

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				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 type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION				2 2 0 4 4 8 2 0							
REPORTING AGENCY NAME* Fairfield Police Department				NCIC*		HIT/SKIP	NUMBER OF UNITS						
				0 0 9 0 1		1 - SOLVED	0 2						
COUNTY* 0 9		LOCALITY* 1 - CITY 1 - 2 - VILLAGE 3 - TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield									
				CRASH DATE / TIME* 0 6 2 4 2 0 2 2 2 3 1 8									
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME Dixie	ROAD TYPE H W	LATITUDE DECIMAL DEGREES 3 9 3 0 1 6 6							
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 7504	ROAD TYPE	LONGITUDE DECIMAL DEGREES - 8 4 4 8 4 8 1							
REFERENCE POINT 3	DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED									
DISTANCE FROM REFERENCE 0 1	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS			<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES									
LOCATION OF FIRST HARMFUL EVENT 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				MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION 2 - BETWEEN 3 - VEHICLES IN 4 - REAR-END 5 - HEAD-ON	DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROADWAY							
1 - 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 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN		ROADWAY DIVIDED							
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	CONTOUR 1	CONDITIONS 1	SURFACE 2							
LIGHT CONDITION 3		WEATHER 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	2 - STRAIGHT LEVEL 3 - STRAIGHT GRADE 4 - CURVE LEVEL 5 - CURVE GRADE 9 - 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	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN							
NARRATIVE Unit 2 was northbound on S.R. 4 Dixie Hwy in the curb lane slowing and stopping for traffic. Unit 1 was also northbound on S.R. 4 Dixie Hwy. in the curb lane when it ran into the back of unit 2. Unit 2 was towing a trailer with small jet ski. The jet ski was a Polaris Virage with a Kentucky registration of KY0313NU. The trailer was not registered. There was unknown damage to the jet ski.				 Indicate the north direction with an "N" on the compass diagram.									
				SEE OH-2									
CRASH REPORTED DATE / TIME 0 6 2 4 2 0 2 2 2 3 1 8		DISPATCH DATE / TIME 0 6 2 4 2 0 2 2 2 3 2 2		ARRIVAL DATE / TIME 0 6 2 5 2 0 2 2 0 0 0 0		SCENE CLEARED DATE / TIME 0 6 2 5 2 0 2 2 0 0 1 7							
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 0 3 0		TOTAL MINUTES 0 8 5		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)							
				OFFICER'S NAME* PO Greg Bailes		CHECKED BY OFFICER'S NAME* 				OFFICER'S BADGE NUMBER* 1 2 2		CHECKED BY OFFICER'S BADGE NUMBER* 1 4 1	

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	Dia, Amadou	

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
1 Mulberry Ct. unit #31 Lockland OH. 45215

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	GTV4811	KM8SC73D23U503612	2003	Hyundai
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
			Silver	Santa Fe
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE		
<input type="checkbox"/> INTERLOCK EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR	
		0 2	1 - <10K LBS.	CLASS #
			2 - 10,001 - 26K LBS.	PLACARD ID #
			3 - >26K LBS.	
<input type="checkbox"/> MATERIAL RELEASED	<input type="checkbox"/> PLACARD	HAZARDOUS MATERIAL		

1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER
2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED	13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)
3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14 - SINGLE UNIT TRUCK	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST
4 - PICK UP	10 - MOPED OR MOTORIZED	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE
5 - CARGO VAN	BICYCLE	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR	27 - TRAIN
6 - VAN (9-15 SEATS)	11 - ALL-TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	ANIMAL-DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP

OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?

