



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY				LOCAL INFORMATION REPORTING AGENCY NAME* Fairfield Police Department NCIC* 0 0 9 0 1				LOCAL REPORT NUMBER* 2 2 0 1 2 4 3 6			
COUNTY* 0 9		LOCALITY* 1-CITY 1 2-VILLAGE 3-TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield				HIT/SKIP 1-SOLVED 2-UNSOLVED	NUMBER OF UNITS 0 2	UNIT IN ERROR 0 1 98-ANIMAL 99-UNKNOWN	
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME Nilles		ROAD TYPE R D	LATITUDE DECIMAL DEGREES 39° 33' 78" 37'		CRASH DATE / TIME* 02/20/2022 13:25		CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Hicks		ROAD TYPE B L	LONGITUDE DECIMAL DEGREES -84° 54' 96" 66'				
REFERENCE	REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE #	DIRECTION FROM REFERENCE 1-NORTH 4 2-SOUTH 3-EAST 4-WEST	ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE 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	INTERSECTION RELATED				
	DISTANCE FROM REFERENCE 2 0	DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS						<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH	<input type="checkbox"/> WITHIN INTERCHANGE AREA	NUMBER OF APPROACHES	
LOCATION OF FIRST HARMFUL EVENT 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 0 1				MANNER OF CRASH COLLISION/IMPACT 1- NOT COLLISION 2- BETWEEN 3- TWO MOTOR VEHICLES IN 4- TRANSPORT 5- REAR-END 6- ANGLE 7- SIDESWIPE, SAME DIRECTION 8- SIDESWIPE, OPPOSITE DIRECTION 9- HEAD-ON 2		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 0 1		LOCATION OF CRASH IN WORK ZONE 1-BEFORE THE 1ST WORK ZONE WARNING SIGN 2-ADVANCE WARNING AREA 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA		CONTOUR 3	CONDITIONS 1	SURFACE 2			
<input type="checkbox"/> LIGHT CONDITION 1-DAYLIGHT 2-DAWN/DUSK 3-DARK-LIGHTED ROADWAY 4-DARK-ROADWAY NOT LIGHTED 5-DARK-UNKNOWN ROADWAY LIGHTING 9-OTHER/UNKNOWN 1		WEATHER 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL 0 1		6-SNOW 7-SEVERE CROSSWINDS 8-BLOWING SAND, SOIL, DIRT, SNOW 9-FREEZING RAIN OR FREEZING DRIZZLE 99-OTHER/UNKNOWN		9-OTHER/UNKNOWN	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			
NARRATIVE On 02-20-22 at about 1:35 P.M. Unit 1 was traveling northeast bound on Nilles Rd at approximately 20 m.p.h and when at (20 feet west of Hicks Blvd) failed to stop within the assured clear distance ahead and collided with Unit 2 which was also northeast bound and was stopped in traffic at (20 feet southwest of Hicks Blvd). Brake lights on Unit 2 were inspected and were working properly.										 Indicate the north direction with an "N" on the compass diagram.	
								See OH #2			
CRASH REPORTED DATE / TIME 0 2 2 0 2 0 2 2 1 3 2 6		DISPATCH DATE / TIME 0 2 2 0 2 0 2 2 1 3 2 8		ARRIVAL DATE / TIME 0 2 2 0 2 0 2 2 1 3 3 1		SCENE CLEARED DATE / TIME 0 2 2 0 2 0 2 2 1 4 0 7		REPORT TAKEN BY			
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES 3 9		OFFICER'S NAME* P.O. Gregg Lamb		CHECKED BY OFFICER'S NAME* Sgt. J Sprague		<input checked="" type="checkbox"/> POLICE AGENCY	
						OFFICER'S BADGE NUMBER* 6 5		CHECKED BY OFFICER'S BADGE NUMBER* 84		<input type="checkbox"/> MOTORIST	
										<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)	

OWNER	UNIT # <input type="text" value="011"/> OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) <input type="text" value="Harkleroad, Jesse E."/>	OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER) <input type="text" value=""/>
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) <input type="text" value="285 Ashley Briar Dr. Fairfield, OH. 45014"/>		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP	COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE <input type="text" value=""/>	

