

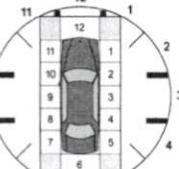
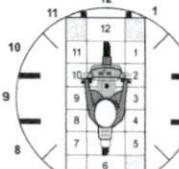
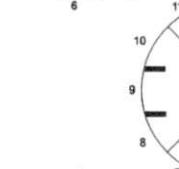
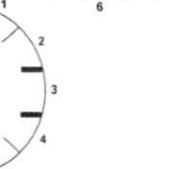
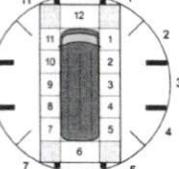
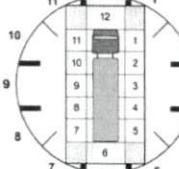
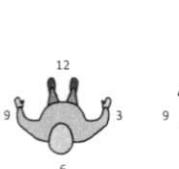
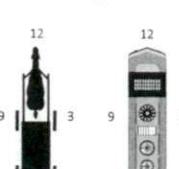


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION		2 2 0 4 1 8 5 1	
		REPORTING AGENCY NAME* NCIC*		HIT/SKIP	
		Fairfield Police Department 0 0 9 0 1		NUMBER OF UNITS	
COUNTY* 0 9		LOCALITY* 1-CITY 1 1-CITY 2-VILLAGE 3-TOWNSHIP		CRASH DATE / TIME* 0 6 1 3 2 0 2 2 1 8 2 5	
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME S. Gilmore	ROAD TYPE R D
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Kolb	ROAD TYPE D R
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE # 1	DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-WEST 2	ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	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
DISTANCE FROM REFERENCE 5 0	DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS 2	ROUTE TYPE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	INTERSECTION RELATED		
LOCATION OF FIRST HARMFUL EVENT			ROADWAY		
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 0 1			1- NOT COLLISION 2- REAR-END 3- HEAD-ON 6		
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			4- REAR-TO-REAR 5- BACKING 6- ANGLE 7- SIDESWIPE, SAME DIRECTION 8- SIDESWIPE, OPPOSITE DIRECTION 9- OTHER/ UNKNOWN		
DIRECTION OF TRAVEL 1-NORTH 2-SOUTH 3-EAST 4-WEST			MEDIAN TYPE		
1- DIVIDED FLUSH MEDIAN (< 4 FEET) 2- DIVIDED FLUSH MEDIAN (≥ 4 FEET) 3- DIVIDED, DEPRESSED MEDIAN 4- DIVIDED, RAISED MEDIAN (ANY TYPE) 9- OTHER/UNKNOWN					
WORK ZONE RELATED		WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE	
WORKERS PRESENT		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	
LAW ENFORCEMENT PRESENT		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	
ACTIVE SCHOOL ZONE		1- CLEAR 2- CLOUDY 3- FOG, SMOG, SMOKE 4- RAIN 5- SLEET, HAIL 0 4		1- SNOW 7- SEVERE CROSSWINDS 8- BLOWING SAND, SOIL, DIRT, SNOW 9- FREEZING RAIN OR FREEZING DRIZZLE 99- OTHER/ UNKNOWN	
LIGHT CONDITION		WEATHER		SURFACE	
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 0 4		1- CONCRETE 2- BLACKTOP, BITUMINOUS, ASPHALT 3- BRICK/BLOCK 4- SLAG, GRAVEL, STONE 5- DIRT 9- OTHER/UNKNOWN	
NARRATIVE On 06/13/22 at 6:25 PM, Unit #1 was southbound on S. Gilmore Rd and attempted a U-Turn. Unit #2 was northbound in the left-hand turn lane to turn west on Kolb Dr. Unit #1 struck Unit #2.					
See OH-2					
Indicate the north direction with an "N" on the compass diagram.					
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME	
0 6 1 3 2 0 2 2 1 8 2 6		0 6 1 3 2 0 2 2 1 8 2 8		0 6 1 3 2 0 2 2 1 8 3 1	
SCENE CLEARED DATE / TIME				0 6 1 3 2 0 2 2 1 9 1 7	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		REPORT TAKEN BY	
TOTAL MINUTES 3 0		TOTAL MINUTES 7 9		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
OFFICER'S NAME* Sgt. L. Cresap		CHECKED BY OFFICER'S NAME* Sgt. L. Cresap		SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DOPA)	
OFFICER'S BADGE NUMBER* 8 7		CHECKED BY OFFICER'S BADGE NUMBER* 8 7			

