




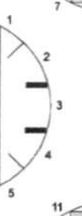


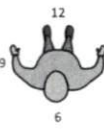





TRAFFIC CRASH REPORT

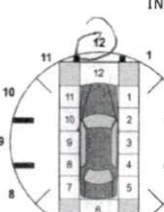
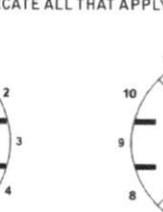
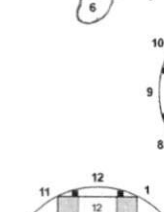
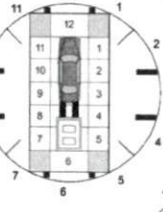
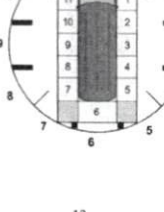
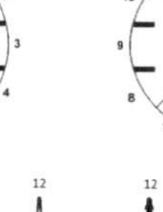

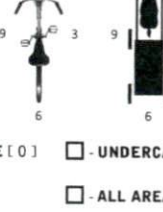
*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY	LOCAL INFORMATION REPORTING AGENCY NAME* Fairfield Police Department		NCIC* 00901	2 2 0 3 1 8 9 7	
COUNTY* 09	LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP 1	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield		CRASH DATE / TIME* 05052022 1724		CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY	
ROUTE TYPE US	ROUTE NUMBER 127	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES 39.310569	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 #) Augusta	ROAD TYPE BL	LONGITUDE DECIMAL DEGREES -84.562148	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES	
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE # 1	DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-WEST 2	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 40	DISTANCE UNIT OF MEASURE 1-MILES 2-Feet 3-YARDS 2	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 01		MANNER OF CRASH COLLISION/IMPACT 1-NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2-REAR-END 3-HEAD-ON 4-REAR-TO-REAR 5-BACKING 6-ANGLE 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 9-OTHER / UNKNOWN 2		DIRECTION OF TRAVEL 1-NORTH 2-SOUTH 3-EAST 4-WEST 2	
WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1-LANE CLOSURE 2-LANE SHIFT/CROSSOVER 3-WORK ON SHOULDER OR MEDIAN 4-INTERMITTENT OR MOVING WORK 5-OTHER		LOCATION OF CRASH IN WORK ZONE 1-BEFORE THE 1ST WORK ZONE WARNING SIGN 2-ADVANCE WARNING AREA 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA		CONTOUR 1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-OTHER/UNKNOWN 2	
LIGHT CONDITION 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN 1		WEATHER 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL 6-SNOW 7-SEVERE CROSSWINDS 8-BLOWING SAND, SOIL, DIRT, SNOW 9-FREEZING RAIN OR FREEZING DRIZZLE 99-OTHER / UNKNOWN 04		CONDITIONS 1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN 2		SURFACE 1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN 2	
NARRATIVE On 05/05/2022 at about 5:24 PM, Unit 1 was traveling south on S.R. 127 and when at Augusta Blvd. failed to stop within the assured clear distance ahead and collided with Unit 2 which was also south and was stopped in traffic. This caused Unit 2 to collide with Unit 3 which was also south and stopped in traffic.						Indicate the north direction with an "N" on the compass diagram. 	
CRASH REPORTED DATE / TIME 05052022 1725						DISPATCH DATE / TIME 05052022 1726	
ARRIVAL DATE / TIME 05052022 1727						SCENE CLEARED DATE / TIME 05052022 1806	
TOTAL TIME ROADWAY CLOSED 40		OTHER INVESTIGATION TIME 0		TOTAL MINUTES 40		OFFICER'S NAME* S. Cook	
OFFICER'S BADGE NUMBER* 153		CHECKED BY OFFICER'S NAME* J. Sons		CHECKED BY OFFICER'S BADGE NUMBER* 150		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)	

