



## 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 checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION		LOCAL REPORT NUMBER*				
		REPORTING AGENCY NAME* Fairfield Police Department		NCIC*	HIT/SKIP 1-SOLVED 2-UNSOLVED	NUMBER OF UNITS 0 3		
0 9	1-CITY 2-VILLAGE 3-TOWNSHIP	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield		CRASH DATE / TIME* 0 5 2 3 2 0 2 2 0 8 1 9	UNIT IN ERROR 98-ANIMAL 99-UNKNOWN 0 1			
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES 3 9 3 3 6 2 3 0		
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Camelot	ROAD TYPE	LONGITUDE DECIMAL DEGREES -8 4 5 2 8 3 7 2		
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	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	ROUTE TYPE 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	INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA		
DISTANCE FROM REFERENCE 5	DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS	ROUTE TYPE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE PL - PLACE	RD - ROAD	NUMBER OF APPROACHES 4			
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 1- NOT COLLISION 2- REAR-END 3- HEAD-ON			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 AREA 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA		CONTOUR 1	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			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
<p>NARRATIVE</p> <p>On May 23, 2022 at about 8:19 A.M. Unit 1 was traveling northwest on State Route 4 at approximately 40 m.p.h. and when at Camelot Drive failed to stop within the assured clear distance ahead and collided with Unit 2 which was also northwest bound and was stopped in traffic at Camelot Drive. Unit #2 was then pushed into Unit #3 which was also traveling northwest on State Route 4 and was stopped in traffic at Camelot Drive. Brake lights on Unit 2 were inspected and were working properly.</p> <p>See OH-2 Diagram</p>								
CRASH REPORTED DATE / TIME 0 5 2 3 2 0 2 2 0 8 2 0		DISPATCH DATE / TIME 0 5 2 3 2 0 2 2 0 8 2 0		ARRIVAL DATE / TIME 0 5 2 3 2 0 2 2 0 8 2 0		SCENE CLEARED DATE / TIME 0 5 2 3 2 0 2 2 0 9 2 5		REPORT TAKEN BY
TOTAL TIME ROADWAY CLOSED 6 5		OTHER INVESTIGATION TIME 1 0		TOTAL MINUTES 7 5		OFFICER'S NAME* E. Knizner		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OGPS)
						CHECKED BY OFFICER'S NAME* R. Fleenor		
						CHECKED BY OFFICER'S BADGE NUMBER* 1 1 7		



Indicate the north direction with an "N" on the compass diagram.

OWNER

VEHICLE

EVENT(S)

1

FIRST HARMFUL EVENT

1 MOST HARMFUL EVENT

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 1		

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	HUX9431	J M 3 E R 2 9 3 1 7 7 0 1 1 0 5 8 2	2 0 0 7	Mazda
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
State Farm Ins.		D48-8021-D21-35	White	CX7
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE			FOX Towing	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS	HAZARDOUS MATERIAL	
		0 1	<input type="checkbox"/> MATERIAL RELEASED	CLASS #
			<input type="checkbox"/> PLACARD	PLACARD ID #

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

0 3 # OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN
1 - YES 2 - NO 9 - OTHER / UNKNOWN		1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION	
		2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION	
1 - NONE		6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM
2 - TAXI		7 - BUS - INTERCITY	12 - MILITARY	21 - MAIL CARRIER
3 - ELECTRONIC RIDE SHARING		8 - BUS - SHUTTLE	13 - POLICE	24 - WHEELCHAIR (ANY TYPE)
4 - SCHOOL TRANSPORT		9 - BUS - OTHER	14 - PUBLIC UTILITY	25 - OTHER NON-MOTORIST
5 - BUS - TRANSIT/COMMUTER		10 - AMBULANCE	19 - TOWING	
			20 - SAFETY SERVICE PATROL	