LP STATE <input type="text" value="O_H"/> LICENSE PLATE # <input type="text" value="FRH 3555"/>	VEHICLE IDENTIFICATION # <input type="text" value="3LNHL2GC1B1R776304"/>	VEHICLE YEAR <input type="text" value="2011"/>	VEHICLE MAKE <input type="text" value="Linc"/>
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <input type="text" value="Travelers"/>	INSURANCE POLICY # <input type="text" value="9937716422031"/>	COLOR <input type="text" value="White"/>
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT # <input type="text" value=""/>	TOWED BY: COMPANY NAME <input type="text" value="Waynes Towing"/>
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS <input type="text" value="03"/>	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD
VEHICLE WEIGHT GVWR/GCWR <input type="text" value="1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS."/>			

1 - PASSENGER CAR <input type="text" value="011"/>	7 - MOTORCYCLE 2-WHEELED <input type="text" value=""/>	12 - GOLF CART <input type="text" value=""/>	18 - LIMO (LIVERY VEHICLE) <input type="text" value=""/>	23 - PEDESTRIAN / SKATER <input type="text" value=""/>
2 - PASSENGER VAN (MINIVAN) <input type="text" value=""/>	8 - MOTORCYCLE 3-WHEELED <input type="text" value=""/>	13 - SNOWMOBILE <input type="text" value=""/>	19 - BUS (16+ PASSENGERS) <input type="text" value=""/>	24 - WHEELCHAIR (ANY TYPE) <input type="text" value=""/>
3 - SPORT UTILITY VEHICLE <input type="text" value=""/>	9 - AUTOCYCLE <input type="text" value=""/>	14 - SINGLE UNIT TRUCK <input type="text" value=""/>	20 - OTHER VEHICLE <input type="text" value=""/>	25 - OTHER NON-MOTORIST <input type="text" value=""/>
4 - PICK UP <input type="text" value=""/>	10 - MOPED OR MOTORIZED BICYCLE <input type="text" value=""/>	15 - SEMI-TRACTOR <input type="text" value=""/>	21 - HEAVY EQUIPMENT <input type="text" value=""/>	26 - BICYCLE <input type="text" value=""/>
5 - CARGO VAN <input type="text" value=""/>	11 - ALL-TERRAIN VEHICLE (ATV / UTV) <input type="text" value=""/>	16 - FARM EQUIPMENT <input type="text" value=""/>	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE <input type="text" value=""/>	27 - TRAIN <input type="text" value=""/>
6 - VAN (9-15 SEATS) <input type="text" value=""/>	17 - MOTORHOME <input type="text" value=""/>	18 - FARM <input type="text" value=""/>	19 - TOWING <input type="text" value=""/>	99 - UNKNOWN OR HIT/SKIP <input type="text" value=""/>

OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <input type="checkbox"/> 1 - YES <input type="checkbox"/> 2 - NO <input type="checkbox"/> 9 - OTHER / UNKNOWN <input type="text" value="0"/>	AUTONOMOUS MODE LEVEL <input type="text" value=""/>	0 - NO AUTOMATION <input type="text" value=""/>	3 - CONDITIONAL AUTOMATION <input type="text" value=""/>	9 - UNKNOWN <input type="text" value=""/>
<input type="checkbox"/> 1 - DRIVER ASSISTANCE <input type="text" value=""/>	<input type="checkbox"/> 2 - PARTIAL AUTOMATION <input type="text" value=""/>	<input type="checkbox"/> 4 - HIGH AUTOMATION <input type="text" value=""/>	<input type="checkbox"/> 5 - FULL AUTOMATION <input type="text" value=""/>	