LOCAL REPORT NUMBER <div style="display: flex; justify-content: space-between; width: 100%;"> 2 2 0 3 1 8 9 7 </div>	
DAMAGE DAMAGE SCALE <div style="display: flex; justify-content: space-between;"> <div> 1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN </div> <div> 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE </div> </div>	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<div style="display: grid; grid-template-columns: 1fr 1fr; gap: 20px;">           </div>	
<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] </div> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] </div> <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> - UNIT NOT AT SCENE [16] </div>	
INITIAL POINT OF CONTACT <div style="display: flex; justify-content: space-between;"> <div> 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP </div> <div> 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN </div> </div>	
TRAFFIC	
TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY <div style="border: 1px solid black; width: 50px; text-align: center; margin-top: 5px;">2</div>	TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL <div style="border: 1px solid black; width: 50px; text-align: center; margin-top: 5px;">6</div>
# OF THROUGH LANES ON ROAD <div style="border: 1px solid black; width: 50px; text-align: center; margin-top: 5px;">2</div>	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING <div style="border: 1px solid black; width: 50px; text-align: center; margin-top: 5px;">1</div>
UNIT / NON-MOTORIST DIRECTION <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>FROM 1</div> <div>TO 2</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST </div> <div> 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN </div> </div>	
UNIT SPEED <div style="border: 1px solid black; width: 100px; text-align: center; margin-top: 5px;">3 5</div>	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED <div style="border: 1px solid black; width: 50px; text-align: center; margin-top: 5px;">1</div>
POSTED SPEED <div style="border: 1px solid black; width: 100px; text-align: center; margin-top: 5px;">4 0</div>	

OWNER	UNIT # 02	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)		
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
	LP STATE OH	LICENSE PLATE # 4BLKICE	VEHICLE IDENTIFICATION # 3GYFNEE316CS5118763
VEHICLE	INSURANCE VERIFIED X	INSURANCE COMPANY Safe Auto	INSURANCE POLICY # 95538585
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	VEHICLE YEAR 2012
VEHICLE	INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>	HIT/SKIP UNIT <input type="checkbox"/>	HAZARDOUS MATERIAL CLASS # PLACARD ID #
	#OCCUPANTS 01	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	TOWED BY: COMPANY NAME Fox
VEHICLE	UNIT TYPE 01	VEHICLE MAKE Cadillac	
	# OF TRAILING UNITS 0	VEHICLE MODEL SRX	
VEHICLE	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN		
	AUTONOMOUS MODE LEVEL 0		
VEHICLE	SPECIAL FUNCTION 01		
	CARGO BODY TYPE 01		
VEHICLE	VEHICLE DEFECTS		
	NON-MOTORIST LOCATION AT IMPACT		
VEHICLE	ACTION		
	CONTRIBUTING CIRCUMSTANCES		
VEHICLE	SEQUENCE OF EVENTS		
	COLLISION WITH FIXED OBJECT - STRUCK		
VEHICLE	FIRST HARMFUL EVENT		
	MOST HARMFUL EVENT		

LOCAL REPORT NUMBER 22031897	
DAMAGE	
DAMAGE SCALE 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 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 2	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM 1 TO 2	
UNIT SPEED 05	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 40	

