



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN		<input checked="" type="checkbox"/> OH-2	<input checked="" 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*	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR		
				Fairfield Police Department		00901	1-SOLVED	02	01 98-ANIMAL		
							2-UNSOLVED		01 99-UNKNOWN		
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*						CRASH DATE / TIME*		CRASH SEVERITY	
09	1 2-VILLAGE 3-TOWNSHIP	City of Fairfield						05112022 1425		2 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY	
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DECIMAL DEGREES		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES
	U S	127		4610			39.351964				
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)		ROAD TYPE	-84.558792				
REFERENCE POINT	DIRECTION FROM REFERENCE		ROUTE TYPE		ROAD TYPE	INTERSECTION RELATED					
1-INTERSECTION 3 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	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		NUMBER OF APPROACHES	
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE		1-MILES 2-FEET 3-YARDS					<input type="checkbox"/> WITHIN INTERCHANGE AREA			
LOCATION OF FIRST HARMFUL EVENT					MANNER OF CRASH COLLISION/IMPACT					ROADWAY	
06	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	1 - NOT COLLISION 2 - 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	<input type="checkbox"/> ROADWAY DIVIDED		MEDIAN TYPE	
<input type="checkbox"/> WORK ZONE RELATED		WORK ZONE TYPE			LOCATION OF CRASH IN WORK ZONE		1	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	1	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"/> 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 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	1	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN	
<input type="checkbox"/> LAW ENFORCEMENT PRESENT		1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN			WEATHER		1	1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL	1	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	
LIGHT CONDITION					WEATHER		1	1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL	1	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	
NARRATIVE										Indicate the north direction with an 'N' on the compass diagram.	
On 05-11-2022 at approximately 2:25 p.m. Unit 1 was in the parking lot of 4610 Pleasant Avenue facing westbound preparing to turn southbound onto U.S. 127 (Pleasant Avenue). Unit 2 was a bicycle traveling southbound on the sidewalk approaching Unit 1. Unit 1 failed to yield to Unit 2. Unit 2 struck Unit 1.											
The Unit 2 bicyclist was transported to Mercy Hospital for a suspected broken wrist.										SEE OH-2	
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY			
05112022 1425		05112022 1427		05112022 1430		05112022 1555		<input checked="" type="checkbox"/> POLICE AGENCY			
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		<input type="checkbox"/> MOTORIST			
00		20		108		P.O. Wells		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODDS)			
						OFFICER'S BADGE NUMBER*					
						148					
						87					



UNIT

OWNER

VEHICLE

EVENT(S)

SEQUENCE OF EVENTS

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UNIT #	OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER	OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER
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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
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<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
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<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	TOWED BY: COMPANY NAME		
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS	HAZARDOUS MATERIAL		
	0 1	<input type="checkbox"/> MATERIAL RELEASED	CLASS #	PLACARD ID #
		<input type="checkbox"/> PLACARD		
VEHICLE WEIGHT GVWR/GCWR				
1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.				

1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
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10 # OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
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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 - IRONING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	21 - MAIL CARRIER 99 - OTHER / UNKNOWN
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1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN / ENCLOSED BOX 7 - GRAIN / CHIPS / GRAVEL	8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE / REFUSE 99 - OTHER / UNKNOWN
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1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT	99 - OTHER / UNKNOWN
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0 8 NON-MOTORIST LOCATION AT IMPACT	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK	9 - MEDIAN / CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN
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3 ACTION	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING / PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN
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0 1 CONTRIBUTING CIRCUMSTANCES	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING / FALLING / SPILLING 20 - IMPROPER CROSSING	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION
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SEQUENCE OF EVENTS

