



TRAFFIC CRASH REPORT

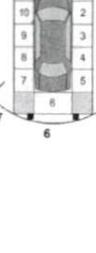
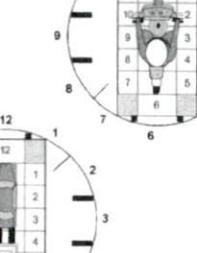
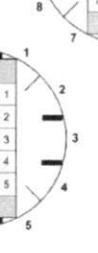
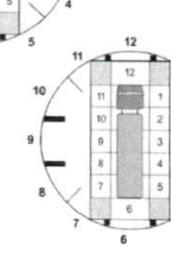
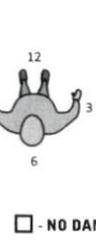
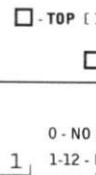
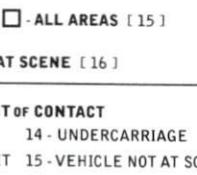
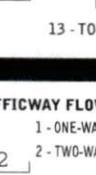
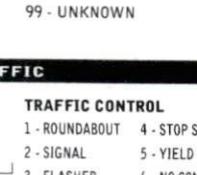
*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> PRIVATE PROPERTY				LOCAL INFORMATION REPORTING AGENCY NAME* Fairfield Police Department NCIC* 00901				LOCAL REPORT NUMBER* 2 2 0 3 5 6 1 5					
COUNTY* 0 9		LOCALITY* 1-CITY 1 2-VILLAGE 1 3-TOWNSHIP 1		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield				HIT/SKIP 1 1-SOLVED 1 2-UNSOLVED		NUMBER OF UNITS 0 2		UNIT IN ERROR 0 1 98-ANIMAL 0 1 99-UNKNOWN	
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME RIVER			ROAD TYPE R D	LATITUDE DECIMAL DEGREES 39.337516		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 #) 5683			ROAD TYPE	LONGITUDE DECIMAL DEGREES -84.583863					
REFERENCE POINT 3		DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-WEST		ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	RD - ROAD LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	INTERSECTION RELATED						
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS		ROUTE TYPE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES								
LOCATION OF FIRST HARMFUL EVENT 0 1				MANNER OF CRASH COLLISION/IMPACT 8	ROADWAY								
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				1-NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 4-REAR-TO-REAR 5-BACKING 6-ANGLE 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 9-OTHER / UNKNOWN	<input type="checkbox"/> ROADWAY DIVIDED								
				DIRECTION OF TRAVEL 1-NORTH 2-SOUTH 3-EAST 4-WEST	MEDIAN TYPE								
				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"/> 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	CONDITIONS 1	SURFACE 2						
				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							
LIGHT CONDITION 1		WEATHER 0 2		SEE OH-2									
1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9- OTHER / UNKNOWN		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 May 20, 2022 at approximately 12:35 p.m. Unit 1 was traveling west on River Rd. and when at 5683 River Rd. went left of center and struck Unit 2 which was east on River Rd. The driver of Unit 1 then fled the scene on foot. The driver was identified shortly thereafter. A warrant was issued for the offender for Marked Lanes, Leaving the Scene of an Accident, and Driving Under Suspension.													
Unit 1 was towing a flatbed utility trailer that belongs to: Art's Rental Equipment and Supply 3650 Hauck Road Sharonville, OH 45241 513-769-6700													
CRASH REPORTED DATE / TIME 0 5 2 0 2 0 2 2 1 2 3 5		DISPATCH DATE / TIME 0 5 2 0 2 0 2 2 1 2 3 6		ARRIVAL DATE / TIME 0 5 2 0 2 0 2 2 1 2 3 8		SCENE CLEARED DATE / TIME 0 5 2 0 2 0 2 2 1 3 3 1		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 OGPS)					
TOTAL TIME ROADWAY CLOSED 5 5		OTHER INVESTIGATION TIME 6 0		TOTAL MINUTES 1 1 5		OFFICER'S NAME* P.O. RYAN FLEENOR OFFICER'S BADGE NUMBER* 1 1 7		CHECKED BY OFFICER'S NAME* P.O. RYAN FLEENOR CHECKED BY OFFICER'S BADGE NUMBER* 1 1 7					

