



## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input type="checkbox"/> PHOTOS TAKEN		<input checked="" type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION		LOCAL REPORT NUMBER*				
<input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*		2 2 0 3 2 7 8 7		
				Fairfield Police Department		0 0 9 0 1		HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR
COUNTY*		LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*		City of Fairfield		2 1 - SOLVED	0 2	9 9	98 - ANIMAL
0 9		1 - CITY 2 - VILLAGE 3 - TOWNSHIP					2 2 - UNSOLVED		9 9	99 - UNKNOWN
REFERENCE LOCATION		ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	CRASH DATE / TIME*		CRASH SEVERITY	
		U S	1 2 7				0 5 0 9 2 0 2 2	2 1 2 5	4	1 - FATAL
REFERENCE		ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LATITUDE DECIMAL DEGREES		2 - SERIOUS INJURY SUSPECTED	
					PATTERSON	B L	3 9 3 4 0 8 9 6		3 - MINOR INJURY SUSPECTED	
REFERENCE POINT		DIRECTION FROM REFERENCE	ROUTE TYPE		ROAD TYPE	LONGITUDE DECIMAL DEGREES		4 - INJURY POSSIBLE		
1		1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		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	- 8 4 5 5 9 9 7 0		5 - PROPERTY DAMAGE ONLY	
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE						INTERSECTION RELATED		
		1 - MILES 2 - FEET 3 - YARDS						<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH	4	
								<input type="checkbox"/> WITHIN INTERCHANGE AREA	NUMBER OF APPROACHES	
								ROADWAY		
								<input type="checkbox"/> ROADWAY DIVIDED		
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT		DIRECTION OF TRAVEL		MEDIAN TYPE		
0 1				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	1 - NOT COLLISION 2 - TWO MOTOR VEHICLES IN TRANSPORT 3 - REAR-END 4 - HEAD-ON	4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	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	
WORK ZONE RELATED		WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE		CONTOUR	CONDITIONS	SURFACE		
<input type="checkbox"/> WORKERS PRESENT		1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		1	1	2		
<input type="checkbox"/> LAW ENFORCEMENT PRESENT						1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	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		
<input type="checkbox"/> ACTIVE SCHOOL ZONE										
LIGHT CONDITION				WEATHER						
3				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					
<p>NARRATIVE</p> <p>On May 9, 2022 at approximately 9:25 PM, Unit 1 was walking on Pleasant Ave. and crossing the street at Patterson Blvd. Unit 2 was traveling eastbound on Patterson Blvd. approaching Pleasant Ave. Unit 2 then initiated a right turn onto Pleasant Ave. and struck Unit 1. Unit 2 then left the scene.</p> <p>Unit 1 was unsure if he had the crosswalk light or not. No nearby businesses appeared to have any security cameras that may have recorded the crash.</p> <p>SEE OH-2</p>										
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY		
0 5 0 9 2 0 2 2 2 1 3 2		0 5 0 9 2 0 2 2 2 1 3 4		0 5 0 9 2 0 2 2 2 1 3 8		0 5 0 9 2 0 2 2 2 2 1 5		<input checked="" type="checkbox"/> POLICE AGENCY		
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		<input type="checkbox"/> MOTORIST		
0		3 0		7 1		A. ROUSH				
						CHECKED BY OFFICER'S NAME*				
						CHECKED BY OFFICER'S BADGE NUMBER*				
<p>HSY7001 OH1 1/19 [760-0820]</p> <p>PAGE 1 OF 6</p>										



UNIT

OWNER

VEHICLE

EVENT(S)

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OWNER

VEHICLE

EVENT(S)

1

FIRST HARMFUL EVENT

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  LICENSE PLATE #  VEHICLE IDENTIFICATION #  VEHICLE YEAR  VEHICLE MAKE

INSURANCE VERIFIED  INSURANCE COMPANY  INSURANCE POLICY #  COLOR  VEHICLE MODEL

WHITE SONATA

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  TYPE OF USE  US DOT #  TOWED BY: COMPANY NAME

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT  #OCCUPANTS  VEHICLE WEIGHT GVWR/GCWR

MATERIAL RELEASED  CLASS #  PLACARD ID #

PLACARD  HAZARDOUS MATERIAL

1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.

