



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL REPORT NUMBER*			
<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION		2 2 0 1 8 5 6 7			
REPORTING AGENCY NAME* Fairfield Police Department				NCIC*		HIT/SKIP	NUMBER OF UNITS
				0 0 9 0 1		1 - SOLVED	0 2
COUNTY*		LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*	CRASH DATE / TIME*		UNIT IN ERROR	
0 9		1 - CITY 1 - VILLAGE 3 - TOWNSHIP	City of Fairfield	0 3 1 5 2 0 2 2 1 5 0 0		98 - ANIMAL 0 1 99 - UNKNOWN	
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME NILLES	ROAD TYPE R D	LATITUDE DECIMAL DEGREES 3 9 3 3 9 4 7 4	
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES - 8 4 5 3 4 4 8 3	
REFERENCE POINT	DIRECTION FROM REFERENCE 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	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	ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	INTERSECTION RELATED		
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET				<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH	<input type="checkbox"/> WITHIN INTERCHANGE AREA	NUMBER OF APPROACHES
2 0	2 3 - YARDS				ROADWAY		
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT	DIRECTION OF TRAVEL	MEDIAN TYPE	
0 1	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	2	1 - NOT COLLISION 2 - TWO MOTOR VEHICLES IN TRANSPORT 3 - REAR-END 4 - HEAD-ON	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (>4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN	
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	CONTOUR 1	CONDITIONS 1	SURFACE 2	
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 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL	6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN	1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN	
NARRATIVE				 Indicate the north direction with an "N" on the compass diagram.			
On 3/15/2022 at 3:00 p.m. Unit 1 was traveling south-west on Nilles Road near SR 4 when it failed to maintain assured clear distance, striking Unit 2.				SEE OH-2			
The driver of Unit 1 was issued a citation for driving with a suspended license (335.072a).							
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME	
0 3 1 5 2 0 2 2 1 5 0 0		0 3 1 5 2 0 2 2 1 5 0 2		0 3 1 5 2 0 2 2 1 5 0 4		0 3 1 5 2 0 2 2 1 6 1 8	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*		REPORT TAKEN BY	
				R. HICKMAN		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
				OFFICER'S BADGE NUMBER*		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OEPS)	
				1 6 4		 CHECKED BY OFFICER'S BADGE NUMBER*	
						1 1 8	

OWNER	UNIT # <u>0_1</u> OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) JIREH PAINTING AND MORE LLC	OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER)
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 1135 GOVERNORS DR, FAIRFIELD, OH, 45014		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LOCAL REPORT NUMBER	
2 2 0 1 8 5 6 7	

DAMAGE	
DAMAGE SCALE	
<u>2</u>	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	
<u>1_2</u>	0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN 13 - TOP

TRAFFIC WAY FLOW	TRAFFIC CONTROL
<u>2</u>	1 - ONE-WAY 4 - STOP SIGN 2 - TWO-WAY 5 - YIELD SIGN 6 - NO CONTROL

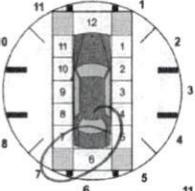
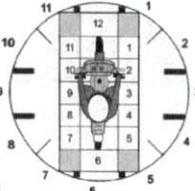
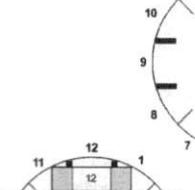
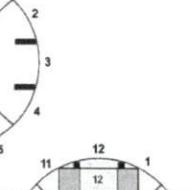
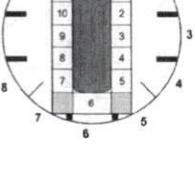
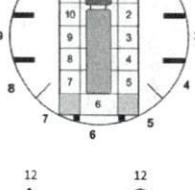
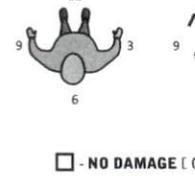
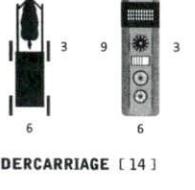
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
<u>4</u>	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

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

UNIT SPEED	DETECTED SPEED
<u>2 5</u>	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	
<u>3 5</u>	

