



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"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> PRIVATE PROPERTY				LOCAL INFORMATION REPORTING AGENCY NAME* NCIC* Fairfield Police Department 00901				LOCAL REPORT NUMBER* 2 2 0 3 5 6 5 6			
COUNTY* 0 9 LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP				LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield				HIT/SKIP 1-SOLVED 2-UNSOLVED	NUMBER OF UNITS 0 2	UNIT IN ERROR 0 1 98-ANIMAL 99-UNKNOWN	
LOCATION S R 4 B	ROUTE TYPE ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME Symmes			ROAD TYPE R D	LATITUDE DECIMAL DEGREES 39 3 4 3 2 5 2				
			REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Symmes				LONGITUDE DECIMAL DEGREES 84 5 0 2 1 3 0				
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE #		DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 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 AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS		RD - ROAD HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE			
DISTANCE FROM REFERENCE 5 0		DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS									
LOCATION OF FIRST HARMFUL EVENT 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				MANNER OF CRASH COLLISION/IMPACT 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				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 2-ADVANCE WARNING SIGN 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA			CONTOUR 2	CONDITIONS 1	SURFACE 2
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			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	
NARRATIVE <p>On May 20, 2022 at 3:27 PM Unit 1 was traveling south on S.R 4B near Symmes Rd failed to stop within the assured clear distance ahead and collided with Unit 2 who was also southbound on S.R 4B.</p>										 Indicate the north direction with an "N" on the compass diagram.	
SEE OH-2											
CRASH REPORTED DATE / TIME 0 5 2 0 2 0 2 2 1 5 2 7		DISPATCH DATE / TIME 0 5 2 0 2 0 2 2 1 5 3 1		ARRIVAL DATE / TIME 0 5 2 0 2 0 2 2 1 5 4 7		SCENE CLEARED DATE / TIME 0 5 2 0 2 0 2 2 1 6 0 6		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 ODS)			
TOTAL TIME ROADWAY CLOSED 1 0		OTHER INVESTIGATION TIME 4 5		TOTAL MINUTES 1 6 1		OFFICER'S NAME* T.King		CHECKED BY OFFICER'S NAME* 			
						OFFICER'S BADGE NUMBER* 1 6 1		CHECKED BY OFFICER'S BADGE NUMBER* 			



UNIT

OWNER

UNIT # OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)
 0_1 Matthews, John, R

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
O_H	JHK1459	1G1AT58HX97190728	2009	Chevy
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	USAA	052938377R	Blue	Cobalt
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 DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR	
		0_1	1 - <10K LBS.	MATERIAL
			2 - 10,001 - 26K LBS.	CLASS #
			3 - >26K LBS.	PLACARD ID #
				<input type="checkbox"/> 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
 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

0 # OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?
 2 1-YES 2-NO 9-OTHER / UNKNOWN

0	AUTONOMOUS MODE LEVEL
0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION

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 - MOWING
 18 - SNOW REMOVAL
 19 - TOWING
 20 - SAFETY SERVICE PATROL

1 - NO CARGO BODY TYPE / NOT APPLICABLE
 2 - BUS

3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE
 4 - LOGGING
 5 - CARGO VAN/ENCLOSED BOX
 6 - CARGO VAN/ENCLOSED BOX
 7 - GRAIN/CHIPS/GRAVEL

8 - POLE
 9 - CARGOTANK
 10 - FLAT BED
 11 - DUMP

12 - CONCRETE MIXER
 13 - AUTO TRANSPORTER
 14 - GARBAGE/REFUSE
 15 - OTHER/UNKNOWN

1 - TURN SIGNALS
 2 - HEAD LAMPS
 3 - TAIL LAMPS

4 - BRAKES
 5 - STEERING
 6 - TIRE BLOWOUT

7 - WORN OR SLICK TIRES
 8 - TRAILER EQUIPMENT
 9 - DEFECTIVE

10 - MOTOR TROUBLE
 11 - DISABLED FROM PRIOR
 12 - ACCIDENT

1 - INTERSECTION - MARKED CROSSWALK
 2 - INTERSECTION - UNMARKED CROSSWALK
 3 - TRAVEL LANE - OTHER LOCATION

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

1 - NON-CONTACT
 2 - NON-COLLISION
 3 - STRIKING
 4 - STRUCK
 5 - BOTH STRIKING & STRUCK
 9 - OTHER / UNKNOWN

0_1 1 - STRIKING
 2 - BACKING
 3 - CHANGING LANES
 4 - OVERTAKING/PASSING
 5 - MAKING RIGHT TURN
 6 - MAKING LEFT TURN

1 - STRAIGHT AHEAD
 2 - BACKING
 3 - LEAVING TRAFFIC LANE
 4 - PARKED
 10 - SLOWING OR STOPPED
 11 - IN TRAFFIC
 12 - DRIVERLESS