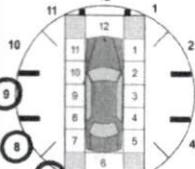
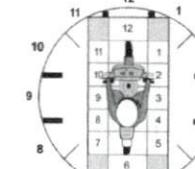
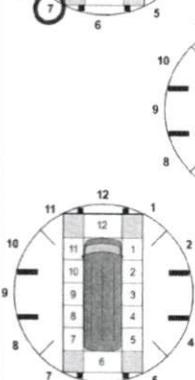
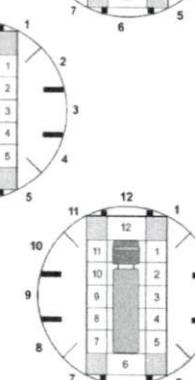
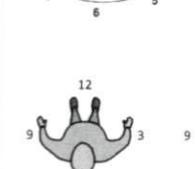
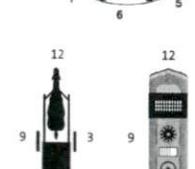
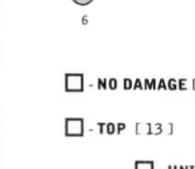


UNIT

UNIT # 0 1	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) J AND J PAVING	OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER)		
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 121 3rd St. Trenton, OH 45067		COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE				
LP STATE O H	LICENSE PLATE # M855479	VEHICLE IDENTIFICATION # 1 F T S X 3 1 P 2 4 E D 1 1 5 0 5	VEHICLE YEAR 2 0 0 4	VEHICLE MAKE FORD
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR WHITE	VEHICLE MODEL F-350
TYPE OF USE <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME Wayne's Towing	
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS 0 1	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. 1	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD
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	23 - PEDESTRIAN / SKATER 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
UNIT TYPE 0 4				
# OF TRAILING UNITS 0 1				
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 2		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
SPECIAL FUNCTION 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER		1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - LOGGING	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
CARGO BODY TYPE 9 9		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
VEHICLE DEFECTS		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
NON-MOTORIST LOCATION AT IMPACT		1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 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
ACTION 0 3		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 0 9 4 - STRUCK PRE-CRASH 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
CONTRIBUTING CIRCUMSTANCES 0 7		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 / ADA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY
SEQUENCE OF EVENTS		NON-COLLISION		
1 2 0		1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION	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
2 0 9		4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	11 - CARGO 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 21 - PARKED MOTOR VEHICLE
3 1 1		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 BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT
4 1 1		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
5 1 1		55 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN		
6 1 1				
1		FIRST HARMFUL EVENT	MOST HARMFUL EVENT	

LOCAL REPORT NUMBER											
2	2	0	3	5	6	1	5				
DAMAGE											
DAMAGE SCALE											
4				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 - 1						15 - VEHICLE NOT AT SCENE					
12 - REFER TO UNIT DIAGRAM						99 - UNKNOWN					
13 - TOP											
TRAFFIC											
TRAFFICWAY FLOW						TRAFFIC CONTROL					
1 - ONE-WAY			4 - STOP SIGN								
2 - TWO-WAY			5 - YIELD SIGN								
2			6 - NO CONTROL								
<input type="checkbox"/> 6											
# OF THROUGH LANES ON ROAD						RAIL GRADE CROSSING					
2			1 - NOT INVOLVED								
2			2 - INVOLVED-ACTIVE CROSSING								
1			3 - INVOLVED-PASSIVE CROSSING								
UNIT / NON-MOTORIST DIRECTION											
FROM 3 TO 5						1 - NORTH 5 - NORTHEAST					
						2 - SOUTH 6 - NORTHWEST					
						3 - EAST 7 - SOUTHEAST					
						4 - WEST 8 - SOUTHWEST					
						9 - OTHER / UNKNOWN					
UNIT SPEED											
4 5						DETECTED SPEED					
1						1 - STATED / ESTIMATED SPEED					
2						2 - CALCULATED / EDR					
3						3 - UNDETERMINED					
POSTED SPEED											
3 5											

