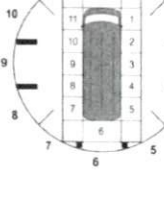
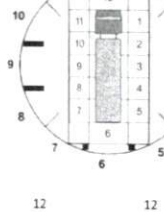
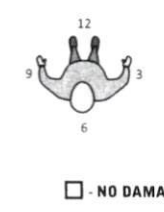
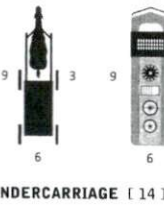




LOCAL REPORT NUMBER*

HSY7001 OH1 1/19 [760-0820]

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE OH	LICENSE PLATE # JJQ1041	VEHICLE IDENTIFICATION # 4T1B111HK0J0U074655	VEHICLE YEAR 2018	VEHICLE MAKE Toyota
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY Progressive	INSURANCE POLICY # 947298450	COLOR White	VEHICLE MODEL Camry
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 01	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
	TYPE OF USE		TOWED BY: COMPANY NAME Waynes		
	<input type="checkbox"/> PASSENGER CAR		HAZARDOUS MATERIAL		
	<input type="checkbox"/> PASSENGER VAN (MINIVAN)		<input type="checkbox"/> MATERIAL RELEASED		
	<input type="checkbox"/> SPORT UTILITY VEHICLE		<input type="checkbox"/> PLACARD		
	<input type="checkbox"/> PICKUP		CLASS # PLACARD ID #		
	<input type="checkbox"/> CARGO VAN				
<input type="checkbox"/> VAN (9-15 SEATS)					
# of TRAILING UNITS 0					
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		AUTONOMOUS MODE LEVEL			
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		VEHICLE DEFECTS			
1 - NONE		1 - TURN SIGNALS			
2 - TAXI		2 - HEAD LAMPS			
3 - ELECTRONIC RIDE SHARING		3 - TAIL LAMPS			
4 - SCHOOL TRANSPORT		4 - BRAKES			
5 - BUS - TRANSIT/COMMUTER		5 - STEERING			
6 - BUS - CHARTER/TOUR		6 - TIRE BLOWOUT			
7 - BUS - INTERCITY		7 - WORN OR SLICK TIRES			
8 - BUS - SHUTTLE		8 - TRAILER EQUIPMENT DEFECTIVE			
9 - BUS - OTHER		9 - MOTOR TROUBLE			
10 - AMBULANCE		10 - DISABLED FROM PRIOR ACCIDENT			
11 - FIRE		11 - DUMP			
12 - MILITARY		12 - CONCRETE MIXER			
13 - POLICE		13 - AUTO TRANSPORTER			
14 - PUBLIC UTILITY		14 - GARBAGE/REFUSE			
15 - CONSTRUCTION EQUIPMENT		15 - OTHER / UNKNOWN			
20 - SAFETY SERVICE PATROL					
CARGO BODY TYPE		VEHICLE TOWING ANOTHER MOTOR VEHICLE			
1 - NO CARGO BODY TYPE / NOT APPLICABLE		5 - INTERMODAL CONTAINER CHASSIS			
2 - BUS		6 - CARGO VAN/ENCLOSED BOX			
		7 - GRAIN/CHIPS/GRAVEL			
NON-MOTORIST LOCATION AT IMPACT		ACTION			
1 - INTERSECTION - MARKED CROSSWALK		1 - NON-CONTACT			
2 - INTERSECTION - UNMARKED CROSSWALK		2 - NON-COLLISION			
3 - TRAVEL LANE - OTHER LOCATION		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			
CONTRIBUTING CIRCUMSTANCES		TRAFFICWAY FLOW			
1 - NONE		1 - ONE-WAY			
2 - FAILURE TO YIELD		2 - TWO-WAY			
3 - RAN RED LIGHT					
4 - RAN STOP SIGN					
5 - UNSAFE SPEED					
6 - IMPROPER TURN					
SEQUENCE OF EVENTS		RAIL GRADE CROSSING			
1 - OVERTURN/ROLLOVER		1 - NOT INVOLVED			
2 - FIRE/EXPLOSION		2 - INVOLVED-ACTIVE CROSSING			
3 - IMMERSION		3 - INVOLVED-PASSIVE CROSSING			
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 - IMPROPER PASSING					
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					
NON-COLLISION		UNIT / NON-MOTORIST DIRECTION			
11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL		1 - NORTH			
12 - DOWNHILL RUNAWAY		2 - SOUTH			
13 - OTHER NON-COLLISION		3 - EAST			
14 - PEDESTRIAN		4 - WEST			
15 - PEDALCYCLE		5 - NORTHEAST			
16 - RAILWAY VEHICLE		6 - NORTHWEST			
17 - ANIMAL - FARM		7 - SOUTHEAST			
18 - ANIMAL - DEER		8 - SOUTHWEST			
19 - ANIMAL - OTHER		9 - OTHER / UNKNOWN			
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					
COLLISION WITH FIXED OBJECT - STRUCK		UNIT SPEED			
31 - GUARDRAIL END		1 - 5			
32 - PORTABLE BARRIER		POSTED SPEED			
33 - MEDIAN CABLE BARRIER		3 - 5			
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					
50 - WORK ZONE MAINTENANCE EQUIPMENT					
51 - WALL					
52 - BUILDING					
53 - TUNNEL					
54 - OTHER FIXED OBJECT					
99 - OTHER / UNKNOWN					
FIRST HARMFUL EVENT		DETECTED SPEED			
2 - MOST HARMFUL EVENT		1 - STATED / ESTIMATED SPEED			
		2 - CALCULATED / EDR			
		3 - UNDETERMINED			