1 - NO CARGO BODY TYPE / NOT APPLICABLE		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER
2 - BUS		4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	9 - CARGO TANK	13 - AUTO TRANSPORTER
			7 - GRAIN/CHIPS/GRAVEL	10 - FLAT BED	14 - GARBAGE/REFUSE
				11 - DUMP	99 - OTHER/UNKNOWN

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

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

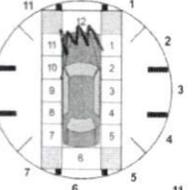
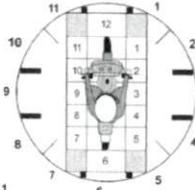
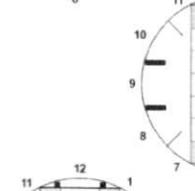
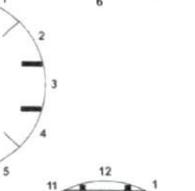
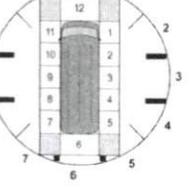
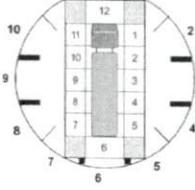
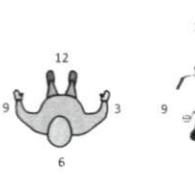
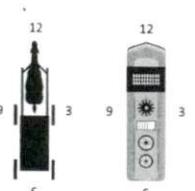
1 - NON-CONTACT		1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE
2 - NON-COLLISION		2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19 - STANDING
3 - STRIKING		0 1 3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	10 - PARKED	20 - OTHER NON-MOTORIST
4 - STRUCK		4 - OVERTAKING/PASSING	11 - SLOWING OR STOPPED	15 - WALKING, RUNNING, JOGGING, PLAYING	21 - STANDING OUTSIDE DISABLED VEHICLE
5 - BOTH STRIKING & STRUCK		5 - MAKING RIGHT TURN	12 - MAKING LEFT TURN	16 - WORKING	
9 - OTHER / UNKNOWN		6 - MAKING LEFT TURN	17 - DRIVERLESS	18 - PUSHING VEHICLE	99 - OTHER/UNKNOWN

1 - NONE		7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY
2 - FAILURE TO YIELD		8 - FOLLOWING TOO CLOSE / ACDA	14 - STOPPED OR PARKED ILLEGALLY	18 - OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE
3 - RAN RED LIGHT		9 - IMPROPER LANE CHANGE	15 - SWERVING TO AVOID	19 - LOAD SHIFTING/FALLING/SPILLING	23 - OPENING DOOR INTO ROADWAY
4 - RAN STOP SIGN		10 - IMPROPER PASSING	16 - WRONG WAY	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION
5 - UNSAFE SPEED		11 - DROVE OFF ROAD			
6 - IMPROPER TURN		12 - IMPROPER BACKING			

SEQUENCE OF EVENTS

1 2 0		1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT
		2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	17 - ANIMAL - FARM	18 - ANIMAL - DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
		3 - IMMERSION	8 - RAN OFF ROAD RIGHT	12 - DOWNSHILL RUNAWAY	19 - ANIMAL - OTHER	
2 1 1		4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	13 - OTHER NON-COLLISION	20 - MOTOR VEHICLE IN TRANSPORT	24 - OTHER MOBILE OBJECT
		5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	14 - PEDESTRIAN	21 - PARKED MOTOR VEHICLE	
				15 - PEDALCYCLE		

4 1 1		25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT
		26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH	51 - WALL
5 1 1		27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES	45 - EMBANKMENT	52 - BUILDING
		28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL	40 - SUPPORT	46 - FENCE	53 - TUNNEL
6 1 1		29 - BRIDGE RAIL	35 - MEDIAN CONCRETE	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX	54 - OTHER FIXED OBJECT
		30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	48 - TREE	99 - OTHER / UNKNOWN

