



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

| | | | | | | | |
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| <input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH | | <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> PRIVATE PROPERTY | | LOCAL INFORMATION | | 2 2 0 5 8 3 3 5 | |
| COUNTY* 0 9 | | LOCALITY* 1 1-CITY 2-VILLAGE 3-TOWNSHIP | | LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield | | CRASH DATE / TIME* 0 8 1 4 2 0 2 2 2 1 0 6 | |
| ROUTE TYPE 1-NORTH 2-SOUTH 3-EAST 4-WEST | | ROUTE NUMBER 1 2 3 4 | | LOCATION ROAD NAME Ross | | ROAD TYPE R D | |
| REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Woodridge | | ROAD TYPE B L | | LATITUDE DECIMAL DEGREES 3 9 . 3 0 7 5 1 8 | | CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY | |
| REFERENCE POINT 1-INTERSECTION 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 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 | |
| DISTANCE FROM REFERENCE 1 | | DISTANCE UNIT OF MEASURE 1-MILES 2-Feet 3-YARDS | | INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA | | NUMBER OF APPROACHES 3 | |
| 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 | | MANNER OF CRASH COLLISION/IMPACT 1-NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2-REAR-END 3-HEAD-ON 4-REAR-TO-REAR 5-BACKING 6-ANGLE 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 9-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 (ANY TYPE) 4-DIVIDED, RAISED MEDIAN (ANY TYPE) 9-OTHER/UNKNOWN | |
| WORK ZONE RELATED WORKERS PRESENT LAW ENFORCEMENT PRESENT 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 | |
| LIGHT CONDITION 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN | | WEATHER 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL 6-SNOW 7-SEVERE CROSSWINDS 8-BLOWING SAND, SOIL, DIRT, SNOW 9-FREEZING RAIN OR FREEZING DRIZZLE 99-OTHER / UNKNOWN | | 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 | | 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 around 9:06 P.M., Unit 1 was traveling westbound on Woodridge Blvd and attempted to make a left-hand turn onto Ross road. Unit 2 was traveling east on Ross Road. Unit 1 failed to yield to oncoming traffic, causing unit 2 to strike unit 1. | | | | See OH-2 | | | |
| CRASH REPORTED DATE / TIME 0 8 1 4 2 0 2 2 2 1 0 6 | | DISPATCH DATE / TIME 0 8 1 4 2 0 2 2 2 1 0 7 | | ARRIVAL DATE / TIME 0 8 1 4 2 0 2 2 2 1 1 2 | | SCENE CLEARED DATE / TIME 0 8 1 4 2 0 2 2 2 1 5 5 | |
| TOTAL TIME ROADWAY CLOSED 3 0 | | OTHER INVESTIGATION TIME 7 8 | | OFFICER'S NAME* J. Mitchell | | CHECKED BY OFFICER'S NAME* Sgt. B. Larres | |
| TOTAL MINUTES 1 7 8 | | OFFICER'S BADGE NUMBER* 1 7 1 | | CHECKED BY OFFICER'S BADGE NUMBER* 1 3 9 | | 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 JSPS) | |

