

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY				LOCAL INFORMATION				LOCAL REPORT NUMBER*				
				REPORTING AGENCY NAME* Fairfield Police Department NCIC* 00901				22069873	HIT/SKIP 1-SOLVED 2-UNSOVED 02	NUMBER OF UNITS 01	UNIT IN ERROR 98-ANIMAL 99-UNKNOWN	
COUNTY* 09		LOCALITY* 1-CITY 1 2-VILLAGE 3-TOWNSHIP	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield				CRASH DATE / TIME* 09252022 2021		CRASH SEVERITY 1-FATAL 5 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY			
REFERENCE LOCATION	ROUTE TYPE U S	ROUTE NUMBER 127	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME Patterson			ROAD TYPE B L	LATITUDE DECIMAL DEGREES 39.340823				
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)			ROAD TYPE	LONGITUDE DECIMAL DEGREES 84.559808				
REFERENCE POINT 1-INTERSECTION 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 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	INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH 4 <input type="checkbox"/> WITHIN INTERCHANGE AREA						
DISTANCE FROM REFERENCE 10		DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS						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				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 4-DIVIDED, RAISED MEDIAN (ANY TYPE) 9-OTHER/UNKNOWN		
<input type="checkbox"/> WORK ZONE RELATED		<input type="checkbox"/> WORKERS PRESENT		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	CONDITIONS 1	SURFACE 2		
<input type="checkbox"/> LAW ENFORCEMENT PRESENT		<input type="checkbox"/> ACTIVE SCHOOL ZONE						1-STRAIGHT LEVEL	1-DRY	1-CONCRETE		
<input type="checkbox"/> LIGHT CONDITION 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN		<input type="checkbox"/> 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				2-STRAIGHT GRADE	2-WET	2-BLACKTOP, BITUMINOUS, ASPHALT		
								3-CURVE LEVEL	3-SNOW	3-BRICK/BLOCK		
								4-CURVE GRADE	4-ICE	4-SLAG, GRAVEL, STONE		
								9-OTHER/UNKNOWN	5-SAND, MUD, DIRT, OIL, GRAVEL	5-DIRT		
								6-WATER (STANDING, MOVING)	6-OTHER/UNKNOWN	9-OTHER/UNKNOWN		
								7-SLUSH				
NARRATIVE										 Indicate the north direction with an "N" on the compass diagram.		
<p>On 9-25-22 at 8:21 PM Unit 1 was traveling north on US127 and when approaching the intersection to US127 and Patterson Blvd. failed to stop within the assured clear distance ahead and collided with Unit 2 who was also northbound on US127 stopped at the intersection of US127 and Patterson Blvd.</p>										SEE OH-2		
CRASH REPORTED DATE / TIME 09252022 2021				DISPATCH DATE / TIME 09252022 2024			ARRIVAL DATE / TIME 09252022 2026		SCENE CLEARED DATE / TIME 09252022 2047		REPORT TAKEN BY	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME 10	TOTAL MINUTES 33	OFFICER'S NAME* T. King			CHECKED BY OFFICER'S NAME* Po. R. Fleenor			<input checked="" type="checkbox"/> POLICE AGENCY		
				OFFICER'S BADGE NUMBER* 161			CHECKED BY OFFICER'S BADGE NUMBER* 117			<input type="checkbox"/> MOTORIST		
										<input type="checkbox"/> SUPPLEMENT (CORRECTION or ADDITION TO AN EXISTING REPORT SENT TO (DPS)		

2 2 0 6 9 8 7 3

OWNER

UNIT # OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) **0 1** Harper, Craig
 OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) **9 1 3 7 1 3 0 5 8 3 2 7**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)

3235 Dalmellington Ct, Cincinnati OH 45251

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE O H	LICENSE PLATE # 1HARPER	VEHICLE IDENTIFICATION # 1 G N S K R K D 4 M R 2 6 5 9 7 3	VEHICLE YEAR 2 0 2 1	VEHICLE MAKE Chevy
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY Allstate	INSURANCE POLICY # 826275013	COLOR Black	VEHICLE MODEL Tahoe
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS 0 1	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