7 - MAKING U-TURN
 8 - ENTERING TRAFFIC LANE
 9 - LEAVING TRAFFIC LANE
 10 - PARKED
 11 - SLOWING OR STOPPED
 12 - IN TRAFFIC

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 - OTHER / UNKNOWN

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 A PARKED POSITION
 14 - STOPPED OR PARKED
 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
 24 - OTHER IMPROPER ACTION

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 - DOWNSHILL 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 MOVABLE OBJECT

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
 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

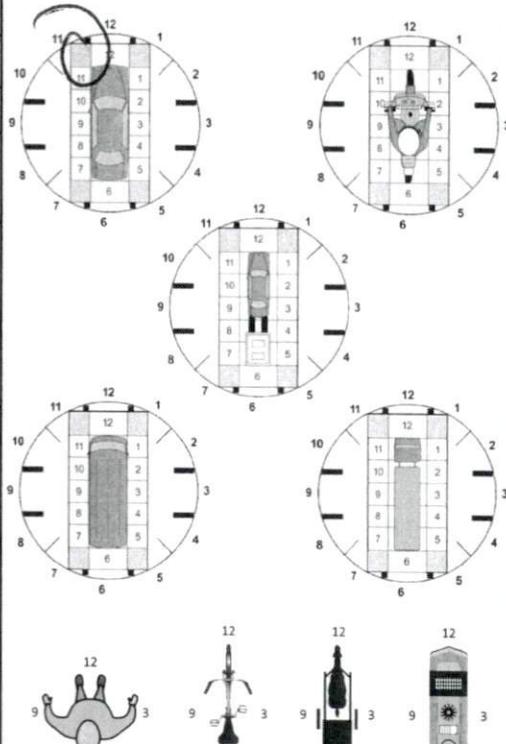
50 - WORK ZONE MAINTENANCE
 EQUIPMENT
 51 - WALL
 52 - BUILDING
 53 - TUNNEL
 54 - OTHER FIXED OBJECT
 99 - OTHER / UNKNOWN

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER
 2 2 0 3 5 6 5 6

DAMAGE
 DAMAGE SCALE
 2 - NONE 3 - FUNCTIONAL DAMAGE
 2 - MINOR DAMAGE 4 - DISABLING DAMAGE
 9 - UNKNOWN

DAMAGED AREA(S)
 INDICATE ALL THAT APPLY



- NO DAMAGE [0] - UNDERCARRIAGE [14]

- TOP [13] - ALL AREAS [15]

- UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT
 0 - NO DAMAGE 14 - UNDERCARRIAGE
 1_1 1 - 12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE
 DIAGRAM 99 - UNKNOWN
 13 - TOP

TRAFFIC
 TRAFFIC FLOW
 1 - ONE-WAY
 2 - TWO-WAY

TRAFFIC CONTROL
 1 - ROUNDABOUT 4 - STOP SIGN
 2 - SIGNAL 5 - YIELD SIGN
 3 - FLASHER 6 - NO CONTROL

OF THROUGH LANES ON ROAD
 5

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

UNIT SPEED
 3_5_1

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

POSTED SPEED
 5_0

UNIT # OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)
0 2 Heckenmueller, Derek

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE LICENSE PLATE # **JCC8982** VEHICLE IDENTIFICATION # **1GCVKREC1HZ285709** VEHICLE YEAR **2017** VEHICLE MAKE **Chevy**
 INSURANCE VERIFIED INSURANCE COMPANY **Statefarm** INSURANCE POLICY # **D296679-B1635** COLOR **Maroon** VEHICLE MODEL **Silverad**

TYPE OF USE COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE
 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 **0 4**
 1 - PASSENGER CAR
 2 - PASSENGER VAN (MINIVAN)
 3 - SPORT UTILITY VEHICLE
 4 - PICK UP
 5 - CARGO VAN
 6 - VAN (9-15 SEATS)
 10 - MOPED OR MOTORIZED BICYCLE
 11 - ALL-TERRAIN VEHICLE (ATV / UTV)

US DOT #
 TOWED BY: COMPANY NAME
 HAZARDOUS MATERIAL
 MATERIAL CLASS # PLACARD ID #
 RELEASED PLACARD

1 - MOTORCYCLE 2-WHEELED
 7 - MOTORCYCLE 3-WHEELED
 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

