



## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL REPORT NUMBER*					
				2 2 0 4 0 4 9 7					
<input checked="" type="checkbox"/> PHOTOS TAKEN <input checked="" 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		REPORTING AGENCY NAME* NCIC* Fairfield Police Department 00901		HIT/SKIP    NUMBER OF UNITS    UNIT IN ERROR 1 - SOLVED    0 2    0 1 2 - UNSOLVED			
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 7 2 0 2 2 2 2 0 9		1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY	
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 5 1 6 4 0		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 - 8 4 5 4 2 4 9 4		
REFERENCE POINT		DIRECTION FROM REFERENCE		ROUTE TYPE	ROAD TYPE		INTERSECTION RELATED		
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		<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA		NUMBER OF APPROACHES 4
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE		1 - MILES 2 - FEET 3 - YARDS	HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE		<input type="checkbox"/> ROADWAY <input type="checkbox"/> ROADWAY DIVIDED		
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				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		1 - NOT COLLISION 2 - MOTOR VEHICLES IN TRANSPORT 3 - REAR-END 4 - HEAD-ON	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		
1 - WORK ZONE RELATED 2 - WORKERS PRESENT 3 - LAW ENFORCEMENT PRESENT 4 - ACTIVE SCHOOL ZONE				WORK ZONE TYPE		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 SIGN 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN
LIGHT CONDITION				WEATHER		9 - OTHER/UNKNOWN			
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									
On June 07, 2022 at about 10:09 PM Unit 1 was traveling southbound on S.R.4(Dixie Hwy) and when at the intersection of S.R.4(Dixie Hwy) and Symmes Rd. failed to stop within the assured clear distance ahead and collided with Unit 2 which was also traveling southbound and was stopped in traffic waiting for the signal at the intersection.									
 Indicate the north direction with an "N" on the compass diagram.									
SEE OH-2									
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY	
0 6 0 7 2 0 2 2 2 2 0 9		0 6 0 7 2 0 2 2 2 2 1 0		0 6 0 7 2 0 2 2 2 2 1 6		0 6 0 7 2 0 2 2 2 3 0 0		<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* T. King		CHECKED BY OFFICER'S NAME* J. Soni	
1 0		6 0		1 6 1		OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER* 1 5 0	

UNIT # 0\_1 OWNER NAME: LAST, FIRST, MIDDLE ( SAME AS DRIVER)  
Brandy, Anttarch

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

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

OWNER PHONE: INCLUDE AREA CODE ( SAME AS DRIVER)

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE O\_H LICENSE PLATE # EPF7367 VEHICLE IDENTIFICATION # 1G1ZH57B1584284940 VEHICLE YEAR 2008 VEHICLE MAKE Chevy

INSURANCE VERIFIED INSURANCE COMPANY American Family INSURANCE POLICY # 41015-58432-59 COLOR Blue VEHICLE MODEL Malibu

TYPE OF USE  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT # OCCUPANTS 0\_1 US DOT # 1 TOWED BY: COMPANY NAME FOX  
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  
3 - SPORT UTILITY VEHICLE 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
4 - PICK UP 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST  
5 - CARGO VAN BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE  
6 - VAN (9-15 SEATS) 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN  
10 - MOPED OR MOTORIZED 17 - MOTORHOME 18 - LIMO (LIVERY VEHICLE) 29 - UNKNOWN OR HIT/SKIP

# OF TRAILING UNITS 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 AUTONOMOUS MODE LEVEL  
1 - YES 2 - NO 9 - OTHER / UNKNOWN  
0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION  
2 - PARTIAL 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 7 - GRAIN/CHIPS/GRAVEL 9 - CARGOTANK 13 - AUTO TRANSPORTER  
10 - FLAT BED 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

NON-MOTORIST LOCATION AT IMPACT 0 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER  
2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS AT INCIDENT SCENE  
5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN

ACTION 0\_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\_1 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 IN TRAFFIC 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE  
5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN  
6 - MAKING LEFT TURN  
9 - OTHER / UNKNOWN

CONTRIBUTING CIRCUMSTANCES 0\_8 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 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION  
5 - UNSAFE SPEED 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 8 - RAN OFF ROAD RIGHT 17 - ANIMAL - FARM 18 - ANIMAL - DEER 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION  
3 - IMMERSION 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 13 - OTHER NON-COLLISION 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT BY A MOTOR VEHICLE  
4 - JACKKNIFE 14 - PEDESTRIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT

