



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY			LOCAL INFORMATION REPORTING AGENCY NAME* NCIC* Fairfield Police Department 00901			LOCAL REPORT NUMBER* 2 2 0 3 5 1 2 7			
COUNTY* 0 9 LOCALITY* 1-CITY 1 2-VILLAGE 1 3-TOWNSHIP 1			LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield			HIT/SKIP 1-SOLVED 1 2-UNRESOLVED 2 NUMBER OF UNITS 0 2 UNIT IN ERROR 0 1 98-ANIMAL 1 99-UNKNOWN 1			
ROUTE TYPE S R 4 ROUTE NUMBER REFERENCE			PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST LOCATION ROAD NAME South Gilmore			ROAD TYPE RD			
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REFERENCE POINT 1-INTERSECTION 1-NORTH 2-MILE POST 2-SOUTH 3-HOUSE # 3-EAST DISTANCE FROM REFERENCE			DIRECTION 4-WEST ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE			ROAD TYPE AL - ALLEY HW - HIGHWAY RD - ROAD AV - AVENUE LA - LANE SQ - SQUARE BL - BOULEVARD MP - MILEPOST ST - STREET CR - CIRCLE OV - OVAL TE - TERRACE CT - COURT PK - PARKWAY TL - TRAIL DR - DRIVE PI - PIKE WA - WAY HE - HEIGHTS PL - PLACE			
LOCATION OF FIRST HARMFUL EVENT 1-ON ROADWAY 9-CROSSOVER 2-ON SHOULDER 10-DRIVEWAY/ALLEY ACCESS 3-IN MEDIAN 11-RAILWAY GRADE CROSSING 4-ON ROADSIDE 12-SHARED USE PATHS OR 5-ON GORE TRAILS 6-OUTSIDE TRAFFIC WAY 13-BIKE LANE 7-ON RAMP 14-TOLL BOOTH 8-OFF RAMP 99-OTHER/UNKNOWN			MANNER OF CRASH COLLISION/IMPACT 1-NOT COLLISION 4-REAR-TO-REAR 2-BETWEEN 5-BACKING 3-TWO MOTOR VEHICLES IN 6-ANGLE 4-VEHICLES IN TRANSPORT 7-SIDESWIPE, SAME DIRECTION 5-TRANSPORT 8-SIDESWIPE, OPPOSITE DIRECTION 6-REAR-END 9-HEAD-ON 7-SIDESWIPE, OPPOSITE DIRECTION 8-HEAD-ON 9-OTHER / UNKNOWN			INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH 4 <input type="checkbox"/> WITHIN INTERCHANGE AREA ROADWAY <input type="checkbox"/> ROADWAY DIVIDED			
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE			WORK ZONE TYPE 1-LANE CLOSURE 2-LANE SHIFT/CROSSOVER 3-WORK ON SHOULDER OR MEDIAN 4-INTERMITTENT OR MOVING WORK 5-OTHER			LOCATION OF CRASH IN WORK ZONE 1-BEFORE THE 1ST WORK ZONE 2-WARNING SIGN 3-ADVANCE WARNING AREA 4-TRANSITION AREA 5-ACTIVITY AREA 6-TERMINATION AREA			
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 6-SNOW 2-CLOUDY 7-SEVERE CROSSWINDS 3-FOG, SMOG, SMOKE 8-BLOWING SAND, SOIL, DIRT, SNOW 4-RAIN 9-FREEZING RAIN OR FREEZING DRIZZLE 5-SLEET, HAIL 99-OTHER / UNKNOWN			DIRECTION OF TRAVEL 1-NORTH 1 2-SOUTH 1 3-EAST 2 4-WEST 1 CONDITONS 1-DRY 1 2-WET 2 3-SNOW 3 4-ICE 4 5-SAND, MUD, DIRT, OIL, GRAVEL 5 6-WATER (STANDING, MOVING) 6 7-SLUSH 7 9-OTHER/UNKNOWN 9			
SURFACE 1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN									
NARRATIVE <p>On May 18, 2022 at about 1:22 P.M. Unit #1 was making a right turn from Holden Blvd. to travel northwest on State Route 4 and in so doing made a wide turn and traveled into the left through lane of travel striking Unit #2 which was making a left turn from South Gilmore Road to travel northwest on State Route 4.</p> <p>Unit #1 and Unit #2 were moved prior to police arrival.</p>						 Indicate the north direction with an "N" on the compass diagram.			
						See OH-2 Diagram			
CRASH REPORTED DATE / TIME 0 5 1 8 2 0 2 2 1 3 2 4		DISPATCH DATE / TIME 0 5 1 8 2 0 2 2 1 3 2 5		ARRIVAL DATE / TIME 0 5 1 8 2 0 2 2 1 3 3 0		SCENE CLEARED DATE / TIME 0 5 1 8 2 0 2 2 1 4 0 4		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 ODDS)	
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 1 0		TOTAL MINUTES 4 9		OFFICER'S NAME* E. Knizner OFFICER'S BADGE NUMBER* 8 3		CHECKED BY OFFICER'S NAME* Sgt. J. Sprague CHECKED BY OFFICER'S BADGE NUMBER* 8 4	

