



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

			LOCAL REPORT NUMBER*			
			2 2 0 2 6 5 9 6			
<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> PRIVATE PROPERTY			REPORTING AGENCY NAME* NCIC* Fairfield Police Department 0 0 9 0 1			
COUNTY* 0 9 LOCALITY* 1-CITY 1 2-VILLAGE 1 3-TOWNSHIP 1			LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield			
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME South Gilmore	ROAD TYPE R D	
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Annandale	ROAD TYPE D R	
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 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 HE - HEIGHTS	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE PI - PIKE PL - PLACE	
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	ROUTE TYPE 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY TE - TERRACE TL - TRAIL WA - WAY	
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 9 - CROSSOVER 2 - ON SHOULDER 10 - DRIVEWAY/ALLEY ACCESS 3 - IN MEDIAN 11 - RAILWAY GRADE CROSSING 4 - ON ROADSIDE 12 - SHARED USE PATHS OR TRAILS 5 - ON GORE 13 - BIKE LANE 6 - OUTSIDE TRAFFIC WAY 14 - TOLL BOOTH 7 - ON RAMP 99 - OTHER / UNKNOWN 8 - OFF RAMP			MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION 4 - REAR-TO-REAR 2 - BETWEEN 5 - BACKING 3 - TWO MOTOR VEHICLES IN TRANSPORT 6 - ANGLE 4 - RAILWAY GRADE CROSSING 7 - SIDESWIPE, SAME DIRECTION 5 - SHARED USE PATHS OR TRAILS 8 - SIDESWIPE, OPPOSITE DIRECTION 6 - RAILWAY GRADE CROSSING 9 - OTHER / UNKNOWN 7 - SHARED USE PATHS OR TRAILS 8 - RAILWAY GRADE CROSSING 9 - SHARED USE PATHS OR TRAILS			
<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 WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		
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			
CRASH REPORTED DATE / TIME 0 4 1 5 2 0 2 2 1 6 0 7			DISPATCH DATE / TIME 0 4 1 5 2 0 2 2 1 6 0 8			
ARRIVAL DATE / TIME 0 4 1 5 2 0 2 2 1 6 1 0			SCENE CLEARED DATE / TIME 0 4 1 5 2 0 2 2 1 7 2 3			
TOTAL TIME ROADWAY CLOSED 0 3 0		OTHER INVESTIGATION TIME 0 3 0		TOTAL MINUTES 1 0 5		
OFFICER'S NAME* D. Gooch			CHECKED BY OFFICER'S NAME* <i>Sgt. S. J.</i>			
OFFICER'S BADGE NUMBER* 1 6 0			CHECKED BY OFFICER'S BADGE NUMBER* <i>8 7</i>			
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 OGPS)						



Indicate the north direction with an "N" on the compass diagram.

UNIT # 0_1 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) Crawford, Kandra
OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

LOCAL REPORT NUMBER
2 2 0 2 6 5 9 6

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE <u>O_H</u>	LICENSE PLATE # <u>HRM4625</u>	VEHICLE IDENTIFICATION # <u>1LNHL9DRXAG603601</u>	VEHICLE YEAR <u>2010</u>	VEHICLE MAKE <u>Lincoln</u>
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>Founders</u>	INSURANCE POLICY # <u>ITFRL61095</u>	COLOR <u>White</u>	VEHICLE MODEL <u>MKS</u>
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME <u>FOX</u>	
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT EQUIPPED		#OCCUPANTS <u>0_1</u>	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
UNIT TYPE <u>0_1</u> 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD		

1 - PASSENGER CAR	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	BICYCLE	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR	27 - TRAIN
6 - VAN (9-15 SEATS)	11 - ALL-TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	17 - MOTORHOME	ANIMAL-DRAWN VEHICLE
99 - UNKNOWN OR HIT/SKIP				

0_0 # OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?
0_2 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

0_1 SPECIAL FUNCTION
3 - ELECTRONIC RIDE SHARING
4 - SCHOOL TRANSPORT
5 - BUS - TRANSIT/COMMUTER

0_1 CARGO BODY TYPE
1 - NONE
2 - TAXI
3 - BUS

0_1 VEHICLE DEFECTS
1 - TURN SIGNALS
2 - HEAD LAMPS
3 - TAIL LAMPS

0_1 NON-MOTORIST LOCATION AT IMPACT
1 - INTERSECTION - MARKED CROSSWALK
2 - INTERSECTION - UNMARKED CROSSWALK

0_3 ACTION
1 - NON-CONTACT
2 - NON-COLLISION
3 - STRIKING
4 - STRIKING & TRUCK
5 - BOTH STRIKING & TRUCK
9 - OTHER / UNKNOWN