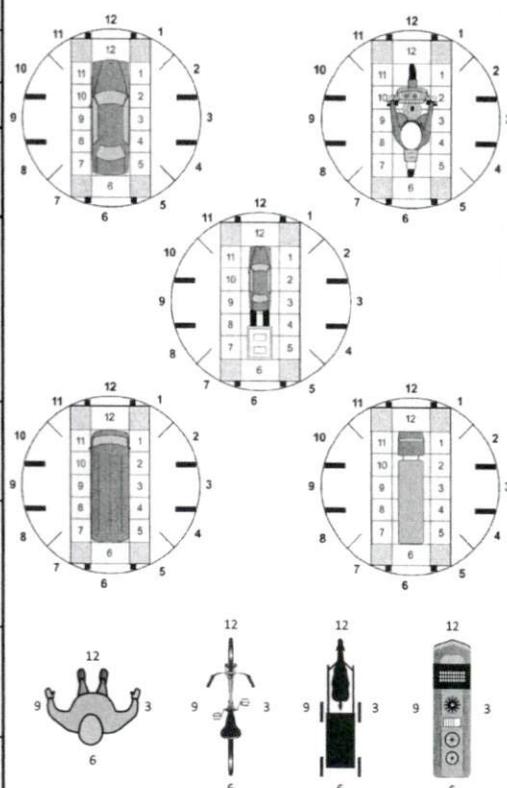
4\_5\_6 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  
26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL 52 - BUILDING  
27 - BRIDGE PIER OR ABUTMENT BARRIER 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES 45 - EMBANKMENT 53 - TUNNEL  
28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL SUPPORT 40 - UTILITY POLE 46 - FENCE 54 - OTHER FIXED OBJECT  
29 - BRIDGE RAIL BARRIER 35 - MEDIAN CONCRETE OR SUPPORT 41 - OTHER POST, POLE 47 - MAILBOX 48 - TREE 99 - OTHER / UNKNOWN  
30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER  
2 2 0 4 0 4 9 7

DAMAGE  
DAMAGE SCALE  
4 - 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 15 - VEHICLE NOT AT SCENE  
DIAGRAM 99 - UNKNOWN  
13 - TOP

TRAFFIC  
TRAFFICWAY FLOW 2 TRAFFIC CONTROL  
1 - ONE-WAY 2 - TWO-WAY  
1 - ROUNDABOUT 4 - STOP SIGN  
2 - SIGNAL 5 - YIELD SIGN  
3 - FLASHER 6 - NO CONTROL

# OF THROUGH LANES ON ROAD 4 RAIL GRADE CROSSING  
1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING  
2 - 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  
FROM 1 TO 2

UNIT SPEED 4\_0 DETECTED SPEED  
1 - STATED / ESTIMATED SPEED  
2 - CALCULATED / EDR  
3 - UNDETERMINED  
POSTED SPEED 3\_5



UNIT

OWNER

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 2		

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	JIX7203	5F NYF 6H 80J B 020315	2018	Honda

<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	Ohio Insurance	4420413	White	Pilot

TYPE OF USE	US DOT #	TOWED BY: COMPANY NAME
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		Marcells
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	#OCCUPANTS	HAZARDOUS MATERIAL
<input type="checkbox"/> HIT/SKIP UNIT	0 2	<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD
VEHICLE WEIGHT GVWR/GCWR		CLASS # PLACARD ID #
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)	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
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# OF TRAILING UNITS

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

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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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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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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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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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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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 - 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 MOBILE OBJECT
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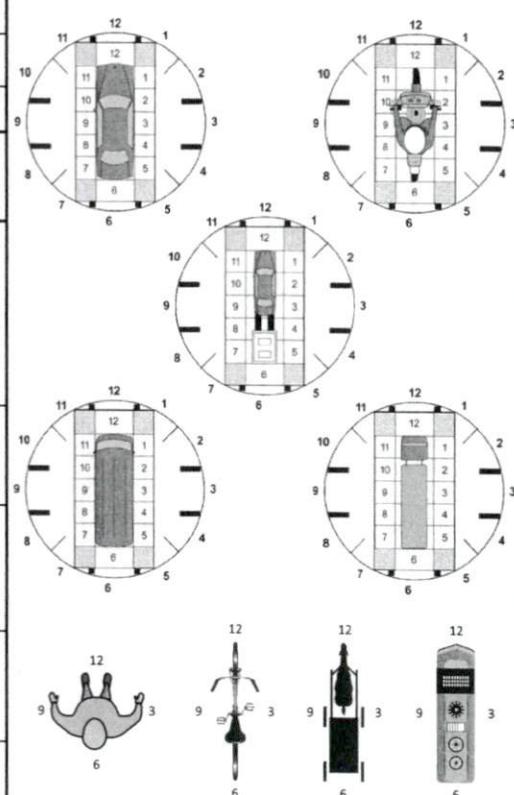
25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	37 - 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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FIRST HARMFUL EVENT

