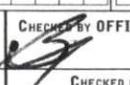




## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL REPORT NUMBER*				
				2 2 0 1 6 3 5 9				
<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION		REPORTING AGENCY NAME*		NCIC*		
				Fairfield Police Department		0 0 9 0 1		
COUNTY* 0 9		LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield				
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME RESOR		ROAD TYPE R D	LATITUDE DECIMAL DEGREES 39 3 1 9 4 8 8	
				REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) CRESTVIEW		ROAD TYPE D R	LONGITUDE DECIMAL DEGREES -84 5 2 9 4 4 9	
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 CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP 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	INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA			
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS				NUMBER OF APPROACHES <b>ROADWAY</b> <input type="checkbox"/> ROADWAY DIVIDED			
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 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				MANNER OF CRASH COLLISION/IMPACT 6 1-NOT COLLISION 2-BETWEEN 3-TWO MOTOR VEHICLES IN TRANSPORT 4-REAR-END 5-BACKING 6-ANGLE 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 9-HEAD-ON 10-HEAD-ON 11-HEAD-ON 12-HEAD-ON 13-HEAD-ON 14-HEAD-ON 15-HEAD-ON 16-HEAD-ON 17-HEAD-ON 18-HEAD-ON 19-HEAD-ON 20-HEAD-ON 21-HEAD-ON 22-HEAD-ON 23-HEAD-ON 24-HEAD-ON 25-HEAD-ON 26-HEAD-ON 27-HEAD-ON 28-HEAD-ON 29-HEAD-ON 30-HEAD-ON 31-HEAD-ON 32-HEAD-ON 33-HEAD-ON 34-HEAD-ON 35-HEAD-ON 36-HEAD-ON 37-HEAD-ON 38-HEAD-ON 39-HEAD-ON 40-HEAD-ON 41-HEAD-ON 42-HEAD-ON 43-HEAD-ON 44-HEAD-ON 45-HEAD-ON 46-HEAD-ON 47-HEAD-ON 48-HEAD-ON 49-HEAD-ON 50-HEAD-ON 51-HEAD-ON 52-HEAD-ON 53-HEAD-ON 54-HEAD-ON 55-HEAD-ON 56-HEAD-ON 57-HEAD-ON 58-HEAD-ON 59-HEAD-ON 60-HEAD-ON 61-HEAD-ON 62-HEAD-ON 63-HEAD-ON 64-HEAD-ON 65-HEAD-ON 66-HEAD-ON 67-HEAD-ON 68-HEAD-ON 69-HEAD-ON 70-HEAD-ON 71-HEAD-ON 72-HEAD-ON 73-HEAD-ON 74-HEAD-ON 75-HEAD-ON 76-HEAD-ON 77-HEAD-ON 78-HEAD-ON 79-HEAD-ON 80-HEAD-ON 81-HEAD-ON 82-HEAD-ON 83-HEAD-ON 84-HEAD-ON 85-HEAD-ON 86-HEAD-ON 87-HEAD-ON 88-HEAD-ON 89-HEAD-ON 90-HEAD-ON 91-HEAD-ON 92-HEAD-ON 93-HEAD-ON 94-HEAD-ON 95-HEAD-ON 96-HEAD-ON 97-HEAD-ON 98-HEAD-ON 99-HEAD-ON	DIRECTION OF TRAVEL 1-NORTH 2-SOUTH 3-EAST 4-WEST	MEDIAN TYPE 1-DIVIDED FLUSH MEDIAN (<4 FEET) 2-DIVIDED FLUSH MEDIAN (>4 FEET) 3-DIVIDED, DEPRESSED MEDIAN 4-DIVIDED, RAISED MEDIAN (ANY TYPE) 5-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 SIGN 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA	CONTOUR 1 2 3 4 5 6 7 8 9 10	CONDITIONS 1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 8-OTHER/UNKNOWN	SURFACE 1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN		
<input type="checkbox"/> LIGHT CONDITION 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN		WEATHER 0 4 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	SEE OH-2				
NARRATIVE On March 7, 2022 Unit 1 was traveling eastbound on Resor Rd. and after having made the required stop at Crestview Dr. proceeded into the intersection and in so doing failed to yield the right of way to and collided with Unit 2 which was traveling southbound on Crestview Dr.				 Indicate the north direction with an "N" on the compass diagram.				
CRASH REPORTED DATE / TIME 0 3 0 7 2 0 2 2 0 7 0 4		DISPATCH DATE / TIME 0 3 0 7 2 0 2 2 0 7 0 7		ARRIVAL DATE / TIME 0 3 0 7 2 0 2 2 0 7 1 6		SCENE CLEARED DATE / TIME 0 3 0 7 2 0 2 2 0 7 4 2		REPORT TAKEN BY
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 3 0		TOTAL MINUTES 6 5		OFFICER'S NAME* P.O. PORTALEOS OFFICER'S BADGE NUMBER* 1 3 5		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OGPS)
						CHECKED BY OFFICER'S NAME*  103		
								PAGE 1 OF 6