1 2 0	1 - OVERTURN / ROLLOVER 2 - FIRE / EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT
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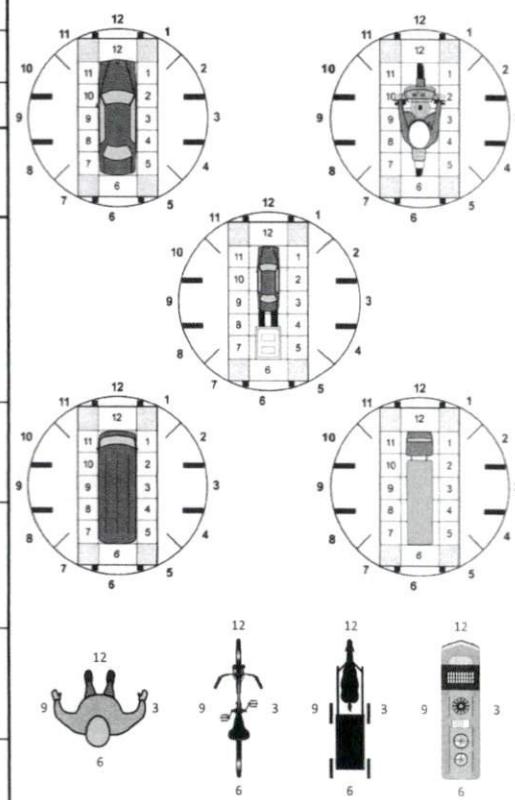
4 5 6	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN
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1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER
2 2 0 3 3 2 4 6

DAMAGE		DAMAGE SCALE	
4	1 - NONE 2 - MINOR DAMAGE	3 - FUNCTIONAL 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 1-2 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

TRAFFIC	
TRAFFICWAY FLOW 2	TRAFFIC CONTROL 6
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING 1

UNIT / NON-MOTORIST DIRECTION	
FROM 1 TO 2	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 9 - OTHER / UNKNOWN

UNIT SPEED 0 5	DETECTED SPEED 1 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 1 1 1	