1 - NONE <input type="text" value="011"/>	6 - BUS - CHARTER/TOUR <input type="text" value=""/>	11 - FIRE <input type="text" value=""/>	16 - FARM <input type="text" value=""/>	21 - MAIL CARRIER <input type="text" value=""/>
2 - TAXI <input type="text" value=""/>	7 - BUS - INTERCITY <input type="text" value=""/>	12 - MILITARY <input type="text" value=""/>	17 - MOWING <input type="text" value=""/>	99 - OTHER / UNKNOWN <input type="text" value=""/>
3 - ELECTRONIC RIDE SHARING <input type="text" value=""/>	8 - BUS - SHUTTLE <input type="text" value=""/>	13 - POLICE <input type="text" value=""/>	18 - SNOW REMOVAL <input type="text" value=""/>	
4 - SCHOOL TRANSPORT <input type="text" value=""/>	9 - BUS - OTHER <input type="text" value=""/>	14 - PUBLIC UTILITY <input type="text" value=""/>	19 - TOWING <input type="text" value=""/>	
5 - BUS - TRANSIT/COMMUTER <input type="text" value=""/>	10 - AMBULANCE <input type="text" value=""/>	15 - CONSTRUCTION EQUIPMENT <input type="text" value=""/>	20 - SAFETY SERVICE PATROL <input type="text" value=""/>	

1 - NO CARGO BODY TYPE / NOT APPLICABLE <input type="text" value="011"/>	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE <input type="text" value=""/>	5 - INTERMODAL CONTAINER CHASSIS <input type="text" value=""/>	8 - POLE <input type="text" value=""/>	12 - CONCRETE MIXER <input type="text" value=""/>
2 - BUS <input type="text" value=""/>	4 - LOGGING <input type="text" value=""/>	6 - CARGO VAN/ENCLOSED BOX <input type="text" value=""/>	9 - CARGO TANK <input type="text" value=""/>	13 - AUTO TRANSPORTER <input type="text" value=""/>
		7 - GRAIN/CHIPS/GRAVEL <input type="text" value=""/>	10 - FLAT BED <input type="text" value=""/>	14 - GARBAGE/REFUSE <input type="text" value=""/>
			11 - DUMP <input type="text" value=""/>	99 - OTHER / UNKNOWN <input type="text" value=""/>

1 - TURN SIGNALS <input type="text" value=""/>	4 - BRAKES <input type="text" value=""/>	7 - WORN OR SLICK TIRES <input type="text" value=""/>	9 - MOTOR TROUBLE <input type="text" value=""/>	99 - OTHER / UNKNOWN <input type="text" value=""/>
2 - HEAD LAMPS <input type="text" value=""/>	5 - STEERING <input type="text" value=""/>	8 - TRAILER EQUIPMENT DEFECTIVE <input type="text" value=""/>	10 - DISABLED FROM PRIOR ACCIDENT <input type="text" value=""/>	
3 - TAIL LAMPS <input type="text" value=""/>	6 - TIRE BLOWOUT <input type="text" value=""/>			

1 - INTERSECTION - MARKED CROSSWALK <input type="text" value=""/>	3 - INTERSECTION - OTHER <input type="text" value=""/>	6 - BICYCLE LANE <input type="text" value=""/>	9 - MEDIAN/CROSSING ISLAND <input type="text" value=""/>	12 - FIRST RESPONDER <input type="text" value=""/>
2 - INTERSECTION - UNMARKED CROSSWALK <input type="text" value=""/>	4 - MIDBLOCK - MARKED <input type="text" value=""/>	7 - SHOULDER / ROADSIDE <input type="text" value=""/>	10 - DRIVEWAY ACCESS <input type="text" value=""/>	AT INCIDENT SCENE <input type="text" value=""/>
CROSSWALK <input type="text" value=""/>	5 - TRAVEL LANE - OTHER LOCATION <input type="text" value=""/>	8 - SIDEWALK <input type="text" value=""/>	11 - SHARED USE PATHS OR TRAILS <input type="text" value=""/>	99 - OTHER / UNKNOWN <input type="text" value=""/>

