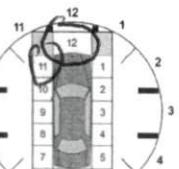
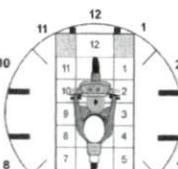
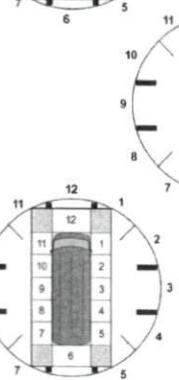
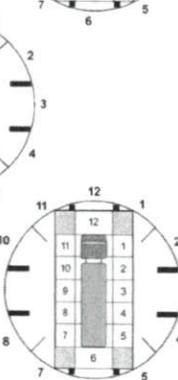
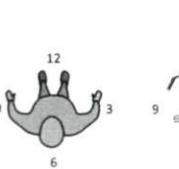
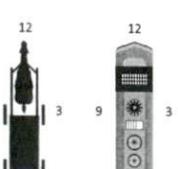


TRAFFIC CRASH REPORT

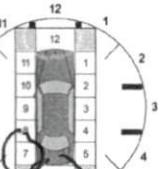
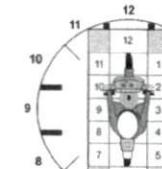
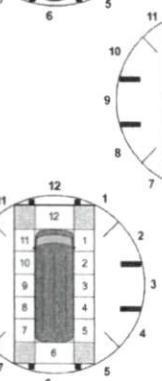
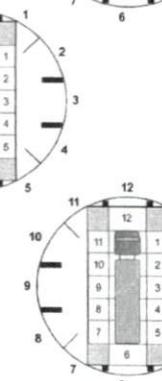
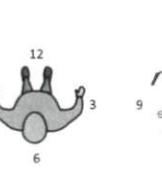
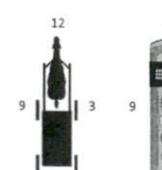
*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL REPORT NUMBER*				
<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION REPORTING AGENCY NAME* Fairfield Police Department NCIC* 00901 CRASH DATE / TIME* 02222022 1738						
COUNTY* 09 LOCALITY* 1-CITY 1 2-VILLAGE 3-TOWNSHIP LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield		HIT/SKIP 1-SOLVED 2-UNRESOLVED		NUMBER OF UNITS 02		UNIT IN ERROR 98-ANIMAL 01 99-UNKNOWN		
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES 39.335265		
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES -84.526470		
REFERENCE	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	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	<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA		
DISTANCE FROM REFERENCE	DISTANCE	DIRECTION	ROUTE TYPE	ROAD TYPE	ROADWAY			
	UNIT OF MEASURE 1-MILES 2- FEET 3-YARDS	1-NORTH 2-SOUTH 3-EAST 4-WEST	CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	<input type="checkbox"/> ROADWAY DIVIDED			
LOCATION OF FIRST HARMFUL EVENT			MANNER OF CRASH COLLISION/IMPACT		DIRECTION OF TRAVEL	MEDIAN TYPE		
01	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 BETWEEN TWO MOTOR VEHICLES IN TRANSPORT	4-REAR-TO-REAR 5-BACKING 6-ANGLE 7-SIDESWIPE, SAME DIRECTION	1-NORTH 2-SOUTH 3-EAST 4-WEST	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 WARNING SIGN 2-ADVANCE WARNING AREA 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA		CONTOUR	CONDITIONS	SURFACE
1	1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER/UNKNOWN	04	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	1	2	2	
LIGHT CONDITION			WEATHER		1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 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 <p>On 2/22/2022 at about 5:38 p.m. Unit 1 was traveling southeast on S.R. 4 and when at Jungle Jim Dr. attempted to turn left to travel northeast on Jungle Jim Dr. and in so doing, failed to yield the right of way to oncoming traffic and collided with Unit 2 which was traveling northwest on S.R. 4.</p>								
 <p>Indicate the north direction with an "N" on the compass diagram.</p> <p>See OH-2</p>								
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY
02222022 1738		02222022 1739		02222022 1740		02222022 1822		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OGPS)
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME* D. Gooch		CHECKED BY OFFICER'S NAME* <i>Sgt</i>		OFFICER'S BADGE NUMBER* 1 6 0	CHECKED BY OFFICER'S BADGE NUMBER* <i>87</i>
0 3 0	0 3 0	0 7 3						