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| OWNER | UNIT # 01 | 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 | | | | |
| VEHICLE | LP STATE OH | LICENSE PLATE # HYW1215 | VEHICLE IDENTIFICATION # 2HGFA161599H315101517 | VEHICLE YEAR 2009 | VEHICLE MAKE Honda | |
| | INSURANCE VERIFIED | INSURANCE COMPANY Incline Casualty | INSURANCE POLICY # OHA2210TD00128 | COLOR Silver | VEHICLE MODEL Civic | |
| | TYPE OF USE ☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE | | US DOT # | TOWED BY: COMPANY NAME Waynes | | |
| | INTERLOCK DEVICE EQUIPPED | | #OCCUPANTS 01 | | HAZARDOUS MATERIAL CLASS # PLACARD ID # | |
| | 1 - PASSENGER CAR | | 7 - MOTORCYCLE 2-WHEELED | 12 - GOLF CART | 18 - LIMO (LIVERY VEHICLE) | 23 - PEDESTRIAN / SKATER |
| | 2 - PASSENGER VAN (MINIVAN) | | 8 - MOTORCYCLE 3-WHEELED | 13 - SNOWMOBILE | 19 - BUS (16+ PASSENGERS) | 24 - WHEELCHAIR (ANY TYPE) |
| | 3 - SPORT UTILITY VEHICLE | | 9 - AUTOCYCLE | 14 - SINGLE UNIT TRUCK | 20 - OTHER VEHICLE | 25 - OTHER NON-MOTORIST |
| | 4 - PICK UP | | 10 - MOPED OR MOTORIZED BICYCLE | 15 - SEMI-TRACTOR | 21 - HEAVY EQUIPMENT | 26 - BICYCLE |
| | 5 - CARGO VAN | | 11 - ALL TERRAIN VEHICLE (ATV / UTV) | 16 - FARM EQUIPMENT | 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE | 27 - TRAIN |
| | 6 - VAN (9-15 SEATS) | | | 17 - MOTORHOME | 99 - UNKNOWN OR HIT/SKIP | |
| EVENT(S) | # OF TRAILING UNITS 0 | | | | | |
| | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 | | | | | |
| | 1 - YES 2 - NO 9 - OTHER / UNKNOWN | | | | | |
| | AUTONOMOUS MODE LEVEL 0 | | | | | |
| | 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER | | | | | |
| | 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN | | | | | |
| | 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL | | | | | |
| | 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING | | | | | |
| | 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL | | | | | |
| | 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER | | | | | |
| 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER | | | | | | |
| 7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN | | | | | | |
| 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN | | | | | | |
| 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT | | | | | | |
| 3 - TAIL LAMPS 6 - TIRE BLOWOUT | | | | | | |
| 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE | | | | | | |
| 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN | | | | | | |
| 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS | | | | | | |
| 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 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST | | | | | | |
| 4 - STRUCK 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 | | | | | | |
| 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY | | | | | | |
| 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE | | | | | | |
| 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/ SPILLING 23 - OPENING DOOR INTO ROADWAY | | | | | | |
| 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION | | | | | | |
| 5 - UNSAFE SPEED 11 - DROVE OFF ROAD | | | | | | |
| 6 - IMPROPER TURN 12 - IMPROPER BACKING | | | | | | |
| SEQUENCE OF EVENTS | | | | | | |
| 1 2 0 | | | | | | |
| 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT | | | | | | |
| 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - SHUFFLING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE | | | | | | |
| 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT | | | | | | |
| 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT | | | | | | |
| 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE | | | | | | |
| COLLISION WITH FIXED OBJECT - STRUCK | | | | | | |
| 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 | | | | | | |
| 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING | | | | | | |
| 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL | | | | | | |
| 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 | | | | | | |
| 49 - FIRE HYDRANT | | | | | | |
| FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT | | | | | | |

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| LOCAL REPORT NUMBER 2 2 0 5 8 3 3 5 | |
| DAMAGE | |
| DAMAGE SCALE 4 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 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN | |
| TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY | TRAFFIC CONTROL 6 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD 2 | RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING |
| UNIT / NON-MOTORIST DIRECTION FROM 3 TO 2 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN | |
| UNIT SPEED 1 0 | DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED |
| POSTED SPEED 2 5 | |

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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 | | | |
| VEHICLE | LP STATE OH | LICENSE PLATE # JFZ6034 | VEHICLE IDENTIFICATION # 1HGCM172633A005978 | VEHICLE YEAR 2003 | VEHICLE MAKE Honda |
| | INSURANCE VERIFIED | INSURANCE COMPANY Bristol West | INSURANCE POLICY # G01-1100494-00 | COLOR Gray | VEHICLE MODEL Accord |
| | TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | | US DOT # | TOWED BY: COMPANY NAME Fox Towing | |
| | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT | | 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 CLASS # PLACARD ID # | |
| | #OCCUPANTS 02 | | | | |
| | UNIT TYPE 01 | | 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST 4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP | | |
| | # OF TRAILING UNITS 0 | | | | |
| | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 02 | | 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN 1 - YES 2 - NO 9 - OTHER / UNKNOWN 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 5 - FULL AUTOMATION | | |
| | SPECIAL FUNCTION 01 | | 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 01 | | 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER 7 - GRAINCHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE 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 AT INCIDENT SCENE 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS | | | |
| ACTION 03 | | 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 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST 4 - STRUCK 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 01 | | 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 12 - IMPROPER BACKING | | | |
| SEQUENCE OF EVENTS | | NON-COLLISION 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 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - OTHER 24 - OTHER MOVABLE OBJECT 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - MOTOR VEHICLE IN TRANSPORT 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE 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 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL 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 | | | |
| FIRST HARMFUL EVENT 1 | | MOST HARMFUL EVENT 1 | | | |

