



## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY			<b>LOCAL INFORMATION</b> <b>REPORTING AGENCY NAME*</b> Fairfield Police Department <b>NCIC*</b> 0 0 9 0 1 <b>LOCATION: CITY, VILLAGE, TOWNSHIP*</b> City of Fairfield			<b>LOCAL REPORT NUMBER*</b> 2 2 0 4 9 4 3 3				
<b>COUNTY*</b> 0 9 <b>LOCALITY*</b> 1-CITY 1-2-VILLAGE 3-TOWNSHIP			<b>CRASH DATE / TIME*</b> 0 7 1 1 2 0 2 2 1 4 1 7			<b>HIT/SKIP</b> 1-SOLVED 2-UNSOLVED <b>NUMBER OF UNITS</b> 0 2 <b>UNIT IN ERROR</b> 0 1      98-ANIMAL 99-UNKNOWN				
<b>LOCATION</b>	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME River	ROAD TYPE R D	<b>LATITUDE</b> DECIMAL DEGREES 3 9 3 5 2 6 7 7				
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Symmes	ROAD TYPE R D	<b>LONGITUDE</b> DECIMAL DEGREES -8 4 5 6 7 1 2 5				
<b>REFERENCE POINT</b> 1-INTERSECTION 2-MILE POST 3-HOUSE #		<b>DIRECTION</b> FROM REFERENCE 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	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>NUMBER OF APPROACHES</b> 4			
<b>DISTANCE</b> FROM REFERENCE		<b>DISTANCE</b> UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS					<b>ROADWAY</b> <input type="checkbox"/> ROADWAY DIVIDED			
<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 9-ON RAMP 10-CROSSOVER 11-DRIVEWAY/ALLEY ACCESS 12-RAILWAY GRADE CROSSING 13-BIKE LANE 14-TOLL BOOTH 99-OTHER/UNKNOWN				<b>MANNER OF CRASH COLLISION/IMPACT</b> 1-NOT COLLISION 2-BETWEEN 3-TWO MOTOR VEHICLES IN TRANSPORT 4-REAR-END 5-BACKING 6-ANGLE 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 9-HEAD-ON 10-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 (24 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 2-WARNING SIGN 3-ADVANCE WARNING AREA 4-TRANSITION AREA 5-ACTIVITY AREA 6-TERMINATION AREA			<b>CONTOUR</b> 1 2 3 4 5 6 7 8 9	<b>CONDITIONS</b> 1 2 3 4 5 6 7 8 9	<b>SURFACE</b> 1 2 3 4 5 6 7 8 9	
<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						
<b>NARRATIVE</b> <p>On 7/11/22 at 2:17 P.M. unit 1 attempted to turn onto eastbound Symmes Road from southbound River Road. Unit 2 was traveling northbound on River Road. Unit 1 failed to yield while turning left and struck unit 2. Unit 1 claimed the light was red, and Unit 2 claimed the light was yellow.</p> <p>Independent witnesses stated the light was yellow at the time of the crash.</p>							<p>Indicate the north direction with an "N" on the compass diagram.</p>			
<b>CRASH REPORTED DATE / TIME</b> 0 7 1 1 2 0 2 2 1 4 1 7			<b>DISPATCH DATE / TIME</b> 0 7 1 1 2 0 2 2 1 4 2 2		<b>ARRIVAL DATE / TIME</b> 0 7 1 1 2 0 2 2 1 4 2 3		<b>SCENE CLEARED DATE / TIME</b> 0 7 1 1 2 0 2 2 1 4 4 7		<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 ODP)	
<b>TOTAL TIME</b> <b>ROADWAY CLOSED</b> 0 0		<b>OTHER</b> <b>INVESTIGATION TIME</b> 2 0		<b>TOTAL</b> <b>MINUTES</b> 4 5		<b>OFFICER'S NAME*</b> N. Davis <b>OFFICER'S BADGE NUMBER*</b> 1 6 9		<b>CHECKED BY OFFICER'S NAME*</b> D. Poh <b>CHECKED BY OFFICER'S BADGE NUMBER*</b> 1 3 0		

OWNER

VEHICLE

EVENT(S)

1

FIRST HARMFUL EVENT

1 MOST HARMFUL EVENT

NON-COLLISION

COLLISION WITH FIXED OBJECT - STRUCK

SEQUENCE OF EVENTS

CONTRIBUTING CIRCUMSTANCES

ACTION

LOCATION AT IMPACT

UNIT #

OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)

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

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

LP STATE

LICENSE PLATE #

VEHICLE IDENTIFICATION #

VEHICLE YEAR

VEHICLE MAKE

INSURANCE VERIFIED

INSURANCE COMPANY

INSURANCE POLICY #

COLOR

VEHICLE MODEL

TYPE OF USE

INTERLOCK DEVICE EQUIPPED

HIT/SKIP UNIT

#OCCUPANTS

US DOT #

VEHICLE WEIGHT GVWR/GCWR

1 - <10K LBS.

