



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	LOCAL INFORMATION		LOCAL REPORT NUMBER*			
<input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*	HIT/SKIP	NUMBER OF UNITS	
				Fairfield Police Department		0 0 9 0 1	1 - SOLVED	0 2	
							2 - UNSOLVED		
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*				CRASH DATE / TIME*			
0 9	1 - CITY 2 - VILLAGE 3 - TOWNSHIP	City of Fairfield				0 7 2 8 2 0 2 2 1 3 4 3			
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES			
	S R	4				3 9 . 3 3 5 1 0 1			
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES			
				5440		8 4 . 5 2 6 2 5 2			
REFERENCE POINT		DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED				
1 - INTERSECTION 3 - 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 type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH	<input type="checkbox"/> WITHIN INTERCHANGE AREA	NUMBER OF APPROACHES
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE					ROADWAY		
		1 - MILES 2 - FEET 3 - YARDS					<input type="checkbox"/> ROADWAY DIVIDED		
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT	DIRECTION OF TRAVEL	MEDIAN TYPE			
1 - ON ROADWAY 0 1 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 6 - BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON	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		
<input type="checkbox"/> WORK ZONE RELATED		WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE		
<input type="checkbox"/> WORKERS PRESENT		1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	1	1	2		
<input type="checkbox"/> LAW ENFORCEMENT PRESENT					1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - 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		
<input type="checkbox"/> ACTIVE SCHOOL ZONE									
LIGHT CONDITION				WEATHER					
1 - DAYLIGHT 1 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN				1 - CLEAR 0 1 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				
NARRATIVE									
On 07-28-22 at 1:43 p.m., Unit 1 was traveling north on SR4 (Dixie Hwy) in the left through lane. Unit 2 was traveling north on SR4 (Dixie Hwy) in the right through lane. Unit 1 attempted to change lanes into the right through lane and struck the rear driver side door area of Unit 2									
Indicate the north direction with an "N" on the compass diagram. 									
SEE OH-2									
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY	
0 7 2 8 2 0 2 2 1 3 4 4		0 7 2 8 2 0 2 2 1 3 4 4		0 7 2 8 2 0 2 2 1 3 5 0		0 7 2 8 2 0 2 2 1 4 2 4		<input checked="" type="checkbox"/> POLICE AGENCY	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		<input type="checkbox"/> MOTORIST	
						P. O. J. DRAKE		<input type="checkbox"/> SUPPLEMENT (CORRECTION or ADDITION TO AN EXISTING REPORT SENT TO OIPS)	
						OFFICER'S BADGE NUMBER*			
0		3 0		7 0		8 8		1 0 3	
CHECKED BY OFFICER'S NAME*									
CHECKED BY OFFICER'S BADGE NUMBER*									

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 1	ACHARYA, TIKA R		
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	HKE2225	5N1PEB4AC5DH554191	20113
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	VEHICLE MAKE
	GRANGE	4657522	HYUNDAI
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	VEHICLE WEIGHT GVWR/GCWR
		0 2	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 - 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			
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	
1 - YES 2 - NO 9 - OTHER / UNKNOWN		AUTONOMOUS MODE LEVEL	
SPECIAL FUNCTION		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	
CARGO BODY TYPE		1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS	
		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - CARGO VAN/ENCLOSED BOX 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	
VEHICLE DEFECTS		8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - 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 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 13 - STANDING 14 - OTHER NON-MOTORIST 15 - WORKING 16 - DISABLED VEHICLE 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE 22 - OTHER UNKNOWN	
ACTION		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 - DRIVING REVERSE 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 22 - OTHER UNKNOWN	
CONTRIBUTING CIRCUMSTANCES		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 / ACCA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 13 - IMPROPER START FROM 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 MOVABLE OBJECT	
4 1		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 99 - OTHER / UNKNOWN	
1		1 - FIRST HARMFUL EVENT 1 - MOST HARMFUL EVENT	

LOCAL REPORT NUMBER	
2 2 0 5 4 0 5 9	
DAMAGE	
DAMAGE SCALE	
3 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<img alt="Diagram of a vehicle showing 12 numbered damage areas: 1 (front end), 2 (front side), 3 (front roof), 4 (front door), 5 (front wheel), 6 (front bumper), 7 (side door),	

