



2 2 0 1 2 4 3 6

UNIT IN ERROR	
0	98 - ANIMAL
1	99 - UNKNOWN

CRASH SEVERITY
1 - FATAL
2 - SERIOUS INJURY
SUSPECTED
3 - MINOR INJURY
SUSPECTED
4 - INJURY POSSIBLE
5 - PROPERTY DAMAGE
ONLY

LONGITUDE DECIMAL DEGREES
-8.4549666

INTERSECTION RELATED	
<input type="checkbox"/>	WITHIN INTERSECTION OR ON APPROACH
<input type="checkbox"/>	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES

☐ ROADWAY DIVIDED

DIRECTION OF TRAVEL	MEDIAN TYPE
1 - NORTH	1 - DIVIDED FLUSH MEDIAN (< 4 FEET)
2 - SOUTH	2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET)
3 - EAST	3 - DIVIDED, DEPRESSED MEDIAN
4 - WEST	4 - DIVIDED, RAISED MEDIAN (ANY TYPE)
	9 - OTHER/UNKNOWN

CONTOUR	CONDITIONS	SURFACE
3	1	2
1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE
2 - STRAIGHT GRADE	2 - WET	2 - BLACKTOP, BITUMINOUS, ASPHALT
3 - CURVE LEVEL	3 - SNOW	3 - BRICK/BLOCK
4 - CURVE GRADE	4 - ICE	4 - SLAG, GRAVEL, STONE
9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	5 - DIRT
	6 - WATER (STANDING, MOVING)	9 - OTHER/UNKNOWN
	7 - SLUSH	
	9 - OTHER/UNKNOWN	

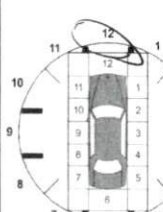
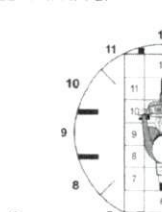
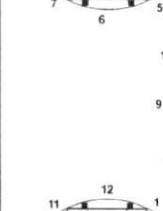
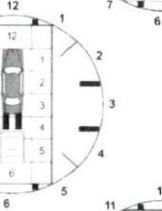
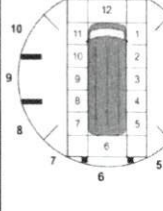
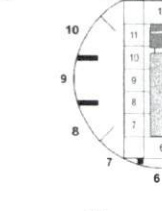
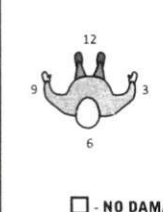
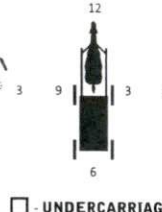
WEATHER	
1 - CLEAR	6 - SNOW
2 - CLOUDY	7 - SEVERE CROSSWINDS
3 - FOG, SMOG, SMOKE	8 - BLOWING SAND, SOIL, DIRT, SNOW
4 - RAIN	9 - FREEZING RAIN OR FREEZING DRIZZLE
5 - SLEET, HAIL	99 - OTHER / UNKNOWN

Indicate the north direction with an "N" on the compass diagram.