MOST HARMFUL EVENT

LOCAL REPORT NUMBER	
2 2 0 4 0 4 9 7	

DAMAGE	
4	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN
DAMAGE SCALE	
	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE

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 1 - 12 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

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

# OF THROUGH LANES ON ROAD	
4	RAIL GRADE CROSSING
	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

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

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

# MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	LOCAL REPORT NUMBER												
	2 2 0 4 0 4 9 7					DATE OF BIRTH		AGE	GENDER				
UNIT #	NAME: LAST, FIRST, MIDDLE												
0 1	Brandy, Amari, Denae												
ADDRESS: STREET, CITY, STATE, ZIP													
892 Glasgow Dr. Cincinnati OH 45240													
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DATE OF BIRTH			CONTACT PHONE - INCLUDE AREA CODE			
5						0 4	1 1 2 2 2 0 0 0			2 1 F			
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER			
O H				333.03A		<input checked="" type="checkbox"/>	ACDA			251642			
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	SELECT UP TO 4		
UNIT # NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH			
0 2	Badylak, Christian, Joseph										0 6 0 7 1 9 6 1 6 1 M		
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE			
5575 Wasigo Dr. Cincinnati OH 45230													
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DATE OF BIRTH			CONTACT PHONE - INCLUDE AREA CODE			
5						0 4	0 6 0 7 1 9 6 1 6 1 M						
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	SELECT UP TO 4		
UNIT #	NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH		
											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	DATE OF BIRTH			CONTACT PHONE - INCLUDE AREA CODE			
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER			
						<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)			
				1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	1	1	SELECT UP TO 4		
<b>INJURIES</b>	<b>SEATING POSITION</b>	<b>AIR BAG</b>		<b>OL CLASS</b>	<b>OL RESTRICTION(S)</b>		<b>DRIVER DISTRACTION</b>	<b>TEST STATUS</b>					
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-TEST GIVEN, RESULTS KNOWN	4-TEST GIVEN, RESULTS UNKNOWN					
5- NO APPARENT INJURY	5-SECOND - MIDDLE	5-NOT APPLICABLE		5-M/C MOPED ONLY	5-EXCEPT CLASS A & CLASS B BUS		5-EXCEPT CLASS A & CLASS B BUS	5-TEST GIVEN, RESULTS UNKNOWN					
<b>INJURED TAKEN BY</b>	6-SECOND - RIGHT SIDE	9-DEPLOYMENT UNKNOWN		6-NO VALID OL	7-EXCEPT TRACTOR-TRAILER		7-EXCEPT TRACTOR-TRAILER	7-TEST GIVEN, RESULTS UNKNOWN					
1- NOT TRANSPORTED / TREATED AT SCENE	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	8-INTERMEDIATE LICENSE RESTRICTIONS		8-INTERMEDIATE LICENSE RESTRICTIONS	8-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		8-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	8-TEST GIVEN, RESULTS UNKNOWN					
