



## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL REPORT NUMBER*	
				2 2 0 2 8 2 9 5	
<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		REPORTING AGENCY NAME* NCIC* Fairfield Police Department 0 0 9 0 1	
COUNTY* 0 9    LOCALITY* 1-CITY 1 2-VILLAGE 3-TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP*		CRASH DATE / TIME* 0 4 2 2 2 0 2 2 1 6 1 3	
		City of Fairfield		CRASH SEVERITY 3	
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME South Gilmore	ROAD TYPE R D
					LATITUDE DECIMAL DEGREES 3 9 . 3 2 1 6 5 9
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 5679	ROAD TYPE
					LONGITUDE DECIMAL DEGREES -8 4 . 5 2 2 2 1 9
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 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
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS			
LOCATION OF FIRST HARMFUL EVENT 1-ON ROADWAY 2-ON SHOULDER 3-IN MEDIAN 4-ON ROADSIDE 5-ON GORE 6-OUTSIDE TRAFFIC WAY 7-ON RAMP 8-OFF RAMP			MANNER OF CRASH COLLISION/IMPACT 1- NOT COLLISION 2- BETWEEN 3- TWO MOTOR VEHICLES IN 4- TRANSPORT 5- REAR-TO-REAR 6- BACKING 7- ANGLE 8- SIDESWIPE, SAME DIRECTION 9- SIDESWIPE, OPPOSITE DIRECTION 10- HEAD-ON 11- REAR-END 12- 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		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	
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		MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN	
				CONTOUR 2	CONDITIONS 1
				1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN
NARRATIVE On 04/22/22 at 4:13 P.M. Unit 1 was traveling southbound on South Gilmore Rd. and when at 5679 failed to stop within assured cleared distance, striking Unit 2, which caused Unit 2 to strike Unit 3.					
See OH-2					
CRASH REPORTED DATE / TIME 0 4 2 2 2 0 2 2 1 6 1 3		DISPATCH DATE / TIME 0 4 2 2 2 0 2 2 1 6 1 4		ARRIVAL DATE / TIME 0 4 2 2 2 0 2 2 1 6 2 4	
SCENE CLEARED DATE / TIME 0 4 2 2 2 0 2 2 1 7 0 5		REPORT TAKEN BY			
TOTAL TIME ROADWAY CLOSED 0 1		OTHER INVESTIGATION TIME 3 0		TOTAL MINUTES 8 1	
		OFFICER'S NAME* D. Miller		CHECKED BY OFFICER'S NAME* <i>S. Miller</i>	
		OFFICER'S BADGE NUMBER* 1 6 7		CHECKED BY OFFICER'S BADGE NUMBER* 8 7	
<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION or ADDITION TO AN EXISTING REPORT SENT TO OOS)					



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



UNIT

OWNER

VEHICLE

EVENT(S)

