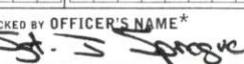




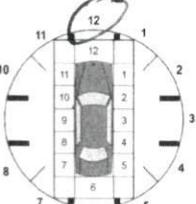
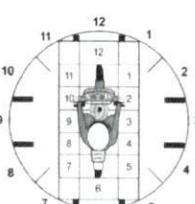
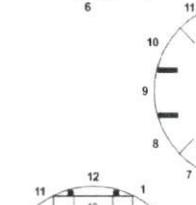
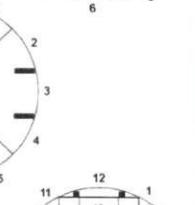
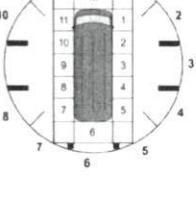
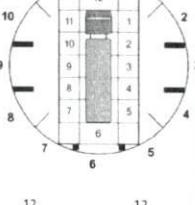
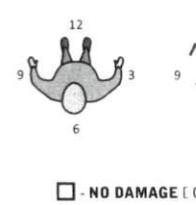
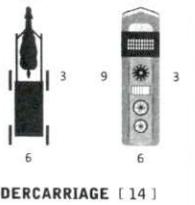
TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

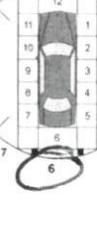
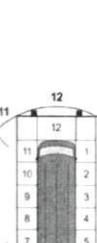
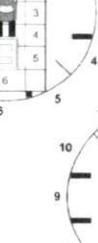
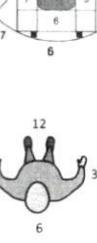
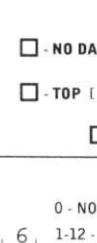
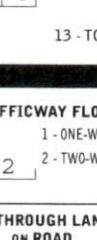
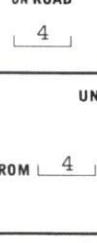
<input checked="" type="checkbox"/> PHOTOS TAKEN		<input checked="" type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION			LOCAL REPORT NUMBER*				
<input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*			NCIC*	2 2 0 1 1 6 6 1			
		Fairfield Police Department			0 0 9 0 1	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR			
						2 1 - SOLVED	0 2	98 - ANIMAL			
						2 2 - UNSOLVED		0 1			
								99 - UNKNOWN			
COUNTY*		LOCALITY*		LOCATION: CITY, VILLAGE, TOWNSHIP*			CRASH DATE / TIME*	CRASH SEVERITY			
0 9		1 - CITY 2 - VILLAGE 3 - TOWNSHIP		City of Fairfield			0 2 1 7 2 0 2 2 1 3 2 0	5			
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DECIMAL DEGREES			
					NILLES		R D	3 9 3 3 8 0 0 9			
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			
					HICKS		B L	- 8 4 5 4 9 3 8 8			
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		<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA			
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE				HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE		NUMBER OF APPROACHES ROADWAY <input type="checkbox"/> 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		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 - TWO MOTOR VEHICLES IN TRANSPORT 3 - REAR-END 4 - HEAD-ON		4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - 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	
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		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		CONTOUR 1 2 3 4 9 - OTHER/UNKNOWN		CONDITIONS 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN	
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							
NARRATIVE										 Indicate the north direction with an "N" on the compass diagram.	
On February 17, 2022 at about 1:20 PM Unit 1 was traveling west on Nilles Rd. and when at Hicks Blvd. failed to stop within the assured clear distance ahead and collided with Unit 2 which was also westbound and was stopped in traffic. Unit 1 then fled the scene.										SEE OH-2	
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY			
0 2 1 7 2 0 2 2 1 3 2 3		0 2 1 7 2 0 2 2 1 3 2 3		0 2 1 7 2 0 2 2 1 3 3 4		0 2 1 7 2 0 2 2 1 3 4 3		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)			
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*			
						P.O. RYAN FLEENOR					
						OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*			
						1 1 7		8 4			

