



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

<input checked="" type="checkbox"/> PHOTOS TAKEN	<input checked="" 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 2 0 6 4 8
REPORTING AGENCY NAME*	NCIC*
Fairfield Police Department	0 0 9 0 1

HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR
1 - SOLVED	2	98 - ANIMAL
2 - UNSOLVED		99 - UNKNOWN

COUNTY*	LOCALITY*
0 9	1 2 - VILLAGE 3 - TOWNSHIP

LOCATION: CITY, VILLAGE, TOWNSHIP*
City of Fairfield

CRASH DATE / TIME*
03222022 1325

CRASH SEVERITY
4 1 - FATAL

ROUTE TYPE	ROUTE NUMBER	PREFIX
S R	4	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST

LOCATION ROAD NAME	ROAD TYPE

LATITUDE DECIMAL DEGREES
39.339530

2 - SERIOUS INJURY SUSPECTED

ROUTE TYPE	ROUTE NUMBER	PREFIX
		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE
Nilles	R D

LONGITUDE DECIMAL DEGREES
-84.534116

4 - INJURY POSSIBLE

REFERENCE POINT	DIRECTION FROM REFERENCE
1 - INTERSECTION	1 - NORTH
2 - MILE POST	2 - SOUTH
3 - HOUSE #	3 - EAST
	4 - WEST

ROUTE TYPE	ROAD TYPE
IR - INTERSTATE ROUTE (TP)	AL - ALLEY
US - FEDERAL US ROUTE	AV - AVENUE
SR - STATE ROUTE	BL - BOULEVARD
CR - NUMBERED COUNTY ROUTE	MP - MILEPOST
TR - NUMBERED TOWNSHIP ROUTE	ST - STREET
	CT - COURT
	OV - OVAL
	PK - PARKWAY
	TL - TRAIL
	DR - DRIVE
	PI - PIKE
	WA - WAY
	HE - HEIGHTS
	PL - PLACE

INTERSECTION RELATED
<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH
<input type="checkbox"/> WITHIN INTERCHANGE AREA
NUMBER OF APPROACHES
4

DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE
	1 - MILES
	2 - FEET
	3 - YARDS

LOCATION OF FIRST HARMFUL EVENT	MANNER OF CRASH COLLISION/IMPACT
1 - ON ROADWAY	1 - NOT COLLISION
2 - ON SHOULDER	4 - REAR-TO-REAR
3 - IN MEDIAN	5 - BACKING
4 - ON ROADSIDE	6 - ANGLE
5 - ON GORE	7 - SIDESWIPE, SAME DIRECTION
6 - OUTSIDE TRAFFIC WAY	8 - SIDESWIPE, OPPOSITE DIRECTION
7 - ON RAMP	9 - OTHER / UNKNOWN
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	

DIRECTION OF TRAVEL	MEDIAN TYPE
1 - NORTH	1 - DIVIDED FLUSH MEDIAN (<4 FEET)
2 - SOUTH	2 - DIVIDED FLUSH MEDIAN (>4 FEET)
3 - EAST	3 - DIVIDED, DEPRESSED MEDIAN
4 - WEST	4 - DIVIDED, RAISED MEDIAN (ANY TYPE)
	9 - OTHER/UNKNOWN

WORK ZONE RELATED	WORK ZONE TYPE
<input type="checkbox"/>	1 - LANE CLOSURE
<input type="checkbox"/> WORKERS PRESENT	2 - LANE SHIFT/CROSSOVER
<input type="checkbox"/> LAW ENFORCEMENT PRESENT	3 - WORK ON SHOULDER OR MEDIAN
<input type="checkbox"/> ACTIVE SCHOOL ZONE	4 - INTERMITTENT OR MOVING WORK
	5 - OTHER

LOCATION OF CRASH IN WORK ZONE
1 - BEFORE THE 1ST WORK ZONE WARNING SIGN
2 - ADVANCE WARNING AREA
3 - TRANSITION AREA
4 - ACTIVITY AREA
5 - TERMINATION AREA

CONTOUR	CONDITIONS	SURFACE
2	2	2
1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE
2 - STRAIGHT GRADE	2 - WET	2 - BLACKTOP, BITUMINOUS, ASPHALT
3 - CURVE LEVEL	3 - SNOW	3 - BRICK/BLOCK
4 - CURVE GRADE	4 - ICE	4 - SLAG, GRAVEL, STONE
9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	5 - DIRT
	6 - WATER (STANDING, MOVING)	9 - OTHER/UNKNOWN
	7 - SLUSH	
	9 - OTHER/UNKNOWN	

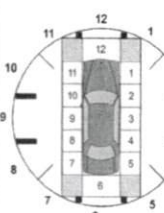
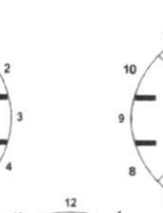
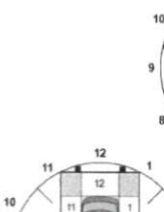
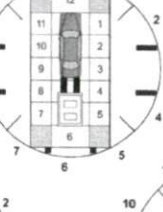
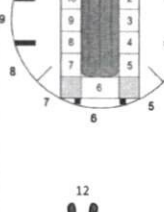
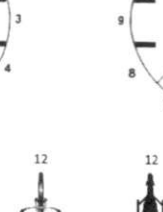