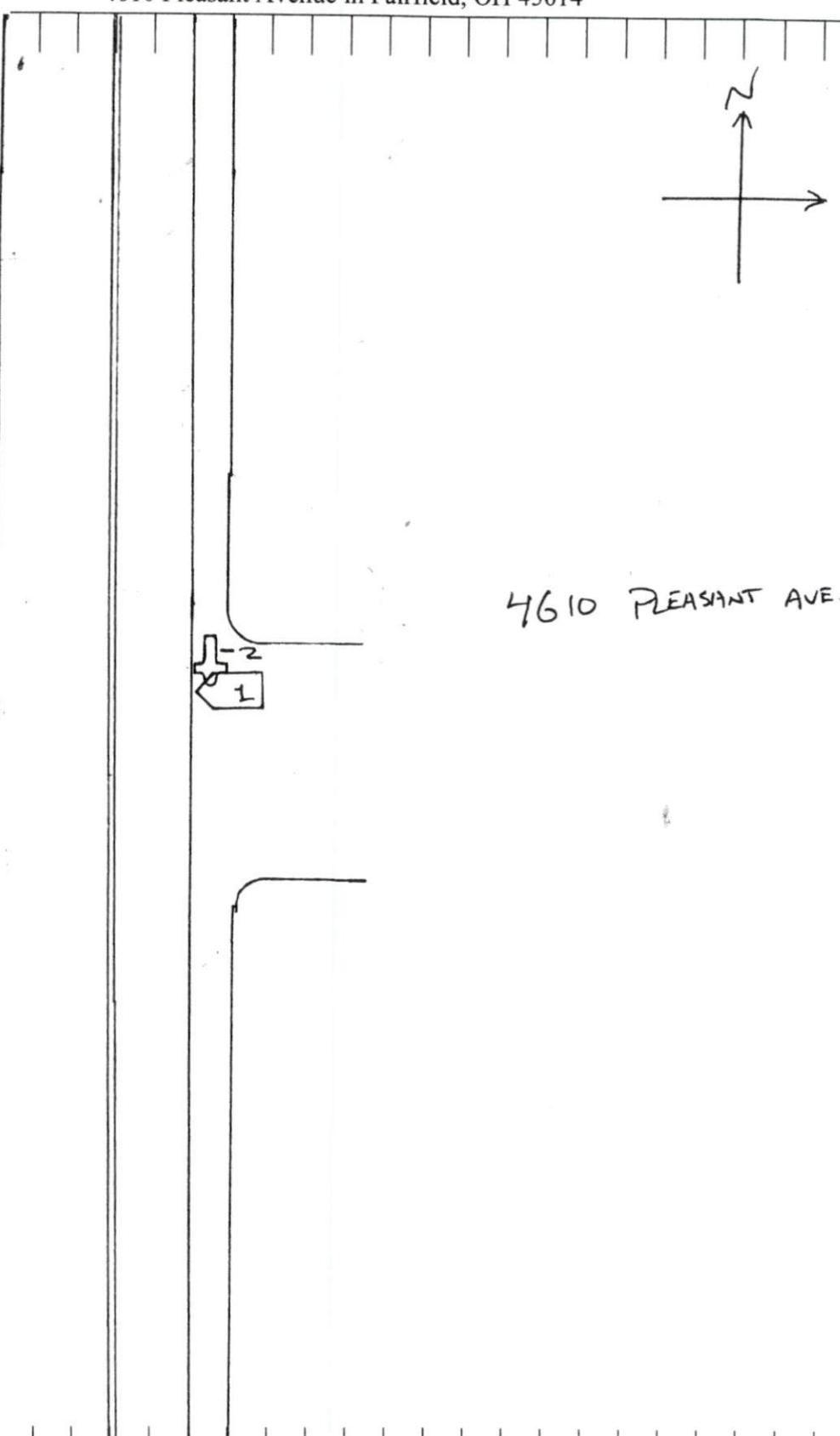
MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	LOCAL REPORT NUMBER												
	UNIT #		2 2 0 3 3 2 4 6										
0 1	NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH										
Stickler, Stephanie		0 5 1 1 1 9 6 8 5 4 F											
ADDRESS: STREET, CITY, STATE, ZIP													
3535 Pleasant Ave. Hamilton, OH 45015													
INJURIES 5	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	
OL STATE O H	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER				
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	Right of Way		251077					
1					<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	1	ALCOHOL TEST	STATUS		TYPE	RESULT	DRUG TEST(S)	
UNIT # 0 2	NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH								AGE	GENDER	
Wilder, Charles		1 2 1 8 1 9 7 2 4 9 M								CONTACT PHONE - INCLUDE AREA CODE			
ADDRESS: STREET, CITY, STATE, ZIP													
1116 Reservoir St. Hamilton, OH 45011													
INJURIES 2	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	
OL STATE O H	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER				
OL CLASS 6	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	1		ALCOHOL TEST	STATUS		TYPE	RESULT	DRUG TEST(S)
1					<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	1	1	1	1	1	1	1	SELECT UP TO 4
UNIT #	NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH								AGE	GENDER	
		0								CONTACT PHONE - INCLUDE AREA CODE			
ADDRESS: STREET, CITY, STATE, ZIP													
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	
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST	STATUS		TYPE	RESULT	DRUG TEST(S)	
1					<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	1	1	1	1	1	1	1	SELECT UP TO 4
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						
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 KNOWN	4-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	5-TEST GIVEN, RESULTS UNKNOWN						
6-SECON	6-SECOND - RIGHT SIDE	9-DEPLOYMENT UNKNOWN		6-NO VALID OL	6-EXCEPT CLASS A & CLASS B BUS	7-EXCEPT TRACTOR-TRAILER	7-TEST GIVEN						
7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD - MIDDLE	7-NOT EJECTED		H-HAZMAT	8-INTERMEDIATE LICENSE RESTRICTIONS	8-INTERMEDIATE LICENSE RESTRICTIONS	8-TEST GIVEN						
8-THIRD - MIDDLE	8-THIRD - RIGHT SIDE	8-PARTIALLY EJECTED		M-MOTORCYCLE	9-LEARNER'S PERMIT RESTRICTIONS	9-LEARNER'S PERMIT RESTRICTIONS	9-TEST GIVEN						
9-THIRD - RIGHT SIDE	10-SLEEPER SECTION OF TRUCK CAB	9-TOTALLY EJECTED		P-PASSENGER	10-LIMITED TO DAYLIGHT ONLY	10-LIMITED TO DAYLIGHT ONLY	10-TEST GIVEN						
10-PASS	11-PASS	4-NOT APPLICABLE		N-TANKER	11-LIMITED TO EMPLOYMENT	11-LIMITED TO EMPLOYMENT	11-TEST GIVEN						
11-PASS	11-PASS	11-PASS		Q-MOTOR SCOOTER	12-LIMITED - OTHER	12-LIMITED - OTHER	12-TEST GIVEN						
12-PASS	12-PASS	12-PASS		R-THREE-WHEEL MOTORCYCLE	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13-TEST GIVEN						
13-PASS	13-PASS	13-FREED BY NON-MECHANICAL MEANS		S-SCHOOL BUS	14-MILITARY VEHICLES ONLY	14-MILITARY VEHICLES ONLY	14-TEST GIVEN						
14-PASS	14-PASS	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		T-T-DOUBLE & TRIPLE TRAILERS	15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-TEST GIVEN						
