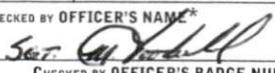




TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

| | | | | | | | | | |
|--|------------|--|---|--|--|---|---|---|---------|
| <input checked="" type="checkbox"/> PHOTOSTAKEN | | <input checked="" type="checkbox"/> OH-2 | <input type="checkbox"/> OH-3 | LOCAL INFORMATION | | LOCAL REPORT NUMBER* | | | |
| <input type="checkbox"/> SECONDARY CRASH | | <input type="checkbox"/> OH-1P | <input type="checkbox"/> OTHER | REPORTING AGENCY NAME* | | NCIC* | | | |
| | | | | Fairfield Police Department | | 0 0 9 0 1 | | | |
| COUNTY* | | LOCALITY* | | LOCATION: CITY, VILLAGE, TOWNSHIP* | | CRASH DATE / TIME* | | CRASH SEVERITY | |
| 0 9 | | 1 - CITY 2 - VILLAGE 3 - TOWNSHIP | | City of Fairfield | | 0 6 0 2 2 0 2 2 1 5 3 9 | | | |
| LOCATION | ROUTE TYPE | ROUTE NUMBER | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | LOCATION ROAD NAME | | ROAD TYPE | LATITUDE DECIMAL DEGREES | | |
| | S R | 4 | | | | | 3 9 3 2 3 4 2 2 | | |
| 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 | | |
| | | | | 6347 | | | - 8 4 5 0 5 5 1 5 | | |
| REFERENCE POINT | | DIRECTION FROM REFERENCE | | ROUTE TYPE | ROAD TYPE | INTERSECTION RELATED | | | |
| 1 - INTERSECTION 3 - MILE POST 3 - HOUSE # | | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | | IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE 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 type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA | |
| DISTANCE FROM REFERENCE | | DISTANCE UNIT OF MEASURE | | CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE | | | NUMBER OF APPROACHES | | |
| | | 1 - MILES 2 - FEET 3 - YARDS | | | | | ROADWAY | | |
| LOCATION OF FIRST HARMFUL EVENT | | | | MANNER OF CRASH COLLISION/IMPACT | | | DIRECTION OF TRAVEL | MEDIAN TYPE | |
| 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP | | | | 1 - NOT COLLISION 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN TRANSPORT 4 - REAR-END 5 - HEAD-ON | | | 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 | |
| 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 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN | | | | | |
| <input type="checkbox"/> WORK ZONE RELATED | | <input type="checkbox"/> WORKERS PRESENT | | WORK ZONE TYPE | | LOCATION OF CRASH IN WORK ZONE | CONTOUR | CONDITIONS | SURFACE |
| <input type="checkbox"/> LAW ENFORCEMENT PRESENT | | <input type="checkbox"/> ACTIVE SCHOOL ZONE | | 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 |
| 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN | | 0 1 | | WEATHER | | 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN | 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 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 June 2, 2022 at about 3:39 PM Unit 1 was traveling northwest on S.R. 4 Dixie Highway and when at 6347 Dixie Highway, Unit 1 failed to obey a traffic control device when turning left into the business and collided with Unit 2 who was traveling southeast on S.R. 4 Dixie in front of 6347 Dixie Highway.</p> | | | | | | | | | |
| <p style="text-align: right;">Indicate the north direction with an "N" on the compass diagram.</p> <p style="text-align: right;">SEE OH-2</p> | | | | | | | | | |
| CRASH REPORTED DATE / TIME | | DISPATCH DATE / TIME | | ARRIVAL DATE / TIME | | SCENE CLEARED DATE / TIME | | REPORT TAKEN BY | |
| 0 6 0 2 2 0 2 2 1 5 3 9 | | 0 6 0 2 2 0 2 2 1 5 4 0 | | 0 6 0 2 2 0 2 2 1 5 4 5 | | 0 6 0 2 2 0 2 2 1 6 2 9 | | <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION or ADDITION TO AN EXISTING REPORT SENT TO OIPS) | |
| TOTAL TIME ROADWAY CLOSED | | OTHER INVESTIGATION TIME | | TOTAL MINUTES | | OFFICER'S NAME* | | CHECKED BY OFFICER'S NAME* | |
| 0 | | 0 | | 4 9 | | J. TAYLOR | |  Checked by Officer's Name | |
| | | | | | | OFFICER'S BADGE NUMBER* | | CHECKED BY OFFICER'S BADGE NUMBER* | |
| 1 | | 5 | | 7 | | 1 1 8 | | | |