LIGHT CONDITION
1 - DAYLIGHT
2 - DAWN/DUSK
3 - DARK - LIGHTED ROADWAY
4 - DARK - ROADWAY NOT LIGHTED
5 - DARK - UNKNOWN ROADWAY LIGHTING
9 - OTHER / UNKNOWN

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

NARRATIVE	Indicate the north direction with an "N" on the compass diagram.
On 03-22-22 at approximately 1:25 p.m., the driver of unit 1 stated that he was southeast on SR 4 in the right through lane stopped for a red light at Nilles Rd. The driver of unit 2 stated that she was northwest on SR 4 in the outer left turn lane to continue westbound on Nilles Rd. The driver of unit 1 stated when his light turned green, he was struck by unit 2 which he had not seen. The driver of unit 2 stated that she had the green light as she was entering the intersection. Unit 1 struck unit 2.	"See OH-2"

CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME	SCENE CLEARED DATE / TIME	REPORT TAKEN BY
03222022 1328	03222022 1335	03222022 1336	03222022 1405	<input checked="" type="checkbox"/> POLICE AGENCY
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*	<input type="checkbox"/> MOTORIST
3 0	3 0	6 0	PO Kelly Smith	<input type="checkbox"/> SUPPLEMENT
			OFFICER'S BADGE NUMBER*	(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)
			1 1 4	
			CHECKED BY OFFICER'S NAME*	
			P.O.C. Moore	
			CHECKED BY OFFICER'S BADGE NUMBER*	
			1 3 6	

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)		
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
	LP STATE OH	LICENSE PLATE # GVW2808	VEHICLE IDENTIFICATION # JHMGE18H54CS507216
VEHICLE	INSURANCE VERIFIED X	INSURANCE COMPANY SafeCo Ins.	INSURANCE POLICY # X573370
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	VEHICLE YEAR 2012
VEHICLE	INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>	HIT/SKIP UNIT <input type="checkbox"/>	HAZARDOUS MATERIAL CLASS # PLACARD ID #
	VEHICLE MAKE Honda		
VEHICLE	TOWED BY: COMPANY NAME Marcell's		
	MATERIAL RELEASED <input type="checkbox"/>		
VEHICLE	PLACARD		
	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		
VEHICLE	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 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		
	# OF TRAILING UNITS		
VEHICLE	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN		
	AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN		
VEHICLE	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 - GRAINCHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN		
VEHICLE	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		
VEHICLE	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		
EVENT(S)	SEQUENCE OF EVENTS 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 MOVABLE OBJECT		
	COLLISION WITH FIXED OBJECT - STRUCK 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 BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 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		
EVENT(S)	FIRST HARMFUL EVENT 1		
	MOST HARMFUL EVENT 1		

LOCAL REPORT NUMBER 2 2 0 2 0 6 4 8	
DAMAGE DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 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 1 - 12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 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 FROM 6 TO 7 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 10 POSTED SPEED 35	
DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	

OWNER	UNIT # 02	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)		
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
	LP STATE OH	LICENSE PLATE # GUL2074	VEHICLE IDENTIFICATION # 1FT2R45E56PA75446
VEHICLE	INSURANCE VERIFIED X	INSURANCE COMPANY Grange Ins.	INSURANCE POLICY # 5714445
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	VEHICLE YEAR 2006
VEHICLE	INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>	HIT/SKIP UNIT <input type="checkbox"/>	HAZARDOUS MATERIAL CLASS # PLACARD ID #
	#OCCUPANTS 1		
VEHICLE	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		
	TOWED BY: COMPANY NAME Wayne's		
VEHICLE	UNIT TYPE 4		
	# OF TRAILING UNITS		
VEHICLE	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0		
	AUTONOMOUS MODE LEVEL 0		
VEHICLE	SPECIAL FUNCTION 01		
	CARGO BODY TYPE 01		
VEHICLE	VEHICLE DEFECTS		
	NON-MOTORIST LOCATION AT IMPACT		
EVENT(S)	ACTION 09		
	PRE-CRASH ACTIONS 06		
EVENT(S)	CONTRIBUTING CIRCUMSTANCES 99		
	SEQUENCE OF EVENTS 120		
EVENT(S)	NON-COLLISION 11		
	COLLISION WITH FIXED OBJECT - STRUCK 4		
EVENT(S)	FIRST HARMFUL EVENT 1		
	MOST HARMFUL EVENT 1		

LOCAL REPORT NUMBER 22020648	
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 DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN	
TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 2 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 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM 7 TO 6 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 10	DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 35	

HSY8306 OH1M 1/19 [760-1500]