0_3 CONTRIBUTING CIRCUMSTANCES
1 - NONE
2 - FAILURE TO YIELD
3 - RAN RED LIGHT
4 - RAN STOP SIGN
5 - UNSAFE SPEED
6 - IMPROPER TURN

0_3 SEQUENCE OF EVENTS
1 - OVERTURN/ROLLOVER
2 - FIRE/EXPLOSION
3 - IMMERSION

0_3 SEQUENCE OF EVENTS
4 - JACKKNIFE
5 - CARGO / EQUIPMENT LOSS OR SHIFT

0_3 SEQUENCE OF EVENTS
6 - IMPROPER BACKING

0_3 SEQUENCE OF EVENTS
7 - LEFT OF CENTER
8 - FOLLOWING TOO CLOSE / ACDA
9 - IMPROPER LANE CHANGE

0_3 SEQUENCE OF EVENTS
10 - IMPROPER PASSING
11 - DROVE OFF ROAD
12 - IMPROPER BACKING

0_3 SEQUENCE OF EVENTS
13 - IMPROPER START FROM A PARKED POSITION
14 - STOPPED OR PARKED ILLEGALLY
15 - SWERVING TO AVOID

0_3 SEQUENCE OF EVENTS
16 - WRONG WAY
17 - VISION OBSTRUCTION
18 - OPERATING DEFECTIVE EQUIPMENT
19 - LOAD SHIFTING/FALLING/SPILLING

0_3 SEQUENCE OF EVENTS
20 - IMPROPER CROSSING
21 - PARKED MOTOR VEHICLE

0_3 SEQUENCE OF EVENTS
22 - WORK ZONE MAINTENANCE EQUIPMENT
23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
24 - OTHER MOBILE OBJECT

0_3 SEQUENCE OF EVENTS
25 - IMPACT ATTENUATOR / CRASH CUSHION
26 - BRIDGE OVERHEAD STRUCTURE
27 - BRIDGE PIER OR ABUTMENT
28 - BRIDGE PARAPET
29 - BRIDGE RAIL
30 - GUARDRAIL FACE

0_3 SEQUENCE OF EVENTS
31 - GUARDRAIL END
32 - PORTABLE BARRIER
33 - MEDIAN CABLE BARRIER
34 - MEDIAN GUARDRAIL
35 - MEDIAN CONCRETE BARRIER
36 - MEDIAN OTHER BARRIER

0_3 SEQUENCE OF EVENTS
37 - TRAFFIC SIGN POST
38 - OVERHEAD SIGN POST
39 - LIGHT / LUMINARIES SUPPORT
40 - UTILITY POLE
41 - OTHER POST, POLE OR SUPPORT
42 - CULVERT

0_3 SEQUENCE OF EVENTS
43 - CURB
44 - DITCH
45 - EMBANKMENT
46 - FENCE
47 - MAILBOX
48 - TREE
49 - FIRE HYDRANT

0_3 SEQUENCE OF EVENTS
50 - WORK ZONE MAINTENANCE EQUIPMENT
51 - WALL
52 - BUILDING
53 - TUNNEL
54 - OTHER FIXED OBJECT

0_3 SEQUENCE OF EVENTS
99 - OTHER / UNKNOWN

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OWNER

UNIT # 012 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

LOCAL REPORT NUMBER
2 2 0 2 6 5 9 6

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

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE O H LICENSE PLATE # JN 8 A S 1 M W 2 A M 8 5 6 9 5 2 VEHICLE IDENTIFICATION # JN 8 A S 1 M W 2 A M 8 5 6 9 5 2 VEHICLE YEAR 2010 VEHICLE MAKE INFINITI

INSURANCE VERIFIED INSURANCE COMPANY ALLSTATE INSURANCE POLICY # 826342904 COLOR GRAY VEHICLE MODEL FX35

TYPE OF USE COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE
INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS 0 6
US DOT #
VEHICLE WEIGHT GVWR/GCWR
1 - <10K LBS.
2 - 10,001 - 26K LBS.
3 - >26K LBS.