OWNER

UNIT # 0 1 OWNER NAME: LAST, FIRST, MIDDLE SAME AS DRIVER 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 O H LICENSE PLATE # DMS7195 VEHICLE IDENTIFICATION # J H M G D 3 8 4 1 7 S 0 4 2 8 4 7 VEHICLE YEAR 2 0 0 7 VEHICLE MAKE HONDA

INSURANCE VERIFIED INSURANCE COMPANY SAFE AUTO INSURANCE POLICY # OH01613555A-5 COLOR SILVER VEHICLE MODEL FIT

TYPE OF USE COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE US DOT # 1 TOWED BY: COMPANY NAME MARCELLS HAZARDOUS MATERIAL MATERIAL RELEASED CLASS # 1 PLACARD ID # 1 PLACARD

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS 0 1 VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.

UNIT TYPE 0 1 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 UNITTRUCK 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 27 - TRAIN 6 - VAN (9-15 SEATS) 11 - ALL TERRAIN VEHICLE (ATV / UTV) 17 - MOTORHOME 28 - ANIMAL DRAWN VEHICLE 99 - UNKNOWN OR HIT/SKIP

OF TRAILING UNITS 0

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

SPECIAL FUNCTION 0 1 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

CARGO BODY TYPE 0 1 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

VEHICLE DEFECTS 0 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

NON-MOTORIST LOCATION AT IMPACT 0 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 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN 5 - TRAVEL LANE - OTHER LOCATION

ACTION 3 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 6 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 10 - PARKED 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST 4 - STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 11 - SLOWING OR STOPPED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 12 - DRIVINGLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN 9 - OTHER / UNKNOWN

CONTRIBUTING CIRCUMSTANCES 0 6 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 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION

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 1 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 12 - DOWNHILL RUNAWAY 18 - ANIMAL - DEER 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 3 - IMMERSION 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 20 - MOTOR VEHICLE IN TRANSPORT 24 - OTHER MOBILE OBJECT 4 - JACKKNIFE 11 - DROVE OFF ROAD 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE

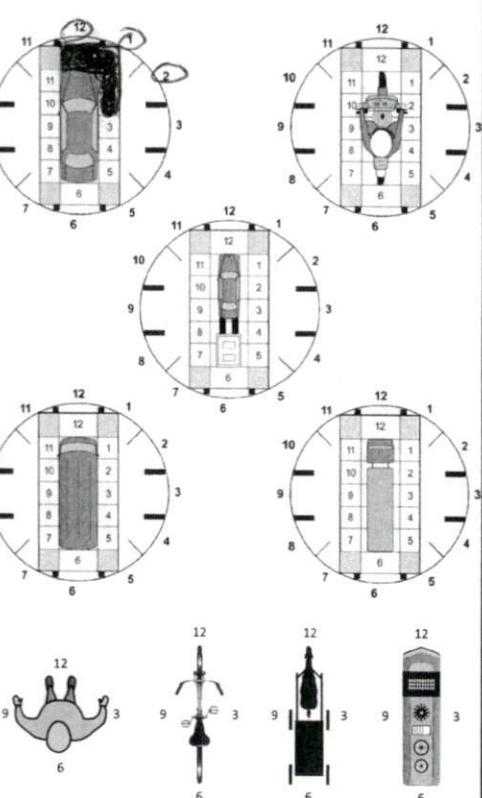
3 1 5 - CARGO / EQUIPMENT LOSS OR SHIFT 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 47 - MAILBOX 53 - TUNNEL 29 - BRIDGE RAIL BARRIER 35 - MEDIAN CONCRETE OR SUPPORT 41 - OTHER POST, POLE 48 - TREE 54 - OTHER FIXED OBJECT 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 49 - FIRE HYDRANT 99 - OTHER / UNKNOWN