LOCAL REPORT NUMBER	
2 2 0 3 6 3 4 3	
DAMAGE	
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	
1 2 0 - NO DAMAGE 14 - UNDERCARRIAGE	
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
13 - TOP	
TRAFFIC	
TRAFFIC WAY FLOW	TRAFFIC CONTROL
1 - ONE WAY	1 - ROUNDABOUT 4 - STOP SIGN
2 - TWO WAY	2 - SIGNAL 5 - YIELD SIGN
	3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
4	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM 7 TO 6	1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
UNIT SPEED	
4 0	DETECTED SPEED
	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	
3 5	



UNIT

OWNER

VEHICLE

EVENT(S)

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OWNER UNIT #	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )	OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )
	Budget Door of Cincinnati	
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )		
633 N. Wayne Avenue Cincinnati, Ohio 45215		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP	COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
Budget Door of Cincinnati 633 N. Wayne Ave Cincinnati, OH 45215		

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
O H	PFE7210	1G D3112CG9DF166210	2013	GMC
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	Federated Mutual	6047023	White	Sierra

<input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	TOWED BY: COMPANY NAME	
	20167846		
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	#OCCUPANTS	HAZARDOUS MATERIAL	
	02	<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 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

UNIT TYPE	# OF TRAILING UNITS	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	AUTONOMOUS MODE LEVEL
1 - 4 2 - 0	1 - 04 2 - 0	1 - YES 2 - NO 9 - OTHER / UNKNOWN	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	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	21 - MAIL CARRIER 99 - OTHER / UNKNOWN
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CARGO BODY TYPE	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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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	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT	99 - OTHER / UNKNOWN
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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	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN
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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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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 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 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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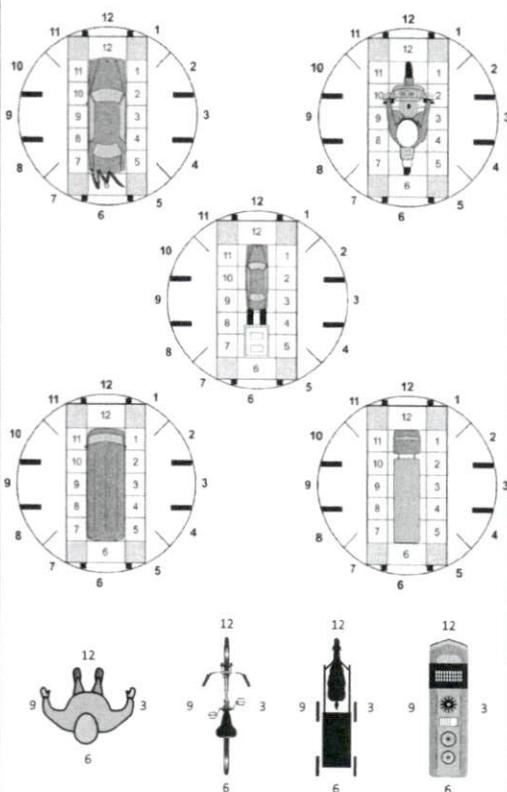
4 - 5 - 6 - 1	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	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 6 3 4 3

