

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

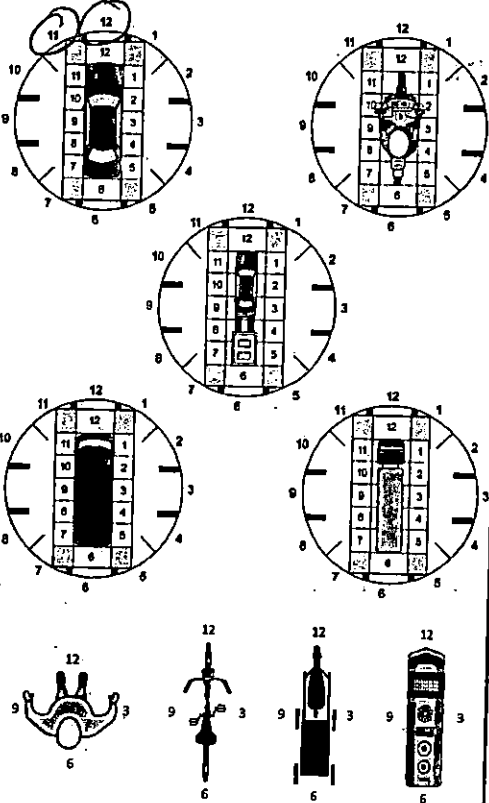
LOCAL REPORT NUMBER*

☒ PHOTOS TAKEN ☐ SECONDARY CRASH		☒ OH-2 ☐ OH-1P ☐ OTHER ☐ PRIVATE PROPERTY	LOCAL INFORMATION REPORTING AGENCY NAME* Fairfield Police Department		NCIC* 0,0,9,0,1	2,2,0,9,4,0,7,5	
COUNTY* 0,9	LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP 1	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield		CRASH DATE / TIME* 12,29,2022 14,26		CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY	
ROUTE TYPE 1	ROUTE NUMBER 1	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME Holden	ROAD TYPE B, V	LATITUDE DECIMAL DEGREES 39,3,3,3,7,5,4		
ROUTE TYPE 1	ROUTE NUMBER 1	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Port Union	ROAD TYPE R, D	LONGITUDE DECIMAL DEGREES 84,5,1,9,6,3,6		
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE # 1	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 ☒ WITHIN INTERSECTION OR ON APPROACH ☐ WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 4			
DISTANCE FROM REFERENCE 1	DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS			ROADWAY ☐ ROADWAY DIVIDED			
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 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 6		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 3 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 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 12/29/2022 at about 2:26 p.m. Unit 1 was traveling northeast on Holden BV and failed to stop for a traffic control device at the intersection with Port Union RD. Unit 1 crashed into Unit 2, who was northwest on Port Union RD. Unit 2 then crashed into Unit 3 who was stopped in traffic on Holden BV facing Southwest. The driver of Unit 1 was also cited with DUS 335.074a. The driver of Unit 1 stated that his brakes failed.				See OH-2			
CRASH REPORTED DATE / TIME 12,29,2022 14,27		DISPATCH DATE / TIME 12,29,2022 14,28		ARRIVAL DATE / TIME 12,29,2022 14,32		SCENE CLEARED DATE / TIME 12,29,2022 15,14	
TOTAL TIME ROADWAY CLOSED 2,0	OTHER INVESTIGATION TIME 6,0	TOTAL MINUTES 1,0,6	OFFICER'S NAME* Larsh, Sam	CHECKED BY OFFICER'S NAME* [Signature]		REPORT TAKEN BY ☒ POLICE AGENCY ☐ MOTORIST	
			OFFICER'S BADGE NUMBER* 1,3,4	CHECKED BY OFFICER'S BADGE NUMBER* 1,4,1		☐ SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP)	

