



## TRAFFIC CRASH REPORT

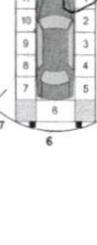
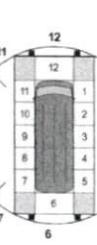
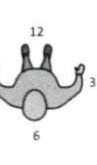
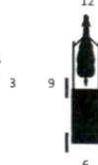
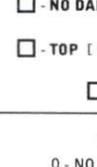
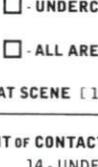
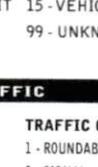
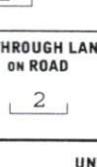
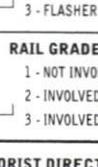
\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL REPORT NUMBER*				
				2 2 0 3 6 6 9 6				
<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		<b>REPORTING AGENCY NAME*</b> Fairfield Police Department		<b>NCIC*</b> 0 0 9 0 1		
<b>COUNTY*</b> 0 9		<b>LOCALITY*</b> 1-CITY 2-VILLAGE 3-TOWNSHIP		<b>LOCATION: CITY, VILLAGE, TOWNSHIP*</b> City of Fairfield		<b>CRASH DATE / TIME*</b> 0 5 2 4 2 0 2 2 1 4 4 2		
<b>LOCATION</b>	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME Michael	ROAD TYPE L N	LATITUDE DECIMAL DEGREES 39 3 3 7 0 0 0		
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 8781	ROAD TYPE	LONGITUDE DECIMAL DEGREES -84 5 2 7 9 2 6		
<b>REFERENCE</b>	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 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	<b>INTERSECTION RELATED</b> <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA <b>NUMBER OF APPROACHES</b>			
	DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS				<b>ROADWAY</b> <input type="checkbox"/> ROADWAY DIVIDED		
<b>LOCATION OF FIRST HARMFUL EVENT</b> 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-ON ROADWAY 10-DRIVEWAY/ALLEY ACCESS 11-RAILWAY GRADE CROSSING 12-SHARED USE PATHS OR TRAILS 13-BIKE LANE 14-TOLL BOOTH 99-OTHER / UNKNOWN			<b>MANNER OF CRASH COLLISION/IMPACT</b> 1- NOT COLLISION 2- BACKING 3- ANGLE 4- REAR-TO-REAR 5- SIDESWIPE, SAME DIRECTION 6- SIDESWIPE, OPPOSITE DIRECTION 7- HEAD-ON 8- OTHER / UNKNOWN		<b>DIRECTION OF TRAVEL</b>	<b>MEDIAN TYPE</b> 1-NORTH 2-SOUTH 3-EAST 4-WEST		
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		<b>WORK ZONE TYPE</b> 1- LANE CLOSURE 2- LANE SHIFT/CROSSOVER 3- WORK ON SHOULDER OR MEDIAN 4- INTERMITTENT OR MOVING WORK 5- OTHER		<b>LOCATION OF CRASH IN WORK ZONE</b> 1- BEFORE THE 1ST WORK ZONE 2- ADVANCE WARNING SIGN 3- TRANSITION AREA 4- ACTIVITY AREA 5- TERMINATION AREA		<b>CONTOUR</b>	<b>CONDITIONS</b>	<b>SURFACE</b>
<b>LIGHT CONDITION</b> 1- DAYLIGHT 2- DAWN/DUSK 3- DARK - LIGHTED ROADWAY 4- DARK - ROADWAY NOT LIGHTED 5- DARK - UNKNOWN ROADWAY LIGHTING 9- OTHER / UNKNOWN			<b>WEATHER</b> 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					
<b>NARRATIVE</b> <p>On 05/24/22 at 2:42 P.M. Unit 1 was making a left hand turn out of a private dr. to go southwest on Michael Ln. Unit 1 failed to control their vehicle and ran off the road right and struck a telephone pole.</p> <p>The telephone pole belongs to Duke Energy. The pole number is BT120-45E. There was minor damage to the pole.</p> <p>1199 Nilles Rd. Fairfield OH 45014</p>								
 <p>Indicate the north direction with an "N" on the compass diagram.</p> <p>See OH-2</p>								
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY
0 5 2 4 2 0 2 2 1 4 4 2		0 5 2 4 2 0 2 2 1 4 4 3		0 5 2 4 2 0 2 2 1 4 4 8		0 5 2 4 2 0 2 2 1 5 0 3		<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	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*			CHECKED BY OFFICER'S NAME*	CHECKED BY OFFICER'S BADGE NUMBER*	CHECKED BY OFFICER'S BADGE NUMBER*
			D. Miller					
0	3 0	5 0	1	6	7			