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)			
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR
O H	AMTAT2	2G1FK1EJ4E9123141	2014
INSURANCE VERIFIED	INSURANCE COMPANY STATE FARM	INSURANCE POLICY #	COLOR BLACK
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME MARCELL'S TOWING
INTERLOCK DEVICE EQUIPPED	HIT/SKIP UNIT	#OCCUPANTS 0 2	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.
UNIT TYPE 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		# OF TRAILING UNITS 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV)	
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 2 1 - YES 2 - NO 9 - OTHER/ UNKNOWN		AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	
SPECIAL FUNCTION 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/ COMMUTER		1 - FIRE 2 - MILITARY 3 - POLICE 4 - PUBLIC UTILITY 5 - CONSTRUCTION EQUIPMENT 6 - FARM 7 - MOWING 8 - SNOW REMOVAL 9 - TOWING 10 - SAFETY SERVICE PATROL	
CARGO BODY TYPE 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS		1 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 2 - LOGGING 3 - INTERMODAL CONTAINER CHASSIS 4 - CARGO VAN/ ENCLOSED BOX 5 - GRAIN/ CHIPS/ GRAVEL 6 - POLE 7 - CARGO TANK 8 - FLAT BED 9 - DUMP 10 - CONCRETE MIXER 11 - AUTO TRANSPORTER 12 - GARBAGE/ REFUSE 13 - DUMP	
VEHICLE DEFECTS 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		1 - BRAKES 2 - STEERING 3 - WORN OR SLICK TIRES 4 - DEFECTIVE 5 - TRAILER EQUIPMENT 6 - TIRE BLOWOUT 7 - MOTOR TROUBLE 8 - DISABLED FROM PRIOR ACCIDENT	
NON-MOTORIST LOCATION AT IMPACT 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		1 - INTERSECTION - OTHER 2 - MIDBLOCK - MARKED CROSSWALK 3 - CHANGING LANES 4 - OVERTAKING/ PASSING 5 - MAKING RIGHT TURN & STRUCK 6 - MAKING LEFT TURN 7 - BICYCLE LANE 8 - SHOULDER / ROADSIDE 9 - SIDEWALK 10 - TRAVEL LANE - OTHER LOCATION 11 - MEDIAN/ CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE 13 - DRIVEWAY ACCESS 14 - SHARED USE PATHS OR TRAILS 15 - NEGOVITATING A CURVE 16 - APPROACHING OR LEAVING VEHICLE 17 - ENTERING OR CROSSING SPECIFIED LOCATION 18 - LEAVING TRAFFIC LANE 19 - PARKED 20 - SLOWING OR STOPPED IN TRAFFIC 21 - WALKING, RUNNING, JOGGING, PLAYING 22 - WORKING 23 - PUSHING VEHICLE	
ACTION 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 6 - OTHER/ UNKNOWN		1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/ PASSING 5 - MAKING RIGHT TURN & STRUCK 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 22 - LYING IN ROADWAY 23 - NOT DISCERNIBLE 24 - OPENING DOOR INTO ROADWAY 25 - SWERVING TO AVOID 26 - LOAD SHIFTING/ FALLING/ SPILLING 27 - OTHER IMPROPER ACTION	
CONTRIBUTING CIRCUMSTANCES 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN		1 - LEFT OF CENTER 2 - FOLLOWING TOO CLOSE / ACDA 3 - IMPROPER LANE CHANGE 4 - IMPROPER PASSING 5 - DROVE OFF ROAD 6 - IMPROPER BACKING 7 - IMPROPER START FROM PARKED POSITION 8 - STOPPED OR PARKED ILLEGALLY 9 - SWERVING TO AVOID 10 - IMPROPER CROSSING 11 - WRONG WAY 12 - IMPROPER BACKING 13 - IMPROPER CROSSING	
SEQUENCE OF EVENTS			
NON-COLLISION 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 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT			
COLLISION WITH FIXED OBJECT - STRUCK 1 - IMPACT ATTENUATOR / CRASH CUSHION 2 - BRIDGE OVERHEAD STRUCTURE 3 - BRIDGE PIER OR ABUTMENT 4 - BRIDGE PARAPET 5 - BRIDGE RAIL 6 - GUARDRAIL FACE 7 - GUARDRAIL END 8 - PORTABLE BARRIER 9 - MEDIAN CABLE BARRIER 10 - MEDIAN GUARDRAIL 11 - BARRIER 12 - CURB 13 - OVERHEAD SIGN POST 14 - LIGHT / LUMINARIES SUPPORT 15 - UTILITY POLE 16 - MAILBOX 17 - TREE 18 - FIRE HYDRANT 19 - WORK ZONE MAINTENANCE EQUIPMENT 20 - WALL 21 - BUILDING 22 - TUNNEL 23 - OTHER FIXED OBJECT 24 - OTHER/ UNKNOWN			
FIRST HARMFUL EVENT		MOST HARMFUL EVENT	