15-PASS	15-PASS	15-NON-MOTORIST		X-X-TANKER / HAZMAT	16-OUTSIDE MIRROR	16-OUTSIDE MIRROR	16-TEST GIVEN						
16-PASS	16-PASS	16-OTHER / UNKNOWN		F-F-MALE	17-PROSTHETIC AID	17-PROSTHETIC AID	17-TEST GIVEN						
17-PASS	17-PASS	17-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN	18-OTHER	18-OTHER	18-TEST GIVEN						
18-PASS	18-PASS	18-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		F-F-MALE			19-TEST GIVEN						
19-PASS	19-PASS	19-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			20-TEST GIVEN						
20-PASS	20-PASS	20-REFLECTIVE CLOTHING		F-F-MALE			21-TEST GIVEN						
21-PASS	21-PASS	21-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			22-TEST GIVEN						
22-PASS	22-PASS	22-REFLECTIVE CLOTHING		F-F-MALE			23-TEST GIVEN						
23-PASS	23-PASS	23-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			24-TEST GIVEN						
24-PASS	24-PASS	24-REFLECTIVE CLOTHING		F-F-MALE			25-TEST GIVEN						
25-PASS	25-PASS	25-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			26-TEST GIVEN						
26-PASS	26-PASS	26-REFLECTIVE CLOTHING		F-F-MALE			27-TEST GIVEN						
27-PASS	27-PASS	27-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			28-TEST GIVEN						
28-PASS	28-PASS	28-REFLECTIVE CLOTHING		F-F-MALE			29-TEST GIVEN						
29-PASS	29-PASS	29-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			30-TEST GIVEN						
30-PASS	30-PASS	30-REFLECTIVE CLOTHING		F-F-MALE			31-TEST GIVEN						
31-PASS	31-PASS	31-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			32-TEST GIVEN						
32-PASS	32-PASS	32-REFLECTIVE CLOTHING		F-F-MALE			33-TEST GIVEN						
33-PASS	33-PASS	33-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			34-TEST GIVEN						
34-PASS	34-PASS	34-REFLECTIVE CLOTHING		F-F-MALE			35-TEST GIVEN						
35-PASS	35-PASS	35-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			36-TEST GIVEN						
36-PASS	36-PASS	36-REFLECTIVE CLOTHING		F-F-MALE			37-TEST GIVEN						
37-PASS	37-PASS	37-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			38-TEST GIVEN						
38-PASS	38-PASS	38-REFLECTIVE CLOTHING		F-F-MALE			39-TEST GIVEN						
39-PASS	39-PASS	39-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			40-TEST GIVEN						
40-PASS	40-PASS	40-REFLECTIVE CLOTHING		F-F-MALE			41-TEST GIVEN						
41-PASS	41-PASS	41-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			42-TEST GIVEN						
42-PASS	42-PASS	42-REFLECTIVE CLOTHING		F-F-MALE			43-TEST GIVEN						
43-PASS	43-PASS	43-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			44-TEST GIVEN						
44-PASS	44-PASS	44-REFLECTIVE CLOTHING		F-F-MALE			45-TEST GIVEN						
45-PASS	45-PASS	45-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			46-TEST GIVEN						
46-PASS	46-PASS	46-REFLECTIVE CLOTHING		F-F-MALE			47-TEST GIVEN						
47-PASS	47-PASS	47-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			48-TEST GIVEN						
48-PASS	48-PASS	48-REFLECTIVE CLOTHING		F-F-MALE			49-TEST GIVEN						
49-PASS	49-PASS	49-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			50-TEST GIVEN						
50-PASS	50-PASS	50-REFLECTIVE CLOTHING		F-F-MALE			51-TEST GIVEN						