2 - 10,001 - 26K LBS.

3 - >26K LBS.

1 - PASSENGER CAR

2 - PASSENGER VAN (MINIVAN)

3 - SPORT UTILITY VEHICLE

4 - PICK UP

5 - CARGO VAN

6 - VAN (9-15 SEATS)

7 - MOTORCYCLE 2-WHEELED

8 - MOTORCYCLE 3-WHEELED

9 - AUTOCYCLE

10 - MOPED OR MOTORIZED BICYCLE

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 - NO AUTOMATION

1 - DRIVER ASSISTANCE

2 - PARTIAL AUTOMATION

3 - CONDITIONAL AUTOMATION

4 - HIGH AUTOMATION

5 - FULL AUTOMATION

9 - UNKNOWN

AUTONOMOUS MODE LEVEL

0 - NONE

1 - TAXI

2 - ELECTRONIC RIDE SHARING

3 - SCHOOL TRANSPORT

4 - BUS - OTHER

5 - BUS - TRANSIT/COMMUTER

6 - BUS - CHARTER/TOUR

7 - BUS - INTERCITY

8 - BUS - SHUTTLE

9 - POLICE

10 - PUBLIC UTILITY

11 - SNOW REMOVAL

12 - FARM

13 - MOWING

14 - TOWING

15 - CONSTRUCTION EQUIPMENT

16 - SAFETY SERVICE PATROL

1 - NO CARGO BODY TYPE / NOT APPLICABLE

2 - BUS

3 - LOGGING

4 - CARGO VAN/ENCLOSED BOX

5 - GRAIN/CHIPS/GRAVEL

6 - POLE

7 - CARGO TANK

8 - FLAT BED

9 - DUMP

10 - CONCRETE MIXER

11 - AUTO TRANSPORTER

12 - GARBAGE/REFUSE

13 - OTHER/UNKNOWN

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

1 - INTERSECTION - MARKED CROSSWALK

2 - INTERSECTION - UNMARKED CROSSWALK

3 - SIDEWALK

4 - BICYCLE LANE

5 - SHOULDER / ROADSIDE

6 - MEDIAN/CROSSING ISLAND

7 - FIRE

8 - MILITARY

9 - POLICE

10 - PUBLIC UTILITY

11 - SNOW REMOVAL

12 - FARM

13 - MAIL CARRIER

14 - GARBAGE/REFUSE

15 - OTHER/UNKNOWN

1 - INTERSECTION - MARKED CROSSWALK

2 - INTERSECTION - UNMARKED CROSSWALK

3 - SIDEWALK

4 - BICYCLE LANE

5 - SHOULDER / ROADSIDE

6 - MEDIAN/CROSSING ISLAND

7 - FIRE

8 - MILITARY

9 - POLICE

10 - PUBLIC UTILITY

11 - SNOW REMOVAL

12 - FARM

13 - MAIL CARRIER

14 - GARBAGE/REFUSE

15 - OTHER/UNKNOWN

1 - NON-CONTACT

2 - NON-COLLISION

3 - STRIKING

4 - STRUCK

5 - BOTH STRIKING & STRUCK

6 - STRIKING

7 - STRUCK

8 - OVERTURN/ROLLOVER

9 - FIRE/EXPLOSION

10 - IMMERSION

11 - JACKKNIFE

12 - CARGO / EQUIPMENT LOSS OR SHIFT

13 - RAN RED LIGHT

14 - RAN STOP SIGN

15 - UNSAFE SPEED

16 - IMPROPER TURN

17 - LEFT OF CENTER

18 - FOLLOWING TOO CLOSE / ACDA

19 - IMPROPER LANE CHANGE

20 - IMPROPER PASSING

21 - DROVE OFF ROAD

22 - IMPROPER BACKING

23 - SWERVING TO AVOID

24 - WRONG WAY

25 - IMPACT ATTENUATOR / CRASH CUSHION

26 - BRIDGE OVERHEAD STRUCTURE

27 - BRIDGE PIER OR ABUTMENT

28 - BRIDGE PARAPET

29 - BRIDGE RAIL

30 - GUARDRAIL FACE

31 - GUARDRAIL END

32 - PORTABLE BARRIER

33 - MEDIAN CABLE BARRIER

34 - MEDIAN GUARDRAIL

35 - MEDIAN CONCRETE BARRIER

36 - MEDIAN OTHER BARRIER

37 - TRAFFIC SIGN POST

38 - OVERHEAD SIGN POST

39 - LIGHT / LUMINARIES SUPPORT

40 - UTILITY POLE

