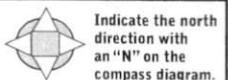




TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input type="checkbox"/> PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION			LOCAL REPORT NUMBER*			
		REPORTING AGENCY NAME* Fairfield Police Department NCIC* 00901			HIT/SKIP 1-SOLVED 2-UNRESOLVED	NUMBER OF UNITS 0 2	UNIT IN ERROR 98-ANIMAL 0 1 99-UNKNOWN	
COUNTY* 0 9	LOCALITY* 1-CITY 1 2-VILLAGE 3-TOWNSHIP	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield			CRASH DATE / TIME* 08102022 0857	CRASH SEVERITY 5 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY		
LOCATION <input type="checkbox"/>	ROUTE TYPE <input type="checkbox"/>	ROUTE NUMBER <input type="checkbox"/>	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST <input type="checkbox"/>	LOCATION ROAD NAME South Gilmore	ROAD TYPE R D	LATITUDE DECIMAL DEGREES 39 31 03 19		
REFERENCE <input type="checkbox"/>	ROUTE TYPE <input type="checkbox"/>	ROUTE NUMBER <input type="checkbox"/>	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST <input type="checkbox"/>	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Mack	ROAD TYPE R D	LONGITUDE DECIMAL DEGREES -84 52 29 66		
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE # <input type="checkbox"/>	DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-WEST <input type="checkbox"/>	ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE <input type="checkbox"/>	ROAD TYPE 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 <input type="checkbox"/>	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES ROADWAY <input type="checkbox"/> ROADWAY DIVIDED				
DISTANCE FROM REFERENCE 3 0	DISTANCE UNIT OF MEASURE 2 FEET 3-YARDS <input type="checkbox"/>				DIRECTION OF TRAVEL 1-NORTH 2-SOUTH 3-EAST 4-WEST <input type="checkbox"/>	MEDIAN TYPE 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		
LOCATION OF FIRST HARMFUL EVENT 1-ON ROADWAY 2-ON SHOULDER 3-IN MEDIAN 4-ON ROADSIDE 5-ON GORE 6-OUTSIDE TRAFFIC WAY 7-ON RAMP 8-OFF RAMP 0 1 <input type="checkbox"/>		MANNER OF CRASH COLLISION/IMPACT 1-NOT COLLISION 2-TWO MOTOR VEHICLES IN TRANSPORT 3-REAR-END 4-HEAD-ON 2 <input type="checkbox"/>						
WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE <input type="checkbox"/>		WORK ZONE TYPE 1-LANE CLOSURE 2-LANE SHIFT/CROSSOVER 3-WORK ON SHOULDER OR MEDIAN 4-INTERMITTENT OR MOVING WORK 5-OTHER <input type="checkbox"/>		LOCATION OF CRASH IN WORK ZONE 1-BEFORE THE 1ST WORK ZONE WARNING SIGN 2-ADVANCE WARNING AREA 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA <input type="checkbox"/>		CONTOUR 1 <input type="checkbox"/>	CONDITIONS 1 <input type="checkbox"/>	SURFACE 2 <input type="checkbox"/>
LIGHT CONDITION 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER/UNKNOWN 1 <input type="checkbox"/>		WEATHER 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL 0 2 <input type="checkbox"/>				1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-OTHER/UNKNOWN <input type="checkbox"/>	1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN <input type="checkbox"/>	1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN <input type="checkbox"/>
NARRATIVE On 08/10/2022 at approximately 8:57 A.M. unit #2 was stopped in traffic in the left through lane of travel on northbound South Gilmore Rd. Unit #1 was northbound on South Gilmore Rd. in the left through lane of travel. The driver of unit #1 failed to maintain assured clear distance ahead and collided into the rear of unit #2.								
See OH-2								
CRASH REPORTED DATE / TIME 08102022 0857		DISPATCH DATE / TIME 08102022 0900		ARRIVAL DATE / TIME 08102022 0911		SCENE CLEARED DATE / TIME 08102022 0936		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OGPS)
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES 3 6		OFFICER'S NAME* Doug Day		CHECKED BY OFFICER'S NAME* <i>Day</i>
						OFFICER'S BADGE NUMBER* 7 6		CHECKED BY OFFICER'S BADGE NUMBER* <i>103</i>



Indicate the north direction with an "N" on the compass diagram.

