



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL REPORT NUMBER*			
<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		2 2 0 3 6 4 6 1			
REPORTING AGENCY NAME* Fairfield Police Department				NCIC*	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR
				0 0 9 0 1	1 - SOLVED J2 - UNSOLVED	0 2	0 1 98 - ANIMAL 99 - UNKNOWN
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*				CRASH DATE / TIME*	
0 9	1 2 - VILLAGE 3 - TOWNSHIP	City of Fairfield				0 5 2 3 2 0 2 2 1 6 0 1	
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES	
				River	R D	3 9 . 3 3 7 8 5 9	
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES	
				Nilles	R D	- 8 4 . 5 6 8 4 9 1	
REFERENCE POINT		DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED		
1	1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE				NUMBER OF APPROACHES 0 4	
		1 - MILES 2 - FEET 3 - YARDS				ROADWAY	
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT	DIRECTION OF TRAVEL	MEDIAN TYPE	
0 1	1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP	9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN	6	1 - NOT COLLISION 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN 4 - ANGLE 5 - BACKING 6 - TRANSPORT 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - HEAD-ON 9 - OTHER / UNKNOWN	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	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	LOCATION OF CRASH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE	
		1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	1 - BEFORE THE 1ST WORK ZONE 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	1	1	2	
LIGHT CONDITION		WEATHER					
1	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 5/23/2022 at about 4:01 p.m. Unit 1 was traveling east on River Rd. and when at Nilles Rd. attempted to turn left to travel north on River Rd. and in so doing failed to yield the right of way to oncoming traffic and collided with Unit 2 which was traveling west on Nilles Rd. onto River Rd. After being struck by Unit 1, Unit 2 continued west and struck a traffic light pole.				See OH-2			
Pole Owner: City of Fairfield 5350 Pleasant Ave. Fairfield, OH, 45014							
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME	
0 5 2 3 2 0 2 2 1 6 0 1		0 5 2 3 2 0 2 2 1 6 0 2		0 5 2 3 2 0 2 2 1 6 0 6		0 5 2 3 2 0 2 2 1 6 4 6	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*	
				D. Gooch		CHECKED BY OFFICER'S NAME*	
						S. Gooch	
						CHECKED BY OFFICER'S BADGE NUMBER*	
				1 6 0		8 7	
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 OOSPS)							

