




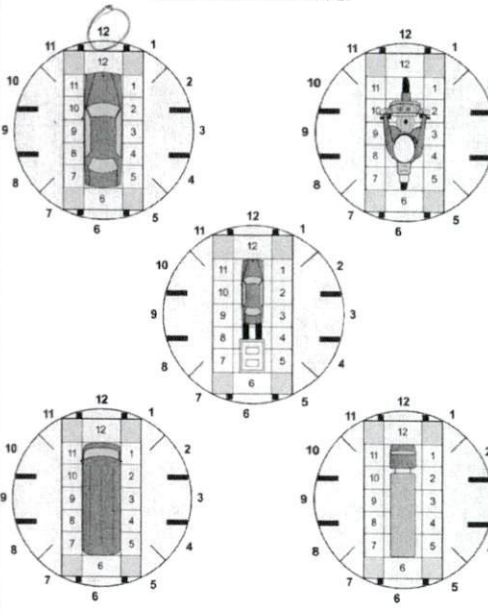
TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION		2 2 0 6 1 2 9 1	
REPORTING AGENCY NAME* Fairfield Police Department				NCIC* 0 0 9 0 1		HIT/SKIP 1 - SOLVED 2 - UNSOLVED	
COUNTY* 0 9		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield		CRASH DATE / TIME* 0 8 2 5 2 0 2 2 1 2 4 1	
ROUTE TYPE S R		ROUTE NUMBER 4		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME	
ROUTE TYPE		ROUTE NUMBER		PREFIX		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 5575	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 3		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		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA		NUMBER OF APPROACHES	
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		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 2		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	
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		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 0 1		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 08-25-22 at 12:41 p.m., Unit 1 and Unit 2 were traveling northwest on SR4 Dixie Hwy) in the left through lane. Unit 2 was stopped by traffic when Unit 1 drove into the rear of Unit 2.				 Indicate the north direction with an "N" on the compass diagram.			
CRASH REPORTED DATE / TIME 0 8 2 5 2 0 2 2 1 2 4 2				DISPATCH DATE / TIME 0 8 2 5 2 0 2 2 1 2 4 4		ARRIVAL DATE / TIME 0 8 2 5 2 0 2 2 1 2 4 6	
SCENE CLEARED DATE / TIME 0 8 2 5 2 0 2 2 1 3 2 4		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST		TOTAL TIME ROADWAY CLOSED 1 0		OTHER INVESTIGATION TIME 3 0	
TOTAL MINUTES 7 0		OFFICER'S NAME* P.O. J. DRAKE		CHECKED BY OFFICER'S NAME* St. J Sprague		SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO 30P3)	
OFFICER'S BADGE NUMBER* 8 8		CHECKED BY OFFICER'S BADGE NUMBER* 8 4					

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) CARDINAL MOTORS INC.	OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) 1			
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 4805 DIXIE HWY FAIRFIELD, OHIO 45014					
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP CARDINAL MOTORS INC., 4805 DIXIE HWY FAIRFIELD, OHIO 45014		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE				
VEHICLE	LP STATE OH	LICENSE PLATE # 003 3180	VEHICLE IDENTIFICATION # 2C13C1CAK1G17G1H121128716	VEHICLE YEAR 2016	VEHICLE MAKE CHRYSLER	
	INSURANCE VERIFIED X	INSURANCE COMPANY PERKINS	INSURANCE POLICY # 005326100	COLOR GRAY	VEHICLE MODEL 300	
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME		
	INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>		HIT/SKIP UNIT <input type="checkbox"/>	#OCCUPANTS 01	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 #			
	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			
	# OF TRAILING UNITS 0		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 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 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN			
	VEHICLE DEFECTS 01		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			
EVENT(S)	NON-MOTORIST LOCATION AT IMPACT 01		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 08		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 120		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 - 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 - PEDAL CYCLE 21 - PARKED MOTOR VEHICLE			
	COLLISION WITH FIXED OBJECT - STRUCK 4		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 1			

LOCAL REPORT NUMBER 2 2 0 6 1 2 9 1	
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 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 4	RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM 7 TO 6 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 2 0	DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 3 5	