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

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

# OF THROUGH LANES ON ROAD  
4

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  
0

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

POSTED SPEED  
3 5



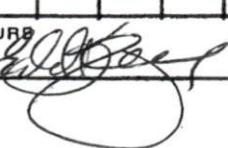
# MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	LOCAL REPORT NUMBER													
	2 2 0 3 6 3 4 3					DATE OF BIRTH	AGE	GENDER						
UNIT #	NAME: LAST, FIRST, MIDDLE													
0 1	Yawson, Isaac Kwaku													
ADDRESS: STREET, CITY, STATE, ZIP														
3860 Pleasant Avenue Apt. 24 Hamilton, Ohio 45014														
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	
4	2	Fairfield F.D.	Mercy Hospital			0 4	<input type="checkbox"/>			0 1	2	1	1	
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER				
O H				333.03A		<input checked="" type="checkbox"/>	A.C.D.A.			251676				
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	1	1	SELECT UP TO 4	
UNIT #	NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH			AGE	GENDER
0 2	Sninger, Jennifer Marie									1 0 0 1 1 9 8 4	3 7	F		
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE				
3350 Reily Millville Road Hamilton, Ohio 45013														
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	
3	2	Fairfield F.D.	Mercy Hospital			0 4	<input type="checkbox"/>			0 1	1	1	1	
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER				
O H						<input type="checkbox"/>								
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	1	1	SELECT UP TO 4	
UNIT #	NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH			AGE	GENDER
0 3	Emerson, Brian P.									0 2 0 5 1 9 7 5	4 7	M		
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE				
1317 Arvada Court Florence, KY 41042														
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	
4	1	Fairfield F.D.				0 4	<input type="checkbox"/>			0 1	1	1	1	
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER				
K Y						<input type="checkbox"/>								
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	1	1	SELECT UP TO 4	
<b>INJURIES</b>	<b>SEATING POSITION</b>	<b>AIR BAG</b>	<b>DL CLASS</b>	<b>DL RESTRICTION(S)</b>	<b>DRIVER DISTRACTION</b>	<b>TEST STATUS</b>								
1-FATAL	1-FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1-NOT DEPLOYED 2-DEPLOYED FRONT 3-DEPLOYED SIDE 4-DEPLOYED BOTH FRONT / SIDE 5-NOT APPLICABLE 9-DEPLOYMENT UNKNOWN	1-CLASS A 2-CLASS B 3-CLASS C 4-REGULAR CLASS (OHIO = D) 5-M/C MOPED ONLY 6-NO VALID DL	1-ALCOHOL INTERLOCK DEVICE 2-CDL INTRASTATE ONLY 3-CORRECTIVE LENSES 4-FARM WAIVER 5-EXCEPT CLASS A BUS 6-EXCEPT CLASS A & CLASS B BUS 7-EXCEPT TRACTOR-TRAILER 8-INTERMEDIATE LICENSE RESTRICTIONS 9-LEARNER'S PERMIT RESTRICTIONS 10-LIMITED TO DAYLIGHT ONLY 11-LIMITED TO EMPLOYMENT 12-LIMITED - OTHER 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14-MILITARY VEHICLES ONLY 15-MOTOR VEHICLES WITHOUT AIR BRAKES 16-OUTSIDE MIRROR 17-PROSTHETIC AID 18-OTHER	1-NOT DISTRACTED 2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3-TALKING ON HANDS-FREE COMMUNICATION DEVICE 4-TALKING ON HAND-HELD COMMUNICATION DEVICE 5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6-PASSENGER 7-OTHER DISTRACTION INSIDE THE VEHICLE 8-OTHER DISTRACTION OUTSIDE THE VEHICLE 9-OTHER / UNKNOWN	1-NONE GIVEN 2-TEST REFUSED 3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4-TEST GIVEN, RESULTS KNOWN 5-TEST GIVEN, RESULTS UNKNOWN								