1

FIRST HARMFUL EVENT

1 MOST HARMFUL EVENT

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> SAME AS DRIVER		OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER																														
0 1	Williams, Eddie																																
OWNER ADDRESS: STREET, CITY, STATE, ZIP <input type="checkbox"/> SAME AS DRIVER																																	
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																															
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR																														
O H	HHX8237	2B13HID516G04H659241	2004																														
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	VEHICLE MAKE																														
	Progressive	938628267	Dodge																														
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	Marcell's																														
		0 1	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> CLASS # <input type="checkbox"/> PLACARD ID # <input type="checkbox"/> PLACARD																														
<table border="0"> <tr> <td>1 - PASSENGER CAR</td> <td>7 - MOTORCYCLE 2-WHEELED</td> <td>12 - GOLF CART</td> <td>18 - LIMO (LIVERY VEHICLE)</td> <td>23 - PEDESTRIAN/SKATER</td> </tr> <tr> <td>2 - PASSENGER VAN (MINIVAN)</td> <td>8 - MOTORCYCLE 3-WHEELED</td> <td>13 - SNOWMOBILE</td> <td>19 - BUS (16+ PASSENGERS)</td> <td>24 - WHEELCHAIR (ANYTYPE)</td> </tr> <tr> <td>3 - SPORT UTILITY VEHICLE</td> <td>9 - AUTOCYCLE</td> <td>14 - SINGLE UNIT TRUCK</td> <td>20 - OTHER VEHICLE</td> <td>25 - OTHER NON-MOTORIST</td> </tr> <tr> <td>4 - PICK UP</td> <td>10 - MOVED OR MOTORIZED</td> <td>15 - SEMI-TRACTOR</td> <td>21 - HEAVY EQUIPMENT</td> <td>26 - BICYCLE</td> </tr> <tr> <td>5 - CARGO VAN</td> <td>BICYCLE</td> <td>16 - FARM EQUIPMENT</td> <td>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE</td> <td>27 - TRAIN</td> </tr> <tr> <td>6 - VAN (9-15 SEATS)</td> <td>11 - ALL TERRAIN VEHICLE (ATV / UTV)</td> <td>17 - MOTORHOME</td> <td>99 - UNKNOWN OR HIT/SKIP</td> <td></td> </tr> </table>				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 (ANYTYPE)	3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14 - SINGLE UNIT TRUCK	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST	4 - PICK UP	10 - MOVED OR MOTORIZED	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE	5 - CARGO VAN	BICYCLE	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN	6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	99 - UNKNOWN OR HIT/SKIP	
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UNIT TYPE																																	
0 1	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																																	
0 2	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?			0 - NO AUTOMATION <input type="checkbox"/> 1 - DRIVER ASSISTANCE <input type="checkbox"/> 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION <input type="checkbox"/> 4 - HIGH AUTOMATION <input type="checkbox"/> 5 - FULL AUTOMATION	9 - UNKNOWN																											
AUTONOMOUS MODE LEVEL																																	
0 1	1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM	21 - MAIL CARRIER																												
SPECIAL FUNCTION				2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	17 - MOWING	99 - OTHER / UNKNOWN																									
4 - SCHOOL TRANSPORT	8 - BUS - SHUTTLE	13 - POLICE	18 - SNOW REMOVAL																														
5 - BUS - TRANSIT/COMMUTER	9 - BUS - OTHER	14 - PUBLIC UTILITY	19 - TOWING																														
10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL																															
CARGO BODY TYPE																																	
0 1	1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER																												
2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	9 - CARGO TANK	13 - AUTO TRANSPORTER																													
		7 - GRAIN/CHIPS/GRAVEL	10 - FLAT BED	14 - GARBAGE/REFUSE																													
			11 - DUMP	99 - OTHER / UNKNOWN																													
VEHICLE DEFECTS																																	
0 1	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE	99 - OTHER / UNKNOWN																												
2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	10 - DISABLED FROM PRIOR ACCIDENT																														
3 - TAIL LAMPS	6 - TIRE BLOWOUT																																
NON-MOTORIST LOCATION AT IMPACT																																	
0 1	1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER																												
2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	AT INCIDENT SCENE																													
	5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	99 - OTHER / UNKNOWN																													
ACTION																																	
0 1	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE																												
2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19 - STANDING																													
3 - STRIKING	0 1 3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	10 - PARKED	15 - WALKING, RUNNING, JOGGING, PLAYING	20 - OTHER NON-MOTORIST																												
4 - STRUCK	PRE-CRASH ACTIONS	5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	16 - WORKING	21 - STANDING OUTSIDE DISABLED VEHICLE																												
5 - BOTH STRIKING & STRUCK	4 - OVERTAKING/PASSING	6 - MAKING LEFT TURN	12 - DRIVERLESS	17 - PUSHING VEHICLE	99 - OTHER / UNKNOWN																												
9 - OTHER / UNKNOWN																																	
CONTRIBUTING CIRCUMSTANCES																																	
0 1 8	1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY																												
2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / ACDA	14 - STOPPED OR PARKED ILLEGALLY	18 - OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE																													
3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	15 - SWERVING TO AVOID	19 - LOAD SHIFTING/FALLING/SPILLING	23 - OPENING DOOR INTO ROADWAY																													
4 - RAN STOP SIGN	10 - IMPROPER PASSING	16 - WRONG WAY	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION																													
5 - UNSAFE SPEED	11 - DROVE OFF ROAD																																
6 - IMPROPER TURN	12 - IMPROPER BACKING																																
SEQUENCE OF EVENTS																																	
1 2 0	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	8 - RAN OFF ROAD RIGHT	17 - ANIMAL - FARM	18 - ANIMAL - DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE																												
3 - IMMERSION	9 - RAN OFF ROAD LEFT	12 - DOWNHILL RUNAWAY	19 - ANIMAL - OTHER	20 - MOTOR VEHICLE IN TRANSPORT	21 - OTHER MOVABLE OBJECT																												
2 1 1	4 - JACKKNIFE	10 - CROSS MEDIAN	13 - OTHER NON-COLLISION	21 - PARKED MOTOR VEHICLE																													
5 - CARGO / EQUIPMENT LOSS OR SHIFT		14 - PEDESTRIAN																															
3 1 1		15 - PEDALCYCLE																															
4 1 1	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT																												
5 1 1	26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH	51 - WALL																												
6 1 1	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	99 - OTHER / UNKNOWN																												
COLLISION WITH FIXED OBJECT - STRUCK																																	