2- EMS	8-THIRD - MIDDLE	9-PASSENGER		9-PASSENGER	6-PASSENGER		6-PASSENGER	6-TEST GIVEN, RESULTS UNKNOWN					
3- POLICE	9-THIRD - RIGHT SIDE	10-N-TANKER		10-N-TANKER	7-OTHER DISTRACTION INSIDE THE VEHICLE		7-OTHER DISTRACTION INSIDE THE VEHICLE	7-TEST GIVEN, RESULTS UNKNOWN					
9- OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB	11-Q-MOTOR SCOOTER		11-Q-MOTOR SCOOTER	8-OTHER DISTRACTION OUTSIDE THE VEHICLE		8-OTHER DISTRACTION OUTSIDE THE VEHICLE	8-TEST GIVEN, RESULTS UNKNOWN					
<b>SAFETY EQUIPMENT</b>	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	12-R-THREE-WHEEL MOTORCYCLE		12-R-THREE-WHEEL MOTORCYCLE	9-9-OTHER / UNKNOWN		9-9-OTHER / UNKNOWN	9-TEST GIVEN, RESULTS UNKNOWN					
1- NONE USED	12-PASSENGER IN UNENCLOSED CARGO AREA	13-S-SCHOOL BUS		13-S-SCHOOL BUS	10-10-OTHER		10-10-OTHER	10-TEST GIVEN, RESULTS UNKNOWN					
2- SHOULDER BELT ONLY USED	13-F-T-TRAILING UNIT	14-T-DOUBLE & TRIPLE TRAILERS		14-T-DOUBLE & TRIPLE TRAILERS	11-11-OTHER		11-11-OTHER	11-TEST GIVEN, RESULTS UNKNOWN					
3- LAP BELT ONLY USED	14-F-FREED BY NON-MECHANICAL MEANS	15-X-TANKER / HAZMAT		15-X-TANKER / HAZMAT	12-12-OTHER		12-12-OTHER	12-TEST GIVEN, RESULTS UNKNOWN					
4- SHOULDER & LAP BELT USED	15-F-FREED BY MECHANICAL MEANS	16-F-AIR BRAKES		16-F-AIR BRAKES	13-13-OTHER		13-13-OTHER	13-TEST GIVEN, RESULTS UNKNOWN					
5- CHILD RESTRAINT SYSTEM - FORWARD FACING	16-F-FREED BY AIR BRAKES	17-F-OUTSIDE MIRROR		17-F-OUTSIDE MIRROR	14-14-OTHER		14-14-OTHER	14-TEST GIVEN, RESULTS UNKNOWN					
6- CHILD RESTRAINT SYSTEM - REAR FACING	17-F-OUTSIDE MIRROR	18-F-PROSTHETIC AID		18-F-PROSTHETIC AID	15-15-OTHER		15-15-OTHER	15-TEST GIVEN, RESULTS UNKNOWN					
7- BOOSTER SEAT	18-F-PROSTHETIC AID	16-U-OTHER		16-U-OTHER	16-16-OTHER		16-16-OTHER	16-TEST GIVEN, RESULTS UNKNOWN					
8- HELMET USED	19-F-OTHER / UNKNOWN	17-U-OTHER / UNKNOWN		17-U-OTHER / UNKNOWN	17-17-OTHER		17-17-OTHER	17-TEST GIVEN, RESULTS UNKNOWN					
9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	20-F-OTHER / UNKNOWN	18-U-OTHER		18-U-OTHER	18-18-OTHER		18-18-OTHER	18-TEST GIVEN, RESULTS UNKNOWN					
10- REFLECTIVE CLOTHING	21-F-OTHER / UNKNOWN	19-U-OTHER		19-U-OTHER	19-19-OTHER		19-19-OTHER	19-TEST GIVEN, RESULTS UNKNOWN					
11- LIGHTING - PEDESTRIAN / BICYCLE ONLY	22-F-OTHER / UNKNOWN	20-U-OTHER		20-U-OTHER	20-20-OTHER		20-20-OTHER	20-TEST GIVEN, RESULTS UNKNOWN					
12- HELMET USED	23-F-OTHER / UNKNOWN	21-U-OTHER		21-U-OTHER	21-21-OTHER		21-21-OTHER	21-TEST GIVEN, RESULTS UNKNOWN					
13- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	24-F-OTHER / UNKNOWN	22-U-OTHER		22-U-OTHER	22-22-OTHER		22-22-OTHER	22-TEST GIVEN, RESULTS UNKNOWN					
14- REFLECTIVE CLOTHING	25-F-OTHER / UNKNOWN	23-U-OTHER		23-U-OTHER	23-23-OTHER		23-23-OTHER	23-TEST GIVEN, RESULTS UNKNOWN					
15- LIGHTING - PEDESTRIAN / BICYCLE ONLY	26-F-OTHER / UNKNOWN	24-U-OTHER		24-U-OTHER	24-24-OTHER		24-24-OTHER	24-TEST GIVEN, RESULTS UNKNOWN					
