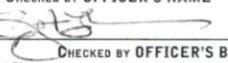




## TRAFFIC CRASH REPORT

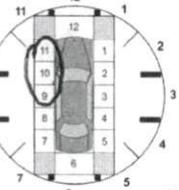
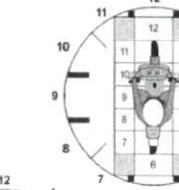
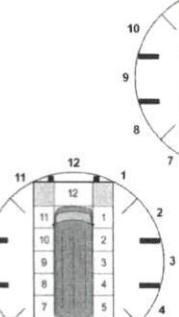
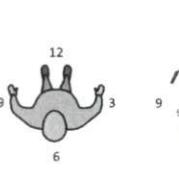
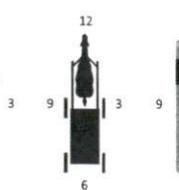
\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN		<input checked="" type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION		LOCAL REPORT NUMBER*			
<input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*			
				Fairfield Police Department		00901			
ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DECIMAL DEGREES			
			South Gilmore		R D	39.320867			
ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)		ROAD TYPE	LONGITUDE DECIMAL DEGREES			
			5769			-84.522241			
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	ROAD TYPE 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	INTERSECTION RELATED			
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS					<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA    NUMBER OF APPROACHES			
LOCATION OF FIRST HARMFUL EVENT			MANNER OF CRASH COLLISION/IMPACT		DIRECTION OF TRAVEL	ROADWAY			
1-ON ROADWAY 0 1 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		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-OTHER/UNKNOWN	1-NORTH 2-SOUTH 3-EAST 4-WEST	1-DIVIDED FLUSH MEDIAN (<4 FEET) 2-DIVIDED FLUSH MEDIAN (>4 FEET) 3-DIVIDED, DEPRESSED MEDIAN 4-DIVIDED, RAISED MEDIAN (ANY TYPE) 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 AREA 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA		CONTOUR 2	CONDITIONS 1	SURFACE 2	
1-DAYLIGHT 1 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		6-SNOW 7-SEVERE CROSSWINDS 8-BLOWING SAND, SOIL, DIRT, SNOW 9-FREEZING RAIN OR FREEZING DRIZZLE 99-OTHER / UNKNOWN		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.  See OH-2s			
On 04/02/2022 at about 7:28 p.m. Unit 1 and Unit 2 were both traveling south on South Gilmore Rd. and when at 5769 South Gilmore Rd. collided. The driver of Unit 2 stated Unit 1 attempted to pass over the double yellow line and in so doing sideswiped Unit 2. The driver of Unit 1 stated Unit 2 failed to maintain the lane of travel and in so doing sideswiped Unit 1.									
Unit 1 left the scene without exchanging information or contacting law enforcement and was cited with leaving the scene FCO 335.12a (M1).									
The driver of Unit 1 also had a suspended drivers license and was cited with DUS FCO 335.07a.									