OWNER

VEHICLE

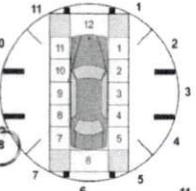
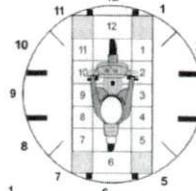
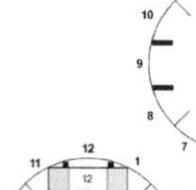
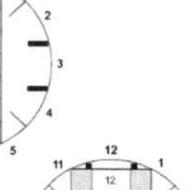
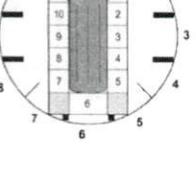
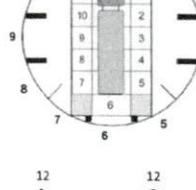
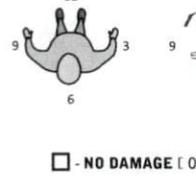
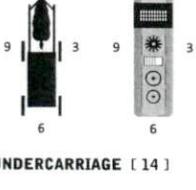
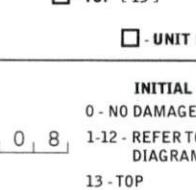
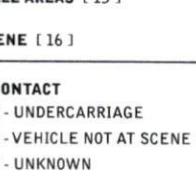
EVENT(S)

1

FIRST HARMFUL EVENT

1 MOST HARMFUL EVENT

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)
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 # 688XTS	VEHICLE IDENTIFICATION # 1GNLRFED0A5132450	VEHICLE YEAR 2010
INSURANCE COMPANY STATE FARM		INSURANCE POLICY # 4613035C0435C	VEHICLE MAKE CHEVY
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 type="checkbox"/> HIT/SKIP UNIT <input type="checkbox"/>		#OCCUPANTS 0_2	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.
UNIT TYPE 1_3		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <input type="checkbox"/> PLACARD ID # <input type="checkbox"/> PLACARD	
1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		1 - 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	
10 # OF TRAILING UNITS			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
AUTONOMOUS MODE LEVEL			
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	
0_1 CARGO BODY TYPE		21 - MAIL CARRIER 22 - GARBAGE/REFUSE 23 - AUTO TRANSPORTER 24 - OTHER / UNKNOWN	
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	
1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 15 - OTHER / UNKNOWN	
1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		16 - SIDEWALK 17 - MEDIAN/CROSSING ISLAND 18 - SHOULDER / ROADSIDE 19 - DRIVeway ACCESS 20 - SHARED USE PATHS OR TRAILS	
1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN		21 - FIRST RESPONDER AT INCIDENT SCENE 22 - OTHER / UNKNOWN	
0_1 ACTION PRE-CRASH ACTIONS		23 - APPROACHING OR LEAVING VEHICLE 24 - ENTERING OR CROSSING SPECIFIED LOCATION 25 - STANDING 26 - WALKING, RUNNING, JOGGING, PLAYING 27 - STANDING OUTSIDE DISABLED VEHICLE 28 - WORKING 29 - PUSHING VEHICLE 30 - OTHER / UNKNOWN	
1 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN		31 - NEGOtiATING A CURVE 32 - ENTERING TRAFFIC LANE 33 - LEAVING TRAFFIC LANE 34 - PARKED 35 - SLOWING OR STOPPED IN TRAFFIC 36 - MAKING LEFT TURN 37 - DRIVING REVERSE 38 - MAKING RIGHT TURN 39 - SWERVING TO AVOID 40 - WRONG WAY	
0_1 CONTRIBUTING CIRCUMSTANCES		31 - IMPROPER START FROM A PARKED POSITION 32 - STOPPED OR PARKED ILLEGALLY 33 - SWERVING TO AVOID 34 - WRONG WAY	
SEQUENCE OF EVENTS		35 - IMPROPER CROSSING 36 - WORKING 37 - LYING IN ROADWAY 38 - OPERATING DEFECTIVE EQUIPMENT 39 - OPENING DOOR INTO ROADWAY 40 - LOAD SHIFTING/FALLING/SPILLING 41 - OTHER IMPROPER ACTION	
1_2_0		42 - SWERVING TO AVOID 43 - WORKING 44 - LYING IN ROADWAY 45 - OPERATING DEFECTIVE EQUIPMENT 46 - OPENING DOOR INTO ROADWAY 47 - LOAD SHIFTING/FALLING/SPILLING 48 - OTHER IMPROPER ACTION	
25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE		49 - OTHER / UNKNOWN	
COLLISION WITH FIXED OBJECT		50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 55 - FIRE HYDRANT	