LOCAL REPORT NUMBER 22007209	
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 1 - REFER TO UNIT DIAGRAM 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL	
# OF THROUGH LANES ON ROAD 4	
RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	
UNIT / NON-MOTORIST DIRECTION FROM 4 TO 3	
UNIT SPEED 1 5	
POSTED SPEED 3 5	
DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER													
2 2 0 0 7 2 0 9													
UNIT #		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER				
0 1		Agyekumwaa, Grace				0 7 1 5 1 9 5 6		6 5	F				
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE							
1151 Freemantle Drive, Forest Park, OH 45240													
INJURIES		INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED		DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
5						0 4		<input type="checkbox"/>	0 1	1	1	1	
OL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION		CITATION NUMBER			
O H				331.34a		<input checked="" type="checkbox"/>		Failure to control		250380			
OL CLASS		ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)			
4				1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4
								1	1	.	1	1	
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		DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
								<input type="checkbox"/>					
OL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION		CITATION NUMBER			
						<input type="checkbox"/>							
OL CLASS		ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)			
					<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4
										.			
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		DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
								<input type="checkbox"/>					
OL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION		CITATION NUMBER			
						<input type="checkbox"/>							
OL CLASS		ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)			
					<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			STATUS	TYPE	VALUE	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 BUS		5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		5 - TEST GIVEN, RESULTS UNKNOWN	
INJURED TAKEN BY		6 - SECOND - RIGHT SIDE (MOTORCYCLE SIDE CAR)		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)						7 - EXCEPT TRACTOR-TRAILER		7 - OTHER DISTRACTION INSIDE THE VEHICLE		1 - NONE	
2 - EMS		8 - THIRD - MIDDLE						8 - INTERMEDIATE LICENSE RESTRICTIONS		8 - OTHER DISTRACTION OUTSIDE THE VEHICLE		2 - BLOOD	
3 - POLICE		9 - THIRD - RIGHT SIDE						9 - LEARNER'S PERMIT RESTRICTIONS		9 - OTHER / UNKNOWN		3 - URINE	
9 - OTHER / UNKNOWN		10 - SLEEPER SECTION OF TRUCK CAB						10 - LIMITED TO DAYLIGHT ONLY				4 - BREATH	
SAFETY EQUIPMENT		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)						11 - LIMITED TO EMPLOYMENT				5 - OTHER	
1 - NONE USED		12 - PASSENGER IN UNENCLOSED CARGO AREA						12 - LIMITED - OTHER				DRUG TEST TYPE	
2 - SHOULDER BELT ONLY USED		13 - TRAILING UNIT						13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)				1 - NONE	
4 - SHOULDER & LAP BELT USED		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)						14 - MILITARY VEHICLES ONLY				2 - BLOOD	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		99 - OTHER / UNKNOWN						15 - MOTOR VEHICLES WITHOUT AIR BRAKES				3 - URINE	
6 - CHILD RESTRAINT SYSTEM - REAR FACING								16 - OUTSIDE MIRROR				4 - OTHER	
7 - BOOSTER SEAT								17 - PROSTHETIC AID				DRUG TEST RESULT(S)	
8 - HELMET USED								18 - OTHER				1 - AMPHETAMINES	
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)												2 - BARBITURATES	
10 - REFLECTIVE CLOTHING												3 - BENZODIAZEPINES	
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY												4 - CANNABINOIDS	
99 - OTHER / UNKNOWN												5 - COCAINE	
												6 - OPIATES / OPIOIDS	
												7 - OTHER	
												8 - NEGATIVE RESULTS	

LOCAL REPORT NUMBER 22007209	REPORTING AGENCY Fairfield Police Department	DATE OF ACCIDENT 1/31/22
IN COUNTY OF Butler	ACCIDENT LOCATION Nilles Road & Buckhead Drive	

* Not to Scale *



Nilles Rd

Buckhead Dr

Pole →

1

↑
wall

OFFICER'S SIGNATURE

J. Stull

BADGE NO

171