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )	OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )
0 1	CO, SANDRA	

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER )

335 HALLMARK CT. FAIRFIELD, OH 45014

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
0 H	HXC5459	1 9 X F C 1 F 9 X K E 0 0 6 1 8 4	2 0 1 9	HONDA

INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	SAFECO	K2085416	WHITE	CIVIC

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	VEHICLE WEIGHT GVWR/GCWR	HAZARDOUS MATERIAL
		0 1	1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD

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
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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
2	1 - YES 2 - NO 9 - OTHER / UNKNOWN	AUTONOMOUS MODE LEVEL	

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 20 - SAFETY SERVICE PATROL	21 - MAIL CARRIER 99 - OTHER / UNKNOWN
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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
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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
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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
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0 3 ACTION	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	0 1 PRE-CRASH ACTIONS	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN
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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
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SEQUENCE OF EVENTS

1 2 0	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT
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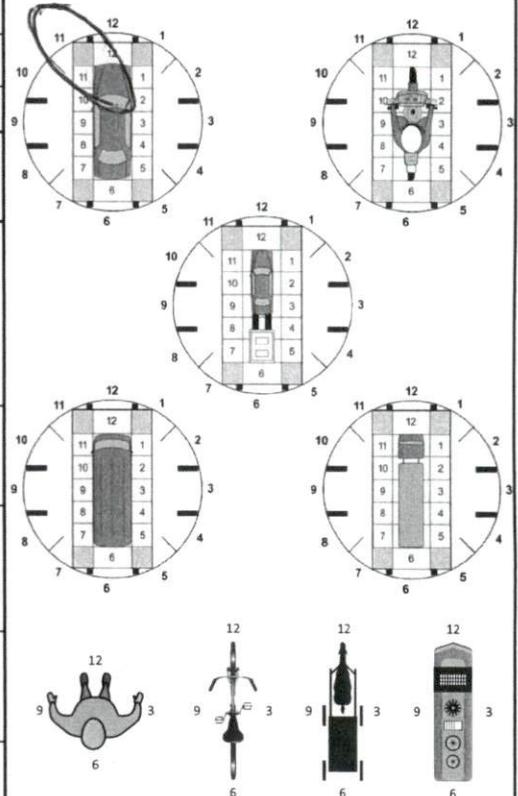
4 1	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE 36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES 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
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1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER  
2 2 0 1 6 3 5 9

DAMAGE  
DAMAGE SCALE  
3 - NONE  
2 - MINOR DAMAGE  
1 - UNKNOWN  
4 - DISABLING DAMAGE  
9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY



- NO DAMAGE [ 0 ]  - UNDERCARRIAGE [ 14 ]

- TOP [ 13 ]  - ALL AREAS [ 15 ]

- UNIT NOT AT SCENE [ 16 ]