LOCAL REPORT NUMBER	
2 2 0 2 8 2 9 5	
DAMAGE	
4	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN
DAMAGE SCALE	
3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<input type="checkbox"/> - NO DAMAGE [ 0 ] <input type="checkbox"/> - UNDERCARRIAGE [ 14 ]	
<input type="checkbox"/> - TOP [ 13 ] <input type="checkbox"/> - ALL AREAS [ 15 ]	
<input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ]	
INITIAL POINT OF CONTACT	
1 2	0 - NO DAMAGE 1 - 12 - REFER TO UNIT DIAGRAM 13 - TOP
14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC	
TRAFFIC WAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
4	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM 1 TO 2	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
UNIT SPEED	
3 5	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
DETECTED SPEED	
3 5	
POSTED SPEED	
3 5	



UNIT

OWNER

UNIT # 0 2 OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER) Cochran, Susan

OWNER PHONE: INCLUDE AREA CODE (  SAME AS DRIVER)OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER)

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE <u>O H</u>	LICENSE PLATE # HBV3042	VEHICLE IDENTIFICATION # 2G1WU58R379132841	VEHICLE YEAR 2007	VEHICLE MAKE Chevy
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY Nationwide	INSURANCE POLICY # 9234J022492	COLOR Grey	VEHICLE MODEL Impala
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME Wayne's	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS <u>0 1</u>	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	

<u>0 1</u> 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
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0 # OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	<u>0</u> 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
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<u>0 1</u> 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
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<u>0 1</u> 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 - 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
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<u>1</u> 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
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<u>1</u> 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
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<u>5</u> 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
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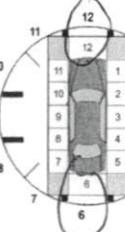
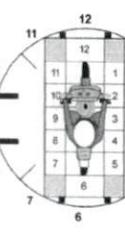
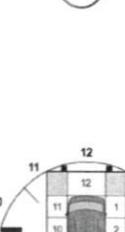
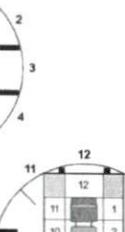
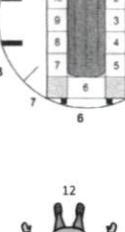
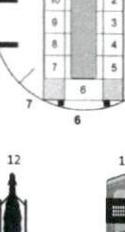
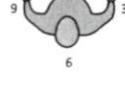
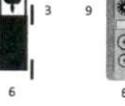
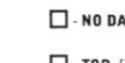
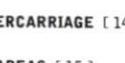
<u>0 1</u> CONTRIBUTING CIRCUMSTANCES	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / A/CDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM 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
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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 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM EQUIPMENT 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
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<u>4 5 6</u>	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
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1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER 2 2 0 2 8 2 9 5	
DAMAGE	
<u>4</u>	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN
DAMAGE SCALE	
3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
         	
<input type="checkbox"/> - NO DAMAGE [ 0 ]	<input type="checkbox"/> - UNDERCARRIAGE [ 14 ]
<input type="checkbox"/> - TOP [ 13 ]	<input type="checkbox"/> - ALL AREAS [ 15 ]
<input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ]	
INITIAL POINT OF CONTACT	
<u>0 6</u>	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
TRAFFIC	
TRAFFIC WAY FLOW <u>2</u>	TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 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>1 0</u>	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED <u>3 5</u>	