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

| | |
|---------------------|-----------|
| LOCAL REPORT NUMBER | |
| 2 2 0 | 3 9 1 4 7 |

| | |
|--------------|--|
| 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 |
| <u>1 2</u> 1 - 12 - REFER TO UNIT DIAGRAM | 15 - VEHICLE NOT AT SCENE |
| 99 - UNKNOWN | |
| 13 - TOP | |

| | |
|---|--|
| TRAFFIC | |
| TRAFFIC WAY FLOW <u>2</u> 1 - ONE-WAY 2 - TWO-WAY | TRAFFIC CONTROL <u>6</u> 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL |

| | |
|-------------------------------------|--|
| # OF THROUGH LANES ON ROAD <u>4</u> | RAIL GRADE CROSSING <u>1</u> 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING |
|-------------------------------------|--|

| | |
|---|--|
| UNIT / NON-MOTORIST DIRECTION | |
| FROM <u>7</u> TO <u>6</u> 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN | |

| | |
|--|--|
| UNIT SPEED <u>1 5</u> 1 - STATED / ESTIMATED SPEED | DETECTED SPEED <u>1</u> 2 - CALCULATED / EDR |
| POSTED SPEED <u>5 0</u> 3 - UNDETERMINED | |



UNIT

| | | | |
|--|--------------------------------|--|--|
| OWNER | UNIT # <u>0 2</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>HHG9344</u> | VEHICLE IDENTIFICATION # <u>1H G C T 2 B 8 7 H A 0 0 7 4 7 3</u> | VEHICLE YEAR <u>2 0 1 7</u> VEHICLE MAKE <u>HONDA</u> |
| <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY <u>ERIE</u> | INSURANCE POLICY # <u>Q115116101</u> | COLOR <u>BLACK</u> VEHICLE MODEL <u>ACCORD</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>WAYNES</u> |
| INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT | | #OCCUPANTS <u>0 1</u> | VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. |
| UNIT TYPE 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) | | HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <u></u> PLACARD ID # <u></u> <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) | | 1 - MOTORCYCLE 2-WHEELED 2 - MOTORCYCLE 3-WHEELED 3 - SNOWMOBILE 4 - AUTOCYCLE 5 - MOPED OR MOTORIZED 6 - BICYCLE 7 - ALL-TERRAIN VEHICLE (ATV / UTV) | |
| 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) | | 7 - GOLF CART 8 - SNOWMOBILE 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED 11 - BICYCLE 12 - ALL-TERRAIN VEHICLE (ATV / UTV) | |
| 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) | | 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME | |
| 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) | | 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 | | | |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>0 2</u> 1 - YES 2 - NO 9 - OTHER / UNKNOWN | | AUTONOMOUS MODE LEVEL <u>0</u> 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN | |
| SPECIAL FUNCTION 1 - TAXI 2 - ELECTRONIC RIDE SHARING 3 - SCHOOL TRANSPORT 4 - BUS - TRANSIT/COMMUTER | | 1 - NONE 2 - BUS - CHARTER/TOUR 3 - BUS - INTERCITY 4 - BUS - SHUTTLE 5 - BUS - OTHER 6 - BUS - TRANSIT/COMMUTER | |
| CARGO BODY TYPE 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS | | 7 - FIRE 8 - MILITARY 9 - POLICE 10 - PUBLIC UTILITY 11 - CONSTRUCTION EQUIPMENT 12 - FARM 13 - MOWING 14 - SNOW REMOVAL 15 - TOWING 16 - MAIL CARRIER 17 - AUTO TRANSPORTER 18 - GARBAGE/REFUSE 19 - OTHER / UNKNOWN | |