OWNER	UNIT # 03	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE OH	LICENSE PLATE # JIN2046	VEHICLE IDENTIFICATION # 2T1BURHE9JC017386	VEHICLE YEAR 2018	VEHICLE MAKE Toyota
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY Progressive	INSURANCE POLICY # 955251940	COLOR White	VEHICLE MODEL Corolla
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 01	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
	TYPE OF USE		TOWED BY: COMPANY NAME		
	<input type="checkbox"/> PASSENGER CAR		HAZARDOUS MATERIAL		
	<input type="checkbox"/> PASSENGER VAN (MINIVAN)		<input type="checkbox"/> MATERIAL RELEASED		
	<input type="checkbox"/> SPORT UTILITY VEHICLE		<input type="checkbox"/> PLACARD		
	<input type="checkbox"/> PICK UP		CLASS # PLACARD ID #		
	<input type="checkbox"/> CARGO VAN		1 - PASSENGER CAR		
<input type="checkbox"/> VAN (9-15 SEATS)		2 - PASSENGER VAN (MINIVAN)			
# OF TRAILING UNITS 0		3 - SPORT UTILITY VEHICLE			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		4 - PICK UP			
1 - YES 2 - NO 9 - OTHER / UNKNOWN		5 - CARGO VAN			
AUTONOMOUS MODE LEVEL		6 - VAN (9-15 SEATS)			
0		7 - MOTORCYCLE 2-WHEELED			
1 - NONE		8 - MOTORCYCLE 3-WHEELED			
2 - TAXI		9 - AUTOCYCLE			
3 - ELECTRONIC RIDE SHARING		10 - MOPED OR MOTORIZED BICYCLE			
4 - SCHOOL TRANSPORT		11 - ALL TERRAIN VEHICLE (ATV / UTV)			
5 - BUS - TRANSIT/COMMUTER		12 - GOLF CART			
6 - BUS - CHARTER/TOUR		13 - SNOWMOBILE			
7 - BUS - INTERCITY		14 - SINGLE UNIT TRUCK			
8 - BUS - SHUTTLE		15 - SEMI-TRACTOR			
9 - BUS - OTHER		16 - FARM EQUIPMENT			
10 - AMBULANCE		17 - MOTORHOME			
11 - FIRE		18 - LIMO (LIVERY VEHICLE)			
12 - MILITARY		19 - BUS (16+ PASSENGERS)			
13 - POLICE		20 - OTHER VEHICLE			
14 - PUBLIC UTILITY		21 - HEAVY EQUIPMENT			
15 - CONSTRUCTION EQUIPMENT		22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE			
16 - FARM		23 - PEDESTRIAN / SKATER			
17 - MOWING		24 - WHEELCHAIR (ANY TYPE)			
18 - SNOW REMOVAL		25 - OTHER NON-MOTORIST			
19 - TOWING		26 - BICYCLE			
20 - SAFETY SERVICE PATROL		27 - TRAIN			
21 - MAIL CARRIER		99 - UNKNOWN OR HIT/SKIP			
22 - CONCRETE MIXER					
23 - AUTO TRANSPORTER					
24 - GARBAGE/REFUSE					
25 - OTHER / UNKNOWN					
26 - MOTOR TROUBLE					
27 - DISABLED FROM PRIOR ACCIDENT					
28 - TURN SIGNALS					
29 - HEAD LAMPS					
30 - TAIL LAMPS					
31 - BRAKES					
32 - STEERING					
33 - TIRE BLOWOUT					
34 - WORN OR SLICK TIRES					
35 - TRAILER EQUIPMENT DEFECTIVE					
36 - DISABLED FROM PRIOR ACCIDENT					
37 - INTERMODAL CONTAINER CHASSIS					
38 - CARGO VAN/ENCLOSED BOX					
39 - GRAIN/CHIPS/GRAVEL					
40 - POLE					
41 - CARGO TANK					
42 - FLAT BED					
43 - DUMP					
44 - NO CARGO BODY TYPE / NOT APPLICABLE					
45 - VEHICLE TOWING ANOTHER MOTOR VEHICLE					
46 - LOGGING					
47 - INTERSECTION - MARKED CROSSWALK					
48 - INTERSECTION - OTHER					
49 - MIDBLOCK - MARKED CROSSWALK					
50 - TRAVEL LANE - OTHER LOCATION					
51 - BICYCLE LANE					
52 - SHOULDER / ROADSIDE					
53 - SIDEWALK					
54 - MEDIAN/CROSSING ISLAND					