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY	
04022022 1928		04022022 1933		04022022 1933		04022022 2203		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		checked by OFFICER'S NAME*	
0 0 0		0 9 0		1 2 0		D. Gooch			
						OFFICER'S BADGE NUMBER*		checked by OFFICER'S BADGE NUMBER*	
						1 6 0			
<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)									

OWNER	UNIT # <u>0_1</u>	OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> SAME AS DRIVER Dean, Andrew, C	OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER [REDACTED]							
	OWNER ADDRESS: STREET, CITY, STATE, ZIP <input type="checkbox"/> SAME AS DRIVER 337 Ridgeway Rd. Apt. 2, Cincinnati, OH 45215	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE [REDACTED]								
VEHICLE	LP STATE <u>O_H</u>	LICENSE PLATE # <u>JGV8533</u>	VEHICLE IDENTIFICATION # <u>KL7CJLSB6FB106165</u>	VEHICLE YEAR <u>2015</u>	VEHICLE MAKE <u>Chevy</u>					
	<input checked="" type="checkbox"/> INSURED VERIFIED	INSURANCE COMPANY <u>Grange Ins</u>	INSURANCE POLICY # <u>4844558</u>	COLOR <u>Silver</u>	VEHICLE MODEL <u>Trax</u>					
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT # <u>[REDACTED]</u>	TOWED BY: COMPANY NAME [REDACTED]						
	INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS <u>0_3</u>	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					
	UNIT TYPE <u>0_3</u>	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 - MOVED 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 <u>0_2</u>	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>0_2</u> 1-YES 2-NO 9-OTHER / UNKNOWN					AUTONOMOUS MODE LEVEL <u>0_2</u> 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION			
	SPECIAL FUNCTION <u>0_1</u>	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	
	CARGO BODY TYPE <u>0_1</u>	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 <u>0_1</u>	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 <u>0_1</u>	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 <u>0_9</u>	3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN					1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - PRE-CRASH 5 - OVERTAKING / PASSING 6 - MAKING LEFT TURN	7 - 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 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	18 - APPROACHING OR LEAVING VEHICLE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 16 - WORKING 17 - PUSHING VEHICLE
CONTRIBUTING CIRCUMSTANCES <u>2_2</u>	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 / ADOA 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 <u>1_2_0</u>	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 MOBILE OBJECT	
COLLISION WITH FIXED OBJECT - STRUCK <u>4_1_1</u>	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL					31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL SUPPORT 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	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	
