

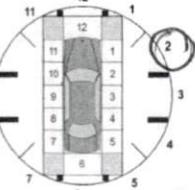
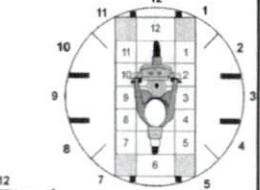
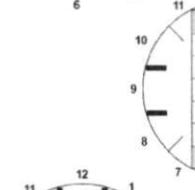
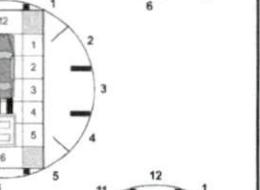
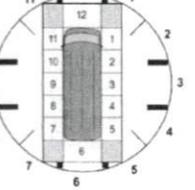
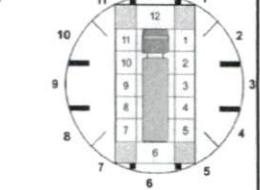
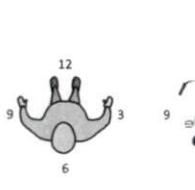
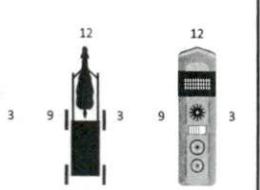


## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL INFORMATION				LOCAL REPORT NUMBER*									
<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		<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:</b> CITY, VILLAGE, TOWNSHIP* City of Fairfield		<b>HIT/SKIP</b> 1-SOLVED    2-UNRESOLVED <b>NUMBER OF UNITS</b> 0 2									
<b>ROUTE TYPE</b> <input type="checkbox"/>		<b>ROUTE NUMBER</b> <input type="checkbox"/>		<b>PREFIX</b> 1-NORTH 2-SOUTH 3-EAST 4-WEST		<b>LOCATION ROAD NAME</b> WINTON		<b>ROAD TYPE</b> R    D		<b>LATITUDE</b> DECIMAL DEGREES 3 9 3 2 0 8 4 0			
<b>ROUTE TYPE</b> <input type="checkbox"/>		<b>ROUTE NUMBER</b> <input type="checkbox"/>		<b>PREFIX</b> 1-NORTH 2-SOUTH 3-EAST 4-WEST		<b>REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)</b> RESOR		<b>ROAD TYPE</b> R    D		<b>LONGITUDE</b> DECIMAL DEGREES -8 4 5 4 1 1 8 0			
<b>REFERENCE POINT</b> 1-INTERSECTION 2-MILE POST 3-HOUSE #		<b>DIRECTION FROM REFERENCE</b> 1-NORTH 2-SOUTH 3-EAST 4-WEST		<b>ROUTE TYPE</b> IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		<b>ROAD TYPE</b> AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS		<b>ROAD TYPE</b> HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE		<b>INTERSECTION RELATED</b> <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA			
<b>DISTANCE FROM REFERENCE</b> <input type="checkbox"/>		<b>DISTANCE UNIT OF MEASURE</b> 1-MILES 2-FEET 3-YARDS								<b>NUMBER OF APPROACHES</b> 4			
<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				<b>MANNER OF CRASH COLLISION/IMPACT</b> 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				<b>DIRECTION OF TRAVEL</b> 1-NORTH 2-SOUTH 3-EAST 4-WEST		<b>MEDIAN TYPE</b> 1-DIVIDED FLUSH MEDIAN (<4 FEET) 2-DIVIDED FLUSH MEDIAN (≥4 FEET) 3-DIVIDED, DEPRESSED MEDIAN 4-DIVIDED, RAISED MEDIAN (ANY TYPE) 9-OTHER/UNKNOWN			
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		<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 WARNING SIGN 2-ADVANCE WARNING AREA 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA		<b>CONTOUR</b> 1		<b>CONDITIONS</b> 1		<b>SURFACE</b> 2			
<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		1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN			
<b>NARRATIVE</b> <p>On June 14, 2022 at approximately 3:02 PM, Unit 1 was traveling westbound on Resor Road approaching Winton Road. Unit 2 was traveling southbound on Winton Road approaching Resor Road. Due to a malfunction of the traffic lights, both Units entered the intersection at the same time and Unit 2 struck Unit 1.</p>													
<div style="text-align: right;">            Indicate the north direction with an "N" on the compass diagram.         </div>													
SEE OH-2													
<b>CRASH REPORTED DATE / TIME</b> 0 6 1 4 2 0 2 2 1 5 0 2			<b>DISPATCH DATE / TIME</b> 0 6 1 4 2 0 2 2 1 5 1 1			<b>ARRIVAL DATE / TIME</b> 0 6 1 4 2 0 2 2 1 5 1 6			<b>SCENE CLEARED DATE / TIME</b> 0 6 1 4 2 0 2 2 1 5 4 6			<b>REPORT TAKEN BY</b> <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODDS)	
<b>TOTAL TIME ROADWAY CLOSED</b> 0		<b>OTHER INVESTIGATION TIME</b> 3 0		<b>TOTAL MINUTES</b> 6 5		<b>OFFICER'S NAME*</b> A. ROUSH		<b>CHECKED BY OFFICER'S NAME*</b> 					
						<b>OFFICER'S BADGE NUMBER*</b> 1 7 0		<b>CHECKED BY OFFICER'S BADGE NUMBER*</b> 					