OF TRAILING UNITS **0**

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? **2**
 1 - YES 2 - NO 9 - OTHER / UNKNOWN
 AUTONOMOUS MODE LEVEL **0**
 0 - NO AUTOMATION
 1 - DRIVER ASSISTANCE
 2 - PARTIAL AUTOMATION
 3 - CONDITIONAL AUTOMATION
 4 - HIGH AUTOMATION
 5 - FULL AUTOMATION

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 - MOWING
 18 - SNOW REMOVAL
 19 - TOWING
 20 - MAIL CARRIER
 21 - OTHER / UNKNOWN

1 - NO CARGO BODY TYPE / NOT APPLICABLE
 2 - BUS
 3 - LOGGING
 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 - OTHER / UNKNOWN

1 - TURN SIGNALS
 2 - HEAD LAMPS
 3 - TAIL LAMPS
 4 - BRAKES
 5 - STEERING
 6 - TIRE BLOWOUT
 7 - WORN OR SLICK TIRES
 8 - TRAILER EQUIPMENT
 9 - DEFECTIVE
 10 - MOTOR TROUBLE
 11 - DISABLED FROM PRIOR ACCIDENT
 12 - 99 - OTHER / UNKNOWN

1 - INTERSECTION - MARKED CROSSWALK
 2 - INTERSECTION - UNMARKED CROSSWALK
 3 - INTERSECTION - OTHER
 4 - MIDBLOCK - MARKED CROSSWALK
 5 - MIDBLOCK - UNMARKED CROSSWALK
 6 - TRAVEL LANE - OTHER LOCATION
 7 - BICYCLE LANE
 8 - SHOULDER / ROADSIDE
 9 - SIDEWALK
 10 - MEDIAN/CROSSING ISLAND
 11 - DRIVEWAY ACCESS
 12 - FIRST RESPONDER AT INCIDENT SCENE
 13 - SHARED USE PATHS OR TRAILS
 14 - 99 - OTHER / UNKNOWN

1 - NON-CONTACT
 2 - NON-COLLISION
 3 - STRIKING
 4 - STRUCK
 5 - BOTH STRIKING & STRUCK
 6 - PRE-CRASH ACTIONS
 7 - OVERTAKING/PASSING
 8 - MAKING RIGHT TURN
 9 - MAKING LEFT TURN
 10 - MAKING U-TURN
 11 - BACKING
 12 - CHANGING LANES
 13 - LEAVING TRAFFIC LANE
 14 - PARKED
 15 - SLOWING OR STOPPED IN TRAFFIC
 16 - DRIVERLESS
 17 - NEGOTIATING A CURVE
 18 - ENTERING TRAFFIC LANE
 19 - LEAVING TRAFFIC LANE
 20 - WALKING, RUNNING, JOGGING, PLAYING
 21 - STANDING OUTSIDE DISABLED VEHICLE
 22 - APPROACHING OR LEAVING VEHICLE
 23 - STANDING
 24 - WORKING
 25 - PUSHING VEHICLE
 18 - APPROACHING OR LEAVING VEHICLE
 19 - STANDING
 20 - OTHER NON-MOTORIST
 21 - STANDING OUTSIDE DISABLED VEHICLE
 22 - APPROACHING OR LEAVING VEHICLE
 23 - STANDING
 24 - WORKING
 25 - PUSHING VEHICLE
 99 - OTHER / UNKNOWN

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 A 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
 24 - OTHER IMPROPER ACTION
 25 - 99 - OTHER / UNKNOWN

SEQUENCE OF EVENTS

1 - OVERTURN/ROLLOVER
 2 - FIRE/EXPLOSION
 3 - IMMERSION
 4 - JACKKNIFE
 5 - CARGO / EQUIPMENT LOSS OR SHIFT
 6 - IMPROPER TURN
 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
 1 - OVERTURN/ROLLOVER
 2 - FIRE/EXPLOSION
 3 - IMMERSION
 4 - JACKKNIFE
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 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

