

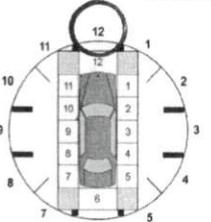
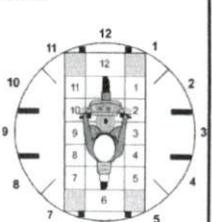
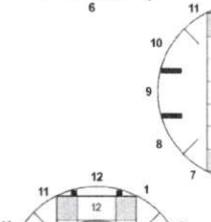
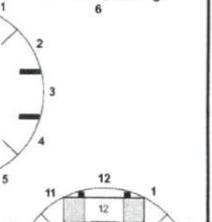
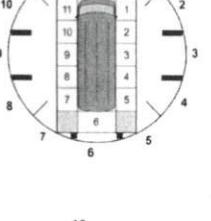
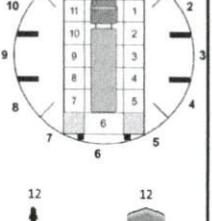
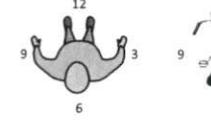
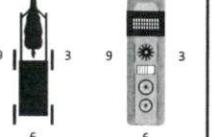


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<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				LOCAL INFORMATION REPORTING AGENCY NAME* NCIC* Fairfield Police Department 00901				LOCAL REPORT NUMBER* 22029047				
COUNTY* 09 LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield				HIT/SKIP 2 1-SOLVED 2-UNSOVED 0 2				UNIT IN ERROR 98-ANIMAL 99-UNKNOWN				
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME DIXIE			ROAD TYPE H W	CRASH DATE / TIME* 04252022 1210				CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 7255			ROAD TYPE	LATITUDE DECIMAL DEGREES 39.307818				
REFERENCE	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	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA				NUMBER OF APPROACHES			
	DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS			ROADWAY <input type="checkbox"/> ROADWAY DIVIDED							
LOCATION OF FIRST HARMFUL EVENT 01 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 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				MANNER OF CRASH COLLISION/IMPACT 2 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 9-OTHER / UNKNOWN				DIRECTION OF TRAVEL 1-NORTH 2-SOUTH 3-EAST 4-WEST	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			
<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 SIGN 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA				CONTOUR 1	CONDITIONS 1	SURFACE 2		
1 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN		WEATHER 02 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL						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 <p>On April 25, 2022 at about 12:10 p.m. Unit 1 was traveling south on S.R. 4 (Dixie Hwy.) and when at 7255 Dixie Hwy. failed to stop within the assured clear distance ahead and collided with Unit 2 which was also southbound and was stopped in traffic. Unit 1 then fled the scene.</p>												
 Indicate the north direction with an "N" on the compass diagram.												
SEE OH-2												
CRASH REPORTED DATE / TIME 04252022 1214			DISPATCH DATE / TIME 04252022 1217			ARRIVAL DATE / TIME 04252022 1224			SCENE CLEARED DATE / TIME 04252022 1235		REPORT TAKEN BY	
TOTAL TIME ROADWAY CLOSED 1 5		OTHER INVESTIGATION TIME 3 3		TOTAL MINUTES 3 3		OFFICER'S NAME* P.O. RYAN FLEENOR		CHECKED BY OFFICER'S NAME* <i>Sgt. J Sprague</i>		POLICE AGENCY		
						OFFICER'S BADGE NUMBER* 1 1 7		CHECKED BY OFFICER'S BADGE NUMBER* <i>8 4</i>		MOTORIST		
										SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP)		

OWNER UNIT # 0 1	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER)	
	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 0 1	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE TOYOTA
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR WHITE	VEHICLE MODEL
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 checked="" type="checkbox"/> HIT/SKIP UNIT #OCCUPANTS 0 1		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 CLASS # PLACARD ID #	
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)		2 - MOTORCYCLE 3-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
# OF TRAILING UNITS				
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
AUTONOMOUS MODE LEVEL				
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 - 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
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
NON-MOTORIST LOCATION AT IMPACT 0 1 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
ACTION 0 3 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN		0 1 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
CONTRIBUTING CIRCUMSTANCES 0 8 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN		7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/ SPILLING 20 - IMPROPER CROSSING
SEQUENCE OF EVENTS				
NON-COLLISION				
1 2 0	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 3 1	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT
4 1	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
5 1	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN			
6 1	1 - FIRST HARMFUL EVENT 1	1 - MOST HARMFUL EVENT		