16- HELMET USED	27-F-OTHER / UNKNOWN	25-U-OTHER		25-U-OTHER	25-25-OTHER		25-25-OTHER	25-TEST GIVEN, RESULTS UNKNOWN					
17- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	28-F-OTHER / UNKNOWN	26-U-OTHER		26-U-OTHER	26-26-OTHER		26-26-OTHER	26-TEST GIVEN, RESULTS UNKNOWN					
18- REFLECTIVE CLOTHING	29-F-OTHER / UNKNOWN	27-U-OTHER		27-U-OTHER	27-27-OTHER		27-27-OTHER	27-TEST GIVEN, RESULTS UNKNOWN					
19- LIGHTING - PEDESTRIAN / BICYCLE ONLY	30-F-OTHER / UNKNOWN	28-U-OTHER		28-U-OTHER	28-28-OTHER		28-28-OTHER	28-TEST GIVEN, RESULTS UNKNOWN					
20- HELMET USED	31-F-OTHER / UNKNOWN	29-U-OTHER		29-U-OTHER	29-29-OTHER		29-29-OTHER	29-TEST GIVEN, RESULTS UNKNOWN					
21- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	32-F-OTHER / UNKNOWN	30-U-OTHER		30-U-OTHER	30-30-OTHER		30-30-OTHER	30-TEST GIVEN, RESULTS UNKNOWN					
22- REFLECTIVE CLOTHING	33-F-OTHER / UNKNOWN	31-U-OTHER		31-U-OTHER	31-31-OTHER		31-31-OTHER	31-TEST GIVEN, RESULTS UNKNOWN					
23- LIGHTING - PEDESTRIAN / BICYCLE ONLY	34-F-OTHER / UNKNOWN	32-U-OTHER		32-U-OTHER	32-32-OTHER		32-32-OTHER	32-TEST GIVEN, RESULTS UNKNOWN					
24- HELMET USED	35-F-OTHER / UNKNOWN	33-U-OTHER		33-U-OTHER	33-33-OTHER		33-33-OTHER	33-TEST GIVEN, RESULTS UNKNOWN					
25- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	36-F-OTHER / UNKNOWN	34-U-OTHER		34-U-OTHER	34-34-OTHER		34-34-OTHER	34-TEST GIVEN, RESULTS UNKNOWN					
26- REFLECTIVE CLOTHING	37-F-OTHER / UNKNOWN	35-U-OTHER		35-U-OTHER	35-35-OTHER		35-35-OTHER	35-TEST GIVEN, RESULTS UNKNOWN					
27- LIGHTING - PEDESTRIAN / BICYCLE ONLY	38-F-OTHER / UNKNOWN	36-U-OTHER		36-U-OTHER	36-36-OTHER		36-36-OTHER	36-TEST GIVEN, RESULTS UNKNOWN					
28- HELMET USED	39-F-OTHER / UNKNOWN	37-U-OTHER		37-U-OTHER	37-37-OTHER		37-37-OTHER	37-TEST GIVEN, RESULTS UNKNOWN					
29- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	40-F-OTHER / UNKNOWN	38-U-OTHER		38-U-OTHER	38-38-OTHER		38-38-OTHER	38-TEST GIVEN, RESULTS UNKNOWN					
30- REFLECTIVE CLOTHING	41-F-OTHER / UNKNOWN	39-U-OTHER		39-U-OTHER	39-39-OTHER		39-39-OTHER	39-TEST GIVEN, RESULTS UNKNOWN					
31- LIGHTING - PEDESTRIAN / BICYCLE ONLY	42-F-OTHER / UNKNOWN	40-U-OTHER		40-U-OTHER	40-40-OTHER		40-40-OTHER	40-TEST GIVEN, RESULTS UNKNOWN					
32- HELMET USED	43-F-OTHER / UNKNOWN	41-U-OTHER		41-U-OTHER	41-41-OTHER		41-41-OTHER	41-TEST GIVEN, RESULTS UNKNOWN					
33- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	44-F-OTHER / UNKNOWN	42-U-OTHER		42-U-OTHER	42-42-OTHER		42-42-OTHER	42-TEST GIVEN, RESULTS UNKNOWN					
34- REFLECTIVE CLOTHING	45-F-OTHER / UNKNOWN	43-U-OTHER		43-U-OTHER	43-43-OTHER		43-43-OTHER	43-TEST GIVEN, RESULTS UNKNOWN					
35- LIGHTING - PEDESTRIAN / BICYCLE ONLY	46-F-OTHER / UNKNOWN	44-U-OTHER		44-U-OTHER	44-44-OTHER		44-44-OTHER	44-TEST GIVEN, RESULTS UNKNOWN					
36- HELMET USED	47-F-OTHER / UNKNOWN	45-U-OTHER		45-U-OTHER	45-45-OTHER		45-45-OTHER	45-TEST GIVEN, RESULTS UNKNOWN					
37- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	48-F-OTHER / UNKNOWN	46-U-OTHER		46-U-OTHER	46-46-OTHER		46-46-OTHER	46-TEST GIVEN, RESULTS UNKNOWN					