OWNER	UNIT # <b>0 3</b>	OWNER NAME: LAST, FIRST, MIDDLE ( <input 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 <b>O_H</b>	LICENSE PLATE # <b>EH8508</b>	VEHICLE IDENTIFICATION # <b>1N4AL21E38C159080</b>	VEHICLE YEAR <b>2008</b>																																																																																										
INSURANCE COMPANY <b>State Auto</b>		INSURANCE POLICY # <b>AOH0196333</b>	COLOR <b>Grey</b>																																																																																										
TYPE OF USE COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME																																																																																										
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <input type="checkbox"/>		#OCCUPANTS <b>0 2</b>	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.																																																																																										
UNIT TYPE 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		HAZARDOUS MATERIAL MATERIAL RELEASED <input type="checkbox"/> PLACARD <input type="checkbox"/>																																																																																											
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LOCAL REPORT NUMBER <b>2 2 0 2 8 2 9 5</b>	
DAMAGE	
DAMAGE SCALE 1 - NONE      3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE      4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<img alt="Diagram of a vehicle showing damage to the front center (area 1	

# MOTORIST / Non-MOTORIST

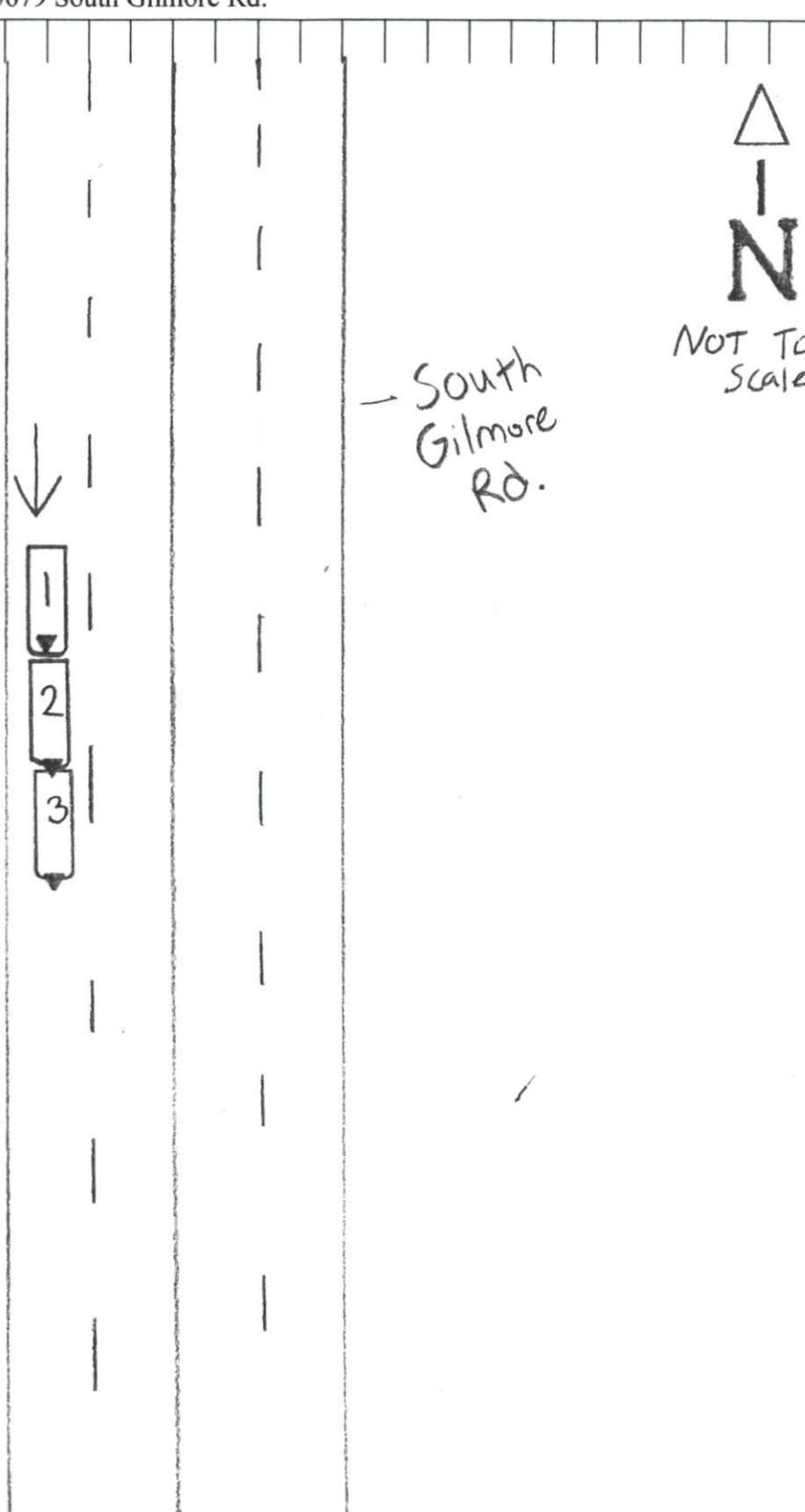
LOCAL REPORT NUMBER									
2 2 0 2 8 2 9 5									
					DATE OF BIRTH		AGE	GENDER	
					0 3 2 4 2 0 0 4		1 8	M	