TOWED BY: COMPANY NAME
WAYNE'S TOWING

HAZARDOUS MATERIAL
 MATERIAL RELEASED
 PLACARD CLASS # PLACARD ID #

UNIT TYPE 0 3
1 - PASSENGER CAR
2 - PASSENGER VAN (MINIVAN)
3 - SPORT UTILITY VEHICLE
4 - PICK UP
5 - CARGO VAN
6 - VAN (9-15 SEATS)
11 - ALL-TERRAIN VEHICLE (ATV / UTV)

1 - MOTORCYCLE 2-WHEELED
8 - MOTORCYCLE 3-WHEELED
9 - AUTOCYCLE
10 - MOPED OR MOTORIZED
15 - SEMI-TRACTOR
16 - FARM EQUIPMENT
17 - MOTORHOME

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

UNIT TYPE 0 0 # OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 2
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

SPECIAL FUNCTION 0 1
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 0 1
1 - NO CARGO BODY TYPE / NOT APPLICABLE
2 - BUS
3 - LOGGING
4 - VEHICLE TOWING ANOTHER MOTOR VEHICLE
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
15 - CONSTRUCTION EQUIPMENT
16 - FARM
17 - MOWING
18 - SNOW REMOVAL
19 - TOWING
20 - SAFETY SERVICE PATROL

VEHICLE DEFECTS 0 1
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 0 1
1 - INTERSECTION - MARKED CROSSWALK
2 - INTERSECTION - UNMARKED CROSSWALK
3 - TRAVEL LANE - OTHER LOCATION
4 - MIDBLOCK - MARKED CROSSWALK
5 - SHOULDER / ROADSIDE
6 - SIDEWALK
7 - BICYCLE LANE
8 - SHARED USE PATHS OR TRAILS
9 - MEDIAN/CROSSING ISLAND
10 - DRIVEWAY ACCESS
11 - SHARED USE PATHS OR TRAILS
12 - FIRST RESPONDER AT INCIDENT SCENE
99 - OTHER / UNKNOWN

ACTION 0 4
1 - NON-CONTACT
2 - NON-COLLISION
3 - STRIKING 0 6
4 - STRUCK
5 - BOTH STRIKING & STRUCK
6 - ACTIONS
7 - MAKING RIGHT TURN
8 - MAKING LEFT TURN
9 - MAKING U-TURN
10 - PARKED
11 - SLOWING OR STOPPED IN TRAFFIC
12 - DRIVING ON ROAD
13 - CHANGING LANES
14 - LEAVING TRAFFIC LANE
15 - NEUTRALIZING A CURVE
16 - WORKING
17 - PUSHING VEHICLE
18 - APPROACHING OR LEAVING VEHICLE
19 - STANDING
20 - WALKING, RUNNING, JOGGING, PLAYING
21 - STANDING OUTSIDE DISABLED VEHICLE
22 - DRIVING
23 - DRIVING ON ROAD
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99 - DRIVING ON ROAD

CONTRIBUTING CIRCUMSTANCES 0 1
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 - OPENING DOOR INTO ROADWAY
20 - LOAD SHIFTING/FALLING/SPILLING
21 - IMPROPER CROSSING
22 - LYING IN ROADWAY
23 - NOT DISCERNIBLE
24 - SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
25 - OTHER IMPROPER ACTION
26 - APPROACHING OR LEAVING VEHICLE
27 - STANDING
28 - WALKING, RUNNING, JOGGING, PLAYING
29 - STANDING OUTSIDE DISABLED VEHICLE
30 - DRIVING ON ROAD
31 - DRIVING ON ROAD
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99 - DRIVING ON ROAD

SEQUENCE OF EVENTS

<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	17 - ANIMAL - FARM EQUIPMENT	18 - ANIMAL - DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	18 - ANIMAL - OTHER	19 - ANIMAL - OTHER	24 - OTHER MOVABLE OBJECT
<u>2 1 1</u>	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	20 - MOTOR VEHICLE IN TRANSPORT	21 - PARKED MOTOR VEHICLE	
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	24 - OTHER MOVABLE OBJECT		