1 - PASSENGER CAR 0 3	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?	2	0 - NO AUTOMATION 0	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN
1 - YES	2 - NO	1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION	
9 - OTHER / UNKNOWN		2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION	

1 - NONE 0 1	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 0 1	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 - CARGOTANK	13 - AUTO TRANSPORTER
		7 - GRAIN/CHIPS/GRAVEL	10 - FLAT BED	14 - GARBAGE/REFUSE
			11 - DUMP	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 1	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER
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

1 - NON-CONTACT 0 3	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 0 1	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	15 - WALKING, RUNNING, JOGGING, PLAYING	20 - OTHER NON-MOTORIST
4 - STRUCK PRE-CRASH 4	4 - OVERTAKING/PASSING	10 - PARKED	16 - WORKING	21 - STANDING OUTSIDE DISABLED VEHICLE
5 - BOTH STRIKING & STRUCK 5	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 0 8	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

NON-COLLISION			
1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE
2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	12 - DOWNHILL RUNAWAY	17 - ANIMAL - FARM
3 - IMMERSION	8 - RAN OFF ROAD RIGHT	13 - OTHER NON-COLLISION	18 - ANIMAL - DEER
2 - JACKKNIFE	9 - RAN OFF ROAD LEFT	14 - PEDESTRIAN	19 - ANIMAL - OTHER
5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	15 - PEDALCYCLE	20 - MOTOR VEHICLE IN TRANSPORT
			21 - PARKED MOTOR VEHICLE

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

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER

2 2 0 6 9 8 7 3

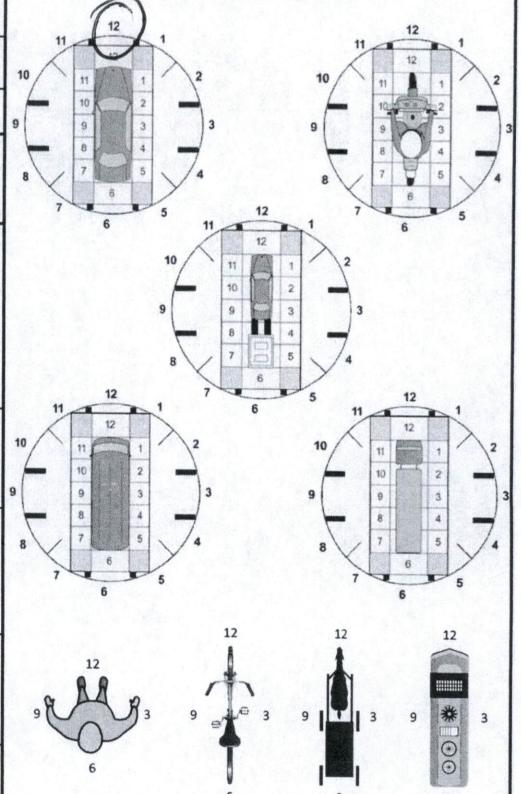
DAMAGE

DAMAGE SCALE

1 - NONE	3 - FUNCTIONAL DAMAGE
2 - MINOR DAMAGE	4 - DISABLING DAMAGE
9 - UNKNOWN	

DAMAGED AREA(S)

INDICATE ALL THAT APPLY

 - NO DAMAGE [0] - UNDERCARRIAGE [14] - TOP [13] - ALL AREAS [15] - UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT

0 - NO DAMAGE	14 - UNDERCARRIAGE
1-2 - REFER TO UNIT DIAGRAM	15 - VEHICLE NOT AT SCENE
13 - TOP	99 - UNKNOWN

TRAFFIC

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

OF THROUGH LANES ON ROAD

1	RAIL GRADE CROSSING
2	1 - NOT INVOLVED
1	2 - INVOLVED-ACTIVE CROSSING
	3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