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| LOCAL REPORT NUMBER 2 2 0 5 8 3 3 5 | |
| DAMAGE DAMAGE SCALE 4 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 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN | |
| TRAFFIC TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY TRAFFIC CONTROL 6 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL | |
| # OF THROUGH LANES ON ROAD 2 | RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING |
| UNIT / NON-MOTORIST DIRECTION FROM 4 TO 3 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN | |
| UNIT SPEED 2 5 | DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED |
| POSTED SPEED 2 5 | |



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2 2 0 5 8 3 3 5

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| MOTORIST / NON-MOTORIST | UNIT # 0 1 | NAME: LAST, FIRST, MIDDLE Rubio, Carlos | | | | DATE OF BIRTH 0 4 0 6 1 9 7 5 | | AGE 4 7 | GENDER M | | | | |
| | ADDRESS: STREET, CITY, STATE, ZIP 144 Kinbury Drive, Cincinnati, OH 45240 | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | |
| | INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED 0 4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0 1 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 | | |
| MOTORIST / NON-MOTORIST | OL STATE O H | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED 331.17A | | LOCAL CODE <input checked="" type="checkbox"/> | OFFENSE DESCRIPTION Yeild when turning left | | | CITATION NUMBER 255236 | | | |
| | OL CLASS 4 | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY 1 | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION 1 | ALCOHOL TEST STATUS TYPE VALUE 1 1 | | DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1 | | | |
| | UNIT # 0 2 | NAME: LAST, FIRST, MIDDLE Rodriguez-Rodriguez, Andry | | | | DATE OF BIRTH 0 3 1 9 2 0 0 0 | | AGE 2 2 | GENDER M | | | | |
| MOTORIST / NON-MOTORIST | ADDRESS: STREET, CITY, STATE, ZIP 3603 Woodridge Blvd, Fairfield, OH 45014 Apt 3 | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | |
| | INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED 0 4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0 1 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 | | |
| | OL STATE O H | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | | CITATION NUMBER | | | |
| MOTORIST / NON-MOTORIST | OL CLASS 4 | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY 1 | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION 1 | ALCOHOL TEST STATUS TYPE VALUE 1 1 | | DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1 | | | |
| | UNIT # | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | | AGE | GENDER | | | | |
| | ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | |
| MOTORIST / NON-MOTORIST | INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | |
| | OL STATE | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | | CITATION NUMBER | | | |
| | OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION | ALCOHOL TEST STATUS TYPE VALUE | | DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 | | | |
| INJURIES | | SEATING POSITION | | AIR BAG | | OL CLASS | | OL RESTRICTION(S) | | DRIVER DISTRACTION | | TEST STATUS | |
| 1 - FATAL | | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | | 1 - NOT DEPLOYED | | 1 - CLASS A | | 1 - ALCOHOL INTERLOCK DEVICE | | 1 - NOT DISTRACTED | | 1 - NONE GIVEN | |
| 2 - SUSPECTED SERIOUS INJURY | | 2 - FRONT - MIDDLE | | 2 - DEPLOYED FRONT | | 2 - CLASS B | | 2 - CDL INTRASTATE ONLY | | 2 - 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 - TALKING ON HANDS-FREE COMMUNICATION DEVICE | | 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 - TALKING ON HAND-HELD COMMUNICATION DEVICE | | 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 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE | | 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 | | 6 - PASSENGER | | ALCOHOL TEST TYPE | |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | | EJECTION | | H - HAZMAT | | 7 - EXCEPT TRACTOR-TRAILER | | 7 - OTHER DISTRACTION INSIDE THE VEHICLE | | 1 - NONE | |
| 2 - EMS | | 8 - THIRD - MIDDLE | | 1 - NOT EJECTED | | M - MOTORCYCLE | | 8 - INTERMEDIATE LICENSE RESTRICTIONS | | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE | | 2 - BLOOD | |
| 3 - POLICE | | 9 - THIRD - RIGHT SIDE | | 2 - PARTIALLY EJECTED | | P - PASSENGER | | 9 - LEARNER'S PERMIT RESTRICTIONS | | 9 - OTHER / UNKNOWN | | 3 - URINE | |
| 9 - OTHER / UNKNOWN | | 10 - SLEEPER SECTION OF TRUCK CAB | | 3 - TOTALLY EJECTED | | N - TANKER | | 10 - LIMITED TO DAYLIGHT ONLY | | CONDITION | | 4 - BREATH | |
| SAFETY EQUIPMENT | | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | | 4 - NOT APPLICABLE | | Q - MOTOR SCOOTER | | 11 - LIMITED TO EMPLOYMENT | | 1 - APPARENTLY NORMAL | | 5 - OTHER | |
| 1 - NONE USED | | 12 - PASSENGER IN UNENCLOSED CARGO AREA | | TRAPPED | | R - THREE-WHEEL MOTORCYCLE | | 12 - LIMITED - OTHER | | 2 - PHYSICAL IMPAIRMENT | | DRUG TEST TYPE | |
| 2 - SHOULDER BELT ONLY USED | | 13 - TRAILING UNIT | | 1 - NOT TRAPPED | | S - SCHOOL BUS | | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | | 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) | | 1 - AMPHETAMINES | |
| 3 - LAP BELT ONLY USED | | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | | 2 - EXTRICATED BY MECHANICAL MEANS | | T - DOUBLE & TRIPLE TRAILERS | | 14 - MILITARY VEHICLES ONLY | | 4 - ILLNESS | | 2 - BARBITURATES | |
| 4 - SHOULDER & LAP BELT USED | | 15 - NON-MOTORIST | | 3 - FREED BY NON-MECHANICAL MEANS | | X - TANKER / HAZMAT | | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES | | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. | | 3 - BENZODIAZEPINES | |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | | 99 - OTHER / UNKNOWN | | GENDER | | F - FEMALE | | 16 - OUTSIDE MIRROR | | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL | | 4 - CANNABINOIDS | |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING | | | | M - MALE | | M - MALE | | 17 - PROSTHETIC AID | | 9 - OTHER / UNKNOWN | | 5 - COCAINE | |
| 7 - BOOSTER SEAT | | | | U - OTHER / UNKNOWN | | U - OTHER / UNKNOWN | | 18 - OTHER | | | | 6 - OPIATES / OPIOIDS | |
| 8 - HELMET USED | | | | | | | | | | | | 7 - OTHER | |
| 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | | | | | | | | | | | 8 - NEGATIVE RESULTS | |
| 10 - REFLECTIVE CLOTHING | | | | | | | | | | | | | |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | | | | | | | | | | | | | |
| 99 - OTHER / UNKNOWN | | | | | | | | | | | | | |