OWNER	UNIT # 0_1	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER)
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER)			
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE O_H	LICENSE PLATE # HCR8363	VEHICLE IDENTIFICATION # 2GKALM1EK2H62443916	VEHICLE YEAR 2017
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY State Farm	INSURANCE POLICY # 3242554C0135F	COLOR Red
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME FOX
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>	HIT/SKIP UNIT <input type="checkbox"/>	#OCCUPANTS 0_1	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD
		VEHICLE WEIGHT GVWR/GCW 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) 0_3		7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV) 0_0	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? 0_2 1 - YES 2 - NO 9 - OTHER / UNKNOWN		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 0	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION
AUTONOMOUS MODE LEVEL			
1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER 0_1		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
1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - CARGO BODY TYPE 0_1		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - STEERING 6 - TIRE BLOWOUT	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 8 - BRAKES 9 - TURN SIGNALS 10 - HEAD LAMPS 11 - TAIL LAMPS
1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT
1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 0_0		3 - INTERSECTION - OTHER 4 - MIDDLEBLOCK - 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
1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN 0_3		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
1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 0_2		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
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - IMPROPER TURN 0_1		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
1 - LOST CONTROL 2 - SWERVING 3 - HEAD ON COLLISION 4 - HIT ANOTHER VEHICLE 5 - HIT ANOTHER VEHICLE 6 - HIT ANOTHER VEHICLE 7 - HIT ANOTHER VEHICLE 8 - HIT ANOTHER VEHICLE 9 - HIT ANOTHER VEHICLE 10 - HIT ANOTHER VEHICLE 11 - HIT ANOTHER VEHICLE 12 - HIT ANOTHER VEHICLE 13 - HIT ANOTHER VEHICLE 14 - HIT ANOTHER VEHICLE 15 - HIT ANOTHER VEHICLE 16 - HIT ANOTHER VEHICLE 17 - HIT ANOTHER VEHICLE 18 - HIT ANOTHER VEHICLE 19 - HIT ANOTHER VEHICLE 20 - HIT ANOTHER VEHICLE 21 - HIT ANOTHER VEHICLE 22 - HIT ANOTHER VEHICLE 23 - HIT ANOTHER VEHICLE 24 - HIT ANOTHER VEHICLE 25 - HIT ANOTHER VEHICLE 26 - HIT ANOTHER VEHICLE 27 - HIT ANOTHER VEHICLE 28 - HIT ANOTHER VEHICLE 29 - HIT ANOTHER