1 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER

12 - GOLF CART 24 - WHEELCHAIR (ANY TYPE)

13 - SNOWMOBILE 25 - OTHER NON-MOTORIST

14 - SINGLE UNIT TRUCK 26 - BICYCLE

15 - SEMI-TRACTOR 27 - TRAIN

16 - FARM EQUIPMENT 28 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE

17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP

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 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST

4 - PICK UP 10 - MOPED OR MOTORIZED 21 - HEAVY EQUIPMENT

5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE

6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP

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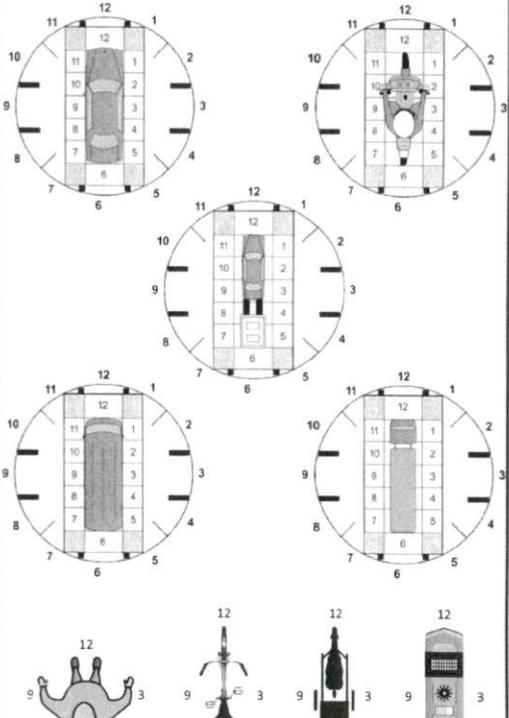
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LOCAL REPORT NUMBER  
2 2 0 3 2 7 8 7

DAMAGE  
DAMAGE SCALE  
9 - 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 15 - VEHICLE NOT AT SCENE  
13 - TOP 99 - UNKNOWN

TRAFFIC  
TRAFFIC WAY FLOW  
1 - ONE WAY 2 - TWO WAY  
# OF THROUGH LANES ON ROAD  
1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

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

UNIT SPEED  
5  
DETECTED SPEED  
1 - STATED / ESTIMATED SPEED  
2 - CALCULATED / EDR  
3 - UNDETERMINED  
POSTED SPEED  
2 5