55 - DRIVEWAY ACCESS					
56 - SHARED USE PATHS OR TRAILS					
57 - FIRST RESPONDER AT INCIDENT SCENE					
58 - OTHER / UNKNOWN					
59 - NO DAMAGE [0]					
60 - UNDERCARRIAGE [14]					
61 - TOP [13]					
62 - ALL AREAS [15]					
63 - UNIT NOT AT SCENE [16]					
64 - NO DAMAGE [0]					
65 - UNDERCARRIAGE [14]					
66 - TOP [13]					
67 - ALL AREAS [15]					
68 - UNIT NOT AT SCENE [16]					
69 - NO DAMAGE [0]					
70 - UNDERCARRIAGE [14]					
71 - TOP [13]					
72 - ALL AREAS [15]					
73 - UNIT NOT AT SCENE [16]					
74 - NO DAMAGE [0]					
75 - UNDERCARRIAGE [14]					
76 - TOP [13]					
77 - ALL AREAS [15]					
78 - UNIT NOT AT SCENE [16]					
79 - NO DAMAGE [0]					
80 - UNDERCARRIAGE [14]					
81 - TOP [13]					
82 - ALL AREAS [15]					
83 - UNIT NOT AT SCENE [16]					
84 - NO DAMAGE [0]					
85 - UNDERCARRIAGE [14]					
86 - TOP [13]					
87 - ALL AREAS [15]					
88 - UNIT NOT AT SCENE [16]					
89 - NO DAMAGE [0]					
90 - UNDERCARRIAGE [14]					
91 - TOP [13]					
92 - ALL AREAS [15]					
93 - UNIT NOT AT SCENE [16]					
94 - NO DAMAGE [0]					
95 - UNDERCARRIAGE [14]					
96 - TOP [13]					
97 - ALL AREAS [15]					
98 - UNIT NOT AT SCENE [16]					
99 - NO DAMAGE [0]					
100 - UNDERCARRIAGE [14]					
101 - TOP [13]					
102 - ALL AREAS [15]					
103 - UNIT NOT AT SCENE [16]					
104 - NO DAMAGE [0]					
105 - UNDERCARRIAGE [14]					
106 - TOP [13]					
107 - ALL AREAS [15]					
108 - UNIT NOT AT SCENE [16]					
109 - NO DAMAGE [0]					
110 - UNDERCARRIAGE [14]					
111 - TOP [13]					
112 - ALL AREAS [15]					
113 - UNIT NOT AT SCENE [16]					
114 - NO DAMAGE [0]					
115 - UNDERCARRIAGE [14]					
116 - TOP [13]					
117 - ALL AREAS [15]					
118 - UNIT NOT AT SCENE [16]					
119 - NO DAMAGE [0]					
120 - UNDERCARRIAGE [14]					
121 - TOP [13]					
122 - ALL AREAS [15]					
123 - UNIT NOT AT SCENE [16]					
124 - NO DAMAGE [0]					
125 - UNDERCARRIAGE [14]					
126 - TOP [13]					
127 - ALL AREAS [15]					
128 - UNIT NOT AT SCENE [16]					
129 - NO DAMAGE [0]					
130 - UNDERCARRIAGE [14]					
131 - TOP [13]					
132 - ALL AREAS [15]					
133 - UNIT NOT AT SCENE [16]					
134 - NO DAMAGE [0]					
135 - UNDERCARRIAGE [14]					
136 - TOP [13]					
137 - ALL AREAS [15]					
138 - UNIT NOT AT SCENE [16]					
139 - NO DAMAGE [0]					
140 - UNDERCARRIAGE [14]					
141 - TOP [13]					
142 - ALL AREAS [15]					
143 - UNIT NOT AT SCENE [16]					
144 - NO DAMAGE [0]					
145 - UNDERCARRIAGE [14]					
146 - TOP [13]					
147 - ALL AREAS [15]					
148 - UNIT NOT AT SCENE [16]					
149 - NO DAMAGE [0]					
150 - UNDERCARRIAGE [14]					
151 - TOP [13]					
152 - ALL AREAS [15]					
153 - UNIT NOT AT SCENE [16]					
154 - NO DAMAGE [0]					
155 - UNDERCARRIAGE [14]					
156 - TOP [13]					
157 - ALL AREAS [15]					
158 - UNIT NOT AT SCENE [16]					
159 - NO DAMAGE [0]					
160 - UNDERCARRIAGE [14]					
161 - TOP [13]					
162 - ALL AREAS [15]					
163 - UNIT NOT AT SCENE [16]					
164 - NO DAMAGE [0]					
165 - UNDERCARRIAGE [14]					
166 - TOP [13]					
167 - ALL AREAS [15]					