1 - NON-CONTACT <input type="text" value="011"/>	1 - STRAIGHT AHEAD <input type="text" value=""/>	7 - MAKING U-TURN <input type="text" value=""/>	13 - NEGOTIATING A CURVE <input type="text" value=""/>	18 - APPROACHING OR LEAVING VEHICLE <input type="text" value=""/>
2 - NON-COLLISION <input type="text" value=""/>	2 - BACKING <input type="text" value=""/>	8 - ENTERING TRAFFIC LANE <input type="text" value=""/>	14 - ENTERING OR CROSSING SPECIFIED LOCATION <input type="text" value=""/>	19 - STANDING <input type="text" value=""/>
3 - STRIKING <input type="text" value="111"/>	3 - CHANGING LANES <input type="text" value=""/>	9 - LEAVING TRAFFIC LANE <input type="text" value=""/>	10 - PARKED <input type="text" value=""/>	20 - OTHER NON-MOTORIST <input type="text" value=""/>
4 - STRUCK PRE-CRASH ACTIONS <input type="text" value=""/>	4 - OVERTAKING/PASSING <input type="text" value=""/>	10 - PARKED <input type="text" value=""/>	15 - WALKING, RUNNING, JOGGING, PLAYING <input type="text" value=""/>	21 - STANDING OUTSIDE DISABLED VEHICLE <input type="text" value=""/>
5 - BOTH STRIKING & STRUCK <input type="text" value=""/>	5 - MAKING RIGHT TURN <input type="text" value=""/>	11 - SLOWING OR STOPPED IN TRAFFIC <input type="text" value=""/>	16 - WORKING <input type="text" value=""/>	
9 - OTHER / UNKNOWN <input type="text" value=""/>	6 - MAKING LEFT TURN <input type="text" value=""/>	12 - DRIVERLESS <input type="text" value=""/>	17 - PUSHING VEHICLE <input type="text" value=""/>	99 - OTHER / UNKNOWN <input type="text" value=""/>

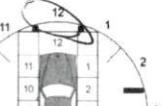
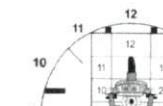
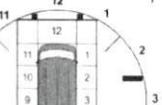
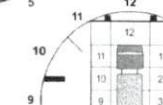
1 - NONE <input type="text" value="011"/>	7 - LEFT OF CENTER <input type="text" value=""/>	13 - IMPROPER START FROM A PARKED POSITION <input type="text" value=""/>	17 - VISION OBSTRUCTION <input type="text" value=""/>	21 - LYING IN ROADWAY <input type="text" value=""/>
2 - FAILURE TO YIELD <input type="text" value=""/>	8 - FOLLOWING TOO CLOSE / ACDA <input type="text" value=""/>	14 - STOPPED OR PARKED ILLEGALLY <input type="text" value=""/>	18 - OPERATING DEFECTIVE EQUIPMENT <input type="text" value=""/>	22 - NOT DISCERNIBLE <input type="text" value=""/>
3 - RAN RED LIGHT <input type="text" value=""/>	9 - IMPROPER LANE CHANGE <input type="text" value=""/>	15 - SWERVING TO AVOID <input type="text" value=""/>	19 - LOAD SHIFTING/FALLING/SPILLING <input type="text" value=""/>	23 - OPENING DOOR INTO ROADWAY <input type="text" value=""/>
4 - RAN STOP SIGN <input type="text" value=""/>	10 - IMPROPER PASSING <input type="text" value=""/>	16 - WRONG WAY <input type="text" value=""/>	20 - IMPROPER CROSSING <input type="text" value=""/>	99 - OTHER IMPROPER ACTION <input type="text" value=""/>
5 - UNSAFE SPEED <input type="text" value=""/>	11 - DROVE OFF ROAD <input type="text" value=""/>	12 - IMPROPER BACKING <input type="text" value=""/>		
6 - IMPROPER TURN <input type="text" value=""/>				

SEQUENCE OF EVENTS

1 - 2 - 0	1 - OVERTURN/ROLLOVER <input type="text" value=""/>	6 - EQUIPMENT FAILURE <input type="text" value=""/>	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL <input type="text" value=""/>	16 - RAILWAY VEHICLE <input type="text" value=""/>	22 - WORK ZONE MAINTENANCE EQUIPMENT <input type="text" value=""/>
	2 - FIRE/EXPLOSION <input type="text" value=""/>	7 - SEPARATION OF UNITS <input type="text" value=""/>	17 - ANIMAL - FARM <input type="text" value=""/>	18 - ANIMAL - DEER <input type="text" value=""/>	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE <input type="text" value=""/>
	3 - IMMERSION <input type="text" value=""/>	8 - RAN OFF ROAD RIGHT <input type="text" value=""/>	12 - DOWNHILL RUNAWAY <input type="text" value=""/>	19 - ANIMAL - OTHER <input type="text" value=""/>	20 - MOTOR VEHICLE IN TRANSPORT <input type="text" value=""/>
	4 - JACKKNIFE <input type="text" value=""/>	9 - RAN OFF ROAD LEFT <input type="text" value=""/>	13 - OTHER NON-COLLISION <input type="text" value=""/>	21 - PARKED MOTOR VEHICLE <input type="text" value=""/>	24 - OTHER MOVABLE OBJECT <input type="text" value=""/>
	5 - CARGO / EQUIPMENT LOSS OR SHIFT <input type="text" value=""/>	10 - CROSS MEDIAN <input type="text" value=""/>	14 - PEDESTRIAN <input type="text" value=""/>		
	11 - BRIDGE PIER OR ABUTMENT <input type="text" value=""/>	15 - PEDALCYCLE <input type="text" value=""/>	21 - PARKED MOTOR VEHICLE <input type="text" value=""/>		