OWNER UNIT # 0 1	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 # P463068	VEHICLE IDENTIFICATION # 5FNYF18495B043162	VEHICLE YEAR 2005	VEHICLE MAKE Honda
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY Root	INSURANCE POLICY # ZF6X2L	COLOR blue	VEHICLE MODEL Pilot
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		#OCCUPANTS 0 3	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD
UNIT TYPE 0 3 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		# OF TRAILING UNITS		
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)		
1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME		
1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		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		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 - YES 1 - NO 0 - OTHER / UNKNOWN		AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION		
SPECIAL FUNCTION 0 1 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER		6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE		
CARGO BODY TYPE 0 1 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS		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		
VEHICLE DEFECTS 0 1 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS		
NON-MOTORIST LOCATION AT IMPACT 0 1 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION		
1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS		
ACTION 0 1 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 6 - STRUCK 7 - STRUCK 8 - STRUCK 9 - OTHER / UNKNOWN		12 - FIRST RESPONDER 13 - NEIGHBORING 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 22 - CONCRETE MIXER 23 - AUTO TRANSPORTER 24 - GARBAGE/REFUSE 25 - OTHER / UNKNOWN		
CONTRIBUTING CIRCUMSTANCES 0 1 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN		1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/ SPILLING 20 - IMPROPER CROSSING		
SEQUENCE OF EVENTS 0 1 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION		11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE		
2 - JACKKNIFE 3 - CARGO / EQUIPMENT LOSS OR SHIFT		16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE		
4 - IMPACT ATTENUATOR / CRASH CUSHION 5 - BRIDGE OVERHEAD STRUCTURE 6 - BRIDGE PIER OR ABUTMENT 7 - BRIDGE PARAPET 8 - BRIDGE RAIL 9 - GUARDRAIL FACE		22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT		
10 - CROSS MEDIAN 11 - GUARDRAIL END 12 - PORTABLE BARRIER 13 - MEDIAN CABLE BARRIER 14 - MEDIAN GUARDRAIL 15 - BARRIER 16 - UTILITY POLE 17 - OTHER POST, POLE OR SUPPORT 18 - MEDIAN CONCRETE BARRIER 19 - GUARDRAIL SUPPORT 20 - CULVERT		25 - CURB 26 - DITCH 27 - EMBANKMENT 28 - FENCE 29 - MAILBOX 30 - TREE 31 - FIRE HYDRANT		
1 - GUARDRAIL SIGN 2 - OVERHEAD SIGN 3 - LIGHT / LUMINARIES 4 - SUPPORT 5 - GUARDRAIL 6 - BARRIER 7 - SUPPORT		32 - OVERHEAD SIGN POST 33 - LIGHT / LUMINARIES 34 - GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - GUARDRAIL SUPPORT 38 - GUARDRAIL END 39 - GUARDRAIL SUPPORT 40 - GUARDRAIL SUPPORT 41 - GUARDRAIL SUPPORT 42 - GUARDRAIL SUPPORT		