OWNER	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 1				
OWNER ADDRESS: STREET, CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER					
VEHICLE	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	JCC8764	1C4B1WDG17FL6812785	2015	Jeep	
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL	
Progressive		925977712	Red	Wrangler	
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME		
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE					
<input type="checkbox"/> INTERLOCK EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	HAZARDOUS MATERIAL		
0 3		0 1	<input type="checkbox"/> MATERIAL RELEASED	CLASS #	PLACARD ID #
UNIT TYPE		VEHICLE WEIGHT GVWR/GCWR			
		1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.			
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	
0 0 # OF TRAILING UNITS					
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN	
0 2 1 - YES 2 - NO 9 - OTHER/UNKNOWN					
SPECIAL FUNCTION		AUTONOMOUS MODE LEVEL			
4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER		1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - BUS - OTHER 10 - AMBULANCE	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 21 - MAIL CARRIER 99 - OTHER/UNKNOWN
0 1 CARGO BODY TYPE		1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 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 - AUTO TRANSPORTER 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
0 3 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
0 2 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
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 MOVABLE OBJECT
4 1 1		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 3 0 6 6		
DAMAGE		
DAMAGE SCALE		
2	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE
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		
TRAFFIC WAY 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 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN		
UNIT SPEED	DETECTED SPEED	
0 1 5	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	
POSTED SPEED		
3 5		

OWNER	UNIT # <u>012</u>	OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER	OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER	
	OWNER ADDRESS: STREET, CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER			
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
LP STATE <u>O H</u>	LICENSE PLATE # <u>JCW6977</u>	VEHICLE IDENTIFICATION # <u>3N1AB8C1V4M13010174</u>	VEHICLE YEAR <u>2021</u> VEHICLE MAKE <u>Nissan</u>	
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>Geico</u>	INSURANCE POLICY # <u>6094223028</u>	COLOR <u>White</u> VEHICLE MODEL <u>Sentra</u>	
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT # <u></u>	TOWED BY: COMPANY NAME <u>Waynes</u>	
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <u>0 2</u>		VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <u></u> PLACARD ID # <u></u> <input type="checkbox"/> PLACARD	
UNIT TYPE <u>0 1</u>	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 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
VEHICLE # OF TRAILING UNITS <u>0 0</u>	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>0</u>			
SPECIAL FUNCTION <u>0 1</u>	1 - YES 2 - NO 9 - OTHER / UNKNOWN	AUTONOMOUS MODE LEVEL <u>0</u>	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN	
CARGO BODY TYPE <u>0 1</u>	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 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 21 - MAIL CARRIER 99 - OTHER / UNKNOWN	
VEHICLE DEFECTS <u>0 1</u>	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 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE / REFUSE 11 - DUMP 99 - OTHER / UNKNOWN	
NON-MOTORIST LOCATION AT IMPACT <u>0 1</u>	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 - STANDING OUTSIDE DISABLED VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 17 - NEGOTIATING A CURVE 18 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - LEAVING TRAFFIC LANE 10 - PARKED 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 12 - DRIVERLESS 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN	
ACTION <u>0 4</u>	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING <u>0 1</u> 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	PRE-CRASH ACTIONS <u>0 1</u> 4 - OVERTAKING / PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING / PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 7 - ENTERING TRAFFIC LANE 8 - LEAVING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 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 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 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN	
CONTRIBUTING CIRCUMSTANCES <u>0 1</u>	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 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 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN	
SEQUENCE OF EVENTS	NON-COLLISION			
<u>1 2 0</u>	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 MOVABLE OBJECT	
<u>4 5 6</u>	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 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	
<u>1</u>	FIRST HARMFUL EVENT	<u>1</u>	MOST HARMFUL EVENT	

