



LOCAL REPORT NUMBER*

PAGE 1 OF 6

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE () SAME AS DRIVER	
	01	LENHART, ROBERT, L			
VEHICLE	OWNER ADDRESS: STREET, CITY, STATE, ZIP () SAME AS DRIVER		COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		
	1068 PINEKNOT DR. CINCINNATI, OH 45238				
VEHICLE	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
	OH	PMM5633	1GAZG1FG2E1187135	2014	CHEVY
VEHICLE	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
		FRANKENMUTH MUTUAL	6619778	WHITE	LT3500
VEHICLE	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	TOWED BY: COMPANY NAME	
				MARCELLS TOWING	
VEHICLE	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	HAZARDOUS MATERIAL	
			02	<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
VEHICLE	UNIT TYPE		US DOT #		
	05				
VEHICLE	# OF TRAILING UNITS		VEHICLE WEIGHT GVWR/GCWR		
	0		1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		
VEHICLE	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		AUTONOMOUS MODE LEVEL		
	2		0		
VEHICLE	SPECIAL FUNCTION		VEHICLE WEIGHT GVWR/GCWR		
	01		1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		
VEHICLE	CARGO BODY TYPE		HAZARDOUS MATERIAL		
	01		<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD		
VEHICLE	VEHICLE DEFECTS		HAZARDOUS MATERIAL		
	01		<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD		
VEHICLE	NON-MOTORIST LOCATION AT IMPACT		HAZARDOUS MATERIAL		
	01		<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD		
VEHICLE	ACTION		HAZARDOUS MATERIAL		
	03		<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD		
VEHICLE	CONTRIBUTING CIRCUMSTANCES		HAZARDOUS MATERIAL		
	09		<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD		
VEHICLE	SEQUENCE OF EVENTS		HAZARDOUS MATERIAL		
	20		<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD		
VEHICLE	FIRST HARMFUL EVENT		HAZARDOUS MATERIAL		
	1		<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD		
VEHICLE	MOST HARMFUL EVENT		HAZARDOUS MATERIAL		
	1		<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD		

LOCAL REPORT NUMBER	
22027208	
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	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN
2 TWO-WAY	2 - SIGNAL 5 - YIELD SIGN
	3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	1 - NOT INVOLVED
	2 - INVOLVED-ACTIVE CROSSING
	3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM 1 TO 2	
UNIT SPEED	DETECTED SPEED
	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED
POSTED SPEED	
50	

[illegible]