LP STATE <u>O_H</u> LICENSE PLATE # <u>JIREH1A1</u> VEHICLE IDENTIFICATION # <u>J A 4 M T 3 1 X 8 7 Z 0 1 2 1 2 7</u> VEHICLE YEAR <u>2 0 0 7</u> VEHICLE MAKE <u>MITSUBISHI</u>		
<input checked="" type="checkbox"/> INSURANCE VERIFIED INSURANCE COMPANY <u>PROGRESSIVE</u> INSURANCE POLICY # <u>932679903</u> COLOR <u>SILVER</u> VEHICLE MODEL <u>OUTLANDER</u>		
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 <u>0_1</u>	VEHICLE WEIGHT GVWR/GCWWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <u>1</u> PLACARD ID # <u>1</u> <input type="checkbox"/> PLACARD
UNIT TYPE <u>0_3</u>	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 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR 27 - TRAIN 6 - VAN (9-15 SEATS) 17 - MOTORHOME 28 - ANIMAL-DRAWN VEHICLE 99 - UNKNOWN OR HIT/SKIP	
0 # OF TRAILING UNITS		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>2</u> 1 - YES 2 - NO 9 - OTHER / UNKNOWN	0 - NO AUTOMATION <u>0</u> 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION
SPECIAL FUNCTION <u>0_1</u>	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	
CARGO BODY TYPE <u>0_1</u>	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 7 - GRAIN / CHIPS / GRAVEL 9 - CARGO TANK 13 - AUTO TRANSPORTER 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 21 - MAIL CARRIER 22 - MAIL CARRIER 23 - AUTO TRANSPORTER 24 - GARBAGE / REFUSE 25 - OTHER / UNKNOWN 26 - FLAT BED 27 - DUMP 28 - DUMP	
VEHICLE DEFECTS	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 <u>1</u>	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 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK	
ACTION <u>3</u>	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 <u>0_1</u> 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 10 - PARKED 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST 4 - STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE 5 - BOTH STRIKING & STRUCK 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN 9 - OTHER / UNKNOWN	
CONTRIBUTING CIRCUMSTANCES <u>0_8</u>	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 11 - DROVE OFF ROAD 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION 5 - UNSAFE SPEED 12 - IMPROPER BACKING	
SEQUENCE OF EVENTS		
NON-COLLISION		
<u>1_2_0</u>	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 8 - RAN OFF ROAD RIGHT 17 - ANIMAL - FARM 18 - ANIMAL - DEER 23 - STRUCK BY FALLING, SHIFTING CARGO OR 3 - IMMERSION 9 - RAN OFF ROAD LEFT 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 19 - ANIMAL - OTHER ANYTHING SET IN MOTION 4 - JACKKNIFE 10 - CROSS MEDIAN 14 - PEDESTRIAN 20 - MOTOR VEHICLE IN TRANSPORT BY A MOTOR VEHICLE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT	
COLLISION WITH FIXED OBJECT - STRUCK		
<u>4_5_6</u>	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 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES 45 - EMBANKMENT 52 - BUILDING 34 - MEDIAN GUARDRAIL SUPPORT 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL 27 - BRIDGE PIER OR ABUTMENT BARRIER 41 - OTHER POST, POLE 47 - MAILBOX 54 - TREE 28 - BRIDGE PARAPET 35 - MEDIAN CONCRETE BARRIER OR SUPPORT 48 - FIRE HYDRANT 99 - OTHER / UNKNOWN 29 - BRIDGE RAIL 36 - MEDIAN OTHER BARRIER 42 - CULVERT	
1 FIRST HARMFUL EVENT	1 MOST HARMFUL EVENT	

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER)		
	0 2	BROWN, JOHNNY				
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER)			6291 E RIVER RD, 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	
O H	JJQ1066	1C14N1P1BA1E69152813		2014	JEEP	
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #		COLOR	VEHICLE MODEL	
	PROGRESSIVE	948091334		WHITE	PATRIOT	
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	HAZARDOUS MATERIAL		
		0 2	1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	CLASS # PLACARD ID #	
UNIT TYPE		1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)				
		7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED 11 - ALL TERRAIN VEHICLE (ATV / UTV)				
		12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME				
		18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP				
# OF TRAILING UNITS						
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN	
1 - YES 2 - NO 9 - OTHER / UNKNOWN						
AUTONOMOUS MODE LEVEL						
SPECIAL FUNCTION		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
CARGO BODY TYPE		1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN
VEHICLE DEFECTS		1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT	99 - OTHER / UNKNOWN
NON-MOTORIST LOCATION AT IMPACT		1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN
ACTION		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN
CONTRIBUTING CIRCUMSTANCES		1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION
SEQUENCE OF EVENTS		NON-COLLISION				
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 - DOWNSHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT
4 1 1		25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 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
1		FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT		

