



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL INFORMATION				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 type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		REPORTING AGENCY NAME* Fairfield Police Department		NCIC*	HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 0, 0, 9, 0, 1 0, 2	
COUNTY* 0, 9	LOCALITY* 1 - CITY 1 - 2 - VILLAGE 3 - TOWNSHIP	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield					
CRASH DATE / TIME* 0, 3, 1, 6, 2, 0, 2, 2, 1, 3, 0, 7		CRASH SEVERITY 5			LATITUDE DECIMAL DEGREES 3, 9, 3, 2, 0, 1, 6, 8		
REFERENCE LOCATION ROUTE TYPE S, R ROUTE NUMBER 4		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME	ROAD TYPE	LONGITUDE DECIMAL DEGREES -8, 4, 4, 9, 8, 7, 9, 4	
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 6641		ROAD TYPE	NUMBER OF APPROACHES		
REFERENCE POINT 1 - INTERSECTION 3 - 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 HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	ROADWAY	
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS		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			MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION 2 - REAR-END 3 - 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) 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 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		WEATHER 0, 1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL		1 - SNOW 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 On 03/16/22 at about 1:07 P.M. Unit 1 was traveling east bound from private property at 6641 Dixie Hwy and was attempting to make a right hand turn on Dixie Hwy and in doing so, failed to yield the right of way to, and collided with Unit 2 which was traveling south bound on Dixie Hwy in front of 6641 Dixie Hwy. At the time of the crash, Unit 2 was changing lanes from the inside lane to the curb lane of SR 4.							
Indicate the north direction with an "N" on the compass diagram. 							
CRASH REPORTED DATE / TIME 0, 3, 1, 6, 2, 0, 2, 2, 1, 3, 0, 7		DISPATCH DATE / TIME 0, 3, 1, 6, 2, 0, 2, 2, 1, 3, 0, 9		ARRIVAL DATE / TIME 0, 3, 1, 6, 2, 0, 2, 2, 1, 3, 2, 3		SCENE CLEARED DATE / TIME 0, 3, 1, 6, 2, 0, 2, 2, 1, 3, 5, 8	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES 4, 9		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODOTS)	
OFFICER'S NAME* P.O. Gregg Lamb		OFFICER'S BADGE NUMBER* 6, 5		CHECKED BY OFFICER'S NAME* S		CHECKED BY OFFICER'S BADGE NUMBER* 103	

UNIT # **0 1** OWNER NAME: LAST, FIRST, MIDDLE SAME AS DRIVER
Allen, Ann Marie K.

OWNER PHONE: INCLUDE AREA CODE SAME AS DRIVER

OWNER ADDRESS: STREET, CITY, STATE, ZIP SAME AS DRIVER
2601 Royalwoods Ct. Cincinnati, OH. 45244

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LOCAL REPORT NUMBER

2 2 0 1 8 8 6 1

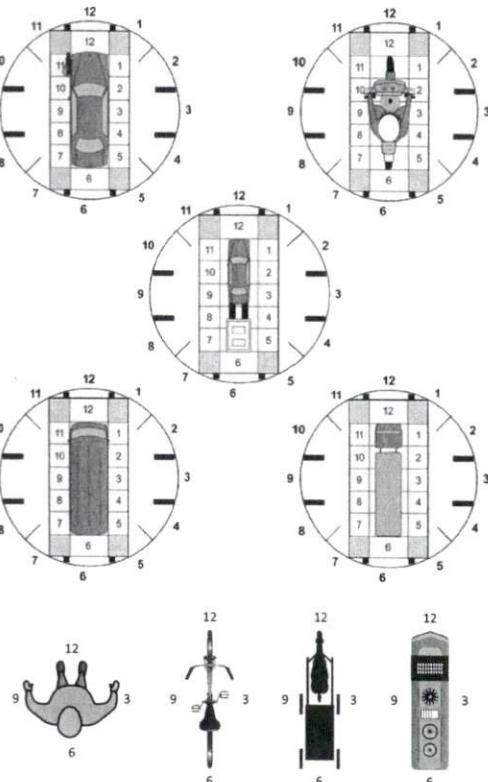
DAMAGE

DAMAGE SCALE

2 1 - NONE 3 - FUNCTIONAL DAMAGE
2 - MINOR DAMAGE 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