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

UNIT # **0 2** OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) 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 O H	LICENSE PLATE # EDV-5697	VEHICLE IDENTIFICATION # 1HGC5M56387A147799	VEHICLE YEAR 2007	VEHICLE MAKE HONDA
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY STATE FARM	INSURANCE POLICY # C080084C0135G	COLOR RED	VEHICLE MODEL ACCORD
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
INTERLOCK EQUIPPED	DEVICE EQUIPPED	#OCCUPANTS 0 2	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # PLACARD ID # <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 BICYCLE	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE
5 - CARGO VAN	11 - ALL-TERRAIN VEHICLE (ATV / UTV)	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN
6 - VAN (9-15 SEATS)		17 - MOTORHOME		99 - UNKNOWN OR HIT/SKIP

OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN
0 2	1 - YES	2 - NO	9 - OTHER/UNKNOWN	AUTONOMOUS MODE LEVEL 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - FULL AUTOMATION

1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM	21 - MAIL CARRIER
2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	17 - MOWING	99 - OTHER/UNKNOWN
3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	18 - SNOW/RENOV.	
4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	19 - TOWING	
5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL	

0 1	CARGO BODY TYPE 1 - 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 - CARGOTANK	13 - AUTO TRANSPORTER
			7 - GRAIN/CHIPS/GRAVEL	10 - FLAT BED	14 - GARBAGE/REFUSE
				11 - DUMP	99 - OTHER/UNKNOWN

0 1	VEHICLE DEFECTS 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			

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

0 4	ACTION 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	1 1 3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	15 - WALKING, RUNNING, JOGGING, PLAYING	20 - OTHER NON-MOTORIST
	4 - STRUCK	PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING	10 - PARKED	16 - WORKING	21 - STANDING OUTSIDE DISABLED VEHICLE
	5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	17 - PUSHING VEHICLE	99 - OTHER/UNKNOWN
	9 - OTHER/UNKNOWN	6 - MAKING LEFT TURN	12 - DRIVERLESS		

0 1	CONTRIBUTING CIRCUMSTANCES 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 / ACD	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	17 - ANIMAL - FARM	18 - ANIMAL - DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	12 - DOWNHILL RUNAWAY	19 - ANIMAL - OTHER	24 - OTHER MOVABLE OBJECT
	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	13 - OTHER NON-COLLISION	20 - MOTOR VEHICLE IN TRANSPORT	
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	14 - PEDESTRIAN	21 - PARKED MOTOR VEHICLE	
			15 - PEDALCYCLE		

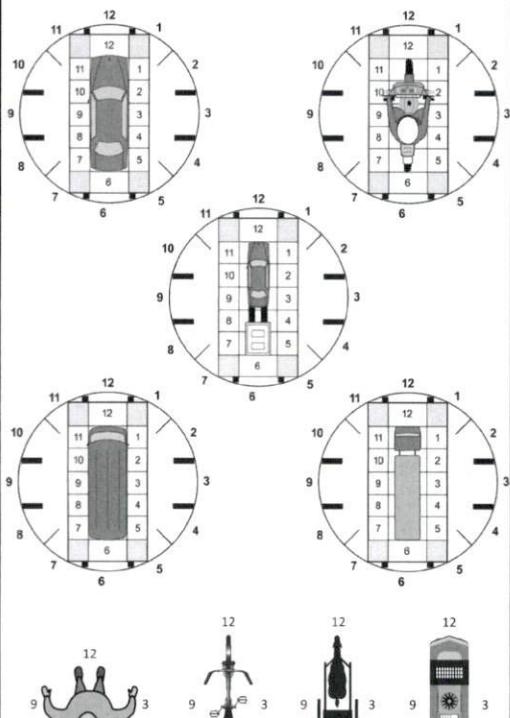
4 1 1	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT
	26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH	51 - WALL
	27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES	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	48 - TREE
	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	49 - FIRE HYDRANT	54 - OTHER FIXED OBJECT

