



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOSTAKEN <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		2 2 0 1 4 2 5 9	
		REPORTING AGENCY NAME*		NCIC*	
		Fairfield Police Department		0 0 9 0 1	
REFERENCE LOCATION	CITY, VILLAGE, TOWNSHIP*	LOCATION: CITY, VILLAGE, TOWNSHIP*		CRASH DATE / TIME*	
		0 9 1 1-CITY 2-VILLAGE 3-TOWNSHIP		City of Fairfield	
ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME Woodtrail	ROAD TYPE D R	LATITUDE DECIMAL DEGREES 39.317362
ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 2065	ROAD TYPE	LONGITUDE DECIMAL DEGREES -84.549720
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE #	DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-WEST	ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	RD - ROAD LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	ST - STREET TE - TERRACE TL - TRAIL WA - WAY
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS	ROUTE TYPE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE			
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			MANNER OF CRASH COLLISION/IMPACT 1-NOT COLLISION 2-BEFORE 3-BETWEEN 4-TWO MOTOR VEHICLES IN TRANSPORT 5-BACKING 6-ANGLE 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 9-HEAD-ON 10-REAR-TO-REAR 11-RAILWAY GRADE CROSSING 12-SHARED USE PATHS OR TRAILS 13-BIKE LANE 14-TOLL BOOTH 99-OTHER / UNKNOWN		
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1-LANE CLOSURE 2-LANE SHIFT/CROSSOVER 3-WORK ON SHOULDER OR MEDIAN 4-INTERMITTENT OR MOVING WORK 5-OTHER		LOCATION OF CRASH IN WORK ZONE 1-BEFORE THE 1ST WORK ZONE 2-ADVANCE WARNING AREA 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA	
LIGHT CONDITION 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN		WEATHER 0 1 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL		CONTOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 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712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 8010 8011 8012 8013 8014 8015 8016 8017 8018 8019 8020 8021 8022 8023 8024 8025 8026 8027 8028 8029 8030 8031 8032 8033 8034 8035 8036 8037 8038 8039 8040 8041 8042 8043 8044 8045 8046 8047 8048 8049 8050 8051 8052 8053 8054 8055 8056 8057 8058 8059 8060 8061 8062 8063 8064 8065 8066 8067 8068 8069 8070 8071 8072 8073 8074 8075 8076 8077 8078 8079 8080 8081 8082 8083 8084 8085 8086 8087 8088 8089 8090 8091 8092 8093 8094 8095 8096 8097 8098 8099 80100 80101 80102 80103 80104 80105 80106 80107 80108 80109 80110 80111 80112 80113 80114 80115 80116 80117 80118 80119 80120 80121 80122 80123 80124 80125 80126 80127 80128 80129 80130 80131 80132 80133 80134 80135 80136 80137 80138 80139 80140 80141 80142 80143 80144 80145 80146 80147 80148 80149 80150 80151 80152 80153 80154 80155 80156 80157 80158 80159 80160 80161 80162 80163 80164 80165 80166 80167 80168 80169 80170 80171 80172 80173 80174 80175 80176 80177 80178 80179 80180 80181 80182 80183 80184 80185 80186 80187 80188 80189 80190 80191 80192 80193 80194 80195 80196 80197 80198 80199 80200 80201 80202 80203 80204 80205 80206 80207 80208 80209 80210 80211 80212 80213 80214 80215 80216 80217 80218 80219 80220 80221 80222 80223 80224 80225 80226 80227 80228 80229 80230 80231 80232 80233 80234 80235 80236 80237 80238 80239 80240 80241 80242 80243 80244 80245 80246 80247 80248 80249 80250 80251 80252 80253 80254 80255 80256 80257 80258 80259 80260 80261 80262 80263 80264 80265 80266 80267 80268 80269 80270 80271 80272 80273 80274 80275 80276 80277 80278 80279 80280 80281 80282 80283 80284 80285 80286 80287 80288 80289 80290 80291 80292 80293 80294 80295 80296 80297 80298 80299 80300 80301 80302 80303 80304 80305 80306 80307 80308 80309 80310 80311 80312 80313 80314 80315 80316 80317 80318 80319 80320 80321 80322 80323 80324 80325 80326 80327 80328 80329 80330 80331 80332 80333 80334 80335 80336 80337 80338 80339 80340 80341 80342 80343 80344 80345 80346 80347 80348 80349 80350 80351 80352 80353 80354 80355 80356 80357 80358 80359 80360 80361 80362 80363 80364 80365 80366 80367 80368 80369 80370 80371 80372 80373 80374 80375 80376 80377 80378 80379 80380 80381 80382 80383 80384 80385 80386 80387 80388 80389 80390 80391 80392 80393 80394 80395 80396 80397 80398 80399 80400 80401 80402 80403 80404 80405 80406 80407 80408 80409 80410 80411 80412 80413 80414 80415 80416 80417 80418 80419 80420 80421 80422 80423 80424 80425 80426 80427 80428 80429 80430 80431 80432 80433 80434 80435 80436 80437 80438 80439 80440 80441 80442 80443 80444 80445 80446 80447 80448 80449 80450 80451 80452 80453 80454 80455 80456 80457 80458 80459 80460 80461 80462 80463 80464 80465 80466 80467 80468 80469 80470 80471 80472 80473 80474 80475 80476 80477 80478 80479 80480 80481 80482 80483 80484 80485 80486 80487 80488 80489 80490 80491 80492 80493 80494 80495 80496 80497 80498 80499 80500 80501 80502 80503 80504 80505 80506 80507 80508 80509 80510 80511 80512 80513 80514 80515 80516 80517 80518 80519 80520 80521 80522 80523 80524 80525 80526 80527 80528 80529 80530 80531 80532 80533 80534 80535 80536 80537 80538 80539 80540 80541 80542 80543 80544 80545 80546 80547 80548 80549 80550 80551 80552 80553 80554 80555 80556 80557 80558 80559 80560 80561 80562 80563 80564 80565 80566 80567 80568 80569 80570 80571 80572 80573 80574 80575 80576 80577 80578 80579 80580 80581 80582 80583 80584 80585 80586 80587 80588 80589 80590 80591 80592 80593 80594 80595 80596 80597 80598 80599 80600 	