41 - OTHER POST, POLE OR SUPPORT

42 - CULVERT

43 - CURB

44 - DITCH

45 - EMBANKMENT

46 - FENCE

47 - MAILBOX

48 - TREE

49 - FIRE HYDRANT

50 - WORK ZONE MAINTENANCE EQUIPMENT

51 - WALL

52 - BUILDING

53 - TUNNEL

54 - OTHER FIXED OBJECT

55 - OTHER UNKNOWN

56 - OTHER/UNKNOWN

57 - OTHER/UNKNOWN

58 - OTHER/UNKNOWN

59 - OTHER/UNKNOWN

60 - OTHER/UNKNOWN

61 - OTHER/UNKNOWN

62 - OTHER/UNKNOWN

63 - OTHER/UNKNOWN

64 - OTHER/UNKNOWN

65 - OTHER/UNKNOWN

66 - OTHER/UNKNOWN

67 - OTHER/UNKNOWN

68 - OTHER/UNKNOWN

69 - OTHER/UNKNOWN

70 - OTHER/UNKNOWN

71 - OTHER/UNKNOWN

72 - OTHER/UNKNOWN

73 - OTHER/UNKNOWN

74 - OTHER/UNKNOWN

75 - OTHER/UNKNOWN

76 - OTHER/UNKNOWN

77 - OTHER/UNKNOWN

78 - OTHER/UNKNOWN

79 - OTHER/UNKNOWN

80 - OTHER/UNKNOWN

81 - OTHER/UNKNOWN

82 - OTHER/UNKNOWN

83 - OTHER/UNKNOWN

84 - OTHER/UNKNOWN

85 - OTHER/UNKNOWN

86 - OTHER/UNKNOWN

87 - OTHER/UNKNOWN

88 - OTHER/UNKNOWN

89 - OTHER/UNKNOWN

90 - OTHER/UNKNOWN

91 - OTHER/UNKNOWN

92 - OTHER/UNKNOWN

93 - OTHER/UNKNOWN

94 - OTHER/UNKNOWN

95 - OTHER/UNKNOWN

96 - OTHER/UNKNOWN

97 - OTHER/UNKNOWN

98 - OTHER/UNKNOWN

99 - OTHER/UNKNOWN

100 - OTHER/UNKNOWN

101 - OTHER/UNKNOWN

102 - OTHER/UNKNOWN

103 - OTHER/UNKNOWN

104 - OTHER/UNKNOWN

105 - OTHER/UNKNOWN

106 - OTHER/UNKNOWN

107 - OTHER/UNKNOWN

108 - OTHER/UNKNOWN

109 - OTHER/UNKNOWN

110 - OTHER/UNKNOWN

111 - OTHER/UNKNOWN

112 - OTHER/UNKNOWN

113 - OTHER/UNKNOWN

114 - OTHER/UNKNOWN

115 - OTHER/UNKNOWN

116 - OTHER/UNKNOWN

117 - OTHER/UNKNOWN

118 - OTHER/UNKNOWN

119 - OTHER/UNKNOWN

120 - OTHER/UNKNOWN

121 - OTHER/UNKNOWN

122 - OTHER/UNKNOWN

123 - OTHER/UNKNOWN

124 - OTHER/UNKNOWN

125 - OTHER/UNKNOWN

126 - OTHER/UNKNOWN

127 - OTHER/UNKNOWN

128 - OTHER/UNKNOWN

129 - OTHER/UNKNOWN

130 - OTHER/UNKNOWN

131 - OTHER/UNKNOWN

132 - OTHER/UNKNOWN

133 - OTHER/UNKNOWN

134 - OTHER/UNKNOWN

135 - OTHER/UNKNOWN

136 - OTHER/UNKNOWN

137 - OTHER/UNKNOWN

138 - OTHER/UNKNOWN

139 - OTHER/UNKNOWN

140 - OTHER/UNKNOWN

141 - OTHER/UNKNOWN

&lt;p



UNIT

OWNER

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER)
0 2	Hopewell, Michael D	
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER)		
12191 Huntergreen Dr. Cincinnati, OH 45251		
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	JKA8581	3FA16P0G72LR226978	2020	Ford
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	Westfield Nat'l	WNP5612930	White	Fusion
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 DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	HAZARDOUS MATERIAL	
		0 1	<input type="checkbox"/> MATERIAL RELEASED	CLASS #
			<input type="checkbox"/> PLACARD	PLACARD ID #