OWNER

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER)																																				
0 1																																							
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input 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																																				
			ACURA																																				
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR MAROON																																				
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	VEHICLE WEIGHT GVWR/GCWR																																				
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input checked="" type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 0 1	US DOT # 1 2 - <10K LBS. 3 - 10,001 - 26K LBS. 4 - >26K LBS.																																				
TOWED BY: COMPANY NAME		HAZARDOUS MATERIAL																																					
		<input type="checkbox"/> MATERIAL RELEASED	CLASS #																																				
		<input type="checkbox"/> PLACARD	PLACARD ID #																																				
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# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
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UNIT SPEED	DETECTED SPEED
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	3 - UNDETERMINED
POSTED SPEED	
3 5	

OWNER UNIT # 0 2		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		
LP STATE O H	LICENSE PLATE # JFZ-2635	VEHICLE IDENTIFICATION # 5J8TB4H53EL006493		VEHICLE YEAR 2014	VEHICLE MAKE ACURA	
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY ESURANCE	INSURANCE POLICY # PAHO07057495		COLOR GRAY	VEHICLE MODEL RDX	
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 0 2	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	
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 UNIT TRUCK 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		
# OF TRAILING UNITS 0 3						
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 2 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	
UNIT TYPE		AUTONOMOUS MODE LEVEL				
1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING		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	
SPECIAL FUNCTION						
4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER						
CARGO BODY TYPE		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 - AUTOTRANSPORTER 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		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
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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3				5									



