



TRAFFIC CRASH REPORT

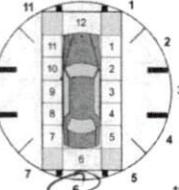
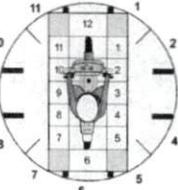
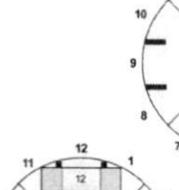
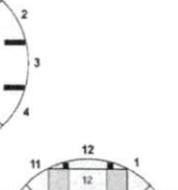
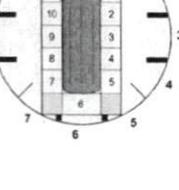
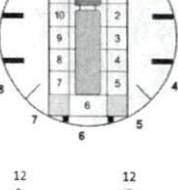
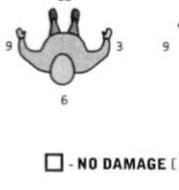
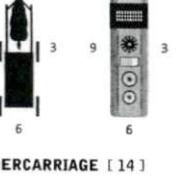
*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL REPORT NUMBER*					
				2 2 0 5 8 2 6 3					
<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION				REPORTING AGENCY NAME* NCIC* Fairfield Police Department 0 0 9 0 1 HIT/SKIP NUMBER OF UNITS 1-SOLVED 0 2 UNIT IN ERROR 2-UNRESOLVED 0 1 98-ANIMAL 99-UNKNOWN			
COUNTY* 0 9		LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP*				CRASH DATE / TIME* 0 8 1 4 2 0 2 2 1 5 5 4	
City of Fairfield						LATITUDE DECIMAL DEGREES 3 9 3 1 5 1 2 5		CRASH SEVERITY 5	
ROUTE TYPE U S		ROUTE NUMBER 1 2 7		PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST		LOCATION ROAD NAME Gelhot		ROAD TYPE D R	
ROUTE TYPE		ROUTE NUMBER		PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)		ROAD TYPE	
						Gelhot		LONGITUDE DECIMAL DEGREES -8 4 5 6 1 8 1 5	
REFERENCE POINT 1 2-MILE POST 3-HOUSE #		DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-WEST		ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS		INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA	
DISTANCE FROM REFERENCE 2 0		DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS						NUMBER OF APPROACHES 4	
LOCATION OF FIRST HARMFUL EVENT 0 1 1-ON ROADWAY 2-ON SHOULDER 3-IN MEDIAN 4-ON ROADSIDE 5-ON GORE 6-OUTSIDE TRAFFIC WAY 7-ON RAMP 8-OFF RAMP				MANNER OF CRASH COLLISION/IMPACT 2 1-NOT COLLISION 2-BETWEEN 3-TWO MOTOR VEHICLES IN 4-TRANSPORT 5-REAR-END 6-SHARED USE PATHS OR TRAILS 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 9-HEAD-ON 10-DRIVEWAY/ALLEY ACCESS 11-RAILWAY GRADE CROSSING 12-SHARED USE PATHS OR TRAILS 13-BIKE LANE 14-TOLL BOOTH 99-OTHER / UNKNOWN		DIRECTION OF TRAVEL 1-NORTH 2-SOUTH 3-EAST 4-WEST		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	
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1-LANE CLOSURE 2-LANE SHIFT/CROSSOVER 3-WORK ON SHOULDER OR MEDIAN 4-INTERMITTENT OR MOVING WORK 5-OTHER		LOCATION OF CRASH IN WORK ZONE 1-BEFORE THE 1ST WORK ZONE WARNING SIGN 2-ADVANCE WARNING AREA 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA		CONTOUR 1 1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-OTHER/UNKNOWN		CONDITIONS 1 1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN	
LIGHT CONDITION 1 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN				WEATHER 0 1 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL		SURFACE 2 1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN			
NARRATIVE On 08-14-2022 at 1554 hours Unit 1 was traveling southbound on US127 and when at the intersection of US127 and Gelhot Dr. failed to stop within the assured clear distance ahead and collided with Unit 2 who was also southbound and was slowing down in traffic.						 Indicate the north direction with an "N" on the compass diagram.			
								SEE OH-2	
CRASH REPORTED DATE / TIME 0 8 1 4 2 0 2 2 1 5 5 4		DISPATCH DATE / TIME 0 8 1 4 2 0 2 2 1 5 5 8		ARRIVAL DATE / TIME 0 8 1 4 2 0 2 2 1 6 0 5		SCENE CLEARED DATE / TIME 0 8 1 4 2 0 2 2 1 6 2 6		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
TOTAL TIME ROADWAY CLOSED 1 0		OTHER INVESTIGATION TIME 3 8		TOTAL MINUTES 1 6 1		OFFICER'S NAME* T. King		CHECKED BY OFFICER'S NAME* SA. Ascan Meyer	
						OFFICER'S BADGE NUMBER* 1 3 2		CHECKED BY OFFICER'S BADGE NUMBER* 1 3 2	
SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODBS)									