168 - UNIT NOT AT SCENE [16]					
169 - NO DAMAGE [0]					
170 - UNDERCARRIAGE [14]					
171 - TOP [13]					
172 - ALL AREAS [15]					
173 - UNIT NOT AT SCENE [16]					
174 - NO DAMAGE [0]					
175 - UNDERCARRIAGE [14]					
176 - TOP [13]					
177 - ALL AREAS [15]					
178 - UNIT NOT AT SCENE [16]					
179 - NO DAMAGE [0]					
180 - UNDERCARRIAGE [14]					
181 - TOP [13]					
182 - ALL AREAS [15]					
183 - UNIT NOT AT SCENE [16]					
184 - NO DAMAGE [0]					
185 - UNDERCARRIAGE [14]					
186 - TOP [13]					
187 - ALL AREAS [15]					
188 - UNIT NOT AT SCENE [16]					
189 - NO DAMAGE [0]					
190 - UNDERCARRIAGE [14]					
191 - TOP [13]					
192 - ALL AREAS [15]					
193 - UNIT NOT AT SCENE [16]					
194 - NO DAMAGE [0]					
195 - UNDERCARRIAGE [14]					
196 - TOP [13]					
197 - ALL AREAS [15]					
198 - UNIT NOT AT SCENE [16]					
199 - NO DAMAGE [0]					
200 - UNDERCARRIAGE [14]					
201 - TOP [13]					
202 - ALL AREAS [15]					
203 - UNIT NOT AT SCENE [16]					
204 - NO DAMAGE [0]					
205 - UNDERCARRIAGE [14]					
206 - TOP [13]					
207 - ALL AREAS [15]					
208 - UNIT NOT AT SCENE [16]					
209 - NO DAMAGE [0]					
210 - UNDERCARRIAGE [14]					
211 - TOP [13]					
212 - ALL AREAS [15]					
213 - UNIT NOT AT SCENE [16]					
214 - NO DAMAGE [0]					
215 - UNDERCARRIAGE [14]					
216 - TOP [13]					
217 - ALL AREAS [15]					
218 - UNIT NOT AT SCENE [16]					
219 - NO DAMAGE [0]					
220 - UNDERCARRIAGE [14]					
221 - TOP [13]					
222 - ALL AREAS [15]					
223 - UNIT NOT AT SCENE [16]					
224 - NO DAMAGE [0]					
225 - UNDERCARRIAGE [14]					
226 - TOP [13]					
227 - ALL AREAS [15]					
228 - UNIT NOT AT SCENE [16]					
229 - NO DAMAGE [0]					
230 - UNDERCARRIAGE [14]					
231 - TOP [13]					
232 - ALL AREAS [15]					
233 - UNIT NOT AT SCENE [16]					
234 - NO DAMAGE [0]					
235 - UNDERCARRIAGE [14]					
236 - TOP [13]					
237 - ALL AREAS [15]					
238 - UNIT NOT AT SCENE [16]					
239 - NO DAMAGE [0]					
240 - UNDERCARRIAGE [14]					
241 - TOP [13]					
242 - ALL AREAS [15]					
243 - UNIT NOT AT SCENE [16]					
244 - NO DAMAGE [0]					
245 - UNDERCARRIAGE [14]					
246 - TOP [13]					
247 - ALL AREAS [15]					
248 - UNIT NOT AT SCENE [16]					
249 - NO DAMAGE [0]					
250 - UNDERCARRIAGE [14]					
251 - TOP [13]					
252 - ALL AREAS [15]					
253 - UNIT NOT AT SCENE [16]					
254 - NO DAMAGE [0]					
255 - UNDERCARRIAGE [14]					
256 - TOP [13]					
257 - ALL AREAS [15]					
258 - UNIT NOT AT SCENE [16]					
259 - NO DAMAGE [0]					
260 - UNDERCARRIAGE [14]					
261 - TOP [13]					
262 - ALL AREAS [15]					
263 - UNIT NOT AT SCENE [16]					
264 - NO DAMAGE [0]					
265 - UNDERCARRIAGE [14]					
266 - TOP [13]					
267 - ALL AREAS [15]					
268 - UNIT NOT AT SCENE [16]					
269 - NO DAMAGE [0]					
270 - UNDERCARRIAGE [14]					
271 - TOP [13]					
272 - ALL AREAS [15]					
273 - UNIT NOT AT SCENE [16]					
274 - NO DAMAGE [0]					
275 - UNDERCARRIAGE [14]					
276 - TOP [13]					
277 - ALL AREAS [15]					
278 - UNIT NOT AT SCENE [16]					
279 - NO DAMAGE [0]					