51-PASS	51-PASS	51-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			52-TEST GIVEN						
52-PASS	52-PASS	52-REFLECTIVE CLOTHING		F-F-MALE			53-TEST GIVEN						
53-PASS	53-PASS	53-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			54-TEST GIVEN						
54-PASS	54-PASS	54-REFLECTIVE CLOTHING		F-F-MALE			55-TEST GIVEN						
55-PASS	55-PASS	55-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			56-TEST GIVEN						
56-PASS	56-PASS	56-REFLECTIVE CLOTHING		F-F-MALE			57-TEST GIVEN						
57-PASS	57-PASS	57-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			58-TEST GIVEN						
58-PASS	58-PASS	58-REFLECTIVE CLOTHING		F-F-MALE			59-TEST GIVEN						
59-PASS	59-PASS	59-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			60-TEST GIVEN						
60-PASS	60-PASS	60-REFLECTIVE CLOTHING		F-F-MALE			61-TEST GIVEN						
61-PASS	61-PASS	61-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			62-TEST GIVEN						
62-PASS	62-PASS	62-REFLECTIVE CLOTHING		F-F-MALE			63-TEST GIVEN						
63-PASS	63-PASS	63-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			64-TEST GIVEN						
64-PASS	64-PASS	64-REFLECTIVE CLOTHING		F-F-MALE			65-TEST GIVEN						
65-PASS	65-PASS	65-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			66-TEST GIVEN						
66-PASS	66-PASS	66-REFLECTIVE CLOTHING		F-F-MALE			67-TEST GIVEN						
67-PASS	67-PASS	67-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			68-TEST GIVEN						
68-PASS	68-PASS	68-REFLECTIVE CLOTHING		F-F-MALE			69-TEST GIVEN						
69-PASS	69-PASS	69-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			70-TEST GIVEN						
70-PASS	70-PASS	70-REFLECTIVE CLOTHING		F-F-MALE			71-TEST GIVEN						
71-PASS	71-PASS	71-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			72-TEST GIVEN						
72-PASS	72-PASS	72-REFLECTIVE CLOTHING		F-F-MALE			73-TEST GIVEN						
73-PASS	73-PASS	73-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			74-TEST GIVEN						
74-PASS	74-PASS	74-REFLECTIVE CLOTHING		F-F-MALE			75-TEST GIVEN						
75-PASS	75-PASS	75-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			76-TEST GIVEN						
76-PASS	76-PASS	76-REFLECTIVE CLOTHING		F-F-MALE			77-TEST GIVEN						
77-PASS	77-PASS	77-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			78-TEST GIVEN						
78-PASS	78-PASS	78-REFLECTIVE CLOTHING		F-F-MALE			79-TEST GIVEN						
79-PASS	79-PASS	79-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			80-TEST GIVEN						
80-PASS	80-PASS	80-REFLECTIVE CLOTHING		F-F-MALE			81-TEST GIVEN						
81-PASS	81-PASS	81-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			82-TEST GIVEN						
82-PASS	82-PASS	82-REFLECTIVE CLOTHING		F-F-MALE			83-TEST GIVEN						
83-PASS	83-PASS	83-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			84-TEST GIVEN						
84-PASS	84-PASS	84-REFLECTIVE CLOTHING		F-F-MALE			85-TEST GIVEN						
85-PASS	85-PASS	85-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			86-TEST GIVEN						
86-PASS	86-PASS	86-REFLECTIVE CLOTHING		F-F-MALE			87-TEST GIVEN						
87-PASS	87-PASS	87-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			88-TEST GIVEN						
88-PASS	88-PASS	88-REFLECTIVE CLOTHING		F-F-MALE			89-TEST GIVEN						