OWNER	UNIT # <u>0 1</u> OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)			OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER)	
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER)					
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP Ean Holdings LLC, 11783 Reading Rd, Cincinnati OH 45241				COMMERCIAL CARRIER PHONE: (INPUT AREA CODE)	
LP STATE <u>O H</u>	LICENSE PLATE # <u>PKS7615</u>	VEHICLE IDENTIFICATION # <u>3 H A M M M M L 1 K T 0 4 5 5 5 0</u>		VEHICLE YEAR <u>2 0 1 9</u>	
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #		VEHICLE MAKE <u>Intl</u>	
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT # <u>1 4 9 9 0 9 1</u>	TOWED BY: COMPANY NAME		
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS <u>0 2</u>	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 <u>4</u>	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - 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
<u>0</u> # 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
<u>2</u> 1-YES 2-NO 9-OTHER / UNKNOWN <u>0</u> AUTONOMOUS MODE LEVEL					
SPECIAL FUNCTION <u>4</u> - SCHOOL TRANSPORT <u>5</u> - BUS - TRANSIT/COMMUTER					
1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER					
6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE					
11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT					
16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL					
21 - MAIL CARRIER 99 - OTHER / UNKNOWN					
12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN					
1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS					
3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - CARGO VAN/ENCLOSED BOX 6 - GRAIN/CHIPS/GRAVEL					
8 - POLE 9 - CARGOTANK 10 - FLAT BED 11 - DUMP					
12 - TURN SIGNALS 13 - HEAD LAMPS 14 - STEERING 15 - TAIL LAMPS					
16 - BRAKES 17 - WORN OR SLICK TIRES 18 - TRAILER EQUIPMENT 19 - DEFECTIVE					
20 - MOTOR TROUBLE 99 - OTHER / UNKNOWN					
10 - DISABLED FROM PRIOR ACCIDENT					
11 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE 13 - DRIVEWAY ACCESS 14 - SHARED USE PATHS OR TRAILS					
99 - OTHER / UNKNOWN					
1 - INTERSECTION - MARKED 2 - INTERSECTION - UNMARKED 3 - CROSSWALK					
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 - DRIVEWAY ACCESS 14 - SHARED USE PATHS OR TRAILS					
15 - NEGOTIATING A CURVE 16 - ENTERING TRAFFIC LANE 17 - LEAVING TRAFFIC LANE 18 - PARKED					
19 - SPECIFIED LOCATION 20 - WALKING, RUNNING, JOGGING, PLAYING 21 - SWIMMING 22 - DRIVING, DRIVING A MOTOR VEHICLE 23 - DRIVING A MOTOR VEHICLE					
14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - DRIVING, DRIVING A MOTOR VEHICLE 16 - DRIVING A MOTOR VEHICLE 17 - DRIVING A MOTOR VEHICLE					
18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 22 - OTHER / UNKNOWN					
23 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN					
1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING <u>0 1</u> 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 - DRIVERLESS					
13 - MAKING RIGHT TURN 14 - ENTERING TRAFFIC LANE 15 - LEAVING TRAFFIC LANE 16 - PARKED 17 - SLOWING OR STOPPED IN TRAFFIC 18 - DRIVERLESS					
19 - WALKING, RUNNING, JOGGING, PLAYING 20 - DRIVING, DRIVING A MOTOR VEHICLE 21 - DRIVING A MOTOR VEHICLE 22 - DRIVING A MOTOR VEHICLE					
13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - DRIVING, DRIVING A MOTOR VEHICLE 16 - DRIVING A MOTOR VEHICLE 17 - DRIVING A MOTOR VEHICLE					
18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 22 - OTHER / UNKNOWN					
23 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN					
1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN					
7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING					
13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID SPILLING 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					
24 - OTHER UNKNOWN					
SEQUENCE OF EVENTS					
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					
22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT					
25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL					
30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER					
35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER					
37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT					
42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE					
47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT					
50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN					
COLLISION WITH FIXED OBJECT - STRUCK					
1 - FIRST HARMFUL EVENT 1 - MOST HARMFUL EVENT					