8 - GUARDRAIL SUPPORT 9 - GUARDRAIL SUPPORT 10 - GUARDRAIL SUPPORT 11 - GUARDRAIL SUPPORT 12 - GUARDRAIL SUPPORT 13 - GUARDRAIL SUPPORT 14 - GUARDRAIL SUPPORT 15 - GUARDRAIL SUPPORT 16 - GUARDRAIL SUPPORT 17 - GUARDRAIL SUPPORT 18 - GUARDRAIL SUPPORT 19 - GUARDRAIL SUPPORT 20 - GUARDRAIL SUPPORT 21 - GUARDRAIL SUPPORT 22 - GUARDRAIL SUPPORT 23 - GUARDRAIL SUPPORT 24 - GUARDRAIL SUPPORT 25 - GUARDRAIL SUPPORT 26 - GUARDRAIL SUPPORT 27 - GUARDRAIL SUPPORT 28 - GUARDRAIL SUPPORT 29 - GUARDRAIL SUPPORT 30 - GUARDRAIL SUPPORT		43 - WORK ZONE MAINTENANCE EQUIPMENT 44 - WALL 45 - BUILDING 46 - TUNNEL 47 - FIRE HYDRANT		
1 - GUARDRAIL SUPPORT 2 - GUARDRAIL SUPPORT 3 - GUARDRAIL SUPPORT 4 - GUARDRAIL SUPPORT 5 - GUARDRAIL SUPPORT 6 - GUARDRAIL SUPPORT 7 - GUARDRAIL SUPPORT 8 - GUARDRAIL SUPPORT 9 - GUARDRAIL SUPPORT 10 - GUARDRAIL SUPPORT 11 - GUARDRAIL SUPPORT 12 - GUARDRAIL SUPPORT 13 - GUARDRAIL SUPPORT 14 - GUARDRAIL SUPPORT 15 - GUARDRAIL SUPPORT 16 - GUARDRAIL SUPPORT 17 - GUARDRAIL SUPPORT 18 - GUARDRAIL SUPPORT 19 - GUARDRAIL SUPPORT 20 - GUARDRAIL SUPPORT 21 - GUARDRAIL SUPPORT 22 - GUARDRAIL SUPPORT 23 - GUARDRAIL SUPPORT 24 - GUARDRAIL SUPPORT 25 - GUARDRAIL SUPPORT 26 - GUARDRAIL SUPPORT 27 - GUARDRAIL SUPPORT 28 - GUARDRAIL SUPPORT 29 - GUARDRAIL SUPPORT 30 - GUARDRAIL SUPPORT		48 - CULVERT		
1 - GUARDRAIL SUPPORT 2 - GUARDRAIL SUPPORT 3 - GUARDRAIL SUPPORT 4 - GUARDRAIL SUPPORT 5 - GUARDRAIL SUPPORT 6 - GUARDRAIL SUPPORT 7 - GUARDRAIL SUPPORT 8 - GUARDRAIL SUPPORT 9 - GUARDRAIL SUPPORT 10 - GUARDRAIL SUPPORT 11 - GUARDRAIL SUPPORT 12 - GUARDRAIL SUPPORT 13 - GUARDRAIL SUPPORT 14 - GUARDRAIL SUPPORT 15 - GUARDRAIL SUPPORT 16 - GUARDRAIL SUPPORT 17 - GUARDRAIL SUPPORT 18 - GUARDRAIL SUPPORT 19 - GUARDRAIL SUPPORT 20 - GUARDRAIL SUPPORT 21 - GUARDRAIL SUPPORT 22 - GUARDRAIL SUPPORT 23 - GUARDRAIL SUPPORT 24 - GUARDRAIL SUPPORT 25 - GUARDRAIL SUPPORT 26 - GUARDRAIL SUPPORT 27 - GUARDRAIL SUPPORT 28 - GUARDRAIL SUPPORT 29 - GUARDRAIL SUPPORT 30 - GUARDRAIL SUPPORT		49 - OTHER / UNKNOWN		
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1 - GUARDRAIL SUPPORT 2 - GUARDRAIL SUPPORT 3 - GUARDRAIL SUPPORT 4 - GUARDRAIL SUPPORT 5 - GUARDRAIL SUPPORT 6 - GUARDRAIL SUPPORT 7 - GUARDRAIL SUPPORT 8 - GUARDRAIL SUPPORT 9 - GUARDRAIL SUPPORT 10 - GUARDRAIL SUPPORT 11 - GUARDRAIL SUPPORT 12 - GUARDRAIL SUPPORT 13 - GUARDRAIL SUPPORT 14 - GUARDRAIL SUPPORT 15 - GUARDRAIL SUPPORT 16 - GUARDRAIL SUPPORT 17 - GUARDRAIL SUPPORT 18 - GUARDRAIL SUPPORT 19 - GUARDRAIL SUPPORT 20 - GUARDRAIL SUPPORT 21 - GUARDRAIL SUPPORT 22 - GUARDRAIL SUPPORT 23 - GUARDRAIL SUPPORT 24 - GUARDRAIL SUPPORT 25 - GUARDRAIL SUPPORT 26 - GUARDRAIL SUPPORT 27 - GUARDRAIL SUPPORT 28 - GUARDRAIL SUPPORT 29 - GUARDRAIL SUPPORT 30 - GUARDRAIL SUPPORT		59 - OTHER / UNKNOWN		
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OWNER