280 - UNDERCARRIAGE [14]					
281 - TOP [13]					
282 - ALL AREAS [15]					
283 - UNIT NOT AT SCENE [16]					
284 - NO DAMAGE [0]					
285 - UNDERCARRIAGE [14]					
286 - TOP [13]					
287 - ALL AREAS [15]					
288 - UNIT NOT AT SCENE [16]					
289 - NO DAMAGE [0]					
290 - UNDERCARRIAGE [14]					
291 - TOP [13]					
292 - ALL AREAS [15]					
293 - UNIT NOT AT SCENE [16]					
294 - NO DAMAGE [0]					
295 - UNDERCARRIAGE [14]					
296 - TOP [13]					
297 - ALL AREAS [15]					
298 - UNIT NOT AT SCENE [16]					
299 - NO DAMAGE [0]					
300 - UNDERCARRIAGE [14]					
301 - TOP [13]					
302 - ALL AREAS [15]					
303 - UNIT NOT AT SCENE [16]					
304 - NO DAMAGE [0]					
305 - UNDERCARRIAGE [14]					
306 - TOP [13]					
307 - ALL AREAS [15]					
308 - UNIT NOT AT SCENE [16]					
309 - NO DAMAGE [0]					
310 - UNDERCARRIAGE [14]					
311 - TOP [13]					
312 - ALL AREAS [15]					
313 - UNIT NOT AT SCENE [16]					
314 - NO DAMAGE [0]					
315 - UNDERCARRIAGE [14]					
316 - TOP [13]					
317 - ALL AREAS [15]					
318 - UNIT NOT AT SCENE [16]					
319 - NO DAMAGE [0]					
320 - UNDERCARRIAGE [14]					
321 - TOP [13]					
322 - ALL AREAS [15]					
323 - UNIT NOT AT SCENE [16]					
324 - NO DAMAGE [0]					
325 - UNDERCARRIAGE [14]					
326 - TOP [13]					
327 - ALL AREAS [15]					
328 - UNIT NOT AT SCENE [16]					
329 - NO DAMAGE [0]					
330 - UNDERCARRIAGE [14]					
331 - TOP [13]					
332 - ALL AREAS [15]					
333 - UNIT NOT AT SCENE [16]					
334 - NO DAMAGE [0]					
335 - UNDERCARRIAGE [14]					
336 - TOP [13]					
337 - ALL AREAS [15]					
338 - UNIT NOT AT SCENE [16]					
339 - NO DAMAGE [0]					
340 - UNDERCARRIAGE [14]					
341 - TOP [13]					
342 - ALL AREAS [15]					
343 - UNIT NOT AT SCENE [16]					
344 - NO DAMAGE [0]					
345 - UNDERCARRIAGE [14]					
346 - TOP [13]					
347 - ALL AREAS [15]					
348 - UNIT NOT AT SCENE [16]					
349 - NO DAMAGE [0]					
350 - UNDERCARRIAGE [14]					
351 - TOP [13]					
352 - ALL AREAS [15]					
353 - UNIT NOT AT SCENE [16]					
354 - NO DAMAGE [0]					
355 - UNDERCARRIAGE [14]					
356 - TOP [13]					
357 - ALL AREAS [15]					
358 - UNIT NOT AT SCENE [16]					
359 - NO DAMAGE [0]					
360 - UNDERCARRIAGE [14]					
361 - TOP [13]					
362 - ALL AREAS [15]					
363 - UNIT NOT AT SCENE [16]					
364 - NO DAMAGE [0]					
365 - UNDERCARRIAGE [14]					
366 - TOP [13]					
367 - ALL AREAS [15]					
368 - UNIT NOT AT SCENE [16]					
369 - NO DAMAGE [0]					
370 - UNDERCARRIAGE [14]					
371 - TOP [13]					
372 - ALL AREAS [15]					
373 - UNIT NOT AT SCENE [16]					
374 - NO DAMAGE [0]					
375 - UNDERCARRIAGE [14]					
376 - TOP [13]					
377 - ALL AREAS [15]					
378 - UNIT NOT AT SCENE [16]					
379 - NO DAMAGE [0]					
380 - UNDERCARRIAGE [14]					
381 - TOP [13]					
382 - ALL AREAS [15]					
383 - UNIT NOT AT SCENE [16]					
384 - NO DAMAGE [0]					
385 - UNDERCARRIAGE [14]					
386 - TOP [13]					
387 - ALL AREAS [15]					
388 - UNIT NOT AT SCENE [16]					
389 - NO DAMAGE [0]					
390 - UNDERCARRIAGE [14]					
391 - TOP [13]					