OCCUPANT / WITNESS ADDENDUM

| LOCAL REPORT NUMBER | | | | | | | | | |
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| ADDRESS: STREET, CITY, STATE, ZIP | | | CONTACT PHONE - INCLUDE AREA CODE | | |
| 3603 Woodridge Blvd, Fairfield, OH 45014 Apt 3 | | | | | |

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| 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 |
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| 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 |
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| 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 |
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| 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 |
| | | | | | | | | | |

| 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 |
| | 6 - CHILD RESTRAINT SYSTEM - REAR FACING | 6 - SECOND - RIGHT SIDE | 9 - DEPLOYMENT UNKNOWN |
| | 7 - BOOSTER SEAT | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | |
| | 8 - HELMET USED | 8 - THIRD - MIDDLE | |
| | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT SIDE | |
| | 10 - REFLECTIVE CLOTHING | 10 - SLEEPER SECTION OF TRUCK CAB | |
| | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | |
| | 99 - OTHER / UNKNOWN | 12 - PASSENGER IN UNENCLOSED CARGO AREA | |
| | | 13 - TRAILING UNIT | |
| | | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | |
| | | 15 - NON-MOTORIST | |
| | | 99 - OTHER / UNKNOWN | |

| EJECTION |
|-----------------------|
| 1 - NOT EJECTED |
| 2 - PARTIALLY EJECTED |
| 3 - TOTALLY EJECTED |
| 4 - NOT APPLICABLE |

| TRAPPED |
|------------------------------------|
| 1 - NOT TRAPPED |
| 2 - EXTRICATED BY MECHANICAL MEANS |
| 3 - FREED BY NON-MECHANICAL MEANS |