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

OWNER 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 # GGN2934 VEHICLE IDENTIFICATION # 2G1125S32E9117068 VEHICLE YEAR 2014 VEHICLE MAKE Chevy

INSURANCE VERIFIED INSURANCE COMPANY Auto Owners INSURANCE POLICY # 50-772-176-01 COLOR silver VEHICLE MODEL Impala

TYPE OF USE COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE
INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS 0 1 US DOT # VEHICLE WEIGHT GVWR/GCWR
1 - <10K LBS.
2 - 10,001 - 26K LBS.
3 - >26K LBS.

UNIT TYPE 0 1 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER
2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)
3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST
4 - PICK UP 10 - MOPED OR MOTORIZED 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE
5 - CARGO VAN BICYCLE 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR 27 - TRAIN
6 - VAN (9-15 SEATS) 11 - ALL TERRAIN VEHICLE (ATV / UTV) 17 - MOTORHOME ANIMAL-DRAWN VEHICLE 99 - UNKNOWN OR HIT/SKIP

OF TRAILING UNITS 0 1

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

SPECIAL FUNCTION 0 1 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

CARGO BODY TYPE 0 1 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 7 - GRAIN/CHIPS/GRAVEL 9 - CARGO TANK 13 - AUTO TRANSPORTER
10 - FLAT BED
11 - DUMP 99 - OTHER / UNKNOWN

VEHICLE DEFECTS 0 1 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 /

NON-MOTORIST LOCATION AT IMPACT 0 1 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER
2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS AT INCIDENT SCENE
5 - TRAIL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN

ACTION 4 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE
2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING
3 - STRIKING 1 1 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 10 - PARKED 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST
4 - STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE
5 - BOTH STRIKING & STRUCK 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN
9 - OTHER / UNKNOWN

CONTRIBUTING CIRCUMSTANCES 0 1 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 11 - DROVE OFF ROAD 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION
5 - UNSAFE SPEED 12 - IMPROPER BACKING

SEQUENCE OF EVENTS

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 8 - RAN OFF ROAD RIGHT 17 - ANIMAL - FARM 18 - ANIMAL - DEER 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION
3 - IMMERSION 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 13 - OTHER NON-COLLISION 20 - MOTOR VEHICLE IN TRANSPORT BY A MOTOR VEHICLE
4 - JACKKNIFE 12 - DOWNHILL RUNAWAY 14 - PEDESTRIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT
5 - CARGO / EQUIPMENT LOSS OR SHIFT

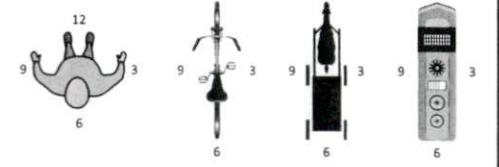
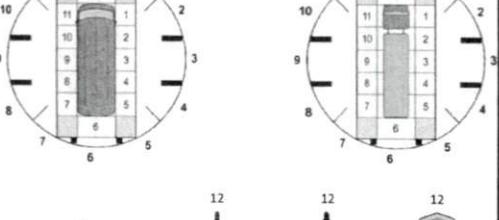
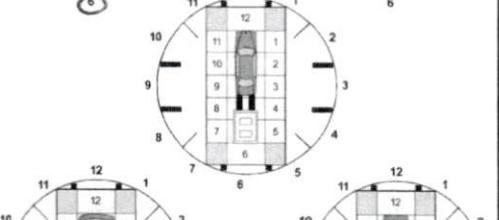
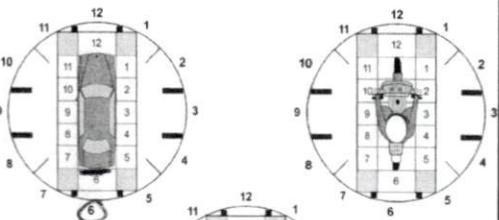
25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT
26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL
33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES 45 - EMBANKMENT 52 - BUILDING
34 - MEDIAN GUARDRAIL SUPPORT 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL
27 - BRIDGE PIER OR ABUTMENT BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT
28 - BRIDGE PARAPET 35 - MEDIAN CONCRETE BARRIER 48 - TREE 99 - OTHER / UNKNOWN
29 - BRIDGE RAIL 36 - MEDIAN OTHER BARRIER 42 - CULVERT

1 - FIRST HARMFUL EVENT 1 - MOST HARMFUL EVENT

LOCAL REPORT NUMBER
2 2 0 5 7 1 5 2

DAMAGE
DAMAGE SCALE
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 15 - VEHICLE NOT AT SCENE
DIAGRAM 99 - UNKNOWN
13 - TOP