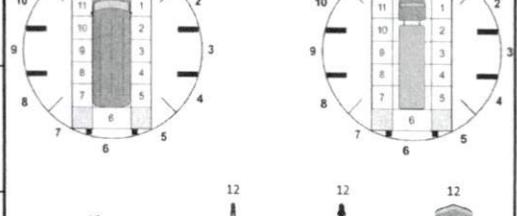
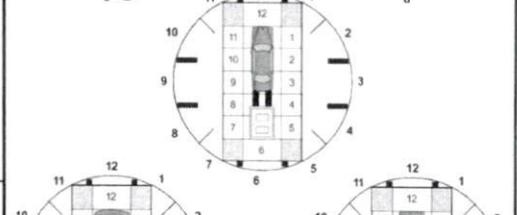
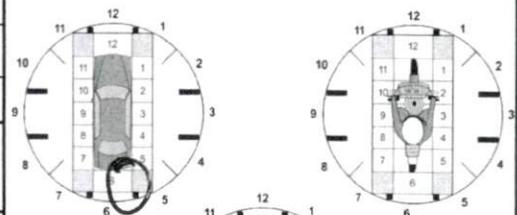
1 - IMPACT ATTENUATOR / CRASH CUSHION
 2 - BRIDGE OVERHEAD STRUCTURE
 3 - BRIDGE PIER OR ABUTMENT
 4 - BRIDGE PARAPET
 5 - BRIDGE RAIL
 6 - GUARDRAIL FACE
 7 - GUARDRAIL END
 8 - PORTABLE BARRIER
 9 - MEDIAN CABLE BARRIER
 10 - MEDIAN GUARDRAIL
 11 - MEDIAN CONCRETE BARRIER
 12 - GUARDRAIL SUPPORT
 13 - MEDIAN GUARDRAIL SUPPORT
 14 - UTILITY POLE
 15 - MEDIAN OTHER BARRIER
 16 - CROSS CABLE
 17 - OVERHEAD SIGN POST
 18 - LIGHT / LUMINARIES
 19 - MEDIAN GUARDRAIL SUPPORT
 20 - UTILITY POLE
 21 - MEDIAN OTHER BARRIER
 22 - CURB
 23 - DITCH
 24 - FENCE
 25 - MAILBOX
 26 - TREE
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 38 - GUARDRAIL SUPPORT
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 40 - UTILITY POLE
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 42 - CULVERT
 43 - CURB
 44 - DITCH
 45 - FENCE
 46 - MAILBOX
 47 - TREE
 48 - FIRE HYDRANT
 49 - WORK ZONE MAINTENANCE EQUIPMENT
 50 - WALL
 51 - BUILDING
 52 - TUNNEL
 53 - CULVERT
 54 - OTHER FIXED OBJECT
 55 - OTHER / UNKNOWN

1 - FIRST HARMFUL EVENT
 2 - MOST HARMFUL EVENT

LOCAL REPORT NUMBER
 2 2 0 3 5 6 5 6

DAMAGE
 DAMAGE SCALE
 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 14 - UNDERCARRIAGE
 1 - 12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE
 2 - DIAGRAM 99 - UNKNOWN
 3 - TOP

TRAFFIC
 TRAFFIC WAY FLOW
 1 - ONE-WAY
 2 - TWO-WAY
 1 - 6
 # OF THROUGH LANES ON ROAD
 5
 1 - 1
 TRAFFIC CONTROL
 1 - ROUNDABOUT 4 - STOP SIGN
 2 - SIGNAL 5 - YIELD SIGN
 3 - FLASHER 6 - NO CONTROL