25 - IMPACT ATTENUATOR / CRASH CUSHION <input type="text" value=""/>	31 - GUARDRAIL END <input type="text" value=""/>	37 - TRAFFIC SIGN POST <input type="text" value=""/>	43 - CURB <input type="text" value=""/>	50 - WORK ZONE MAINTENANCE EQUIPMENT <input type="text" value=""/>
26 - BRIDGE OVERHEAD STRUCTURE <input type="text" value=""/>	32 - PORTABLE BARRIER <input type="text" value=""/>	38 - OVERHEAD SIGN POST <input type="text" value=""/>	44 - DITCH <input type="text" value=""/>	51 - WALL <input type="text" value=""/>
27 - BRIDGE PIER OR ABUTMENT <input type="text" value=""/>	33 - MEDIAN CABLE BARRIER <input type="text" value=""/>	39 - LIGHT / LUMINARIES <input type="text" value=""/>	45 - EMBANKMENT <input type="text" value=""/>	52 - BUILDING <input type="text" value=""/>
28 - BRIDGE PARAPET <input type="text" value=""/>	34 - MEDIAN GUARDRAIL <input type="text" value=""/>	40 - SUPPORT <input type="text" value=""/>	46 - FENCE <input type="text" value=""/>	53 - TUNNEL <input type="text" value=""/>
29 - BRIDGE RAIL <input type="text" value=""/>	35 - MEDIAN CONCRETE BARRIER <input type="text" value=""/>	41 - OTHER POST, POLE OR SUPPORT <input type="text" value=""/>	47 - MAILBOX <input type="text" value=""/>	54 - OTHER FIXED OBJECT <input type="text" value=""/>
30 - GUARDRAIL FACE <input type="text" value=""/>	36 - MEDIAN OTHER BARRIER <input type="text" value=""/>	42 - CULVERT <input type="text" value=""/>	48 - TREE <input type="text" value=""/>	99 - OTHER / UNKNOWN <input type="text" value=""/>

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER 2 2 0 1 2 4 3 6	
DAMAGE	
DAMAGE SCALE	
4	1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
         	
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT	
0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN 13 - TOP	
TRAFFIC	
TRAFFIC FLOW 1 - ONE WAY <input type="text" value="2"/> 2 - TWO WAY <input type="text" value="2"/>	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 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 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 2 - 0	
DETECTED SPEED 1 - STATED / ESTIMATED SPEED <input type="text" value="1"/> 2 - CALCULATED / EDR 3 - UNDETERMINED	
POSTED SPEED 3 - 5	

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE / <input checked="" type="checkbox"/> SAME AS DRIVER)
0 2	Ansu, Jacqueline	
OWNER ADDRESS: STREET, CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER)		
4 Merlin Dr #F Fairfield, OH. 45014		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
O H	HLM 2355	1N4AL2AP6CC109129	2012	Nissan
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	Progressive	953256417	Gold	Altima
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	Fox Towing	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	HAZARDOUS MATERIAL	
		0 2	<input type="checkbox"/> MATERIAL RELEASED	CLASS #
			<input type="checkbox"/> PLACARD	PLACARD ID #
1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		2 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED 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 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 28 - ANIMAL-DRAWN VEHICLE 99 - UNKNOWN OR HIT/SKIP
UNIT TYPE				
# OF TRAILING UNITS				

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN
1 - YES 2 - NO 9 - OTHER / UNKNOWN		1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION	
		2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION	
SPECIAL FUNCTION		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
CARGO BODY TYPE		1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL
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