LOCAL REPORT NUMBER <u>2 2 0 1 3 0 6 6</u>	
DAMAGE	
DAMAGE SCALE <u>4</u>	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 <u>0 0</u> <input type="checkbox"/> - UNDERCARRIAGE <u>14</u> <input type="checkbox"/> - TOP <u>13</u> <input type="checkbox"/> - ALL AREAS <u>15</u> <input type="checkbox"/> - UNIT NOT AT SCENE <u>16</u>	
INITIAL POINT OF CONTACT	
0 - NO DAMAGE <u>0 7</u>	14 - UNDERCARRIAGE 1 - 12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN 13 - TOP
TRAFFIC	
TRAFFIC WAY FLOW <u>2</u>	TRAFFIC CONTROL 1 - ONE-WAY 2 - TWO-WAY 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD <u>4</u>	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM <u>7</u> TO <u>6</u>	1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
UNIT SPEED <u>0 3 5</u>	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED <u>3 5</u>	



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

2 2 0 1 3 0 6 6

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH			AGE	GENDER
	0 1	Rednour, Debra, Kay					1 1 1 6 1 9 7 2	4 9	F		
ADDRESS: STREET,CITY,STATE, ZIP 5694 Red Oak Dr., Fairfield, OH, 45014											
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
5						0 4	<input type="checkbox"/>	0 1	1	1	1
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER		
O H				331.17a	<input checked="" type="checkbox"/>	Failure to Yield Turnin			249874		
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	1	1 1	1 1	1 1	SELECT UP TO 4
OTHER DRUG					<input type="checkbox"/> OTHER DRUG						
UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH			AGE	GENDER
0 2	Fischer, Donavan, Lamont						0 7 1 0 2 0 0 1	2 0	M		
ADDRESS: STREET,CITY,STATE, ZIP 5073 Greenshire Dr., Cleves, OH, 45002											
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
3	2	Fairfield EMS		Mercy		0 4	<input type="checkbox"/>	0 1	3	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	1	1 1	1 1	1 1	SELECT UP TO 4
OTHER DRUG					<input type="checkbox"/> OTHER DRUG						
UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH			AGE	GENDER
	0	2 0 0 1	2 0	M							
ADDRESS: STREET,CITY,STATE, ZIP											
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
							<input type="checkbox"/>				
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER		
					<input type="checkbox"/>						
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)	
				1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1 1	1 1	1 1	SELECT UP TO 4
OTHER DRUG					<input type="checkbox"/> OTHER DRUG						
INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS					
1- FATAL	1- FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1- NOT DEPLOYED	1- CLASS A	1- ALCOHOL INTERLOCK DEVICE	1- NOT DISTRACTED	1- NONE GIVEN					
2- SUSPECTED SERIOUS INJURY	2- FRONT - MIDDLE	2- DEPLOYED FRONT	2- CLASS B	2- CDL INTRASTATE ONLY	2- MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2- TEST REFUSED					
3- SUSPECTED MINOR INJURY	3- FRONT - RIGHT SIDE	3- DEPLOYED SIDE	3- CLASS C	3- CORRECTIVE LENSES	3- TALKING ON HANDS-FREE COMMUNICATION DEVICE	3- TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE					