LOCAL REPORT NUMBER 2 2 0 5 4 0 5 9	
DAMAGE SCALE 3 - NONE 2 - MINOR DAMAGE 1 - UNKNOWN	
3 - FUNCTIONAL 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 15 - VEHICLE NOT AT SCENE 2 - SPECIFIED LOCATION 99 - UNKNOWN 3 - DRIVeway ACCESS 4 - SHARED USE PATHS OR TRAILS 5 - MEDIAN/CROSSING ISLAND 6 - SIDEWALK 7 - SHOULDER / ROADSIDE 8 - OTHER / UNKNOWN	
13 - TOP	
TRAFFIC TRAFFIC WAY FLOW 1 - ONE-WAY 2 - TWO-WAY	
TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL	
# OF THROUGH LANES ON ROAD 4	RAIL GRADE CROSSING 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 3 5	
DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	
POSTED SPEED 3 5	

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

2 2 0 5 4 0 5 9

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE 0 1 ACHARYA, DIPENDRA					DATE OF BIRTH	AGE	GENDER																																																																																																																																																																																																																																																																																																							
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ADDRESS: STREET, CITY, STATE, ZIP 3385 GREENWICH DR FAIRFIELD, OHIO 45014																																																																																																																																																																																																																																																																																																																
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EMS	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7 - NOT EJECTED	7 - EXCEPT TRACTOR-TRAILER	7 - TALKING ON HAND-HELD COMMUNICATION DEVICE	3 - POLICE	8 - THIRD - MIDDLE	8 - PARTIALLY EJECTED	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	9 - OTHER / UNKNOWN	9 - THIRD - RIGHT SIDE	9 - TOTALLY EJECTED	9 - LEARNER'S PERMIT RESTRICTIONS	9 - PASSENGER	SAFETY EQUIPMENT										11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11 - NOT APPLICABLE	10 - SLEEPER SECTION OF TRUCK CAB	10 - LIMITED TO DAYLIGHT ONLY	10 - OTHER DISTRACTION INSIDE THE VEHICLE	12 - PASSENGER IN UNENCLOSED CARGO AREA	12 - FREED BY NON-MECHANICAL MEANS	13 - TRAILING UNIT	11 - LIMITED TO EMPLOYMENT	11 - OTHER DISTRACTION OUTSIDE THE VEHICLE	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14 - NOT TRAPPED	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	12 - LIMITED - OTHER	12 - OTHER / UNKNOWN	15 - NON-MOTORIST	15 - EXTRICATED BY MECHANICAL MEANS	16 - OUTSIDE MIRROR	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13 - OTHER / UNKNOWN	99 - OTHER / UNKNOWN	16 - FREED BY NON-MECHANICAL MEANS	17 - PROSTHETIC AID	14 - MILITARY VEHICLES ONLY	14 - OTHER / UNKNOWN	INJURIES										F - FEMALE	M - MALE	U - OTHER / UNKNOWN	15 - OUTSIDE MIRROR	15 - APPARENTLY NORMAL	M - MALE	F - FEMALE	16 - PROSTHETIC AID	16 - OUTSIDE MIRROR	16 - PHYSICAL IMPAIRMENT	U - OTHER / UNKNOWN	U - OTHER / UNKNOWN	17 - OTHER	17 - PROSTHETIC AID	17 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	INJURIES										18 - OTHER	18 - OTHER	19 - OTHER / UNKNOWN	18 - OTHER	18 - ILLNESS	INJURIES										19 - OTHER / UNKNOWN	19 - OTHER / UNKNOWN	20 - OTHER / UNKNOWN	19 - OTHER / UNKNOWN	19 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	INJURIES										20 - OTHER / UNKNOWN	20 - OTHER / UNKNOWN	21 - OTHER / UNKNOWN	20 - OTHER / UNKNOWN	20 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	INJURIES										21 - OTHER / UNKNOWN	21 - OTHER / UNKNOWN	22 - OTHER / UNKNOWN	21 - OTHER / UNKNOWN	21 - AMPHETAMINES	INJURIES										22 - OTHER / UNKNOWN	22 - OTHER / UNKNOWN	23 - OTHER / UNKNOWN	22 - OTHER / UNKNOWN	22 - BARBITURATES	INJURIES										23 - OTHER / UNKNOWN	23 - OTHER / UNKNOWN	24 - OTHER / UNKNOWN	23 - OTHER / UNKNOWN	23 - BENZODIAZEPINES	INJURIES										24 - OTHER / UNKNOWN	24 - OTHER / UNKNOWN	25 - OTHER / UNKNOWN	24 - OTHER / UNKNOWN	24 - CANNABINOID	INJURIES										25 - OTHER / UNKNOWN	25 - OTHER / UNKNOWN	26 - OTHER / UNKNOWN	25 - OTHER / UNKNOWN	25 - COCAINE	INJURIES										26 - OTHER / UNKNOWN	26 - OTHER / UNKNOWN	27 - OTHER / UNKNOWN	26 - OTHER / UNKNOWN	26 - OPIATES / OPIOIDS	INJURIES										27 - OTHER / UNKNOWN	27 - OTHER / UNKNOWN	28 - OTHER / UNKNOWN	27 - OTHER / UNKNOWN	27 - OTHER	INJURIES										28 - OTHER / UNKNOWN	28 - OTHER / UNKNOWN	29 - OTHER / UNKNOWN	28 - OTHER / UNKNOWN	28 - NEGATIVE RESULTS
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																																																																																																																																																																																																																																																																																																											
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																																																																																																																																																																																																																																																																																																											
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																																																																																																																																																																																																																																																																																																											
INJURED TAKEN BY																																																																																																																																																																																																																																																																																																																
1 - NOT TRANSPORTED / TREATED AT SCENE	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	6 - TALKING ON HAND-HELD COMMUNICATION DEVICE																																																																																																																																																																																																																																																																																																											
2 - EMS	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7 - NOT EJECTED	7 - EXCEPT TRACTOR-TRAILER	7 - TALKING ON HAND-HELD COMMUNICATION DEVICE																																																																																																																																																																																																																																																																																																												
3 - POLICE	8 - THIRD - MIDDLE	8 - PARTIALLY EJECTED	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE																																																																																																																																																																																																																																																																																																												
9 - OTHER / UNKNOWN	9 - THIRD - RIGHT SIDE	9 - TOTALLY EJECTED	9 - LEARNER'S PERMIT RESTRICTIONS	9 - PASSENGER																																																																																																																																																																																																																																																																																																												
SAFETY EQUIPMENT																																																																																																																																																																																																																																																																																																																
11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11 - NOT APPLICABLE	10 - SLEEPER SECTION OF TRUCK CAB	10 - LIMITED TO DAYLIGHT ONLY	10 - OTHER DISTRACTION INSIDE THE VEHICLE																																																																																																																																																																																																																																																																																																												
12 - PASSENGER IN UNENCLOSED CARGO AREA	12 - FREED BY NON-MECHANICAL MEANS	13 - TRAILING UNIT	11 - LIMITED TO EMPLOYMENT	11 - OTHER DISTRACTION OUTSIDE THE VEHICLE																																																																																																																																																																																																																																																																																																												
14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14 - NOT TRAPPED	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	12 - LIMITED - OTHER	12 - OTHER / UNKNOWN																																																																																																																																																																																																																																																																																																												