MOTORIST / NON-MOTORIST	ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE				
	5547 Planet Dr. Fairfield, OH 45014														
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED	0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
5	0 1	Williams, Chase								0 1	1	1	1		
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER					
O H				333.03a			ACDA			251167					
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)				
4				1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	1	1	1	1			
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED	0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
3	0 2	Obermeye, Justin								0 1	1	1	1		
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER					
O H															
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)				
4				1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	1	1	1	1			
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED	0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
3	0 3	Bobowski, Andrew								0 1	1	1	1		
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER					
O H															
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)				
4				1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	1	1	1	1			
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-DEPLOYED FRONT	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	2-FRONT - MIDDLE	3-DEPLOYED SIDE		3-CLASS C	3-CORRECTIVE LENSES	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE								
4-POSSIBLE INJURY	3-FRONT - RIGHT SIDE	4-DEPLOYED BOTH FRONT / SIDE		4-REGULAR CLASS (OHIO = D)	4-FARM WAIVER	4-TEST GIVEN, RESULTS KNOWN	4-TEST GIVEN, RESULTS KNOWN								
5-NO APPARENT INJURY	4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	5-NOT APPLICABLE		5-EXCEPT CLASS A BUS	5-TALKING ON HAND-HELD COMMUNICATION DEVICE	5-TEST GIVEN, RESULTS UNKNOWN	5-TEST GIVEN, RESULTS UNKNOWN								
INJURED TAKEN BY	5-SECOND - MIDDLE	9-DEPLOYMENT UNKNOWN		6-EXCEPT CLASS A & CLASS B BUS	6-TALKING ON HAND-HELD COMMUNICATION DEVICE	6-TEST GIVEN, RESULTS UNKNOWN	6-TEST GIVEN, RESULTS UNKNOWN								
1-NOT TRANSPORTED / TREATED AT SCENE	6-SECOND - RIGHT SIDE	6-NO VALID OL		7-EXCEPT TRACTOR-TRAILER	7-INTERMEDIATE LICENSE RESTRICTIONS	7-TEST GIVEN, RESULTS UNKNOWN	7-TEST GIVEN, RESULTS UNKNOWN								
2-EMS	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	8-THIRD - MIDDLE		8-LEARNER'S PERMIT RESTRICTIONS	8-PASSenger	8-TEST GIVEN, RESULTS UNKNOWN	8-TEST GIVEN, RESULTS UNKNOWN								
3-POLICE	8-THIRD - RIGHT SIDE	9-THIRD - RIGHT SIDE		9-LIMITED TO DAYLIGHT ONLY	9-TEST GIVEN, RESULTS UNKNOWN	9-TEST GIVEN, RESULTS UNKNOWN	9-TEST GIVEN, RESULTS UNKNOWN								
9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		11-LIMITED TO EMPLOYMENT	11-TEST GIVEN, RESULTS UNKNOWN	11-TEST GIVEN, RESULTS UNKNOWN	11-TEST GIVEN, RESULTS UNKNOWN								
SAFETY EQUIPMENT	11-PASSENGER IN UNENCLOSED CARGO AREA	12-PASSENGER IN UNENCLOSED CARGO AREA		12-LIMITED - OTHER	12-TEST GIVEN, RESULTS UNKNOWN	12-TEST GIVEN, RESULTS UNKNOWN	12-TEST GIVEN, RESULTS UNKNOWN								
1-NONE USED	13-TRAILING UNIT	13-FREED BY NON-MECHANICAL MEANS		13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13-TEST GIVEN, RESULTS UNKNOWN	13-TEST GIVEN, RESULTS UNKNOWN	13-TEST GIVEN, RESULTS UNKNOWN								
2-SHOULDER BELT ONLY USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14-NOT TRAPPED		14-MILITARY VEHICLES ONLY	14-TEST GIVEN, RESULTS UNKNOWN	14-TEST GIVEN, RESULTS UNKNOWN	14-TEST GIVEN, RESULTS UNKNOWN								
3-LAP BELT ONLY USED	15-NON-MOTORIST	15-PARTIALLY EJECTED		15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-TEST GIVEN, RESULTS UNKNOWN	15-TEST GIVEN, RESULTS UNKNOWN	15-TEST GIVEN, RESULTS UNKNOWN								
4-SHOULDER & LAP BELT USED	99-OTHER / UNKNOWN	16-FULLY EJECTED		16-OUTSIDE MIRROR	16-TEST GIVEN, RESULTS UNKNOWN	16-TEST GIVEN, RESULTS UNKNOWN	16-TEST GIVEN, RESULTS UNKNOWN								
5-CHILD RESTRAINT SYSTEM - FORWARD FACING		17-FREED BY MECHANICAL MEANS		17-PROSTHETIC AID	17-TEST GIVEN, RESULTS UNKNOWN	17-TEST GIVEN, RESULTS UNKNOWN	17-TEST GIVEN, RESULTS UNKNOWN								
6-CHILD RESTRAINT SYSTEM - REAR FACING		18-FREED BY NON-MECHANICAL MEANS		18-OTHER	18-TEST GIVEN, RESULTS UNKNOWN	18-TEST GIVEN, RESULTS UNKNOWN	18-TEST GIVEN, RESULTS UNKNOWN								
7-BOOSTER SEAT		F-GENDER					F-GENDER								
8-HELMET USED		M-GENDER					M-GENDER								
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		U-GENDER					U-GENDER								
10-REFLECTIVE CLOTHING		GENDER					GENDER								
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY		GENDER					GENDER								
99-OTHER / UNKNOWN		GENDER					GENDER								
ALCOHOL TEST TYPE															
1-NONE															
2-BLOOD															
3-URINE															
4-BREATH															
5-OTHER															
DRUG TEST TYPE															
1-NONE															
2-BLOOD															
3-URINE															
4-OTHER															
DRUG TEST RESULT(S)															
1-AMPHETAMINES															
2-BARBITURATES															
3-BENZODIAZEPINES															
4-CANNABINOIDS															
5-COCAININE															
6-OPIATES / OPIOIDS															
7-OTHER															
8-NEGATIVE RESULTS															



