

## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL REPORT NUMBER*				
				2 2 0 4 9 3 5 6				
LOCAL INFORMATION		REPORTING AGENCY NAME*		NCIC*	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR	
<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		Fairfield Police Department		0 0 9 0 1	1	1 - SOLVED 2 - UNSOLVED	0 2	98 - ANIMAL 99 - UNKNOWN
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*						
0 9	1 - CITY 2 - VILLAGE 3 - TOWNSHIP	City of Fairfield						
ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES			
			Port Union	R D	3 9 . 3 3 3 5 5 8			
ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES			
			Holden	B L	- 8 4 . 5 1 9 6 9 6			
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	HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH	4	
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE					<input type="checkbox"/> WITHIN INTERCHANGE AREA	NUMBER OF APPROACHES	
	1 - MILES 2 - FEET 3 - YARDS							
LOCATION OF FIRST HARMFUL EVENT			MANNER OF CRASH COLLISION/IMPACT			ROADWAY		
0 1	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 - TWO MOTOR VEHICLES IN TRANSPORT 3 - REAR-END 4 - HEAD-ON	4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	<input type="checkbox"/> ROADWAY DIVIDED  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		DIR ECTION OF TRAVEL	MEDIAN TYPE	
<input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (>4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN	
LIGHT CONDITION			WEATHER			CONTOUR	CONDITIONS	SURFACE
2	1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	0 1	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 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	1	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								
On 7-11-22 at about 5:55 a.m. Unit 2 was turning right onto Port Union Rd from Holden Blvd when Unit 1 failed to maintain assured clear distance ahead striking Unit 2. Unit 1 then fled the scene.								
On 8-8-22 The driver of Unit 1 was located and issued a citation for Leaving the Scene								
See OH2								
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY
0 7 1 1 2 0 2 2 0 5 5 5		0 7 1 1 2 0 2 2 0 5 5 9		0 7 1 1 2 0 2 2 0 6 0 4		0 7 1 1 2 0 2 2 0 6 1 4		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP)
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*			
			P. O. Hoelle		Sgt. B. James			
			OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*		1 3 9	
			1 4 4					

OWNER	UNIT # <u>0 1</u>	OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER	OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER	LOCAL REPORT NUMBER 2 2 0 4 9 3 5 6	
	OWNER ADDRESS: STREET, CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER		DAMAGE DAMAGE SCALE 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN		
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
	LP STATE <u>O H</u>	LICENSE PLATE # <u>JNX6897</u>	VEHICLE IDENTIFICATION # <u>1G1BE5SM6H72303213</u>	VEHICLE YEAR <u>2017</u>	VEHICLE MAKE <u>Chevy</u>
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>Farmer's Insurance</u>	INSURANCE POLICY # <u>1154356290</u>	COLOR <u>Red</u>	VEHICLE MODEL <u>Cruze</u>	
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME		
INTERLOCK DEVICE EQUIPPED <input checked="" type="checkbox"/> HIT/SKIP UNIT <u>0 1</u>		VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <u>1</u> PLACARD ID # <u>1</u> <input type="checkbox"/> PLACARD		
UNIT TYPE <u>0 1</u>		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 - MOVED 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 <u>0</u>		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>2</u> 1 - YES 2 - NO 9 - OTHER / UNKNOWN			
		AUTONOMOUS MODE LEVEL <u>0</u> 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN			
SPECIAL FUNCTION <u>0 1</u>		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 <u>0 1</u>		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	
VEHICLE DEFECTS		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		1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED 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 <u>3</u>		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 PRE-CRASH ACTIONS	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 <u>0 8</u>		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		NON-COLLISION 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 MOVABLE OBJECT			
COLLISION WITH FIXED OBJECT - STRUCK <u>4</u>		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 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	
FIRST HARMFUL EVENT <u>1</u>		MOST HARMFUL EVENT <u>1</u>			