INITIAL POINT OF CONTACT  
0 - NO DAMAGE 14 - UNDERCARRIAGE  
1 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
99 - UNKNOWN  
13 - TOP

TRAFFIC WAY FLOW  
1 - ONE-WAY 2 - TWO-WAY  
2 4

# OF THROUGH LANES ON ROAD  
2 1

RAIL GRADE CROSSING  
1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING  
3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION  
1 - NORTH 5 - NORTHEAST  
2 - SOUTH 6 - NORTHWEST  
3 - EAST 7 - SOUTHEAST  
4 - WEST 8 - SOUTHWEST  
9 - OTHER / UNKNOWN

UNIT SPEED  
3  
2 5

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



UNIT

OWNER

UNIT # <b>012</b>	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 <b>O_H</b>	LICENSE PLATE # <b>GRX8999</b>	VEHICLE IDENTIFICATION # <b>2T1BURHE6JC083304</b>	VEHICLE YEAR <b>2018</b> VEHICLE MAKE <b>TOYOTA CORROLA</b>
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <b>ALLSTATE</b>	INSURANCE POLICY # <b>992451456</b>	COLOR <b>GRAY</b> VEHICLE MODEL <b>CORROLA</b>
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS <b>0 2</b>	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.
UNIT TYPE 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		1 - MOTORCYCLE 2-WHEELED 2 - MOTORCYCLE 3-WHEELED 3 - SNOWMOBILE 4 - AUTOCYCLE 5 - MOPED OR MOTORIZED 6 - BICYCLE 7 - ALL-TERRAIN VEHICLE (ATV/UTV)	
1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNITRUCK 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	
# OF TRAILING UNITS <b>0</b>		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <input type="checkbox"/> 1-YES <input type="checkbox"/> 2-NO <input type="checkbox"/> 9-OTHER/UNKNOWN	
SPECIAL FUNCTION 1 - ELECTRONIC RIDE SHARING 2 - SCHOOL TRANSPORT 3 - BUS - TRANSIT/COMMUTER		AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	
CARGO BODY TYPE 1 - NONE 2 - BUS		1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	
VEHICLE DEFECTS 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	
NON-MOTORIST LOCATION AT IMPACT 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	
1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		21 - MAIL CARRIER 22 - OTHER/UNKNOWN	
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 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT	
1 - NON-CONTACT 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN		11 - LEAVING TRAFFIC LANE 12 - PARKED 13 - SLOWING OR STOPPED IN TRAFFIC 14 - MAKING U-TURN 15 - SWERVING TO AVOID 16 - WRONG WAY	
1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER/UNKNOWN		17 - NEGOTIATING A CURVE 18 - ENTERING TRAFFIC LANE 19 - LEAVING TRAFFIC LANE 20 - DRIVING ON SIDEWALK 21 - DRIVING ON TRAIL	
1 - NON-CONTACT 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN		22 - APPROACHING OR LEAVING VEHICLE 23 - STANDING 24 - WALKING, RUNNING, JOGGING, PLAYING 25 - STANDING OUTSIDE DISABLED VEHICLE 26 - WORKING 27 - PUSHING VEHICLE	
CONTRIBUTING CIRCUMSTANCES 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO/EQUIPMENT LOSS OR SHIFT		28 - DRIVING ON MEDIAN 29 - DRIVING ON PIER OR ABUTMENT 30 - DRIVING ON PARAPET 31 - DRIVING ON RAIL 32 - DRIVING ON GUARDRAIL FACE	
SEQUENCE OF EVENTS 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO/EQUIPMENT LOSS OR SHIFT		33 - DRIVING ON MEDIAN 34 - DRIVING ON GUARDRAIL SUPPORT 35 - DRIVING ON CONCRETE BARRIER 36 - DRIVING ON OTHER BARRIER	
25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE		37 - DRIVING ON GUARDRAIL END 38 - DRIVING ON PORTABLE BARRIER 39 - DRIVING ON MEDIAN CABLE BARRIER 40 - DRIVING ON MEDIAN GUARDRAIL BARRIER 41 - DRIVING ON UTILITY POLE 42 - DRIVING ON OTHER POST, POLE OR SUPPORT	
25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE		43 - DRIVING ON CURB 44 - DRIVING ON DITCH 45 - DRIVING ON EMBANKMENT 46 - DRIVING ON FENCE 47 - DRIVING ON MAILBOX 48 - DRIVING ON TREE 49 - DRIVING ON FIRE HYDRANT	
1 - FIRST HARMFUL EVENT		1 - MOST HARMFUL EVENT	