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 # FFV2233	VEHICLE IDENTIFICATION # 1GN5C1AE101012513048	VEHICLE YEAR 2012	VEHICLE MAKE CHEVY
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY CSAA AFFINITY	INSURANCE POLICY # OHAC213302395	COLOR SILVER	VEHICLE MODEL TAHOE
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	TOWED BY: COMPANY NAME	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 02	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
	TYPE OF USE		US DOT #	VEHICLE WEIGHT GVWR/GCWR	
	<input type="checkbox"/> PASSENGER CAR		<input type="checkbox"/> 1 - 10K LBS.	<input type="checkbox"/> 2 - 10,001 - 26K LBS.	
	<input type="checkbox"/> PASSENGER VAN (MINIVAN)		<input type="checkbox"/> 3 - >26K LBS.		
	UNIT TYPE		VEHICLE WEIGHT GVWR/GCWR		
	03		1 - PASSENGER CAR		
	0		2 - PASSENGER VAN (MINIVAN)		
0		3 - SPORT UTILITY VEHICLE			
0		4 - PICK UP			
0		5 - CARGO VAN			
0		6 - VAN (9-15 SEATS)			
0		7 - MOTORCYCLE 2-WHEELED			
0		8 - MOTORCYCLE 3-WHEELED			
0		9 - AUTOCYCLE			
0		10 - MOPED OR MOTORIZED BICYCLE			
0		11 - ALL TERRAIN VEHICLE (ATV / UTV)			
0		12 - GOLF CART			
0		13 - SNOWMOBILE			
0		14 - SINGLE UNIT TRUCK			
0		15 - SEMI-TRACTOR			
0		16 - FARM EQUIPMENT			
0		17 - MOTORHOME			
0		18 - LIMO (LIVERY VEHICLE)			
0		19 - BUS (16+ PASSENGERS)			
0		20 - OTHER VEHICLE			
0		21 - HEAVY EQUIPMENT			
0		22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE			
0		23 - PEDESTRIAN / SKATER			
0		24 - WHEELCHAIR (ANY TYPE)			
0		25 - OTHER NON-MOTORIST			
0		26 - BICYCLE			
0		27 - TRAIN			
0		99 - UNKNOWN OR HIT/SKIP			
0		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?			
0		1 - YES 2 - NO 9 - OTHER / UNKNOWN			
0		AUTONOMOUS MODE LEVEL			
0		1 - NONE			
0		2 - TAXI			
0		3 - ELECTRONIC RIDE SHARING			
0		4 - SCHOOL TRANSPORT			
0		5 - BUS - TRANSIT/COMMUTER			
0		6 - BUS - CHARTER/TOUR			
0		7 - BUS - INTERCITY			
0		8 - BUS - SHUTTLE			
0		9 - BUS - OTHER			
0		10 - AMBULANCE			
0		11 - FIRE			
0		12 - MILITARY			
0		13 - POLICE			
0		14 - PUBLIC UTILITY			
0		15 - CONSTRUCTION EQUIPMENT			
0		16 - FARM			
0		17 - MOWING			
0		18 - SNOW REMOVAL			
0		19 - TOWING			
0		20 - SAFETY SERVICE PATROL			
0		21 - MAIL CARRIER			
0		99 - OTHER / UNKNOWN			
0		1 - NO CARGO BODY TYPE / NOT APPLICABLE			
0		2 - BUS			
0		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE			
0		4 - LOGGING			
0		5 - INTERMODAL CONTAINER CHASSIS			
0		6 - CARGO VAN/ENCLOSED BOX			
0		7 - GRAIN/CHIPS/GRAVEL			
0		8 - POLE			
0		9 - CARGO TANK			
0		10 - FLAT BED			
0		11 - DUMP			
0		12 - CONCRETE MIXER			
0		13 - AUTO TRANSPORTER			
0		14 - GARBAGE/REFUSE			
0		99 - OTHER / UNKNOWN			
0		1 - TURN SIGNALS			
0		2 - HEAD LAMPS			
0		3 - TAIL LAMPS			
0		4 - BRAKES			
0		5 - STEERING			
0		6 - TIRE BLOWOUT			
0		7 - WORN OR SLICK TIRES			
0		8 - TRAILER EQUIPMENT DEFECTIVE			
0		9 - MOTOR TROUBLE			
0		10 - DISABLED FROM PRIOR ACCIDENT			
0		99 - OTHER / UNKNOWN			
0		1 - INTERSECTION - MARKED CROSSWALK			
0		2 - INTERSECTION - UNMARKED CROSSWALK			
0		3 - INTERSECTION - OTHER			
0		4 - MIDBLOCK - MARKED CROSSWALK			
0		5 - TRAVEL LANE - OTHER LOCATION			
0		6 - BICYCLE LANE			
0		7 - SHOULDER / ROADSIDE			
0		8 - SIDEWALK			
0		9 - MEDIAN/CROSSING ISLAND			
0		10 - DRIVEWAY ACCESS			