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

1 - NONE	6 - BUS-CHARTERTOUR	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	

1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER
2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	9 - CARGO TANK	13 - AUTO TRANSPORTER
		7 - GRAIN/CHIPS/GRAVEL	10 - FLAT BED	14 - GARBAGE/REFUSE
			11 - DUMP	99 - OTHER/UNKNOWN

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			

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	
		8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	99 - OTHER/UNKNOWN
		5 - TRAVEL LANE - OTHER LOCATION		

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	10 1 3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	15 - WALKING, RUNNING, JOGGING, PLAYING	20 - OTHER NON-MOTORIST
4 - STRUCK	4 - OVERTAKING/PASSING	10 - PARKED	16 - WORKING	21 - STANDING OUTSIDE DISABLED VEHICLE
5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	17 - PUSHING VEHICLE	99 - OTHER/UNKNOWN
9 - OTHER/UNKNOWN	6 - MAKING LEFT TURN	12 - DRIVERLESS		

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	16 - WRONG WAY	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION
5 - UNSAFE SPEED	11 - DROVE OFF ROAD			
6 - IMPROPER TURN	12 - IMPROPER BACKING			

SEQUENCE OF EVENTS				
2 1 0	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE
	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	12 - DOWNHILL RUNAWAY	17 - ANIMAL - FARM
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	13 - OTHER NON-COLLISION	18 - ANIMAL - DEER
2 1 1	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	14 - PEDESTRIAN	19 - ANIMAL - OTHER
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	15 - PEDALCYCLE	20 - MOTOR VEHICLE IN TRANSPORT
3 1 1				21 - PARKED MOTOR VEHICLE
				22 - WORK ZONE MAINTENANCE EQUIPMENT

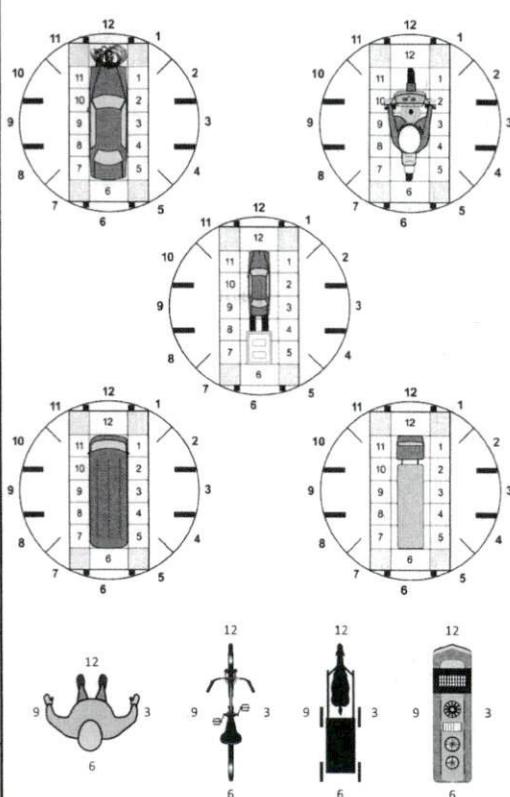
4 1 1	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT
	26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH	
5 1 1	27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES	45 - EMBANKMENT	51 - WALL
	28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER	40 - UTILITY POLE	46 - FENCE	52 - BUILDING
6 1 1	29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX	53 - TUNNEL
	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	48 - TREE	48 - FIRE HYDRANT	54 - OTHER FIXED OBJECT
			49 - CULVERT		99 - OTHER / UNKNOWN

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER
2 2 0 4 4 8 2 0

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

DAMAGED AREA(S)
INDICATE ALL THAT APPLY



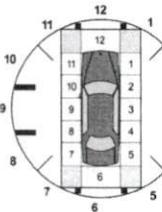
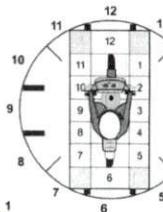
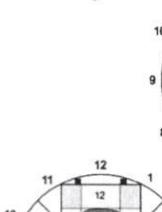
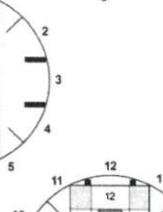
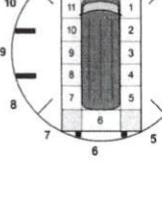
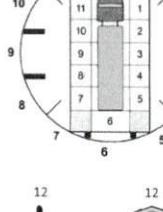
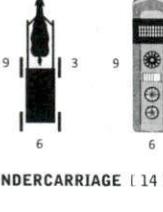
INITIAL POINT OF CONTACT	
0 - NO DAMAGE	14 - UNDERCARRIAGE
1 - 12 - REFER TO UNIT DIAGRAM	15 - VEHICLE NOT AT SCENE
99 - UNKNOWN	
13 - TOP	