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| NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
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| ADDRESS: STREET, CITY, STATE, ZIP | | CONTACT PHONE - INCLUDE AREA CODE | |
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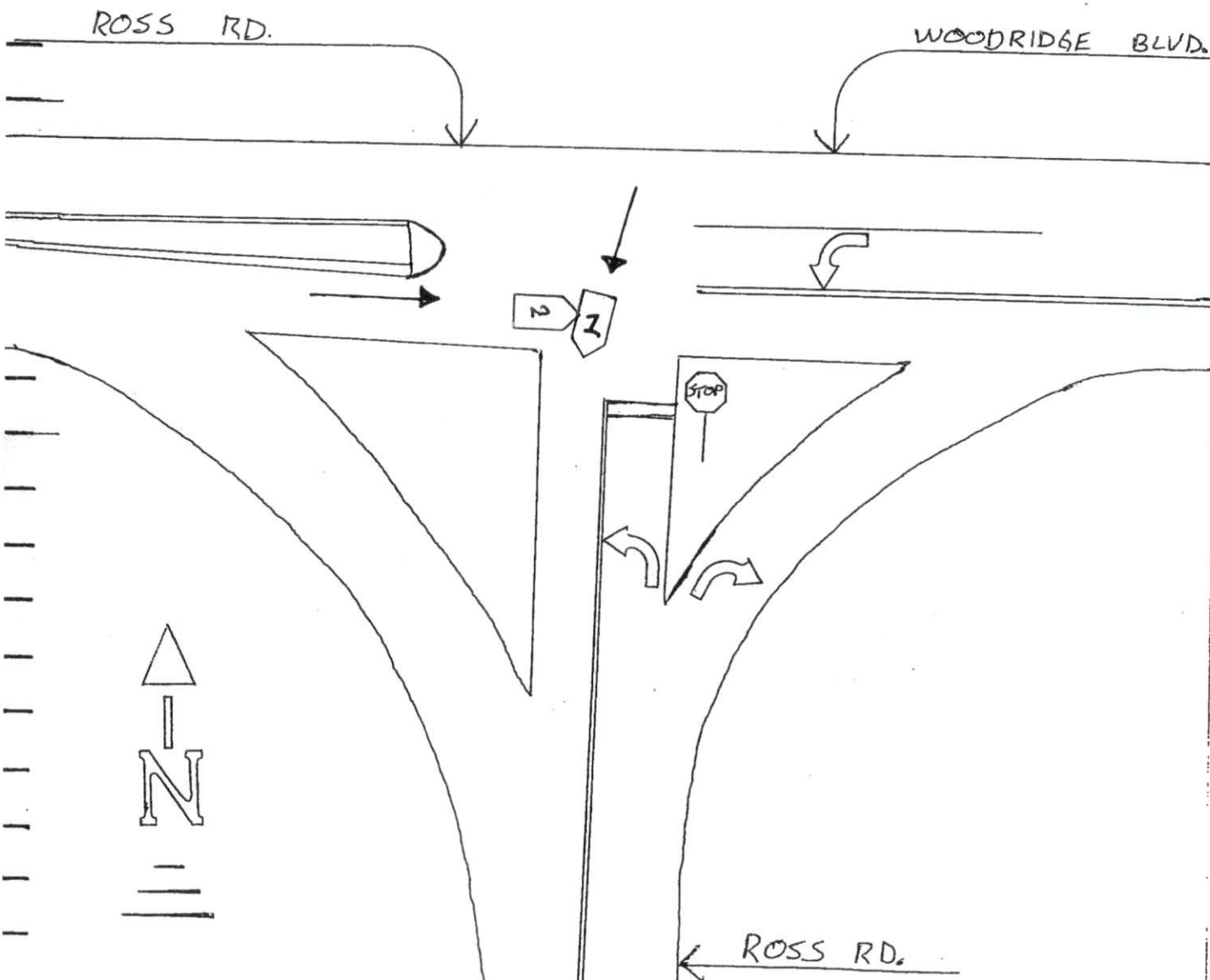
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| LOCAL REPORT NUMBER PD-22-058335 | REPORTING AGENCY FAIRFIELD P.D. 00901 | DATE OF ACCIDENT M 8 10 14 Y 22 |
| IN COUNTY OF BUTLER | ACCIDENT LOCATION ROSS RD AT WOODRIDGE BLVD | |



OFFICERS SIGNATURE

J. Mitchell

BADGE NO.

171