FROM 2 TO 1	1 - NORTH	5 - NORTHEAST
	2 - SOUTH	6 - NORTHWEST
	3 - EAST	7 - SOUTHEAST
	4 - WEST	8 - SOUTHWEST
	9 - OTHER / UNKNOWN	

UNIT SPEED

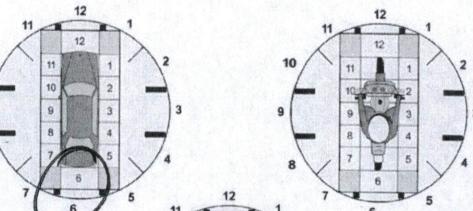
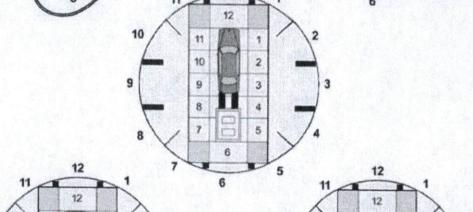
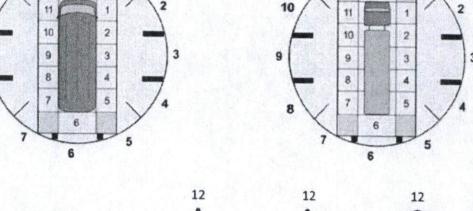
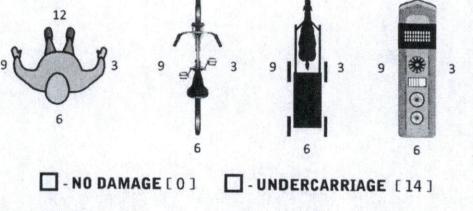
0 5	DETECTED SPEED
	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED

POSTED SPEED

2 5

2 2 0 6 9 8 7 3

OWNER #	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER)																														
0 2	Amekudzl, Charlton		5 1 3 4 3 7 7 7 1 8																														
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER)			5366 SOUTHGATE BLVD APT 10 FAIRFIELD OH 45014																														
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																														
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR																														
O H	JCC9541	1 H G C P 2 6 8 6 8 A 1 1 3 8 1 6	2 0 0 8																														
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR																														
	Progressive	940974469	Black																														
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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	18 - ANIMAL - DEER																												
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	13 - OTHER NON-COLLISION	19 - ANIMAL - OTHER	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION																												
2	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	10 - CROSS MEDIAN	20 - MOTOR VEHICLE IN TRANSPORT	24 - BY A MOTOR VEHICLE																												
	5 - CARGO / EQUIPMENT LOSS OR SHIFT		14 - PEDESTRIAN	21 - PARKED MOTOR VEHICLE	24 - OTHER MOBILE OBJECT																												
3			15 - PEDALCYCLE																														
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																												
5	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																												
6	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																														

DAMAGE		
DAMAGE SCALE		
2	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
DAMAGED AREA(S) INDICATE ALL THAT APPLY		
   		
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14]		
<input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15]		
<input type="checkbox"/> - UNIT NOT AT SCENE [16]		
INITIAL POINT OF CONTACT		
0 6	0 - NO DAMAGE	14 - UNDERCARRIAGE
	1-12 - REFER TO UNIT DIAGRAM	15 - VEHICLE NOT AT SCENE
	99 - UNKNOWN	
13 - TOP		
TRAFFIC		
TRAFFICWAY FLOW	TRAFFIC CONTROL	
1 - ONE-WAY	1 - ROUNDABOUT	4 - STOP SIGN
2 - TWO-WAY	2 - SIGNAL	5 - YIELD SIGN
	3 - FLASHER	6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING	
2	1 - NOT INVOLVED	1 - INVOLVED-ACTIVE CROSSING
	2 - INVOLVED-PASSIVE CROSSING	3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION		
FROM 2	TO 1	1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
UNIT SPEED		
0	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 6 9 8 7 3									
DATE OF BIRTH					AGE	GENDER			
0 1 2 2 1 9 9 4					2 8	M			
CONTACT PHONE - INCLUDE AREA CODE									