## UNIT

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 # GRW7461	VEHICLE IDENTIFICATION # 1GKKNU1S18M2177609	VEHICLE YEAR 2021																																				
INSURANCE VERIFIED <input checked="" type="checkbox"/>	INSURANCE COMPANY Nationwide	INSURANCE POLICY # 9234J385357	VEHICLE MAKE GMC																																				
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME Fox Towing																																				
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>	HIT/SKIP UNIT <input type="checkbox"/>	# OCCUPANTS 0_2	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD																																				
VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		CLASS # PLACARD ID #																																					
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WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 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																																			
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LOCAL REPORT NUMBER											
2	2	0	3	6	6	9	6				
DAMAGE											
DAMAGE SCALE											
<u>4</u>		1 - 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					
1-12 - REFER TO UNIT DIAGRAM						15 - VEHICLE NOT AT SCENE					
13 - TOP						99 - UNKNOWN					
TRAFFIC											
TRAFFICWAY FLOW						TRAFFIC CONTROL					
<u>1</u>		1 - ONE-WAY				1 - ROUNDABOUT				4 - STOP SIGN	
<u>2</u>		2 - TWO-WAY				2 - SIGNAL				5 - YIELD SIGN	
<u>6</u>						3 - FLASHER				6 - NO CONTROL	
# OF THROUGH LANES ON ROAD						RAIL GRADE CROSSING					
<u>2</u>						<u>1</u>		1 - NOT INVOLVED			
								2 - INVOLVED-ACTIVE CROSSING			
								3 - INVOLVED-PASSIVE CROSSING			
UNIT / NON-MOTORIST DIRECTION											
FROM <u>7</u> TO <u>8</u>						1 - NORTH      5 - NORTHEAST					
						2 - SOUTH      6 - NORTHWEST					
						3 - EAST      7 - SOUTHEAST					
						4 - WEST      8 - SOUTHWEST					
						9 - OTHER/UNKNOWN					
UNIT SPEED						DETECTED SPEED					
<u>2</u>		<u>0</u>				<u>1</u>		1 - STATED/ESTIMATED SPEED			
								2 - CALCULATED/EDR			
								3 - UNDETERMINED			
POSTED SPEED											
<u>3</u>		<u>5</u>									

# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER						
2 2 0 3 6 6 9 6						
DATE OF BIRTH				AGE	GENDER	
0 5 1 5 1 9 4 7				7 5	M	
CONTACT PHONE - INCLUDE AREA CODE						