2-SUSPECTED SERIOUS INJURY	2-FRONT - MIDDLE	2-SECOND - MIDDLE	2-SECOND - MIDDLE	2-SECOND - MIDDLE	2-SECOND - MIDDLE	2-SECOND - MIDDLE	2-SECOND - MIDDLE	2-SECOND - MIDDLE	2-SECOND - MIDDLE	2-SECOND - MIDDLE	2-SECOND - MIDDLE	2-SECOND - MIDDLE		
3-SUSPECTED MINOR INJURY	3-FRONT - RIGHT SIDE	3-SECOND - RIGHT SIDE	3-SECOND - RIGHT SIDE	3-SECOND - RIGHT SIDE	3-SECOND - RIGHT SIDE	3-SECOND - RIGHT SIDE	3-SECOND - RIGHT SIDE	3-SECOND - RIGHT SIDE	3-SECOND - RIGHT SIDE	3-SECOND - RIGHT SIDE	3-SECOND - RIGHT SIDE	3-SECOND - RIGHT SIDE		
4-POSSIBLE INJURY	4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		
5-NO APPARENT INJURY	5-SECOND - MIDDLE	5-SECOND - MIDDLE	5-SECOND - MIDDLE	5-SECOND - MIDDLE	5-SECOND - MIDDLE	5-SECOND - MIDDLE	5-SECOND - MIDDLE	5-SECOND - MIDDLE	5-SECOND - MIDDLE	5-SECOND - MIDDLE	5-SECOND - MIDDLE	5-SECOND - MIDDLE		
<b>INJURED TAKEN BY</b>	<b>EJECTION</b>	<b>OL ENDORSEMENT</b>	<b>TRAPPED</b>	<b>GENDER</b>	<b>CONDITION</b>	<b>ALCOHOL TEST TYPE</b>								
1-NOT TRANSPORTED / TREATED AT SCENE	1-NOT EJECTED	H - HAZMAT	1-NOT TRAPPED	F - FEMALE	1-APPARENTLY NORMAL	1-NONE								
2-EMS	2-PARTIALLY EJECTED	M - MOTORCYCLE	2-EXTRICATED BY MECHANICAL MEANS	M - MALE	2-BLOOD	2-BLOOD								
3-POLICE	3-TOTALLY EJECTED	P - PASSENGER	3-FREED BY NON-MECHANICAL MEANS	U - OTHER / UNKNOWN	3-URINE	3-URINE								
9-OTHER / UNKNOWN	4-NOT APPLICABLE	N - TANKER			4-BREATH	4-BREATH								
<b>SAFETY EQUIPMENT</b>	<b>TRAPPED</b>	R - THREE-WHEEL MOTORCYCLE	S - SCHOOL BUS		5-OTHER	5-OTHER								
1-NONE USED	1-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	S - SCHOOL BUS	T - DOUBLE & TRIPLE TRAILERS		DRUG TEST TYPE	DRUG TEST TYPE								
2-SHOULDER BELT ONLY USED	12-PASSENGER IN UNENCLOSED CARGO AREA	T - DOUBLE & TRIPLE TRAILERS	X - TANKER / HAZMAT		1-NONE	1-NONE								
3-LAP BELT ONLY USED	13-TRAILING UNIT	X - TANKER / HAZMAT			2-BLOOD	2-BLOOD								
4-SHOULDER & LAP BELT USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				3-URINE	3-URINE								
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	15-NON-MOTORIST				4-OTHER	4-OTHER								
6-CHILD RESTRAINT SYSTEM - REAR FACING	99-OTHER / UNKNOWN				DRUG TEST RESULT(S)	DRUG TEST RESULT(S)								
7-BOOSTER SEAT					1-AMPHETAMINES	1-AMPHETAMINES								
8-Helmet USED					2-BARBITURATES	2-BARBITURATES								
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)					3-BENZODIAZEPINES	3-BENZODIAZEPINES								
10-REFLECTIVE CLOTHING					4-CANNABINOID	4-CANNABINOID								
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY					5-COCAIN	5-COCAIN								
99-OTHER / UNKNOWN					6-OPIATES / OPIOIDS	6-OPIATES / OPIOIDS								
					7-OTHER	7-OTHER								
					8-NEGATIVE RESULTS	8-NEGATIVE RESULTS								



## OCCUPANT / WITNESS APPENDUM

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER		
	3	Ackman, Donald Jeffery				1 1 2 2 1 9 6 3	5 8	M		
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
8632 Reading Road Cincinnati, Ohio 45215										
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
4		1	Fairfield F.D.		0 4	0 3	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		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					

LOCAL REPORT NUMBER 22-036343	REPORTING AGENCY FAIRFIELD P.D. 00901	DATE OF ACCIDENT M 05 10 23 19 22
IN COUNTY OF BUTLER	ACCIDENT LOCATION DIXIE Hwy (SR 4) AND Camelot Drive	
<p>OFFICERS SIGNATURE:  #83</p> <p>BADGE NO. 83</p>		

HSY 0002

7 of 7