LOCAL REPORT NUMBER <b>2 2 0 1 6 3 5 9</b>	
DAMAGE 3 - NONE 2 - MINOR DAMAGE 1 - UNKNOWN	
DAMAGE SCALE 3 - FUNCTIONAL 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 - REFER TO UNIT DIAGRAM   15 - VEHICLE NOT AT SCENE 99 - UNKNOWN 13 - TOP	
TRAFFIC TRAFFIC FLOW 1 - ONE-WAY   2 - TWO-WAY 2 - THROUGH LANES ON ROAD 1 - NOT INVOLVED   2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING UNIT / NON-MOTORIST DIRECTION FROM <b>1</b> TO <b>2</b> 1 - NORTH   5 - NORTHEAST 2 - SOUTH   6 - NORTHWEST 3 - EAST   7 - SOUTHEAST 4 - WEST   8 - SOUTHWEST 9 - OTHER / UNKNOWN	
TRAFFIC CONTROL 1 - ROUNDABOUT   4 - STOP SIGN 2 - SIGNAL   5 - YIELD SIGN 3 - FLASHER   6 - NO CONTROL	
RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	
UNIT SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	
POSTED SPEED 2 - 5	



# MOTORIST / Non-MOTORIST

										LOCAL REPORT NUMBER				
										2 2 0 1 6 3 5 9				
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE CO, SADIE, CALISSA					DATE OF BIRTH 0 8 0 6 2 0 0 3 1 8 GENDER F							
	ADDRESS: STREET, CITY, STATE, ZIP 335 HALLMARK CT. FAIRFIELD, OH 45014										CONTACT PHONE - INCLUDE AREA CODE			
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> 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 331.19A		LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION STOP SIGN			CITATION NUMBER 249766			
	OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE .		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4			
	UNIT # 0 2	NAME: LAST, FIRST, MIDDLE LANTZ, BRIAN, DOUGLAS					DATE OF BIRTH 0 6 1 2 1 9 9 3 2 8 GENDER M							
	ADDRESS: STREET, CITY, STATE, ZIP 5604 VENUS LN. FAIRFIELD, OH 45014										CONTACT PHONE - INCLUDE AREA CODE			
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
	OL STATE O H	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER			
	OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE .		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4			
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH 0					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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	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)	2 - FRONT - MIDDLE	3 - FRONT - RIGHT SIDE	4 - SECOND - LEFT SIDE	5 - NOT APPLICABLE	6 - SECOND - MIDDLE	7 - SECOND - RIGHT SIDE	8 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	9 - THIRD - MIDDLE	10 - THIRD - RIGHT SIDE	11 - SLEEPER SECTION OF TRUCK CAB			
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE	3 - FRONT - SIDE	4 - SECOND - LEFT SIDE	5 - NOT APPLICABLE	6 - SECOND - MIDDLE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	8 - THIRD - MIDDLE	9 - THIRD - RIGHT SIDE	10 - SLEEPER SECTION OF TRUCK CAB	11 - SLEEPER SECTION OF TRUCK CAB	12 - SLEEPER SECTION OF TRUCK CAB			
3 - SUSPECTED MINOR INJURY	3 - FRONT - SIDE	4 - SECOND - LEFT SIDE	5 - NOT APPLICABLE	6 - SECOND - MIDDLE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	8 - THIRD - MIDDLE	9 - THIRD - RIGHT SIDE	10 - SLEEPER SECTION OF TRUCK CAB	11 - SLEEPER SECTION OF TRUCK CAB	12 - SLEEPER SECTION OF TRUCK CAB	13 - SLEEPER SECTION OF TRUCK CAB			
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE	5 - NOT APPLICABLE	6 - SECOND - MIDDLE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	8 - THIRD - MIDDLE	9 - THIRD - RIGHT SIDE	10 - SLEEPER SECTION OF TRUCK CAB	11 - SLEEPER SECTION OF TRUCK CAB	12 - SLEEPER SECTION OF TRUCK CAB	13 - SLEEPER SECTION OF TRUCK CAB	14 - SLEEPER SECTION OF TRUCK CAB			
5 - NO APPARENT INJURY	5 - NOT APPLICABLE	6 - SECOND - MIDDLE	7 - THIRD - MIDDLE	8 - THIRD - MIDDLE	9 - THIRD - RIGHT SIDE	10 - SLEEPER SECTION OF TRUCK CAB	11 - SLEEPER SECTION OF TRUCK CAB	12 - SLEEPER SECTION OF TRUCK CAB	13 - SLEEPER SECTION OF TRUCK CAB	14 - SLEEPER SECTION OF TRUCK CAB	15 - SLEEPER SECTION OF TRUCK CAB			