FIRST HARMFUL EVENT <u>1</u>	1 - MOST HARMFUL EVENT									

LOCAL REPORT NUMBER <u>2_2_0_2_3_6_0_7</u>	
DAMAGE DAMAGE SCALE 2 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<img alt="Diagram of a vehicle showing 12 numbered damage areas: 1 (front left), 2 (front center), 3 (front right), 4 (side left),	

OWNER	UNIT # <u>0 1 2</u> 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 <u>O H</u>	LICENSE PLATE # <u>HFH7446</u>	VEHICLE IDENTIFICATION # <u>3G1N1BA1AD1B2A1S62154715</u>	VEHICLE YEAR <u>2010</u>	VEHICLE MAKE <u>Chevy</u>
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>Progressive</u>	INSURANCE POLICY # <u>952127243</u>	COLOR <u>White</u>	VEHICLE MODEL <u>HHR</u>
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS <u>0 2</u>	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
UNIT TYPE <u>0 1</u>		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <u>1</u> PLACARD ID # <u>1</u> <input type="checkbox"/> PLACARD		
UNIT TYPE <u>0 0</u>		TYPE OF USE 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		
# OF TRAILING UNITS		2 - MOTORCYCLE 3-WHEELED 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>0 2</u>		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		
AUTONOMOUS MODE LEVEL		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN		
SPECIAL FUNCTION <u>0 1</u>		1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER		
CARGO BODY TYPE <u>0 1</u>		6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE		
VEHICLE DEFECTS		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		
NON-MOTORIST LOCATION AT IMPACT		1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS		
NON-MOTORIST LOCATION AT IMPACT		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL		
NON-MOTORIST LOCATION AT IMPACT		8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP		
NON-MOTORIST LOCATION AT IMPACT		12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN		
NON-MOTORIST LOCATION AT IMPACT		1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		
NON-MOTORIST LOCATION AT IMPACT		4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT		
NON-MOTORIST LOCATION AT IMPACT		7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT		
NON-MOTORIST LOCATION AT IMPACT		11 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE 13 - SHOULDER / ROADSIDE 14 - DRIVEWAY ACCESS 15 - SHARED USE PATHS OR TRAILS		
ACTION <u>9 9</u>		1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		
ACTION <u>9 9</u>		3 - INTERSECTION - OTHER CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION		
ACTION <u>9 9</u>		6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK		
ACTION <u>9 9</u>		9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS		
ACTION <u>9 9</u>		12 - FIRST RESPONDER AT INCIDENT SCENE 13 - SHOULDER / ROADSIDE 14 - DRIVEWAY ACCESS 15 - SHARED USE PATHS OR TRAILS		
ACTION <u>9 9</u>		16 - WORN OR SLICK TIRES 17 - TRAILER EQUIPMENT DEFECTIVE 18 - MOTOR TROUBLE 19 - DISABLED FROM PRIOR ACCIDENT		
ACTION <u>9 9</u>		20 - SAFETY SERVICE PATROL		