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS OWNER)		
	0 2	Burns, Erica				
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER)		6506 Elissa Dr, Fairfield Twp, OH 45011			
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE	
	0 H	HOD 4047	K N A F U 4 A 2 3 B 5 3 8 5 5 2 9	2 0 1 1	Kia	
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL	
		AllState	980938128	Brown	Forte	
	TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME		
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	Wayne's		
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	HAZARDOUS MATERIAL		
			0 2	<input type="checkbox"/> MATERIAL RELEASED	CLASS #	
				<input type="checkbox"/> PLACARD	PLACARD ID #	
UNIT TYPE		VEHICLE WEIGHT GVWR/GCWR				
0 1	1 - PASSENGER CAR	1 - <10K LBS.				
2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED	2 - 10,001 - 26K LBS.				
3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	3 - >26K LBS.				
4 - PICK UP	10 - MOPED OR MOTORIZED					
5 - CARGO VAN	BICYCLE					
6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE (ATV/UTV)					
# OF TRAILING UNITS						
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN		
2	1 - YES	1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION			
	2 - NO	2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION			
AUTONOMOUS MODE LEVEL						
SPECIAL FUNCTION		1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE		
0 1	2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	16 - FARM		
3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	17 - MOVING	21 - MAIL CARRIER		
4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	18 - SNOW REMOVAL	99 - OTHER/UNKNOWN		
5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	19 - TOWING			
CARGO BODY TYPE		1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER
0 1	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		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		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	8 - SIDEWALK			
ACTION		1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE
0 1	2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19 - STANDING	20 - OTHER NON-MOTORIST
3 - STRIKING	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	10 - PARKED	15 - WALKING, RUNNING, JOGGING, PLAYING	21 - STANDING OUTSIDE DISABLED VEHICLE	
4 - STRUCK	PRE-CRASH ACTIONS	4 - OVERTAKING/PASSING	11 - SLOWING OR STOPPED IN TRAFFIC	16 - WORKING	17 - PUSHING VEHICLE	99 - OTHER/UNKNOWN
5 - BOTH STRIKING & STRUCK		5 - MAKING RIGHT TURN	12 - DRIVERLESS			
9 - OTHER/UNKNOWN		6 - MAKING LEFT TURN				
CONTRIBUTING CIRCUMSTANCES		1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY
0 1	2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / ACDA	14 - STOPPED OR PARKED ILLEGALLY	18 - OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE	23 - OPENING DOOR INTO ROADWAY
3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	10 - IMPROPER PASSING	15 - SWERVING TO AVOID	19 - LOAD SHIFTING/FALLING/SPILLING	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION
4 - RAN STOP SIGN	11 - DROVE OFF ROAD	12 - IMPROPER BACKING	16 - WRONG WAY	20 - IMPROPER CROSSING		
5 - UNSAFE SPEED						
6 - IMPROPER TURN						
SEQUENCE OF EVENTS		NON-COLLISION				
1 2 0	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT	
	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	17 - ANIMAL - FARM	18 - ANIMAL - DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION	
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	12 - DOWNHILL RUNAWAY	19 - ANIMAL - OTHER	20 - MOTOR VEHICLE IN TRANSPORT	
2 1 1	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	13 - OTHER NON-COLLISION	21 - PARKED MOTOR VEHICLE	24 - OTHER MOVABLE OBJECT	
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	14 - PEDESTRIAN			
			15 - PEDALCYCLE			
COLLISION WITH FIXED OBJECT - STRUCK		COLLISION WITH FIXED OBJECT - STRUCK				
4 1 1	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT	
	26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH	51 - WALL	
5 1 1	27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES	45 - EMBANKMENT	52 - BUILDING	
	28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL	40 - UTILITY POLE	46 - FENCE	53 - TUNNEL	
6 1 1	29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX	54 - OTHER FIXED OBJECT	
	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	48 - TREE	99 - OTHER / UNKNOWN	
1	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT			