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

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



MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	LOCAL REPORT NUMBER											
	2 2 0 3 5 6 5 6					DATE OF BIRTH		AGE	GENDER			
UNIT #	NAME: LAST, FIRST, MIDDLE Matthews III, John, Redman											
0 1	DATE OF BIRTH		0 2 1 5 2 0 0 5	1 7	GENDER		M					
ADDRESS: STREET, CITY, STATE, ZIP 3112 Calusa Dr, Hamilton OH 45011												
CONTACT PHONE - INCLUDE AREA CODE												
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 0 4	DOT-Compliant MC HELMET		SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE O H	OPERATOR LICENSE NUMBER			OFFENSE CHARGED 4511.21A		LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION ACDA		CITATION NUMBER 251628			
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE • 1		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4		
UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Heckenmuller, Sidney, Leigh											
ADDRESS: STREET, CITY, STATE, ZIP 7708 Mourning Dove Ln, Hamilton OH 45011												
CONTACT PHONE - INCLUDE AREA CODE												
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 0 4	DOT-Compliant MC HELMET		SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE O H	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER			
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE • 1		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4		
UNIT #	NAME: LAST, FIRST, MIDDLE											
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	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 <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS 1 TYPE 1 VALUE • 1		DRUG TEST(S) STATUS 1 TYPE 1 RESULT 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-COL 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							
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							
5-NO APPARENT INJURY	5-SECOND - MIDDLE	5-NOT APPLICABLE	5-M/C MOPED ONLY	5-EXCEPT CLASS A BUS	5-TEST GIVEN, RESULTS UNKNOWN							
6-SECOND - RIGHT SIDE	6-SECOND - RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-NO VALID OL	6-EXCEPT CLASS A & CLASS B BUS								
7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-EXCEPT TRACTOR-TRAILER	7-EXCEPT TRACTOR-TRAILER									
8-THIRD - MIDDLE	8-THIRD - MIDDLE	8-INTERMEDIATE LICENSE RESTRICTIONS	8-INTERMEDIATE LICENSE RESTRICTIONS									
9-THIRD - RIGHT SIDE	9-THIRD - RIGHT SIDE	9-LEARNER'S PERMIT RESTRICTIONS	9-LEARNER'S PERMIT RESTRICTIONS									
10-SLEEPER SECTION OF TRUCK CAB	10-SLEEPER SECTION OF TRUCK CAB	10-LIMITED TO DAYLIGHT ONLY	10-LIMITED TO DAYLIGHT ONLY									
11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	12-LIMITED - OTHER	12-LIMITED - OTHER									
12-PASSENGER IN UNENCLOSED CARGO AREA	12-PASSENGER IN UNENCLOSED CARGO AREA	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)									
13-TRAILING UNIT	13-TRAILING UNIT	14-MILITARY VEHICLES ONLY	14-MILITARY VEHICLES ONLY									
14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-MOTOR VEHICLES WITHOUT AIR BRAKES									
15-NON-MOTORIST	15-NON-MOTORIST	16-OUTSIDE MIRROR	16-OUTSIDE MIRROR									
99-OTHER / UNKNOWN	99-OTHER / UNKNOWN	17-PROSTHETIC AID	17-PROSTHETIC AID									
		18-OTHER	18-OTHER									
INJURED TAKEN BY		EJECTION		OL ENDORSEMENT		ALCOHOL TEST TYPE						
1-NOT TRANSPORTED /TREATED AT SCENE	1-NOT EJECTED	H - HAZMAT	1-NONE									
2-EMS	2-PARTIALLY EJECTED	M - MOTORCYCLE	2-BLOOD									
3-POLICE	3-TOTALLY EJECTED	P - PASSENGER	3-URINE									
9-OTHER / UNKNOWN	4-NOT APPLICABLE	N - TANKER	4-BREATH									
SAFETY EQUIPMENT		Q - MOTOR SCOOTER	5-OTHER									
1-NONE USED	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	R - THREE-WHEEL MOTORCYCLE	DRUG TEST TYPE									
2-SHOULDER BELT ONLY USED	12-PASSENGER IN UNENCLOSED CARGO AREA	S - SCHOOL BUS	1-NONE									
3-LAP BELT ONLY USED	13-TRAILING UNIT	T - DOUBLE & TRIPLE TRAILERS	2-BLOOD									
4-SHOULDER & LAP BELT USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	X - TANKER / HAZMAT	3-URINE									
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	15-NON-MOTORIST		4-BREATH									
6-CHILD RESTRAINT SYSTEM - REAR FACING	99-OTHER / UNKNOWN		5-OTHER									
7-BOOSTER SEAT		TRAPPED										
8-Helmet USED		1-NOT TRAPPED										
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		2-EXTRICATED BY MECHANICAL MEANS										
10-REFLECTIVE CLOTHING		3-FREED BY NON-MECHANICAL MEANS										
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY												
99-OTHER / UNKNOWN												
GENDER												
F - FEMALE		F - FEMALE	CONDITION									
M - MALE		M - MALE	1-APPARENTLY NORMAL									
U - OTHER / UNKNOWN		U - OTHER / UNKNOWN	2-PHYSICAL IMPAIRMENT									
			3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)									
			4-ILLNESS									
			5-FELL ASLEEP FAINTED, FATIGUED, ETC.									
			6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL									
			9-OTHER / UNKNOWN									
			DRUG TEST RESULT(S)									
			1-AMPHETAMINES									
			2-BARBITURATES									
			3-BENZODIAZEPINES									
			4-CANNABINOIDS									
			5-COCAIN									
			6-OPIATES / OPIOIDS									
			7-OTHER									
			8-Negative RESULTS									



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

2 2 0 3 5 6 5 6

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER	
	2	Heckenmuller, Hayden			1 0 2 1 2 0 1 4	7	F		
ADDRESS: STREET, CITY, STATE, ZIP 7708 Mourning Dove Ln, Hamilton OH 45011					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
5				0 5	0 6	0 1	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		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					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				

REPORT
NUMBER

PD-22-035656

AGENCY

FAIRFIELD P.D. 00901

DATE OF ACCIDENT

IN COUNTY OF

BUTLER

ACCIDENT
LOCATION

Bypass 4 / Symmes Rd.

M 5 10 20 22

SYMMES RD.

N

S.R. 4 (B)

*Not To
Scale

OFFICERS SIGNATURE

PO T. K. N.

BADGE NO.

101