ACTION <u>9 9</u>		21 - CONCRETE MIXER 22 - AUTO TRANSPORTER 23 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN		
ACTION <u>9 9</u>		24 - PEDESTRIAN / SKATER 25 - WHEELCHAIR (ANY TYPE) 26 - OTHER NON-MOTORIST 27 - HEAVY EQUIPMENT 28 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE		
ACTION <u>9 9</u>		29 - PEDESTRIAN 30 - BICYCLE 31 - MOTOR VEHICLE 32 - FARM EQUIPMENT 33 - MILITARY 34 - POLICE 35 - PUBLIC UTILITY 36 - CONSTRUCTION EQUIPMENT		
ACTION <u>9 9</u>		37 - FARM EQUIPMENT 38 - MILITARY 39 - POLICE 40 - PUBLIC UTILITY 41 - CONSTRUCTION EQUIPMENT		
ACTION <u>9 9</u>		42 - PEDESTRIAN 43 - BICYCLE 44 - MOTOR VEHICLE 45 - FARM EQUIPMENT 46 - MILITARY 47 - POLICE 48 - PUBLIC UTILITY 49 - CONSTRUCTION EQUIPMENT		
ACTION <u>9 9</u>		50 - FARM EQUIPMENT 51 - MILITARY 52 - POLICE 53 - PUBLIC UTILITY 54 - CONSTRUCTION EQUIPMENT		
ACTION <u>9 9</u>		55 - PEDESTRIAN 56 - BICYCLE 57 - MOTOR VEHICLE 58 - FARM EQUIPMENT 59 - MILITARY 60 - POLICE 61 - PUBLIC UTILITY 62 - CONSTRUCTION EQUIPMENT		
ACTION <u>9 9</u>		63 - FARM EQUIPMENT 64 - MILITARY 65 - POLICE 66 - PUBLIC UTILITY 67 - CONSTRUCTION EQUIPMENT		
ACTION <u>9 9</u>		68 - PEDESTRIAN 69 - BICYCLE 70 - MOTOR VEHICLE 71 - FARM EQUIPMENT 72 - MILITARY 73 - POLICE 74 - PUBLIC UTILITY 75 - CONSTRUCTION EQUIPMENT		
ACTION <u>9 9</u>		76 - FARM EQUIPMENT 77 - MILITARY 78 - POLICE 79 - PUBLIC UTILITY 80 - CONSTRUCTION EQUIPMENT		
ACTION <u>9 9</u>		81 - PEDESTRIAN 82 - BICYCLE 83 - MOTOR VEHICLE 84 - FARM EQUIPMENT 85 - MILITARY 86 - POLICE 87 - PUBLIC UTILITY 88 - CONSTRUCTION EQUIPMENT		
ACTION <u>9 9</u>		89 - FARM EQUIPMENT 90 - MILITARY 91 - POLICE 92 - PUBLIC UTILITY 93 - CONSTRUCTION EQUIPMENT		
ACTION <u>9 9</u>		94 - PEDESTRIAN 95 - BICYCLE 96 - MOTOR VEHICLE 97 - FARM EQUIPMENT 98 - MILITARY 99 - POLICE 100 - PUBLIC UTILITY 101 - CONSTRUCTION EQUIPMENT		
SEQUENCE OF EVENTS		NON-COLLISION		
<u>1 2 0</u>		1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		
<u>2 1 1</u>		6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN		
<u>3 1 1</u>		11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE		
<u>4 1 1</u>		16 - RAILWAY VEHICLE 17 - ANIMAL - FARM EQUIPMENT 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT		
<u>5 1 1</u>		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		
<u>6 1 1</u>		25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE		
<u>1</u>		31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER		
<u>1</u>		37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT		
<u>1</u>		43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT		
<u>1</u>		50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN		
<u>1</u>		55 - PEDESTRIAN 56 - BICYCLE 57 - MOTOR VEHICLE 58 - FARM EQUIPMENT 59 - MILITARY 60 - POLICE 61 - PUBLIC UTILITY 62 - CONSTRUCTION EQUIPMENT		
<u>1</u>		63 - FARM EQUIPMENT 64 - MILITARY 65 - POLICE 66 - PUBLIC UTILITY 67 - CONSTRUCTION EQUIPMENT		