LOCAL REPORT NUMBER 2 2 0 3 5 6 1 5	
DAMAGE 4 - NONE 5 - MINOR DAMAGE 6 - UNKNOWN	
DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 5 - 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 1 - 12 - REFER TO UNIT 2 - 13 - TOP 3 - 14 - UNDERCARRIAGE 4 - 15 - VEHICLE NOT AT SCENE 5 - 99 - UNKNOWN	
TRAFFIC	
TRAFFIC WAY FLOW 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 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 4 TO 3	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER/ UNKNOWN
UNIT SPEED	
1 - 5	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	
3 - 5	



MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	LOCAL REPORT NUMBER														
	2 2 0 3 5 6 1 5														
	UNIT #	NAME: LAST, FIRST, MIDDLE													
	0 1	EVERSOLE, MICHAEL JASON													
	ADDRESS: STREET, CITY, STATE, ZIP														
	121 3rd St. Trenton, OH 45067														
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DATE OF BIRTH			AGE	GENDER			
	DL STATE O H	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	0 8 2 6 1 9 8 3			3 8	M			
	DL CLASS 6	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)				
INJURIES 3	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DATE OF BIRTH			AGE	GENDER				
DL STATE O H	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	0 2 1 5 1 9 8 3			3 9	M				
DL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)					
UNIT #	NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH	AGE	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE					
115 SIPPS LN. HAMILTON, OH 45013															
INJURIES 1	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DATE OF BIRTH			AGE	GENDER				
DL STATE O H	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	0 2 1 5 1 9 8 3			3 9	M				
DL CLASS 1	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)					
INJURIES 1	INJURED TAKEN BY	NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH	AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE					
INJURIES 1	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DATE OF BIRTH			AGE	GENDER				
DL STATE 1	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	0 2 1 5 1 9 8 3			3 9	M				
DL CLASS 1	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)					
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 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	3 - TEST GIVEN, RESULTS UNKNOWN									
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 - TALKING ON HAND-HELD COMMUNICATION DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN									
INJURED TAKEN BY										6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - EXCEPT CLASS A & CLASS B BUS	6 - TALKING ON HAND-HELD COMMUNICATION DEVICE	6 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	
1 - NOT TRANSPORTED / TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7 - THIRD - MIDDLE	7 - THIRD - RIGHT SIDE	7 - EXCEPT TRACTOR-TRAILER	7 - LIMITED TO DAYLIGHT ONLY	7 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE									
2 - EMS	8 - THIRD - MIDDLE	9 - THIRD - RIGHT SIDE	10 - SLEEPER SECTION OF TRUCK CAB	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - LIMITED TO DAYLIGHT ONLY	8 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE									