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 BICYCLE	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE
5 - CARGO VAN	11 - ALL TERRAIN VEHICLE (ATV / UTV)	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN
6 - VAN (9-15 SEATS)		17 - MOTORHOME		99 - UNKNOWN OR HIT/SKIP

0 # OF TRAILING UNITS

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

1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM	21 - MAIL CARRIER
2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	17 - MOWING	99 - OTHER / UNKNOWN
3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	18 - SNOW REMOVAL	
4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	19 - TOWING	
5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL	

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

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 0 1 3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	10 - PARKED	20 - OTHER NON-MOTORIST
4 - STRUCK	4 - OVERTAKING/PASSING	11 - SLOWING OR STOPPED IN TRAFFIC	15 - WALKING, RUNNING, JOGGING, PLAYING	21 - STANDING OUTSIDE DISABLED VEHICLE
5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	6 - MAKING LEFT TURN	16 - WORKING	17 - PUSHING VEHICLE
9 - OTHER / UNKNOWN				99 - OTHER / UNKNOWN

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

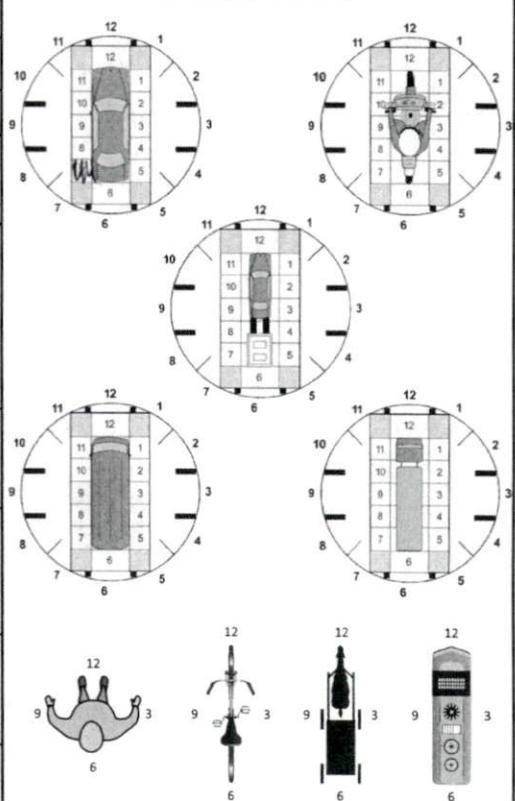
1 2 0	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT
	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	17 - ANIMAL - FARM	18 - ANIMAL - DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN 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		

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 SUPPORT	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 9 4 3 3

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

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY - NO DAMAGE [ 0 ]  - UNDERCARRIAGE [ 14 ] - TOP [ 13 ]  - ALL AREAS [ 15 ] - UNIT NOT AT SCENE [ 16 ]

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

TRAFFIC WAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY	1 - ROUNDABOUT
2 - TWO-WAY	2 - SIGNAL
	3 - YIELD SIGN
	3 - FLASHER
	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 2 TO 1	1 - NORTH
	2 - SOUTH
	3 - EAST
	4 - WEST
	5 - NORTHEAST
	6 - NORTHWEST
	7 - SOUTHEAST
	8 - SOUTHWEST
	9 - OTHER / UNKNOWN