UNIT

OWNER

UNIT # **012** OWNER NAME: LAST, FIRST, MIDDLE  SAME AS DRIVER  
Matlock, SarahOWNER PHONE: INCLUDE AREA CODE  SAME AS DRIVEROWNER ADDRESS: STREET, CITY, STATE, ZIP  SAME AS DRIVER

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE **O H** LICENSE PLATE # **HDH4437** VEHICLE IDENTIFICATION # **W04GR5EC1B1002884** VEHICLE YEAR **2011** VEHICLE MAKE **Buick**INSURANCE COMPANY **Geico** INSURANCE POLICY # **4585335955** COLOR **White** VEHICLE MODEL **Regal**INSURANCE VERIFIED  TYPE OF USE  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
# OCCUPANTS **0 1** US DOT # **1** VEHICLE WEIGHT GVWR/GCWR  
1 - <10K LBS.  
2 - 10,001 - 26K LBS.  
3 - >26K LBS.INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT **0 1** HAZARDOUS MATERIAL  
MATERIAL RELEASED  CLASS # **1** PLACARD ID # **1**  
PLACARD  # OF TRAILING UNITS **0**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 - MOTORHOME18 - 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/SKIPUNIT TYPE **011**WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? **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 AUTOMATION1 - NONE  
2 - TAXI  
3 - ELECTRONIC RIDE SHARING  
4 - SCHOOL TRANSPORT  
5 - BUS - TRANSIT/COMMUTER6 - BUS - CHARTER/TOUR  
7 - BUS - INTERCITY  
8 - BUS - SHUTTLE  
9 - BUS - OTHER  
10 - AMBULANCE11 - FIRE  
12 - MILITARY  
13 - POLICE  
14 - PUBLIC UTILITY  
15 - CONSTRUCTION EQUIPMENT  
16 - FARM  
17 - MOWING  
18 - SNOW REMOVAL  
19 - TOWING  
21 - MAIL CARRIER1 - NO CARGO BODY TYPE / NOT APPLICABLE  
2 - BUS3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE  
4 - LOGGING