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

See OH-2

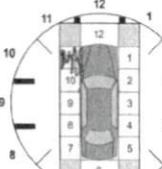
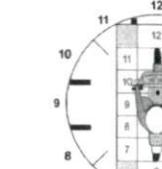
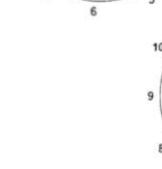
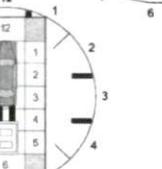
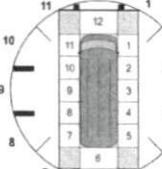
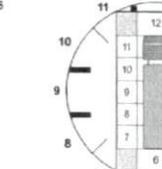
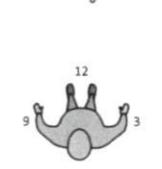
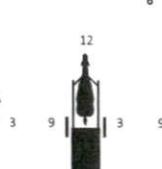
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY
0 2 2 7 2 0 2 2 , 2 0 3 5		0 2 2 7 2 0 2 2 , 2 0 3 7		0 2 2 7 2 0 2 2 , 2 0 4 5		0 2 2 7 2 0 2 2 , 2 1 2 3		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT <small>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO BOP)</small>
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*		 <small>Sgt. N. Davis</small>	
			N. Davis					
		OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*		 <small>Sgt. N. Davis</small>		
0 0	2 0	6 6	1 6 9			1 1 8		