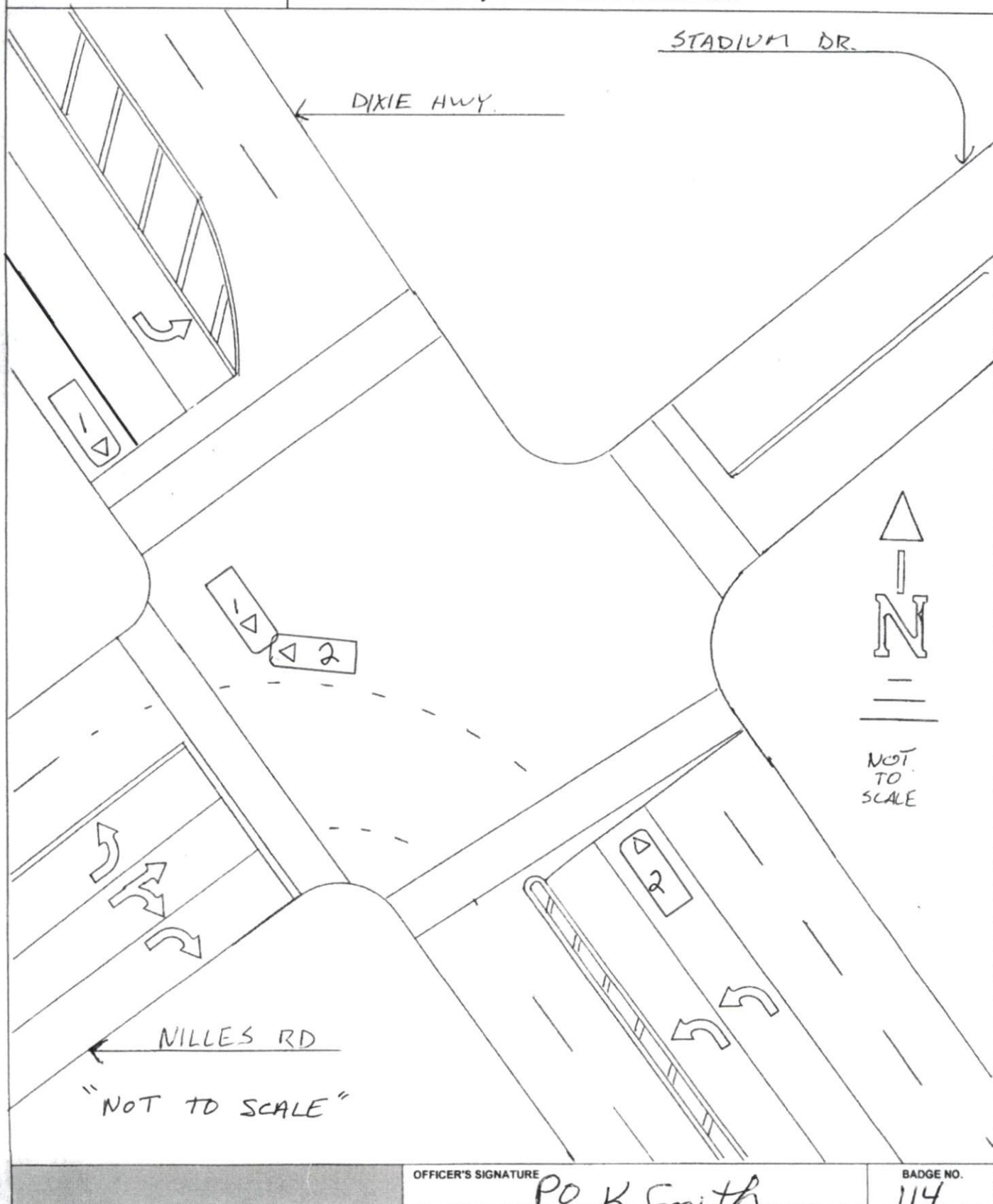
LOCAL REPORT NUMBER									
2	2	0	2	0	6	4	8		

OCCUPANT	UNIT # [] [] []	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH [] [] [] [] [] []		AGE [] 0 []	GENDER [] []	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE [] [] [] [] [] [] [] [] [] []				
OCCUPANT	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 [] [] [] [] [] []
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE [] [] [] [] [] [] [] [] [] []				
OCCUPANT	UNIT # [] [] []	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH [] [] [] [] [] []		AGE [] 0 []	GENDER [] []	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE [] [] [] [] [] [] [] [] [] []				
OCCUPANT	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 [] [] [] [] [] []
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE [] [] [] [] [] [] [] [] [] []				
OCCUPANT	UNIT # [] [] []	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH [] [] [] [] [] []		AGE [] 0 []	GENDER [] []	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE [] [] [] [] [] [] [] [] [] []				
OCCUPANT	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 [] [] [] [] [] []
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE [] [] [] [] [] [] [] [] [] []				

[illegible]

WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	Regner, Donald Richard	0 2 2 1 1 9 3 6	8 6	M
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		
	5581 Schiering Dr. Fairfield Dr. Fairfield, Ohio 45014			
WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
			0	
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		
WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
			0	
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		

LOCAL REPORT NUMBER 22-020648	REPORTING AGENCY Fairfield Police Department	DATE OF ACCIDENT 03-22-22
IN COUNTY OF Butler	ACCIDENT LOCATION Dixie Hwy // Nilles Rd. // Stadium Dr.	



OFFICER'S SIGNATURE

PO K Smith

BADGE NO.

114