15 - NON-MOTORIST	15 - EXTRICATED BY MECHANICAL MEANS	16 - OUTSIDE MIRROR	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13 - OTHER / UNKNOWN																																																																																																																																																																																																																																																																																																												
99 - OTHER / UNKNOWN	16 - FREED BY NON-MECHANICAL MEANS	17 - PROSTHETIC AID	14 - MILITARY VEHICLES ONLY	14 - OTHER / UNKNOWN																																																																																																																																																																																																																																																																																																												
INJURIES																																																																																																																																																																																																																																																																																																																
F - FEMALE	M - MALE	U - OTHER / UNKNOWN	15 - OUTSIDE MIRROR	15 - APPARENTLY NORMAL																																																																																																																																																																																																																																																																																																												
M - MALE	F - FEMALE	16 - PROSTHETIC AID	16 - OUTSIDE MIRROR	16 - PHYSICAL IMPAIRMENT																																																																																																																																																																																																																																																																																																												
U - OTHER / UNKNOWN	U - OTHER / UNKNOWN	17 - OTHER	17 - PROSTHETIC AID	17 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)																																																																																																																																																																																																																																																																																																												
INJURIES																																																																																																																																																																																																																																																																																																																
18 - OTHER	18 - OTHER	19 - OTHER / UNKNOWN	18 - OTHER	18 - ILLNESS																																																																																																																																																																																																																																																																																																												
INJURIES																																																																																																																																																																																																																																																																																																																
19 - OTHER / UNKNOWN	19 - OTHER / UNKNOWN	20 - OTHER / UNKNOWN	19 - OTHER / UNKNOWN	19 - FELL ASLEEP, FAINTED, FATIGUED, ETC.																																																																																																																																																																																																																																																																																																												
INJURIES																																																																																																																																																																																																																																																																																																																
20 - OTHER / UNKNOWN	20 - OTHER / UNKNOWN	21 - OTHER / UNKNOWN	20 - OTHER / UNKNOWN	20 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL																																																																																																																																																																																																																																																																																																												
INJURIES																																																																																																																																																																																																																																																																																																																
21 - OTHER / UNKNOWN	21 - OTHER / UNKNOWN	22 - OTHER / UNKNOWN	21 - OTHER / UNKNOWN	21 - AMPHETAMINES																																																																																																																																																																																																																																																																																																												
INJURIES																																																																																																																																																																																																																																																																																																																
22 - OTHER / UNKNOWN	22 - OTHER / UNKNOWN	23 - OTHER / UNKNOWN	22 - OTHER / UNKNOWN	22 - BARBITURATES																																																																																																																																																																																																																																																																																																												
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23 - OTHER / UNKNOWN	23 - OTHER / UNKNOWN	24 - OTHER / UNKNOWN	23 - OTHER / UNKNOWN	23 - BENZODIAZEPINES																																																																																																																																																																																																																																																																																																												
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24 - OTHER / UNKNOWN	24 - OTHER / UNKNOWN	25 - OTHER / UNKNOWN	24 - OTHER / UNKNOWN	24 - CANNABINOID																																																																																																																																																																																																																																																																																																												
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25 - OTHER / UNKNOWN	25 - OTHER / UNKNOWN	26 - OTHER / UNKNOWN	25 - OTHER / UNKNOWN	25 - COCAINE																																																																																																																																																																																																																																																																																																												
INJURIES																																																																																																																																																																																																																																																																																																																
26 - OTHER / UNKNOWN	26 - OTHER / UNKNOWN	27 - OTHER / UNKNOWN	26 - OTHER / UNKNOWN	26 - OPIATES / OPIOIDS																																																																																																																																																																																																																																																																																																												
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27 - OTHER / UNKNOWN	27 - OTHER / UNKNOWN	28 - OTHER / UNKNOWN	27 - OTHER / UNKNOWN	27 - OTHER																																																																																																																																																																																																																																																																																																												
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28 - OTHER / UNKNOWN	28 - OTHER / UNKNOWN	29 - OTHER / UNKNOWN	28 - OTHER / UNKNOWN	28 - NEGATIVE RESULTS																																																																																																																																																																																																																																																																																																												