5 - INTERMODAL CONTAINER CHASSIS

6 - CARGO VAN/ENCLOSED BOX

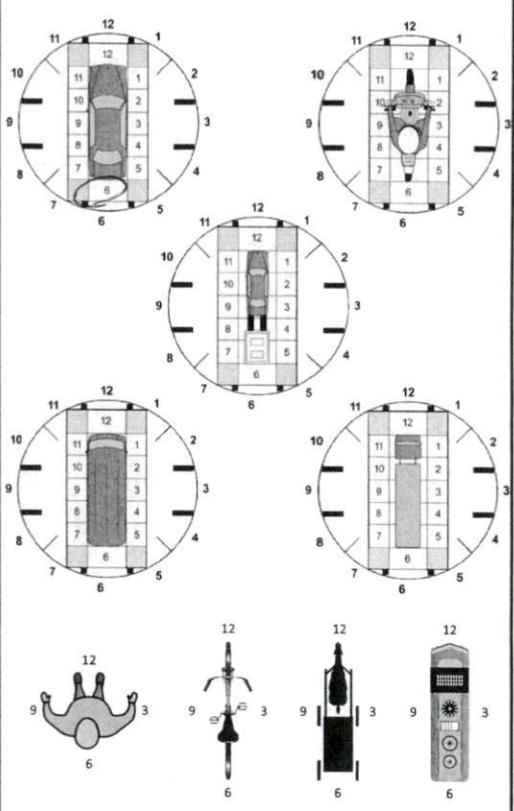
7 - GRAIN/CHIPS/GRAVEL

8 - POLE  
9 - CARGO TANK  
10 - FLAT BED  
11 - DUMP12 - CONCRETE MIXER  
13 - AUTO TRANSPORTER  
14 - GARBAGE/REFUSE  
99 - OTHER / UNKNOWN1 - TURN SIGNALS  
2 - HEAD LAMPS  
3 - TAIL LAMPS4 - BRAKES  
5 - STEERING  
6 - TIRE BLOWOUT7 - WORN OR SLICK TIRES  
8 - TRAILER EQUIPMENT DEFECTIVE9 - MOTOR TROUBLE  
10 - DISABLED FROM PRIOR ACCIDENT1 - INTERSECTION - MARKED CROSSWALK  
2 - INTERSECTION - UNMARKED CROSSWALK3 - INTERSECTION - OTHER  
4 - MIDBLOCK - MARKED  
5 - SHOULDER / ROADSIDE  
6 - SIDEWALK7 - SHOULDER / ROADSIDE  
8 - SIDEWALK9 - MEDIAN/CROSSING ISLAND  
10 - DRIVEWAY ACCESS  
11 - SHARED USE PATHS OR TRAILS12 - FIRST RESPONDER AT INCIDENT SCENE  
99 - OTHER / UNKNOWN1 - NON-CONTACT  
2 - NON-COLLISION  
3 - STRIKING  
4 - STRUCK  
5 - BOTH STRIKING & STRUCK  
9 - OTHER / UNKNOWN1 - STRAIGHT AHEAD  
2 - BACKING  
3 - CHANGING LANES  
4 - OVERTAKING/PASSING  
5 - MAKING RIGHT TURN  
6 - MAKING LEFT TURN7 - MAKING U-TURN  
8 - ENTERING TRAFFIC LANE  
9 - LEAVING TRAFFIC LANE  
10 - PARKED  
11 - SLOWING OR STOPPED  
12 - DRIVERLESS13 - NEGOTIATING A CURVE  
14 - ENTERING OR CROSSING SPECIFIED LOCATION  
15 - WALKING, RUNNING, JOGGING, PLAYING  
16 - WORKING  
17 - PUSHING VEHICLE18 - APPROACHING OR LEAVING VEHICLE  
19 - STANDING  
20 - OTHER NON-MOTORIST  
21 - STANDING OUTSIDE DISABLED VEHICLE  
99 - OTHER / UNKNOWN1 - NONE  
2 - FAILURE TO YIELD  
3 - RAN RED LIGHT  
4 - RAN STOP SIGN  
5 - UNSAFE SPEED  
6 - IMPROPER TURN7 - LEFT OF CENTER  
8 - FOLLOWING TOO CLOSE / ACDA  
9 - IMPROPER LANE CHANGE  
10 - IMPROPER PASSING  
11 - DROVE OFF ROAD  
12 - IMPROPER BACKING13 - IMPROPER START FROM A PARKED POSITION  
14 - STOPPED OR PARKED ILLEGALLY  
15 - SWERVING TO AVOID  
16 - WRONG WAY17 - VISION OBSTRUCTION  
18 - OPERATING DEFECTIVE EQUIPMENT  
19 - LOAD SHIFTING/FALLING/SPILLING  
20 - IMPROPER CROSSING21 - LYING IN ROADWAY  
22 - NOT DISCERNIBLE  
23 - OPENING DOOR INTO ROADWAY  
99 - OTHER IMPROPER ACTION

SEQUENCE OF EVENTS

1 - OVERTURN/ROLLOVER  
2 - FIRE/EXPLOSION  
3 - IMMERSION4 - JACKKNIFE  
5 - CARGO / EQUIPMENT LOSS OR SHIFT6 - EQUIPMENT FAILURE  
7 - SEPARATION OF UNITS  
8 - RAN OFF ROAD RIGHT9 - RAN OFF ROAD LEFT  
10 - CROSS MEDIAN11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL  
12 - DOWNHILL RUNAWAY  
13 - OTHER NON-COLLISION  
14 - PEDESTRIAN  
15 - PEDALCYCLE16 - RAILWAY VEHICLE  
17 - ANIMAL - FARM  
18 - ANIMAL - DEER  
19 - ANIMAL - OTHER  
20 - MOTOR VEHICLE IN TRANSPORT  
21 - PARKED MOTOR VEHICLE22 - WORK ZONE MAINTENANCE EQUIPMENT  
23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
24 - OTHER MOVABLE OBJECT

