



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 checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION		LOCAL REPORT NUMBER*				
		REPORTING AGENCY NAME*		2 2 0 1 4 7 3 6				
		Fairfield Police Department		NCIC*	HIT/SKIP	NUMBER OF UNITS		
				0 0 9 0 1	1 - SOLVED 2 - UNSOLVED	0 2		
COUNTY*		LOCALITY*		CRASH DATE / TIME*				
0 9		1 - CITY 2 - VILLAGE 3 - TOWNSHIP		0 3 0 1 2 0 2 2 0 7 0 1				
LOCAL		ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE		
REFERENCE		ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE		
					Gelhot	D R		
REFERENCE POINT		DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED			
1		1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	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 UNIT OF MEASURE	ROUTE TYPE	ROAD TYPE	NUMBER OF APPROACHES			
		1 - MILES 2 - FEET 3 - YARDS	CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	0 4			
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT	DIRECTION OF TRAVEL	MEDIAN TYPE		
0 1				1 - NOT COLLISION 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP	4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN	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	
WORK ZONE RELATED		WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE	
<input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	1	1	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	
0 1				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			
NARRATIVE								
On 03/01/2022 at approximately 7:01 A.M. Unit 1 was traveling northbound on US 127 at approximately 10 m.p.h. and when at Gelhot Dr. attempted to turn left to travel west and in so doing, failed to yield the right of way to oncoming traffic and collided with Unit 2 which was traveling southbound on US 127.								
 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 3 0 1 2 0 2 2 0 7 0 2		0 3 0 1 2 0 2 2 0 7 0 3		0 3 0 1 2 0 2 2 0 7 0 7		0 3 0 1 2 0 2 2 0 7 4 5		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*
						P. O. C. Moore		<i>9</i>
						OFFICER'S BADGE NUMBER*		1 0 3

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	Weber, Kayla M.	
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER)		
317 Mound St. Reading, OH 45215		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
0_H	HQU7862	1G1B1C51S1M3G172519928	2016	Chevrolet
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	Progressive Ins.	948926860	Red	Cruze
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 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	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

OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN
1_0_2	1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION	
	2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION	

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

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

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			

1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER
2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED	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

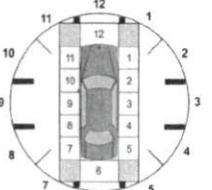
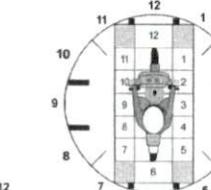
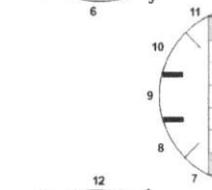
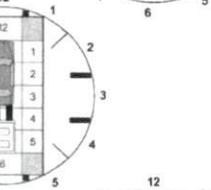
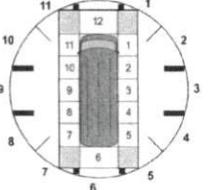
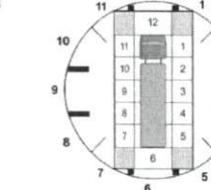
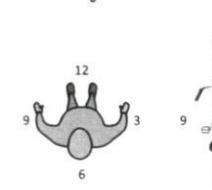
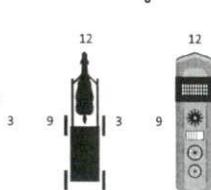
1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE
2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19 - STANDING
3 - STRIKING	0_1_6 3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	10 - PARKED	20 - OTHER NON-MOTORIST
4 - STRUCK PRE-CRASH ACTIONS	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

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		NON-COLLISION		COLLISION WITH FIXED OBJECT - STRUCK	
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
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	13 - OTHER NON-COLLISION	18 - ANIMAL - DEER	20 - MOTOR VEHICLE IN TRANSPORT
2_1_1	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	14 - PEDESTRIAN	19 - ANIMAL - OTHER	21 - OTHER MOVABLE OBJECT
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	15 - PEDALCYCLE	20 - PARKED MOTOR VEHICLE	

4_1_1	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT
	26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH	51 - WALL
5_1_1	27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES SUPPORT	45 - EMBANKMENT	52 - BUILDING
	28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL	40 - UTILITY POLE	46 - FENCE	53 - TUNNEL
6_1_1	29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX	54 - OTHER FIXED OBJECT
	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	48 - TREE	99 - OTHER / UNKNOWN