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 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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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

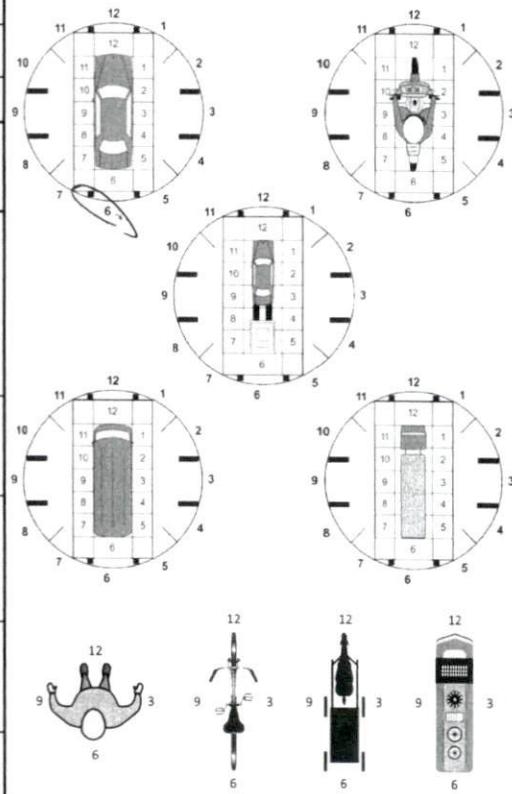
1 2 0		1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - 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 MOBILE OBJECT
4		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 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

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

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
99 - UNKNOWN
13 - TOP

TRAFFIC
TRAFFIC FLOW
1 - ONE-WAY 2 - TWO-WAY [2]
TRAFFIC CONTROL
1 - ROUNDABOUT 4 - STOP SIGN
2 - SIGNAL 5 - YIELD SIGN
3 - FLASHER 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
1 - NORTH 5 - NORTHEAST
2 - SOUTH 6 - NORTHWEST
3 - EAST 7 - SOUTHEAST
4 - WEST 8 - SOUTHWEST
9 - OTHER / UNKNOWN
FROM 8 TO 5