1 FIRST HARMFUL EVENT **1** MOST HARMFUL EVENT

LOCAL REPORT NUMBER
2 2 0 2 9 0 4 7

DAMAGE
DAMAGE SCALE
3
1 - NONE 3 - FUNCTIONAL DAMAGE
2 - MINOR 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 DIAGRAM 15 - VEHICLE NOT AT SCENE
99 - UNKNOWN
13 - TOP

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

TRAFFIC CONTROL
1 - ROUNDABOUT 4 - STOP SIGN
2 - SIGNAL 5 - YIELD SIGN
3 - FLASHER 6 - NO CONTROL

OF THROUGH LANES ON ROAD
5
1 - NOT INVOLVED
2 - INVOLVED-ACTIVE CROSSING
3 - INVOLVED-PASSIVE CROSSING

RAIL GRADE CROSSING

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

UNIT SPEED
0
1 - STATED / ESTIMATED SPEED
2 - CALCULATED / EDR
3 - UNDETERMINED

POSTED SPEED
4
1 - 0
2 - 1
3 - 0
4 - 0



MOTORIST / Non-MOTORIST

										LOCAL REPORT NUMBER						
										2 2 0 2 9 0 4 7				DATE OF BIRTH	AGE	GENDER
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE									0	1	0	M		
	ADDRESS: STREET, CITY, STATE, ZIP									CONTACT PHONE - INCLUDE AREA CODE						
MOTORIST / NON-MOTORIST	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								9 9				0 1	9	1	1
MOTORIST / NON-MOTORIST	OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE	OFFENSE DESCRIPTION				CITATION NUMBER			
MOTORIST / NON-MOTORIST	OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 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			9	1	1	1	1	RESULT SELECT UP TO 4	
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH				AGE	GENDER
	0 2	OLEARY, PAMELA M.									1 0 0 7 1 9 4 3				7 8	F
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE						
2838 ASHTON CIR. HAMILTON, OH 45011-7868																
MOTORIST / NON-MOTORIST	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				0 1	1	1	1
MOTORIST / NON-MOTORIST	OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE	OFFENSE DESCRIPTION				CITATION NUMBER			
	O H															
MOTORIST / NON-MOTORIST	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 0			1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			1	1	1	1	RESULT SELECT UP TO 4		
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH				AGE	GENDER
															0	
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE						
MOTORIST / NON-MOTORIST	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
MOTORIST / NON-MOTORIST	OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE	OFFENSE DESCRIPTION				CITATION NUMBER			
MOTORIST / NON-MOTORIST	OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3			DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED			CONDITION	ALCOHOL TEST		DRUG TEST(S)			
			1 0			1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			1	1	1	1	RESULT SELECT UP TO 4		
MOTORIST / NON-MOTORIST	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-TEST GIVEN, RESULTS UNKNOWN		5-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		6-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		7-BLOOD							
	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-NOT DEPLOYED		7-H-HAZMAT	7-INTERMEDIATE LICENSE RESTRICTIONS		7-PASSENGER		8-URINE							
	8-THIRD - MIDDLE	8-PARTIALLY EJECTED		8-M-MOTORCYCLE	8-LEARNER'S PERMIT RESTRICTIONS		8-OTHER DISTRACTION INSIDE THE VEHICLE		9-BREATH							
	9-THIRD - RIGHT SIDE	9-TOTALLY EJECTED		9-P-PASSENGER	9-LIMITED TO DAYLIGHT ONLY		9-OTHER DISTRACTION OUTSIDE THE VEHICLE		5-OTHER							
	10-SLEEPER SECTION OF TRUCK CAB	10-NOT APPLICABLE		10-N-TANKER	10-LIMITED TO EMPLOYMENT		10-OTHER / UNKNOWN		1-NONE							