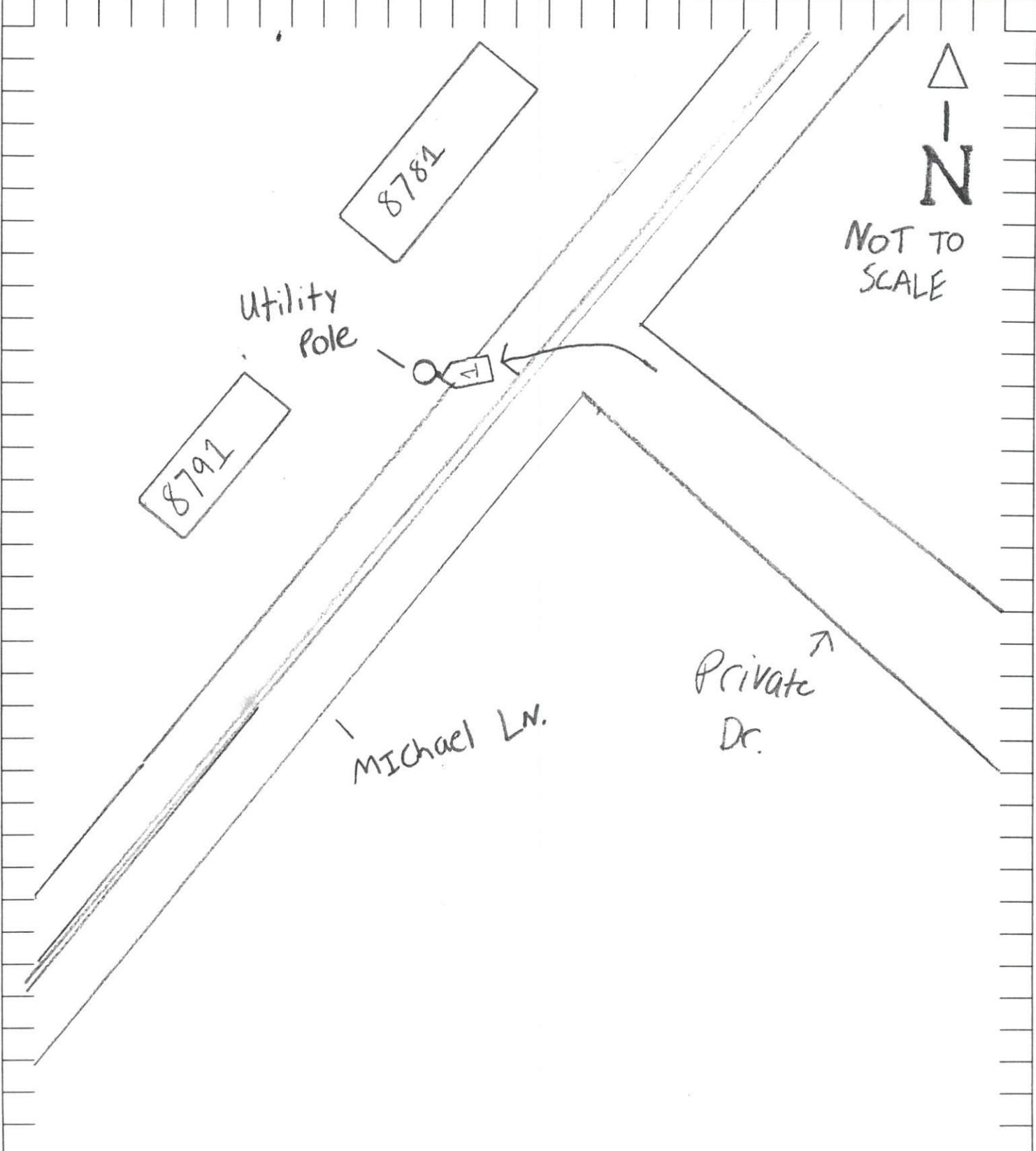
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					INJURIES		INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	1	AIR BAG USAGE	1	EJECTION	1	TRAPPED
	0 1	Newman, Ronald					5																
ADDRESS: STREET, CITY, STATE, ZIP	2413 Clara Bea Ln. Fairfield, OH 45014					CONTACT PHONE - INCLUDE AREA CODE																	
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION		CITATION NUMBER													
O H				331.34 a		X		Failure To Control		251459													
OL 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	1	1	1	STATUS	TYPE	VALUE	1	1	RESULT	SELECT UP TO 4							
OTHER DRUG																							
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH					AGE	GENDER											
											0												
ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE																						
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OTHER DRUG																							
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-CDL INTRASTATE ONLY		2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)		2-TEST REFUSED												
3-SUSPECTED MINOR INJURY	3-FRONT- RIGHT SIDE		3-DEPLOYED SIDE		3-CLASS C		3-CORRECTIVE LENSES		3-TALKING ON HANDS-FREE COMMUNICATION DEVICE		3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE												
4-POSSIBLE INJURY	4-SECOND-LEFT SIDE (MOTORCYCLE PASSENGER)		4-DEPLOYED BOTH FRONT / SIDE		4-REGULAR CLASS (OHIO=D)		4-FARM WAIVER		4-TALKING ON HAND-HELD COMMUNICATION DEVICE		4-TEST GIVEN, RESULTS KNOWN												
5-NO APPARENT INJURY	5-SECOND- MIDDLE		5-NOT APPLICABLE		5-M/C MOPED ONLY		5-EXCEPT CLASS A BUS		5-EXCEPT CLASS A & CLASS B BUS		5-TEST GIVEN, RESULTS UNKNOWN												
INJURED TAKEN BY	6-SECOND- RIGHT SIDE		9-DEPLOYMENT UNKNOWN		6-NO VALID OL		6-NO VALID OL		7-EXCEPT TRACTOR-TRAILER														
1- NOT TRANSPORTED / TREATED AT SCENE	7-THIRD- LEFT SIDE (MOTORCYCLE SIDE CAR)		1-NOT EJECTED		H - HAZMAT		8-INTERMEDIATE LICENSE RESTRICTIONS		5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		1-NONE												
2-EMS	8-THIRD- MIDDLE		2-PARTIALLY EJECTED		M - MOTORCYCLE		9-LEARNER'S PERMIT RESTRICTIONS		6-PASSENGER		2-BLOOD												
3-POLICE	9-THIRD- RIGHT SIDE		3-TOTALLY EJECTED		P - PASSENGER		10-LIMITED TO DAYLIGHT ONLY		7-OTHER DISTRACTION INSIDE THE VEHICLE		3-URINE												
9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB		4-NOT APPLICABLE		N - TANKER		11-LIMITED TO EMPLOYMENT		8-OTHER DISTRACTION OUTSIDE THE VEHICLE		4-BREATH												
SAFETY EQUIPMENT	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		1-NOT TRAPPED		Q - MOTOR SCOOTER		12-LIMITED - OTHER		9-OTHER/UNKNOWN		5-OTHER												
1-NONE USED	12-PASSENGER IN UNENCLOSED CARGO AREA		2-EXTRICATED BY MECHANICAL MEANS		R - THREE-WHEEL MOTORCYCLE		13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		14-MILITARY VEHICLES ONLY														
2-SHOULDER BELT ONLY USED	13-TRAILING UNIT		3-FREED BY NON-MECHANICAL MEANS		S - SCHOOL BUS		15-MOTOR VEHICLES WITHOUT AIR BRAKES		15-MOTOR VEHICLES WITHOUT AIR BRAKES														
3-LAP BELT ONLY USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		F - FEMALE		T - DOUBLE & TRIPLE TRAILERS		16-OUTSIDE MIRROR		16-OUTSIDE MIRROR														
4-SHOULDER & LAP BELT USED	15-NON-MOTORIST		M - MALE		X - TANKER / HAZMAT		17-PROSTHETIC AID		17-PROSTHETIC AID														
5-CHILD RESTRAINT SYSTEM- FORWARD FACING	99-OTHER / UNKNOWN		U - OTHER / UNKNOWN		GENDER		18-OTHER		18-OTHER														
6-CHILD RESTRAINT SYSTEM- REAR FACING					F - FEMALE																		
7-BOOSTER SEAT					M - MALE																		
8-HELMET USED					U - OTHER / UNKNOWN																		
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)																							
10-REFLECTIVE CLOTHING																							
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY																							
12- OTHER / UNKNOWN																							
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## **OCCUPANT / WITNESS ADDENDUM**