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																																																																								
OWNER ADDRESS: STREET, CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER																																																																											
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																																																																									
LP STATE <u>O H</u>	LICENSE PLATE # <u>683YWX</u>	VEHICLE IDENTIFICATION # <u>5FNR15H62EB071911</u>	VEHICLE YEAR <u>2014</u>																																																																								
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>Safeco Insurance</u>	INSURANCE POLICY # <u>K1782463</u>	COLOR <u>Taupe</u>																																																																								
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME																																																																								
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LOCAL REPORT NUMBER	
2 2 0 3 5 1 2 7	
DAMAGE	
DAMAGE SCALE	
2	1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
DAMAGED AREA(S) INDICATE ALL THAT APPLY	

OWNER	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)																																															
	0 2	OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER)																																																	
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																																															
	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #		VEHICLE YEAR	VEHICLE MAKE																																													
	O H	FIFIAITH	3 L N 6 L 5 E 9 X H R 6 0 0 8 2 8		12 0 1 7	Lincoln																																													
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		Allstate Insurance	826-378-649		Black	MKZ																																													
	TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME																																															
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE																																																
	<input type="checkbox"/> INTERLOCK EQUIPPED	<input type="checkbox"/> DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR																																														
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2	2 - PARTIAL AUTOMATION			2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION																																														
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LOCAL REPORT NUMBER		2 2 0 3 5 1 2 7
DAMAGE		DAMAGE SCALE
2	1 - NONE	3 - FUNCTIONAL DAMAGE
	2 - MINOR DAMAGE	4 - DISABLING DAMAGE
	9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY		
<img alt		