TRAFFIC
TRAFFIC FLOW 2 TRAFFIC CONTROL
1 - ONE-WAY 4 - STOP SIGN
2 - TWO-WAY 5 - YIELD SIGN
3 - FLASHER 6 - NO CONTROL

OF THROUGH LANES ON ROAD 4 RAIL GRADE CROSSING
1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING
2 - 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 0 DETECTED SPEED
1 - STATED / ESTIMATED SPEED 1
2 - CALCULATED / EDR
3 - UNDETERMINED

POSTED SPEED 3 5
PAGE 3 OF 6



MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH				AGE	GENDER						
	0 1	Bays, Olivia				1	2	1	8	1	9	9	2	2	9	F	
ADDRESS: STREET, CITY, STATE, ZIP												CONTACT PHONE - INCLUDE AREA CODE					
20 Heffron Dr. Apt 7 Fairfield, Ohio 45014																	
INJURIES	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	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	333.03A	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		CONDITION	ALCOHOL TEST		DRUG TEST(S)		SELECT UP TO 4						
4			1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	1	1	1	1	1	1				
INJURIES	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	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		CONDITION	ALCOHOL TEST		DRUG TEST(S)		SELECT UP TO 4						
4			1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	1	1	1	1	1	1				
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	0 1	AIR BAG USAGE	1	EJECTION	1	TRAPPED	1				
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		CONDITION	ALCOHOL TEST		DRUG TEST(S)		SELECT UP TO 4						
4			1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	1	1	1	1	1	1				
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	0 1	AIR BAG USAGE	1	EJECTION	1	TRAPPED	1				
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		CONDITION	ALCOHOL TEST		DRUG TEST(S)		SELECT UP TO 4						
4			1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	1	1	1	1	1	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												
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	6-SECOND - RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-NO VALID OL	6-EXCEPT CLASS A & CLASS B BUS													
1-NOT TRANSPORTED /TREATED AT SCENE	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	1-NOT EJECTED	7-EXCEPT TRACTOR-TRAILER	7-EXCEPT HAND-HELD COMMUNICATION DEVICE													
2-EMS	8-THIRD - MIDDLE	2-PARTIALLY EJECTED	8-INTERMEDIATE LICENSE RESTRICTIONS	5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE													
3-POLICE	9-THIRD - RIGHT SIDE	3-TOTALLY EJECTED	9-LEARNER'S PERMIT RESTRICTIONS	6-PASSENGER													
9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB	4-NOT APPLICABLE	10-LIMITED TO DAYLIGHT ONLY	7-OTHER DISTRACTION INSIDE THE VEHICLE													
SAFETY EQUIPMENT												EJECTION	OL ENDORSEMENT	TEST STATUS			
1-NONE USED	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1-NOT TRAPPED	H-HAZMAT	8-OTHER DISTRACTION OUTSIDE THE VEHICLE													
2-SHOULDER BELT ONLY USED	12-PASSENGER IN UNENCLOSED CARGO AREA	2-EXTRICATED BY MECHANICAL MEANS	M-MOTORCYCLE	9-OTHER / UNKNOWN													
3-LAP BELT ONLY USED	13-TRAILING UNIT	3-FREED BY NON-MECHANICAL MEANS	P-PASSENGER														
4-SHOULDER & LAP BELT USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		N-TANKER														
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	15-NON-MOTORIST		Q-MOTOR SCOOTER														
6-CHILD RESTRAINT SYSTEM - REAR FACING	99-OTHER / UNKNOWN		R-THREE-WHEEL MOTORCYCLE														
7-BOOSTER SEAT			S-SCHOOL BUS														
8-HELMET USED			T-DOUBLE & TRIPLE TRAILERS														
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			X-TANKER / HAZMAT														
10-REFLECTIVE CLOTHING																	
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY																	
99-OTHER / UNKNOWN																	
INJURIES												TRAPPED	TEST STATUS				
1-NOT TRAPPED	2-EXTRICATED BY MECHANICAL MEANS	3-FREED BY NON-MECHANICAL MEANS															
INJURIES												GENDER	TEST STATUS				
F-FEMALE	M-MALE	U-OTHER / UNKNOWN															
16-OUTSIDE MIRROR	17-PROSTHETIC AID	18-OTHER															
INJURIES												CONDITION	TEST STATUS				
1-APPARENTLY NORMAL	2-PHYSICAL IMPAIRMENT	3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	1-APPARENTLY NORMAL	1-NONE													
4-ILLNESS	5-FELL ASLEEP, FAINTED, FATIGUED, ETC.	6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	2-BLOOD	2-BLOOD													
7-OTHER	8-OTHER / UNKNOWN	9-OTHER / UNKNOWN	3-URINE	3-URINE													
INJURIES												DRUG TEST TYPE	TEST STATUS				
1-AMPHETAMINES	2-BARBITURATES	3-BENZODIAZEPINES	4-OTC DRUGS	4-OTC DRUGS													
5-COCAINES	6-OPIATES / OPIOIDS	7-OTHER	8-NON-PHARMACEUTICAL	8-NON-PHARMACEUTICAL													
9-NEGATIVE RESULTS																	
INJURIES												DRUG TEST RESULT(S)	TEST STATUS				