VEHICLE 30 - HIT ANOTHER VEHICLE 31 - HIT ANOTHER VEHICLE 32 - HIT ANOTHER VEHICLE 33 - HIT ANOTHER VEHICLE 34 - HIT ANOTHER VEHICLE 35 - HIT ANOTHER VEHICLE 36 - HIT ANOTHER VEHICLE 37 - HIT ANOTHER VEHICLE 38 - HIT ANOTHER VEHICLE 39 - HIT ANOTHER VEHICLE 40 - HIT ANOTHER VEHICLE 41 - HIT ANOTHER VEHICLE 42 - HIT ANOTHER VEHICLE 43 - HIT ANOTHER VEHICLE 44 - HIT ANOTHER VEHICLE 45 - HIT ANOTHER VEHICLE 46 - HIT ANOTHER VEHICLE 47 - HIT ANOTHER VEHICLE 48 - HIT ANOTHER VEHICLE 49 - HIT ANOTHER VEHICLE 50 - HIT ANOTHER VEHICLE 51 - HIT ANOTHER VEHICLE 52 - HIT ANOTHER VEHICLE 53 - HIT ANOTHER VEHICLE 54 - HIT ANOTHER VEHICLE 55 - HIT ANOTHER VEHICLE 56 - HIT ANOTHER VEHICLE 57 - HIT ANOTHER VEHICLE 58 - HIT ANOTHER VEHICLE 59 - HIT ANOTHER VEHICLE 60 - HIT ANOTHER VEHICLE 61 - HIT ANOTHER VEHICLE 62 - HIT ANOTHER VEHICLE 63 - HIT ANOTHER VEHICLE 64 - HIT ANOTHER VEHICLE 65 - HIT ANOTHER VEHICLE 66 - HIT ANOTHER VEHICLE 67 - HIT ANOTHER VEHICLE 68 - HIT ANOTHER VEHICLE 69 - HIT ANOTHER VEHICLE 70 - HIT ANOTHER VEHICLE 71 - HIT ANOTHER VEHICLE 72 - HIT ANOTHER VEHICLE 73 - HIT ANOTHER VEHICLE 74 - HIT ANOTHER VEHICLE 75 - HIT ANOTHER VEHICLE 76 - HIT ANOTHER VEHICLE 77 - HIT ANOTHER VEHICLE 78 - HIT ANOTHER VEHICLE 79 - HIT ANOTHER VEHICLE 80 - HIT ANOTHER VEHICLE 81 - HIT ANOTHER VEHICLE 82 - HIT ANOTHER VEHICLE 83 - HIT ANOTHER VEHICLE 84 - HIT ANOTHER VEHICLE 85 - HIT ANOTHER VEHICLE 86 - HIT ANOTHER VEHICLE 87 - HIT ANOTHER VEHICLE 88 - HIT ANOTHER VEHICLE 89 - HIT ANOTHER VEHICLE 90 - HIT ANOTHER VEHICLE 91 - HIT ANOTHER VEHICLE 92 - HIT ANOTHER VEHICLE 93 - HIT ANOTHER VEHICLE 94 - HIT ANOTHER VEHICLE 95 - HIT ANOTHER VEHICLE 96 - HIT ANOTHER VEHICLE 97 - HIT ANOTHER VEHICLE 98 - HIT ANOTHER VEHICLE 99 - HIT ANOTHER VEHICLE 0_0		NON-COLLISION 1 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 2 - DOWNHILL RUNAWAY 3 - OTHER NON-COLLISION 4 - PEDESTRIAN 5 - PEDALCYCLE	NON-COLLISION 1 - RAILWAY VEHICLE 2 - ANIMAL - FARM 3 - ANIMAL - DEER 4 - ANIMAL - OTHER 5 - MOTOR VEHICLE IN TRANSPORT 6 - WORKING 7 - PUSHING VEHICLE
1 - IMPACT ATTENUATOR / CRASH CUSHION 2 - BRIDGE OVERHEAD STRUCTURE 3 - BRIDGE PIER OR ABUTMENT 4 - BRIDGE PARAPET 5 - BRIDGE RAIL 6 - GUARDRAIL FACE 1_2_0		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
1 - IMPACT ATTENUATOR / CRASH CUSHION 2 - BRIDGE OVERHEAD STRUCTURE 3 - BRIDGE PIER OR ABUTMENT 4 - BRIDGE PARAPET 5 - BRIDGE RAIL 6 - GUARDRAIL FACE 1_2_0		43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	
