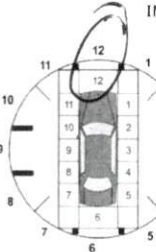
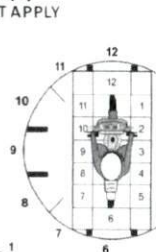
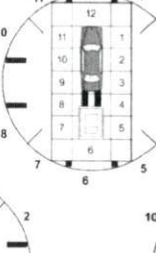
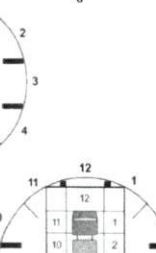
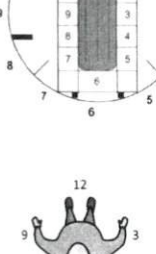

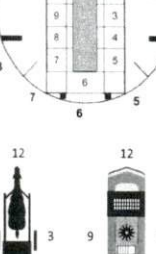

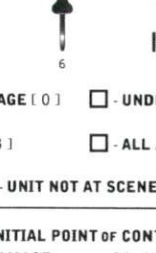





\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

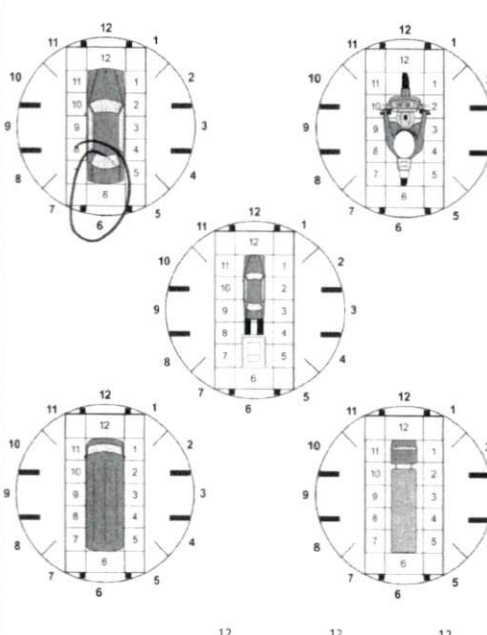
LOCAL REPORT NUMBER\*

PAGE 1 OF 6

<b>LOCAL REPORT NUMBER</b> <div style="border-bottom: 1px solid black; display: flex; justify-content: space-around; width: 100%;"> <span>2</span><span>2</span><span>0</span><span>1</span><span>2</span><span>4</span><span>5</span><span>6</span> </div>	
<b>DAMAGE</b>	
<b>DAMAGE SCALE</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 - NONE  2 - MINOR DAMAGE  9 - UNKNOWN </div> <div style="width: 45%;"> 3 - FUNCTIONAL DAMAGE  4 - DISABLING DAMAGE </div> </div>	
<b>DAMAGED AREA(S)</b> INDICATE ALL THAT APPLY	
<div style="display: grid; grid-template-columns: 1fr 1fr; gap: 20px;">           </div>	
<div style="display: flex; justify-content: space-around; margin-bottom: 10px;"> <input type="checkbox"/> - NO DAMAGE [ 0 ]         <input type="checkbox"/> - UNDERCARRIAGE [ 14 ]       </div> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> - TOP [ 13 ]         <input type="checkbox"/> - ALL AREAS [ 15 ]       </div> <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ]       </div>	
<b>INITIAL POINT OF CONTACT</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 0 - NO DAMAGE  1-12 - REFER TO UNIT DIAGRAM  13 - TOP </div> <div style="width: 45%;"> 14 - UNDERCARRIAGE  15 - VEHICLE NOT AT SCENE  99 - UNKNOWN </div> </div>	
<b>TRAFFIC</b>	
<b>TRAFFICWAY FLOW</b> 1 - ONE-WAY 2 - TWO-WAY FROM <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;"></span>	<b>TRAFFIC CONTROL</b> 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL FROM <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;"></span>
<b># OF THROUGH LANES ON ROAD</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;"></span>	<b>RAIL GRADE CROSSING</b> 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;"></span>
<b>UNIT / NON-MOTORIST DIRECTION</b> FROM <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;"></span> TO <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;"></span>	
<b>UNIT SPEED</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>	<b>DETECTED SPEED</b> 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;"></span>
<b>POSTED SPEED</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>	



OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE ( ) SAME AS DRIVER	OWNER PHONE: INCLUDE AREA CODE ( ) SAME AS DRIVER		
	02	Mason, Kevin			
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( ) SAME AS DRIVER					
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	HOF5277	1GNERGKJW6J227637	2018	Chevy
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
		Statefarm	392-5965-C17-35D	Gray	Traverse
	<input type="checkbox"/> COMMERCIAL	TYPE OF USE	US DOT #	TOWED BY: COMPANY NAME	
		<input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		Wayne's	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	HAZARDOUS MATERIAL	
			01	<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
	VEHICLE WEIGHT GVWR/GCWR		CLASS # PLACARD ID #		
	1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.				
EVENTS	UNIT TYPE				
	03				
	# OF TRAILING UNITS				
	0				
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	AUTONOMOUS MODE LEVEL			
	2	0			
	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				
	01				
	CARGO BODY TYPE				
01					
VEHICLE DEFECTS					
01					
NON-MOTORIST LOCATION AT IMPACT					
04					
ACTION					
04					
CONTRIBUTING CIRCUMSTANCES					
01					
SEQUENCE OF EVENTS					
120					
2					
3					
4					
5					
6					
FIRST HARMFUL EVENT	MOST HARMFUL EVENT				

LOCAL REPORT NUMBER	
22012456	
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 13 - TOP 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
2 1 - ONE-WAY 2 - TWO-WAY	6 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
5	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM 1 TO 2 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	
50	

## MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER												
2 2 0 1 2 4 5 6												
UNIT #		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER			
0 1		Johnson, Christian, Doyle				0 7 0 9 1 9 8 4		3 7	M			
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE						
1252 Nelson PL, Washington Court House, OH 43160												
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		
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			333.03A		<input checked="" type="checkbox"/>	ACDA		250064				
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 2		Mason, Angela, Marie				0 9 2 2 1 9 7 4		4 7	F			
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE						
6152 E US Highway 22 and 3, Morrow OH 45152												
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		
3	2	City of Fairfield	Bethesda		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					<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)			
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	<input type="checkbox"/> 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 & CLASS B BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN
	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	7 - EXCEPT TRACTOR-TRAILER	6 - PASSENGER	
	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			8 - INTERMEDIATE LICENSE RESTRICTIONS	7 - OTHER DISTRACTION INSIDE THE VEHICLE	
	8 - THIRD - MIDDLE			9 - LEARNER'S PERMIT RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	
	9 - THIRD - RIGHT SIDE			10 - LIMITED TO DAYLIGHT ONLY	9 - OTHER / UNKNOWN	
	10 - SLEEPER SECTION OF TRUCK CAB			11 - LIMITED TO EMPLOYMENT		
	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)			12 - LIMITED - OTHER		
	12 - PASSENGER IN UNENCLOSED CARGO AREA			13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		
	13 - TRAILING UNIT			14 - MILITARY VEHICLES ONLY		
	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			15 - MOTOR VEHICLES WITHOUT AIR BRAKES		
	15 - NON-MOTORIST			16 - OUTSIDE MIRROR		
	99 - OTHER / UNKNOWN			17 - PROSTHETIC AID		
				18 - FARM WAIVER		

INJURED TAKEN BY	EJECTION	OL ENDORSEMENT	TRAPPED	GENDER
1 - NOT TRANSPORTED / TREATED AT SCENE	1 - NOT EJECTED	H - HAZMAT	1 - NOT TRAPPED	F - FEMALE
2 - EMS	2 - PARTIALLY EJECTED	M - MOTORCYCLE	2 - EXTRICATED BY MECHANICAL MEANS	M - MALE
3 - POLICE	3 - TOTALLY EJECTED	P - PASSENGER	3 - FREED BY NON-MECHANICAL MEANS	U - OTHER / UNKNOWN
9 - OTHER / UNKNOWN	4 - NOT APPLICABLE	N - TANKER		
		Q - MOTOR SCOOTER		
		R - THREE-WHEEL MOTORCYCLE		
		S - SCHOOL BUS		
		T - DOUBLE & TRIPLE TRAILERS		
		X - TANKER / HAZMAT		

SAFETY EQUIPMENT	CONDITION	DRUG TEST TYPE	DRUG TEST RESULT(S)
1 - NONE USED	1 - APPARENTLY NORMAL	1 - NONE	1 - AMPHETAMINES
2 - SHOULDER BELT ONLY USED	2 - PHYSICAL IMPAIRMENT	2 - BLOOD	2 - BARBITURATES
3 - LAP BELT ONLY USED	3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3 - URINE	3 - BENZODIAZEPINES
4 - SHOULDER & LAP BELT USED	4 - ILLNESS	4 - OTHER	4 - CANNABINOIDS
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		5 - COCAINE
6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		6 - OPIATES / OPIOIDS
7 - BOOSTER SEAT	9 - OTHER / UNKNOWN		7 - OTHER
8 - HELMET USED			8 - NEGATIVE RESULTS
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			
10 - REFLECTIVE CLOTHING			
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY			
99 - OTHER / UNKNOWN			