COLLISION WITH FIXED OBJECT - STRUCK

25 - IMPACT ATTENUATOR / CRASH CUSHION  
26 - BRIDGE OVERHEAD STRUCTURE  
27 - BRIDGE PIER OR ABUTMENT  
28 - BRIDGE PARAPET  
29 - BRIDGE RAIL  
30 - GUARDRAIL FACE31 - GUARDRAIL END  
32 - PORTABLE BARRIER  
33 - MEDIAN CABLE BARRIER  
34 - MEDIAN GUARDRAIL  
35 - MEDIAN CONCRETE BARRIER  
36 - MEDIAN OTHER BARRIER37 - TRAFFIC SIGN POST  
38 - OVERHEAD SIGN POST  
39 - LIGHT / LUMINARIES SUPPORT  
40 - UTILITY POLE  
41 - OTHER POST, POLE OR SUPPORT  
42 - CULVERT43 - CURB  
44 - DITCH  
45 - EMBANKMENT  
46 - FENCE  
47 - MAILBOX  
48 - TREE  
49 - FIRE HYDRANT50 - WORK ZONE MAINTENANCE EQUIPMENT  
51 - WALL  
52 - BUILDING  
53 - TUNNEL  
54 - OTHER FIXED OBJECT  
99 - OTHER / UNKNOWN1 - FIRST HARMFUL EVENT  
2 - FIRE/EXPLOSION  
3 - IMMERSION4 - JACKKNIFE  
5 - CARGO / EQUIPMENT LOSS OR SHIFT6 - EQUIPMENT FAILURE  
7 - SEPARATION OF UNITS  
8 - RAN OFF ROAD RIGHT9 - RAN OFF ROAD LEFT  
10 - CROSS MEDIAN11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL  
12 - DOWNHILL RUNAWAY  
13 - OTHER NON-COLLISION  
14 - PEDESTRIAN  
15 - PEDALCYCLE16 - RAILWAY VEHICLE  
17 - ANIMAL - FARM  
18 - ANIMAL - DEER  
19 - ANIMAL - OTHER  
20 - MOTOR VEHICLE IN TRANSPORT  
21 - PARKED MOTOR VEHICLE22 - WORK ZONE MAINTENANCE EQUIPMENT  
23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
24 - OTHER MOVABLE OBJECT25 - IMPACT ATTENUATOR / CRASH CUSHION  
26 - BRIDGE OVERHEAD STRUCTURE  
27 - BRIDGE PIER OR ABUTMENT  
28 - BRIDGE PARAPET  
29 - BRIDGE RAIL  
30 - GUARDRAIL FACE31 - GUARDRAIL END  
32 - PORTABLE BARRIER  
33 - MEDIAN CABLE BARRIER  
34 - MEDIAN GUARDRAIL  
35 - MEDIAN CONCRETE BARRIER  
36 - MEDIAN OTHER BARRIER37 - TRAFFIC SIGN POST  
38 - OVERHEAD SIGN POST  
39 - LIGHT / LUMINARIES SUPPORT  
40 - UTILITY POLE  
41 - OTHER POST, POLE OR SUPPORT  
42 - CULVERT43 - CURB  
44 - DITCH  
45 - EMBANKMENT  
46 - FENCE  
47 - MAILBOX  
48 - TREE  
49 - FIRE HYDRANT50 - WORK ZONE MAINTENANCE EQUIPMENT  
51 - WALL  
52 - BUILDING  
53 - TUNNEL  
54 - OTHER FIXED OBJECT  
99 - OTHER / UNKNOWNLOCAL REPORT NUMBER  
2 2 0 4 9 3 5 6DAMAGE  
DAMAGE SCALE  
1 - NONE  
2 - MINOR DAMAGE  
3 - FUNCTIONAL DAMAGE  
4 - DISABLING DAMAGE  
9 - UNKNOWNDAMAGED AREA(S)  
INDICATE ALL THAT APPLYINITIAL POINT OF CONTACT  
0 - NO DAMAGE  
1-12 - REFER TO UNIT DIAGRAM  
13 - TOPTRAFFIC  
TRAFFICWAY FLOW  
1 - ONE-WAY  
2 - TWO-WAY# OF THROUGH LANES ON ROAD  
1RAIL GRADE CROSSING  
1 - NOT INVOLVED  
2 - INVOLVED-ACTIVE CROSSING  
3 - INVOLVED-PASSIVE CROSSINGUNIT / NON-MOTORIST DIRECTION  
1 - NORTH  
2 - SOUTH  
3 - EAST  
4 - WEST  
5 - NORTHEAST  
6 - NORTHWEST  
7 - SOUTHEAST  
8 - SOUTHWEST  
9 - OTHER / UNKNOWNFROM **5** TO **7**UNIT SPEED  
1 - STATED / ESTIMATED SPEED  
2 - CALCULATED / EDR  
3 - UNDETERMINEDPOSTED SPEED  
1 - 5  
2 - 10  
3 - 15