INJURED TAKEN BY		EJECTION		OL ENDORSEMENT		TRAPPED		CONDITION		DRUG TEST TYPE				
1 - NOT TRANSPORTED / TREATED AT SCENE		1 - NOT EJECTED		1 - CLASS A		1 - NOT TRAPPED		1 - APPARENTLY NORMAL		1 - NONE				
2 - EMS		2 - PARTIALLY EJECTED		2 - CLASS B		2 - DEPLOYED FRONT		2 - CDL INTRASTATE ONLY		2 - TEST REFUSED				
3 - POLICE		3 - TOTALLY EJECTED		3 - CLASS C		3 - DEPLOYED SIDE		3 - CORRECTIVE LENSES		3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
9 - OTHER / UNKNOWN		4 - NOT APPLICABLE		4 - REGULAR CLASS (OHIO = D)		4 - DEPLOYED BOTH FRONT / SIDE		4 - FARM WAIVER		4 - TEST GIVEN, RESULTS KNOWN				
SAFETY EQUIPMENT		5 - NOT APPLICABLE		5 - M/C MOPED ONLY		5 - NOT APPLICABLE		5 - EXCEPT CLASS A BUS		5 - TEST GIVEN, RESULTS UNKNOWN				
1 - NONE USED		6 - DEPLOYMENT UNKNOWN		6 - NO VALID OL		6 - EXCEPT CLASS A & CLASS B BUS		6 - EXCEPT TRACTOR-TRAILER		6 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE				
2 - SHOULDER BELT ONLY USED		7 - SECOND - RIGHT SIDE		7 - NO VALID OL		7 - NO VALID OL		7 - EXCEPT TRACTOR-TRAILER		7 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE				
3 - LAP BELT ONLY USED		8 - THIRD - MIDDLE		8 - NO VALID OL		8 - NO VALID OL		8 - INTERMEDIATE LICENSE RESTRICTIONS		8 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE				
4 - SHOULDER & LAP BELT USED		9 - THIRD - RIGHT SIDE		9 - NO VALID OL		9 - NO VALID OL		9 - LEARNER'S PERMIT RESTRICTIONS		9 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE				
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		10 - SLEEPER SECTION OF TRUCK CAB		10 - NO VALID OL		10 - NO VALID OL		10 - LIMITED TO DAYLIGHT ONLY		10 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE				
6 - CHILD RESTRAINT SYSTEM - REAR FACING		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		11 - NO VALID OL		11 - NO VALID OL		11 - LIMITED TO EMPLOYMENT		11 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE				
7 - BOOSTER SEAT		12 - PASSENGER IN UNENCLOSED CARGO AREA		12 - NO VALID OL		12 - NO VALID OL		12 - LIMITED - OTHER		12 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE				
8 - HELMET USED		13 - TRAILING UNIT		13 - NO VALID OL		13 - NO VALID OL		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		13 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE				
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		14 - NO VALID OL		14 - NO VALID OL		14 - MILITARY VEHICLES ONLY		14 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE				
10 - REFLECTIVE CLOTHING		15 - NON-MOTORIST		15 - NO VALID OL		15 - NO VALID OL		15 - MOTOR VEHICLES WITHOUT AIR BRAKES		15 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE				
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		99 - OTHER / UNKNOWN		99 - OTHER / UNKNOWN		99 - OTHER / UNKNOWN		16 - OUTSIDE MIRROR		16 - OUTSIDE MIRROR				
99 - OTHER / UNKNOWN								17 - PROSTHETIC AID		17 - PROSTHETIC AID				
								18 - OTHER		18 - OTHER				
GENDER														
F - FEMALE														
M - MALE														
U - OTHER / UNKNOWN														
TEST STATUS														
1 - NONE GIVEN														
2 - TEST REFUSED														
3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE														
4 - TEST GIVEN, RESULTS KNOWN														
5 - TEST GIVEN, RESULTS UNKNOWN														
ALCOHOL TEST TYPE														
1 - NONE														
2 - BLOOD														
3 - URINE														
4 - BREATH														
5 - OTHER														
DRUG TEST TYPE														
1 - NONE														
2 - BLOOD														
3 - URINE														
4 - OTHER														
DRUG TEST RESULT(S)														
1 - AMPHETAMINES														
2 - BARBITURATES														
3 - BENZODIAZEPINES														
4 - CANNABINOID														
5 - COCAINE														
6 - OPIATES / OPIOIDS														
7 - OTHER														
8 - NEGATIVE RESULTS														