<u>1</u>		68 - PEDESTRIAN 69 - BICYCLE 70 - MOTOR VEHICLE 71 - FARM EQUIPMENT 72 - MILITARY 73 - POLICE 74 - PUBLIC UTILITY 75 - CONSTRUCTION EQUIPMENT		
<u>1</u>		76 - FARM EQUIPMENT 77 - MILITARY 78 - POLICE 79 - PUBLIC UTILITY 80 - CONSTRUCTION EQUIPMENT		
<u>1</u>		81 - PEDESTRIAN 82 - BICYCLE 83 - MOTOR VEHICLE 84 - FARM EQUIPMENT 85 - MILITARY 86 - POLICE 87 - PUBLIC UTILITY 88 - CONSTRUCTION EQUIPMENT		
<u>1</u>		89 - FARM EQUIPMENT 90 - MILITARY 91 - POLICE 92 - PUBLIC UTILITY 93 - CONSTRUCTION EQUIPMENT		
<u>1</u>		94 - PEDESTRIAN 95 - BICYCLE 96 - MOTOR VEHICLE 97 - FARM EQUIPMENT 98 - MILITARY 99 - POLICE 100 - PUBLIC UTILITY 101 - CONSTRUCTION EQUIPMENT		
<u>1</u>		FIRST HARMFUL EVENT <u>1</u> MOST HARMFUL EVENT <u>1</u>		

LOCAL REPORT NUMBER <u>2 2 0 2 3 6 0 7</u>	
DAMAGE	
DAMAGE SCALE	
<u>2</u>	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 <u>0</u> <input type="checkbox"/> - UNDERCARRIAGE <u>14</u> <input type="checkbox"/> - TOP <u>13</u> <input type="checkbox"/> - ALL AREAS <u>15</u> <input type="checkbox"/> - UNIT NOT AT SCENE <u>16</u>	
INITIAL POINT OF CONTACT	
<u>1 0</u>	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 99 - UNKNOWN
TRAFFIC	
TRAFFICWAY FLOW <u>2</u>	TRAFFIC CONTROL 1 - ONE-WAY 2 - TWO-WAY 6 - ROUNDABOUT 5 - SIGNAL 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD <u>4</u>	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM <u>1</u> TO <u>2</u>	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
UNIT SPEED	
<u>0 3 5</u>	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED <u>3 5</u>	



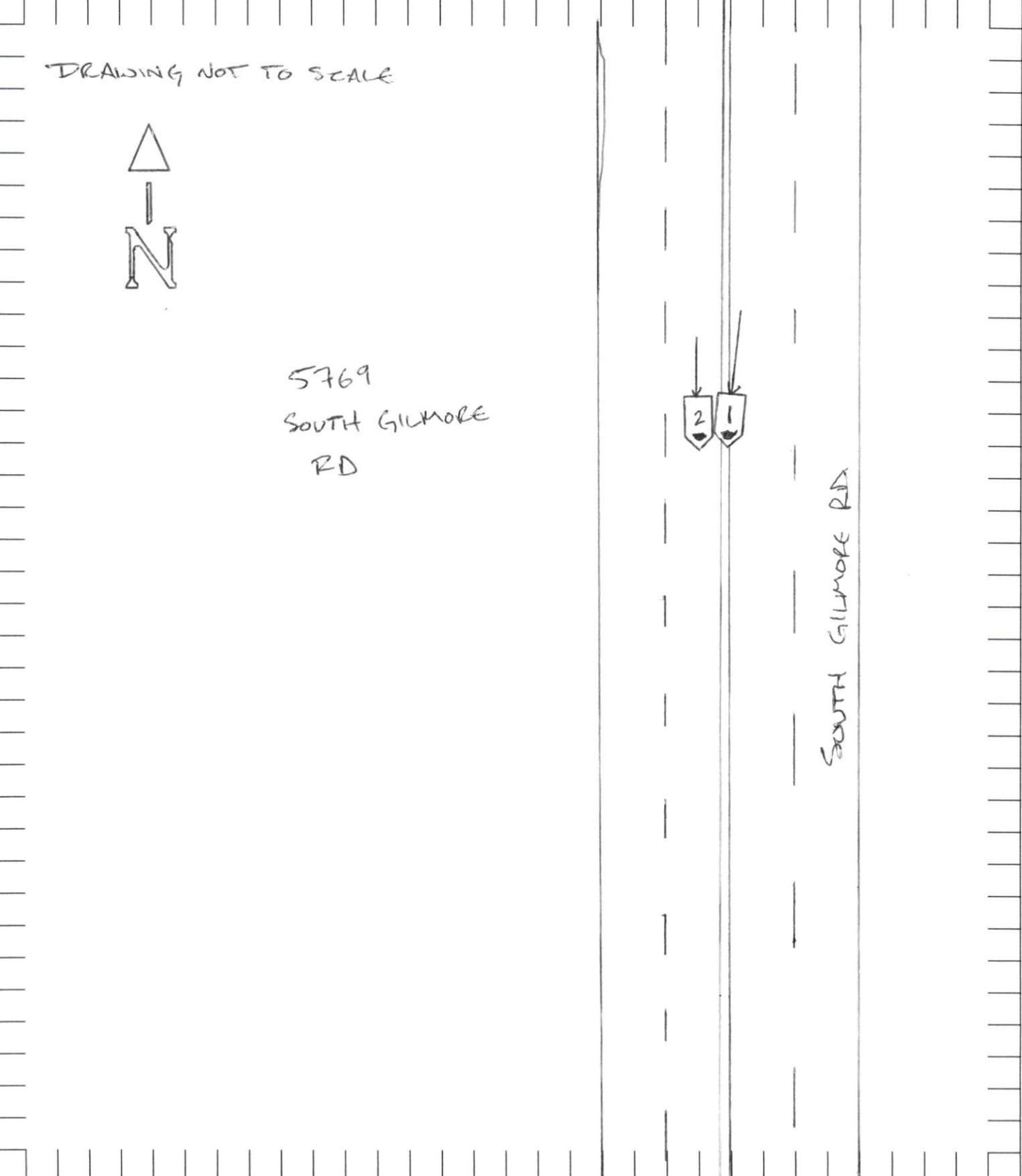
# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER												
2 2 0 2 3 6 0 7												
UNIT #	NAME: LAST, FIRST, MIDDLE											
0 1	Dean, Jessica											
ADDRESS:	STREET, CITY, STATE, ZIP											
3072 Limestone Cr., Cincinnati, OH, 45239												
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												
OL CLASS	ENDORSEMENT SELECT UPTO 2	RESTRICTION SELECT UPTO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)	
4				1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	STATUS 1 TYPE 1 VALUE 1			STATUS 1 TYPE 1 RESULT SELECT UPTO 4	
UNIT #	NAME: LAST, FIRST, MIDDLE											
0 2	McGuire, Tamara, L											
ADDRESS:	STREET, CITY, STATE, ZIP											
2481 Eastridge Dr., Fairfield Twp., OH, 45011												
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												
OL CLASS	ENDORSEMENT SELECT UPTO 2	RESTRICTION SELECT UPTO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)	
4				1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	STATUS 1 TYPE 1 VALUE 1			STATUS 1 TYPE 1 RESULT SELECT UPTO 4	
UNIT #	NAME: LAST, FIRST, MIDDLE											
ADDRESS:	STREET, CITY, STATE, ZIP											
CONTACT PHONE - INCLUDE AREA CODE												
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
							<input type="checkbox"/>					
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION				CITATION NUMBER	