3 - POLICE	10 - SLEEPER SECTION OF TRUCK CAB	11 - PASSENGER IN OTHER ENCLOSURE (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11 - NOT EJECTED	9 - LEARNER'S PERMIT RESTRICTIONS	9 - LIMITED TO DAYLIGHT ONLY	9 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE									
9 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	12 - EXTRICATED BY MECHANICAL MEANS	12 - PARTIALLY EJECTED	10 - LEARNER'S PERMIT RESTRICTIONS	10 - LIMITED TO DAYLIGHT ONLY	10 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE									
SAFETY EQUIPMENT										13 - FREED BY NON-MECHANICAL MEANS	13 - NOT APPLICABLE	11 - LIMITED TO DAYLIGHT ONLY	11 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		
1 - NONE USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14 - NOT TRAPPED	14 - NOT APPLICABLE	12 - LIMITED - OTHER	12 - LIMITED - OTHER	12 - LIMITED - OTHER									
2 - SHOULDER BELT ONLY USED	15 - NON-MOTORIST	15 - EXTRICATED BY MECHANICAL MEANS	15 - NOT APPLICABLE	13 - NOT APPLICABLE	13 - NOT APPLICABLE	13 - NOT APPLICABLE									
3 - LAP BELT ONLY USED	16 - OTHER / UNKNOWN	16 - FREED BY NON-MECHANICAL MEANS	16 - NOT APPLICABLE	14 - NOT APPLICABLE	14 - NOT APPLICABLE	14 - NOT APPLICABLE									
4 - SHOULDER & LAP BELT USED	17 - NOT APPLICABLE	17 - NOT APPLICABLE	17 - NOT APPLICABLE	15 - NOT APPLICABLE	15 - NOT APPLICABLE	15 - NOT APPLICABLE									
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	18 - NOT APPLICABLE	18 - NOT APPLICABLE	18 - NOT APPLICABLE	16 - NOT APPLICABLE	16 - NOT APPLICABLE	16 - NOT APPLICABLE									
6 - CHILD RESTRAINT SYSTEM - REAR FACING	19 - NOT APPLICABLE	19 - NOT APPLICABLE	19 - NOT APPLICABLE	17 - NOT APPLICABLE	17 - NOT APPLICABLE	17 - NOT APPLICABLE									
7 - BOOSTER SEAT	20 - NOT APPLICABLE	20 - NOT APPLICABLE	20 - NOT APPLICABLE	18 - NOT APPLICABLE	18 - NOT APPLICABLE	18 - NOT APPLICABLE									
8 - HELMET USED	21 - NOT APPLICABLE	21 - NOT APPLICABLE	21 - NOT APPLICABLE	19 - NOT APPLICABLE	19 - NOT APPLICABLE	19 - NOT APPLICABLE									
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	22 - NOT APPLICABLE	22 - NOT APPLICABLE	22 - NOT APPLICABLE	20 - NOT APPLICABLE	20 - NOT APPLICABLE	20 - NOT APPLICABLE									
10 - REFLECTIVE CLOTHING	23 - NOT APPLICABLE	23 - NOT APPLICABLE	23 - NOT APPLICABLE	21 - NOT APPLICABLE	21 - NOT APPLICABLE	21 - NOT APPLICABLE									
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	24 - NOT APPLICABLE	24 - NOT APPLICABLE	24 - NOT APPLICABLE	22 - NOT APPLICABLE	22 - NOT APPLICABLE	22 - NOT APPLICABLE									
99 - OTHER / UNKNOWN	25 - NOT APPLICABLE	25 - NOT APPLICABLE	25 - NOT APPLICABLE	23 - NOT APPLICABLE	23 - NOT APPLICABLE	23 - NOT APPLICABLE									
EJECTION										OL ENDORSEMENT	ALCOHOL TEST TYPE				
1 - NOT EJECTED	H - HAZMAT	1 - NOT APPLICABLE	1 - NOT APPLICABLE	1 - NOT APPLICABLE	1 - NOT APPLICABLE	1 - NOT APPLICABLE	1 - NOT APPLICABLE								
2 - PARTIALLY EJECTED	M - MOTORCYCLE	2 - PARTIALLY EJECTED	2 - PARTIALLY EJECTED	2 - PARTIALLY EJECTED	2 - PARTIALLY EJECTED	2 - PARTIALLY EJECTED	2 - PARTIALLY EJECTED								
3 - TOTALLY EJECTED	P - PASSENGER	3 - TOTALLY EJECTED	3 - TOTALLY EJECTED	3 - TOTALLY EJECTED	3 - TOTALLY EJECTED	3 - TOTALLY EJECTED	3 - TOTALLY EJECTED								