UNIT

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)																																	
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																															
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR																														
O H	JDM2142	W D B R F 8 1 J 9 5 F 5 6 9 5 0 8	2 0 0 5																														
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR																														
	Safe Auto	OH1721803	Blue																														
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 DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR																														
0 1		0 1	1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.																														
<table border="0"> <tr> <td>1 - PASSENGER CAR</td> <td>7 - MOTORCYCLE 2-WHEELED</td> <td>12 - GOLF CART</td> <td>18 - LIMO (LIVERY VEHICLE)</td> <td>23 - PEDESTRIAN / SKATER</td> </tr> <tr> <td>2 - PASSENGER VAN (MINIVAN)</td> <td>8 - MOTORCYCLE 3-WHEELED</td> <td>13 - SNOWMOBILE</td> <td>19 - BUS (16+ PASSENGERS)</td> <td>24 - WHEELCHAIR (ANY TYPE)</td> </tr> <tr> <td>3 - SPORT UTILITY VEHICLE</td> <td>9 - AUTOCYCLE</td> <td>14 - SINGLE UNIT TRUCK</td> <td>20 - OTHER VEHICLE</td> <td>25 - OTHER NON-MOTORIST</td> </tr> <tr> <td>4 - PICK UP</td> <td>10 - MOPED OR MOTORIZED</td> <td>15 - SEMI-TRACTOR</td> <td>21 - HEAVY EQUIPMENT</td> <td>26 - BICYCLE</td> </tr> <tr> <td>5 - CARGO VAN</td> <td>BICYCLE</td> <td>16 - FARM EQUIPMENT</td> <td>22 - ANIMAL WITH RIDER OR</td> <td>27 - TRAIN</td> </tr> <tr> <td>6 - VAN (9-15 SEATS)</td> <td>11 - ALL-TERRAIN VEHICLE (ATV / UTV)</td> <td>17 - MOTORHOME</td> <td>ANIMAL-DRAWN VEHICLE</td> <td>99 - UNKNOWN OR HIT/SKIP</td> </tr> </table>				1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER	2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED	13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)	3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14 - SINGLE UNIT TRUCK	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST	4 - PICK UP	10 - MOPED OR MOTORIZED	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE	5 - CARGO VAN	BICYCLE	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR	27 - TRAIN	6 - VAN (9-15 SEATS)	11 - ALL-TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	ANIMAL-DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP
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# OF TRAILING UNITS																																	
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?																																	
2	1 - YES	2 - NO	9 - OTHER / UNKNOWN																														
AUTONOMOUS MODE LEVEL																																	
0 1	0	0	0																														
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CARGO BODY TYPE																																	
0 1	1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER																												
	2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	9 - CARGO TANK	13 - AUTO TRANSPORTER																												
			7 - GRAIN/CHIPS/GRAVEL	10 - FLAT BED	14 - GARBAGE/REFUSE																												
				11 - DUMP	99 - OTHER / UNKNOWN																												
VEHICLE DEFECTS																																	
0 1	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE	99 - OTHER / UNKNOWN																												
	2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	10 - DISABLED FROM PRIOR ACCIDENT																													
	3 - TAIL LAMPS	6 - TIRE BLOWOUT																															
NON-MOTORIST LOCATION AT IMPACT																																	
0 1	1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER																												
	2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	AT INCIDENT SCENE																												
		5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	99 - OTHER / UNKNOWN																												
ACTION																																	
3	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE																												
	2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19 - STANDING																												
	3 - STRIKING	0 8 3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	10 - PARKED	20 - OTHER NON-MOTORIST																												
	4 - STRUCK	4 - OVERTAKING/PASSING	11 - SLOWING OR STOPPED IN TRAFFIC	15 - WALKING, RUNNING, JOGGING, PLAYING	21 - STANDING OUTSIDE DISABLED VEHICLE																												
	5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	6 - MAKING LEFT TURN	16 - WORKING	17 - PUSHING VEHICLE																												
	9 - OTHER / UNKNOWN				99 - OTHER / UNKNOWN																												
CONTRIBUTING CIRCUMSTANCES																																	
0 2	1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY																												
	2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / ACDA	14 - STOPPED OR PARKED ILLEGALLY	18 - OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE																												
	3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	15 - SWERVING TO AVOID	19 - LOAD SHIFTING/FALLING/SPILLING	23 - OPENING DOOR INTO ROADWAY																												
	4 - RAN STOP SIGN	10 - IMPROPER PASSING	16 - WRONG WAY	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION																												
	5 - UNSAFE SPEED	11 - DROVE OFF ROAD																															
	6 - IMPROPER TURN	12 - IMPROPER BACKING																															
SEQUENCE OF EVENTS																																	
1 2 0	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT																												
	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	17 - ANIMAL - FARM	17 - ANIMAL - DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE																												
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	12 - DOWNHILL RUNAWAY	19 - ANIMAL - OTHER	20 - MOTOR VEHICLE IN TRANSPORT																												
2 1	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	13 - OTHER NON-COLLISION	21 - PARKED MOTOR VEHICLE	24 - OTHER MOVABLE OBJECT																												
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	14 - PEDESTRIAN																														
3 1			15 - PEDALCYCLE																														
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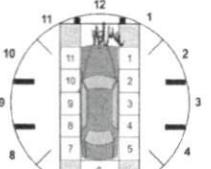
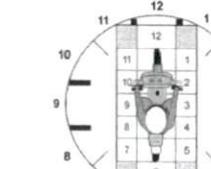
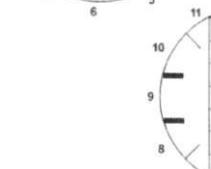
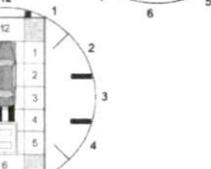
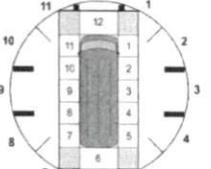
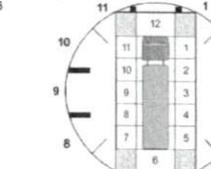
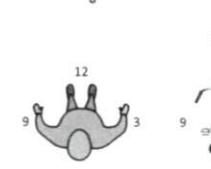
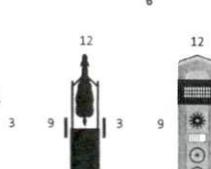
LOCAL REPORT NUMBER		
2 2 0 1 4 2 5 9		
DAMAGE		
DAMAGE SCALE		
3	1 - NONE	3 - FUNCTIONAL DAMAGE
	2 - MINOR DAMAGE	4 - DISABLING DAMAGE
	9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY		
       		