| VEHICLE DEFECTS 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS | | 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS | |
| NON-MOTORIST LOCATION AT IMPACT 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK | | 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT | |
| 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK | | 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE | |
| 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN | | 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT | |
| ACTION 1 - PRE-CRASH 2 - ACTIONS 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN | | 11 - MIDBLOCK - MARKED CROSSWALK 12 - TURN LANE - OTHER LOCATION | |
| 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN | | 13 - INTERSECTION - OTHER 14 - CHANGING LANES 15 - MAKING RIGHT TURN 16 - MAKING LEFT TURN | |
| 1 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDAA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING | | 17 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVINGLESS | |
| 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN | | 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY | |
| 1 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDAA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING | | 17 - NEGOTIATING A CURVE 18 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - PARKED 20 - WALKING, RUNNING, JOGGING, PLAYING 21 - DRIVINGLESS | |
| 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN | | 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 22 - PUSHING VEHICLE | |
| 1 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDAA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING | | 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 24 - OTHER IMPROPER ACTION | |
| SEQUENCE OF EVENTS | | NON-COLLISION 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT | |
| 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 | |
| 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT | | 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM EQUIPMENT 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE | |
| 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT | | 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 5 - CARGO / EQUIPMENT LOSS OR SHIFT | | 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE | |
| 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT | | 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER | |
| 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT | | 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT | |
| 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT | | 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT | |
| 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT | | 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN | |
| 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT | | 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 | |
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| 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT | | 26 - WORK ZONE MAINTENANCE EQUIPMENT 27 - WALL 28 - BUILDING 29 - TUNNEL 30 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN | |
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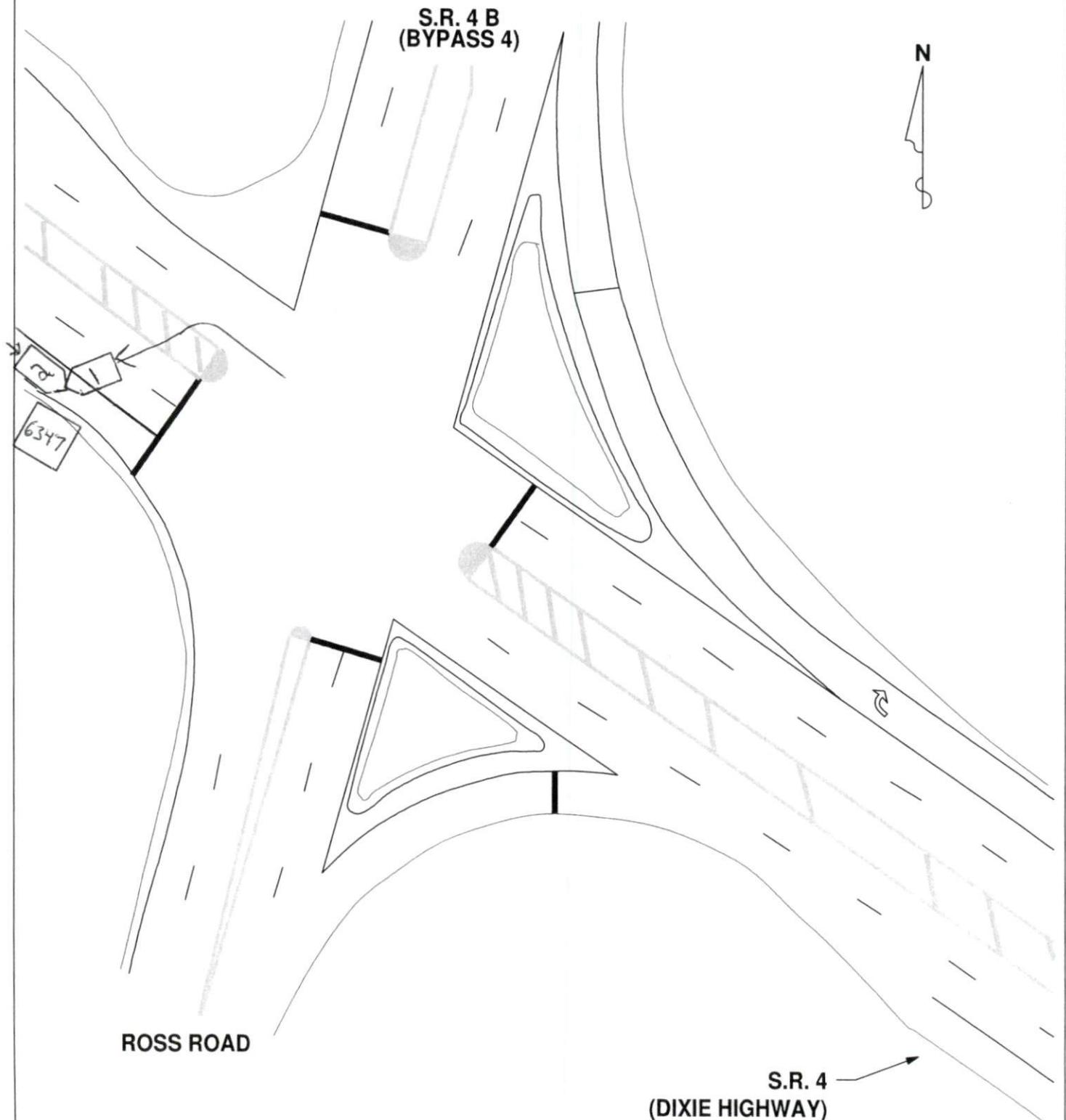
MOTORIST / Non-MOTORIST