4 - NOT APPLICABLE	N - TANKER	4 - NOT APPLICABLE	4 - NOT APPLICABLE	4 - NOT APPLICABLE	4 - NOT APPLICABLE	4 - NOT APPLICABLE	4 - NOT APPLICABLE								
TRAPPED										Q - MOTOR SCOOTER	Q - MOTOR SCOOTER	Q - MOTOR SCOOTER	Q - MOTOR SCOOTER		
1 - NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE	1 - NOT TRAPPED	1 - NOT TRAPPED	1 - NOT TRAPPED	1 - NOT TRAPPED	1 - NOT TRAPPED	1 - NOT TRAPPED								
2 - EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	2 - EXTRICATED BY MECHANICAL MEANS	2 - EXTRICATED BY MECHANICAL MEANS	2 - EXTRICATED BY MECHANICAL MEANS	2 - EXTRICATED BY MECHANICAL MEANS	2 - EXTRICATED BY MECHANICAL MEANS	2 - EXTRICATED BY MECHANICAL MEANS								
3 - FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	3 - FREED BY NON-MECHANICAL MEANS	3 - FREED BY NON-MECHANICAL MEANS	3 - FREED BY NON-MECHANICAL MEANS	3 - FREED BY NON-MECHANICAL MEANS	3 - FREED BY NON-MECHANICAL MEANS	3 - FREED BY NON-MECHANICAL MEANS								
GENDER										X - TANKER / HAZMAT	X - TANKER / HAZMAT	X - TANKER / HAZMAT	X - TANKER / HAZMAT		
F - FEMALE	14 - MILITARY VEHICLES ONLY	F - FEMALE	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	14 - MILITARY VEHICLES ONLY	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	14 - MILITARY VEHICLES ONLY	15 - MOTOR VEHICLES WITHOUT AIR BRAKES								
M - MALE	16 - OUTSIDE MIRROR	M - MALE	16 - OUTSIDE MIRROR	16 - OUTSIDE MIRROR	16 - OUTSIDE MIRROR	16 - OUTSIDE MIRROR	16 - OUTSIDE MIRROR								
U - OTHER / UNKNOWN	17 - PROSTHETIC AID	U - OTHER / UNKNOWN	17 - PROSTHETIC AID	17 - PROSTHETIC AID	17 - PROSTHETIC AID	17 - PROSTHETIC AID	17 - PROSTHETIC AID								
CONDITION										18 - OTHER	18 - OTHER	18 - OTHER	18 - OTHER		
1 - APPARENTLY NORMAL	1 - APPARENTLY NORMAL	1 - APPARENTLY NORMAL	1 - APPARENTLY NORMAL	1 - APPARENTLY NORMAL	1 - APPARENTLY NORMAL	1 - APPARENTLY NORMAL	1 - APPARENTLY NORMAL								
2 - PHYSICAL IMPAIRMENT	2 - PHYSICAL IMPAIRMENT	2 - PHYSICAL IMPAIRMENT	2 - PHYSICAL IMPAIRMENT	2 - PHYSICAL IMPAIRMENT	2 - PHYSICAL IMPAIRMENT	2 - PHYSICAL IMPAIRMENT	2 - PHYSICAL IMPAIRMENT								
3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)								
4 - ILLNESS	4 - ILLNESS	4 - ILLNESS	4 - ILLNESS	4 - ILLNESS	4 - ILLNESS	4 - ILLNESS	4 - ILLNESS								
5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.								
6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL								
9 - OTHER / UNKNOWN	9 - OTHER / UNKNOWN	9 - OTHER / UNKNOWN	9 - OTHER / UNKNOWN	9 - OTHER / UNKNOWN	9 - OTHER / UNKNOWN	9 - OTHER / UNKNOWN	9 - OTHER / UNKNOWN								
DRUG TEST TYPE										1 - AMPHETAMINES	1 - AMPHETAMINES	1 - AMPHETAMINES	1 - AMPHETAMINES		
DRUG TEST RESULT(S)										2 - BARBITURATES	2 - BARBITURATES	2 - BARBITURATES	2 - BARBITURATES		
DRUG TEST RESULT(S)										3 - BENZODIAZEPINES	3 - BENZODIAZEPINES	3 - BENZODIAZEPINES	3 - BENZODIAZEPINES		
DRUG TEST RESULT(S)										4 - CANNABINOID	4 - CANNABINOID	4 - CANNABINOID	4 - CANNABINOID		
DRUG TEST RESULT(S)										5 - COCAINE	5 - COCAINE	5 - COCAINE	5 - COCAINE		
DRUG TEST RESULT(S)										6 - OPIATES / OPIOIDS	6 - OPIATES / OPIOIDS	6 - OPIATES / OPIOIDS	6 - OPIATES / OPIOIDS		
DRUG TEST RESULT(S)										7 - OTHER	7 - OTHER	7 - OTHER	7 - OTHER		
DRUG TEST RESULT(S)										8 - NEGATIVE RESULTS	8 - NEGATIVE RESULTS	8 - NEGATIVE RESULTS	8 - NEGATIVE RESULTS		