38- REFLECTIVE CLOTHING	49-F-OTHER / UNKNOWN	47-U-OTHER		47-U-OTHER	47-47-OTHER		47-47-OTHER	47-TEST GIVEN, RESULTS UNKNOWN					
39- LIGHTING - PEDESTRIAN / BICYCLE ONLY	50-F-OTHER / UNKNOWN	48-U-OTHER		48-U-OTHER	48-48-OTHER		48-48-OTHER	48-TEST GIVEN, RESULTS UNKNOWN					
40- HELMET USED	51-F-OTHER / UNKNOWN	49-U-OTHER		49-U-OTHER	49-49-OTHER		49-49-OTHER	49-TEST GIVEN, RESULTS UNKNOWN					
41- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	52-F-OTHER / UNKNOWN	50-U-OTHER		50-U-OTHER	50-50-OTHER		50-50-OTHER	50-TEST GIVEN, RESULTS UNKNOWN					
42- REFLECTIVE CLOTHING	53-F-OTHER / UNKNOWN	51-U-OTHER		51-U-OTHER	51-51-OTHER		51-51-OTHER	51-TEST GIVEN, RESULTS UNKNOWN					
43- LIGHTING - PEDESTRIAN / BICYCLE ONLY	54-F-OTHER / UNKNOWN	52-U-OTHER		52-U-OTHER	52-52-OTHER		52-52-OTHER	52-TEST GIVEN, RESULTS UNKNOWN					
44- HELMET USED	55-F-OTHER / UNKNOWN	53-U-OTHER		53-U-OTHER	53-53-OTHER		53-53-OTHER	53-TEST GIVEN, RESULTS UNKNOWN					
45- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	56-F-OTHER / UNKNOWN	54-U-OTHER		54-U-OTHER	54-54-OTHER		54-54-OTHER	54-TEST GIVEN, RESULTS UNKNOWN					
46- REFLECTIVE CLOTHING	57-F-OTHER / UNKNOWN	55-U-OTHER		55-U-OTHER	55-55-OTHER		55-55-OTHER	55-TEST GIVEN, RESULTS UNKNOWN					
47- LIGHTING - PEDESTRIAN / BICYCLE ONLY	58-F-OTHER / UNKNOWN	56-U-OTHER		56-U-OTHER	56-56-OTHER		56-56-OTHER	56-TEST GIVEN, RESULTS UNKNOWN					
48- HELMET USED	59-F-OTHER / UNKNOWN	57-U-OTHER		57-U-OTHER	57-57-OTHER		57-57-OTHER	57-TEST GIVEN, RESULTS UNKNOWN					
49- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	60-F-OTHER / UNKNOWN	58-U-OTHER		58-U-OTHER	58-58-OTHER		58-58-OTHER	58-TEST GIVEN, RESULTS UNKNOWN					
50- REFLECTIVE CLOTHING	61-F-OTHER / UNKNOWN	59-U-OTHER		59-U-OTHER	59-59-OTHER		59-59-OTHER	59-TEST GIVEN, RESULTS UNKNOWN					
51- LIGHTING - PEDESTRIAN / BICYCLE ONLY	62-F-OTHER / UNKNOWN	60-U-OTHER		60-U-OTHER	60-60-OTHER		60-60-OTHER	60-TEST GIVEN, RESULTS UNKNOWN					
52- HELMET USED	63-F-OTHER / UNKNOWN	61-U-OTHER		61-U-OTHER	61-61-OTHER		61-61-OTHER	61-TEST GIVEN, RESULTS UNKNOWN					
53- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	64-F-OTHER / UNKNOWN	62-U-OTHER		62-U-OTHER	62-62-OTHER		62-62-OTHER	62-TEST GIVEN, RESULTS UNKNOWN					
54- REFLECTIVE CLOTHING	65-F-OTHER / UNKNOWN	63-U-OTHER		63-U-OTHER	63-63-OTHER		63-63-OTHER	63-TEST GIVEN, RESULTS UNKNOWN					
55- LIGHTING - PEDESTRIAN / BICYCLE ONLY	66-F-OTHER / UNKNOWN	64-U-OTHER		64-U-OTHER	64-64-OTHER		64-64-OTHER	64-TEST GIVEN, RESULTS UNKNOWN					
56- HELMET USED	67-F-OTHER / UNKNOWN	65-U-OTHER		65-U-OTHER	65-65-OTHER		65-65-OTHER	65-TEST GIVEN, RESULTS UNKNOWN					
57- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	68-F-OTHER / UNKNOWN	66-U-OTHER		66-U-OTHER	66-66-OTHER		66-66-OTHER	66-TEST GIVEN, RESULTS UNKNOWN					
58- REFLECTIVE CLOTHING	69-F-OTHER / UNKNOWN	67-U-OTHER		67-U-OTHER	67-67-OTHER		67-67-OTHER	67-TEST GIVEN, RESULTS UNKNOWN					