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

MOTORIST / Non-MOTORIST

												LOCAL REPORT NUMBER																																																																																																																									
												2 2 0 4 1 8 5 1				DATE OF BIRTH		AGE		GENDER																																																																																																																	
<p>UNIT # NAME: LAST, FIRST, MIDDLE 0 1 Barnes, Caleb Coy</p> <p>ADDRESS: STREET, CITY, STATE, ZIP 8328 Cogg Hill Lane Fairfield, OH 45014</p>												0 6 0 5 2 0 0 0		2 2		M																																																																																																																					
<p>INJURIES INJURED TAKEN BY EMS AGENCY (NAME) 4 1 Fairfield FD</p> <p>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</p> <p>SAFETY EQUIPMENT USED 0 4</p>												<input type="checkbox"/> DOT-Compliant MC HELMET		SEATING POSITION 0 1		AIR BAG USAGE 2		EJECTION 1		TRAPPED 1																																																																																																																	
<p>OL STATE OPERATOR LICENSE NUMBER O H</p> <p>OFFENSE CHARGED 331.12a</p> <p>LOCAL CODE <input checked="" type="checkbox"/></p>												OFFENSE DESCRIPTION U-turn restricted		CITATION NUMBER 247580																																																																																																																							
<p>OL CLASS ENDORSEMENT RESTRICTION SELECT UP TO 3 4</p> <p>DRIVER DISTRACTED BY 1</p> <p>ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG </p>												CONDITION 1		<input type="checkbox"/> ALCOHOL TEST STATUS 1 TYPE 1 VALUE		<input type="checkbox"/> DRUG TEST(S) RESULT SELECT UP TO 4 1 1																																																																																																																					
<p>UNIT # NAME: LAST, FIRST, MIDDLE 0 2 Burress, Devonte</p> <p>ADDRESS: STREET, CITY, STATE, ZIP 6506 Elissa Dr, Fairfield Twp, OH 45011</p>												0 8 2 5 2 0 0 2		1 9		M																																																																																																																					
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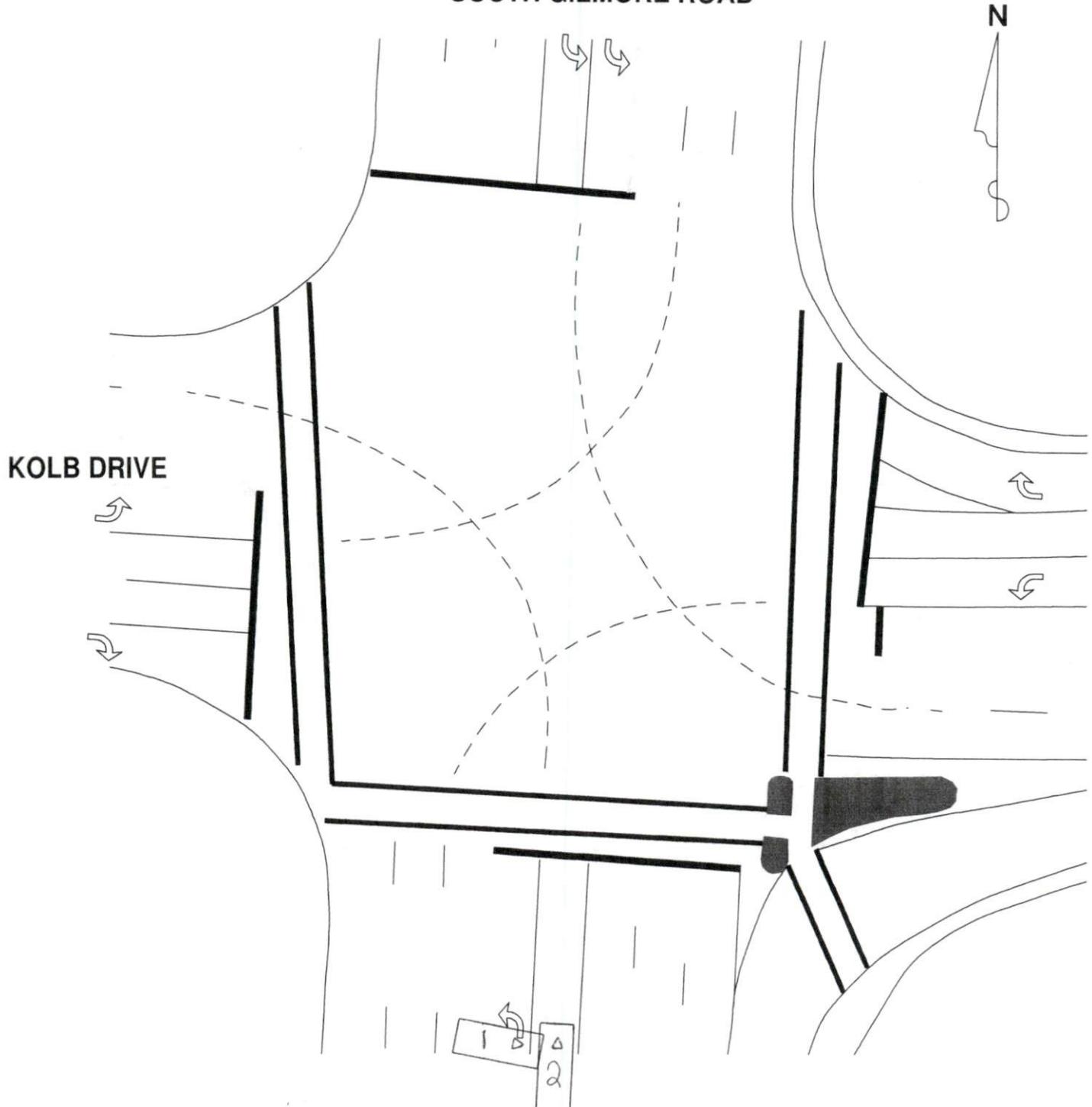