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER	
2 2 0 1 4 7 3 6	
DAMAGE	
4	DAMAGE SCALE
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	
TRAFFICWAY FLOW	TRAFFIC CONTROL
2	1 - ONE-WAY
	2 - TWO-WAY
6	1 - ROUNDABOUT
	2 - SIGNAL
	3 - FLASHER
	4 - STOP SIGN
	5 - YIELD SIGN
	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	
2	1 - NORTH
	2 - SOUTH
	3 - EAST
	4 - WEST
	5 - NORTHEAST
	6 - NORTHWEST
	7 - SOUTHEAST
	8 - SOUTHWEST
	9 - OTHER / UNKNOWN
FROM 2 TO 4	
UNIT SPEED	
1_0_1	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED
POSTED SPEED	
3_5	

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	Arnold, Makayla D.	
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER)		
3361 Waterfowl Ln. Hamilton, OH 45011		
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	JHK1906	1 F M C U 9 G D 8 H U C 7 6 2 1 5	2 0 1 7	Ford
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	Progressive Ins.	953485086	Gray	Escape
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE			Wayne's Towing	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS	HAZARDOUS MATERIAL	
		0 1	<input type="checkbox"/> MATERIAL RELEASED	CLASS #
			<input type="checkbox"/> PLACARD	PLACARD ID #

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4 - PICK UP	10 - MOPED OR MOTORIZED BICYCLE	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE
5 - CARGO VAN	11 - ALL TERRAIN VEHICLE (ATV / UTV)	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN
6 - VAN (9-15 SEATS)		17 - MOTORHOME		99 - UNKNOWN OR HIT/SKIP

OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN
0 2		1 - YES	2 - NO	9 - OTHER / UNKNOWN
		0 - NO AUTOMATION	4 - HIGH AUTOMATION	
		1 - DRIVER ASSISTANCE	5 - FULL AUTOMATION	
		2 - PARTIAL AUTOMATION		

1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM	21 - MAIL CARRIER
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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			

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

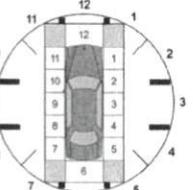
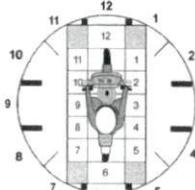
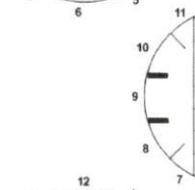
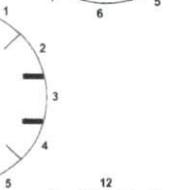
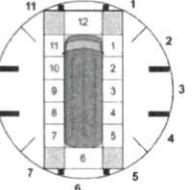
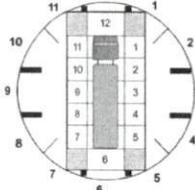
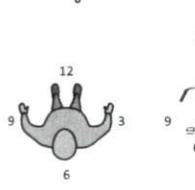
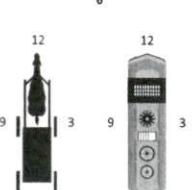
1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE
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3 - STRIKING	0 1 3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	10 - PARKED	15 - WALKING, RUNNING, JOGGING, PLAYING
4 - STRUCK	PRE-CRASH 4 - OVERTAKING/PASSING	11 - SLOWING OR STOPPED IN TRAFFIC	16 - WORKING	20 - OTHER NON-MOTORIST
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5 - UNSAFE SPEED	11 - DROVE OFF ROAD			
6 - IMPROPER TURN	12 - IMPROPER BACKING			

SEQUENCE OF EVENTS		NON-COLLISION		
1 2 0	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE
	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	17 - ANIMAL - FARM	22 - WORK ZONE MAINTENANCE EQUIPMENT
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	18 - ANIMAL - DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION
2 1 1	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	19 - ANIMAL - OTHER	20 - MOTOR VEHICLE IN TRANSPORT
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	21 - PARKED MOTOR VEHICLE	24 - OTHER MOVABLE OBJECT
3 1 1				

COLLISION WITH FIXED OBJECT - STRUCK		NON-COLLISION		
4 1 1	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB
	26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH
	27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES	45 - EMBANKMENT
5 1 1	28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL	40 - UTILITY POLE	46 - FENCE
	29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX
6 1 1	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	48 - TREE	49 - FIRE HYDRANT
				99 - OTHER / UNKNOWN

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER		
2 2 0 1 4 7 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		
15 - VEHICLE NOT AT SCENE		
99 - UNKNOWN		
13 - TOP		
TRAFFIC		
TRAFFICWAY FLOW	TRAFFIC CONTROL	
1 - ONE-WAY	1 - ROUNDABOUT	
2 - TWO-WAY	2 - SIGNAL	
6	3 - YIELD SIGN	
	3 - FLASHER	
	6 - NO CONTROL	
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING	
2	1 - NOT INVOLVED	
1	2 - INVOLVED-ACTIVE CROSSING	
	3 - INVOLVED-PASSIVE CROSSING	
UNIT / NON-MOTORIST DIRECTION		
1	1 - NORTH	
2	2 - SOUTH	
3	3 - EAST	
4	4 - WEST	
7	5 - NORTHEAST	
6	6 - NORTHWEST	
7	7 - SOUTHEAST	
8	8 - SOUTHWEST	
9	9 - OTHER / UNKNOWN	
FROM 1 TO 2		
UNIT SPEED		
3 5	DETECTED SPEED	
1	1 - STATED / ESTIMATED SPEED	
	2 - CALCULATED / EDR	
	3 - UNDETERMINED	
POSTED SPEED		
3 5		