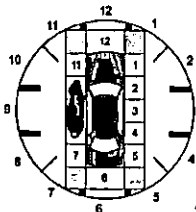
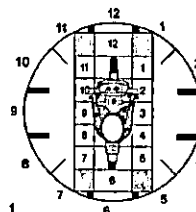
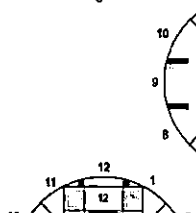
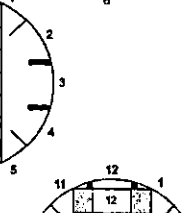
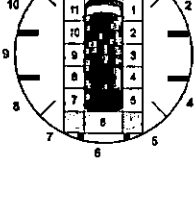
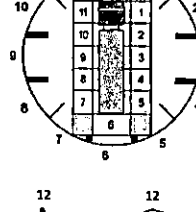
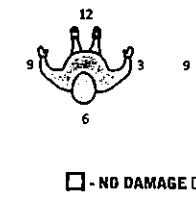
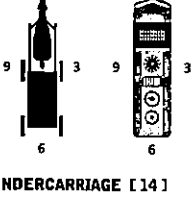
OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)	
	01	Agyei, Eric			
VEHICLE	OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)				COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
	19 Bellbrook Ct., C, Fairfield, Ohio, 45014				
EVENT(S)	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #		VEHICLE YEAR
	OH	HZJ4458	1GAGG25K811173084		2008
	INSURANCE VERIFIED	INSURANCE COMPANY		INSURANCE POLICY #	COLOR
	☑	Geico		4353-56-05-94	White
	TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	
	☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE			Waynes	
	INTERLOCK DEVICE EQUIPPED		#OCCUPANTS	HAZARDOUS MATERIAL	
	☐		1	☐ MATERIAL RELEASED CLASS # PLACARD ID #	
	HIT/SKIP UNIT		VEHICLE WEIGHT GVWR/GCWR	☐ PLACARD	
	☐		1	1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
VEHICLE	UNIT TYPE				
	5				
	# OF TRAILING UNITS				
	0				
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?				
	2				
	AUTONOMOUS MODE LEVEL				
	1				
	SPECIAL FUNCTION				
	1				
VEHICLE	CARGO BODY TYPE				
	1				
	VEHICLE DEFECTS				
	9, 9				
	NON-MOTORIST LOCATION AT IMPACT				
	1				
	ACTION				
	4				
	CONTRIBUTING CIRCUMSTANCES				
	3				
EVENT(S)	SEQUENCE OF EVENTS				
	1, 2, 0				
	NON-COLLISION				
	11				
	COLLISION WITH FIXED OBJECT				
	1				
	FIRST HARMFUL EVENT				
	1				
	MOST HARMFUL EVENT				
	1				

LOCAL REPORT NUMBER	
2, 2, 0, 9, 4, 0, 7, 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	
☐ - NO DAMAGE [0] ☐ - UNDERCARRIAGE [14] ☐ - TOP [13] ☐ - ALL AREAS [15] ☐ - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT	
1, 2	
0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
3	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM 8 TO 5	
UNIT SPEED	DETECTED SPEED
	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	
3, 5	