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 1 Newman, Debrah				DATE OF BIRTH 0 9 0 6 1 9 5 0	AGE 71	GENDER F		
	ADDRESS: STREET, CITY, STATE, ZIP 2413 Clara Bea Ln. Fairfield, OH 45014					CONTACT PHONE - INCLUDE AREA CODE				
OCCUPANT	INJURIES 5	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 0 3	AIR BAG USAGE 0 1	EJECTION 1	TRAPPED 1
	UNIT #	NAME: LAST, FIRST, MIDDLE 				DATE OF BIRTH 	AGE 0	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 0	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 0	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 
<b>INJURIES</b>			<b>SAFETY EQUIPMENT USED</b>		<b>SEATING POSITION</b>		<b>AIR BAG USAGE</b>			
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY			1 - NONE USED - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN		1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN			
<b>INJURED TAKEN BY</b>							<b>EJECTION</b>			
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN			7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN		1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE			
<b>GENDER</b>							<b>TRAPPED</b>			
F - FEMALE M - MALE U - OTHER / UNKNOWN							1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS			
WITNESS	NAME: LAST, FIRST, MIDDLE 					DATE OF BIRTH 	AGE 0	GENDER 		
	ADDRESS: STREET, CITY, STATE, ZIP 					CONTACT PHONE - INCLUDE AREA CODE				
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	ADDRESS: STREET, CITY, STATE, ZIP 					CONTACT PHONE - INCLUDE AREA CODE				

LOCAL REPORT NUMBER	PD-22-036696	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	5/24/22
IN COUNTY OF	Butler	ACCIDENT LOCATION	8781 Michael Ln. Fairfield, OH 45014		



OFFICER'S SIGNATURE	D. Miller	BADGE NO	167
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