0		11 - SHARED USE PATHS OR TRAILS			
0		12 - FIRST RESPONDER AT INCIDENT SCENE			
0		99 - OTHER / UNKNOWN			
0		1 - NON-CONTACT			
0		2 - NON-COLLISION			
0		3 - STRIKING			
0		4 - STRUCK			
0		5 - BOTH STRIKING & STRUCK			
0		9 - OTHER / UNKNOWN			
0		1 - STRAIGHT AHEAD			
0		2 - BACKING			
0		3 - CHANGING LANES			
0		4 - OVERTAKING/PASSING			
0		5 - MAKING RIGHT TURN			
0		6 - MAKING LEFT TURN			
0		7 - MAKING U-TURN			
0		8 - ENTERING TRAFFIC LANE			
0		9 - LEAVING TRAFFIC LANE			
0		10 - PARKED			
0		11 - SLOWING OR STOPPED IN TRAFFIC			
0		12 - DRIVERLESS			
0		13 - NEGOTIATING A CURVE			
0		14 - ENTERING OR CROSSING SPECIFIED LOCATION			
0		15 - WALKING, RUNNING, JOGGING, PLAYING			
0		16 - WORKING			
0		17 - PUSHING VEHICLE			
0		18 - APPROACHING OR LEAVING VEHICLE			
0		19 - STANDING			
0		20 - OTHER NON-MOTORIST			
0		21 - STANDING OUTSIDE DISABLED VEHICLE			
0		99 - OTHER / UNKNOWN			
0		1 - NONE			
0		2 - FAILURE TO YIELD			
0		3 - RAN RED LIGHT			
0		4 - RAN STOP SIGN			
0		5 - UNSAFE SPEED			
0		6 - IMPROPER TURN			
0		7 - LEFT OF CENTER			
0		8 - FOLLOWING TOO CLOSE / ACDA			
0		9 - IMPROPER LANE CHANGE			
0		10 - IMPROPER PASSING			
0		11 - DROVE OFF ROAD			
0		12 - IMPROPER BACKING			
0		13 - IMPROPER START FROM A PARKED POSITION			
0		14 - STOPPED OR PARKED ILLEGALLY			
0		15 - SWERVING TO AVOID			
0		16 - WRONG WAY			
0		17 - VISION OBSTRUCTION			
0		18 - OPERATING DEFECTIVE EQUIPMENT			
0		19 - LOAD SHIFTING/FALLING/ SPILLING			
0		20 - IMPROPER CROSSING			
0		21 - LYING IN ROADWAY			
0		22 - NOT DISCERNIBLE			
0		23 - OPENING DOOR INTO ROADWAY			
0		99 - OTHER IMPROPER ACTION			
0		1 - NONE			
0		2 - FIRE/EXPLOSION			
0		3 - IMMERSION			
0		4 - JACKKNIFE			
0		5 - CARGO / EQUIPMENT LOSS OR SHIFT			
0		6 - EQUIPMENT FAILURE			
0		7 - SEPARATION OF UNITS			
0		8 - RAN OFF ROAD RIGHT			
0		9 - RAN OFF ROAD LEFT			
0		10 - CROSS MEDIAN			
0		11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL			
0		12 - DOWNHILL RUNAWAY			
0		13 - OTHER NON-COLLISION			
0		14 - PEDESTRIAN			
0		15 - PEDALCYCLE			
0		16 - RAILWAY VEHICLE			
0		17 - ANIMAL - FARM			
0		18 - ANIMAL - DEER			
0		19 - ANIMAL - OTHER			
0		20 - MOTOR VEHICLE IN TRANSPORT			
0		21 - PARKED MOTOR VEHICLE			
0		22 - WORK ZONE MAINTENANCE EQUIPMENT			
0		23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE			
0		24 - OTHER MOVABLE OBJECT			
0		25 - IMPACT ATTENUATOR / CRASH CUSHION			
0		26 - BRIDGE OVERHEAD STRUCTURE			
0		27 - BRIDGE PIER OR ABUTMENT			
0		28 - BRIDGE PARAPET			
0		29 - BRIDGE RAIL			
0		30 - GUARDRAIL FACE			
0		31 - GUARDRAIL END			
0		32 - PORTABLE BARRIER			
0		33 - MEDIAN CABLE BARRIER			
0		34 - MEDIAN GUARDRAIL BARRIER			
0		35 - MEDIAN CONCRETE BARRIER			
0		36 - MEDIAN OTHER BARRIER			
0		37 - TRAFFIC SIGN POST			
0		38 - OVERHEAD SIGN POST			
0		39 - LIGHT / LUMINARIES SUPPORT			
0		40 - UTILITY POLE			
0		41 - OTHER POST, POLE OR SUPPORT			
0		42 - CULVERT			
0		43 - CURB			
0		44 - DITCH			
0		45 - EMBANKMENT			
0		46 - FENCE			
0		47 - MAILBOX			
0		48 - TREE			
0		49 - FIRE HYDRANT			
0		50 - WORK ZONE MAINTENANCE EQUIPMENT			
0		51 - WALL			
0		52 - BUILDING			
0		53 - TUNNEL			
0		54 - OTHER FIXED OBJECT			
0		99 - OTHER / UNKNOWN			
0		FIRST HARMFUL EVENT			
0		MOST HARMFUL EVENT			