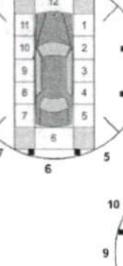
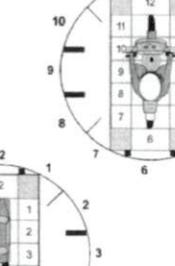
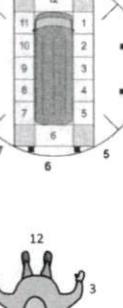
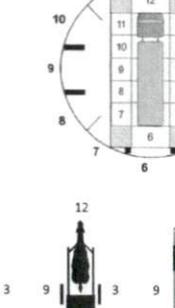
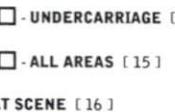
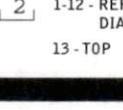
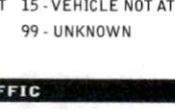
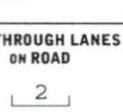
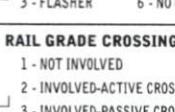
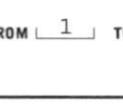
UNIT #	OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER)
0 1			
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER)			
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR
O H	HPS3507	5N1PE134A1F9FH112153	2015
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	VEHICLE MAKE
	GRANGE	4731134	HYUNDAI
COLOR		VEHICLE MODEL	
RED		SONATA	
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 TOWING
INTERLOCK DEVICE EQUIPPED		# OCCUPANTS	VEHICLE WEIGHT GVWR/GCW
		0 1	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)	
		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	
# OF TRAILING UNITS			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?			
0 2	1 - YES 2 - NO 9 - OTHER / UNKNOWN	AUTONOMOUS MODE LEVEL	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN
SPECIAL FUNCTION			
0 1	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
CARGO BODY TYPE			
0 1	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - CARGO VAN/ENCLOSED BOX 6 - 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
VEHICLE DEFECTS			
0 1	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
NON-MOTORIST LOCATION AT IMPACT			
0 1	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
ACTION			
0 4	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRIKING & TRUCK 5 - BOTH STRIKING & TRUCK 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
CONTRIBUTING CIRCUMSTANCES			
0 2	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
SEQUENCE OF EVENTS			
1 2 0	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
COLLISION WITH FIXED OBJECT - STRUCK			
4 5 6	1 - IMPACT ATTENUATOR / CRASH CUSHION 2 - BRIDGE OVERHEAD STRUCTURE 3 - BRIDGE PIER OR ABUTMENT 4 - BRIDGE PARAPET 5 - BRIDGE RAIL 6 - GUARDRAIL FACE	7 - SEPARATE 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 25 - GUARDRAIL END 26 - PORTABLE BARRIER 27 - MEDIAN CABLE BARRIER 28 - MEDIAN GUARDRAIL 29 - MEDIAN CONCRETE BARRIER 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - GUARDRAIL FACE 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
1 FIRST HARMFUL EVENT		1 MOST HARMFUL EVENT	