OCCUPANT / WITNESS ADDENDUM

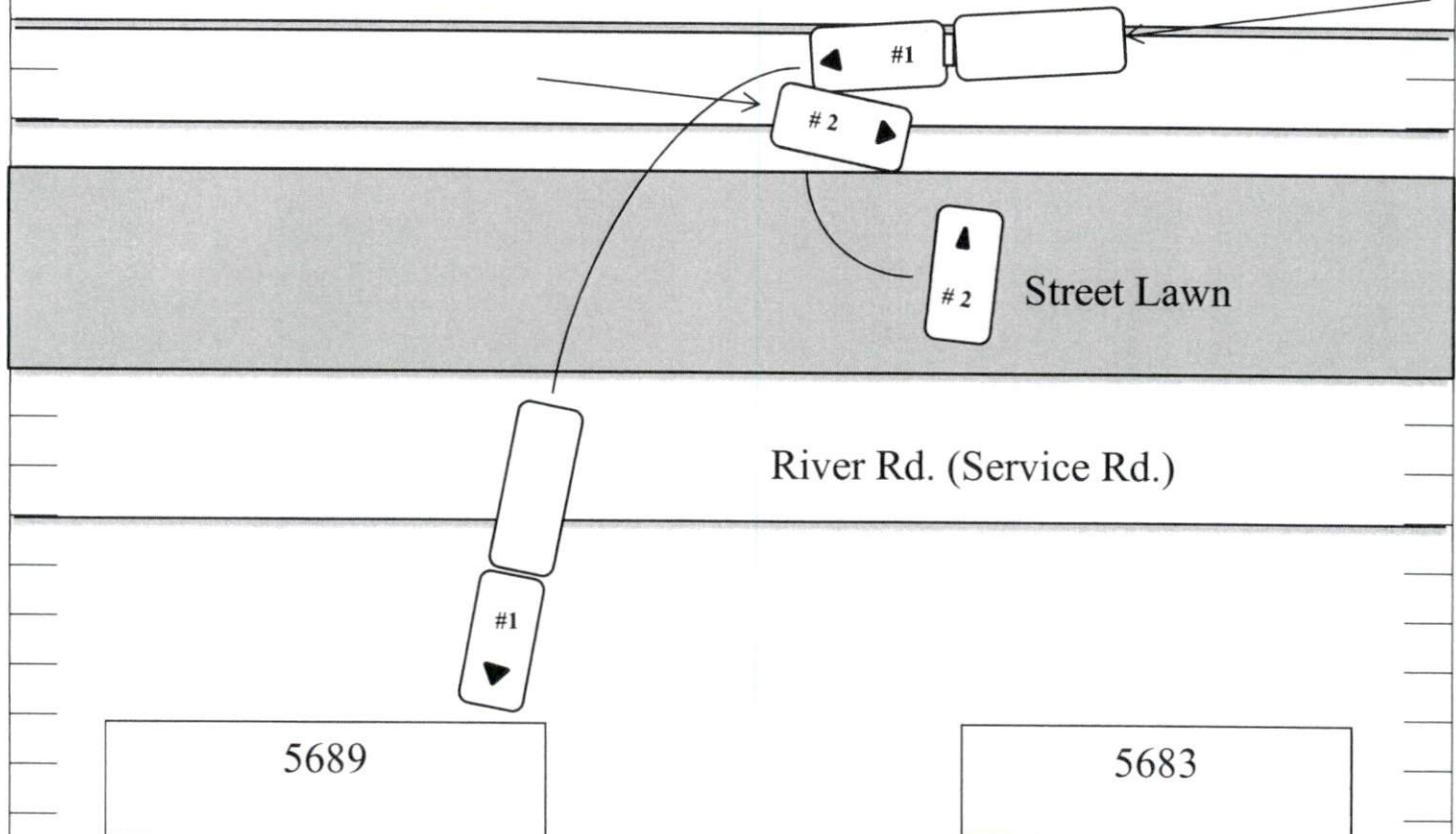
					LOCAL REPORT NUMBER					
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 2 DICKENS, AMANDA FAYE			DATE OF BIRTH		AGE	GENDER		
					0 5 1 2 1 9 8 8		3 4	F		
ADDRESS: STREET, CITY, STATE, ZIP 3158 DESHLER DR. CINCINNATI, OH 45251					CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (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	
3	2	FAIRFIELD SQUAD	MERCY - FAIRFIELD	0 4		0 3	0 3	1	1	
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER		
							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			DATE OF BIRTH		AGE	GENDER		
							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			DATE OF BIRTH		AGE	GENDER		
							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	
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							EJECTION			
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			
GENDER							TRAPPED			
F - FEMALE M - MALE U - OTHER / UNKNOWN							1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS			
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					
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER	
								0		
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					

LOCAL REPORT NUMBER	22-035615	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	5683 River Rd.	05-21-22

Not To Scale



River Rd.



	OFFICER'S SIGNATURE P.O. RYAN FLEENOR	BADGE NO. 117
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