OWNER	UNIT # 02	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) Operation Serve INC	OWNER PHONE: (201) 454-7000 (LOCAL AREA CODE)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 1231 Hicks Bv., Ste B, Fairfield, Ohio, 45014				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: (INCLUDE AREA CODE)			
VEHICLE	LP STATE OH	LICENSE PLATE # GCY1492	VEHICLE IDENTIFICATION # 4T1BK1E85EU096836	VEHICLE YEAR 2014	VEHICLE MAKE Toyota
	☒ INSURANCE VERIFIED	INSURANCE COMPANY Geico	INSURANCE POLICY # 4353-56-05-94	COLOR Beige	VEHICLE MODEL Avalon
	☐ COMMERCIAL	☐ GOVERNMENT	☐ IN EMERGENCY RESPONSE	TOWED BY: COMPANY NAME Fox	
	☐ INTERLOCK DEVICE EQUIPPED	☐ HIT/SKIP UNIT	#OCCUPANTS 01	HAZARDOUS MATERIAL MATERIAL CLASS # PLACARD ID #	
	UNIT TYPE 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? 1 YES 2 NO 9 OTHER/UNKNOWN				
	AUTONOMOUS MODE LEVEL 0 NO AUTOMATION 1 DRIVER ASSISTANCE 3 CONDITIONAL AUTOMATION 9 UNKNOWN 2 PARTIAL AUTOMATION 4 HIGH AUTOMATION 5 FULL AUTOMATION				
	SPECIAL FUNCTION 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 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/RAVEL 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 AT INCIDENT SCENE 2 INTERSECTION - UNMARKED CROSSWALK 4 MIDBLOCK - MARKED CROSSWALK 7 SHOULDER/ROADSIDE 10 DRIVEWAY ACCESS 11 SHARED USE PATHS OR TRAILS 99 OTHER / UNKNOWN 5 TRAVEL LANE - OTHER LOCATION					
ACTION 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 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 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 OVERTURN/ROLLOVER 6 EQUIPMENT FAILURE 11 NON-COLLISION 16 RAILWAY VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 2 FIRE/EXPLOSION 7 SEPARATION OF UNITS 12 CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 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 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 MEDIUM CABLE BARRIER 39 LIGHT / LUMINARIES SUPPORT 45 EMBANKMENT 52 BUILDING 28 BRIDGE PARAPET 34 MEDIUM GUARDRAIL BARRIER 40 UTILITY POLE 46 FENCE 53 TUNNEL 29 BRIDGE RAIL 35 MEDIUM CONCRETE BARRIER 41 OTHER POST, POLE OR SUPPORT 47 MAILBOX 54 OTHER FIXED OBJECT 30 GUARDRAIL FACE 36 MEDIUM OTHER BARRIER 42 CULVERT 48 TREE 99 OTHER / UNKNOWN					
FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT					

LOCAL REPORT NUMBER 2, 2, 0, 9, 4, 0, 7, 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 	
☐ NO DAMAGE [0] ☐ UNDERCARRIAGE [14] ☐ TOP [13] ☐ ALL AREAS [15] ☐ UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT 0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN	
TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 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 - 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 3 5	DETECTED SPEED 3 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED

OWNER	UNIT # 013	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)		
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
	LP STATE OH	LICENSE PLATE # P776375	VEHICLE IDENTIFICATION # 1FAH1P156U176A1161542
	INSURANCE VERIFIED	INSURANCE COMPANY State Farm	INSURANCE POLICY # 2246025SFP35
	TYPE OF USE ☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE	US DOT #	VEHICLE YEAR 2006
	INTERLOCK DEVICE EQUIPPED	HIT/SKIP UNIT	VEHICLE MAKE Ford
	#OCCUPANTS 2	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	VEHICLE MODEL Taurus
	HAZARDOUS MATERIAL ☐ MATERIAL RELEASED ☐ PLACARD	TOWED BY: COMPANY NAME	
	UNIT TYPE 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICKUP 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		
	# OF TRAILING UNITS 0		
	EVENT(S)	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN	
SPECIAL FUNCTION 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			
CARGO BODY TYPE 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/RAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN			
VEHICLE DEFECTS 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN			
NON-MOTORIST LOCATION AT IMPACT 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 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 99 - OTHER / UNKNOWN			
ACTION 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 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 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN			
CONTRIBUTING CIRCUMSTANCES 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 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			
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 - MOTORVEHICLE IN TRANSPORT 21 - PARKED MOTORVEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTORVEHICLE 24 - OTHER MOVABLE OBJECT			
COLLISION WITH FIXED OBJECT / STRUCK 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			
FIRST HARMFUL EVENT 1			
MOST HARMFUL EVENT 1			

