



# TRAFFIC CRASH REPORT

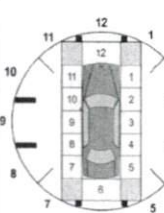
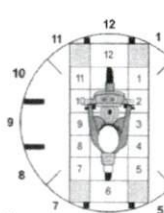
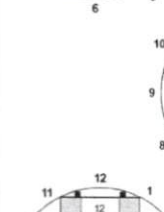

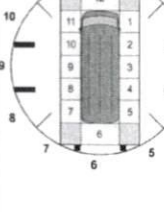
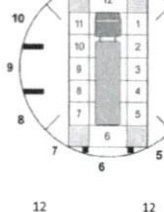
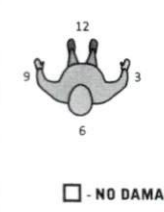
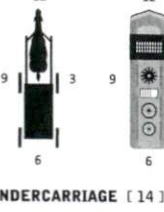
\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

<input checked="" type="checkbox"/> PHOTOS TAKEN		<input checked="" type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION		2 2 0 3 3 0 6 1	
<input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*	
		<input checked="" type="checkbox"/> PRIVATE PROPERTY		Fairfield Police Department		0 0 9 0 1	
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*			CRASH DATE / TIME*		CRASH SEVERITY
0 9	1 2-VILLAGE 3-TOWNSHIP	City of Fairfield			0 5 1 0 2 0 2 2 2 0 4 6		5 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	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES	LONGITUDE DECIMAL DEGREES
				Groh	L N	3 9 . 3 4 0 0 7 7	
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE		
				5133		- 8 4 . 5 8 5 2 4 3	
REFERENCE POINT	DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED			
1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	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 PL - PLACE 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	<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES			
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE	ROADWAY					
	1 - MILES 2 - FEET 3 - YARDS	<input type="checkbox"/> ROADWAY DIVIDED					
LOCATION OF FIRST HARMFUL EVENT		MANNER OF CRASH COLLISION/IMPACT		DIRECTION OF TRAVEL		MEDIAN TYPE	
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 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		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (>4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN (ANY TYPE) 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 WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	
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 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN		CONDITIONS 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 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 05/10/2022 at approximately 8:46 p.m. Unit 1 was traveling westbound in the parking lot of 5133 Groh Lane. Unit 1 drove through a fence.  The property and fence is owned by the City of Fairfield at 5350 Pleasant Avenue in Fairfield, OH 45014. The city's phone number is				SEE OH-2			
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME	
0 5 1 0 2 0 2 2 2 0 4 6		0 5 1 0 2 0 2 2 2 0 5 9		0 5 1 0 2 0 2 2 2 1 0 5		0 5 1 0 2 0 2 2 2 1 2 6	
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*	CHECKED BY OFFICER'S NAME*			
0 0	2 0	4 7	P.O. Wells	S. Wells			
			OFFICER'S BADGE NUMBER*	CHECKED BY OFFICER'S BADGE NUMBER*			
			1 4 8	8			
			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 JOPS)				



OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)
	01		
VEHICLE	OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
EVENT(S)	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #
	OH	JSC8371	3N1A1B61E081683363
VEHICLE	INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #
	X	Safe Auto	OH01749443A-0
VEHICLE	TYPE OF USE	US DOT #	TOWED BY: COMPANY NAME
	COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE <input type="checkbox"/>		
VEHICLE	INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>	HIT/SKIP UNIT <input type="checkbox"/>	HAZARDOUS MATERIAL
			MATERIAL RELEASED <input type="checkbox"/> PLACARD <input type="checkbox"/>
VEHICLE	UNIT TYPE	#OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR
	01	04	1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.
VEHICLE	1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART
	2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED	13 - SNOWMOBILE
VEHICLE	3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14 - SINGLE UNIT TRUCK
	4 - PICK UP	10 - MOPED OR MOTORIZED BICYCLE	15 - SEMI-TRACTOR
VEHICLE	5 - CARGO VAN	11 - ALL TERRAIN VEHICLE (ATV/UTV)	16 - FARM EQUIPMENT
	6 - VAN (9-15 SEATS)		17 - MOTORHOME
VEHICLE	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER	24 - WHEELCHAIR (ANY TYPE)
	19 - BUS (16+ PASSENGERS)	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST
VEHICLE	21 - HEAVY EQUIPMENT	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	26 - BICYCLE
			27 - TRAIN
VEHICLE			99 - UNKNOWN OR HIT/SKIP
VEHICLE	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION
	1 - YES 2 - NO 9 - OTHER / UNKNOWN	1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION
VEHICLE		2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION
VEHICLE	1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE
	2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY
VEHICLE	3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE
	4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY
VEHICLE	5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT
			20 - SAFETY SERVICE PATROL
VEHICLE	1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS
	2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX
VEHICLE			7 - GRAIN/CHIPS/GRAVEL
VEHICLE	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES
	2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE
VEHICLE	3 - TAIL LAMPS	6 - TIRE BLOWOUT	9 - MOTOR TROUBLE
			10 - DISABLED FROM PRIOR ACCIDENT
VEHICLE	1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER	6 - BICYCLE LANE
	2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE
VEHICLE		5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK
VEHICLE	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN
	2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE
VEHICLE	3 - STRIKING	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE
	4 - STRUCK	4 - OVERTAKING/PASSING	10 - PARKED
VEHICLE	5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC
	9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	12 - DRIVERLESS
VEHICLE			
VEHICLE	1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION
	2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / ACDA	14 - STOPPED OR PARKED ILLEGALLY
VEHICLE	3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	15 - SWERVING TO AVOID
	4 - RAN STOP SIGN	10 - IMPROPER PASSING	16 - WRONG WAY
VEHICLE	5 - UNSAFE SPEED	11 - DROVE OFF ROAD	
	6 - IMPROPER TURN	12 - IMPROPER BACKING	
VEHICLE			
VEHICLE	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL
	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	12 - DOWNHILL RUNAWAY
VEHICLE	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	13 - OTHER NON-COLLISION
	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	14 - PEDESTRIAN
VEHICLE	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	15 - PEDALCYCLE
VEHICLE			
VEHICLE	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST
	26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST
VEHICLE	27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES SUPPORT
	28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER	40 - UTILITY POLE
VEHICLE	29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT
	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT
VEHICLE			
VEHICLE	1 - FIRST HARMFUL EVENT	1 - MOST HARMFUL EVENT	

LOCAL REPORT NUMBER	
2 2 0 3 3 0 6 1	
DAMAGE	
DAMAGE SCALE	
1 - NONE 3 - FUNCTIONAL DAMAGE	
2 - MINOR DAMAGE 4 - DISABLING DAMAGE	
9 - UNKNOWN	
2	
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	
1 2	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN
2 - TWO-WAY	2 - SIGNAL 5 - YIELD SIGN
	3 - FLASHER 6 - NO CONTROL
# of THROUGH LANES ON ROAD	RAIL GRADE CROSSING
	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	
FROM 3 TO 4	
UNIT SPEED	DETECTED SPEED
0 5	1 - STATED / ESTIMATED SPEED
POSTED SPEED	2 - CALCULATED / EDR
	3 - UNDETERMINED