59- LIGHTING - PEDESTRIAN / BICYCLE ONLY	70-F-OTHER / UNKNOWN	68-U-OTHER		68-U-OTHER	68-68-OTHER		68-68-OTHER	68-TEST GIVEN, RESULTS UNKNOWN					
60- HELMET USED	71-F-OTHER / UNKNOWN	69-U-OTHER		69-U-OTHER	69-69-OTHER		69-69-OTHER	69-TEST GIVEN, RESULTS UNKNOWN					
61- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	72-F-OTHER / UNKNOWN	70-U-OTHER		70-U-OTHER	70-70-OTHER		70-70-OTHER	70-TEST GIVEN, RESULTS UNKNOWN					
62- REFLECTIVE CLOTHING	73-F-OTHER / UNKNOWN	71-U-OTHER		71-U-OTHER	71-71-OTHER		71-71-OTHER	71-TEST GIVEN, RESULTS UNKNOWN					
63- LIGHTING - PEDESTRIAN / BICYCLE ONLY	74-F-OTHER / UNKNOWN	72-U-OTHER		72-U-OTHER	72-72-OTHER		72-72-OTHER	72-TEST GIVEN, RESULTS UNKNOWN					
64- HELMET USED	75-F-OTHER / UNKNOWN	73-U-OTHER		73-U-OTHER	73-73-OTHER		73-73-OTHER	73-TEST GIVEN, RESULTS UNKNOWN					
65- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	76-F-OTHER / UNKNOWN	74-U-OTHER		74-U-OTHER	74-74-OTHER		74-74-OTHER	74-TEST GIVEN, RESULTS UNKNOWN					
66- REFLECTIVE CLOTHING	77-F-OTHER / UNKNOWN	75-U-OTHER		75-U-OTHER	75-75-OTHER		75-75-OTHER	75-TEST GIVEN, RESULTS UNKNOWN					
67- LIGHTING - PEDESTRIAN / BICYCLE ONLY	78-F-OTHER / UNKNOWN	76-U-OTHER		76-U-OTHER	76-76-OTHER		76-76-OTHER	76-TEST GIVEN, RESULTS UNKNOWN					
68- HELMET USED	79-F-OTHER / UNKNOWN	77-U-OTHER		77-U-OTHER	77-77-OTHER		77-77-OTHER	77-TEST GIVEN, RESULTS UNKNOWN					
69- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	80-F-OTHER / UNKNOWN	78-U-OTHER		78-U-OTHER	78-78-OTHER		78-78-OTHER	78-TEST GIVEN, RESULTS UNKNOWN					
70- REFLECTIVE CLOTHING	81-F-OTHER / UNKNOWN	79-U-OTHER		79-U-OTHER	79-79-OTHER		79-79-OTHER	79-TEST GIVEN, RESULTS UNKNOWN					
71- LIGHTING - PEDESTRIAN / BICYCLE ONLY	82-F-OTHER / UNKNOWN	80-U-OTHER		80-U-OTHER	80-80-OTHER		80-80-OTHER	80-TEST GIVEN, RESULTS UNKNOWN					
72- HELMET USED	83-F-OTHER / UNKNOWN	81-U-OTHER		81-U-OTHER	81-81-OTHER		81-81-OTHER	81-TEST GIVEN, RESULTS UNKNOWN					
73- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	84-F-OTHER / UNKNOWN	82-U-OTHER		82-U-OTHER	82-82-OTHER		82-82-OTHER	82-TEST GIVEN, RESULTS UNKNOWN					
74- REFLECTIVE CLOTHING	85-F-OTHER / UNKNOWN	83-U-OTHER		83-U-OTHER	83-83-OTHER		83-83-OTHER	83-TEST GIVEN, RESULTS UNKNOWN					
75- LIGHTING - PEDESTRIAN / BICYCLE ONLY	86-F-OTHER / UNKNOWN	84-U-OTHER		84-U-OTHER	84-84-OTHER		84-84-OTHER	84-TEST GIVEN, RESULTS UNKNOWN					
76- HELMET USED	87-F-OTHER / UNKNOWN	85-U-OTHER		85-U-OTHER	85-85-OTHER		85-85-OTHER	85-TEST GIVEN, RESULTS UNKNOWN					
77- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	88-F-OTHER / UNKNOWN	86-U-OTHER		86-U-OTHER	86-86-OTHER		86-86-OTHER	86-TEST GIVEN, RESULTS UNKNOWN					
78- REFLECTIVE CLOTHING	89-F-OTHER / UNKNOWN	87-U-OTHER		87-U-OTHER	87-87-OTHER		87-87-OTHER	87-TEST GIVEN, RESULTS UNKNOWN					
79- LIGHTING - PEDESTRIAN / BICYCLE ONLY	90-F-OTHER / UNKNOWN	88-U-OTHER		88-U-OTHER	88-88-OTHER		88-88-OTHER	88-TEST GIVEN, RESULTS UNKNOWN					
80- HELMET USED	91-F-OTHER / UNKNOWN	89-U-OTHER		8									