OL CLASS	ENDORSEMENT SELECT UPTO 2	RESTRICTION SELECT UPTO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)	
				1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	STATUS 1 TYPE 1 VALUE 1			STATUS 1 TYPE 1 RESULT SELECT UPTO 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-TALKING ON HAND-HELD COMMUNICATION DEVICE		4-TEST GIVEN, RESULTS UNKNOWN	
5-NO APPARENT INJURY	5-SECOND - MIDDLE		5-NOT APPLICABLE		5-M/C MOPED ONLY		5-EXCEPT CLASS A BUS		5-EXCEPT CLASS A & CLASS B BUS		5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	
	6-SECOND - RIGHT SIDE		6-DEPLOYMENT UNKNOWN		6-NO VALID OL		6-EXCEPT CLASS A & CLASS B BUS		6-EXCEPT TRACTOR-TRAILER		6-PASSINGER	
	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		7-NOT EJECTED		7-H-HAZMAT		7-INTERMEDIATE LICENSE RESTRICTIONS		7-OTHER DISTRACTION INSIDE THE VEHICLE		7-URINE	
	8-THIRD - MIDDLE		8-PARTIALLY EJECTED		8-M-MOTORCYCLE		8-LEARNER'S PERMIT RESTRICTIONS		8-OTHER DISTRACTION OUTSIDE THE VEHICLE		8-BREATH	
	9-THIRD - RIGHT SIDE		9-TOTALLY EJECTED		9-P-PASSENGER		9-10-LIMITED TO DAYLIGHT ONLY		9-OTHER / UNKNOWN		5-OTHER	
	10-SLEEPER SECTION OF TRUCK CAB		10-NOT APPLICABLE		10-N-TANKER		10-11-LIMITED TO DAYLIGHT ONLY		10-12-LIMITED - OTHER		10-ALCOHOL TEST TYPE	
	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		11-NOT TRAPPED		11-Q-MOTOR SCOOTER		11-13-MECHNICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		11-14-MILITARY VEHICLES ONLY		11-1-NONE	
	12-PASSENGER IN UNENCLOSED CARGO AREA		12-EXTRICATED BY MECHANICAL MEANS		12-R-THREE-WHEEL MOTORCYCLE		12-15-MOTOR VEHICLES WITHOUT AIR BRAKES		12-16-OUTSIDE MIRROR		12-2-BLOOD	
	13-TRAILING UNIT		13-FREED BY NON-MECHANICAL MEANS		13-S-SCHOOL BUS		13-17-PROSTHETIC AID		13-18-OTHER		13-3-URINE	
	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		14-F-FEMALE		14-T-T-DOUBLE & TRIPLE TRAILERS		14-15-MOTOR VEHICLES WITHOUT AIR BRAKES		14-16-ILLNESS		14-4-OTHER	
	15-NON-MOTORIST		15-M-MALE		15-X-TANKER / HAZMAT		15-17-PROSTHETIC AID		15-18-OTHER		15-1-AMPHETAMINES	
	99-OTHER / UNKNOWN		16-U-OTHER / UNKNOWN		16-18-OTHER		16-17-FELL ASLEEP, FAINTED, FATIGUED, ETC.		16-18-OTHER		16-2-BARBITURATES	
	99-OTHER / UNKNOWN		17-18-OTHER		17-18-OTHER		17-18-OTHER		17-18-OTHER		17-3-BENZODIAZEPINES	
	99-OTHER / UNKNOWN		18-18-OTHER		18-18-OTHER		18-18-OTHER		18-18-OTHER		18-4-CANNABINOID	
	99-OTHER / UNKNOWN		19-18-OTHER		19-18-OTHER		19-18-OTHER		19-18-OTHER		19-5-COCAIN	
	99-OTHER / UNKNOWN		20-18-OTHER		20-18-OTHER		20-18-OTHER		20-18-OTHER		20-6-OPIATES / OPIOIDS	
	99-OTHER / UNKNOWN		21-18-OTHER		21-18-OTHER		21-18-OTHER		21-18-OTHER		21-7-OTHER	
	99-OTHER / UNKNOWN		22-18-OTHER		22-18-OTHER		22-18-OTHER		22-18-OTHER		22-8-NEGATIVE RESULTS	



# OCCUPANT / WITNESS ADDENDUM

					LOCAL REPORT NUMBER										
					2 2 0 2 3 6 0 7										
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE Offill, Allen			DATE OF BIRTH		AGE	GENDER							