## OCCUPANT / WITNESS ADDENDUM

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 3 Bobowski, Colin				DATE OF BIRTH 0 3 3 1 2 0 0 8	AGE 14	GENDER M	
	ADDRESS: STREET, CITY, STATE, ZIP 6 Kingsmont Ct. Fairfield, OH 45014					CONTACT PHONE - INCLUDE AREA CODE			
INJURIES 5	INJURED TAKEN BY 	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 1	EJECTION 1	TRAPPED 1
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 
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 
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						
INJURED TAKEN BY		6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN					
1 - NOT TRANSPORTED /TREATED AT SCENE	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION						
2 - EMS	8 - HELMET USED	8 - THIRD - MIDDLE	1 - NOT EJECTED						
3 - POLICE	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED						
9 - OTHER / UNKNOWN	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED						
GENDER		11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE					
F - FEMALE	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED						
M - MALE		13 - TRAILING UNIT	1 - NOT TRAPPED						
U - OTHER / UNKNOWN		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS						
		15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS						
		99 - OTHER / UNKNOWN							
NAME: LAST, FIRST, MIDDLE 					DATE OF BIRTH 	AGE 0	GENDER 		
ADDRESS: STREET, CITY, STATE, ZIP 					CONTACT PHONE - INCLUDE AREA CODE				
NAME: LAST, FIRST, MIDDLE 					DATE OF BIRTH 	AGE 0	GENDER 		
ADDRESS: STREET, CITY, STATE, ZIP 					CONTACT PHONE - INCLUDE AREA CODE				
NAME: LAST, FIRST, MIDDLE 					DATE OF BIRTH 	AGE 0	GENDER 		
ADDRESS: STREET, CITY, STATE, ZIP 					CONTACT PHONE - INCLUDE AREA CODE				

LOCAL REPORT NUMBER	PD-22-028295	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	4/22/22
IN COUNTY OF	Butler	ACCIDENT LOCATION	5679 South Gilmore Rd.		
					
5679			OFFICER'S SIGNATURE	BADGE NO	
			D. Miller	167	