OCCUPANT / WITNESS ADDENDUM

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH			AGE	GENDER	
	1	ACHARYA, GOMA DEVI			1 0 3 0 1 9 6 8	5 3	F			
	ADDRESS: STREET, CITY, STATE, ZIP 3385 GREENWICH DR FAIRFIELD, OHIO 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 3	AIR BAG USAGE 0 1	EJECTION 1	TRAPPED 1
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH			AGE	GENDER	
	2	WOODS, DOROTHY LOUIS			1 2 1 8 1 9 4 4	7 7	F			
	ADDRESS: STREET, CITY, STATE, ZIP 1404 GARDEN PL CINCINNATI, OHIO 45246					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 3	AIR BAG USAGE 0 1	EJECTION 1	TRAPPED 1
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH			AGE	GENDER	
									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
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH			AGE	GENDER	
									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
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH			AGE	GENDER	
									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								
NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH			AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				0	
NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH			AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				0	
NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH			AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				0	

LOCAL REPORT NUMBER 22-054059	REPORTING AGENCY FAIRFIELD P.D. 00901	DATE OF ACCIDENT M 7 10 28 22
IN COUNTY OF BUTLER	ACCIDENT LOCATION SR4 (DIXIE HWY) / 5440 DIXIE HWY	
<p>* NOT TO SCALE</p>		
<p>fixed object</p> <p>Driveway Access to 5440 Dixie Hwy</p>		
<p>OFFICERS SIGNATURE P.O. [Signature]</p> <p>BADGE NO. 88</p>		