## **MOTORIST / Non-MOTORIST**

INJURIES							DATE OF BIRTH			AGE		GENDER	
UNIT # 0 1	NAME: LAST, FIRST, MIDDLE Boyd, Landerous M						0 5 2 8 1 9 8 1			4 1		M	
ADDRESS: STREET, CITY, STATE, ZIP 5185 Miamidale Dr. Fairfield, OH 45014							CONTACT PHONE - INCLUDE AREA CODE						
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 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1			
OL STATE O H	OPERATOR LICENSE NUMBER			OFFENSE CHARGED 333.03a	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION ACDA			CITATION NUMBER 255278				
OL CLASS OH	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	<input type="checkbox"/> ALCOHOL TEST STATUS 1 TYPE 1 VALUE 1		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4					
UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Bingaman, Gerry E						DATE OF BIRTH 0 3 2 5 1 9 8 3			AGE 3 9		GENDER M	
ADDRESS: STREET, CITY, STATE, ZIP 104 Mendingwall Way Apt. B Fairfield, OH 45014							CONTACT PHONE - INCLUDE AREA CODE						
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 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1			
OL STATE O H	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER				
OL 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	<input type="checkbox"/> ALCOHOL TEST STATUS 1 TYPE 1 VALUE 1		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4					
UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH			AGE 0		GENDER	
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER				
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 DRUG	CONDITION	<input type="checkbox"/> ALCOHOL TEST STATUS 1 TYPE 1 VALUE 1		DRUG TEST(S) STATUS 1 TYPE 1 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 (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-TEST REFUSED	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, 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 KNOWN							
5-NO APPARENT INJURY	5-SECOND- MIDDLE	5-NOT APPLICABLE	5-M/C MOPED ONLY	5-EXCEPT CLASS A BUS	5-TEST GIVEN, RESULTS UNKNOWN	5-TEST GIVEN, RESULTS UNKNOWN							
INJURED TAKEN BY				6-SECOND- RIGHT SIDE	6-DEPLOYMENT UNKNOWN	6-EXCEPT CLASS A & CLASS B BUS	6-TALKING ON HAND-HELD COMMUNICATION DEVICE	6-TALKING ON HAND-HELD COMMUNICATION DEVICE					
1-NOT TRANSPORTED /TREATED AT SCENE	7-THIRD- LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD- MIDDLE	7-THIRD- RIGHT SIDE	7-EXCEPT TRACTOR-TRAILER	7-EXCEPT TRACTOR-TRAILER	7-NONE GIVEN							
2-EMS	8-THIRD- MIDDLE	8-THIRD- RIGHT SIDE	9-THIRD- LEFT SIDE	8-INTERMEDIATE LICENSE RESTRICTIONS	8-INTERMEDIATE LICENSE RESTRICTIONS	2-TEST REFUSED							
3-POLICE	9-THIRD- RIGHT SIDE	10-SLEEPER SECTION OF TRUCK CAB	10-THIRD- LEFT SIDE	9-LEARNER'S PERMIT RESTRICTIONS	9-LEARNER'S PERMIT RESTRICTIONS	3-TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE							
9-OTHER/UNKNOWN	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11-NOT EJECTED	11-H-HAZMAT	10-LIMITED TO DAYLIGHT ONLY	10-LIMITED TO DAYLIGHT ONLY	4-TEST GIVEN, RESULTS KNOWN							
SAFETY EQUIPMENT				12-PASSENGER IN UNENCLOSED CARGO AREA	12-PARTIALLY EJECTED	12-M-MOTORCYCLE	11-LIMITED TO EMPLOYMENT	11-LIMITED TO EMPLOYMENT	5-TEST GIVEN, RESULTS UNKNOWN				