## OCCUPANT / WITNESS ADDENDUM

<b>OCCUPANT</b>	UNIT #	NAME: LAST, FIRST, MIDDLE 2 Badylak, Julianne				DATE OF BIRTH 0 7 1 6 1 9 6 9	AGE 52	GENDER F		
	ADDRESS: STREET, CITY, STATE, ZIP 5575 Wasigo Dr. Cincinnati, OH 45230				CONTACT PHONE - INCLUDE AREA CODE					
<b>OCCUPANT</b>	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 		
<b>OCCUPANT</b>	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>OCCUPANT</b>	UNIT #	NAME: LAST, FIRST, MIDDLE 				DATE OF BIRTH 	AGE 0	GENDER 		
	ADDRESS: STREET, CITY, STATE, ZIP 				CONTACT PHONE - INCLUDE AREA CODE 					
<b>OCCUPANT</b>	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 		
<b>OCCUPANT</b>	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		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				
<b>INJURED TAKEN BY</b>		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)		1 - NOT EJECTED				
2 - EMS		8 - HELMET USED		8 - THIRD - MIDDLE		2 - PARTIALLY EJECTED				
3 - POLICE		9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		9 - THIRD - RIGHT SIDE		3 - TOTALLY EJECTED				
9 - OTHER / UNKNOWN		10 - REFLECTIVE CLOTHING		10 - SLEEPER SECTION OF TRUCK CAB		4 - NOT APPLICABLE				
<b>GENDER</b>		11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		<b>EJECTION</b>				
F - FEMALE		99 - OTHER / UNKNOWN		12 - PASSENGER IN UNENCLOSED CARGO AREA		1 - NOT EJECTED				
M - MALE				13 - TRAILING UNIT		2 - PARTIALLY EJECTED				
U - OTHER / UNKNOWN				14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		3 - TOTALLY EJECTED				
				15 - NON-MOTORIST		4 - NOT APPLICABLE				
				99 - OTHER / UNKNOWN		<b>TRAPPED</b>				
						1 - NOT TRAPPED				
						2 - EXTRICATED BY MECHANICAL MEANS				
						3 - FREED BY NON-MECHANICAL MEANS				
<b>WITNESS</b>	NAME: LAST, FIRST, MIDDLE 				DATE OF BIRTH 	AGE 0	GENDER 			
	ADDRESS: STREET, CITY, STATE, ZIP 				CONTACT PHONE - INCLUDE AREA CODE 					
<b>WITNESS</b>	NAME: LAST, FIRST, MIDDLE 				DATE OF BIRTH 	AGE 0	GENDER 			
	ADDRESS: STREET, CITY, STATE, ZIP 				CONTACT PHONE - INCLUDE AREA CODE 					
<b>WITNESS</b>	NAME: LAST, FIRST, MIDDLE 				DATE OF BIRTH 	AGE 0	GENDER 			
	ADDRESS: STREET, CITY, STATE, ZIP 				CONTACT PHONE - INCLUDE AREA CODE 					

LOCAL  
REPORT  
NUMBER 22-640497

REPORTING  
AGENCY

FAIRFIELD P.D. 00901

DATE OF ACCIDENT

M 6 10 7 1922

IN COUNTY OF

BUTLER

ACCIDENT  
LOCATION

Dixie Hwy / Symmes Rd



ONLY



NOT TO SCALE

DIXIE HWY.

SYMMES RD.

OFFICERS SIGNATURE

T. King

BADGE NO.

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