Motorist / Non-Motorist

LOCAL REPORT NUMBER									
2 2 0 3 1 8 9 7									
DATE OF BIRTH					AGE		GENDER		
0 7 2 0 1 9 9 5					2 6		M		

UNIT #	NAME: LAST, FIRST, MIDDLE
0 1	Monday, Devin

ADDRESS: STREET, CITY, STATE, ZIP
20 N Timber Hollow Dr Apt. 2016, Fairfield, OH 45014

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
5				0 4		0 1	2	1	1
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER		
O H			333.03A	<input checked="" type="checkbox"/>	ACDA		251284		
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 <input type="checkbox"/> OTHER DRUG		1	STATUS	TYPE	VALUE
							1	1	1

UNIT #	NAME: LAST, FIRST, MIDDLE
0 2	Hill, Jacqueline

ADDRESS: STREET, CITY, STATE, ZIP
3903 E Gatewood Ln Apt. 1, Cincinnati, OH 45236

DATE OF BIRTH	AGE	GENDER
0 7 0 4 1 9 6 1	6 0	F

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
5				0 4		0 1	1	1	1
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER		
O H				<input type="checkbox"/>					
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 <input type="checkbox"/> OTHER DRUG		1	STATUS	TYPE	VALUE
							1	1	1

UNIT #	NAME: LAST, FIRST, MIDDLE
0 3	Hartman, Mary E.

ADDRESS: STREET, CITY, STATE, ZIP
5515 Nottingham Pl, Fairfield, OH 45014

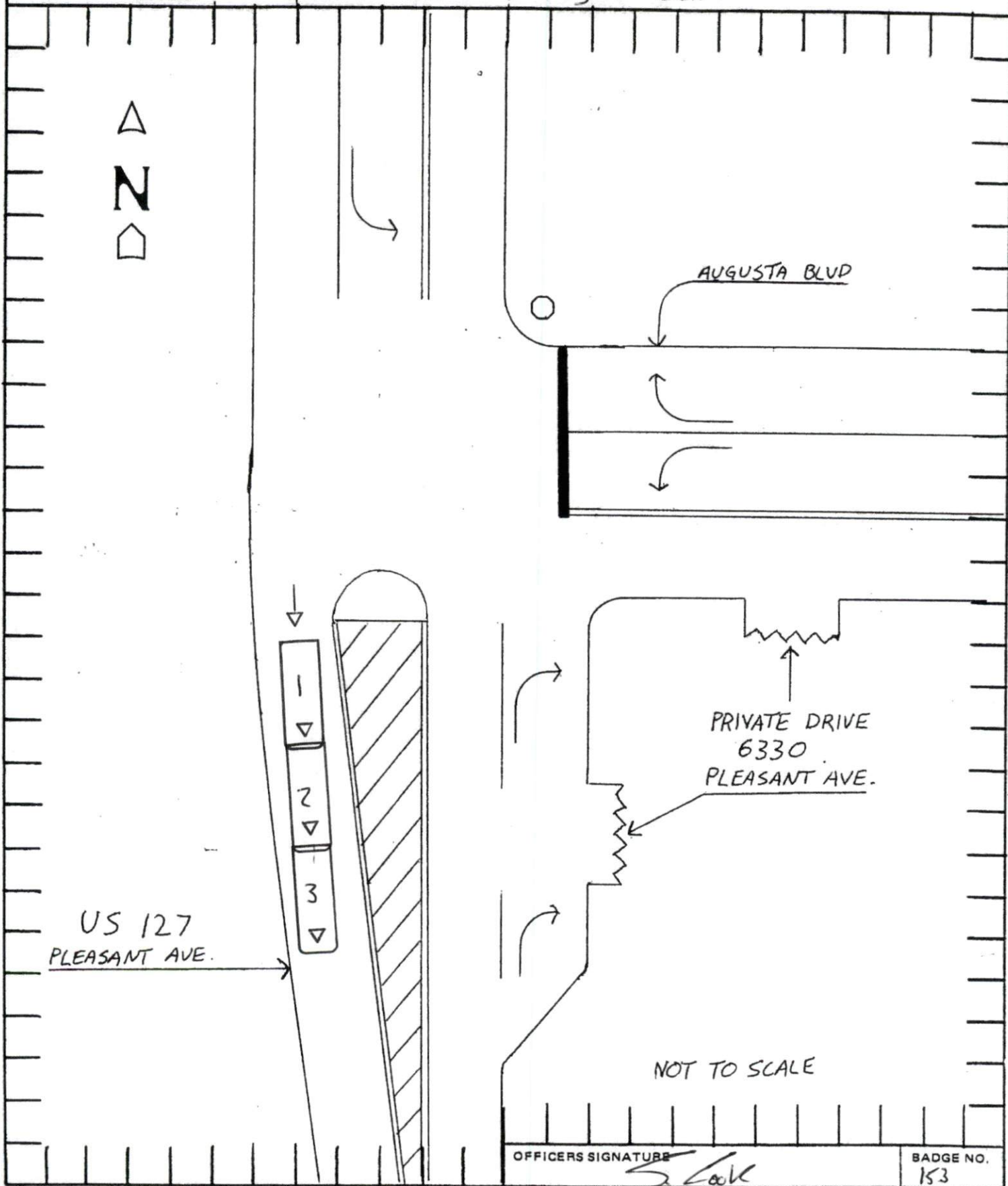
DATE OF BIRTH	AGE	GENDER
0 2 1 2 1 9 6 0	6 2	F