	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11-PASSENGER IN UNENCLOSED CARGO AREA		11-Q-MOTOR SCOOTER	11-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		11-APPARENTLY NORMAL		2-BLOOD							
	12-PASSENGER IN UNENCLOSED CARGO AREA	12-EXTRICATED BY MECHANICAL MEANS		12-R-THREE-WHEEL MOTORCYCLE	12-LIMITED - OTHER		12-PHYSICAL IMPAIRMENT		3-URINE							
	13-TRAILING UNIT	13-FREED BY NON-MECHANICAL MEANS		13-S-SCHOOL BUS	13-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		13-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		4-OTHER							
	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14-NOT TRAPPED		14-T-T-DOUBLE & TRIPLE TRAILERS	14-ILLNESS		14-ILLNESS		1-AMPHETAMINES							
	15-NON-MOTORIST	15-EXTRICATED BY MECHANICAL MEANS		15-X-TANKER / HAZMAT	15-FELL ASLEEP, FAINTED, FATIGUED, ETC.		15-FELL ASLEEP, FAINTED, FATIGUED, ETC.		2-BARBITURATES							
	99-OTHER / UNKNOWN	16-FREED BY NON-MECHANICAL MEANS		16-U-U-OUTSIDE MIRROR	16-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		16-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		3-BENZODIAZEPINES							
				17-U-U-PROSTHETIC AID	17-OTHER		17-OTHER		4-CANNABINOID							
				18-U-U-OTHER	18-OTHER		18-OTHER		5-COCAIN							
									6-OPIATES / OPIOIDS							
									7-OTHER							
									8-Negative results							
INJURED TAKEN BY										EJECTION		OL ENDORSEMENT		TEST STATUS		
SAFETY EQUIPMENT										TRAPPED		CONDITION		ALCOHOL TEST TYPE		
1-NONE USED										1-NOT TRAPPED		1-NOT EJECTED		1-NONE		
2-SHOULDER BELT ONLY USED										2-EXTRICATED BY MECHANICAL MEANS		2-PARTIALLY EJECTED		2-BLOOD		
3-LAP BELT ONLY USED										3-FREED BY NON-MECHANICAL MEANS		3-TOTALLY EJECTED		3-URINE		
4-SHOULDER & LAP BELT USED										4-NOT APPLICABLE		4-NOT APPLICABLE		4-BREATH		
5-CHILD RESTRAINT SYSTEM - FORWARD FACING										5-PASSENGER		5-P-PASSENGER		5-OTHER		
6-CHILD RESTRAINT SYSTEM - REAR FACING										6-Q-MOTOR SCOOTER		6-Q-MOTOR SCOOTER		6-OTHER		
7-BOOSTER SEAT										7-R-THREE-WHEEL MOTORCYCLE		7-R-THREE-WHEEL MOTORCYCLE		7-DRUG TEST TYPE		
8-HELMET USED										8-S-SCHOOL BUS		8-S-SCHOOL BUS		8-DRUG TEST RESULT(S)		
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)										9-T-T-DOUBLE & TRIPLE TRAILERS		9-T-T-DOUBLE & TRIPLE TRAILERS		9-DRUG TEST RESULT(S)		
10-REFLECTIVE CLOTHING										9-X-TANKER / HAZMAT		9-X-TANKER / HAZMAT		9-DRUG TEST RESULT(S)		
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY										10-U-U-OUTSIDE MIRROR		10-U-U-OUTSIDE MIRROR		10-DRUG TEST RESULT(S)		
12-REFLECTIVE CLOTHING										11-U-U-PROSTHETIC AID		11-U-U-PROSTHETIC AID		11-DRUG TEST RESULT(S)		
13-REFLECTIVE CLOTHING										12-U-U-OTHER		12-U-U-OTHER		12-DRUG TEST RESULT(S)		
14-REFLECTIVE CLOTHING										13-U-U-OTHER		13-U-U-OTHER		13-DRUG TEST RESULT(S)		
15-REFLECTIVE CLOTHING										14-U-U-OTHER		14-U-U-OTHER		14-DRUG TEST RESULT(S)		
16-REFLECTIVE CLOTHING										15-U-U-OTHER		15-U-U-OTHER		15-DRUG TEST RESULT(S)		
17-REFLECTIVE CLOTHING										16-U-U-OTHER		16-U-U-OTHER		16-DRUG TEST RESULT(S)		
18-REFLECTIVE CLOTHING										17-U-U-OTHER		17-U-U-OTHER		17-DRUG TEST RESULT(S)		
19-REFLECTIVE CLOTHING										18-U-U-OTHER		18-U-U-OTHER		18-DRUG TEST RESULT(S)		
20-REFLECTIVE CLOTHING										19-U-U-OTHER		19-U-U-OTHER		19-DRUG TEST RESULT(S)		
21-REFLECTIVE CLOTHING										20-U-U-OTHER		20-U-U-OTHER		20-DRUG TEST RESULT(S)		