Motorist / Non-Motorist

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2 2 0 2 7 2 0 8																																																																																																																																																																																																	
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ADDRESS: STREET, CITY, STATE, ZIP 5322 SECTION AVENUE HAMILTON, OH 45212					CONTACT PHONE - INCLUDE AREA CODE																																																																																																																																																																																												
INJURIES 4	INJURED TAKEN BY 2	EMS AGENCY (NAME) FAIRFIELD MEDICS		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) MERCY HOSPITAL		SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1																																																																																																																																																																																						
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UNIT # 0 2	NAME: LAST, FIRST, MIDDLE WIDMER, THOMAS, W.				DATE OF BIRTH 0 2 1 7 1 9 3 8		AGE 8 4	GENDER M																																																																																																																																																																																									
ADDRESS: STREET, CITY, STATE, ZIP 3040 HAMILTON MIDDLETOWN ROAD FAIRFIELD TOWNSHIP, OH 45011					CONTACT PHONE - INCLUDE AREA CODE																																																																																																																																																																																												
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DEPLOYED BOTH FRONT / SIDE</td><td>4 - REGULAR CLASS (OHIO = D)</td><td>4 - FARM WAIVER</td><td>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE</td><td>4 - TEST GIVEN, RESULTS KNOWN</td></tr><tr><td>5 - NO APPARENT INJURY</td><td>5 - SECOND - MIDDLE</td><td>5 - NOT APPLICABLE</td><td>5 - MIC MOPED ONLY</td><td>5 - EXCEPT CLASS A BUS</td><td>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE</td><td>5 - TEST GIVEN, RESULTS UNKNOWN</td></tr><tr><td colspan="3">INJURED TAKEN BY</td><td colspan="3">EJECTION</td><td>ALCOHOL TEST TYPE</td></tr><tr><td>1 - NOT TRANSPORTED / TREATED AT SCENE</td><td>6 - SECOND - RIGHT SIDE</td><td>1 - NOT EJECTED</td><td>H - HAZMAT</td><td>8 - INTERMEDIATE LICENSE RESTRICTIONS</td><td>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE</td><td>1 - NONE</td></tr><tr><td>2 - EMS</td><td>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</td><td>2 - PARTIALLY EJECTED</td><td>M - MOTORCYCLE</td><td>9 - LEARNER'S PERMIT RESTRICTIONS</td><td>6 - PASSENGER</td><td>2 - BLOOD</td></tr><tr><td>3 - POLICE</td><td>8 - THIRD - MIDDLE</td><td>3 - TOTALLY EJECTED</td><td>P - PASSENGER</td><td>10 - LIMITED TO DAYLIGHT ONLY</td><td>7 - OTHER DISTRACTION INSIDE THE VEHICLE</td><td>3 - URINE</td></tr><tr><td>9 - OTHER / UNKNOWN</td><td>9 - THIRD - RIGHT SIDE</td><td>4 - NOT APPLICABLE</td><td>N - TANKER</td><td>11 - LIMITED TO EMPLOYMENT</td><td>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE</td><td>4 - BREATH</td></tr><tr><td colspan="3">SAFETY EQUIPMENT</td><td colspan="3">TRAPPED</td><td>DRUG TEST TYPE</td></tr><tr><td>1 - NONE USED</td><td>10 - SLEEPER SECTION OF TRUCK CAB</td><td>1 - NOT TRAPPED</td><td>Q - MOTOR SCOOTER</td><td>12 - LIMITED - OTHER</td><td>9 - OTHER / UNKNOWN</td><td>1 - NONE</td></tr><tr><td>2 - SHOULDER BELT ONLY USED</td><td>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)</td><td>2 - EXTRICATED BY MECHANICAL MEANS</td><td>R - THREE-WHEEL MOTORCYCLE</td><td>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)</td><td colspan="2">CONDITION</td></tr><tr><td>3 - 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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 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE	4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER	3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	4 - TEST GIVEN, RESULTS KNOWN	5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - MIC MOPED ONLY	5 - EXCEPT CLASS A BUS	4 - TALKING ON HAND-HELD COMMUNICATION DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN	INJURED TAKEN BY			EJECTION			ALCOHOL TEST TYPE	1 - NOT TRANSPORTED / TREATED AT SCENE	6 - SECOND - RIGHT SIDE	1 - NOT EJECTED	H - HAZMAT	8 - INTERMEDIATE LICENSE RESTRICTIONS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	1 - NONE	2 - EMS	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	2 - PARTIALLY EJECTED	M - MOTORCYCLE	9 - LEARNER'S PERMIT RESTRICTIONS	6 - PASSENGER	2 - BLOOD	3 - POLICE	8 - THIRD - MIDDLE	3 - TOTALLY EJECTED	P - PASSENGER	10 - LIMITED TO DAYLIGHT ONLY	7 - OTHER DISTRACTION INSIDE THE VEHICLE	3 - URINE	9 - OTHER / UNKNOWN	9 - THIRD - RIGHT SIDE	4 - NOT APPLICABLE	N - TANKER	11 - LIMITED TO EMPLOYMENT	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	4 - BREATH	SAFETY EQUIPMENT			TRAPPED			DRUG TEST TYPE	1 - NONE USED	10 - SLEEPER SECTION OF TRUCK CAB	1 - NOT TRAPPED	Q - MOTOR SCOOTER	12 - LIMITED - OTHER	9 - OTHER / UNKNOWN	1 - NONE	2 - SHOULDER BELT ONLY USED	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	2 - EXTRICATED BY MECHANICAL MEANS	R - THREE-WHEEL MOTORCYCLE	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	CONDITION		3 - LAP BELT ONLY USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	3 - FREED BY NON-MECHANICAL MEANS	S - SCHOOL BUS	14 - MILITARY VEHICLES ONLY	1 - APPARENTLY NORMAL	2 - BLOOD	4 - SHOULDER & LAP BELT USED	13 - TRAILING UNIT		T - DOUBLE & TRIPLE TRAILERS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	2 - PHYSICAL IMPAIRMENT	3 - URINE	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		X - TANKER / HAZMAT	16 - OUTSIDE MIRROR	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	4 - OTHER	6 - CHILD RESTRAINT SYSTEM - REAR FACING	99 - OTHER / UNKNOWN			17 - PROSTHETIC AID	4 - ILLNESS	DRUG TEST RESULT(S)	7 - BOOSTER SEAT				18 - OTHER	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	1 - AMPHETAMINES	8 - HELMET USED					6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	2 - BARBITURATES	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)					9 - OTHER / UNKNOWN	3 - BENZODIAZEPINES	10 - REFLECTIVE CLOTHING						4 - CANNABINOIDS	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						5 - 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7 - BOOSTER SEAT				18 - OTHER	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	1 - AMPHETAMINES																																																																																																																																																																																											
8 - HELMET USED					6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	2 - BARBITURATES																																																																																																																																																																																											
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)					9 - OTHER / UNKNOWN	3 - BENZODIAZEPINES																																																																																																																																																																																											
10 - REFLECTIVE CLOTHING						4 - CANNABINOIDS																																																																																																																																																																																											
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						5 - COCAINE																																																																																																																																																																																											
99 - OTHER / UNKNOWN						6 - OPIATES / OPIOIDS																																																																																																																																																																																											
						7 - OTHER																																																																																																																																																																																											
						8 - NEGATIVE RESULTS																																																																																																																																																																																											