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



## UNIT

OWNER	UNIT # 0 1 2	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 # JEA8436	VEHICLE IDENTIFICATION # 2G1WW12E9Y9256574	VEHICLE YEAR 2000		
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY PROGRESSIVE	INSURANCE POLICY # 917487938	VEHICLE MAKE CHEVROLET		
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	COLOR GOLD		
INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 0 4	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		
TOWED BY: COMPANY NAME MARCELL'S TOWING		HAZARDOUS MATERIAL MATERIAL RELEASED PLACARD			
UNIT TYPE 0 1 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 11 - ALL-TERRAIN VEHICLE (ATV/UTV)	2 - MOTORCYCLE 3-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE	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
# OF TRAILING UNITS 0 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 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION
SPECIAL FUNCTION 0 1 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER		1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL
CARGO BODY TYPE 0 1 2 - BUS		1 - NO CARGO BODY TYPE / NOT APPLICABLE	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
VEHICLE DEFECTS 0 1 3 - TAIL LAMPS		1 - TURN SIGNALS 2 - HEAD 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
NON-MOTORIST LOCATION AT IMPACT 0 1 2 - CROSSWALK		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
ACTION 0 3 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN		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
CONTRIBUTING CIRCUMSTANCES 0 2 2 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN		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
SEQUENCE OF EVENTS 0 1 2 - 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	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE
COLLISION WITH FIXED OBJECT - STRUCK 0 1 2 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE		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 BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT
1 FIRST HARMFUL EVENT		1 MOST HARMFUL EVENT			

LOCAL REPORT NUMBER											
2	2	0	4	2	1	3	2				
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											
											
											
											
											
											