1 1 0 - NO DAMAGE 14 - UNDERCARRIAGE
1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE
DIAGRAM 99 - UNKNOWN
13 - TOP

TRAFFIC

TRAFFICWAY FLOW

2 1 - ONE-WAY
2 - TWO-WAY

TRAFFIC CONTROL

1 - ROUNDABOUT 4 - STOP SIGN
2 - SIGNAL 5 - YIELD SIGN
3 - FLASHER 6 - NO CONTROL

OF THROUGH LANES ON ROAD

4

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

FROM **8** TO **7**

UNIT SPEED

1 0

DETECTED SPEED

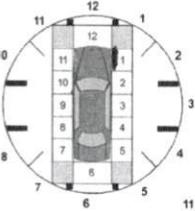
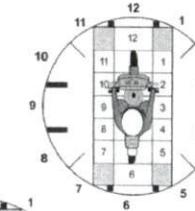
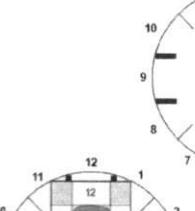
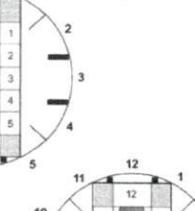
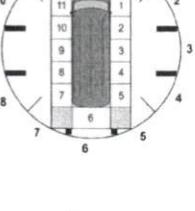
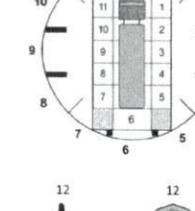
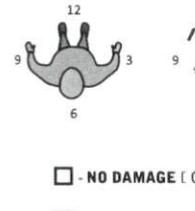
1 - STATED / ESTIMATED SPEED
2 - CALCULATED / EDR
3 - UNDETERMINED

POSTED SPEED

3 5

LP STATE O H	LICENSE PLATE # JGA2182	VEHICLE IDENTIFICATION # 1F4P18TH4K5101978		VEHICLE YEAR 2019	VEHICLE MAKE Ford																																																																	
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY American Family	INSURANCE POLICY # 192492250795FPPAOH		COLOR Purple	VEHICLE MODEL Mustang																																																																	
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 0 2	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD																																																																		
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WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN			0 - NO AUTOMATION 0 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN																																																																	
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LOCAL REPORT NUMBER	
2 2 0 1 8 8 6 1	
DAMAGE	
DAMAGE SCALE	
2	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN
3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
       	
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14]	
<input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15]	
<input type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT	
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14]	
<input type="checkbox"/> - 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE DIAGRAM [99 - UNKNOWN]	
13 - TOP	
TRAFFIC	
TRAFFIC WAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
4	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
<input type="checkbox"/> - NORTH [5 - NORTHEAST] <input type="checkbox"/> - SOUTH [6 - NORTHWEST] <input type="checkbox"/> - EAST [7 - SOUTHEAST] <input type="checkbox"/> - WEST [8 - SOUTHWEST] <input type="checkbox"/> - OTHER / UNKNOWN [9 - OTHER / UNKNOWN]	
FROM 6 TO 7	
UNIT SPEED	
3 0	DETECTED SPEED
<input type="checkbox"/> - STATED/ESTIMATED SPEED [1] <input type="checkbox"/> - CALCULATED / EDR [2] <input type="checkbox"/> - UNDETERMINED [3]	
POSTED SPEED	
3 5	



MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	LOCAL REPORT NUMBER													
	2 2 0 1 8 8 6 1					DATE OF BIRTH		AGE	GENDER					
UNIT #	NAME: LAST, FIRST, MIDDLE													
0 1	Allen, Ann Marie Knoll													
ADDRESS: STREET, CITY, STATE, ZIP														
2601 Royalwoods Ct. Cincinnati, OH. 45244														
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
5						0 4	<input type="checkbox"/>		0 1	1	1	1		
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER				
O H				331.22A		<input checked="" type="checkbox"/>	Right of Way			250220				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)				
4				1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	1	1	1	RESULT SELECT UP TO 4		
UNIT # NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH		AGE	GENDER	
0 2	Patel, Bhumi Devendra										0 8 2 0 1 9 9 1		3 0	F
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE				
7424 William Hensley Dr. Fairfield, OH. 45014														
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5						0 4	<input type="checkbox"/>		0 1	1	1			
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				1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	1	1	1	RESULT SELECT UP TO 4		
INJURIES	SEATING POSITION	AIR BAG		OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS							
1 - FATAL	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED		1 - CLASS A	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED	1 - NONE GIVEN							
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT		2 - CLASS B	2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2 - TEST REFUSED							
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE		3 - CLASS C	3 - CORRECTIVE LENSES	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	3 - TEST GIVEN, RESULTS KNOWN							
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 UNKNOWN	4 - TEST GIVEN, RESULTS UNKNOWN							
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE		5 - MIC MOVED 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	EJECTION		6 - 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)	1 - NOT EJECTED		7 - NO VALID OL	7 - EXCEPT TRACTOR-TRAILER	7 - TALKING ON HAND-HELD COMMUNICATION DEVICE								
2 - EMS	8 - THIRD - MIDDLE	2 - PARTIALLY EJECTED			8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE								
3 - POLICE	9 - THIRD - RIGHT SIDE	3 - TOTALLY EJECTED			9 - LEARNER'S PERMIT RESTRICTIONS	9 - PASSENGER								
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT APPLICABLE			10 - LIMITED TO DAYLIGHT ONLY	10 - OTHER DISTRACTION INSIDE THE VEHICLE								
SAFETY EQUIPMENT	TRAPPED	OL ENDORSEMENT			11 - LIMITED TO EMPLOYMENT	11 - OTHER DISTRACTION OUTSIDE THE VEHICLE								
1 - NONE USED	1 - NOT TRAPPED	H - HAZMAT			12 - LIMITED - OTHER	12 - OTHER / UNKNOWN								
2 - SHOULDER BELT ONLY USED	2 - EXTRICATED BY MECHANICAL MEANS	M - MOTORCYCLE			13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13 - OTHER / UNKNOWN								
3 - LAP BELT ONLY USED	3 - FREED BY NON-MECHANICAL MEANS	P - PASSENGER			14 - MILITARY VEHICLES ONLY	14 - OTHER / UNKNOWN								
4 - SHOULDER & LAP BELT USED		N - TANKER			15 - MOTOR VEHICLES WITHOUT AIR BRAKES	15 - APPARENTLY NORMAL								
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		Q - MOTOR SCOOTER			16 - OUTSIDE MIRROR	16 - PHYSICAL IMPAIRMENT								
6 - CHILD RESTRAINT SYSTEM - REAR FACING		R - THREE-WHEEL MOTORCYCLE			17 - PROSTHETIC AID	17 - EMOTIONAL (E.G., DEPRESSED, ANGRY DISTURBED)								
7 - BOOSTER SEAT		S - SCHOOL BUS			18 - OTHER	18 - ILLNESS								
8 - HELMET USED		T - DOUBLE & TRIPLE TRAILERS				5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.								
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		X - TANKER / HAZMAT				6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL								
10 - REFLECTIVE CLOTHING		GENDER				9 - OTHER / UNKNOWN								
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		F - FEMALE												
99 - OTHER / UNKNOWN		M - MALE												
		U - OTHER / 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

OCCUPANT						LOCAL REPORT NUMBER				
	UNIT #	NAME: LAST, FIRST, MIDDLE				2 2 0 1 8 8 6 1		DATE OF BIRTH	AGE	GENDER
	1	Allen, Erik				0 2 0 7 2 0 0 1		21	M	
ADDRESS: STREET, CITY, STATE, ZIP 2601 Royalwoods Ct. Cincinnati, OH. 45244					CONTACT PHONE - INCLUDE AREA CODE					
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	5				0 4	0 3	1	1	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 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					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	
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	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					CONTACT PHONE - INCLUDE AREA CODE					
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LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF ACCIDENT
PD-82-0 18861	FAIRFIELD P.D. 00901	M 3 10 16 19 22
IN COUNTY OF	ACCIDENT LOCATION	
BUTLER	SR 4 AT 6621 Dixie Hwy,	
<img alt="Hand-drawn map of a road intersection. The main road is SR 4 (Dixie Hwy, ST RTE 4). A side road is		