See OH #2

PAGE 1 OF 6

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)	
	01	Harkleroad, Jesse E.		L	
VEHICLE	OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)				
	285 Ashley Briar Dr. Fairfield, OH. 45014				
EVENT(S)	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
VEHICLE	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
	OH	FRH 3555	3LNHL2GCL1BR776304	2011	Lin
VEHICLE	INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	☑	Travelers	9937716422031	White	MKZ
VEHICLE	TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	
	☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE			Waynes Towing	
VEHICLE	INTERLOCK DEVICE EQUIPPED	HIT/SKIP UNIT	#OCCUPANTS	HAZARDOUS MATERIAL	
	☐	☐	03	☐ MATERIAL RELEASED ☐ PLACARD	
VEHICLE	UNIT TYPE		VEHICLE WEIGHT GVWR/GCWR		
	01		1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		
VEHICLE	# OF TRAILING UNITS		18 - LIMO (LIVERY VEHICLE)		
			23 - PEDESTRIAN / SKATER		
VEHICLE	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION		
	2		1 - DRIVER ASSISTANCE		
VEHICLE	SPECIAL FUNCTION		12 - MILITARY		
	01		17 - MOWING		
VEHICLE	CARGO BODY TYPE		12 - CONCRETE MIXER		
	01		13 - AUTO TRANSPORTER		
VEHICLE	VEHICLE DEFECTS		14 - GARBAGE/REFUSE		
	01		99 - OTHER / UNKNOWN		
VEHICLE	NON-MOTORIST LOCATION AT IMPACT		12 - FIRST RESPONDER AT INCIDENT SCENE		
	01		14 - UNDERCARRIAGE		
VEHICLE	ACTION		15 - VEHICLE NOT AT SCENE		
	3		99 - UNKNOWN		
VEHICLE	CONTRIBUTING CIRCUMSTANCES		12 - CONCRETE MIXER		
	08		13 - AUTO TRANSPORTER		
VEHICLE	SEQUENCE OF EVENTS		14 - GARBAGE/REFUSE		
	120		99 - OTHER / UNKNOWN		
VEHICLE	NON-COLLISION		12 - CONCRETE MIXER		
	1		13 - AUTO TRANSPORTER		
VEHICLE	COLLISION WITH FIXED OBJECT - STRUCK		14 - GARBAGE/REFUSE		
	1		99 - OTHER / UNKNOWN		
VEHICLE	FIRST HARMFUL EVENT		12 - CONCRETE MIXER		
	1		13 - AUTO TRANSPORTER		

LOCAL REPORT NUMBER	
2 2 0 1 2 4 3 6	
DAMAGE	
DAMAGE SCALE	
1 - NONE 3 - FUNCTIONAL DAMAGE	
4 - MINOR DAMAGE 4 - DISABLING DAMAGE	
9 - UNKNOWN	
DAMAGED AREA(S)	
INDICATE ALL THAT APPLY	
	
	
	
	
	
	
	
	
☐ - NO DAMAGE [0] ☐ - UNDERCARRIAGE [14]	
☐ - TOP [13] ☐ - ALL AREAS [15]	
☐ - 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
4	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
20	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED
POSTED SPEED	
35	

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)
	012	Ansu, Jacqueline	
VEHICLE	OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)		
	4 Merlin Dr #F Fairfield, OH. 45014		
EVENT(S)	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
VEHICLE	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #
	OH	HLM 2355	1N4A1L2A1P6C1C109929
VEHICLE	VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL
	2012	Nissan	Altima
VEHICLE	INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #
	X	Progressive	953256417
VEHICLE	TYPE OF USE	US DOT #	TOWED BY: COMPANY NAME
	COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE <input type="checkbox"/>		Fox Towing
VEHICLE	HAZARDOUS MATERIAL	CLASS #	PLACARD ID #
	<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD		
VEHICLE	VEHICLE WEIGHT GVWR/GCWR	#OCCUPANTS	
	1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	02	
VEHICLE	UNIT TYPE	# OF TRAILING UNITS	
	01 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (15 SEATS)	0	
VEHICLE	VEHICLE WEIGHT GVWR/GCWR	AUTONOMOUS MODE LEVEL	
	1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	0 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN	
VEHICLE	SPECIAL FUNCTION	VEHICLE DEFECTS	
	01 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	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 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	
VEHICLE	CARGO BODY TYPE	VEHICLE DEFECTS	
	01 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS	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 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	
VEHICLE	NON-MOTORIST LOCATION AT IMPACT	VEHICLE DEFECTS	
	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	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 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	
VEHICLE	ACTION	VEHICLE DEFECTS	
	4 1 - NON-COLLISION 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	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 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	
VEHICLE	CONTRIBUTING CIRCUMSTANCES	VEHICLE DEFECTS	
	01 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	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 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	
VEHICLE	SEQUENCE OF EVENTS	VEHICLE DEFECTS	
	120 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	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 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	
VEHICLE	NON-COLLISION	VEHICLE DEFECTS	
	11 1 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 2 - DOWNHILL RUNAWAY 3 - OTHER NON-COLLISION 4 - PEDESTRIAN 5 - PEDALCYCLE	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 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	
VEHICLE	COLLISION WITH FIXED OBJECT - STRUCK	VEHICLE DEFECTS	
	37 1 - GUARDRAIL END 2 - PORTABLE BARRIER 3 - MEDIAN CABLE BARRIER 4 - MEDIAN GUARDRAIL BARRIER 5 - MEDIAN CONCRETE BARRIER 6 - MEDIAN OTHER BARRIER	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 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	
VEHICLE	FIRST HARMFUL EVENT	MOST HARMFUL EVENT	
	1	1	