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

2 2 0 3 5 1 2 7

UNIT #		NAME: LAST, FIRST, MIDDLE 0 1 Cones, Marilyn Ann						DATE OF BIRTH		AGE	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP		5541 Nottingham Place Fairfield, Ohio 45014						0 8 1 0 1 9 3 6 8 5 F						
MOTORIST / NON-MOTORIST	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
	5	5								0 1	1	1	1	
	DL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER					
	O H			331.10A1		X	Turns at Intersections		251071					
	DL 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	1	1	1	SELECT UP TO 4		
	UNIT #		NAME: LAST, FIRST, MIDDLE 0 2 Johnson, Fidel Edward						DATE OF BIRTH		AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP		2818 W. Northbend Road #2 Cincinnati, Ohio 45239						0 5 2 0 1 9 6 0 6 1 M					
	CONTACT PHONE - INCLUDE AREA CODE													
MOTORIST / NON-MOTORIST	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
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	ADDRESS: STREET, CITY, STATE, ZIP								0 5 2 0 1 9 6 0 6 1 M					
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					1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	1	1	1	SELECT UP TO 4		
	INJURIES		SEATING POSITION		AIR BAG		DL CLASS		DL 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		9-DEPLOYMENT UNKNOWN		6-NO VALID DL		6-EXCEPT CLASS A & CLASS B BUS		6-PASSINGER		1-NONE		
1-NOT TRANSPORTED / TREATED AT SCENE		7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		7-NOT DEPLOYED		7-HAZMAT		7-INTERMEDIATE LICENSE RESTRICTIONS		7-OTHER DISTRACTION INSIDE THE VEHICLE		2-BLOOD		
2-EMS		8-THIRD - MIDDLE		8-PARTIALLY EJECTED		8-MOTORCYCLE		8-LEARNER'S PERMIT RESTRICTIONS		8-OTHER DISTRACTION OUTSIDE THE VEHICLE		3-URINE		
3-POLICE		9-THIRD - RIGHT SIDE		9-TOTALLY EJECTED		9-PASSENGER		9-LIMITED TO DAYLIGHT ONLY		9-OTHER / UNKNOWN		4-BREATH		
9-OTHER / UNKNOWN		10-SLEEPER SECTION OF TRUCK CAB		4-NOT APPLICABLE		N-TANKER		11-LIMITED TO EMPLOYMENT		5-OTHER		5-OTHER		
SAFETY EQUIPMENT		11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		1-NOT TRAPPED		Q-MOTOR SCOOTER		12-LIMITED - OTHER		6-INTERMEDIATE LICENSE RESTRICTIONS		6-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE		
1-NONE USED		12-PASSENGER IN UNENCLOSED CARGO AREA		2-EXTRICATED BY MECHANICAL MEANS		R-THREE-WHEEL MOTORCYCLE		13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		6-PASSINGER		7-TEST GIVEN, RESULTS UNKNOWN		
2-SHOULDER BELT ONLY USED		13-TRAILING UNIT		3-FREED BY NON-MECHANICAL MEANS		S-SCHOOL BUS		14-MILITARY VEHICLES ONLY		7-OTHER DISTRACTION INSIDE THE VEHICLE		8-TEST GIVEN, RESULTS UNKNOWN		
3-LAP BELT ONLY USED		14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		TRAPPED		T-DOUBLE & TRIPLE TRAILERS		15-MOTOR VEHICLES WITHOUT AIR BRAKES		8-OTHER DISTRACTION OUTSIDE THE VEHICLE		9-TEST GIVEN, RESULTS UNKNOWN		
4-SHOULDER & LAP BELT USED		15-NON-MOTORIST		1-NOT TRAPPED		X-TANKER / HAZMAT		16-OUTSIDE MIRROR		9-OTHER / UNKNOWN		10-TEST GIVEN, RESULTS UNKNOWN		
5-CHILD RESTRAINT SYSTEM - FORWARD FACING		99-OTHER / UNKNOWN		2-EXTRICATED BY MECHANICAL MEANS		F-FEMALE		17-PROSTHETIC AID		10-TEST GIVEN, RESULTS UNKNOWN		11-TEST GIVEN, RESULTS UNKNOWN		
6-CHILD RESTRAINT SYSTEM - REAR FACING				3-FREED BY NON-MECHANICAL MEANS		M-MALE		18-OTHER		11-TEST GIVEN, RESULTS UNKNOWN		12-TEST GIVEN, RESULTS UNKNOWN		
7-BOOSTER SEAT				TRAPPED		U-OTHER / UNKNOWN						13-TEST GIVEN, RESULTS UNKNOWN		
8-HELMET USED				1-NOT TRAPPED								14-TEST GIVEN, RESULTS UNKNOWN		
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)				2-EXTRICATED BY MECHANICAL MEANS								15-TEST GIVEN, RESULTS UNKNOWN		
10-REFLECTIVE CLOTHING				3-FREED BY NON-MECHANICAL MEANS								16-TEST GIVEN, RESULTS UNKNOWN		
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY				TRAPPED								17-TEST GIVEN, RESULTS UNKNOWN		
99-OTHER / UNKNOWN				1-NOT TRAPPED								18-TEST GIVEN, RESULTS UNKNOWN		
				2-EXTRICATED BY MECHANICAL MEANS								19-TEST GIVEN, RESULTS UNKNOWN		
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				TRAPPED								21-TEST GIVEN, RESULTS UNKNOWN		
				1-NOT TRAPPED								22-TEST GIVEN, RESULTS UNKNOWN		
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				3-FREED BY NON-MECHANICAL MEANS								24-TEST GIVEN, RESULTS UNKNOWN		
				TRAPPED								25-TEST GIVEN, RESULTS UNKNOWN		
				1-NOT TRAPPED								26-TEST GIVEN, RESULTS UNKNOWN		
				2-EXTRICATED BY MECHANICAL MEANS								27-TEST GIVEN, RESULTS UNKNOWN		
				3-FREED BY NON-MECHANICAL MEANS								28-TEST GIVEN, RESULTS UNKNOWN		
				TRAPPED								29-TEST GIVEN, RESULTS UNKNOWN		