UNIT SPEED
0
DETECTED SPEED
1
1 - STATED / ESTIMATED SPEED
2 - CALCULATED / EDR
3 - UNDETERMINED

POSTED SPEED
3 5
PAGE 3 OF 6



MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	LOCAL REPORT NUMBER											
	2 2 0 1 2 4 3 6											
	DATE OF BIRTH										AGE	GENDER
	1 1 1 0 1 9 3 9										82	F
ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE											
285 Ashley Briar Dr. Fairfield, OH. 45014												
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED 0 4	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		
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 1 TYPE 1 VALUE .		DRUG TEST(S) RESULT SELECT UP TO 4			
UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Ansul, Jacquiline											
ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE											
4 Merlin Dr #F Fairfield, OH. 45014												
INJURIES 4	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT MC HELMET		SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE O H	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER		
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 1 TYPE 1 VALUE .		DRUG TEST(S) RESULT SELECT UP TO 4			
UNIT #	NAME: LAST, FIRST, MIDDLE											
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
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 1	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) 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-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	3-TEST GIVEN, RESULTS KNOWN						
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-EXCEPT CLASS A & CLASS B BUS	5-TEST GIVEN, RESULTS UNKNOWN						
INJURED TAKEN BY	6-SECOND - RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-NO VALID OL	6-EXCEPT CLASS A & CLASS B BUS	6-EXCEPT TRACTOR-TRAILER	6-ALCOHOL TEST TYPE						
1-NOT TRANSPORTED /TREATED AT SCENE	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-NOT EJECTED	H - HAZMAT	7-INTERMEDIATE LICENSE RESTRICTIONS	7-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	1-NONE						
2-EMS	8-THIRD - MIDDLE	8-PARTIALLY EJECTED	M - MOTORCYCLE	8-PASSenger	8-PASSenger	2-BLOOD						
3-POLICE	9-THIRD - RIGHT SIDE	9-TOTALLY EJECTED	P - PASSENGER	9-LEARNER'S PERMIT RESTRICTIONS	9-OTHER DISTRACTION INSIDE THE VEHICLE	3-URINE						
9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB	10-NOT APPLICABLE	N - TANKER	10-LIMITED TO DAYLIGHT ONLY	8-OTHER DISTRACTION OUTSIDE THE VEHICLE	4-BREATH						
SAFETY EQUIPMENT	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11-NOT TRAPPED	Q - MOTOR SCOOTER	11-LIMITED TO EMPLOYMENT	9-OTHER / UNKNOWN	5-OTHER						
1-NONE USED	12-PASSENGER IN UNENCLOSED CARGO AREA	12-EXTRICATED BY MECHANICAL MEANS	R - THREE-WHEEL MOTORCYCLE	12-LIMITED - OTHER	10-ALCOHOL TEST TYPE							
2-SHOULDER BELT ONLY USED	13-TRAILING UNIT	13-FREED BY NON-MECHANICAL MEANS	S - SCHOOL BUS	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	1-NOT							
3-LAP BELT ONLY USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14-MILITARY VEHICLES ONLY	T - DOUBLE & TRIPLE TRAILERS	14-MOTOR VEHICLES WITHOUT AIR BRAKES	2-BLOOD							
4-SHOULDER & LAP BELT USED	15-NON-MOTORIST	15-OUTSIDE MIRROR	X - TANKER / HAZMAT	15-OUTSIDE MIRROR	3-URINE							
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	99-OTHER / UNKNOWN	16-PROSTHETIC AID		16-PROSTHETIC AID	4-OTHER							
6-CHILD RESTRAINT SYSTEM - REAR FACING		17-OTHER		17-OTHER	DRUG TEST TYPE							
7-BOOSTER SEAT					1-NONE							
8-HELMET USED					2-BLOOD							
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)					3-URINE							
10-REFLECTIVE CLOTHING					4-OTHER							
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY					DRUG TEST RESULT(S)							
99-OTHER / UNKNOWN					1-AMPHETAMINES							



OCCUPANT / WITNESS ADDENDUM

OCCUPANT	LOCAL REPORT NUMBER										
	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH			AGE	GENDER		
1	Harkleroad, Jesse			0	3	0	4	1	9	3	6
ADDRESS: STREET, CITY, STATE, ZIP 285 Ashley Briar Dr. Fairfield, OH. 45014											
INJURIES INJURED TAKEN BY EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED											
5					0	4					
<input type="checkbox"/> DOT-Compliant MC HELMET SEATING POSITION AIR BAG USAGE EJECTION TRAPPED											
1	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH			AGE	GENDER			
	Baker, David			0	3	2	1	1	9	8	4
ADDRESS: STREET, CITY, STATE, ZIP 285 Ashley Briar Dr. Fairfield, OH. 45014											
2	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH			AGE	GENDER			
	Asantew, Theresa			0	9	0	7	1	9	7	5
ADDRESS: STREET, CITY, STATE, ZIP 4 Merlin Dr. #F Fairfield, OH. 45014											
4	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH			AGE	GENDER			
	Fairfield EMS			0	4	3	0	1	1	1	
<input type="checkbox"/> DOT-Compliant MC HELMET SEATING POSITION AIR BAG USAGE EJECTION TRAPPED											
2	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH			AGE	GENDER			
				0							
ADDRESS: STREET, CITY, STATE, ZIP											
5	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH			AGE	GENDER			
				0							
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											
1 - NOT TRANSPORTED /TREATED AT SCENE	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN								
2 - EMS	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)									
3 - POLICE	8 - HELMET USED	8 - THIRD - MIDDLE									
9 - OTHER / UNKNOWN	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE									
GENDER											
F - FEMALE	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB									
M - MALE	11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)									
U - OTHER / UNKNOWN	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA									
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										
WITNESS	NAME: LAST, FIRST, MIDDLE DATE OF BIRTH AGE GENDER										
WITNESS	NAME: LAST, FIRST, MIDDLE DATE OF BIRTH AGE GENDER										
WITNESS	NAME: LAST, FIRST, MIDDLE DATE OF BIRTH AGE GENDER										
ADDRESS: STREET, CITY, STATE, ZIP CONTACT PHONE - INCLUDE AREA CODE											

III TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL
REPORT
NUMBER
22012436REPORTING
AGENCY