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14]		
<input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15]		
<input type="checkbox"/> - UNIT NOT AT SCENE [16]		
INITIAL POINT OF CONTACT		
1 1	0 - NO DAMAGE	14 - UNDERCARRIAGE
	1 - 12 - REFER TO UNIT DIAGRAM	15 - VEHICLE NOT AT SCENE
	99 - UNKNOWN	
13 - TOP		
TRAFFIC		
TRAFFICWAY FLOW	TRAFFIC CONTROL	
2	1 - ONE-WAY	4 - STOP SIGN
	2 - TWO-WAY	5 - YIELD SIGN
	6	3 - FLASHER
	6	6 - NO CONTROL
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	1	2 - INVOLVED-ACTIVE CROSSING
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UNIT / NON-MOTORIST DIRECTION		
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	9 - OTHER / UNKNOWN	
FROM 4 TO 3		
UNIT SPEED		
1 0	DETECTED SPEED	
	1	1 - STATED / ESTIMATED SPEED
	1	2 - CALCULATED / EDR
		3 - UNDETERMINED
POSTED SPEED		
2 5		



UNIT

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 2																																	
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	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR																														
0 H	JOP1896	J M 3 K F B C M 5 M 0 3 1 9 1 8 2	2 0 2 1																														
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR																														
Progressive		940125904	Gray																														
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME																														
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE			Marcell's																														
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS	HAZARDOUS MATERIAL																														
		0 1	<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> CLASS # <input type="checkbox"/> PLACARD ID # <input type="checkbox"/> PLACARD																														
<table border="0"> <tr> <td>1 - PASSENGER CAR</td> <td>7 - MOTORCYCLE 2-WHEELED</td> <td>12 - GOLF CART</td> <td>18 - LIMO (LIVERY VEHICLE)</td> <td>23 - PEDESTRIAN / SKATER</td> </tr> <tr> <td>2 - PASSENGER VAN (MINIVAN)</td> <td>8 - MOTORCYCLE 3-WHEELED</td> <td>13 - SNOWMOBILE</td> <td>19 - BUS (16+ PASSENGERS)</td> <td>24 - WHEELCHAIR (ANY TYPE)</td> </tr> <tr> <td>3 - SPORT UTILITY VEHICLE</td> <td>9 - AUTOCYCLE</td> <td>14 - SINGLE UNIT TRUCK</td> <td>20 - OTHER VEHICLE</td> <td>25 - OTHER NON-MOTORIST</td> </tr> <tr> <td>4 - PICK UP</td> <td>10 - MOPED OR MOTORIZED</td> <td>15 - SEMI-TRACTOR</td> <td>21 - HEAVY EQUIPMENT</td> <td>26 - BICYCLE</td> </tr> <tr> <td>5 - CARGO VAN</td> <td>BICYCLE</td> <td>16 - FARM EQUIPMENT</td> <td>22 - ANIMAL WITH RIDER OR</td> <td>27 - TRAIN</td> </tr> <tr> <td>6 - VAN (9-15 SEATS)</td> <td>11 - ALL-TERRAIN VEHICLE (ATV / UTV)</td> <td>17 - MOTORHOME</td> <td>ANIMAL-DRAWN VEHICLE</td> <td>99 - UNKNOWN OR HIT/SKIP</td> </tr> </table>				1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER	2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED	13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)	3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14 - SINGLE UNIT TRUCK	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST	4 - PICK UP	10 - MOPED OR MOTORIZED	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE	5 - CARGO VAN	BICYCLE	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR	27 - TRAIN	6 - VAN (9-15 SEATS)	11 - ALL-TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	ANIMAL-DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP
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UNIT TYPE																																	
0 3	1 - YES	2 - NO	9 - OTHER / UNKNOWN																														
# OF TRAILING UNITS																																	
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?																																	
2	0	1	AUTONOMOUS MODE LEVEL																														
<table border="0"> <tr> <td>0 - NO AUTOMATION</td> <td>3 - CONDITIONAL AUTOMATION</td> <td>9 - UNKNOWN</td> </tr> <tr> <td>1 - DRIVER ASSISTANCE</td> <td>4 - HIGH AUTOMATION</td> <td></td> </tr> <tr> <td>2 - PARTIAL AUTOMATION</td> <td>5 - FULL AUTOMATION</td> <td></td> </tr> </table>				0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN	1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION		2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION																						