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
2 2 0 2 7 2 0 8

OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE TAYLOR, RAYMOND, WOODWARD			DATE OF BIRTH 1 2 1 1 1 9 6 3		AGE 5 8	GENDER M		
	ADDRESS: STREET, CITY, STATE, ZIP 1112 GARDEN ST. CINCINNATI, OH 45214				CONTACT PHONE - INCLUDE AREA CODE					
	INJURIES 4	INJURED TAKEN BY 2	EMS AGENCY (NAME) FAIRFIELD MEDICS	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) MERCY HOSPITAL	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 0 1	EJECTION 1	TRAPPED 1
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE 0	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE 0	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE 0	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED

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
	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	
	8 - HELMET USED	8 - THIRD - MIDDLE	
	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE	
	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	
	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	
	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	
		13 - TRAILING UNIT	
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	
		15 - NON-MOTORIST	
		99 - OTHER / UNKNOWN	

EJECTION
1 - NOT EJECTED
2 - PARTIALLY EJECTED
3 - TOTALLY EJECTED
4 - NOT APPLICABLE

TRAPPED
1 - NOT TRAPPED
2 - EXTRICATED BY MECHANICAL MEANS
3 - FREED BY NON-MECHANICAL MEANS

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			
WITNESS	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE 0	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE			

OHIO TRAFFIC ACCIDENT - DIAGRAM / NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 22-027208	REPORTING AGENCY Fairfield Police Department	DATE OF ACCIDENT 4-18-22
IN COUNTY OF Butler	ACCIDENT LOCATION SR 4 B 774 FT SOUTH OF SYMMES RD.	

The diagram illustrates a road intersection or a section of a road. A vertical road on the left has two lanes, with a vehicle labeled '21' in the left lane. A horizontal road crosses the vertical road. The horizontal road has a dashed line indicating a lane or boundary. Arrows indicate traffic flow: a left-turn arrow from the left lane of the vertical road, a right-turn arrow from the right lane of the vertical road, and a right-turn arrow from the horizontal road. A dashed line curves around the intersection area. A shaded rectangular area is located in the center of the diagram.

OFFICER'S SIGNATURE <i>[Signature]</i>	BADGE NO. 135
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