1 - FIRST HARMFUL EVENT 1		50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 55 - OTHER UNKNOWN 56 - OTHER UNKNOWN 57 - OTHER UNKNOWN 58 - OTHER UNKNOWN 59 - OTHER UNKNOWN 60 - OTHER UNKNOWN 61 - OTHER UNKNOWN 62 - OTHER UNKNOWN 63 - OTHER UNKNOWN 64 - OTHER UNKNOWN 65 - OTHER UNKNOWN 66 - OTHER UNKNOWN 67 - OTHER UNKNOWN 68 - OTHER UNKNOWN 69 - OTHER UNKNOWN 70 - OTHER UNKNOWN 71 - OTHER UNKNOWN 72 - OTHER UNKNOWN 73 - OTHER UNKNOWN 74 - OTHER UNKNOWN 75 - OTHER UNKNOWN 76 - OTHER UNKNOWN 77 - OTHER UNKNOWN 78 - OTHER UNKNOWN 79 - OTHER UNKNOWN 80 - OTHER UNKNOWN 81 - OTHER UNKNOWN 82 - OTHER UNKNOWN 83 - OTHER UNKNOWN 84 - OTHER UNKNOWN 85 - OTHER UNKNOWN 86 - OTHER UNKNOWN 87 - OTHER UNKNOWN 88 - OTHER UNKNOWN 89 - OTHER UNKNOWN 90 - OTHER UNKNOWN 91 - OTHER UNKNOWN 92 - OTHER UNKNOWN 93 - OTHER UNKNOWN 94 - OTHER UNKNOWN 95 - OTHER UNKNOWN 96 - OTHER UNKNOWN 97 - OTHER UNKNOWN 98 - OTHER UNKNOWN 99 - OTHER UNKNOWN	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 55 - OTHER UNKNOWN 56 - OTHER UNKNOWN 57 - OTHER UNKNOWN 58 - OTHER UNKNOWN 59 - OTHER UNKNOWN 60 - OTHER UNKNOWN 61 - OTHER UNKNOWN 62 - OTHER UNKNOWN 63 - OTHER UNKNOWN 64 - OTHER UNKNOWN 65 - OTHER UNKNOWN 66 - OTHER UNKNOWN 67 - OTHER UNKNOWN 68 - OTHER UNKNOWN 69 - OTHER UNKNOWN 70 - OTHER UNKNOWN 71 - OTHER UNKNOWN 72 - OTHER UNKNOWN 73 - OTHER UNKNOWN 74 - OTHER UNKNOWN 75 - OTHER UNKNOWN 76 - OTHER UNKNOWN 77 - OTHER UNKNOWN 78 - OTHER UNKNOWN 79 - OTHER UNKNOWN 80 - OTHER UNKNOWN 81 - OTHER UNKNOWN 82 - OTHER UNKNOWN 83 - OTHER UNKNOWN 84 - OTHER UNKNOWN 85 - OTHER UNKNOWN 86 - OTHER UNKNOWN 87 - OTHER UNKNOWN 88 - OTHER UNKNOWN 89 - OTHER UNKNOWN 90 - OTHER UNKNOWN 91 - OTHER UNKNOWN 92 - OTHER UNKNOWN 93 - OTHER UNKNOWN 94 - OTHER UNKNOWN 95 - OTHER UNKNOWN 96 - OTHER UNKNOWN 97 - OTHER UNKNOWN 98 - OTHER UNKNOWN 99 - OTHER UNKNOWN
1 - MOST HARMFUL EVENT 1		50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 55 - OTHER UNKNOWN 56 - OTHER UNKNOWN 57 - OTHER UNKNOWN 58 - OTHER UNKNOWN 59 - OTHER UNKNOWN 60 - OTHER UNKNOWN 61 - OTHER UNKNOWN 62 - OTHER UNKNOWN 63 - OTHER UNKNOWN 64 - OTHER UNKNOWN 65 - OTHER UNKNOWN 66 - OTHER UNKNOWN 67 - OTHER UNKNOWN 68 - OTHER UNKNOWN 69 - OTHER UNKNOWN 70 - OTHER UNKNOWN 71 - OTHER UNKNOWN 72 - OTHER UNKNOWN 73 - OTHER UNKNOWN 74 - OTHER UNKNOWN 75 - OTHER UNKNOWN 76 - OTHER UNKNOWN 77 - OTHER UNKNOWN 78 - OTHER UNKNOWN 79 - OTHER UNKNOWN 80 - OTHER UNKNOWN 81 - OTHER UNKNOWN 82 - OTHER UNKNOWN 83 - OTHER UNKNOWN 84 - OTHER UNKNOWN 85 - OTHER UNKNOWN 86 - OTHER UNKNOWN 87 - OTHER UNKNOWN 88 - OTHER UNKNOWN 89 - OTHER UNKNOWN 90 - OTHER UNKNOWN 91 - OTHER UNKNOWN 92 - OTHER UNKNOWN 93 - OTHER UNKNOWN 94 - OTHER UNKNOWN 95 - OTHER UNKNOWN 96 - OTHER UNKNOWN 97 - OTHER UNKNOWN 98 - OTHER UNKNOWN 99 - OTHER UNKNOWN	