1-NONE USED	13-TRAILING UNIT	13-FREED BY MECHANICAL MEANS	13-P-PASSENGER	12-LIMITED- OTHER	12-LIMITED- OTHER	5-TEST GIVEN, RESULTS UNKNOWN							
2-SHOULDER BELT ONLY USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14-X-TANKER / HAZMAT	14-Q-Q-MOTOR SCOOTER	13-M-MOTOR SCOOTER	13-Q-Q-MOTOR SCOOTER	5-TEST GIVEN, RESULTS UNKNOWN							
3-LAP BELT ONLY USED	15-NON-MOTORIST	15-F-FREE BY NON-MECHANICAL MEANS	15-R-R-THREE-WHEEL MOTORCYCLE	15-S-SCHOOL BUS	15-S-SCHOOL BUS	5-TEST GIVEN, RESULTS UNKNOWN							
4-SHOULDER & LAP BELT USED	16-OTHER/ UNKNOWN	16-X-X-TANKER / HAZMAT	16-F-FREE BY NON-MECHANICAL MEANS	16-T-T-DOUBLE & TRIPLE TRAILERS	16-T-T-DOUBLE & TRIPLE TRAILERS	5-TEST GIVEN, RESULTS UNKNOWN							
5-CHILD RESTRAINT SYSTEM- FORWARD FACING	17-REFLECTIVE CLOTHING	17-F-FREE BY NON-MECHANICAL MEANS	17-X-X-TANKER / HAZMAT	17-F-FREE BY NON-MECHANICAL MEANS	17-F-FREE BY NON-MECHANICAL MEANS	5-TEST GIVEN, RESULTS UNKNOWN							
6-CHILD RESTRAINT SYSTEM- REAR FACING	18-BOOSTER SEAT	18-X-X-TANKER / HAZMAT	18-F-FREE BY NON-MECHANICAL MEANS	18-F-FREE BY NON-MECHANICAL MEANS	18-F-FREE BY NON-MECHANICAL MEANS	5-TEST GIVEN, RESULTS UNKNOWN							
7-BOOSTER SEAT	19-HELMET USED	19-F-FREE BY NON-MECHANICAL MEANS	19-X-X-TANKER / HAZMAT	19-F-FREE BY NON-MECHANICAL MEANS	19-F-FREE BY NON-MECHANICAL MEANS	5-TEST GIVEN, RESULTS UNKNOWN							
8-REFLECTIVE CLOTHING	20-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	20-X-X-TANKER / HAZMAT	20-F-FREE BY NON-MECHANICAL MEANS	20-F-FREE BY NON-MECHANICAL MEANS	20-F-FREE BY NON-MECHANICAL MEANS	5-TEST GIVEN, RESULTS UNKNOWN							
11-LIGHTING- PEDESTRIAN /BICYCLE ONLY	21-REFLECTIVE CLOTHING	21-X-X-TANKER / HAZMAT	21-F-FREE BY NON-MECHANICAL MEANS	21-F-FREE BY NON-MECHANICAL MEANS	21-F-FREE BY NON-MECHANICAL MEANS	5-TEST GIVEN, RESULTS UNKNOWN							
9-OTHER/ UNKNOWN	22-REFLECTIVE CLOTHING	22-X-X-TANKER / HAZMAT	22-F-FREE BY NON-MECHANICAL MEANS	22-F-FREE BY NON-MECHANICAL MEANS	22-F-FREE BY NON-MECHANICAL MEANS	5-TEST GIVEN, RESULTS UNKNOWN							
INJURIES				EJECTION	OL ENDORSEMENT	ALCOHOL TEST TYPE							
1-NOT EJECTED	2-PARTIALLY EJECTED	3-TOTALLY EJECTED	4-NOT APPLICABLE	H-HAZMAT	M-MOTORCYCLE	P-PASSENGER	N-N-TANKER	Q-Q-MOTOR SCOOTER	R-R-THREE-WHEEL MOTORCYCLE	S-S-SCHOOL BUS	T-T-DOUBLE & TRIPLE TRAILERS	X-X-TANKER / HAZMAT	
INJURIES				TRAPPED	CONDITION	DRUG TEST TYPE							
1-NOT TRAPPED	2-EXTRICATED BY MECHANICAL MEANS	3-FREED BY NON-MECHANICAL MEANS	4-NOT APPLICABLE	H-HAZMAT	M-MOTORCYCLE	P-PASSENGER	N-N-TANKER	Q-Q-MOTOR SCOOTER	R-R-THREE-WHEEL MOTORCYCLE	S-S-SCHOOL BUS	T-T-DOUBLE & TRIPLE TRAILERS	X-X-TANKER / HAZMAT	
INJURIES				GENDER	DRUG TEST RESULT(S)								
F-F-FEMALE	M-M-MALE	U-U-OTHER / UNKNOWN	1-APPARENTLY NORMAL	1-NONE									
2-APPARENTLY NORMAL	3-PHYSICAL IMPAIRMENT	4-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	5-ILLNESS	2-BLOOD									
3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	4-OTHER	5-FELL ASLEEP FAINTED, FATIGUED, ETC.	6-UNDER THE INFLUENCE OF MEDICATIONS/DRUGS /ALCOHOL	3-URINE									
4-OTHER	5-OTHER	7-OTHER	8-NEGATIVE RESULTS	4-OTHER									