22-REFLECTIVE CLOTHING										21-U-U-OTHER		21-U-U-OTHER		21-DRUG TEST RESULT(S)		
23-REFLECTIVE CLOTHING										22-U-U-OTHER		22-U-U-OTHER		22-DRUG TEST RESULT(S)		
24-REFLECTIVE CLOTHING										23-U-U-OTHER		23-U-U-OTHER		23-DRUG TEST RESULT(S)		
25-REFLECTIVE CLOTHING										24-U-U-OTHER		24-U-U-OTHER		24-DRUG TEST RESULT(S)		
26-REFLECTIVE CLOTHING										25-U-U-OTHER		25-U-U-OTHER		25-DRUG TEST RESULT(S)		
27-REFLECTIVE CLOTHING										26-U-U-OTHER		26-U-U-OTHER		26-DRUG TEST RESULT(S)		
28-REFLECTIVE CLOTHING										27-U-U-OTHER		27-U-U-OTHER		27-DRUG TEST RESULT(S)		
29-REFLECTIVE CLOTHING										28-U-U-OTHER		28-U-U-OTHER		28-DRUG TEST RESULT(S)		
30-REFLECTIVE CLOTHING										29-U-U-OTHER		29-U-U-OTHER		29-DRUG TEST RESULT(S)		
31-REFLECTIVE CLOTHING										30-U-U-OTHER		30-U-U-OTHER		30-DRUG TEST RESULT(S)		
32-REFLECTIVE CLOTHING										31-U-U-OTHER		31-U-U-OTHER		31-DRUG TEST RESULT(S)		
33-REFLECTIVE CLOTHING										32-U-U-OTHER		32-U-U-OTHER		32-DRUG TEST RESULT(S)		
34-REFLECTIVE CLOTHING										33-U-U-OTHER		33-U-U-OTHER		33-DRUG TEST RESULT(S)		
35-REFLECTIVE CLOTHING										34-U-U-OTHER		34-U-U-OTHER		34-DRUG TEST RESULT(S)		
36-REFLECTIVE CLOTHING										35-U-U-OTHER		35-U-U-OTHER		35-DRUG TEST RESULT(S)		
37-REFLECTIVE CLOTHING										36-U-U-OTHER		36-U-U-OTHER		36-DRUG TEST RESULT(S)		
38-REFLECTIVE CLOTHING										37-U-U-OTHER		37-U-U-OTHER		37-DRUG TEST RESULT(S)		
39-REFLECTIVE CLOTHING										38-U-U-OTHER		38-U-U-OTHER		38-DRUG TEST RESULT(S)		
40-REFLECTIVE CLOTHING										39-U-U-OTHER		39-U-U-OTHER		39-DRUG TEST RESULT(S)		
41-REFLECTIVE CLOTHING										40-U-U-OTHER		40-U-U-OTHER		40-DRUG TEST RESULT(S)		
42-REFLECTIVE CLOTHING										41-U-U-OTHER		41-U-U-OTHER		41-DRUG TEST RESULT(S)		
43-REFLECTIVE CLOTHING										42-U-U-OTHER		42-U-U-OTHER		42-DRUG TEST RESULT(S)		
44-REFLECTIVE CLOTHING										43-U-U-OTHER		43-U-U-OTHER		43-DRUG TEST RESULT(S)		
45-REFLECTIVE CLOTHING										44-U-U-OTHER		44-U-U-OTHER		44-DRUG TEST RESULT(S)		
46-REFLECTIVE CLOTHING										45-U-U-OTHER		45-U-U-OTHER		45-DRUG TEST RESULT(S)		
47-REFLECTIVE CLOTHING										46-U-U-OTHER		46-U-U-OTHER		46-DRUG TEST RESULT(S)		
48-REFLECTIVE CLOTHING										47-U-U-OTHER		47-U-U-OTHER		47-DRUG TEST RESULT(S)		
49-REFLECTIVE CLOTHING										48-U-U-OTHER		48-U-U-OTHER		48-DRUG TEST RESULT(S)		
50-REFLECTIVE CLOTHING										49-U-U-OTHER		49-U-U-OTHER		49-DRUG TEST RESULT(S)		
51-REFLECTIVE CLOTHING										50-U-U-OTHER		50-U-U-OTHER		50-DRUG TEST RESULT(S)		
52-REFLECTIVE CLOTHING										51-U-U-OTHER		51-U-U-OTHER		51-DRUG TEST RESULT(S)		
53-REFLECTIVE CLOTHING										52-U-U-OTHER		52-U-U-OTHER		52-DRUG TEST RESULT(S)		
54-REFLECTIVE CLOTHING										53-U-U-OTHER		53-U-U-OTHER		53-DRUG TEST RESULT(S)		
55-REFLECTIVE CLOTHING										54-U-U-OTHER		54-U-U-OTHER		54-DRUG TEST RESULT(S)		
56-REFLECTIVE CLOTHING										55-U-U-OTHER		55-U-U-OTHER		55-DRUG TEST RESULT(S)		
57-REFLECTIVE CLOTHING										56-U-U-OTHER		56-U-U-OTHER		56-DRUG TEST RESULT(S)		
58-REFLECTIVE CLOTHING										57-U-U-OTHER		57-U-U-OTHER		57-DRUG TEST RESULT(S)		
59-REFLECTIVE CLOTHING										58-U-U-OTHER		58-U-U-OTHER		58-DRUG TEST RESULT(S)		
60-REFLECTIVE CLOTHING										59-U-U-OTHER		59-U-U-OTHER		59-DRUG TEST RESULT(S)		
61-REFLECTIVE CLOTHING										60-U-U-OTHER		60-U-U-OTHER		60-DRUG TEST RESULT(S)		