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER																					
2 2 0 3 2 7 8 7																					
DATE OF BIRTH AGE GENDER																					
1 2 0 3 2 0 0 2 1 9 M																					
CONTACT PHONE - INCLUDE AREA CODE																					
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE																			
	0 1	ROGERS, JASHAWN TYRONE																			
	ADDRESS: STREET, CITY, STATE, ZIP																				
	424 CREEKSIDE DR, FAIRFIELD, OH 45014																				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	0 1	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	1 5	AIR BAG USAGE	5	EJECTION	4	TRAPPED	1					
	OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER										
	OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	1	ALCOHOL / DRUG SUSPECTED	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	1	1	1	1	1	1						
	UNIT #	NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH			AGE	GENDER					
	0 2														0	M					
	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	9 9	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	0 1	AIR BAG USAGE	9	EJECTION	1	TRAPPED	1						
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UNIT #	NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH			AGE	GENDER						
0 3														0	M						
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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 BUS		5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		5-TEST GIVEN, RESULTS UNKNOWN											
INJURED TAKEN BY	6-SECOND - RIGHT SIDE		6-DEPLOYMENT UNKNOWN		6-NO VALID OL	6-EXCEPT CLASS A & CLASS B BUS		6-PASSENER		6-BLOOD											
1-NOT TRANSPORTED / TREATED AT SCENE	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		7-NOT EJECTED		7-H - HAZMAT	7-OTHER DISTRACTION INSIDE THE VEHICLE		7-OTHER DISTRACTION OUTSIDE THE VEHICLE		7-URINE											
2-EMS	8-THIRD - MIDDLE		8-PARTIALLY EJECTED		8-M - MOTORCYCLE	8-INTERMEDIATE LICENSE RESTRICTIONS		8-OTHER / UNKNOWN		8-BREATH											
3-POLICE	9-THIRD - RIGHT SIDE		9-TOTALLY EJECTED		9-P - PASSENGER	9-LEARNER'S PERMIT RESTRICTIONS		9-APPARENTLY NORMAL		9-OTHER											
9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB		4-NOT APPLICABLE		10-N - TANKER	10-LIMITED TO DAYLIGHT ONLY		2-PHYSICAL IMPAIRMENT		1-NONE											
SAFETY EQUIPMENT												11-Q - MOTOR SCOOTER		11-LIMITED TO EMPLOYMENT		3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		2-BLOOD			
1-NONE USED	11-S - SCHOOL BUS		12-R - THREE-WHEEL MOTORCYCLE		12-S - OUTSIDE MIRROR	12-LIMITED - OTHER		4-ILLNESS		3-URINE											
2-SHOULDER BELT ONLY USED	12-T - DOUBLE & TRIPLE TRAILERS		13-X - TANKER / HAZMAT		13-U - PROSTHETIC AID	13-MECHNICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		5-FELL ASLEEP, FAINTED, FATIGUED, ETC.		4-OTHER											
3-LAP BELT ONLY USED	14-F - FEMALE		15-M - MALE		14-V - OTHER	14-MILITARY VEHICLES ONLY		6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS (ALCOHOL)		5-AMPHETAMINES											
4-SHOULDER & LAP BELT USED	15-M - MALE		16-U - OTHER / UNKNOWN		15-W - OTHER	15-MOTOR VEHICLES WITHOUT AIR BRAKES		7-OTHER		6-BARBITURATES											
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	16-U - OTHER / UNKNOWN		17-F - PROSTHETIC AID		16-X - OTHER	16-OUTSIDE MIRROR		8-OTHER / UNKNOWN		7-BENZODIAZEPINES											
6-CHILD RESTRAINT SYSTEM - REAR FACING	17-F - PROSTHETIC AID		18-G - OTHER		17-G - OTHER	17-PROSTHETIC AID		9-OTHER / UNKNOWN		8-CANNABINOID											
7-BOOSTER SEAT	18-G - OTHER		19-H - OTHER		18-H - OTHER	18-OTHER		10-OTHER		5-COCAIN											
8-HELMET USED	19-H - OTHER		20-I - OTHER		20-I - OTHER	20-OTHER		11-OPIATES / OPIOIDS		6-NEGATIVE RESULTS											
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	20-I - OTHER		21-J - OTHER		21-J - OTHER	21-OTHER		12-OTHER		7-OTHER											
10-REFLECTIVE CLOTHING	21-J - OTHER		22-K - OTHER		22-K - OTHER	22-OTHER		13-AMPHETAMINES		8-AMPHETAMINES											
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY	22-K - OTHER		23-L - OTHER		23-L - OTHER	23-OTHER		14-BARBITURATES		9-BARBITURATES											
99-OTHER / UNKNOWN	23-L - OTHER		24-M - OTHER		24-M - OTHER	24-OTHER		15-BENZODIAZEPINES		10-BENZODIAZEPINES											
	24-M - OTHER		25-N - OTHER		25-N - OTHER	25-OTHER		16-CANNABINOID		11-CANNABINOID											
	25-N - OTHER		26-O - OTHER		26-O - OTHER	26-OTHER		17-COCAIN		12-COCAIN											
	26-O - OTHER		27-P - OTHER		27-P - OTHER	27-OTHER		18-OPIATES / OPIOIDS		13-OPIATES / OPIOIDS											
	27-P - OTHER		28-Q - OTHER		28-Q - OTHER	28-OTHER		19-OTHER		14-OTHER											
	28-Q - OTHER		29-R - OTHER		29-R - OTHER	29-OTHER		20-NEGATIVE RESULTS		15-NEGATIVE RESULTS											

# OCCUPANT / WITNESS ADDENDUM

OCCUPANT	LOCAL REPORT NUMBER											
	2 2 0 3 2 7 8 7					DATE OF BIRTH	AGE	GENDER				
UNIT #	NAME: LAST, FIRST, MIDDLE					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					0	GENDER				
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE		
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE					0	GENDER				
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE		
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE					0	GENDER				
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE		
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE					0	GENDER				
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 LINTON, AMIYAH					0 9 3 0 2 0 0 3	1 8	GENDER F				
ADDRESS: STREET, CITY, STATE, ZIP 424 CREEKSIDE DR APT 204, FAIRFIELD, OH 45014										CONTACT PHONE - INCLUDE AREA CODE		
WITNESS	NAME: LAST, FIRST, MIDDLE					0	GENDER					
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE		
WITNESS	NAME: LAST, FIRST, MIDDLE					0	GENDER					
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE		

NUMBER 22-032787

IN COUNTY OF

BUTLER

ACCIDENT  
LOCATION

INITIALED F.D. 00/00

MOS 10 09 22

Pleasant Ave. / Patterson Blvd.

5065  
PLEASANT AVE.

PATTERSON BLVD.

RIEGERT  
SQUARE5085  
PLEASANT AVE.  
B.P.

PLEASANT AVE.

NOT  
TO  
SCALE

OFFICERS SIGNATURE

A. Boush

BADGE NO.  
170