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SPECIAL FUNCTION																																	
0 1	1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE																														
	2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY																														
	3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE																														
	4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY																														
	5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT																														
CARGO BODY TYPE																																	
0 1	1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTORVEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER																												
	2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	9 - CARGOTANK	13 - AUTO TRANSPORTER																												
			7 - GRAIN/CHIPS/GRAVEL	10 - FLAT BED	14 - GARBAGE/REFUSE																												
				11 - DUMP	99 - OTHER / UNKNOWN																												
VEHICLE DEFECTS																																	
0 1	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE	99 - OTHER / UNKNOWN																												
	2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	10 - DISABLED FROM PRIOR ACCIDENT																													
	3 - TAIL LAMPS	6 - TIRE BLOWOUT																															
NON-MOTORIST LOCATION AT IMPACT																																	
0 1	1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER																												
	2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	AT INCIDENT SCENE																												
		5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	99 - OTHER / UNKNOWN																												
ACTION																																	
0 1	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE																												
	2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19 - STANDING																												
	3 - STRIKING	0 1 3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	10 - PARKED	20 - OTHER NON-MOTORIST																												
	4 - STRUCK	4 - OVERTAKING/PASSING	11 - SLOWING OR STOPPED IN TRAFFIC	15 - WALKING, RUNNING, JOGGING, PLAYING	21 - STANDING OUTSIDE DISABLED VEHICLE																												
	5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	12 - MAKING LEFT TURN	16 - WORKING	17 - PUSHING VEHICLE																												
	9 - OTHER / UNKNOWN				99 - OTHER / UNKNOWN																												
CONTRIBUTING CIRCUMSTANCES																																	
0 1	1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY																												
	2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / ACD	14 - STOPPED OR PARKED ILLEGALLY	18 - OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE																												
	3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	15 - SWERVING TO AVOID	19 - LOAD SHIFTING/FALLING/SPILLING	23 - OPENING DOOR INTO ROADWAY																												
	4 - RAN STOP SIGN	10 - IMPROPER PASSING	16 - WRONG WAY	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION																												
	5 - UNSAFE SPEED	11 - DROVE OFF ROAD																															
	6 - IMPROPER TURN	12 - IMPROPER BACKING																															
SEQUENCE OF EVENTS																																	
1 2 0	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT																												
	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	12 - DOWNHILL RUNAWAY	17 - ANIMAL - FARM	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE																												
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	13 - OTHER NON-COLLISION	18 - ANIMAL - DEER	24 - OTHER MOBILE OBJECT																												
2 1	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	14 - PEDESTRIAN	19 - ANIMAL - OTHER																													
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	15 - PEDALCYCLE	20 - MOTOR VEHICLE IN TRANSPORT																													
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LOCAL REPORT NUMBER	
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DAMAGE	
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2 - MINOR DAMAGE	4 - DISABLING DAMAGE
9 - UNKNOWN	
DAMAGED AREA(S)	
INDICATE ALL THAT APPLY	
       	