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

2 2 0 1 6 3 5 9

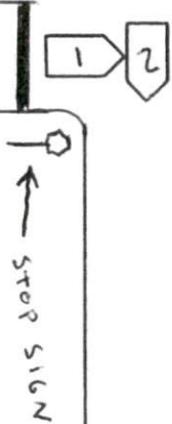
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE BREITENBACH, RACHEL, MARIE			DATE OF BIRTH	AGE	GENDER				
	2	1 0 0 9 1 9 9 0	3 1	F							
ADDRESS: STREET, CITY, STATE, ZIP 1331 MEADOWBRIGHT LN. CINCINNATI, OH 45230				CONTACT PHONE - INCLUDE AREA CODE							
INJURIES 5				INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET		SEATING POSITION 0 4	AIR BAG USAGE 0 1	EJECTION 1	TRAPPED 1
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER				
		0									
ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE							
INJURIES 				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				CONTACT PHONE - INCLUDE AREA CODE							
INJURIES 				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				CONTACT PHONE - INCLUDE AREA CODE							
INJURIES				SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE		EJECTION		TRAPPED	
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY				1 - NONE USED - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN		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	
INJURED TAKEN BY				GENDER							
1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN				F - FEMALE M - MALE U - OTHER / UNKNOWN							
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER				
	0										
ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE							
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER				
	0										
ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE							
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER				
	0										
ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE							

LOCAL REPORT NUMBER	22-016359	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	RESOR RD. & CRESTVIEW DR.	3/7/22



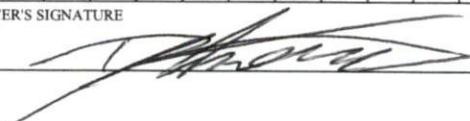
CRESTVIEW DR.

RESOR RD.



NOT TO SCALE

OFFICER'S SIGNATURE



BADGE NO

135