TRAFFIC	
TRAFFIC WAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY	1 - ROUNDABOUT
2 - TWO-WAY	2 - SIGNAL
	3 - VIELD SIGN
	3 - FLASHER
	6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
6	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	DETECTED SPEED
0 2 0	1 - STATED/ESTIMATED SPEED
	2 - CALCULATED/EDR
	3 - UNDETERMINED
POSTED SPEED	
4 0	

OWNER UNIT # 0_2	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) Roulhac, George		OWNER PHONE: INCLUDE AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER)																																						
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 1774 Fullerton Dr. Cincinnati, OH. 45240																																								
VEHICLE UNIT TYPE 0_3	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																																						
	LP STATE O_H	LICENSE PLATE # HDH3715	VEHICLE IDENTIFICATION # 1FMDU34X6VUB80031	VEHICLE YEAR 1997	VEHICLE MAKE Ford																																				
	<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR White	VEHICLE MODEL Explorer																																				
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME																																					
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SPECIAL FUNCTION 0_1		1 - NONE 6 - BUS-CHARTERTOUR 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																																							
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NON-MOTORIST LOCATION AT IMPACT		1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED 6 - BICYCLE LANE 9 - MEDIAN/ CROSSING ISLAND 12 - FIRST RESPONDER 10 - DRIVEWAY ACCESS AT INCIDENT SCENE 2 - INTERSECTION - UNMARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 7 - SHOULDER/ ROADSIDE 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 99 - OTHER/ UNKNOWN																																							
ACTION 4		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 1_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 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 21 - STANDING OUTSIDE 5 - BOTH STRIKING & STRUCK 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 9 - OTHER/ UNKNOWN 99 - OTHER/ UNKNOWN																																							
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FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1																																									

LOCAL REPORT NUMBER 2 2 0 4 4 8 2 0	
DAMAGE DAMAGE SCALE 2 - 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 - 12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN 13 - TOP	
TRAFFIC	
TRAFFIC WAY FLOW 2	TRAFFIC CONTROL 2
# OF THROUGH LANES ON ROAD 6	RAIL GRADE CROSSING 1
UNIT / NON-MOTORIST DIRECTION 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHEAST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER/ UNKNOWN	
FROM 2 TO 1	
UNIT SPEED 0 1 5	
DETECTED SPEED 1 - STATED/ ESTIMATED SPEED 2 - CALCULATED/ EDR 3 - UNDETERMINED	
POSTED SPEED 4 0	



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

2 2 0 4 4 8 2 0

DATE OF BIRTH

AGE

ENDER

3 1 1 9

6 8

M

CONTACT PHONE - INCLUDE AREA CODE

1 Mulberry St. unit 31 Lockland OH 45315

INJURIES INJURED TAKEN BY EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED DOT-Compliant MC HELMET SEATING POSITION AIR BAG USAGE EJECTION TRAPPED

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 1	1	1	1

OL STATE O H	OPERATOR LICENSE NUMBER	OFFENSE CHARGED 333.03A	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION ACDA	CITATION NUMBER 251793
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DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)		
	ALCOHOL	MARIJUANA		STATUS	TYPE	VALUE	STATUS	TYPE	RESULT
4	<input type="checkbox"/>	<input type="checkbox"/>	1	1	1		1	1	

OTHER DRUG

ADDRESS: STREET CITY STATE ZIP

1774 Fullerton Dr. Cincinnati, OH 45240

CONTACT PHONE - INCLUDE ARFA CODE

NON-NOT	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
	5				0 4	<input type="checkbox"/>	0 1	1	1	1

STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER
O H					

MO DOL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)		
				<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA		STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4
2	P S					1	1	1		1	1	

ADDRESS: STREET CITY STATE ZIP

CONTINUE DUE TO

NON-MOTOR VEHICLE **INJURIES** **INJURED TAKEN BY** **EMS AGENCY (NAME)** **INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)** **SAFETY EQUIPMENT USED** **DOT-Compliant MC HELMET** **SEATING POSITION** **AIR BAG USAGE** **EJECTION** **TRAPPED**

STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER
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MC	OL 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 DRUGS	CONDITION	ALCOHOL TEST			DRUG TEST(S)		
							STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL	1 - FRONT - LEFT SIDE	1 - NOT DEPLOYED	1 - CLASS A	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED	1 - NONE GIVEN
2 - SUSPECTED SERIOUS INJURY	(MOTORCYCLE DRIVER)	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	2 - FRONT - MIDDLE	3 - DEPLOYED SIDE	3 - CLASS C	3 - CORRECTIVE LENSES	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	3 - TEST GIVEN, RESULTS KNOWN
4 - POSSIBLE INJURY	3 - FRONT - RIGHT SIDE	4 - DEPLOYED BOTH FRONT / SIDE	4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER	4 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	4 - TEST GIVEN, RESULTS UNKNOWN
5 - NO APPARENT INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT APPLICABLE	5 - M/C MOPED ONLY	5 - EXCEPT CLASS A BUS & CLASS B BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN
INJURED TAKEN BY						
1 - NOT TRANSPORTED / TREATED AT SCENE	5 - SECOND - MIDDLE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	7 - EXCEPT TRACTOR-TRAILER	6 - PASSENGER	ALCOHOL TEST TYPE
2 - EMS	6 - SECOND - RIGHT SIDE			8 - INTERMEDIATE LICENSE RESTRICTIONS	7 - OTHER DISTRACTION INSIDE THE VEHICLE	1 - NONE
3 - POLICE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			9 - LEARNER'S PERMIT RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	2 - BLOOD
9 - OTHER / UNKNOWN	8 - THIRD - MIDDLE			10 - LIMITED TO DAYLIGHT ONLY	9 - OTHER / UNKNOWN	3 - URINE
SAFETY EQUIPMENT						
1 - NONE USED	9 - THIRD - RIGHT SIDE			11 - LIMITED TO EMPLOYMENT		4 - BREATH
2 - SHOULDER BELT ONLY USED	10 - SLEEPER SECTION OF TRUCK CAB			12 - LIMITED - OTHER		5 - OTHER
3 - LAP BELT ONLY USED	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)			13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		DRUG TEST TYPE
4 - SHOULDER & LAP BELT USED	12 - PASSENGER IN UNENCLOSED CARGO AREA			14 - MILITARY VEHICLES ONLY		1 - NONE
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	13 - TRAILING UNIT			15 - MOTOR VEHICLES WITHOUT AIR BRAKES		2 - BLOOD
6 - CHILD RESTRAINT SYSTEM - REAR FACING	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			16 - OUTSIDE MIRROR		3 - URINE
7 - BOOSTER SEAT	15 - NON-MOTORIST			17 - PROSTHETIC AID		4 - OTHER
8 - HELMET USED	99 - OTHER / UNKNOWN			18 - OTHER		DRUG TEST RESULT(S)
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						1 - AMPHETAMINES
10 - REFLECTIVE CLOTHING						2 - BARBITURATES
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						3 - BENZODIAZEPINES
99 - OTHER / UNKNOWN						4 - CANNABINOIDS
						5 - COCAINE
						6 - OPIATES / OPIOIDS
						7 - OTHER
						8 - NEGATIVE RESULTS