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

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| MOTORIST / NON-MOTORIST | UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | | | | | | |
| | 0 1 | MORGAN, MICHAEL, D | | | | | 0 1 0 3 1 9 4 9 | | | | | | |
| | ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | |
| | 5215 SOUTHGATE BLVD., APT G, FAIRFIELD, 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 | |
| | 5 | | | | | | 0 4 | <input type="checkbox"/> | 0 1 | 1 | 1 | 1 | |
| | OL STATE | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | | LOCAL CODE | OFFENSE DESCRIPTION | | | CITATION NUMBER | | |
| | O H | | | | 313.01A | | <input checked="" type="checkbox"/> | TRAFFIC CONTROL DEVICE | | | 251537 | | |
| | 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 | 1 | RESULT SELECT UP TO 4 | |
| INJURIES | | | | | | | | | | DATE OF BIRTH | AGE | GENDER | |
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | 0 4 1 8 1 9 5 4 | | | | | 6 8 | F | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | |
| 112 MEADOWVIEW CT., FAIRFIELD, 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 | | |
| 5 | | | | | | 0 4 | <input type="checkbox"/> | 0 1 | 1 | 1 | 1 | | |
| OL STATE | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | | LOCAL CODE | OFFENSE DESCRIPTION | | | CITATION NUMBER | | | |
| O H | | | | | | <input type="checkbox"/> | | | | | | | |
| 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 | 1 | RESULT SELECT UP TO 4 | | |
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | | | | | AGE | GENDER | |
| 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 | OFFENSE DESCRIPTION | | | CITATION NUMBER | | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | | CONDITION | ALCOHOL TEST | | | DRUG TEST(S) | | |
| | | | | | <input type="checkbox"/> ALCOHOL | <input type="checkbox"/> MARIJUANA | | | | | RESULT SELECT UP TO 4 | | |
| INJURIES | | | | | | | | | | DATE OF BIRTH | AGE | GENDER | |
| 1-FATAL | 1-FRONT-LEFT SIDE (MOTORCYCLE DRIVER) | AIR BAG | | OL CLASS | OL RESTRICTION(S) | DRIVER DISTRACTION | TEST STATUS | | | | | | |
| 2-SUSPECTED SERIOUS INJURY | 2-DEPLOYED FRONT | 1-NOT DEPLOYED | | 1-CLASS A | 1-ALCOHOL INTERLOCK DEVICE | 1-NOT DISTRACTED | 1-NONE GIVEN | | | | | | |
| 3-SUSPECTED MINOR INJURY | 3-DEPLOYED SIDE | 2-DEPLOYED SIDE | | 2-CLASS B | 2-CDL INTRASTATE ONLY | 2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) | 2-TEST REFUSED | | | | | | |
| 4-Possible INJURY | 4-DEPLOYED BOTH FRONT / SIDE | 3-DEPLOYED BOTH FRONT / SIDE | | 3-CLASS C | 3-CORRECTIVE LENSES | 3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE | 3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE | | | | | | |
| 5-NO APPARENT INJURY | 5-NOT APPLICABLE | 4-REGULAR CLASS (OHIO = D) | | 4-FARM WAIVER | 4-EXCEPT CLASS A BUS | 4-TEST GIVEN, RESULTS KNOWN | 4-TEST GIVEN, RESULTS KNOWN | | | | | | |
| INJURED TAKEN BY | | | | | | | | | | 5-M/C MOPED ONLY | 5-EXCEPT CLASS A & CLASS B BUS | 5-TEST GIVEN, RESULTS UNKNOWN | |