LOCAL REPORT NUMBER 2 2 0 6 1 2 9 1	
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 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 # OF THROUGH LANES ON ROAD 4	
TRAFFIC CONTROL 6 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL	
RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	
UNIT / NON-MOTORIST DIRECTION FROM 7 TO 6 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 0 POSTED SPEED 3 5	
DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	

OHIO DEPARTMENT
OF PUBLIC SAFETY
HIGHWAY PATROL

Motorist / Non-Motorist

LOCAL REPORT NUMBER										
2 2 0 6 1 2 9 1										
UNIT #	NAME: LAST, FIRST, MIDDLE									
0 1	MANGANE, ASTOU DIAGNE									
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
5569 CHATEAU WAY FAIRFIELD, OHIO 45014										
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
5					0 4	<input type="checkbox"/>	0 1	1	1	1
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER		
O H			333.03A		<input checked="" type="checkbox"/>	ACDA		254853		
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		
4				1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4		
UNIT # NAME: LAST, FIRST, MIDDLE										
0 2 CAMP, BRENT										
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
2251 WOODACRE DR CINCINNATI OH 45231										
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
5					0 4	<input type="checkbox"/>	0 1	1	1	1
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER		
O H					<input type="checkbox"/>					
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		
2		0 3		1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4		
UNIT # NAME: LAST, FIRST, MIDDLE										
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
						<input type="checkbox"/>				
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER		
					<input type="checkbox"/>					
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		
					<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4		
INJURIES										
1 - FATAL										
2 - SUSPECTED SERIOUS INJURY										
3 - SUSPECTED MINOR INJURY										
4 - POSSIBLE INJURY										
5 - NO APPARENT INJURY										
SEATING POSITION										
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										
AIR BAG										
1 - NOT DEPLOYED										
2 - DEPLOYED FRONT										
3 - DEPLOYED SIDE										
4 - DEPLOYED BOTH FRONT / SIDE										
5 - NOT APPLICABLE										
9 - DEPLOYMENT UNKNOWN										
OL CLASS										
1 - CLASS A										
2 - CLASS B										
3 - CLASS C										
4 - REGULAR CLASS (OHIO - D)										
5 - M/C MOPED ONLY										
6 - NO VALID OL										
OL RESTRICTION(S)										
1 - ALCOHOL INTERLOCK DEVICE										
2 - CDL INTRASTATE ONLY										
3 - CORRECTIVE LENSES										
4 - FARM WAIVER										
5 - EXCEPT CLASS A BUS										
6 - EXCEPT CLASS A & CLASS B BUS										
7 - EXCEPT TRACTOR-TRAILER										
8 - INTERMEDIATE LICENSE RESTRICTIONS										
9 - LEARNER'S PERMIT RESTRICTIONS										
10 - LIMITED TO DAYLIGHT ONLY										
11 - LIMITED TO EMPLOYMENT										
12 - LIMITED - OTHER										
13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)										
14 - MILITARY VEHICLES ONLY										
15 - MOTOR VEHICLES WITHOUT AIR BRAKES										