62-REFLECTIVE CLOTHING										61-U-U-OTHER		61-U-U-OTHER		61-DRUG TEST RESULT(S)		
63-REFLECTIVE CLOTHING										62-U-U-OTHER		62-U-U-OTHER		62-DRUG TEST RESULT(S)		
64-REFLECTIVE CLOTHING										63-U-U-OTHER		63-U-U-OTHER		63-DRUG TEST RESULT(S)		
65-REFLECTIVE CLOTHING										64-U-U-OTHER		64-U-U-OTHER		64-DRUG TEST RESULT(S)		
66-REFLECTIVE CLOTHING										65-U-U-OTHER		65-U-U-OTHER		65-DRUG TEST RESULT(S)		
67-REFLECTIVE CLOTHING										66-U-U-OTHER		66-U-U-OTHER		66-DRUG TEST RESULT(S)		
68-REFLECTIVE CLOTHING										67-U-U-OTHER		67-U-U-OTHER		67-DRUG TEST RESULT(S)		
69-REFLECTIVE CLOTHING										68-U-U-OTHER		68-U-U-OTHER		68-DRUG TEST RESULT(S)		
70-REFLECTIVE CLOTHING										69-U-U-OTHER		69-U-U-OTHER		69-DRUG TEST RESULT(S)		
71-REFLECTIVE CLOTHING										70-U-U-OTHER		70-U-U-OTHER		70-DRUG TEST RESULT(S)		
72-REFLECTIVE CLOTHING										71-U-U-OTHER		71-U-U-OTHER		71-DRUG TEST RESULT(S)		
73-REFLECTIVE CLOTHING										72-U-U-OTHER		72-U-U-OTHER		72-DRUG TEST RESULT(S)		
74-REFLECTIVE CLOTHING										73-U-U-OTHER		73-U-U-OTHER		73-DRUG TEST RESULT(S)		
75-REFLECTIVE CLOTHING										74-U-U-OTHER		74-U-U-OTHER		74-DRUG TEST RESULT(S)		
76-REFLECTIVE CLOTHING										75-U-U-OTHER		75-U-U-OTHER		75-DRUG TEST RESULT(S)		
77-REFLECTIVE CLOTHING										76-U-U-OTHER		76-U-U-OTHER		76-DRUG TEST RESULT(S)		
78-REFLECTIVE CLOTHING										77-U-U-OTHER		77-U-U-OTHER		77-DRUG TEST RESULT(S)		
79-REFLECTIVE CLOTHING										78-U-U-OTHER		78-U-U-OTHER		78-DRUG TEST RESULT(S)		
80-REFLECTIVE CLOTHING										79-U-U-OTHER		79-U-U-OTHER		79-DRUG TEST RESULT(S)		
81-REFLECTIVE CLOTHING										80-U-U-OTHER		80-U-U-OTHER		80-DRUG TEST RESULT(S)		
82-REFLECTIVE CLOTHING										81-U-U-OTHER		81-U-U-OTHER		81-DRUG TEST RESULT(S)		
83-REFLECTIVE CLOTHING										82-U-U-OTHER		82-U-U-OTHER		82-DRUG TEST RESULT(S)		
84-REFLECTIVE CLOTHING										83-U-U-OTHER		83-U-U-OTHER		83-DRUG TEST RESULT(S)		
85-REFLECTIVE CLOTHING										84-U-U-OTHER		84-U-U-OTHER		84-DRUG TEST RESULT(S)		
86-REFLECTIVE CLOTHING										85-U-U-OTHER		85-U-U-OTHER		85-DRUG TEST RESULT(S)		
87-REFLECTIVE CLOTHING										86-U-U-OTHER		86-U-U-OTHER		86-DRUG TEST RESULT(S)		
88-REFLECTIVE CLOTHING										87-U-U-OTHER		87-U-U-OTHER		87-DRUG TEST RESULT(S)		
89-REFLECTIVE CLOTHING										88-U-U-OTHER		88-U-U-OTHER		88-DRUG TEST RESULT(S)		
90-REFLECTIVE CLOTHING										89-U-U-OTHER		89-U-U-OTHER		89-DRUG TEST RESULT(S)		
91-REFLECTIVE CLOTHING										90-U-U-OTHER		90-U-U-OTHER		90-DRUG TEST RESULT(S)		
92-REFLECTIVE CLOTHING										91-U-U-OTHER		91-U-U-OTHER		91-DRUG TEST RESULT(S)		
93-REFLECTIVE CLOTHING										92-U-U-OTHER		92-U-U-OTHER		92-DRUG TEST RESULT(S)		
94-REFLECTIVE CLOTHING										93-U-U-OTHER		93-U-U-OTHER		93-DRUG TEST RESULT(S)		
95-REFLECTIVE CLOTHING										94-U-U-OTHER		94-U-U-OTHER		94-DRUG TEST RESULT(S)		
96-REFLECTIVE CLOTHING										95-U-U-OTHER		95-U-U-OTHER		95-DRUG TEST RESULT(S)		
97-REFLECTIVE CLOTHING										96-U-U-OTHER		96-U-U-OTHER		96-DRUG TEST RESULT(S)		
98-REFLECTIVE CLOTHING										97-U-U-OTHER		97-U-U-OTHER		97-DRUG TEST RESULT(S)		
99-REFLECTIVE CLOTHING										98-U-U-OTHER		98-U-U-OTHER		98-DRUG TEST RESULT(S)		
100-REFLECTIVE CLOTHING										99-U-U-OTHER		99-U-U-OTHER		99-DRUG TEST RESULT(S)		
101-REFLECTIVE CLOTHING										100-U-U-OTHER		100-U-U-OTHER		100-DRUG TEST RESULT(S)		
102-REFLECTIVE CLOTHING										101-U						