89-PASS	89-PASS	89-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			90-TEST GIVEN						
90-PASS	90-PASS	90-REFLECTIVE CLOTHING		F-F-MALE			91-TEST GIVEN						
91-PASS	91-PASS	91-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			92-TEST GIVEN						
92-PASS	92-PASS	92-REFLECTIVE CLOTHING		F-F-MALE			93-TEST GIVEN						
93-PASS	93-PASS	93-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			94-TEST GIVEN						
94-PASS	94-PASS	94-REFLECTIVE CLOTHING		F-F-MALE			95-TEST GIVEN						
95-PASS	95-PASS	95-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			96-TEST GIVEN						
96-PASS	96-PASS	96-REFLECTIVE CLOTHING		F-F-MALE			97-TEST GIVEN						
97-PASS	97-PASS	97-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			98-TEST GIVEN						
98-PASS	98-PASS	98-REFLECTIVE CLOTHING		F-F-MALE			99-TEST GIVEN						
99-PASS	99-PASS	99-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			100-TEST GIVEN						
100-PASS	100-PASS	100-REFLECTIVE CLOTHING		F-F-MALE			101-TEST GIVEN						
101-PASS	101-PASS	101-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			102-TEST GIVEN						
102-PASS	102-PASS	102-REFLECTIVE CLOTHING		F-F-MALE			103-TEST GIVEN						
103-PASS	103-PASS	103-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			104-TEST GIVEN						
104-PASS	104-PASS	104-REFLECTIVE CLOTHING		F-F-MALE			105-TEST GIVEN						
105-PASS	105-PASS	105-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			106-TEST GIVEN						
106-PASS	106-PASS	106-REFLECTIVE CLOTHING		F-F-MALE			107-TEST GIVEN						
107-PASS	107-PASS	107-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			108-TEST GIVEN						
108-PASS	108-PASS	108-REFLECTIVE CLOTHING		F-F-MALE			109-TEST GIVEN						
109-PASS	109-PASS	109-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			110-TEST GIVEN						
110-PASS	110-PASS	110-REFLECTIVE CLOTHING		F-F-MALE			111-TEST GIVEN						
111-PASS	111-PASS	111-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			112-TEST GIVEN						
112-PASS	112-PASS	112-REFLECTIVE CLOTHING		F-F-MALE			113-TEST GIVEN						
113-PASS	113-PASS	113-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			114-TEST GIVEN						
114-PASS	114-PASS	114-REFLECTIVE CLOTHING		F-F-MALE			115-TEST GIVEN						
115-PASS	115-PASS	115-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			116-TEST GIVEN						
116-PASS	116-PASS	116-REFLECTIVE CLOTHING		F-F-MALE			117-TEST GIVEN						
117-PASS	117-PASS	117-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			118-TEST GIVEN						
118-PASS	118-PASS	118-REFLECTIVE CLOTHING		F-F-MALE			119-TEST GIVEN						
119-PASS	119-PASS	119-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			120-TEST GIVEN						
120-PASS	120-PASS	120-REFLECTIVE CLOTHING		F-F-MALE			121-TEST GIVEN						
121-PASS	121-PASS	121-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			122-TEST GIVEN						
122-PASS	122-PASS	122-REFLECTIVE CLOTHING		F-F-MALE			123-TEST GIVEN						
123-PASS	123-PASS	123-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			124-TEST GIVEN						
124-PASS	124-PASS	124-REFLECTIVE CLOTHING		F-F-MALE			125-TEST GIVEN						
125-PASS	125-PASS	125-REFLECTIVE CLOTHING		M-M-OTHER / UNKNOWN			126-TEST GIVEN						
126-PASS	126-PASS												