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER									
2	2	0	1	2	4	5	6		

<b>OCCUPANT</b>	<b>UNIT #</b> 1	<b>NAME: LAST, FIRST, MIDDLE</b> Keaton, Adam, Spencer				<b>DATE OF BIRTH</b> 0 5 2 1 1 9 8 4		<b>AGE</b> 3 7	<b>GENDER</b> M
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 2590 Bloom Dr. Columbus OH 43219					<b>CONTACT PHONE - INCLUDE AREA CODE</b>			
	<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 0 3	<b>AIR BAG USAGE</b> 0 1	<b>EJECTION</b> 1

<b>OCCUPANT</b>	<b>UNIT #</b> 1	<b>NAME: LAST, FIRST, MIDDLE</b> Rumer, Lindsey, Renae				<b>DATE OF BIRTH</b> 0 8 2 4 1 9 8 8		<b>AGE</b> 3 3	<b>GENDER</b> F
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 1145 Gregg St, Washington Court House, OH 43160					<b>CONTACT PHONE - INCLUDE AREA CODE</b>			
	<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 0 4	<b>AIR BAG USAGE</b> 0 1	<b>EJECTION</b> 1

<b>OCCUPANT</b>	<b>UNIT #</b> 1	<b>NAME: LAST, FIRST, MIDDLE</b> Johnson, Faith, A				<b>DATE OF BIRTH</b> 0 5 0 6 1 9 7 8		<b>AGE</b> 4 3	<b>GENDER</b> F
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 1252 Nelson PL, Washington Court House, OH 43160					<b>CONTACT PHONE - INCLUDE AREA CODE</b>			
	<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 0 6	<b>AIR BAG USAGE</b> 0 1	<b>EJECTION</b> 1

<b>OCCUPANT</b>	<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>				<b>DATE OF BIRTH</b>		<b>AGE</b> 0	<b>GENDER</b>
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b>					<b>CONTACT PHONE - INCLUDE AREA CODE</b>			
	<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>

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
<b>INJURED TAKEN BY</b>		6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
1 - NOT TRANSPORTED / TREATED AT SCENE	6 - CHILD RESTRAINT SYSTEM - REAR FACING	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	
2 - EMS	7 - BOOSTER SEAT	8 - THIRD - MIDDLE	<b>EJECTION</b>
3 - POLICE	8 - HELMET USED	9 - THIRD - RIGHT SIDE	1 - NOT EJECTED
9 - OTHER / UNKNOWN	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	10 - SLEEPER SECTION OF TRUCK CAB	2 - PARTIALLY EJECTED
<b>GENDER</b>	10 - REFLECTIVE CLOTHING	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	3 - TOTALLY EJECTED
F - FEMALE	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	12 - PASSENGER IN UNENCLOSED CARGO AREA	4 - NOT APPLICABLE
M - MALE	99 - OTHER / UNKNOWN	13 - TRAILING UNIT	<b>TRAPPED</b>
U - OTHER / UNKNOWN		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	1 - NOT TRAPPED
		15 - NON-MOTORIST	2 - EXTRICATED BY MECHANICAL MEANS
		99 - OTHER / UNKNOWN	3 - FREED BY NON-MECHANICAL MEANS

<b>WITNESS</b>	<b>NAME: LAST, FIRST, MIDDLE</b>				<b>DATE OF BIRTH</b>		<b>AGE</b> 0	<b>GENDER</b>
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b>					<b>CONTACT PHONE - INCLUDE AREA CODE</b>		

<b>WITNESS</b>	<b>NAME: LAST, FIRST, MIDDLE</b>				<b>DATE OF BIRTH</b>		<b>AGE</b> 0	<b>GENDER</b>
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b>					<b>CONTACT PHONE - INCLUDE AREA CODE</b>		

<b>WITNESS</b>	<b>NAME: LAST, FIRST, MIDDLE</b>				<b>DATE OF BIRTH</b>		<b>AGE</b> 0	<b>GENDER</b>
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b>					<b>CONTACT PHONE - INCLUDE AREA CODE</b>		

LOCAL REPORT NUMBER	22-012456	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	2/20/22
IN COUNTY OF	Butler	ACCIDENT LOCATION	7350 Dixie Hwy		

Dixie Hwy (SR4)

7350 Dixie Hwy

N  
Not to Scale

1  
2

OFFICER'S SIGNATURE

T.King

BADGE NO

161