4- POSSIBLE INJURY	4- SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4- DEPLOYED BOTH FRONT / SIDE	4- REGULAR CLASS (OHIO = D)	4- FARM WAIVER	4- TALKING ON HAND-HELD COMMUNICATION DEVICE	4- TEST GIVEN, RESULTS KNOWN					
5- NO APPARENT INJURY	5- SECOND - MIDDLE	5- NOT APPLICABLE	5- M/C MOPED ONLY	5- EXCEPT CLASS A BUS	5- OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5- TEST GIVEN, RESULTS UNKNOWN					
	6- SECOND - RIGHT SIDE	9- DEPLOYMENT UNKNOWN	6- NO VALID OL	6- EXCEPT CLASS A & CLASS B BUS	6- PASSENGER						
	7- THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		7- EXCEPT TRACTOR-TRAILER	7- LIMITED TO DAYLIGHT ONLY	7- OTHER DISTRACTION INSIDE THE VEHICLE						
	8- THIRD - MIDDLE		8- INTERMEDIATE LICENSE RESTRICTIONS	8- LIMITED TO EMPLOYMENT	8- OTHER DISTRACTION OUTSIDE THE VEHICLE						
	9- THIRD - RIGHT SIDE		9- LEARNER'S PERMIT RESTRICTIONS	9- OTHER / UNKNOWN	9- OTHER / UNKNOWN						
	10- SLEEPER SECTION OF TRUCK CAB		10- LIMITED TO DAYLIGHT ONLY								
INJURED TAKEN BY	EJECTION	OL ENDORSEMENT	TEST STATUS								
1- NOT TRANSPORTED / TREATED AT SCENE	1- NOT EJECTED	H- HAZMAT	1- NONE								
2- EMS	2- PARTIALLY EJECTED	M- MOTORCYCLE	2- BLOOD								
3- POLICE	3- TOTALLY EJECTED	P- PASSENGER	3- URINE								
9- OTHER / UNKNOWN	4- NOT APPLICABLE	N- TANKER	4- BREATH								
		Q- MOTOR SCOOTER	5- OTHER								
		R- THREE-WHEEL MOTORCYCLE									
		S- SCHOOL BUS									
		T- DOUBLE & TRIPLE TRAILERS									
		X- TANKER / HAZMAT									
SAFETY EQUIPMENT	TRAPPED	TEST STATUS									
1- NONE USED	1- NOT TRAPPED	13- MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	1- APPARENTLY NORMAL								
2- SHOULDER BELT ONLY USED	2- EXTRICATED BY MECHANICAL MEANS	14- MILITARY VEHICLES ONLY	2- PHYSICAL IMPAIRMENT								
3- LAP BELT ONLY USED	3- FREED BY NON-MECHANICAL MEANS	15- MOTOR VEHICLES WITHOUT AIR BRAKES	3- EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)								
4- SHOULDER & LAP BELT USED		16- OUTSIDE MIRROR	4- ILLNESS								
5- CHILD RESTRAINT SYSTEM - FORWARD FACING		17- PROSTHETIC AID	5- FELL ASLEEP, FAINTED, FATIGUED, ETC.								
6- CHILD RESTRAINT SYSTEM - REAR FACING		18- OTHER	6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL								
7- BOOSTER SEAT			9- OTHER / UNKNOWN								
8- HELMET USED											
9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)											
10- REFLECTIVE CLOTHING											
11- LIGHTING - PEDESTRIAN / BICYCLE ONLY											
99- OTHER / UNKNOWN											
CONDITION	DRUG TEST TYPE										
1- APPARENTLY NORMAL	1- NONE										
2- PHYSICAL IMPAIRMENT	2- BLOOD										
3- EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3- URINE										
4- ILLNESS	4- OTHER										
5- FELL ASLEEP, FAINTED, FATIGUED, ETC.											
6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL											
9- OTHER / UNKNOWN											
DRUG TEST RESULT(S)	TEST STATUS										
1- AMPHETAMINES	1- AMPHETAMINES										
2- BARBITURATES	2- BARBITURATES										
3- BENZODIAZEPINES	3- BENZODIAZEPINES										
4- CANNABINOID	4- CANNABINOID										
5- COCAINE	5- COCAINE										
6- OPIATES / OPIOIDS	6- OPIATES / OPIOIDS										
7- OTHER	7- OTHER										
8- NEGATIVE RESULTS	8- NEGATIVE RESULTS										