LOCAL REPORT NUMBER	
2 2 0 1 2 4 3 6	
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 1 - 12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
4	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	DETECTED SPEED
0	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	
3 5	



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2 2 0 1 2 4 3 6

MOTORIST / NON-MOTORIST	UNIT # 0 1	NAME: LAST, FIRST, MIDDLE Harkleroad, Sonia L.				DATE OF BIRTH 1 1 1 0 1 9 3 9				AGE 8 2	GENDER F																																																																																																																																																																																													
	ADDRESS: STREET, CITY, STATE, ZIP 285 Ashley Briar 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 333.03A		LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION ACDA		CITATION NUMBER 250207																																																																																																																																																																																															
MOTORIST / NON-MOTORIST	OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE 1 1 .		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1																																																																																																																																																																																													
	UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Ansu, Jacqueline				DATE OF BIRTH 1 0 2 3 1 9 9 6				AGE 2 5	GENDER F																																																																																																																																																																																													
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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																																																																																																																																																																																													
	<table border="1"><thead><tr><th>INJURIES</th><th>SEATING POSITION</th><th>AIR BAG</th><th>OL CLASS</th><th>OL RESTRICTION(S)</th><th>DRIVER DISTRACTION</th><th>TEST STATUS</th></tr></thead><tbody><tr><td>1 - FATAL</td><td>1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)</td><td>1 - NOT DEPLOYED</td><td>1 - CLASS A</td><td>1 - ALCOHOL INTERLOCK DEVICE</td><td>1 - NOT DISTRACTED</td><td>1 - NONE GIVEN</td></tr><tr><td>2 - SUSPECTED SERIOUS INJURY</td><td>2 - FRONT - MIDDLE</td><td>2 - DEPLOYED FRONT</td><td>2 - CLASS B</td><td>2 - CDL INTRASTATE ONLY</td><td>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)</td><td>2 - TEST REFUSED</td></tr><tr><td>3 - SUSPECTED MINOR INJURY</td><td>3 - FRONT - RIGHT SIDE</td><td>3 - DEPLOYED SIDE</td><td>3 - CLASS C</td><td>3 - CORRECTIVE LENSES</td><td>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE</td><td>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE</td></tr><tr><td>4 - POSSIBLE INJURY</td><td>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)</td><td>4 - DEPLOYED BOTH FRONT / SIDE</td><td>4 - REGULAR CLASS (OHIO = D)</td><td>4 - FARM WAIVER</td><td>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE</td><td>4 - TEST GIVEN, RESULTS KNOWN</td></tr><tr><td>5 - NO APPARENT INJURY</td><td>5 - SECOND - MIDDLE</td><td>5 - NOT APPLICABLE</td><td>5 - M/C MOPED ONLY</td><td>5 - EXCEPT CLASS A BUS</td><td>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE</td><td>5 - TEST GIVEN, RESULTS UNKNOWN</td></tr><tr><td colspan="3">INJURED TAKEN BY</td><td>6 - SECOND - RIGHT SIDE</td><td>6 - EXCEPT CLASS A & CLASS B BUS</td><td>6 - PASSENGER</td><td></td></tr><tr><td colspan="3">1 - NOT TRANSPORTED / TREATED AT SCENE</td><td>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</td><td>7 - EXCEPT TRACTOR-TRAILER</td><td>7 - OTHER DISTRACTION INSIDE THE VEHICLE</td><td>ALCOHOL TEST TYPE</td></tr><tr><td colspan="3">2 - EMS</td><td>8 - THIRD - MIDDLE</td><td>8 - INTERMEDIATE LICENSE RESTRICTIONS</td><td>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE</td><td>1 - NONE</td></tr><tr><td colspan="3">3 - POLICE</td><td>9 - THIRD - RIGHT SIDE</td><td>9 - LEARNER'S PERMIT RESTRICTIONS</td><td>9 - OTHER / UNKNOWN</td><td>2 - BLOOD</td></tr><tr><td colspan="3">9 - OTHER / UNKNOWN</td><td>10 - SLEEPER SECTION OF TRUCK CAB</td><td>10 - LIMITED TO DAYLIGHT ONLY</td><td></td><td>3 - URINE</td></tr><tr><td colspan="3">SAFETY EQUIPMENT</td><td>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)</td><td>11 - LIMITED TO EMPLOYMENT</td><td></td><td>4 - BREATH</td></tr><tr><td colspan="3">1 - NONE USED</td><td>12 - PASSENGER IN UNENCLOSED CARGO AREA</td><td>12 - LIMITED - OTHER</td><td></td><td>5 - OTHER</td></tr><tr><td colspan="3">2 - SHOULDER BELT ONLY USED</td><td>13 - TRAILING UNIT</td><td>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)</td><td>DRUG TEST TYPE</td><td>1 - NONE</td></tr><tr><td colspan="3">3 - LAP BELT ONLY USED</td><td>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)</td><td>14 - MILITARY VEHICLES ONLY</td><td></td><td>2 - BLOOD</td></tr><tr><td colspan="3">4 - SHOULDER & LAP BELT USED</td><td>15 - NON-MOTORIST</td><td>15 - MOTOR VEHICLES WITHOUT AIR BRAKES</td><td>CONDITION</td><td>3 - URINE</td></tr><tr><td colspan="3">5 - CHILD RESTRAINT SYSTEM - FORWARD FACING</td><td>99 - OTHER / UNKNOWN</td><td>16 - OUTSIDE MIRROR</td><td>1 - APPARENTLY NORMAL</td><td>4 - OTHER</td></tr><tr><td colspan="3">6 - CHILD RESTRAINT SYSTEM - REAR FACING</td><td></td><td>17 - PROSTHETIC AID</td><td>2 - PHYSICAL IMPAIRMENT</td><td></td></tr><tr><td colspan="3">7 - BOOSTER SEAT</td><td></td><td>18 - OTHER</td><td>3 - EMOTIONAL (E.G. 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OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
2 2 0 1 2 4 3 6

OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE Harkleroad, Jesse	DATE OF BIRTH 0 3 0 4 1 9 3 8		AGE 8 3	GENDER M
	ADDRESS: STREET, CITY, STATE, ZIP 285 Ashley Briar 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 3	AIR BAG USAGE 0 1	EJECTION 1	TRAPPED 1
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OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE Baker, David	DATE OF BIRTH 0 3 2 1 1 9 8 4		AGE 3 7	GENDER M
	ADDRESS: STREET, CITY, STATE, ZIP 285 Ashley Briar 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 4	AIR BAG USAGE 0 1	EJECTION 1	TRAPPED 1
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OCCUPANT	UNIT # 2	NAME: LAST, FIRST, MIDDLE Asantew, Theresa	DATE OF BIRTH 0 9 0 7 1 9 7 5		AGE 4 6	GENDER F
	ADDRESS: STREET, CITY, STATE, ZIP 4 Merlin Dr. #F Fairfield, OH. 45014		CONTACT PHONE - INCLUDE AREA CODE			

INJURIES 4	INJURED TAKEN BY 2	EMS AGENCY (NAME) Fairfield EMS	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) Mercy Hospital	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 3	AIR BAG USAGE 0 1	EJECTION 1	TRAPPED 1
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OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	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
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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
	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	
	8 - HELMET USED	8 - THIRD - MIDDLE	
	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE	
	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	
	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	
	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	
		13 - TRAILING UNIT	
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	
		15 - NON-MOTORIST	
		99 - OTHER / UNKNOWN	

WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		

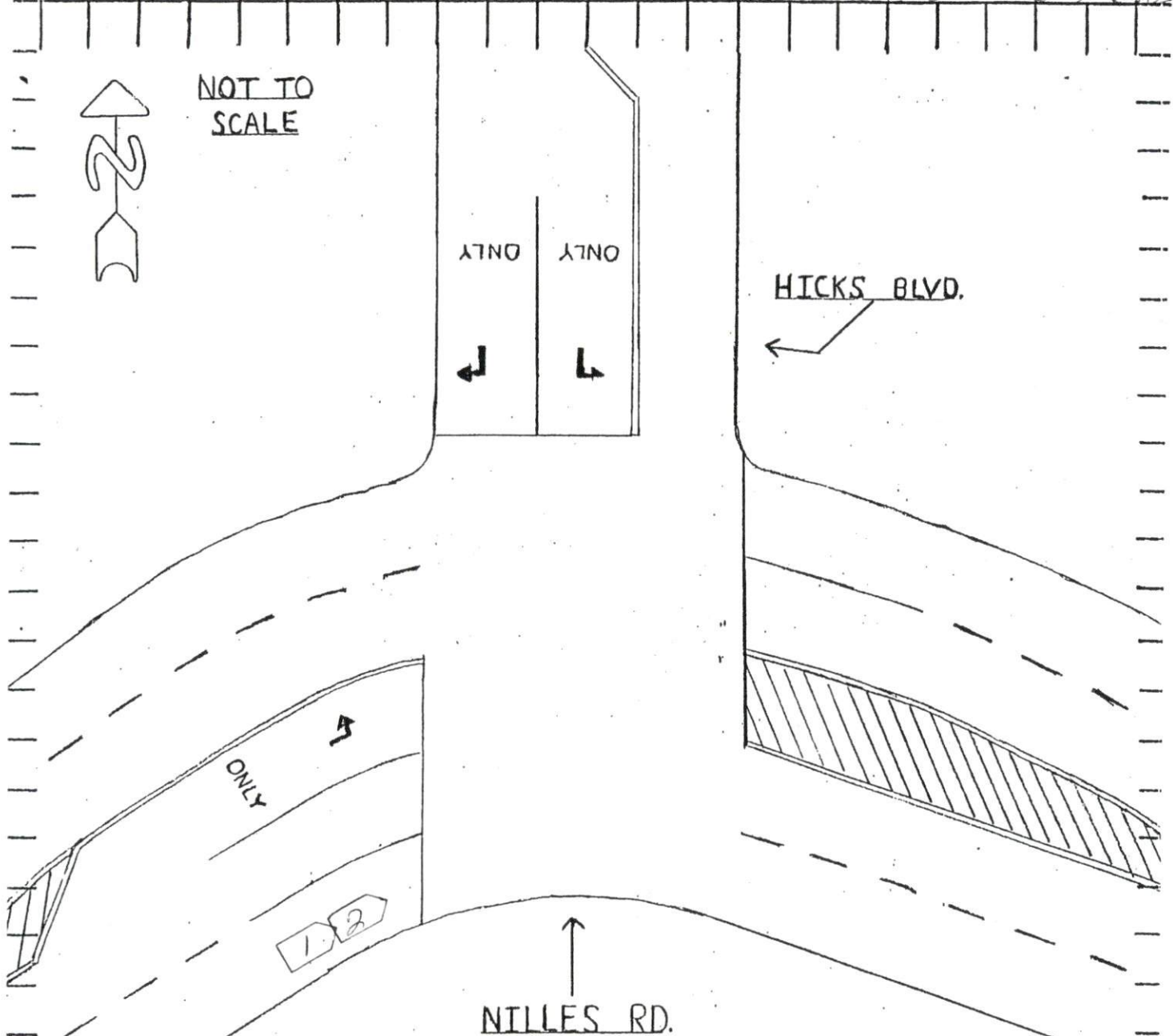
WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		

WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		

1110 TRAFFIC ACCIDENT – DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 22012436	REPORTING AGENCY FAIRFIELD P.D. 00901	DATE OF ACCIDENT M 2 10 20 Y 22
COUNTY OF BUTLER	ACCIDENT LOCATION NILLES RD 20 Feet West of Hicks Blvd	



OFFICER'S SIGNATURE

BADGE NO

6056