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)					SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET					SEATING POSITION	AIR BAG USAGE		EJECTION		TRAPPED	
	0 1	Burns, Raheem, Al-Amin										0 4	<input type="checkbox"/>					0 1	1		1		1	
ADDRESS: STREET, CITY, STATE, ZIP										3235 Dalmellington Ct, Cincinnati OH 45251														
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			X		ACDA					255582									
OL CLASS		ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3			DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED			CONDITION	ALCOHOL TEST					DRUG TEST(S)								
4						1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			1	<input type="checkbox"/> STATUS 1					<input type="checkbox"/> STATUS 1								
UNIT #		NAME: LAST, FIRST, MIDDLE					INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)					SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET					SEATING POSITION	AIR BAG USAGE		EJECTION		TRAPPED	
0 2		Owusu, Richmond										0 4	<input type="checkbox"/>					0 1	1		1		1	
ADDRESS: STREET, CITY, STATE, ZIP										3857 WOODRIDGE BLVD APT 12 FAIRFIELD OH 45014														
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		
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																								
OL CLASS		ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3			DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED			CONDITION	ALCOHOL TEST					DRUG TEST(S)								
4						1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			1	<input type="checkbox"/> STATUS 1					<input type="checkbox"/> STATUS 1								
UNIT #		NAME: LAST, FIRST, MIDDLE					INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)					SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET					SEATING POSITION	AIR BAG USAGE		EJECTION		TRAPPED	
0 2												0 4	<input type="checkbox"/>					0 1	1		1		1	
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									
OL CLASS		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 <input type="checkbox"/> OTHER DRUG			1	<input type="checkbox"/> STATUS 1					<input type="checkbox"/> STATUS 1								
INJURIES										SEATING POSITION	AIR BAG		OL CLASS	OL RESTRICTION(S)		DRIVER DISTRACTION		TEST STATUS						
1-FATAL 2-SUSPECTED SERIOUS INJURY 3-SUSPECTED MINOR INJURY 4-POSSIBLE INJURY 5-NO APPARENT INJURY										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	1-NOT DEPLOYED 2-DEPLOYED FRONT 3-DEPLOYED SIDE 4-DEPLOYED BOTH FRONT / SIDE 5-NOT APPLICABLE 9-DEPLOYMENT UNKNOWN		1-CLASS A 2-CLASS B 3-CLASS C 4-REGULAR CLASS (OHIO = D) 5-M/C MOPED ONLY 6-NO VALID OL	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		1-NOT DISTRACTED 2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3-EXCEPT CLASS A BUS 4-EXCEPT CLASS A & CLASS B BUS 5-EXCEPT TRACTOR-TRAILER 6-INTERMEDIATE LICENSE RESTRICTIONS 7-LEARNER'S PERMIT RESTRICTIONS 8-OTHER DISTRACTION INSIDE THE VEHICLE 9-OTHER DISTRACTION OUTSIDE THE VEHICLE 10-OTHER / UNKNOWN		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										EJECTION		OL ENDORSEMENT		TEST STATUS		ALCOHOL TEST TYPE								
1-NOT TRANSPORTED / TREATED AT SCENE 2-EMS 3-POLICE 9-OTHER / UNKNOWN										1-NOT EJECTED 2-PARTIALLY EJECTED 3-TOTALLY EJECTED 4-NOT APPLICABLE		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		1-NOT DISTRACTED 2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3-EXCEPT CLASS A BUS 4-EXCEPT CLASS A & CLASS B BUS 5-EXCEPT TRACTOR-TRAILER 6-INTERMEDIATE LICENSE RESTRICTIONS 7-LEARNER'S PERMIT RESTRICTIONS 8-OTHER DISTRACTION INSIDE THE VEHICLE 9-OTHER DISTRACTION OUTSIDE THE VEHICLE 10-OTHER / UNKNOWN		1-NONE 2-BLOOD 3-URINE 4-BREATH 5-OTHER								
SAFETY EQUIPMENT										TRAPPED		GENDER		TEST STATUS		DRUG TEST TYPE								
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										1-NOT TRAPPED 2-EXTRICATED BY MECHANICAL MEANS 3-FREED BY NON-MECHANICAL MEANS		F - FEMALE M - MALE U - OTHER / UNKNOWN		1-NOT DISTRACTED 2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3-EXCEPT CLASS A BUS 4-EXCEPT CLASS A & CLASS B BUS 5-EXCEPT TRACTOR-TRAILER 6-INTERMEDIATE LICENSE RESTRICTIONS 7-LEARNER'S PERMIT RESTRICTIONS 8-OTHER DISTRACTION INSIDE THE VEHICLE 9-OTHER DISTRACTION OUTSIDE THE VEHICLE 10-OTHER / UNKNOWN		1-NONE 2-BLOOD 3-URINE 4-BREATH 5-OTHER								
CONDITION										TEST STATUS		DRUG TEST RESULT(S)		DRUG TEST RESULT(S)										
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										TEST STATUS		1-AMPHETAMINES 2-BARBITURATES 3-BENZODIAZEPINES 4-CANNABINOIDS 5-COCAININE 6-OPIATES / OPIOIDS 7-OTHER 8-NEGATIVE RESULTS		1-AMPHETAMINES 2-BARBITURATES 3-BENZODIAZEPINES 4-CANNABINOIDS 5-COCAININE 6-OPIATES / OPIOIDS 7-OTHER 8-NEGATIVE RESULTS										