OCCUPANT / WITNESS ADDENDUM

OCCUPANT	LOCAL REPORT NUMBER																
	2	2	0	3	3	2	4	6									
UNIT #	NAME: LAST, FIRST, MIDDLE																
1	King, Aurora																
ADDRESS:	STREET, CITY, STATE, ZIP																
3535 Pleasant Ave. Hamilton, OH 45015																	
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-Compliant MC HELMET <table border="1"> <tr> <td>SEATING POSITION</td> <td>AIR BAG USAGE</td> <td>EJECTION</td> <td>TRAPPED</td> </tr> <tr> <td>0 6</td> <td>0 1</td> <td>1</td> <td>1</td> </tr> </table>					SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	0 6	0 1	1	1
SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED														
0 6	0 1	1	1														
5				0 5													
UNIT #	NAME: LAST, FIRST, MIDDLE																
1																	
ADDRESS:	STREET, CITY, STATE, ZIP																
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-Compliant MC HELMET <table border="1"> <tr> <td>SEATING POSITION</td> <td>AIR BAG USAGE</td> <td>EJECTION</td> <td>TRAPPED</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>					SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED														
5																	
UNIT #	NAME: LAST, FIRST, MIDDLE																
1																	
ADDRESS:	STREET, CITY, STATE, ZIP																
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-Compliant MC HELMET <table border="1"> <tr> <td>SEATING POSITION</td> <td>AIR BAG USAGE</td> <td>EJECTION</td> <td>TRAPPED</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>					SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED														
5																	
UNIT #	NAME: LAST, FIRST, MIDDLE																
1																	
ADDRESS:	STREET, CITY, STATE, ZIP																
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-Compliant MC HELMET <table border="1"> <tr> <td>SEATING POSITION</td> <td>AIR BAG USAGE</td> <td>EJECTION</td> <td>TRAPPED</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>					SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED														
5																	
UNIT #	NAME: LAST, FIRST, MIDDLE																
1																	
ADDRESS:	STREET, CITY, STATE, ZIP																
INJURIES			SAFETY EQUIPMENT USED		SEATING POSITION			AIR BAG USAGE									
1 - FATAL			1 - NONE USED - VEHICLE OCCUPANT		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)			1 - NOT DEPLOYED									
2 - SUSPECTED SERIOUS INJURY			2 - SHOULDER BELT ONLY USED		2 - FRONT - MIDDLE			2 - DEPLOYED FRONT									
3 - SUSPECTED MINOR INJURY			3 - LAP BELT ONLY USED		3 - FRONT - RIGHT SIDE			3 - DEPLOYED SIDE									
4 - POSSIBLE INJURY			4 - SHOULDER & LAP BELT USED		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)			4 - DEPLOYED BOTH FRONT/SIDE									
5 - NO APPARENT INJURY			5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		5 - SECOND - MIDDLE			5 - NOT APPLICABLE									
INJURED TAKEN BY			6 - CHILD RESTRAINT SYSTEM - REAR FACING		6 - SECOND - RIGHT SIDE			9 - DEPLOYMENT UNKNOWN									
1 - NOT TRANSPORTED /TREATED AT SCENE			7 - BOOSTER SEAT		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			EJECTION									
2 - EMS			8 - HELMET USED		8 - THIRD - MIDDLE			1 - NOT EJECTED									
3 - POLICE			9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		9 - THIRD - RIGHT SIDE			2 - PARTIALLY EJECTED									
9 - OTHER / UNKNOWN			10 - REFLECTIVE CLOTHING		10 - SLEEPER SECTION OF TRUCK CAB			3 - TOTALLY EJECTED									
GENDER			11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)			4 - NOT APPLICABLE									
F - FEMALE			99 - OTHER / UNKNOWN		12 - PASSENGER IN UNENCLOSED CARGO AREA			TRAPPED									
M - MALE					13 - TRAILING UNIT			1 - NOT TRAPPED									
U - OTHER / UNKNOWN					14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			2 - EXTRICATED BY MECHANICAL MEANS									
					15 - NON-MOTORIST			3 - FREED BY NON-MECHANICAL MEANS									
					99 - OTHER / UNKNOWN												
WITNESS	NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH	AGE	GENDER					
	McCoy, Matthew									0 8 1 2 1 9 8 3	38	M					
ADDRESS:	STREET, CITY, STATE, ZIP									CONTACT PHONE - INCLUDE AREA CODE							
6558 Elvin Ln. Liberty Township, OH 45011																	
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							

LOCAL REPORT NUMBER 22-033246	REPORTING AGENCY Fairfield Police Department	DATE OF ACCIDENT 5/11/22
IN COUNTY OF Butler	ACCIDENT LOCATION 4610 Pleasant Avenue in Fairfield, OH 45014	
		
NOT TO SCALE		
OFFICER'S SIGNATURE Po. Wells 148		BADGE NO 148