											
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16]											
INITIAL POINT OF CONTACT											
0 - NO DAMAGE						14 - UNDERCARRIAGE					
1 - 2 - REFER TO UNIT DIAGRAM						15 - VEHICLE NOT AT SCENE					
13 - TOP						99 - UNKNOWN					
TRAFFIC											
TRAFFICWAY FLOW						TRAFFIC CONTROL					
1 - ONE-WAY			1 - ROUNDABOUT			4 - STOP SIGN					
2 - TWO-WAY			2 - SIGNAL			5 - YIELD SIGN					
<u>2</u>			<u>2</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>1</u> TO <u>2</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>3</u> <u>5</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 4 2 1 3 2									
UNIT #	NAME: LAST, FIRST, MIDDLE								
0 1	MACKINNON, SANDRA KAY								
ADDRESS: STREET, CITY, STATE, ZIP 1571 MARLENE DR, FAIRFIELD, OH 45014									
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	DATE OF BIRTH 0 9 1 4 1 9 6 4	AGE 5 7	GENDER F		
DL STATE O H	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER	
DL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	ALCOHOL TEST STATUS 1	TYPE 1	VALUE 1	DRUG TEST(S) STATUS 1
UNIT # 0 2	NAME: LAST, FIRST, MIDDLE FAY, JOEY WALTER								
ADDRESS: STREET, CITY, STATE, ZIP 2585 HAZELCREST LN, CINCINNATI, OH 45231									
INJURIES 4	INJURED TAKEN BY 2	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	DATE OF BIRTH 0 2 1 8 1 9 7 7	AGE 4 5	GENDER M		
DL STATE O H	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER	
DL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	ALCOHOL TEST STATUS 1	TYPE 1	VALUE 1	DRUG TEST(S) STATUS 1
UNIT #	NAME: LAST, FIRST, MIDDLE								
ADDRESS: STREET, CITY, STATE, ZIP									
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DATE OF BIRTH	AGE 0	GENDER		
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER	
DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST STATUS 1	TYPE 1	VALUE 1	DRUG TEST(S) STATUS 1
INJURIES									
INJURED TAKEN BY		SEATING POSITION	AIR BAG	DL CLASS	DL 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 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	3 - TEST GIVEN, RESULTS UNKNOWN		
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 UNKNOWN		
5 - NO APPARENT INJURY		5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M/C MOPED ONLY	5 - EXCEPT CLASS A BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN		
INJURED TAKEN BY		6 - SECOND - RIGHT SIDE	6 - DEPLOYMENT UNKNOWN	6 - NO VALID DL	6 - EXCEPT CLASS A & CLASS B BUS	6 - PASSENGER	6 - BLOOD		
1 - NOT TRANSPORTED / TREATED AT SCENE		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7 - NOT DEPLOYED	7 - EXCEPT TRACTOR-TRAILER	7 - LIMITED TO DAYLIGHT ONLY	7 - OTHER DISTRACTION INSIDE THE VEHICLE	7 - URINE		
2 - EMS		8 - THIRD - MIDDLE	8 - PARTIALLY EJECTED	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - LIMITED TO EMPLOYMENT	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	8 - BREATH		
3 - POLICE		9 - THIRD - RIGHT SIDE	9 - TOTALLY EJECTED	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	9 - OTHER / UNKNOWN	9 - OTHER		
9 - OTHER / UNKNOWN		10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT APPLICABLE	10 - LIMITED TO DAYLIGHT ONLY	10 - LIMITED TO DAYLIGHT ONLY	10 - LIMITED TO DAYLIGHT ONLY	10 - DRUG TEST TYPE		
SAFETY EQUIPMENT									
1 - NONE USED		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOT TRAPPED	11 - LIMITED TO DAYLIGHT ONLY	11 - LIMITED TO DAYLIGHT ONLY	11 - LIMITED TO DAYLIGHT ONLY	11 - DRUG TEST TYPE		
2 - SHOULDER BELT ONLY USED		12 - PASSENGER IN UNENCLOSED CARGO AREA	2 - EXTRICATED BY MECHANICAL MEANS	12 - LIMITED - OTHER	12 - LIMITED - OTHER	12 - LIMITED - OTHER	12 - DRUG TEST TYPE		
3 - LAP BELT ONLY USED		13 - TRAILING UNIT	3 - FREED BY NON-MECHANICAL MEANS	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 - DRUG TEST TYPE		
4 - SHOULDER & LAP BELT USED		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	4 - NOT APPLICABLE	14 - MILITARY VEHICLES ONLY	14 - MILITARY VEHICLES ONLY	14 - MILITARY VEHICLES ONLY	14 - DRUG TEST TYPE		
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		15 - NON-MOTORIST	5 - FREED BY NON-MECHANICAL MEANS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	15 - DRUG TEST TYPE		
6 - CHILD RESTRAINT SYSTEM - REAR FACING		99 - OTHER / UNKNOWN	6 - NOT APPLICABLE	16 - OUTSIDE MIRROR	16 - OUTSIDE MIRROR	16 - OUTSIDE MIRROR	16 - DRUG TEST TYPE		
7 - BOOSTER SEAT		17 - PROSTHETIC AID	7 - NOT APPLICABLE	17 - PROSTHETIC AID	17 - PROSTHETIC AID	17 - PROSTHETIC AID	17 - DRUG TEST TYPE		
8 - HELMET USED		18 - OTHER	8 - NOT APPLICABLE	18 - OTHER	18 - OTHER	18 - OTHER	18 - DRUG TEST TYPE		
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		19 - OTHER / UNKNOWN	9 - NOT APPLICABLE	19 - OTHER / UNKNOWN	19 - OTHER / UNKNOWN	19 - OTHER / UNKNOWN	19 - DRUG TEST TYPE		
10 - REFLECTIVE CLOTHING		20 - OTHER / UNKNOWN	10 - NOT APPLICABLE	20 - OTHER / UNKNOWN	20 - OTHER / UNKNOWN	20 - OTHER / UNKNOWN	20 - DRUG TEST TYPE		
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		21 - OTHER / UNKNOWN	11 - NOT APPLICABLE	21 - OTHER / UNKNOWN	21 - OTHER / UNKNOWN	21 - OTHER / UNKNOWN	21 - DRUG TEST TYPE		
99 - OTHER / UNKNOWN		22 - OTHER / UNKNOWN	12 - NOT APPLICABLE	22 - OTHER / UNKNOWN	22 - OTHER / UNKNOWN	22 - OTHER / UNKNOWN	22 - DRUG TEST TYPE		
INJURIES									
INJURED TAKEN BY		EJECTION	OL ENDORSEMENT	CONDITION	TEST STATUS				
1 - NOT EJECTED		H - HAZMAT	1 - APPARENTLY NORMAL	1 - NONE					
2 - PARTIALLY EJECTED		M - MOTORCYCLE	2 - PHYSICAL IMPAIRMENT	2 - BLOOD					
3 - TOTALLY EJECTED		P - PASSENGER	3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3 - URINE					
4 - NOT APPLICABLE		N - TANKER	4 - ILLNESS	4 - OTHER					
5 - FREED BY NON-MECHANICAL MEANS		Q - MOTOR SCOOTER	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	5 - DRUG TEST RESULT(S)					
6 - NOT APPLICABLE		R - THREE-WHEEL MOTORCYCLE	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	1 - AMPHETAMINES					
7 - NOT APPLICABLE		S - SCHOOL BUS	7 - OTHER / UNKNOWN	2 - BARBITURATES					
8 - NOT APPLICABLE		T - DOUBLE & TRIPLE TRAILERS	8 - OTHER / UNKNOWN	3 - BENZODIAZEPINES					
9 - NOT APPLICABLE		X - TANKER / HAZMAT	9 - OTHER / UNKNOWN	4 - CANNABINOID					
10 - NOT APPLICABLE		11 - NOT APPLICABLE	10 - NOT APPLICABLE	5 - COCAINE					
11 - NOT APPLICABLE		12 - NOT APPLICABLE	11 - NOT APPLICABLE	6 - OPIATES / OPIOIDS					
12 - NOT APPLICABLE		13 - NOT APPLICABLE	12 - NOT APPLICABLE	7 - OTHER					
13 - NOT APPLICABLE		14 - NOT APPLICABLE	13 - NOT APPLICABLE	8 - NEGATIVE RESULTS					