OCCUPANT / WITNESS ADDENDUM

OCCUPANT	LOCAL REPORT NUMBER																
	2 2 0 1 3 0 6 6					DATE OF BIRTH	AGE	GENDER									
UNIT #	NAME: LAST, FIRST, MIDDLE				0 4 0 6 2 0 0 1												
2	Wiley, Avionna, Char'Nae				20 F												
ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE																
3941 Yearling Ct., Cincinnati, OH, 45211																	
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET <table border="1"> <tr> <td>SEATING POSITION</td> <td>AIR BAG USAGE</td> <td>EJECTION</td> <td>TRAPPED</td> </tr> <tr> <td>0 3</td> <td>0 3</td> <td>1</td> <td>1</td> </tr> </table>					SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	0 3	0 3	1	1
SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED														
0 3	0 3	1	1														
3	2	Fairfield EMS	Mercy	0 4													
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH												
					AGE												
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 <table border="1"> <tr> <td>SEATING POSITION</td> <td>AIR BAG USAGE</td> <td>EJECTION</td> <td>TRAPPED</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>					SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
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UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH												
					AGE												
ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE																
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UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH												
					AGE												
ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE																
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SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED														
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			1 - NOT DEPLOYED									
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED		2 - FRONT - MIDDLE		2 - DEPLOYED FRONT			2 - DEPLOYED FRONT									
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED		3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE			3 - DEPLOYED SIDE									
4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT/SIDE			4 - DEPLOYED BOTH FRONT/SIDE									
5 - NO APPARENT INJURY	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		5 - SECOND - MIDDLE		5 - NOT APPLICABLE			5 - NOT APPLICABLE									
INJURED TAKEN BY			6 - CHILD RESTRAINT SYSTEM - REAR FACING		6 - SECOND - RIGHT SIDE		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		9 - DEPLOYMENT UNKNOWN								
1 - NOT TRANSPORTED /TREATED AT SCENE	7 - BOOSTER SEAT		8 - HELMET USED		9 - THIRD - RIGHT SIDE		10 - SLEEPER SECTION OF TRUCK CAB		1 - NOT EJECTED								
2 - EMS	8 - HELMET USED		9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		10 - SLEEPER SECTION OF TRUCK CAB		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		2 - PARTIALLY EJECTED								
3 - POLICE	10 - REFLECTIVE CLOTHING		11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY		12 - PASSENGER IN UNENCLOSED CARGO AREA		13 - TRAILING UNIT		3 - TOTALLY EJECTED								
9 - OTHER / UNKNOWN	99 - OTHER / UNKNOWN		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		15 - NON-MOTORIST		99 - OTHER / UNKNOWN		4 - NOT APPLICABLE								
GENDER			<input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE <input type="checkbox"/> U - OTHER / UNKNOWN														
EJECTION										TRAPPED							
1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE										1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS							
WITNESS																	
NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH					AGE	GENDER										
	0																
ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE																
NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH					AGE	GENDER										
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ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE																
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	0																
ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE																

LOCAL
REPORT
NUMBER 22013066

REPORTING
AGENCY

FAIRFIELD P.D. 00901

DATE OF ACCIDENT

M 2 10 22 19 22

IN COUNTY OF

BUTLER

ACCIDENT
LOCATION

S.R.4 + JUNGLE JIM DR.

Dixie Hwy

Bachm Dr

Driveway Access
to 5401 Dixie Hwy

* NOT TO SCALE



fixed
object

Driveway Access
to 5440 Dixie Hwy

OFFICERS SIGNATURE

TO THE 30

BADGE NO.

160

ISY 0002

6 of 6