OCCUPANT / WITNESS ADDENDUM

		LOCAL REPORT NUMBER 2 2 0 2 9 0 4 7								
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE OLEARY, TIMOTHY			DATE OF BIRTH	AGE	GENDER			
	2	0 7 2 9 1 9 4 0	81	M						
ADDRESS: STREET, CITY, STATE, ZIP 2838 ASHTON CIR. HAMILTON, OH 45011-7868		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 0 1	EJECTION 1	TRAPPED 1
OCCUPANT	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 []	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION []	AIR BAG USAGE []	EJECTION []	TRAPPED []
OCCUPANT	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 []	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION []	AIR BAG USAGE []	EJECTION []	TRAPPED []
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER			
	[]	0	[]							
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE								
INJURIES		SAFETY EQUIPMENT USED		SEATING POSITION		AIR BAG USAGE				
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY		1 - NONE USED - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN		1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN				
INJURED TAKEN BY		1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE		EJECTION				
GENDER		F - FEMALE M - MALE U - OTHER / UNKNOWN		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS		TRAPPED				
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								

OHIO TRAFFIC ACCIDENT - DIAGRAM / NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER	22-029047	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	7255 Dixie Hwy.	04-25-22
OFFICER'S SIGNATURE	S.R. 4 (Dixie Hwy.)			Not To Scale
P.O. RYAN FLEENOR				
BADGE NO.	7255			
117				