				1-NOT TRAPPED								30-TEST GIVEN, RESULTS UNKNOWN		
				2-EXTRICATED BY MECHANICAL MEANS								31-TEST GIVEN, RESULTS UNKNOWN		
				3-FREED BY NON-MECHANICAL MEANS								32-TEST GIVEN, RESULTS UNKNOWN		
				TRAPPED								33-TEST GIVEN, RESULTS UNKNOWN		
				1-NOT TRAPPED								34-TEST GIVEN, RESULTS UNKNOWN		
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				2-EXTRICATED BY MECHANICAL MEANS								43-TEST GIVEN, RESULTS UNKNOWN		
				3-FREED BY NON-MECHANICAL MEANS								44-TEST GIVEN, RESULTS UNKNOWN		
				TRAPPED								45-TEST GIVEN, RESULTS UNKNOWN		
				1-NOT TRAPPED								46-TEST GIVEN, RESULTS UNKNOWN		
				2-EXTRICATED BY MECHANICAL MEANS								47-TEST GIVEN, RESULTS UNKNOWN		
				3-FREED BY NON-MECHANICAL MEANS								48-TEST GIVEN, RESULTS UNKNOWN		
				TRAPPED								49-TEST GIVEN, RESULTS UNKNOWN		
				1-NOT TRAPPED								50-TEST GIVEN, RESULTS UNKNOWN		
				2-EXTRICATED BY MECHANICAL MEANS								51-TEST GIVEN, RESULTS UNKNOWN		
				3-FREED BY NON-MECHANICAL MEANS								52-TEST GIVEN, RESULTS UNKNOWN		
				TRAPPED								53-TEST GIVEN, RESULTS UNKNOWN		
				1-NOT TRAPPED								54-TEST GIVEN, RESULTS UNKNOWN		
				2-EXTRICATED BY MECHANICAL MEANS								55-TEST GIVEN, RESULTS UNKNOWN		
				3-FREED BY NON-MECHANICAL MEANS								56-TEST GIVEN, RESULTS UNKNOWN		
				TRAPPED								57-TEST GIVEN, RESULTS UNKNOWN		
				1-NOT TRAPPED								58-TEST GIVEN, RESULTS UNKNOWN		
				2-EXTRICATED BY MECHANICAL MEANS								59-TEST GIVEN, RESULTS UNKNOWN		
				3-FREED BY NON-MECHANICAL MEANS								60-TEST GIVEN, RESULTS UNKNOWN		
				TRAPPED								61-TEST GIVEN, RESULTS UNKNOWN		
				1-NOT TRAPPED								62-TEST GIVEN, RESULTS UNKNOWN		
				2-EXTRICATED BY MECHANICAL MEANS								63-TEST GIVEN, RESULTS UNKNOWN		
				3-FREED BY NON-MECHANICAL MEANS								64-TEST GIVEN, RESULTS UNKNOWN		
				TRAPPED								65-TEST GIVEN, RESULTS UNKNOWN		
				1-NOT TRAPPED								66-TEST GIVEN, RESULTS UNKNOWN		
				2-EXTRICATED BY MECHANICAL MEANS								67-TEST GIVEN, RESULTS UNKNOWN		
				3-FREED BY NON-MECHANICAL MEANS								68-TEST GIVEN, RESULTS UNKNOWN		
				TRAPPED								69-TEST GIVEN, RESULTS UNKNOWN		
				1-NOT TRAPPED								70-TEST GIVEN, RESULTS UNKNOWN		
				2-EXTRICATED BY MECHANICAL MEANS								71-TEST GIVEN, RESULTS UNKNOWN		
				3-FREED BY NON-MECHANICAL MEANS								72-TEST GIVEN, RESULTS UNKNOWN		
				TRAPPED								73-TEST GIVEN, RESULTS UNKNOWN		
				1-NOT TRAPPED								74-TEST GIVEN, RESULTS UNKNOWN		
				2-EXTRICATED BY MECHANICAL MEANS								75-TEST GIVEN, RESULTS UNKNOWN		
				3-FREED BY NON-MECHANICAL MEANS								76-TEST GIVEN, RESULTS UNKNOWN		
				TRAPPED								77-TEST GIVEN, RESULTS UNKNOWN		
				1-NOT TRAPPED								78-TEST GIVEN, RESULTS UNKNOWN		
				2-EXTRICATED BY MECHANICAL MEANS								79-TEST GIVEN, RESULTS UNKNOWN		
				3-FREED BY NON-MECHANICAL MEANS								80-TEST GIVEN, RESULTS UNKNOWN		
				TRAPPED								81-TEST GIVEN, RESULTS UNKNOWN		
				1-NOT TRAPPED								82-TEST GIVEN, RESULTS UNKNOWN		
				2-EXTRICATED BY MECHANICAL MEANS								83-TEST GIVEN, RESULTS UNKNOWN		
				3-FREED BY NON-MECHANICAL MEANS								84-TEST GIVEN, RESULTS UNKNOWN		
				TRAPPED								85-TEST GIVEN, RESULTS UNKNOWN		
				1-NOT TRAPPED								86-TEST GIVEN, RESULTS UNKNOWN		
				2-EXTRICATED BY MECHANICAL MEANS								87-TEST GIVEN, RESULTS UNKNOWN		
				3-FREED BY NON-MECHANICAL MEANS								88-TEST GIVEN, RESULTS UNKNOWN		
				TRAPPED								89-TEST GIVEN, RESULTS UNKNOWN		
				1-NOT TRAPPED								90-TEST GIVEN, RESULTS UNKNOWN		
				2-EXTRICATED BY MECHANICAL MEANS								91-TEST GIVEN, RESULTS UNKNOWN		
				3-FREED BY NON-MECHANICAL MEANS								92-TEST GIVEN, RESULTS UNKNOWN		
				TRAPPED								93-TEST GIVEN, RESULTS UNKNOWN		
				1-NOT TRAPPED								94-TEST GIVEN, RESULTS UNKNOWN		
				2-EXTRICATED BY MECHANICAL MEANS								95-TEST GIVEN, RESULTS UNKNOWN		
				3-FREED BY NON-MECHANICAL MEANS								96-TEST GIVEN, RESULTS UNKNOWN		
				TRAPPED								97-TEST GIVEN, RESULTS UNKNOWN		
				1-NOT TRAPPED								98-TEST GIVEN, RESULTS UNKNOWN		
				2-EXTRICATED BY MECHANICAL MEANS								99-TEST GIVEN, RESULTS UNKNOWN		
				3-FREED BY NON-MECHANICAL MEANS								100-TEST GIVEN, RESULTS UNKNOWN		
				TRAPPED								101-TEST GIVEN, RESULTS UNKNOWN		
				1-NOT TRAPPED								102-TEST GIVEN, RESULTS UNKNOWN		
				2-EXTRICATED BY MECHANICAL MEANS								103-TEST GIVEN, RESULTS UNKNOWN		
				3-FREED BY NON-MECHANICAL MEANS								104-TEST GIVEN, RESULTS UNKNOWN		
				TRAPPED								105-TEST GIVEN, RESULTS UNKNOWN		
				1-NOT TRAPPED										