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1 2 1 - REFER TO UNIT DIAGRAM	15 - VEHICLE NOT AT SCENE
13 - TOP	99 - UNKNOWN
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
2 - ONE-WAY	1 - ROUNDABOUT
6 - TWO-WAY	2 - SIGNAL
	5 - YIELD SIGN
	3 - FLASHER
2 - NOT INVOLVED	6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	1 - NOT INVOLVED
	2 - INVOLVED-ACTIVE CROSSING
	3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
4 - NORTH	5 - NORTHEAST
3 - SOUTH	6 - NORTHWEST
3 - EAST	7 - SOUTHEAST
4 - WEST	8 - SOUTHWEST
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FROM 4 TO 3	
UNIT SPEED	
2 5	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED
POSTED SPEED	
2 5	

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

2 2 0 1 4 2 5 9

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER			
	0 1	Maye, Reginald Earl				0 6 2 7 1 9 6 9	5 2	M			
ADDRESS: STREET, CITY, STATE, ZIP 688 Riddle Rd. Apt 400K Cincinnati, OH 45220											
INJURIES 4	INJURED TAKEN BY 1	EMS AGENCY (NAME) COFFD	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 331.13a	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION Starting and Backing		CITATION NUMBER 250540				
OL CLASS 1	ENDORSEMENT SELECT UP TO 2 H	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) STATUS 1	TYPE 1	RESULT SELECT UP TO 4
UNIT # 0 2	NAME: LAST, FIRST, MIDDLE McNeil, Jennifer Nicole				DATE OF BIRTH	0 6 1 3 1 9 9 5	AGE	GENDER	2 6	F	
ADDRESS: STREET, CITY, STATE, ZIP 2047 Woodtrail Dr. Apt. 47 Fairfield, OH 45014											
INJURIES 5	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 H	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) STATUS 1	TYPE 1	RESULT SELECT UP TO 4
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	0 6 1 3 1 9 9 5	AGE	GENDER	2 6	F	
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		
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER				
OL CLASS	ENDORSEMENT SELECT UP TO 2 H	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) STATUS 1	TYPE 1	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						
4-POSSIBLE INJURY	4-SECOND - LEFT SIDE	4-DEPLOYED BOTH FRONT / SIDE	4-REGULAR CLASS (OHIO = D)	4-FARM WAIVER	4-TEST GIVEN, RESULTS KNOWN						
5-NO APPARENT INJURY	4-SECOND - MIDDLE	5-NOT APPLICABLE	5-M/C MOPED ONLY	5-EXCEPT CLASS A BUS	5-TEST GIVEN, RESULTS UNKNOWN						
6-SECOND - RIGHT SIDE	6-SECOND - MIDDLE	9-DEPLOYMENT UNKNOWN	6-NO VALID OL	6-EXCEPT CLASS A & CLASS B BUS							
7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD - MIDDLE	7-THIRD - RIGHT SIDE	7-EXCEPT TRACTOR-TRAILER	7-EXCEPT TRACTOR-TRAILER							
8-THIRD - MIDDLE	8-THIRD - RIGHT SIDE	8-NOT EJECTED	8-INTERMEDIATE LICENSE RESTRICTIONS	8-INTERMEDIATE LICENSE RESTRICTIONS							
9-THIRD - RIGHT SIDE	9-THIRD - MIDDLE	9-PARTIALLY EJECTED	9-LEARNER'S PERMIT RESTRICTIONS	9-LEARNER'S PERMIT RESTRICTIONS							
10-SLEEPER SECTION OF TRUCK CAB	10-SECOND - MIDDLE	10-TOTALLY EJECTED	10-LIMITED TO DAYLIGHT ONLY	10-LIMITED TO DAYLIGHT ONLY							
11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11-NOT APPLICABLE	11-LIMITED TO EMPLOYMENT	11-LIMITED TO EMPLOYMENT							
12-PASSENGER IN UNENCLOSED CARGO AREA	12-PASSENGER IN UNENCLOSED CARGO AREA	12-EXTRICATED BY MECHANICAL MEANS	12-LIMITED - OTHER	12-LIMITED - OTHER							