LOCAL REPORT NUMBER											
2	2	0	5	8	2	6	3				
DAMAGE											
DAMAGE SCALE											
1 - 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 damaged areas 1 through 12. Areas 1, 2,											

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER)		
	0 2	OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER)				
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE	
	O H	HUX9910	1 F T K R 4 E E 2 B P A 0 3 5 4 9	2 0 1 1	Ford	
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL	
		Allstate	8260992888	Gray	Ranger	
	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 4		0 2	1 - <10K LBS.		
	UNIT TYPE	4 - PICK UP	10 - MOPED OR MOTORIZED	2 - 10,001 - 26K LBS.	11 - ALL-TERRAIN VEHICLE (ATV / UTV)	
	5 - CARGO VAN	5 - CARGO VAN	11 - ALL-TERRAIN VEHICLE (ATV / UTV)	3 - >26K LBS.	12 - GOLF CART	
	6 - VAN (9-15 SEATS)	7 - PASSENGER CAR	13 - SNOWMOBILE	18 - LIMO (LIVERY VEHICLE)	19 - BUS (16+ PASSENGERS)	
	0	2 - PASSENGER VAN (MINIVAN)	9 - AUTOCYCLE	20 - OTHER VEHICLE	21 - HEAVY EQUIPMENT	
	1 - PASSENGER VEHICLE	3 - SPORT UTILITY VEHICLE	14 - SINGLE UNIT TRUCK	22 - ANIMAL WITH RIDER OR	26 - BICYCLE	
	4 - SCHOOL TRANSPORT	5 - CARGO VAN	15 - SEMI-TRACTOR	27 - TRAIN	ANIMAL-DRAWN VEHICLE	
	5 - BUS - TRANSIT/COMMUTER	6 - VAN (9-15 SEATS)	16 - FARM EQUIPMENT	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	
2	1 - YES	2 - NO	1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION		
			2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION		
SPECIAL FUNCTION		6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM		
0 1	2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	21 - MAIL CARRIER		
3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	17 - MOWING	99 - OTHER/UNKNOWN		
4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	18 - SNOW REMOVAL			
5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	19 - TOWING	20 - CONSTRUCTION EQUIPMENT	21 - SAFETY SERVICE PATROL		
CARGO BODY TYPE		1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTORVEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER
0 1	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	
VEHICLE DEFECTS		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		1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER
0 1	2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	AT INCIDENT SCENE	
		5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	99 - OTHER/UNKNOWN	
ACTION		1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE
4	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	15 - WALKING, RUNNING, JOGGING, PLAYING	20 - OTHER NON-MOTORIST	
4 - STRUCK	PRE-CRASH ACTIONS	4 - OVERTAKING/PASSING	10 - PARKED	16 - WORKING	21 - STANDING OUTSIDE DISABLED VEHICLE	
5 - BOTH STRIKING & STRUCK		5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	17 - PUSHING VEHICLE	99 - OTHER/UNKNOWN	
9 - OTHER/UNKNOWN		6 - MAKING LEFT TURN	12 - DRIVERLESS			
CONTRIBUTING CIRCUMSTANCES		1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY
0 1	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	10 - IMPROPER PASSING	15 - SWERVING TO AVOID	19 - LOAD SHIFTING/FALLING/SPILLING	23 - OPENING DOOR INTO ROADWAY	
4 - RAN STOP SIGN	11 - DROVE OFF ROAD	12 - IMPROPER BACKING	16 - WRONG WAY	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION	
5 - UNSAFE SPEED						
6 - IMPROPER TURN						
SEQUENCE OF EVENTS						
NON-COLLISION						
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	17 - ANIMAL - DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION	
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	18 - DOWNHILL RUNAWAY	19 - ANIMAL - OTHER	20 - MOTOR VEHICLE IN TRANSPORT	
2 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			
COLLISION WITH FIXED OBJECT - STRUCK						
4 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	27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES	45 - EMBANKMENT	52 - BUILDING	
	28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL	40 - UTILITY POLE	46 - FENCE	53 - TUNNEL	
6 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 5 8 2 6 3	
DAMAGE	
DAMAGE SCALE	
3	1 - NONE
	3 - FUNCTIONAL DAMAGE
	2 - MINOR DAMAGE
	4 - DISABLING DAMAGE
	9 - UNKNOWN
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
       	