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

2 2 0 1 4 7 3 6

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE 0 1 Weber, Kayla M.				DATE OF BIRTH	AGE	GENDER				
	ADDRESS: STREET, CITY, STATE, ZIP 317 Mound St. Reading, OH 45215				CONTACT PHONE - INCLUDE AREA CODE							
	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 4	EJECTION 1	TRAPPED 1		
	OL STATE O H	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 331.17a	LOCAL CODE X	OFFENSE DESCRIPTION Right of Way-Turn Left		CITATION NUMBER 250242				
	OL CLASS 04	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 01	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 Arnold, Makayla D.				DATE OF BIRTH 0 3 2 1 1 9 9 2	AGE 2 9	GENDER F				
	ADDRESS: STREET, CITY, STATE, ZIP 3361 Waterfowl Ln. Hamilton, OH 45011					CONTACT PHONE - INCLUDE AREA CODE						
	INJURIES 4	INJURED TAKEN BY 2	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	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 01	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	AGE	GENDER					
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER					
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST STATUS	TYPE	VALUE	DRUG TEST(S) STATUS	TYPE	RESULT SELECT UP TO 4	
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-COL 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, 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	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-TALKING ON HANDS-FREE COMMUNICATION DEVICE	5-TEST GIVEN, RESULTS UNKNOWN						
INJURED TAKEN BY	6-SECOND - RIGHT SIDE	6-DEPLOYMENT UNKNOWN	6-NO VALID OL	6-EXCEPT CLASS A & CLASS B BUS	6-TALKING ON HAND-HELD COMMUNICATION DEVICE	6-TALKING ON HAND-HELD COMMUNICATION DEVICE						
1-NOT TRANSPORTED /TREATED AT SCENE	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD - MIDDLE	7-THIRD - RIGHT SIDE	7-EXCEPT TRACTOR-TRAILER	7-EXCEPT TRACTOR-TRAILER	7-EXCEPT TRACTOR-TRAILER						
2-EMS	8-THIRD - MIDDLE	9-THIRD - RIGHT SIDE	10-SLEEPER SECTION OF TRUCK CAB	8-INTERMEDIATE LICENSE RESTRICTIONS	8-INTERMEDIATE LICENSE RESTRICTIONS	8-INTERMEDIATE LICENSE RESTRICTIONS						
3-POLICE	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	12-PASSENGER IN UNENCLOSED CARGO AREA	13-TRAILING UNIT	9-LEARNER'S PERMIT RESTRICTIONS	9-LEARNER'S PERMIT RESTRICTIONS	9-LEARNER'S PERMIT RESTRICTIONS						
9-OTHER / UNKNOWN	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	15-NDN-MOTORIST	16-NDN-MOTORIST	10-LIMITED TO DAYLIGHT ONLY	10-LIMITED TO DAYLIGHT ONLY	10-LIMITED TO DAYLIGHT ONLY						
SAFETY EQUIPMENT	17-BOOSTER SEAT	18-HELMET USED	19-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	12-PASSENGER IN UNENCLOSED CARGO AREA	12-PASSENGER IN UNENCLOSED CARGO AREA						
1-NONE USED	18-REFLECTIVE CLOTHING	19-REFLECTIVE CLOTHING	20-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	13-TRAILING UNIT	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)						
2-SHOULDER BELT ONLY USED	21-CHILD RESTRAINT SYSTEM - FORWARD FACING	22-CHILD RESTRAINT SYSTEM - REAR FACING	23-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	15-NDN-MOTORIST	16-NDN-MOTORIST	16-NDN-MOTORIST						
3-LAP BELT ONLY USED	24-BOOSTER SEAT	25-HELMET USED	26-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	17-PROSTHETIC AID	17-PROSTHETIC AID	17-PROSTHETIC AID						
4-SHOULDER & LAP BELT USED	27-REFLECTIVE CLOTHING	28-REFLECTIVE CLOTHING	29-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	18-OTHER / UNKNOWN	18-OTHER / UNKNOWN	18-OTHER / UNKNOWN						
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	30-LIGHTING - PEDESTRIAN / BICYCLE ONLY	31-HELMET USED	32-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	F-FEMALE	GENDER	GENDER						
6-CHILD RESTRAINT SYSTEM - REAR FACING	33-REFLECTIVE CLOTHING	34-REFLECTIVE CLOTHING	35-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	M-MALE								
7-BOOSTER SEAT	36-LIGHTING - PEDESTRIAN / BICYCLE ONLY	37-HELMET USED	38-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	U-OTHER / UNKNOWN								
8-HELMET USED	39-REFLECTIVE CLOTHING	40-REFLECTIVE CLOTHING	41-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)									
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	42-REFLECTIVE CLOTHING	43-REFLECTIVE CLOTHING	44-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)									
10-REFLECTIVE CLOTHING	45-REFLECTIVE CLOTHING	46-REFLECTIVE CLOTHING	47-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)									
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY	48-REFLECTIVE CLOTHING	49-REFLECTIVE CLOTHING	50-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)									
99-OTHER / UNKNOWN												
TEST STATUS										ALCOHOL TEST TYPE		
1-NONE GIVEN 2-TEST REFUSED 3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4-TEST GIVEN, RESULTS KNOWN 5-TEST GIVEN, RESULTS UNKNOWN										1-NONE 2-BLOOD 3-URINE 4-BREATH 5-OTHER		
TEST STATUS										DRUG TEST TYPE		
1-NONE 2-BLOOD 3-URINE 4-BREATH 5-OTHER										1-NONE 2-BLOOD 3-URINE 4-BREATH 5-OTHER		
TEST STATUS										DRUG TEST RESULT(S)		
1-AMPHETAMINES 2-BARBITURATES 3-BENZODIAZEPINES 4-CANNABINOID 5-COCAIN 6-OPIATES / OPIOIDS 7-OTHER 8-NEGATIVE RESULTS										1-AMPHETAMINES 2-BARBITURATES 3-BENZODIAZEPINES 4-CANNABINOID 5-COCAIN 6-OPIATES / OPIOIDS 7-OTHER 8-NEGATIVE RESULTS		