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

# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

2 2 0 4 9 4 3 3

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE 0 1 Puckett, William B					DATE OF BIRTH	AGE	GENDER
	0 1	0 6 1 8 1 9 5 1	7 1	M					
ADDRESS: STREET, CITY, STATE, ZIP 78 W. Persimmon Dr. Hamilton, OH 45013					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	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 331.17A	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION Failure to Yield		CITATION NUMBER 254690		
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	ALCOHOL TEST STATUS 1	TYPE 1	VALUE 1	DRUG TEST(S) STATUS 1
UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Hopewell, Chase Robert					DATE OF BIRTH	AGE	GENDER	
0 1	0 1 2 3 2 0 0 1	2 1	M						
ADDRESS: STREET, CITY, STATE, ZIP 12191 Huntergreen Dr. Cincinnati, OH 45251					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	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 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	ALCOHOL TEST STATUS 1	TYPE 1	VALUE 1	DRUG TEST(S) STATUS 1
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER	
0	0	0	0	0	0	0	0	0	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	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input 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	ALCOHOL TEST STATUS 1	TYPE 1	VALUE 1	DRUG TEST(S) STATUS 1
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-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 KNOWN			
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 UNKNOWN	4-TEST GIVEN, RESULTS KNOWN			
5-NO APPARENT INJURY	5-SECOND - MIDDLE	5-NOT APPLICABLE	5-MIC MOPED ONLY	5-EXCEPT CLASS A BUS	5-EXCEPT CLASS A & CLASS B BUS	5-EXCEPT CLASS A & CLASS B BUS			
INJURED TAKEN BY	6-SECOND - RIGHT SIDE	6-DEPLOYMENT UNKNOWN	6-NO VALID OL	6-EXCEPT CLASS A & CLASS B BUS	6-EXCEPT CLASS A & CLASS B BUS	6-EXCEPT CLASS A & CLASS B BUS			
1-NOT TRANSPORTED / TREATED AT SCENE	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-NOT DEPLOYED	7-HAZMAT	7-EXCEPT TRACTOR-TRAILER	7-EXCEPT TRACTOR-TRAILER	7-EXCEPT TRACTOR-TRAILER			
2-EMS	8-THIRD - MIDDLE	8-PARTIALLY EJECTED	8-MOTORCYCLE	8-INTERMEDIATE LICENSE RESTRICTIONS	8-INTERMEDIATE LICENSE RESTRICTIONS	8-INTERMEDIATE LICENSE RESTRICTIONS			
3-POLICE	9-THIRD - RIGHT SIDE	9-TOTALLY EJECTED	9-P-PASSENGER	9-LEARNER'S PERMIT RESTRICTIONS	9-LEARNER'S PERMIT RESTRICTIONS	9-LEARNER'S PERMIT RESTRICTIONS			
9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB	10-NOT APPLICABLE	10-N-TANKER	10-LIMITED TO DAYLIGHT ONLY	10-LIMITED TO DAYLIGHT ONLY	10-LIMITED TO DAYLIGHT ONLY			
SAFETY EQUIPMENT	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11-NOT TRAPPED	11-Q-MOTOR SCOOTER	11-LIMITED TO EMPLOYMENT	11-LIMITED TO EMPLOYMENT	11-LIMITED TO EMPLOYMENT			
1-NONE USED	12-PASSENGER IN UNENCLOSED CARGO AREA	12-EXTRICATED BY MECHANICAL MEANS	12-R-THREE-WHEEL MOTORCYCLE	12-LIMITED - OTHER	12-LIMITED - OTHER	12-LIMITED - OTHER			
2-SHOULDER BELT ONLY USED	13-TRAILING UNIT	13-FREED BY NON-MECHANICAL MEANS	13-S-SCHOOL BUS	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)			
3-LAP BELT ONLY USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		14-T-T-DOUBLE & TRIPLE TRAILERS	14-X-TANKER / HAZMAT	14-X-TANKER / HAZMAT	14-X-TANKER / HAZMAT			
4-SHOULDER & LAP BELT USED	15-NON-MOTORIST		15-F-GENDER	15-F-FEMALE	15-F-FEMALE	15-F-FEMALE			
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	99-OTHER / UNKNOWN		15-M-MALE	15-M-MALE	15-M-MALE	15-M-MALE			
6-CHILD RESTRAINT SYSTEM - REAR FACING			15-U-U-OTHER / UNKNOWN	15-U-U-OTHER / UNKNOWN	15-U-U-OTHER / UNKNOWN	15-U-U-OTHER / UNKNOWN			
7-BOOSTER SEAT			16-F-CONDITION	16-F-APPARENTLY NORMAL	16-F-APPARENTLY NORMAL	16-F-APPARENTLY NORMAL			
8-HELMET USED			16-M-PHYSICAL IMPAIRMENT	16-M-PHYSICAL IMPAIRMENT	16-M-PHYSICAL IMPAIRMENT	16-M-PHYSICAL IMPAIRMENT			
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			16-U-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	16-U-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	16-U-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	16-U-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)			
10-REFLECTIVE CLOTHING			16-ILLNESS	16-ILLNESS	16-ILLNESS	16-ILLNESS			
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY			16-F-FELL ASLEEP, FAINTED, FATIGUED, ETC.	16-F-FELL ASLEEP, FAINTED, FATIGUED, ETC.	16-F-FELL ASLEEP, FAINTED, FATIGUED, ETC.	16-F-FELL ASLEEP, FAINTED, FATIGUED, ETC.			
12-PROTECTIVE GEAR USED			16-U-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	16-U-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	16-U-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	16-U-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL			
13-REFLECTIVE CLOTHING			16-U-OTHER / UNKNOWN	16-U-OTHER / UNKNOWN	16-U-OTHER / UNKNOWN	16-U-OTHER / UNKNOWN			
14-REFLECTIVE CLOTHING			17-F-DRUG TEST RESULT(S)	17-F-AMPHETAMINES	17-F-AMPHETAMINES	17-F-AMPHETAMINES			
15-REFLECTIVE CLOTHING			17-F-BARBITURATES	17-F-BARBITURATES	17-F-BARBITURATES	17-F-BARBITURATES			
16-REFLECTIVE CLOTHING			17-F-BENZODIAZEPINES	17-F-BENZODIAZEPINES	17-F-BENZODIAZEPINES	17-F-BENZODIAZEPINES			
17-REFLECTIVE CLOTHING			17-F-CANNABINOID	17-F-CANNABINOID	17-F-CANNABINOID	17-F-CANNABINOID			
18-REFLECTIVE CLOTHING			17-F-COCAIN	17-F-COCAIN	17-F-COCAIN	17-F-COCAIN			
19-REFLECTIVE CLOTHING			17-F-OPIATES / OPIOIDS	17-F-OPIATES / OPIOIDS	17-F-OPIATES / OPIOIDS	17-F-OPIATES / OPIOIDS			
20-REFLECTIVE CLOTHING			17-F-OTHER	17-F-OTHER	17-F-OTHER	17-F-OTHER			
21-REFLECTIVE CLOTHING			17-F-NEGATIVE RESULTS	17-F-NEGATIVE RESULTS	17-F-NEGATIVE RESULTS	17-F-NEGATIVE RESULTS			