# OCCUPANT / WITNESS ADDENDUM

		LOCAL REPORT NUMBER								
		2 2 0 4 9 3 5 6		DATE OF BIRTH	AGE	GENDER				
OCCUPANT	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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	0				
OCCUPANT	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
	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	0				
OCCUPANT	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
	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	0				
OCCUPANT	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
	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	0				
OCCUPANT	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
	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	0				
WITNESS	NAME: LAST, FIRST, MIDDLE			CONTACT PHONE - INCLUDE AREA CODE						
	Hunt, Kamia S			DATE OF BIRTH	0 4 3 0 1 9 7 1	AGE	51	GENDER		
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE						
	5669 Lake Michigan Dr. Fairfield, OH 45014									
WITNESS	NAME: LAST, FIRST, MIDDLE			CONTACT PHONE - INCLUDE AREA CODE						
				DATE OF BIRTH	0	AGE		GENDER		
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE						
WITNESS	NAME: LAST, FIRST, MIDDLE			CONTACT PHONE - INCLUDE AREA CODE						
				DATE OF BIRTH	0	AGE		GENDER		
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE						

REPORT NUMBER 22-049356

FAIRFIELD P.D. 00901

M 7 10 11 12 22

IN COUNTY OF

BUTLER

ACCIDENT LOCATION

HOLDEN AT PORT UNION