| 1-NOT TRANSPORTED / TREATED AT SCENE | 5-SECOND-MIDDLE | 9-DEPLOYMENT UNKNOWN | | 6-NO VALID OL | 6-EXCEPT CLASS A & CLASS B BUS | 6-TALKING ON HANDS-FREE COMMUNICATION DEVICE | 6-TALKING ON HANDS-FREE COMMUNICATION DEVICE | | | | | | |
| 2-EMS | 6-SECOND-RIGHT SIDE | 9-DEPLOYMENT UNKNOWN | | 7-EXCEPT TRACTOR-TRAILER | 7-EXCEPT TRACTOR-TRAILER | 7-EXCEPT TRACTOR-TRAILER | 7-EXCEPT TRACTOR-TRAILER | | | | | | |
| 3-POLICE | 7-THIRD-LEFT SIDE (MOTORCYCLE SIDE CAR) | 1-NOT EJECTED | | 8-INTERMEDIATE LICENSE RESTRICTIONS | 8-INTERMEDIATE LICENSE RESTRICTIONS | 8-INTERMEDIATE LICENSE RESTRICTIONS | 8-INTERMEDIATE LICENSE RESTRICTIONS | | | | | | |
| 9-OTHER / UNKNOWN | 8-THIRD-MIDDLE | 2-PARTIALLY EJECTED | | 9-LEARNER'S PERMIT RESTRICTIONS | 9-LEARNER'S PERMIT RESTRICTIONS | 9-LEARNER'S PERMIT RESTRICTIONS | 9-LEARNER'S PERMIT RESTRICTIONS | | | | | | |
| SAFETY EQUIPMENT | | | | | | | | | | 10-LIMITED TO DAYLIGHT ONLY | 10-LIMITED TO DAYLIGHT ONLY | 10-LIMITED TO DAYLIGHT ONLY | |
| 1-NONE USED | 10-SLEEPER SECTION OF TRUCK CAB | 3-TOTALLY EJECTED | | 11-LIMITED TO EMPLOYMENT | 11-LIMITED TO EMPLOYMENT | 11-LIMITED TO EMPLOYMENT | 11-LIMITED TO EMPLOYMENT | | | | | | |
| 2-SHOULDER BELT ONLY USED | 11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4-NOT APPLICABLE | | 12-LIMITED-OTHER | 12-LIMITED-OTHER | 12-LIMITED-OTHER | 12-LIMITED-OTHER | | | | | | |
| 3-LAP BELT ONLY USED | 12-PASSENGER IN UNENCLOSED CARGO AREA | 1-NOT TRAPPED | | 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) | 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | | | | | | |
| 4-SHOULDER & LAP BELT USED | 13-TRAILING UNIT | 2-EXTRICATED BY MECHANICAL MEANS | | 14-MILITARY VEHICLES ONLY | 14-MILITARY VEHICLES ONLY | 14-MILITARY VEHICLES ONLY | 14-MILITARY VEHICLES ONLY | | | | | | |
| 5-CHILD RESTRAINT SYSTEM - FORWARD FACING | 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 3-FREED BY NON-MECHANICAL MEANS | | 15-MOTOR VEHICLES WITHOUT AIR BRAKES | 15-MOTOR VEHICLES WITHOUT AIR BRAKES | 15-MOTOR VEHICLES WITHOUT AIR BRAKES | 15-MOTOR VEHICLES WITHOUT AIR BRAKES | | | | | | |
| 6-CHILD RESTRAINT SYSTEM - REAR FACING | 15-NON-MOTORIST | TRAPPED | | 16-OUTSIDE MIRROR | 16-OUTSIDE MIRROR | 16-OUTSIDE MIRROR | 16-OUTSIDE MIRROR | | | | | | |
| 7-BOOSTER SEAT | 99-OTHER / UNKNOWN | F-FEMALE | | 17-PROSTHETIC AID | 17-PROSTHETIC AID | 17-PROSTHETIC AID | 17-PROSTHETIC AID | | | | | | |
| 8-HELMET USED | | M-MALE | | 18-OTHER | 18-OTHER | 18-OTHER | 18-OTHER | | | | | | |
| 9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | U-OTHER / UNKNOWN | | TEST STATUS | | | | | | | | | |
| 10-REFLECTIVE CLOTHING | | | | ALCOHOL TEST TYPE | | | | | | | | | |
| 11-LIGHTING - PEDESTRIAN / BICYCLE ONLY | | | | 1-NONE | | | | | | | | | |
| 99-OTHER / UNKNOWN | | | | 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 | | | | | | | | | |



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| LOCAL REPORT NUMBER PD-22-039147 | REPORTING AGENCY Fairfield Police Department | DATE OF CRASH M 06 D 02 Y 22 |
| IN COUNTY OF Butler | CRASH LOCATION 6347 Dixie Highway | |



** NOT TO SCALE **

OFFICER'S SIGNATURE
J. Taylor

BADGE NUMBER
157