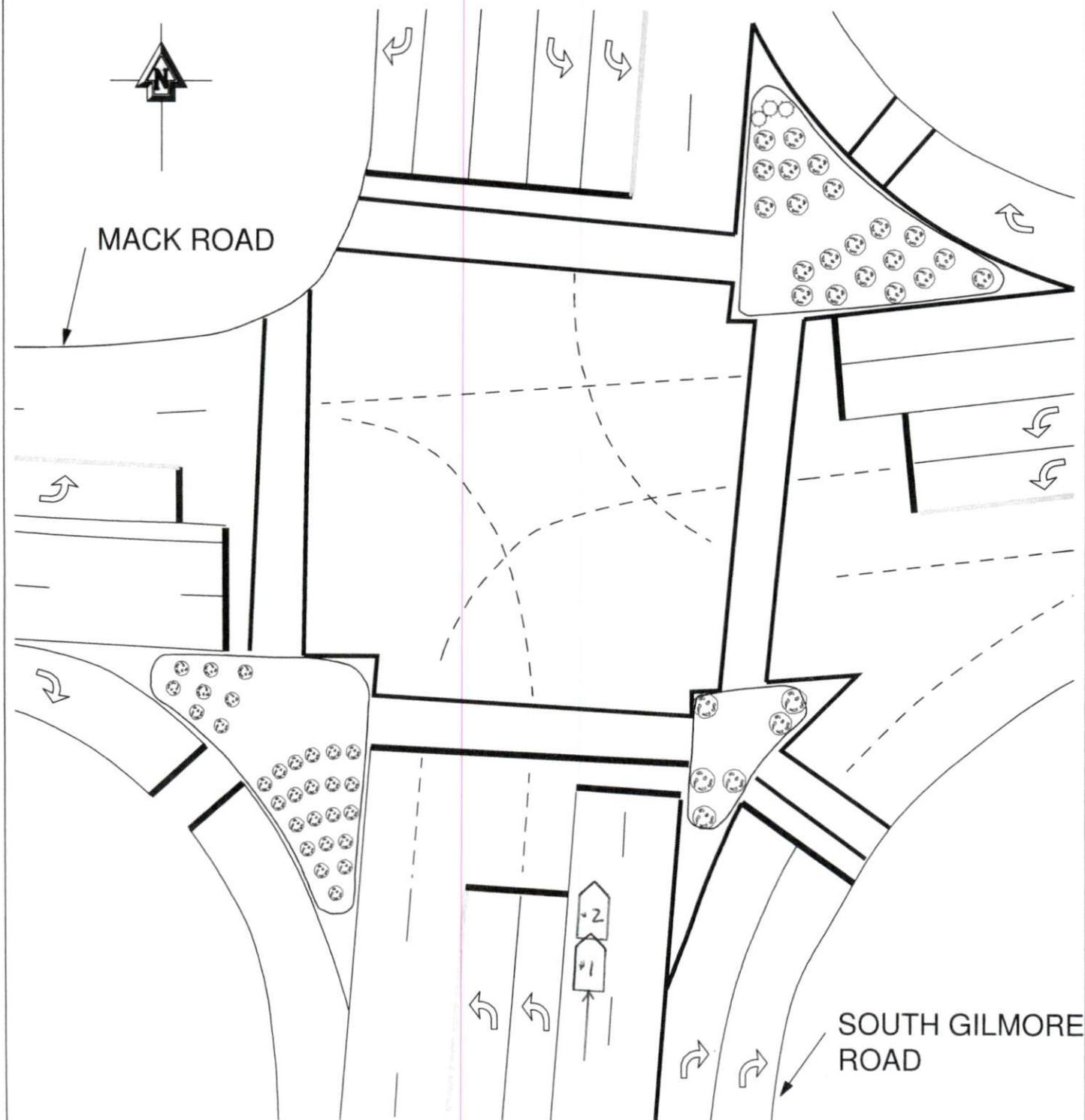


OCCUPANT / WITNESS ADDENDUM

OCCUPANT	LOCAL REPORT NUMBER 2 2 0 5 7 1 5 2										
	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER			
1	Ivery, Brooks				0 8 1 0 2 0 1 9	3	M				
ADDRESS: STREET, CITY, STATE, ZIP 20 Heffron Dr. Apt. 7 Fairfield, Ohio 45014											
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-Compliant MC HELMET 0 4 0 1 1 1 <input type="checkbox"/> DOT-Compliant MC HELMET 0 6 0 1 1 1						
5				0 5	DATE OF BIRTH 0 6 2 2 2 0 2 0 AGE 2 CONTACT PHONE - INCLUDE AREA CODE						
1	Ivery, Banks				0 5	DATE OF BIRTH 0 6 2 2 2 0 2 0 AGE 2 CONTACT PHONE - INCLUDE AREA CODE					
ADDRESS: STREET, CITY, STATE, ZIP 20 Heffron Dr. Apt. 7 Fairfield, Ohio 45014											
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-Compliant MC HELMET 0 6 0 1 1 1						
5				0 5	DATE OF BIRTH 0 AGE 0 CONTACT PHONE - INCLUDE AREA CODE						
1	Ivery, Banks				0 5	DATE OF BIRTH 0 AGE 0 CONTACT PHONE - INCLUDE AREA CODE					
ADDRESS: STREET, CITY, STATE, ZIP 20 Heffron Dr. Apt. 7 Fairfield, Ohio 45014											
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-Compliant MC HELMET 0 6 0 1 1 1						
5				0 5	DATE OF BIRTH 0 AGE 0 CONTACT PHONE - INCLUDE AREA CODE						
1	Ivery, Banks				0 5	DATE OF BIRTH 0 AGE 0 CONTACT PHONE - INCLUDE AREA CODE					
ADDRESS: STREET, CITY, STATE, ZIP 20 Heffron Dr. Apt. 7 Fairfield, Ohio 45014											
INJURIES			SAFETY EQUIPMENT USED		SEATING POSITION			AIR BAG USAGE			