LOCAL REPORT NUMBER	
2 2 0 1 8 5 6 7	
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 <input type="checkbox"/> [0] <input type="checkbox"/> - UNDERCARRIAGE <input type="checkbox"/> [14]	
<input type="checkbox"/> - TOP <input type="checkbox"/> [13] <input type="checkbox"/> - ALL AREAS <input type="checkbox"/> [15]	
<input type="checkbox"/> - UNIT NOT AT SCENE <input type="checkbox"/> [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	
TRAFFIC FLOW	TRAFFIC CONTROL
1 - ONE-WAY <input type="checkbox"/> [2]	1 - ROUNDABOUT <input type="checkbox"/> [6] 2 - TWO-WAY <input type="checkbox"/> [6] 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
4	1 - NOT INVOLVED <input type="checkbox"/> [1] 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	
FROM <input type="checkbox"/> [5] TO <input type="checkbox"/> [8]	
UNIT SPEED	DETECTED SPEED
0	1 - STATED / ESTIMATED SPEED <input type="checkbox"/> [1] 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	
3	5

MOTORIST / Non-MOTORIST

										LOCAL REPORT NUMBER											
										2 2 0 1 8 5 6 7			DATE OF BIRTH			AGE			GENDER		
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE 0 1 ARGUETA, JOSE, SANTOS									0 3 1 3 1 9 8 2			4 0 M							
	ADDRESS: STREET, CITY, STATE, ZIP 1135 GOVERNORS DR, FAIRFIELD, OH, 45014										CONTACT PHONE - INCLUDE AREA CODE										
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	FAIRFIELD MEDIC	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED		0 4		DOT-Compliant MC HELMET		SEATING POSITION	1	AIR BAG USAGE	1	EJECTION	1	TRAPPED		
	DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE		ACDA			CITATION NUMBER 250776								
	DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	1	ALCOHOL / DRUG SUSPECTED		1		1	1	1	1	1	1	1	1			
	UNIT #	NAME: LAST, FIRST, MIDDLE 0 2 EBLIN, MONIQUE, LOUISE, LAURA, BELLE									DATE OF BIRTH			0 2 1 5 1 9 9 0			AGE			GENDER 3 2 F	
	ADDRESS: STREET, CITY, STATE, ZIP 332 N 5TH ST, HAMILTON, OH, 45011										CONTACT PHONE - INCLUDE AREA CODE										
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	FAIRFIELD MEDIC	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		
	DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE		ACDA			CITATION NUMBER								
	DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	1	ALCOHOL / DRUG SUSPECTED		1		1	1	1	1	1	1	1	1			
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)	FAIRFIELD MEDIC	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED		0		DOT-Compliant MC HELMET		SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED			
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE		ACDA			CITATION NUMBER									
DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	1	ALCOHOL / DRUG SUSPECTED		1		1	1	1	1	1	1	1	1				
INJURIES		SEATING POSITION		AIR BAG		DL CLASS		DL 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 (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE	4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER	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 - TEST GIVEN, RESULTS UNKNOWN																
INJURED TAKEN BY		6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - EXCEPT CLASS A & CLASS B BUS	6 - TALKING ON HAND-HELD COMMUNICATION DEVICE																
1 - NOT TRANSPORTED / TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7 - THIRD - MIDDLE	10 - SLEEPER SECTION OF TRUCK CAB	7 - EXCEPT TRACTOR-TRAILER	7 - TALKING ON HAND-HELD COMMUNICATION DEVICE																
2 - EMS	8 - THIRD - MIDDLE	8 - THIRD - RIGHT SIDE	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE																
3 - POLICE	9 - THIRD - RIGHT SIDE	10 - SLEEPER SECTION OF TRUCK CAB	12 - PASSENGER IN UNENCLOSED CARGO AREA	9 - LEARNER'S PERMIT RESTRICTIONS	6 - PASSENGER																
9 - OTHER / UNKNOWN	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	12 - PASSENGER IN UNENCLOSED CARGO AREA	13 - TRAILING UNIT	10 - LIMITED TO DAYLIGHT ONLY	7 - OTHER DISTRACTION INSIDE THE VEHICLE																
SAFETY EQUIPMENT		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	15 - NON-MOTORIST	11 - LIMITED TO EMPLOYMENT	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE																
1 - NONE USED	16 - NON-TRAILING UNIT	17 - NON-MOTORIST	18 - OTHER / UNKNOWN	12 - LIMITED - OTHER	9 - OTHER / UNKNOWN																
2 - SHOULDER BELT ONLY USED	18 - OTHER / UNKNOWN	19 - OTHER / UNKNOWN	20 - OTHER / UNKNOWN	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	DRUG TEST TYPE																
3 - LAP BELT ONLY USED	21 - OTHER / UNKNOWN	22 - OTHER / UNKNOWN	23 - OTHER / UNKNOWN	14 - MILITARY VEHICLES ONLY	1 - NONE																
4 - SHOULDER & LAP BELT USED	24 - OTHER / UNKNOWN	25 - OTHER / UNKNOWN	26 - OTHER / UNKNOWN	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	2 - BLOOD																
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	27 - OTHER / UNKNOWN	28 - OTHER / UNKNOWN	29 - OTHER / UNKNOWN	16 - OUTSIDE MIRROR	3 - URINE																
6 - CHILD RESTRAINT SYSTEM - REAR FACING	30 - OTHER / UNKNOWN	31 - OTHER / UNKNOWN	32 - OTHER / UNKNOWN	17 - PROSTHETIC AID	4 - BREATH																
7 - BOOSTER SEAT	33 - OTHER / UNKNOWN	34 - OTHER / UNKNOWN	35 - OTHER / UNKNOWN	18 - OTHER	5 - OTHER																
8 - HELMET USED	36 - OTHER / UNKNOWN	37 - OTHER / UNKNOWN	38 - OTHER / UNKNOWN	CONDITION		DRUG TEST RESULT(S)															
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	39 - OTHER / UNKNOWN	40 - OTHER / UNKNOWN	41 - OTHER / UNKNOWN	1 - APPARENTLY NORMAL		1 - AMPHETAMINES															
10 - REFLECTIVE CLOTHING	42 - OTHER / UNKNOWN	43 - OTHER / UNKNOWN	44 - OTHER / UNKNOWN	2 - PHYSICAL IMPAIRMENT		2 - BARBITURATES															
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	45 - OTHER / UNKNOWN	46 - OTHER / UNKNOWN	47 - OTHER / UNKNOWN	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		3 - BENZODIAZEPINES															
99 - OTHER / UNKNOWN	48 - OTHER / UNKNOWN	49 - OTHER / UNKNOWN	50 - OTHER / UNKNOWN	4 - ILLNESS		4 - CANNABINOID															
				5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		5 - COCAINE															
				6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		6 - OPIATES / OPIOIDS															
				9 - OTHER / UNKNOWN		7 - OTHER															
						8 - NEGATIVE RESULTS															