OCCUPANT / WITNESS ADDENDUM

					LOCAL REPORT NUMBER				
					2 2 0 4 1 8 5 1				
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER	
	2	Kidwell, Cameron			0 7 2 5 2 0 0 2	19		M	
ADDRESS: STREET, CITY, STATE, ZIP 2362 Horning 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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
5				0 4	0 3	0 3	1	1	
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ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
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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)							
2 - EMS	8 - HELMET USED	8 - THIRD - MIDDLE							
3 - POLICE	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE							
9 - OTHER / UNKNOWN	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB							
GENDER			11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)					
F - FEMALE	11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY	12 - PASSENGER IN UNENCLOSED CARGO AREA							
M - MALE	99 - OTHER / UNKNOWN	13 - TRAILING UNIT							
U - OTHER / UNKNOWN		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)							
		15 - NON-MOTORIST							
		99 - OTHER / UNKNOWN							
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE _____				
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE _____				
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE _____				
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE _____				

LOCAL REPORT NUMBER <u>22-04185</u>	REPORTING AGENCY FAIRFIELD POLICE DEPARTMENT	DATE OF CRASH <u>M 06 13 1Y22</u>
IN COUNTY OF BUTLER	CRASH LOCATION <u>S.Gilmore Rd 50 F South of Kolb Dr.</u>	

SOUTH GILMORE ROAD



**** NOT TO SCALE ****

OFFICER'S SIGNATURE

Sgt. S. L. Higley

BADGE NUMBER