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

OWNER	UNIT # <u>012</u>	OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER	OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER																														
	OWNER ADDRESS: STREET, CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER																																
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																															
LP STATE <u>O H</u>	LICENSE PLATE # <u>JEY4455</u>	VEHICLE IDENTIFICATION # <u>3G1KBDRS51S710952</u>	VEHICLE YEAR <u>2020</u>																														
INSURANCE VERIFIED <input checked="" type="checkbox"/>	INSURANCE COMPANY <u>Allstate</u>	INSURANCE POLICY # <u>826303143</u>	COLOR <u>Silver</u>																														
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME <u>Marcells</u>																														
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS <u>0 1</u>	VEHICLE WEIGHT GWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.																														
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# OF TRAILING UNITS <u>0 0</u>																																	
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>0 2</u> 1 - YES 2 - NO 9 - OTHER / UNKNOWN																																	
AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - HIGH AUTOMATION 4 - FULL AUTOMATION																																	
SPECIAL FUNCTION 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER																																	
CARGO BODY TYPE 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS																																	
VEHICLE DEFECTS 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS																																	
NON-MOTORIST LOCATION AT IMPACT 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - TRAVEL LANE - OTHER LOCATION																																	
ACTION 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING <u>0 1</u> 4 - STRIKING PRE-CRASH 5 - BOTH STRIKING & STRUCK 6 - STRUCK & STRIKING 7 - STRIKING & STRUCK 8 - STRIKING & STRUCK 9 - OTHER / UNKNOWN																																	
CONTRIBUTING CIRCUMSTANCES 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN																																	
SEQUENCE OF EVENTS																																	
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 MOVABLE OBJECT																																	
COLLISION WITH FIXED OBJECT - STRUCK 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																																	
FIRST HARMFUL EVENT <u>1</u> MOST HARMFUL EVENT <u>1</u>																																	