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
5				0 4		0 4	1	1	1
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER		
O H				<input type="checkbox"/>					
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 <input type="checkbox"/> OTHER DRUG		1	STATUS	TYPE	VALUE
							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 - 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	4 - TALKING ON HAND-HELD COMMUNICATION DEVICE	4 - TEST GIVEN, RESULTS KNOWN
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M/C MOPED ONLY	5 - EXCEPT CLASS A & CLASS B BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN
INJURED TAKEN BY	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	6 - PASSENGER	ALCOHOL TEST TYPE
1 - NOT TRANSPORTED / TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION	OL ENDORSEMENT	7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE	1 - NONE
2 - EMS	8 - THIRD - MIDDLE	1 - NOT EJECTED	H - HAZMAT	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	2 - BLOOD
3 - POLICE	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED	M - MOTORCYCLE	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	3 - URINE
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED	P - PASSENGER	10 - LIMITED TO DAYLIGHT ONLY	DRUG TEST TYPE	4 - BREATH
SAFETY EQUIPMENT	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE	N - TANKER	11 - LIMITED TO EMPLOYMENT	1 - APPARENTLY NORMAL	5 - OTHER
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED	Q - MOTOR SCOOTER	12 - LIMITED - OTHER	2 - PHYSICAL IMPAIRMENT	DRUG TEST RESULT(S)
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT	1 - NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	1 - AMPHETAMINES
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	14 - MILITARY VEHICLES ONLY	4 - ILLNESS	2 - BARBITURATES
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	3 - BENZODIAZEPINES
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN	GENDER	X - TANKER / HAZMAT	16 - OUTSIDE MIRROR	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	4 - CANNABINOIDS
6 - CHILD RESTRAINT SYSTEM - REAR FACING		F - FEMALE	CONDITION	17 - PROSTHETIC AID	9 - OTHER / UNKNOWN	5 - COCAINE
7 - BOOSTER SEAT		M - MALE	1 - APPARENTLY NORMAL	18 - OTHER		6 - OPIATES / OPIOIDS
8 - HELMET USED		U - OTHER / UNKNOWN	2 - PHYSICAL IMPAIRMENT			7 - OTHER
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)			8 - NEGATIVE RESULTS
10 - REFLECTIVE CLOTHING			4 - ILLNESS			
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY			5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.			
99 - OTHER / UNKNOWN			6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL			

LOCAL REPORT NUMBER	22-031897	REPORTING AGENCY	FAIRFIELD P.D. 00901	DATE OF ACCIDENT	M 5 10 5 PM '72
IN COUNTY OF	BUTLER	ACCIDENT LOCATION	US 127 / Augusta Blvd.		



OFFICERS SIGNATURE

S. L. Lark

BADGE NO.

153