# OCCUPANT / WITNESS ADDENDUM

		LOCAL REPORT NUMBER											
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 2 FAY, SARAH RENAE				DATE OF BIRTH 0 4 0 1 1 9 8 1				AGE 41	GENDER F		
	ADDRESS: STREET, CITY, STATE, ZIP 2585 HAZELCREST LN, CINCINNATI, OH 45231				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 0 4				SEATING POSITION 0 3	AIR BAG USAGE 0 2	EJECTION 1	TRAPPED 1
UNIT #		NAME: LAST, FIRST, MIDDLE 2 FAY, LYDIA CAROL				DATE OF BIRTH 0 8 0 8 2 0 0 5				AGE 16	GENDER F		
ADDRESS: STREET, CITY, STATE, ZIP 2585 HAZELCREST LN, CINCINNATI, OH 45231						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 0 4				SEATING POSITION 0 4	AIR BAG USAGE 0 1	EJECTION 1	TRAPPED 1
UNIT #		NAME: LAST, FIRST, MIDDLE 2 FAY, LELAND				DATE OF BIRTH 0 2 1 0 2 0 1 5				AGE 7	GENDER M		
ADDRESS: STREET, CITY, STATE, ZIP 2585 HAZELCREST LN, CINCINNATI, OH 45231						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 0 7				SEATING POSITION 0 6	AIR BAG USAGE 0 1	EJECTION 1	TRAPPED 1
UNIT #		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH				AGE 0	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP 2585 HAZELCREST LN, CINCINNATI, OH 45231						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 0 0				SEATING POSITION 0 0	AIR BAG USAGE 0 0	EJECTION 0 0	TRAPPED 0 0
INJURIES			SAFETY EQUIPMENT USED			SEATING POSITION				AIR BAG USAGE			
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			
INJURED TAKEN BY										EJECTION			
1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN			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			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			
GENDER										TRAPPED			
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 SPALDING, TOUREY SEANESE						DATE OF BIRTH 0 2 2 6 1 9 9 5				AGE 27	GENDER F	
	ADDRESS: STREET, CITY, STATE, ZIP 5393 EASTGATE DR APT 9, FAIRFIELD, OH 45014						CONTACT PHONE - INCLUDE AREA CODE						
WITNESS	NAME: LAST, FIRST, MIDDLE PRENSA, ADRIAN ELIGIO						DATE OF BIRTH 0 9 0 8 1 9 7 6				AGE 45	GENDER M	
	ADDRESS: STREET, CITY, STATE, ZIP 7 KNOLLWOOD CT, FAIRFIELD, OH 45014						CONTACT PHONE - INCLUDE AREA CODE						
WITNESS	NAME: LAST, FIRST, MIDDLE PRENSA, ADRIEN						DATE OF BIRTH 0 8 2 3 2 0 0 6				AGE 15	GENDER M	
	ADDRESS: STREET, CITY, STATE, ZIP 7 KNOLLWOOD CT, FAIRFIELD, OH 45014						CONTACT PHONE - INCLUDE AREA CODE						