OCCUPANT / WITNESS ADDENDUM

		LOCAL REPORT NUMBER								
		2 2 0 1 8 5 6 7			DATE OF BIRTH	AGE	GENDER			
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE EBLEN, MYSTIA, MARIE			0 1 2 9 1 9 8 3	3 9	F			
	ADDRESS: STREET, CITY, STATE, ZIP 332 N 5TH ST, HAMILTON, OH, 45011			CONTACT PHONE - INCLUDE AREA CODE						
	INJURIES 4	INJURED TAKEN BY 2	EMS AGENCY (NAME) FAIRFIELD MEDIC	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) FT HAMILTON, HAMILTON	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-Compliant MC HELMET	SEATING POSITION 0 3	AIR BAG USAGE 0 1	EJECTION 1	TRAPPED 1
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	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 []	<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			
	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
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	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 []	<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			
	ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE						
	INJURIES	SAFETY EQUIPMENT USED		SEATING POSITION		AIR BAG USAGE				
	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				
	INJURED TAKEN BY	1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE		EJECTION				
	GENDER	F - FEMALE M - MALE U - OTHER / UNKNOWN		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS		TRAPPED				
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					

OHIO TRAFFIC ACCIDENT - DIAGRAM / NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER	22018567	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	3/15/2022
IN COUNTY OF	Butler	ACCIDENT LOCATION	Dixie Hwy // Nilles Rd. // Stadium Dr.		
OFFICER'S SIGNATURE			BADGE NO. 164		