IN COUNTY OF

BUTLER

ACCIDENT
LOCATION

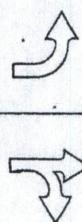
US127 / -Patterson Blvd-



5065
PLEASANT AVE.

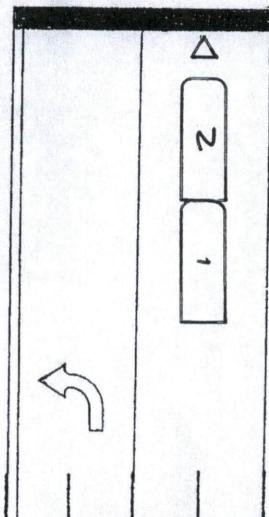
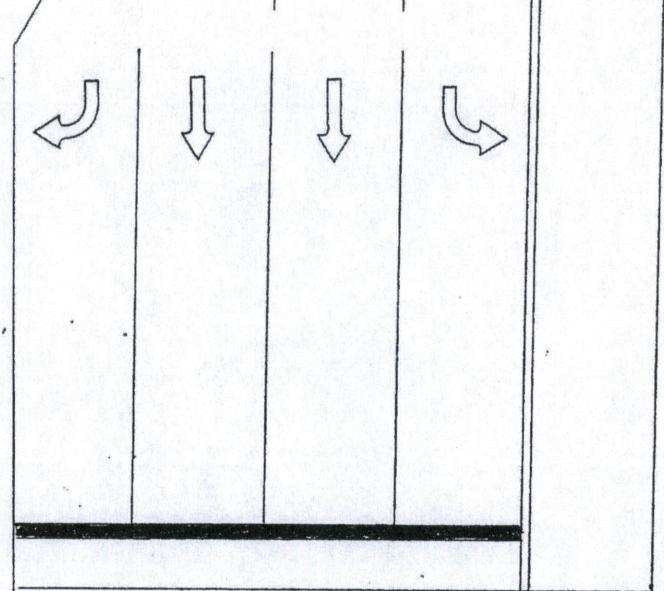
PATTERSON BLVD.

RIEGERT
SQUARE



5085
PLEASANT AVE.
B.P.

127 PLEASANT AVE.



NOT
TO
SCALE

OFFICERS SIGNATURE
T. King

BADGE NO.
166