16 - OUTSIDE MIRROR										
17 - PROSTHETIC AID										
18 - OTHER										
DRIVER DISTRACTION										
1 - NOT DISTRACTED										
2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)										
3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE										
4 - TALKING ON HAND-HELD COMMUNICATION DEVICE										
5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE										
6 - PASSENGER										
7 - OTHER DISTRACTION INSIDE THE VEHICLE										
8 - OTHER DISTRACTION OUTSIDE THE VEHICLE										
9 - OTHER / UNKNOWN										
TEST STATUS										
1 - NONE GIVEN										
2 - TEST REFUSED										
3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE										
4 - TEST GIVEN, RESULTS KNOWN										
5 - TEST GIVEN, RESULTS UNKNOWN										
INJURED TAKEN BY										
1 - NOT TRANSPORTED / TREATED AT SCENE										
2 - EMS										
3 - POLICE										
9 - OTHER / UNKNOWN										
SAFETY EQUIPMENT										
1 - NONE USED										
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										
99 - OTHER / UNKNOWN										
EJECTION										
1 - NOT EJECTED										
2 - PARTIALLY EJECTED										
3 - TOTALLY EJECTED										
4 - NOT APPLICABLE										
OL ENDORSEMENT										
H - HAZMAT										
M - MOTORCYCLE										
P - PASSENGER										
N - TANKER										
Q - MOTOR SCOOTER										
R - THREE-WHEEL MOTORCYCLE										
S - SCHOOL BUS										
T - DOUBLE & TRIPLE TRAILERS										
X - TANKER / HAZMAT										
GENDER										
F - FEMALE										
M - MALE										
U - OTHER / UNKNOWN										
TRAPPED										
1 - NOT TRAPPED										
2 - EXTRICATED BY MECHANICAL MEANS										
3 - FREED BY NON-MECHANICAL MEANS										
ALCOHOL TEST TYPE										
1 - NONE										
2 - BLOOD										
3 - URINE										
4 - BREATH										
5 - OTHER										
DRUG TEST TYPE										
1 - NONE										
2 - BLOOD										
3 - URINE										
4 - BREATH										
5 - OTHER										
CONDITION										
1 - APPARENTLY NORMAL										
2 - PHYSICAL IMPAIRMENT										
3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)										
4 - ILLNESS										
5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.										
6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL										
9 - OTHER / UNKNOWN										
DRUG TEST RESULT(S)										
1 - AMPHETAMINES										
2 - BARBITURATES										
3 - BENZODIAZEPINES										
4 - CANNABINOIDS										
5 - COCAINE										
6 - OPIATES / OPIOIDS										
7 - OTHER										
8 - NEGATIVE RESULTS										



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
2 2 0 6 1 2 9 1

OCCUPANT	UNIT # 2	NAME: LAST, FIRST, MIDDLE CAUDILL, JOHN O'NEAL			DATE OF BIRTH 0 1 0 7 1 9 7 7		AGE 4 5	GENDER M	
	ADDRESS: STREET, CITY, STATE, ZIP 3201 BENNINGHOFEN AVE HAMILTON, OHIO 45015				CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 1	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 6	AIR BAG USAGE 0 5	EJECTION 1
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE 0	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE 0	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE 0	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE 0	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION

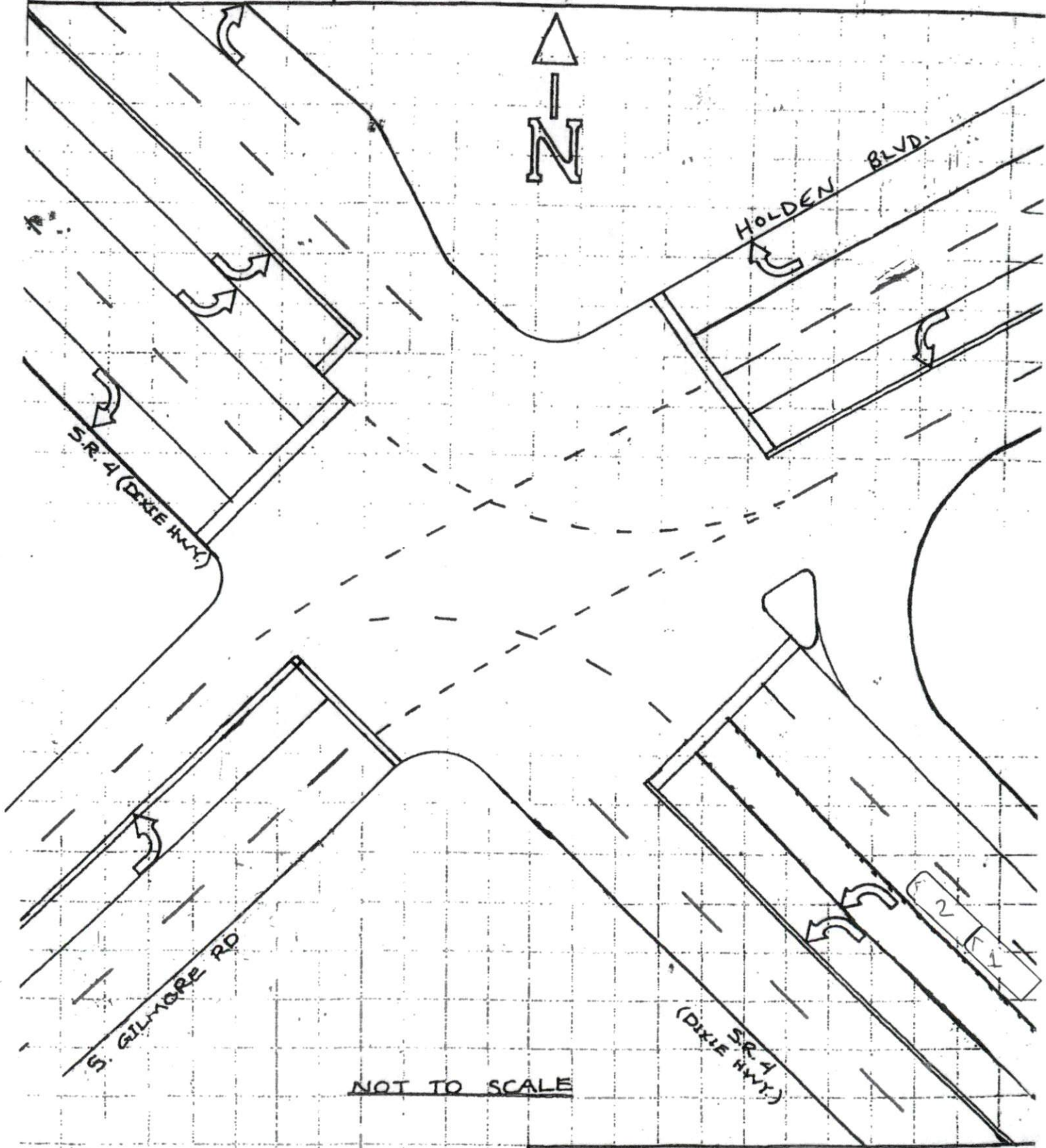
INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY 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	

INJURED TAKEN BY	EJECTION	TRAPPED
1 - NOT TRANSPORTED / TREATED AT SCENE	1 - NOT EJECTED	1 - NOT TRAPPED
2 - EMS	2 - PARTIALLY EJECTED	2 - EXTRICATED BY MECHANICAL MEANS
3 - POLICE	3 - TOTALLY EJECTED	3 - FREED BY NON-MECHANICAL MEANS
9 - OTHER / UNKNOWN	4 - NOT APPLICABLE	

GENDER
F - FEMALE
M - MALE
U - OTHER / UNKNOWN

WITNESS	NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE 0	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE			
WITNESS	NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE 0	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE			
WITNESS	NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE 0	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE			

LOCAL REPORT NUMBER 22-061291	REPORTING AGENCY FAIRFIELD P.D.	DATE OF CRASH M 8 D 25 Y 22
IN COUNTY OF BUTLER	CRASH LOCATION SR4 (DIXIE HWY) / 5575 DIXIE HWY	



OFFICER'S SIGNATURE X <i>[Signature]</i>	BADGE NUMBER 88
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