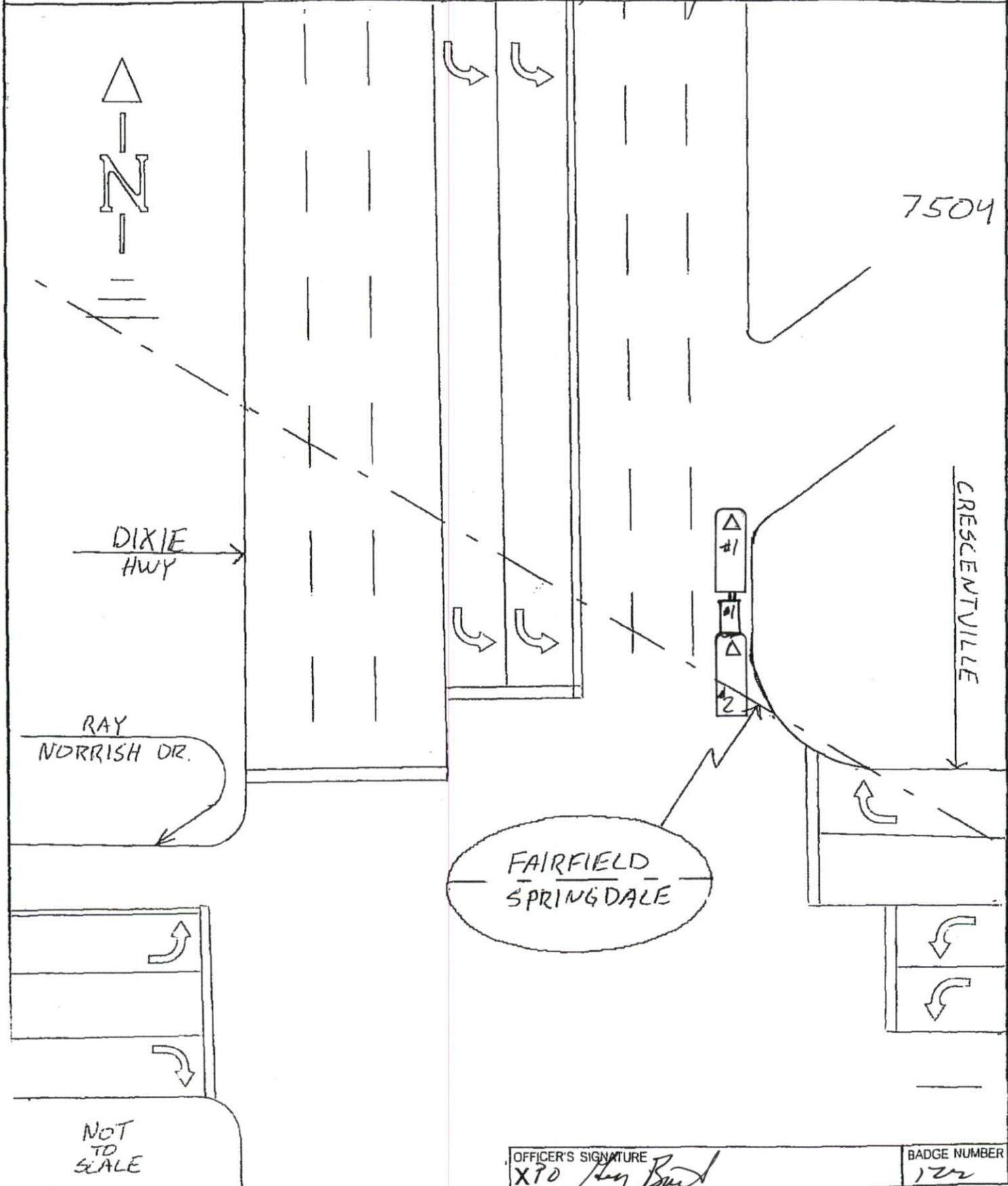
OCCUPANT / WITNESS ADDENDUM

OCCUPANT	LOCAL REPORT NUMBER																	
	2 2 0 4 4 8 2 0					DATE OF BIRTH	AGE	GENDER										
UNIT #	NAME: LAST, FIRST, MIDDLE				1 2 3 1 1 9 8 9		32	M										
1	Sow, Abass																	
ADDRESS: STREET, CITY, STATE, ZIP																		
1 Mulberry Ct. unit 4 Lockland, OH. 45215																		
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET <table border="1"> <tr> <td>SEATING POSITION</td> <td>AIR BAG USAGE</td> <td>EJECTION</td> <td>TRAPPED</td> </tr> <tr> <td>0 3</td> <td>0 1</td> <td>1</td> <td>1</td> </tr> </table>						SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	0 3	0 1	1	1
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5				0 4														
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GENDER				TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS														
F - FEMALE M - MALE U - OTHER / UNKNOWN																		
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRITIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER	22-044820	REPORTING AGENCY	Fairfield PD	DATE OF ACCIDENT
IN COUNTY OF	BUTLER	ACCIDENT LOCATION	7504 Dixie Hwy S.R. 4	

OFFICER'S SIGNATURE
X70 May RaudBADGE NUMBER
122

606