MOTORIST / Non-MOTORIST

										LOCAL REPORT NUMBER							
										2 2 0 1 1 6 6 1							
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE 0 1									DATE OF BIRTH		AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP									CONTACT PHONE - INCLUDE AREA CODE							
	INJURIES 5	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	0 1	AIR BAG USAGE	9	EJECTION	1	TRAPPED	1
	DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	<input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER					
	DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	9	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)					
							<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	9	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT	SELECT UP TO 4	
							<input type="checkbox"/> OTHER DRUG		1	1	1	1	1	1			
	UNIT #	NAME: LAST, FIRST, MIDDLE 0 2 VANWINSEN, KAYLA M.									DATE OF BIRTH		AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP	5875 FAIRDALE DR. FAIRFIELD, OH 45014-2318									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
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DL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	1	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)						
						<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	1	1	1	1				
						<input type="checkbox"/> OTHER DRUG		1	1	1	1	1	1				
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						<input type="checkbox"/> OTHER DRUG		1	1	1	1	1	1				
INJURIES	SEATING POSITION	AIR BAG		DL CLASS	DL 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	3- TEST GIVEN, RESULTS UNKNOWN										
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 UNKNOWN	4- TEST GIVEN, RESULTS UNKNOWN										
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	5- TEST GIVEN, RESULTS UNKNOWN										
		9-DEPLOYMENT UNKNOWN		6-NO VALID DL	6-EXCEPT CLASS A & CLASS B BUS												
				7-NO VALID DL	7-EXCEPT TRACTOR-TRAILER												
				8-NO VALID DL	8-INTERMEDIATE LICENSE RESTRICTIONS	1- NONE	1- NONE										
				9-NO VALID DL	9-LEARNER'S PERMIT RESTRICTIONS	2- BLOOD	2- BLOOD										
				10-NO VALID DL	10-LIMITED TO DAYLIGHT ONLY	3- URINE	3- URINE										
				11-NO VALID DL	11-LIMITED TO EMPLOYMENT	4- BREATH	4- BREATH										
				12-NO VALID DL	12-LIMITED - OTHER	5- OTHER	5- OTHER										
				13-NO VALID DL	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)												
				14-NO VALID DL	14-MILITARY VEHICLES ONLY												
				15-NO VALID DL	15-MOTOR VEHICLES WITHOUT AIR BRAKES												
				16-NO VALID DL	16-OUTSIDE MIRROR												
				17-NO VALID DL	17-PROSTHETIC AID												
				18-NO VALID DL	18-OTHER												
INJURED TAKEN BY	EJECTION	DL ENDORSEMENT	TRAPPED	GENDER	CONDITION	DRUG TEST TYPE											
1- NOT TRANSPORTED / TREATED AT SCENE	1-NOT EJECTED	H - HAZMAT		F - FEMALE	1- APPARENTLY NORMAL	1- NONE											
2- EMS	2-PARTIALLY EJECTED	M - MOTORCYCLE		M - MALE	2- PHYSICAL IMPAIRMENT	2- BLOOD											
3- POLICE	3-TOTALLY EJECTED	P - PASSENGER		U - OTHER / UNKNOWN	3- EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3- URINE											
9- OTHER / UNKNOWN	4-NOT APPLICABLE	N - TANKER			4- ILLNESS	4- OTHER											
		Q - MOTOR SCOOTER			5- FELL ASLEEP, FAINTED, FATIGUED, ETC.	5- COCAINE											
		R - THREE-WHEEL MOTORCYCLE			6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6- OPIATES / OPIOIDS											
		S - SCHOOL BUS			9- OTHER / UNKNOWN	7- OTHER											
		T - DOUBLE & TRIPLE TRAILERS				8- NEGATIVE RESULTS											
		X - TANKER / HAZMAT															
SAFETY EQUIPMENT	TRAPPED					DRUG TEST RESULT(S)											
1- NONE USED	1-NOT TRAPPED					1- AMPHETAMINES											
2- SHOULDER BELT ONLY USED	2- EXTRICATED BY MECHANICAL MEANS					2- BARBITURATES											
3- LAP BELT ONLY USED	3-FREED BY NON-MECHANICAL MEANS					3- BENZODIAZEPINES											
4- SHOULDER & LAP BELT USED						4- CANNABINOID											
5- CHILD RESTRAINT SYSTEM - FORWARD FACING						5- COCAINE											
6- CHILD RESTRAINT SYSTEM - REAR FACING						6- OPIATES / OPIOIDS											
7- BOOSTER SEAT	15- NON-MOTORIST					7- OTHER											
8- HELMET USED	99- OTHER / UNKNOWN					8- NEGATIVE RESULTS											
9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)																	
10- REFLECTIVE CLOTHING																	
11- LIGHTING - PEDESTRIAN / BICYCLE ONLY																	
99- OTHER / UNKNOWN																	



OCCUPANT / WITNESS ADDENDUM

OCCUPANT	LOCAL REPORT NUMBER 2 2 0 1 1 6 6 1									
	UNIT #	NAME: LAST, FIRST, MIDDLE 2 VANWINSEN, TESSA			DATE OF BIRTH 0 2 0 7 2 0 1 6		AGE 6	GENDER F		
ADDRESS: STREET, CITY, STATE, ZIP 5875 FAIRDALE DR. FAIRFIELD, OH 45014-2318										
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 7	<input type="checkbox"/> DOT-Compliant MC HELMET	SEATING POSITION 0 4	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE 0	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP										
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		
ADDRESS: STREET, CITY, STATE, ZIP										
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		
ADDRESS: STREET, CITY, STATE, ZIP										
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		
ADDRESS: STREET, CITY, STATE, ZIP										
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 - VEHICLE OCCUPANT 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 - 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, BUS, PICK-UP WITH CAP) 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		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, BUS, PICK-UP WITH CAP) 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			F - FEMALE M - MALE U - 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, BUS, PICK-UP WITH CAP) 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 TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS			
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE 0	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE 0	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE 0	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					

LOCAL REPORT NUMBER	22-011661	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	Nilles Rd. @ Hicks Blvd.	
Not To Scale				
OFFICER'S SIGNATURE				
P.O. RYAN FLEENOR				
BADGE NO.				
117				