# OCCUPANT / WITNESS ADDENDUM

OCCUPANT	LOCAL REPORT NUMBER									
	2 2 0 4 9 4 3 3					DATE OF BIRTH	AGE	GENDER		
UNIT #	NAME: LAST, FIRST, MIDDLE					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					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					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					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					0				
ADDRESS:	STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
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)		EJECTION			
2 - EMS			8 - HELMET USED		8 - THIRD - MIDDLE		1 - NOT EJECTED			
3 - POLICE			9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED			
9 - OTHER / UNKNOWN			10 - REFLECTIVE CLOTHING		10 - SLEEPER SECTION OF TRUCK CAB		3 - TOTALLY EJECTED			
GENDER			11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		4 - NOT APPLICABLE			
F - FEMALE			99 - OTHER / UNKNOWN		12 - PASSENGER IN UNENCLOSED CARGO AREA		TRAPPED			
M - MALE					13 - TRAILING UNIT		1 - NOT TRAPPED			
U - OTHER / UNKNOWN					14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		2 - EXTRICATED BY MECHANICAL MEANS			
					15 - NON-MOTORIST		3 - FREED BY NON-MECHANICAL MEANS			
					99 - OTHER / UNKNOWN					
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
	Louman, Cordale					0 2 1 3 1 9 9 9	23	M		
ADDRESS:	STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
4756 McGreevy Dr. Fairfield, OH 45014										
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
						0				
ADDRESS:	STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
						0				
ADDRESS:	STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				

LOCAL REPORT NUMBER	22-049433	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	7/11/22
IN COUNTY OF	Butler	ACCIDENT LOCATION	River Rd. / Symmes Rd.		
<p>A hand-drawn diagram of a traffic accident scene. The intersection of River Rd. and Symmes Rd. is shown. A center island with two arrows (one left, one right) is located at the intersection. To the left, a long, narrow building is shown. To the right, a larger building is shown with a sign that reads 'Symmes Rd.'. A note 'Not to Scale' is written next to the larger building. The diagram is signed by two officers, with the number '169' written at the bottom right.</p>					
<p>Not to Scale</p> <p>River Rd.</p> <p>Symmes Rd.</p> <p>1 2</p> <p>Officer's SIGNATURE</p> <p>BADGE NO 169</p>					