OCCUPANT / WITNESS ADDENDUM

OCCUPANT	LOCAL REPORT NUMBER													
	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH			AGE	GENDER					
	1	Weber, Willow			1	0	3	1	2	0	1	6	5	F
ADDRESS: STREET, CITY, STATE, ZIP 317 Mound St. Reading, OH 45215														
	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 5	0 4	0 4	1	1					
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH			AGE	GENDER					
								0						
ADDRESS: STREET, CITY, STATE, ZIP														
	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				
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH			AGE	GENDER					
								0						
ADDRESS: STREET, CITY, STATE, ZIP														
	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				
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH			AGE	GENDER					
								0						
ADDRESS: STREET, CITY, STATE, ZIP														
	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				
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			6 - CHILD RESTRAINT SYSTEM - REAR FACING			6 - SECOND - RIGHT SIDE			9 - DEPLOYMENT UNKNOWN					
1 - NOT TRANSPORTED /TREATED AT SCENE			7 - BOOSTER SEAT			7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			EJECTION					
2 - EMS			8 - HELMET USED			8 - THIRD - MIDDLE			1 - NOT EJECTED					
3 - POLICE			9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			9 - THIRD - RIGHT SIDE			2 - PARTIALLY EJECTED					
9 - OTHER / UNKNOWN			10 - REFLECTIVE CLOTHING			10 - SLEEPER SECTION OF TRUCK CAB			3 - TOTALLY EJECTED					
GENDER			11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY			11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)			4 - NOT APPLICABLE					
F - FEMALE			99 - OTHER / UNKNOWN			12 - PASSENGER IN UNENCLOSED CARGO AREA			TRAPPED					
M - MALE						13 - TRAILING UNIT			1 - NOT TRAPPED					
U - OTHER / UNKNOWN						14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			2 - EXTRICATED BY MECHANICAL MEANS					
						15 - NON-MOTORIST			3 - FREED BY NON-MECHANICAL MEANS					
						99 - OTHER / UNKNOWN								
WITNESS	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH			AGE	GENDER			
										0				
ADDRESS: STREET, CITY, STATE, ZIP														
	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH			AGE	GENDER			
										0				
ADDRESS: STREET, CITY, STATE, ZIP														
	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH			AGE	GENDER			
										0				
ADDRESS: STREET, CITY, STATE, ZIP														

LOCAL REPORT NUMBER	PD-22-014736	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	3/1/22
IN COUNTY OF	Butler	ACCIDENT LOCATION	US 127 at Gelhot Dr.		
<p>Not to scale</p> <p>1</p> <p>2</p> <p>Stop sign</p> <p>Gelhot Dr.</p> <p>Happy Valley Dr.</p> <p>US 127</p>					
			OFFICER'S SIGNATURE	P.O. C. Moore	
					BADGE NO. 136