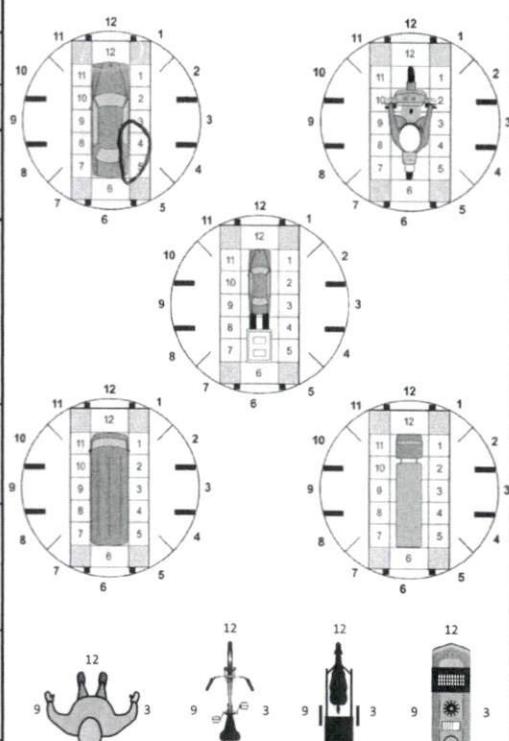
COLLISION WITH FIXED OBJECT - STRUCK

<u>4 1 1</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
	27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES SUPPORT	45 - EMBANKMENT	52 - BUILDING
	28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL	40 - UTILITY POLE	46 - FENCE	53 - TUNNEL
	29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX	54 - OTHER FIXED OBJECT
	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	48 - TREE	49 - FIRE HYDRANT

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

DAMAGE
DAMAGE SCALE
1 - NONE
2 - MINOR DAMAGE
3 - FUNCTIONAL 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
0 - NO DAMAGE 14 - UNDERCARRIAGE
1 - 12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE
2 - DRIVING 99 - UNKNOWN
3 - TOP