## Motorist / Non-Motorist

LOCAL REPORT NUMBER																																																																																																																																																																																																									
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<table border="1"><thead><tr><th>INJURIES</th><th>SEATING POSITION</th><th>AIR BAG</th><th>OL CLASS</th><th>OL RESTRICTION(S)</th><th>DRIVER DISTRACTION</th><th>TEST STATUS</th></tr></thead><tbody><tr><td>1 - FATAL</td><td>1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)</td><td>1 - NOT DEPLOYED</td><td>1 - CLASS A</td><td>1 - ALCOHOL INTERLOCK DEVICE</td><td>1 - NOT DISTRACTED</td><td>1 - NONE GIVEN</td></tr><tr><td>2 - SUSPECTED SERIOUS INJURY</td><td>2 - FRONT - MIDDLE</td><td>2 - DEPLOYED FRONT</td><td>2 - CLASS B</td><td>2 - CDL INTRASTATE ONLY</td><td>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)</td><td>2 - TEST REFUSED</td></tr><tr><td>3 - SUSPECTED MINOR INJURY</td><td>3 - FRONT - RIGHT SIDE</td><td>3 - DEPLOYED SIDE</td><td>3 - CLASS C</td><td>3 - CORRECTIVE LENSES</td><td>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE</td><td>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE</td></tr><tr><td>4 - POSSIBLE INJURY</td><td>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)</td><td>4 - DEPLOYED BOTH FRONT / SIDE</td><td>4 - REGULAR CLASS (OHIO = D)</td><td>4 - FARM WAIVER</td><td>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE</td><td>4 - TEST GIVEN, RESULTS KNOWN</td></tr><tr><td>5 - NO APPARENT INJURY</td><td>5 - SECOND - MIDDLE</td><td>5 - NOT APPLICABLE</td><td>5 - M/C MOPED ONLY</td><td>5 - EXCEPT CLASS A BUS</td><td>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE</td><td>5 - TEST GIVEN, RESULTS UNKNOWN</td></tr><tr><td></td><td>6 - SECOND - RIGHT SIDE</td><td>9 - DEPLOYMENT UNKNOWN</td><td>6 - NO VALID OL</td><td>6 - EXCEPT CLASS A &amp; CLASS B BUS</td><td></td><td></td></tr><tr><td colspan="3"><b>INJURED TAKEN BY</b></td><td colspan="3"><b>EJECTION</b></td><td><b>ALCOHOL TEST TYPE</b></td></tr><tr><td>1 - NOT TRANSPORTED / TREATED AT SCENE</td><td>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</td><td>1 - NOT EJECTED</td><td colspan="3">H - HAZMAT</td><td>1 - NONE</td></tr><tr><td>2 - EMS</td><td>8 - THIRD - MIDDLE</td><td>2 - PARTIALLY EJECTED</td><td colspan="3">M - MOTORCYCLE</td><td>2 - BLOOD</td></tr><tr><td>3 - POLICE</td><td>9 - THIRD - RIGHT SIDE</td><td>3 - TOTALLY EJECTED</td><td colspan="3">P - PASSENGER</td><td>3 - URINE</td></tr><tr><td>9 - OTHER / UNKNOWN</td><td>10 - SLEEPER SECTION OF TRUCK CAB</td><td>4 - NOT APPLICABLE</td><td colspan="3">N - TANKER</td><td>4 - BREATH</td></tr><tr><td colspan="3"><b>SAFETY EQUIPMENT</b></td><td colspan="3"><b>TRAPPED</b></td><td>5 - OTHER</td></tr><tr><td>1 - NONE USED</td><td>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)</td><td>1 - NOT TRAPPED</td><td colspan="3">Q - MOTOR SCOOTER</td><td><b>DRUG TEST TYPE</b></td></tr><tr><td>2 - SHOULDER BELT ONLY USED</td><td>12 - PASSENGER IN UNENCLOSED CARGO AREA</td><td>2 - EXTRICATED BY MECHANICAL MEANS</td><td colspan="3">R - THREE-WHEEL MOTORCYCLE</td><td>1 - NONE</td></tr><tr><td>3 - LAP BELT ONLY USED</td><td>13 - TRAILING UNIT</td><td>3 - FREED BY NON-MECHANICAL MEANS</td><td colspan="3">S - SCHOOL BUS</td><td>2 - BLOOD</td></tr><tr><td>4 - SHOULDER &amp; 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## OCCUPANT / WITNESS ADDENDUM

						LOCAL REPORT NUMBER					
						2 2 0 3 3 0 6 1					
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH			AGE	GENDER	
	1	Madaffari, Jonathan				0 6 1 4 2 0 0 3			1 8	M	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
	6298 Robert E Lee Dr. Fairfield, OH 45014										
OCCUPANT	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 3	0 1	1	1
	UNIT #					DATE OF BIRTH			AGE	GENDER	
	1					0 7 1 1 2 0 0 4			1 7	F	
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
5154 Lamonte Dr. Fairfield, OH 45014											
OCCUPANT	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	0 1	1	1
	UNIT #					DATE OF BIRTH			AGE	GENDER	
	1					0 7 1 1 2 0 0 2			1 9	F	
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
550 Ross Ave. Hamilton, OH 45013											
OCCUPANT	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
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INJURED TAKEN BY					6 - CHILD RESTRAINT SYSTEM - REAR FACING		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN		
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								0			
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LOCAL REPORT NUMBER	22-033061	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	5/10/22
IN COUNTY OF	Butler	ACCIDENT LOCATION	5133 Groh Lane in Fairfield, OH 45014		

NOT TO SCALE

1

5133 GROH LN  
PRIVATE PROPERTY

OFFICER'S SIGNATURE

P.O. Weller 148

BADGE NO  
148