13-TRAILING UNIT	13-TRAILING UNIT	13-FREED BY NON-MECHANICAL MEANS	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)							
14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14-NOT APPLICABLE	14-MILITARY VEHICLES ONLY	14-MILITARY VEHICLES ONLY							
15-NON-MOTORIST	15-NON-MOTORIST	15-NOT TRAPPED	15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-MOTOR VEHICLES WITHOUT AIR BRAKES							
99-OTHER / UNKNOWN	99-OTHER / UNKNOWN	16-EXTRICATED BY MECHANICAL MEANS	16-OUTSIDE MIRROR	16-OUTSIDE MIRROR							
99-OTHER / UNKNOWN	99-OTHER / UNKNOWN	17-FREED BY NON-MECHANICAL MEANS	17-PROSTHETIC AID	17-PROSTHETIC AID							
99-OTHER / UNKNOWN	99-OTHER / UNKNOWN	18-OTHER	18-OTHER	18-OTHER							
EJECTION		OL ENDORSEMENT	GENDER		CONDITION	DRUG TEST TYPE					
1-NOT EJECTED		H - HAZMAT	F - FEMALE		1-APPARENTLY NORMAL	1-NONE					
2-PARTIALLY EJECTED		M - MOTORCYCLE	M - MALE		2-PHYSICAL IMPAIRMENT	2-BLOOD					
3-TOTALLY EJECTED		P - PASSENGER	U - OTHER / UNKNOWN		3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3-URINE					
4-NOT APPLICABLE		N - TANKER	GENDER		4-ILLNESS	4-OTHER					
11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		Q - MOTOR SCOOTER	F - FEMALE		5-FELL ASLEEP, FAINTED, FATIGUED, ETC.	5-AMPHETAMINES					
12-PASSENGER IN UNENCLOSED CARGO AREA		R - THREE-WHEEL MOTORCYCLE	M - MALE		6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	2-BARBITURATES					
13-TRAILING UNIT		S - SCHOOL BUS	U - OTHER / UNKNOWN		7-OTHER / UNKNOWN	3-BENZODIAZEPINES					
14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		T - DOUBLE & TRIPLE TRAILERS	GENDER		8-OTHER / UNKNOWN	4-CANNABINOID					
15-NON-MOTORIST		X - TANKER / HAZMAT	F - FEMALE		9-OTHER / UNKNOWN	5-COCAIN					
99-OTHER / UNKNOWN		16-OUTSIDE MIRROR	M - MALE		10-OPIATES / OPIOIDS						
99-OTHER / UNKNOWN		17-PROSTHETIC AID	U - OTHER / UNKNOWN		7-OTHER						
99-OTHER / UNKNOWN		18-OTHER	GENDER		8-Negative results						
EJECTION		OL ENDORSEMENT	CONDITION		DRUG TEST RESULT(S)						
1-NOT EJECTED		H - HAZMAT	1-APPARENTLY NORMAL		1-NONE						
2-PARTIALLY EJECTED		M - MOTORCYCLE	2-PHYSICAL IMPAIRMENT		2-BLOOD						
3-TOTALLY EJECTED		P - PASSENGER	3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		3-URINE						
4-NOT APPLICABLE		N - TANKER	4-ILLNESS		4-OTHER						
11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		Q - MOTOR SCOOTER	5-FELL ASLEEP, FAINTED, FATIGUED, ETC.		5-AMPHETAMINES						
12-PASSENGER IN UNENCLOSED CARGO AREA		R - THREE-WHEEL MOTORCYCLE	6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		2-BARBITURATES						
13-TRAILING UNIT		S - SCHOOL BUS	7-OTHER / UNKNOWN		3-BENZODIAZEPINES						
14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		T - DOUBLE & TRIPLE TRAILERS	8-OTHER / UNKNOWN		4-CANNABINOID						
15-NON-MOTORIST		X - TANKER / HAZMAT	9-OTHER / UNKNOWN		5-COCAIN						
99-OTHER / UNKNOWN		16-OUTSIDE MIRROR	10-OPIATES / OPIOIDS								
99-OTHER / UNKNOWN		17-PROSTHETIC AID	7-OTHER								
99-OTHER / UNKNOWN		18-OTHER	8-Negative results								

LOCAL REPORT NUMBER	22014259	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	2/27/22
IN COUNTY OF	Butler	ACCIDENT LOCATION	2065 Woodtrail Drive		
<p>Not to Scale</p> 					
			OFFICER'S SIGNATURE	BADGE NO	
				169	