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

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

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

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

POSTED SPEED
1 - 5
2 - 10
3 - 15



MOTORIST / Non-MOTORIST

										LOCAL REPORT NUMBER															
										2 2 0 2 6 5 9 6			DATE OF BIRTH		AGE		GENDER								
UNIT # NAME: LAST, FIRST, MIDDLE 0 1 Byrd, Bennie, Lee										1 0 1 9 2 0 0 1		2 0		M											
ADDRESS: STREET, CITY, STATE, ZIP 1303 Anthony Ln, Mason, OH, 45040										CONTACT PHONE - INCLUDE AREA CODE															
INJURIES 4		INJURED TAKEN BY 1		EMS AGENCY (NAME) Fairfield EMS		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) MEDICAL FACILITY		SAFETY EQUIPMENT USED 0 4		DOT-COMPLIANT MC HELMET		SEATING POSITION 0 1		AIR BAG USAGE 2		EJECTION 1		TRAPPED 1							
DL STATE O H		OPERATOR LICENSE NUMBER				OFFENSE CHARGED 313.01a		LOCAL CODE <input checked="" type="checkbox"/>		OFFENSE DESCRIPTION Fail to obey traf cont				CITATION NUMBER 250692											
DL CLASS 4		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1		ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1		ALCOHOL TEST STATUS 1		TYPE 1		VALUE .		DRUG TEST(S) STATUS 1		TYPE 1		RESULT SELECT UP TO 4			
UNIT # NAME: LAST, FIRST, MIDDLE 0 2 Scott, Kendra Shanice										DATE OF BIRTH 0 8 0 2 1 9 8 9		AGE 3 2		GENDER F											
ADDRESS: STREET, CITY, STATE, ZIP 14 Overlook Ct, Fairfield, OH, 45014										CONTACT PHONE - INCLUDE AREA CODE															
INJURIES 4		INJURED TAKEN BY 2		EMS AGENCY (NAME) Fairfield EMS		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) Liberty Childrens		SAFETY EQUIPMENT USED 0 4		DOT-COMPLIANT MC HELMET		SEATING POSITION 0 1		AIR BAG USAGE 3		EJECTION 1		TRAPPED 1							
DL STATE O H		OPERATOR LICENSE NUMBER				OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>		OFFENSE DESCRIPTION				CITATION NUMBER											
DL CLASS 4		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1		ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1		ALCOHOL TEST STATUS 1		TYPE 1		VALUE .		DRUG TEST(S) STATUS 1		TYPE 1		RESULT SELECT UP TO 4			
UNIT # NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH		AGE 0		CONTACT PHONE - INCLUDE AREA CODE											
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							
DL STATE		OPERATOR LICENSE NUMBER				OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>		OFFENSE DESCRIPTION				CITATION NUMBER											
DL CLASS		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1		ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1		ALCOHOL TEST STATUS 1		TYPE 1		VALUE .		DRUG TEST(S) STATUS 1		TYPE 1		RESULT SELECT UP TO 4			
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	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																				
	5-SECOND - RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-M/C SCOOTER & CLASS B BUS	6-EXCEPT CLASS A & CLASS B BUS																					
	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD - MIDDLE	7-NO VALID DL	7-EXCEPT TRACTOR-TRAILER																					
	8-THIRD - MIDDLE	8-TOTALLY EJECTED	8-INTERMEDIATE LICENSE RESTRICTIONS	8-ALCOHOL TEST TYPE																					
	9-THIRD - RIGHT SIDE	9-NOT APPLICABLE	9-LEARNER'S PERMIT RESTRICTIONS	1-NONE																					
	10-SLEEPER SECTION OF TRUCK CAB	10-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	10-LIMITED TO DAYLIGHT ONLY	2-BLOOD																					
	11-PASSENGER IN UNENCLOSED CARGO AREA	11-NOT TRAPPED	11-LIMITED TO EMPLOYMENT	3-URINE																					
	12-PASSENGER IN UNENCLOSED CARGO AREA	12-EXTRICATED BY MECHANICAL MEANS	12-LIMITED - OTHER	4-BREATH																					
	13-TRAILING UNIT	13-FREED BY NON-MECHANICAL MEANS	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	5-OTHER																					
	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14-MOTOR VEHICLES ONLY	14-MILITARY VEHICLES ONLY	DRUG TEST TYPE																					
	15-NON-MOTORIST	15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-MOTOR VEHICLES WITHOUT AIR BRAKES	1-NONE																					
	99-OTHER / UNKNOWN	16-OUTSIDE MIRROR	16-OUTSIDE MIRROR	2-BLOOD																					
		17-PROSTHETIC AID	17-PROSTHETIC AID	3-URINE																					
		18-OTHER	18-OTHER	4-OTHER																					
INJURED TAKEN BY										EJECTION		DL ENDORSEMENT		CONDITION											
1-NOT TRANSPORTED / TREATED AT SCENE	1-NOT EJECTED	H-HAZMAT	1-APPARENTLY NORMAL																						
2-EMS	2-PARTIALLY EJECTED	M-MOTORCYCLE	2-PHYSICAL IMPAIRMENT																						
3-POLICE	3-TOTALLY EJECTED	P-PASSENGER	3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)																						
9-OTHER / UNKNOWN	4-NOT APPLICABLE	N-TANKER	4-ILLNESS																						
		Q-MOTOR SCOOTER	5-FELL ASLEEP, FAINTED, FATIGUED, ETC.																						
		R-THREE-WHEEL MOTORCYCLE	6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL																						
		S-SCHOOL BUS	7-OTHER																						
		T-DOUBLE & TRIPLE TRAILERS	8-OTHER / UNKNOWN																						
		X-TANKER / HAZMAT	9-AMPHETAMINES																						
			2-BARBITURATES																						
			3-BENZODIAZEPINES																						
			4-CANNABINOID																						
			5-COCAIN																						
			6-OPIATES / OPIOIDS																						
			7-OTHER																						
			8-Negative RESULTS																						
SAFETY EQUIPMENT										TRAPPED		GENDER		DRUG TEST RESULT(S)											
1-NONE USED	1-NOT TRAPPED	F-FEMALE	F-FEMALE	1-AMPETAMINES																					
2-SHOULDER BELT ONLY USED	2-EXTRICATED BY MECHANICAL MEANS	M-MALE	M-MALE	2-BARBITURATES																					
3-LAP BELT ONLY USED	3-FREED BY NON-MECHANICAL MEANS	U-OTHER / UNKNOWN	U-OTHER / UNKNOWN	3-BENZODIAZEPINES																					
4-SHOULDER & LAP BELT USED	4-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)			4-CANNABINOID																					
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	5-ILLNESS			5-COCAIN																					
6-CHILD RESTRAINT SYSTEM - REAR FACING	6-FELL ASLEEP, FAINTED, FATIGUED, ETC.			6-OPIATES / OPIOIDS																					
7-BOOSTER SEAT	7-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL			7-OTHER																					
8-HELMET USED	8-OTHER / UNKNOWN			8-Negative RESULTS																					
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)																									
10-REFLECTIVE CLOTHING																									
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY																									
99-OTHER / UNKNOWN																									