OCCUPANT / WITNESS ADDENDUM

OCCUPANT	LOCAL REPORT NUMBER																	
	2 2 0 3 5 1 2 7					DATE OF BIRTH	AGE	GENDER										
UNIT #	NAME: LAST, FIRST, MIDDLE					1 2 0 1 1 9 7 2	4 9	F										
2	Bedford, Christina																	
ADDRESS: STREET, CITY, STATE, ZIP																		
9137 Steamboat Way West Chester, Ohio 45069																		
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>0 6</td> <td>AIR BAG USAGE</td> <td>0 1</td> <td>EJECTION</td> <td>1</td> <td>TRAPPED</td> <td>1</td> </tr> </table>						SEATING POSITION	0 6	AIR BAG USAGE	0 1	EJECTION	1	TRAPPED	1
SEATING POSITION	0 6	AIR BAG USAGE	0 1	EJECTION	1	TRAPPED	1											
5				0 4														
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER										
						0												
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></td> <td>AIR BAG USAGE</td> <td></td> <td>EJECTION</td> <td></td> <td>TRAPPED</td> <td></td> </tr> </table>						SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED	
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UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER										
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UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER										
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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></td> <td>AIR BAG USAGE</td> <td></td> <td>EJECTION</td> <td></td> <td>TRAPPED</td> <td></td> </tr> </table>						SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED	
SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED												
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										
						0												
ADDRESS: STREET, CITY, STATE, ZIP																		
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						0												
ADDRESS: STREET, CITY, STATE, ZIP																		

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH	IN COUNTY OF	BUTLER
PD-22-035127	FARFIELD P.D.	MS 10/18/22	CRASH LOCATION	DIXIE HWY AND S. GILMORE RD.