LOCAL  
REPORT  
NUMBER

22042132

REPORTING  
AGENCY

FAIRFIELD P.D. 00901

DATE OF ACCIDENT

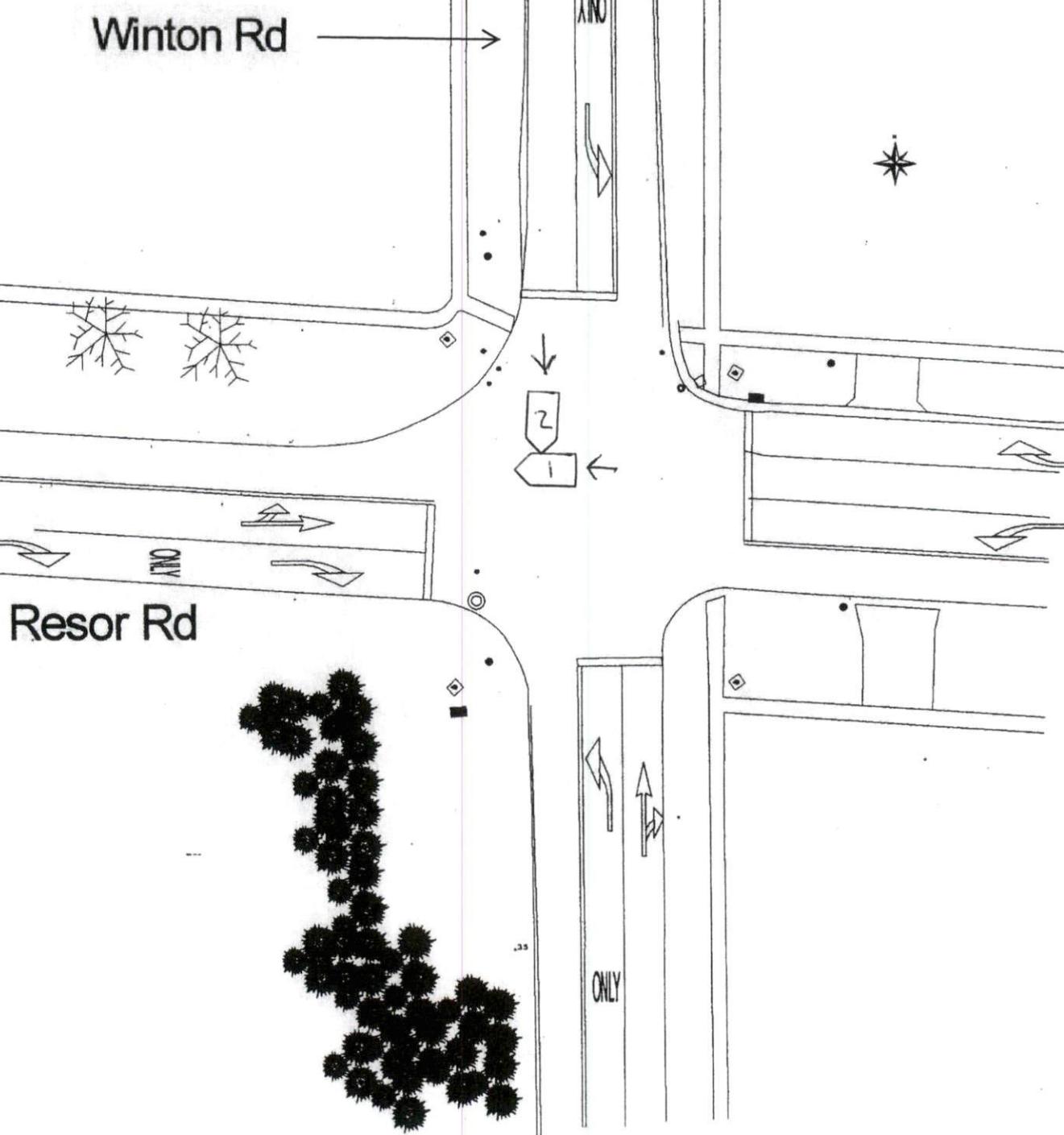
M 06 10 14 22

IN COUNTY OF

BUTLER

ACCIDENT  
LOCATION

Winton Rd. / Resor Rd.



OFFICERS SIGNATURE

A. Roush

BADGE NO.  
170