OCCUPANT / WITNESS ADDENDUM

OCCUPANT	LOCAL REPORT NUMBER 2 2 0 2 6 5 9 6									
	UNIT #	NAME: LAST, FIRST, MIDDLE 2 JAMISON, JAMES JR			DATE OF BIRTH 0 1 0 9 2 0 1 2			AGE 10	GENDER M	
ADDRESS: STREET, CITY, STATE, ZIP 14 OVERLOOK CT, FAIRFIELD, OH 45014	CONTACT PHONE - INCLUDE AREA CODE									
INJURIES 3	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 3	AIR BAG USAGE 0 3	EJECTION 1	TRAPPED 1	
UNIT #	NAME: LAST, FIRST, MIDDLE 2 SCOTT, LONDON			DATE OF BIRTH 0 6 0 9 2 0 1 6			AGE 5	GENDER F		
ADDRESS: STREET, CITY, STATE, ZIP 14 OVERLOOK CT, FAIRFIELD, OH 45014	CONTACT PHONE - INCLUDE AREA CODE									
INJURIES 3	INJURED TAKEN BY 2	EMS AGENCY (NAME) FAIRFIELD EMS	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) LIBERTY CHILDRENS	SAFETY EQUIPMENT USED 0 7	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 4	AIR BAG USAGE 0 3	EJECTION 1	TRAPPED 1	
UNIT #	NAME: LAST, FIRST, MIDDLE 2 JAMISON, SAVANNAH			DATE OF BIRTH 1 0 2 0 2 0 1 6			AGE 5	GENDER F		
ADDRESS: STREET, CITY, STATE, ZIP 14 OVERLOOK CT, FAIRFIELD, OH 45014	CONTACT PHONE - INCLUDE AREA CODE									
INJURIES 3	INJURED TAKEN BY 2	EMS AGENCY (NAME) FAIRFIELD EMS	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) LIBERTY CHILDRENS	SAFETY EQUIPMENT USED 0 7	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 5	AIR BAG USAGE 0 3	EJECTION 1	TRAPPED 1	
UNIT #	NAME: LAST, FIRST, MIDDLE 2 JAMISON, EVA			DATE OF BIRTH 1 2 1 2 2 0 1 4			AGE 7	GENDER F		
ADDRESS: STREET, CITY, STATE, ZIP 14 OVERLOOK CT, FAIRFIELD, OH 45014	CONTACT PHONE - INCLUDE AREA CODE									
INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 5	AIR BAG USAGE 0 3	EJECTION 1	TRAPPED 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			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	12 - PASSENGER IN UNENCLOSED CARGO AREA	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED							
M - MALE	13 - TRAILING UNIT	13 - TRAILING UNIT	1 - NOT TRAPPED							
U - OTHER / UNKNOWN	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS							
	15 - NON-MOTORIST	15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS							
	99 - OTHER / UNKNOWN	99 - OTHER / UNKNOWN								
WITNESS	NAME: LAST, FIRST, MIDDLE Ferdelman, Neil, R					DATE OF BIRTH 0 3 1 6 1 9 5 6	AGE 66	GENDER M		
ADDRESS: STREET, CITY, STATE, ZIP 11000 Winton Rd., Greenhills, OH, 45218	CONTACT PHONE - INCLUDE AREA CODE									
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE 0	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE									
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE 0	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE									



OCCUPANT / WITNESS ADDENDUM

OCCUPANT	LOCAL REPORT NUMBER													
	2	2	0	2	6	5	9	6	AGE	GENDER				
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER						
2	JAMISON, JAVIER				0	1	0	1	2	0	1	3	9	M
ADDRESS: STREET, CITY, STATE, ZIP											CONTACT PHONE - INCLUDE AREA CODE			
14 OVERLOOK CT, FAIRFIELD, OH 45014														
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DATE OF BIRTH		AGE	GENDER						
3	2	FAIRFIELD EMS	LIBERTY CHILDRENS	0 4	0	6	0	3	1	1				
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	DATE OF BIRTH		AGE	GENDER						
					0	6	0	3	1	1				
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	DATE OF BIRTH		AGE	GENDER						
					0	6	0	3	1	1				
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	DATE OF BIRTH		AGE	GENDER						
					0	6	0	3	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	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									
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			99 - OTHER / UNKNOWN											
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER					
						0								
ADDRESS: STREET, CITY, STATE, ZIP											CONTACT PHONE - INCLUDE AREA CODE			
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER					
						0								
ADDRESS: STREET, CITY, STATE, ZIP											CONTACT PHONE - INCLUDE AREA CODE			
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER					
						0								
ADDRESS: STREET, CITY, STATE, ZIP											CONTACT PHONE - INCLUDE AREA CODE			

LOCAL
REPORT
NUMBER 22-026596

REPORTING
AGENCY

IN COUNTY OF

BUTLER

FAIRFIELD P.D. 00901

DATE OF ACCIDENT

M 4 10 15 22

ACCIDENT
LOCATION

SOUTH GILMORE RD + ANNANDALE DR