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY			1 - NONE USED - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 12 - OTHER / UNKNOWN		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN			1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN			
INJURED TAKEN BY			1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN			1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE			
GENDER			F - FEMALE M - MALE U - OTHER / UNKNOWN		1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE			EJECTION			
NAME: LAST, FIRST, MIDDLE			Lewis, Christian		1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE			TRAPPED			
ADDRESS: STREET, CITY, STATE, ZIP			5273 Camelot Dr. Apt. J Fairfield, Ohio 45014		1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE			TRAPPED			
NAME: LAST, FIRST, MIDDLE					1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE			TRAPPED			
ADDRESS: STREET, CITY, STATE, ZIP					1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE			TRAPPED			
NAME: LAST, FIRST, MIDDLE					1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE			TRAPPED			
ADDRESS: STREET, CITY, STATE, ZIP					1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE			TRAPPED			
WITNESS	DATE OF BIRTH 0 9 2 8 1 9 9 5 AGE 2 6 GENDER M										
CONTACT PHONE - INCLUDE AREA CODE											
WITNESS	DATE OF BIRTH 0 AGE 0										
CONTACT PHONE - INCLUDE AREA CODE											
WITNESS	DATE OF BIRTH 0 AGE 0										
CONTACT PHONE - INCLUDE AREA CODE											



LOCAL REPORT NUMBER 22-057152	REPORTING AGENCY Fairfield Police Department	DATE OF CRASH M 08 D 10 Y 22
IN COUNTY OF Butler	CRASH LOCATION South Gilmore Rd. at Mack Rd.	



NOT TO SCALE

OFFICER'S SIGNATURE
Doug Day

BADGE NUMBER
76