FAIRFIELD P.D. 00901

DATE OF ACCIDENT

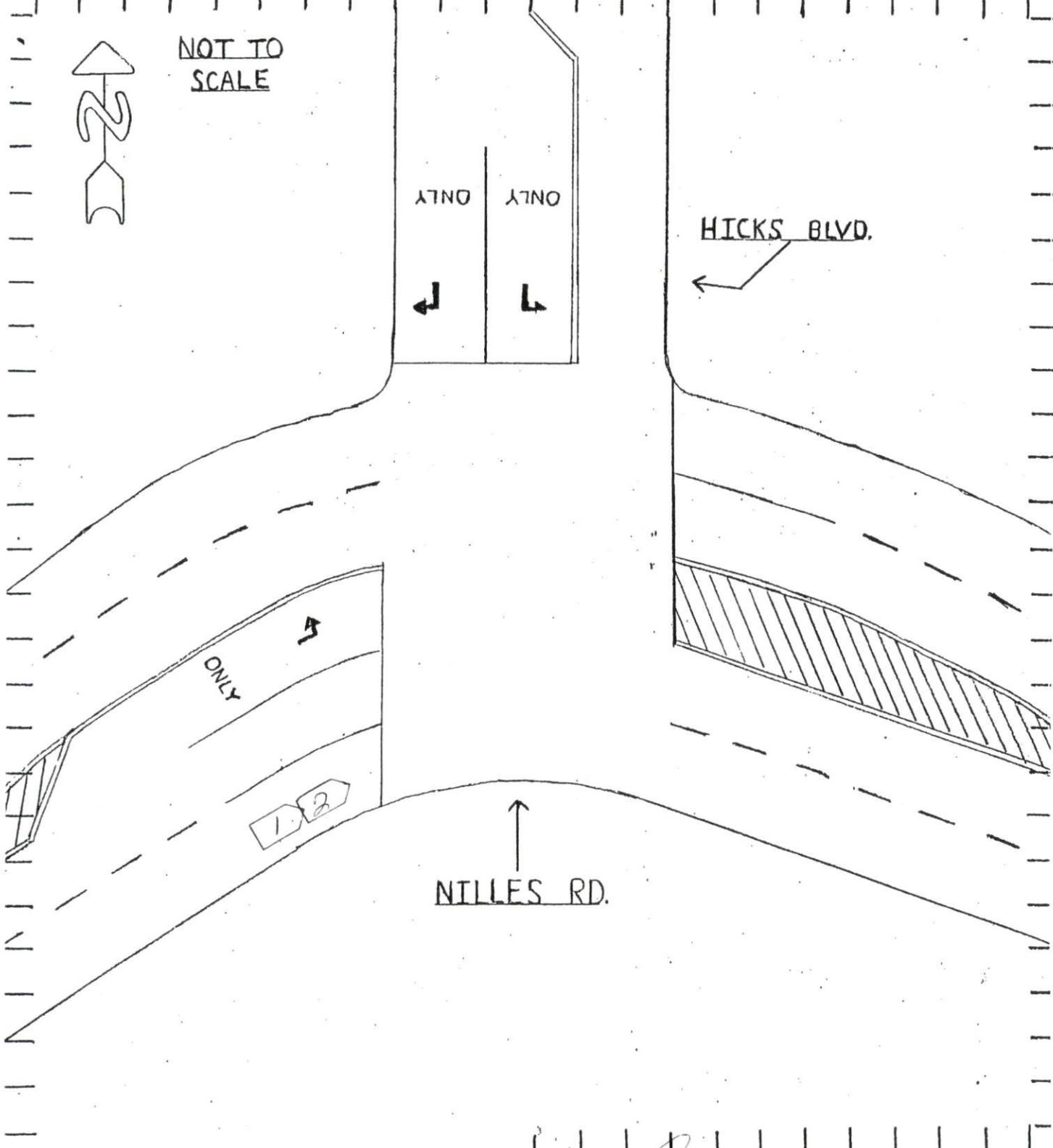
M 2 D 20 Y 22

COUNTY OF

BUTLER

ACCIDENT
LOCATION

Nilles Rd 20 Feet West of Hicks Blvd

NOT TO
SCALE

OFFICER'S SIGNATURE

BADGE NO

6056