	1	5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	0 4	0 5 0 4 2 0 1 1	1 0	M					
ADDRESS: STREET, CITY, STATE, ZIP 3072 Limestone Cir., Cincinnati, OH, 45239					CONTACT PHONE - INCLUDE AREA CODE										
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE Offill, Lilyahna			DATE OF BIRTH		AGE	GENDER							
	1	5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	0 4	0 5 0 7 2 0 1 3	8	F					
ADDRESS: STREET, CITY, STATE, ZIP 3072 Limestone Cir., Cincinnati, OH, 45239					CONTACT PHONE - INCLUDE AREA CODE										
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE McGuire, Aiden			DATE OF BIRTH		AGE	GENDER							
	2	5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	0 4	0 2 1 1 2 0 0 7	1 5	M					
ADDRESS: STREET, CITY, STATE, ZIP 2481 Eastridge Dr., Fairfield Twp., OH, 45011					CONTACT PHONE - INCLUDE AREA CODE										
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER							
	5	5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	0 4	0							
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					
	1	1	5	5	5	0 4	0 3	0 1	1	1					
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											9 - DEPLOYMENT UNKNOWN				
1 - NOT TRANSPORTED /TREATED AT SCENE			6 - CHILD RESTRAINT SYSTEM - REAR FACING			7 - BOOSTER SEAT			EJECTION						
2 - EMS			8 - HELMET USED			9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			1 - NOT EJECTED						
3 - POLICE			10 - REFLECTIVE CLOTHING			11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY			2 - PARTIALLY EJECTED						
9 - OTHER / UNKNOWN			99 - OTHER / UNKNOWN			12 - PASSENGER IN UNENCLOSED CARGO AREA			3 - TOTALLY EJECTED						
GENDER											13 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)				
F - FEMALE			14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			15 - NON-MOTORIST			4 - NOT APPLICABLE						
M - MALE			99 - OTHER / UNKNOWN			99 - OTHER / UNKNOWN			TRAPPED						
U - OTHER / UNKNOWN									1 - NOT TRAPPED						
									2 - EXTRICATED BY MECHANICAL MEANS						
									3 - FREED BY NON-MECHANICAL MEANS						
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER						
						0		0							
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE										
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER						
						0		0							
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE										
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER						
						0		0							
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE										

LOCAL REPORT NUMBER	22-023607	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	4/2/22
IN COUNTY OF	Butler	ACCIDENT LOCATION	5769 South Gilmore Rd.		
<p>DRAWING NOT TO SCALE</p> 					
OFFICER'S SIGNATURE			D. Gooch	BADGE NO 160	

LOCAL REPORT NUMBER	22-023607	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	5769 South Gilmore Rd.	4/2/22
<p>DRAWING NOT TO SCALE</p> <p>↑ N</p> <p>5769 SOUTH GILMORE RD</p> <p>OFFICER'S SIGNATURE</p> <p>D. Gooch</p> <p>BADGE NO.</p> <p>160</p>				