LOCAL REPORT NUMBER	
<u>2 2 0 3 6 4 6 1</u>	
DAMAGE	
<u>4</u>	1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<img alt="Diagram of a vehicle showing 12 numbered damage areas: 1 (front	



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER									
2 2 0 3 6 4 6 1									
DATE OF BIRTH									
0 2 0 9 1 9 8 8 3 4 F									
CONTACT PHONE - INCLUDE AREA CODE									

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE 0 1 Hardewig, Jamie, Lynn								DATE OF BIRTH	AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP 133 Cole Dr., Fairfield, OH, 45014								CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
OL STATE	OPERATOR LICENSE NUMBER O H			OFFENSE CHARGED 331.17a		LOCAL CODE	<input checked="" type="checkbox"/>	OFFENSE DESCRIPTION ROW Turning Left		CITATION NUMBER 251435				
OL CLASS	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	ALCOHOL TEST	DRUG TEST(S)				
UNIT #	NAME: LAST, FIRST, MIDDLE 0 2 Vangen, Julie, Ann								STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4
MOTORIST / NON-MOTORIST	ADDRESS: STREET, CITY, STATE, ZIP 1096 South Branch, Harrison, OH, 45030								CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
OL STATE	OPERATOR LICENSE NUMBER O H			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	1	ALCOHOL / DRUG SUSPECTED	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST	DRUG TEST(S)				
UNIT #	NAME: LAST, FIRST, MIDDLE								STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4
MOTORIST / NON-MOTORIST	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		
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	1	ALCOHOL / DRUG SUSPECTED	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST	DRUG TEST(S)				
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 2-DEPLOYED FRONT		1-CLASS A	1-ALCOHOL INTERLOCK DEVICE 2-CDL INTRASTATE ONLY		1-NOT DISTRACTED 2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	1-NONE GIVEN 2-TEST REFUSED					
2-SUSPECTED SERIOUS INJURY	2-FRONT - MIDDLE		2-DEPLOYED SIDE		2-CLASS B	3-CORRECTIVE LENSES		3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE					
3-SUSPECTED MINOR INJURY	3-FRONT - RIGHT SIDE		3-DEPLOYED BOTH FRONT / SIDE		3-CLASS C	4-REGULAR CLASS (OHIO = D)		4-FARM WAIVER	4-TEST GIVEN, RESULTS KNOWN					
4-POSSIBLE INJURY	4-SECOND - LEFT SIDE		4-NOT APPLICABLE		4-REGULAR CLASS (OHIO = D)	5-EXCEPT CLASS A BUS		5-EXCEPT CLASS A & CLASS B BUS	5-TEST GIVEN, RESULTS UNKNOWN					
5-NO APPARENT INJURY	5-SECOND - MIDDLE		5-DEPLOYMENT UNKNOWN		5-M/C MOPED ONLY	6-EXCEPT CLASS A & CLASS B BUS		6-EXCEPT TRACTOR-TRAILER	6-EXCEPT TRACTOR-TRAILER					
INJURED TAKEN BY	6-SECOND - RIGHT SIDE		6-SECOND - RIGHT SIDE		6-NO VALID DL	7-EXCEPT TRACTOR-TRAILER		7-EXCEPT TRACTOR-TRAILER	7-EXCEPT TRACTOR-TRAILER					
1-NOT TRANSPORTED / TREATED AT SCENE	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	8-INTERMEDIATE LICENSE RESTRICTIONS		8-INTERMEDIATE LICENSE RESTRICTIONS	8-INTERMEDIATE LICENSE RESTRICTIONS					
2-EMS	8-THIRD - MIDDLE		8-THIRD - MIDDLE		8-THIRD - MIDDLE	9-LEARNER'S PERMIT RESTRICTIONS		9-LEARNER'S PERMIT RESTRICTIONS	9-LEARNER'S PERMIT RESTRICTIONS					
3-POLICE	9-THIRD - RIGHT SIDE		9-THIRD - RIGHT SIDE		9-THIRD - RIGHT SIDE	10-LIMITED TO DAYLIGHT ONLY		10-LIMITED TO DAYLIGHT ONLY	10-LIMITED TO DAYLIGHT ONLY					
9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB		10-SLEEPER SECTION OF TRUCK CAB		10-SLEEPER SECTION OF TRUCK CAB	11-LIMITED TO EMPLOYMENT		11-LIMITED TO EMPLOYMENT	11-LIMITED TO EMPLOYMENT					
SAFETY EQUIPMENT	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)		11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	12-LIMITED - OTHER		12-LIMITED - OTHER	12-LIMITED - OTHER					
1-NONE USED	12-PASSENGER IN UNENCLOSED CARGO AREA		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-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)					
2-SHOULDER BELT ONLY USED	13-TRAILING UNIT		13-TRAILING UNIT		13-TRAILING UNIT	14-MILITARY VEHICLES ONLY		14-MILITARY VEHICLES ONLY	14-MILITARY VEHICLES ONLY					
3-LAP BELT ONLY USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		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-MOTOR VEHICLES WITHOUT AIR BRAKES					
4-SHOULDER & LAP BELT USED	15-NON-MOTORIST		15-NON-MOTORIST		15-NON-MOTORIST	16-OUTSIDE MIRROR		16-OUTSIDE MIRROR	16-OUTSIDE MIRROR					
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	99-OTHER / UNKNOWN		99-OTHER / UNKNOWN		99-OTHER / UNKNOWN	17-PROSTHETIC AID		17-PROSTHETIC AID	17-PROSTHETIC AID					
6-CHILD RESTRAINT SYSTEM - REAR FACING						18-OTHER		18-OTHER	18-OTHER					
7-BOOSTER SEAT														
8-HELMET USED														
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)														
10-REFLECTIVE CLOTHING														
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY														
99-OTHER / UNKNOWN														
ALCOHOL TEST TYPE														
1-NONE 2-BLOOD 3-URINE 4-BREATH 5-OTHER														
DRUG TEST TYPE														
1-NONE 2-BLOOD 3-URINE 4-OTHER														
DRUG TEST RESULT(S)														
1-AMPHETAMINES 2-BARBITURATES 3-BENZODIAZEPINES 4-CANNABINOID 5-COCAIN 6-OPIATES / OPIOIDS 7-OTHER 8-NEGATIVE RESULTS														

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

2 2 0 3 6 4 6 1

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
OCCUPANT	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
	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER		
OCCUPANT	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		
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
OCCUPANT	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
	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER		
OCCUPANT	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		
	James, Brian					0 2 2 1 1 9 8 1	4	1	M	
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
	240 Fairview Ave., Hamilton, OH, 45015									
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
						0				
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
						0				
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				

OHIO TRAFFIC ACCIDENT - DIAGRAM / NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER	22036461	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	River Rd. and Nilles Rd.	
<p>NOT TO SCALE</p>				
		OFFICER'S SIGNATURE	D. Gooch	
			BADGE NO. 160	