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14]	
<input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15]	
<input type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT	
0 - NO DAMAGE	
14 - UNDERCARRIAGE	
0 6	1 - 12 - REFER TO UNIT DIAGRAM
	15 - VEHICLE NOT AT SCENE
	99 - UNKNOWN
13 - TOP	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
2	1 - ONE-WAY
	2 - TWO-WAY
6	4 - STOP SIGN
	5 - 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	
1	1 - NORTH
	5 - NORTHEAST
2	2 - SOUTH
	6 - NORTHWEST
3	3 - EAST
	7 - SOUTHEAST
4	4 - WEST
	8 - SOUTHWEST
	9 - OTHER / UNKNOWN
FROM 1 TO 2	
UNIT SPEED	
0	1 - STATED/ESTIMATED SPEED
	1 - CALCULATED/EDR
	3 - UNDETERMINED
POSTED SPEED	
4 0	



MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	LOCAL REPORT NUMBER																
	UNIT #	NAME: LAST, FIRST, MIDDLE															
	0 1	Brooks, Mark, Karan															
	ADDRESS: STREET, CITY, STATE, ZIP																
	2317 England Ave, Dayton OH 45406																
	INJURIES 5	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 O H	OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE <input checked="" type="checkbox"/>	ACDA			CITATION NUMBER					
	OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)					
					1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	1	1	1	1	RESULT SELECT UP TO 4			
INJURIES 5	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 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	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)						
				1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	1	1	1	1	RESULT SELECT UP TO 4				
INJURIES 5	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 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	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)						
				1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	1	1	1	1	RESULT SELECT UP TO 4				
INJURIES 5	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 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	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)						
				1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	1	1	1	1	RESULT SELECT UP TO 4				
INJURIES												SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1-FATAL	1-FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1-NOT DEPLOYED	1-CLASSA	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													
	6-SECOND - RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-NO VALID OL	6-EXCEPT CLASS A & CLASS B BUS													
	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		7-EXCEPT TRACTOR-TRAILER	7-EXCEPT TRACTOR-TRAILER													
1-NOT TRANSPORTED /TREATED AT SCENE	8-THIRD - MIDDLE	8-NOT EJECTED	8-INTERMEDIATE LICENSE RESTRICTIONS	5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE													
2-EMS	9-THIRD - RIGHT SIDE	9-PARTIALLY EJECTED	9-LEARNER'S PERMIT RESTRICTIONS	6-PASSENGER													
3-POLICE	10-SLEEPER SECTION OF TRUCK CAB	10-TOTALLY EJECTED	10-LIMITED TO DAYLIGHT ONLY	7-OTHER DISTRACTION INSIDE THE VEHICLE													
9-OTHER / UNKNOWN		11-PASSenger IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11-LIMITED TO EMPLOYMENT	8-OTHER DISTRACTION OUTSIDE THE VEHICLE													
INJURED TAKEN BY												EJECTION	OL ENDORSEMENT	TEST STATUS			
1-NOT TRANSPORTED /TREATED AT SCENE	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	1-H - HAZMAT	12-LIMITED - OTHER	9-OTHER / UNKNOWN													
2-EMS	8-THIRD - MIDDLE	2-M - MOTORCYCLE	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)														
3-POLICE	9-THIRD - RIGHT SIDE	3-P - PASSENGER	14-MILITARY VEHICLES ONLY														
9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB	4-N - TANKER	15-M - MOTOR VEHICLES WITHOUT AIR BRAKES														
SAFETY EQUIPMENT												Q - MOTOR SCOOTER	16-S - SCHOOL BUS	DRUG TEST TYPE			
1-NONE USED	11-R - THREE-WHEEL MOTORCYCLE	17-T - DOUBLE & TRIPLE TRAILERS	17-X - TANKER / HAZMAT	1-NONE													
2-SHOULDER BELT ONLY USED	S - H - HAZMAT			2-BLOOD													
3-LAP BELT ONLY USED	M - M - MOTORCYCLE			3-URINE													
4-SHOULDER & LAP BELT USED	P - P - PASSENGER			4-BREATH													
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	N - N - TANKER			5-OTHER													
6-CHILD RESTRAINT SYSTEM - REAR FACING	Q - Q - MOTOR SCOOTER																
7-BOOSTER SEAT	R - R - THREE-WHEEL MOTORCYCLE																
8-HELMET USED	S - S - SCHOOL BUS																
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	T - T - DOUBLE & TRIPLE TRAILERS																
10-REFLECTIVE CLOTHING	X - X - TANKER / HAZMAT																
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY																	
99-OTHER / UNKNOWN																	
INJURIES												TRAPPED	CONDITION	DRUG TEST RESULT(S)			
1-NOT TRAPPED	1-NOT TRAPPED	1-F - FEMALE	1-APPARENTLY NORMAL	1-AMPHETAMINES													
2-EXTRICATED BY MECHANICAL MEANS	2-EXTRICATED BY MECHANICAL MEANS	2-M - MALE	2-PHYSICAL IMPAIRMENT	2-BARBITURATES													
3-FREED BY NON-MECHANICAL MEANS	3-FREED BY NON-MECHANICAL MEANS	3-U - OTHER / UNKNOWN	3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3-BENZODIAZEPINES													
			4-ILLNESS	4-CANNABINOID													
			5-FELL ASLEEP, FAINTED, FATIGUED, ETC.	5-COCAIN													
			6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6-OPIATES / OPIOIDS													
			9-OTHER / UNKNOWN	7-OTHER													
				8-NEGATIVE RESULTS													



OCCUPANT / WITNESS ADDENDUM

		LOCAL REPORT NUMBER								
		2 2 0 5 8 2 6 3		DATE OF BIRTH	AGE	GENDER				
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				0 6 0 6 1 9 9 0	3 2	M		
	1	Charles, Terrance, Lamar				CONTACT PHONE - INCLUDE AREA CODE				
ADDRESS: STREET, CITY, STATE, ZIP		800 Blanche St, Dayton, OH 45417								
INJURIES		INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
5					0 4		0 3	0 1	1	1
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				0 1 1 4 2 0 1 0	1 2	M		
	2	Hartke, Christian				CONTACT PHONE - INCLUDE AREA CODE				
ADDRESS: STREET, CITY, STATE, ZIP		4055 Freeman Ave, Hamilton, OH 45015								
INJURIES		INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
5					0 4		0 3	0 1	1	1
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				0 1 1 4 2 0 1 0	1 2	M		
						CONTACT PHONE - INCLUDE AREA CODE				
ADDRESS: STREET, CITY, STATE, ZIP										
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				0 1 1 4 2 0 1 0	1 2	M		
						CONTACT PHONE - INCLUDE AREA CODE				
ADDRESS: STREET, CITY, STATE, ZIP										
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				0 1 1 4 2 0 1 0	1 2	M		
						CONTACT PHONE - INCLUDE AREA CODE				
ADDRESS: STREET, CITY, STATE, ZIP										
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)						
2 - EMS		8 - HELMET USED		8 - THIRD - MIDDLE		EJECTION				
3 - POLICE		9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		9 - THIRD - RIGHT SIDE		1 - NOT EJECTED				
9 - OTHER / UNKNOWN		10 - REFLECTIVE CLOTHING		10 - SLEEPER SECTION OF TRUCK CAB		2 - PARTIALLY EJECTED				
GENDER		11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		3 - TOTALLY EJECTED				
F - FEMALE		99 - OTHER / UNKNOWN		12 - PASSENGER IN UNENCLOSED CARGO AREA		4 - NOT APPLICABLE				
M - MALE				13 - TRAILING UNIT		TRAPPED				
U - OTHER / UNKNOWN				14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		1 - NOT TRAPPED				
				15 - NON-MOTORIST		2 - EXTRICATED BY MECHANICAL MEANS				
				99 - OTHER / UNKNOWN		3 - FREED BY NON-MECHANICAL MEANS				
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				
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
						0				
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE				

LOCAL REPORT NUMBER	22-058263	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	US-127 // Happy Valley Dr.	8/14/22
<p>OFFICER'S SIGNATURE</p> <p>T. King</p>				
				BADGE NO IC1