LOCAL REPORT NUMBER 2 2 0 9 4 0 7 5	
DAMAGE DAMAGE SCALE 3 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 9 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 3 TRAFFIC CONTROL 2 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL	
RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	
UNIT / NON-MOTORIST DIRECTION FROM 5 TO 8 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 3 5	



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2 2 0 9 4 0 7 5

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE Adoyi, Abdel, Azim	DATE OF BIRTH 0 4 2 6 1 9 9 6		AGE 2 6	GENDER M					
ADDRESS: STREET, CITY, STATE, ZIP 661 W Sharon Rd., Cincinnati, Ohio, 45240		CONTACT PHONE - INCLUDE AREA CODE								
INJURIES 3	INJURED TAKEN BY 2	EMS AGENCY (NAME) COFFD	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) Mercy	SAFETY EQUIPMENT USED 4	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 2	EJECTION 1	TRAPPED 1	
OL STATE OH	OPERATOR LICENSE NUMBER	OFFENSE CHARGED 313.01a	LOCAL CODE ☒	OFFENSE DESCRIPTION Traffic Control Device		CITATION NUMBER 255150				
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED ☐ ALCOHOL ☐ MARIJUANA ☐ 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 Sadik, Sameh, Samir	DATE OF BIRTH 0 1 0 7 1 9 6 6		AGE 5 7	GENDER M					
ADDRESS: STREET, CITY, STATE, ZIP 4938 Streamside Ct., Liberty Township, OH., 45011		CONTACT PHONE - INCLUDE AREA CODE								
INJURIES 3	INJURED TAKEN BY 2	EMS AGENCY (NAME) COFFD	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) West Chester Hospita	SAFETY EQUIPMENT USED 4	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 4	EJECTION 1	TRAPPED 1	
OL STATE OH	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE ☐	OFFENSE DESCRIPTION		CITATION NUMBER				
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED ☐ ALCOHOL ☐ MARIJUANA ☐ 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 3	NAME: LAST, FIRST, MIDDLE Coffey, Jonathan	DATE OF BIRTH 1 0 1 5 1 9 6 9		AGE 5 3	GENDER M					
ADDRESS: STREET, CITY, STATE, ZIP 16 Waco Way, Hamilton, OH., 45015		CONTACT PHONE - INCLUDE AREA CODE								
INJURIES 4	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 4	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE OH	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE ☐	OFFENSE DESCRIPTION		CITATION NUMBER				
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED ☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE 1 1		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1	

INJURIES		SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1-FATAL		1-FRONT-LEFT SIDE (MOTORCYCLE DRIVER)	1-NOT DEPLOYED	1-CLASS A	1-ALCOHOL INTERLOCK DEVICE	1-NOT DISTRACTED	1-NONE GIVEN
2-SUSPECTED SERIOUS INJURY		2-FRONT-MIDDLE	2-DEPLOYED FRONT	2-CLASS B	2-COL 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-MIC 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	OL ENDORSEMENT	7-EXCEPT TRACTOR-TRAILER	7-OTHER DISTRACTION INSIDE THE VEHICLE	1-NONE
2-EMS		8-THIRD-MIDDLE	1-NOT EJECTED	H-HAZMAT	8-INTERMEDIATE LICENSE RESTRICTIONS	8-OTHER DISTRACTION OUTSIDE THE VEHICLE	2-BLOOD
3-POLICE		9-THIRD-RIGHT SIDE	2-PARTIALLY EJECTED	M-MOTORCYCLE	9-LEARNER'S PERMIT RESTRICTIONS	9-OTHER / UNKNOWN	3-URINE
9-OTHER / UNKNOWN		10-SLEEPER SECTION OF TRUCK CAB	3-TOTALLY EJECTED	P-PASSENGER	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	N-TANKER	11-LIMITED TO EMPLOYMENT	1-APPARENTLY NORMAL	5-OTHER
1-NONE USED		12-PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED	Q-MOTOR SCOOTER	12-LIMITED-OTHER	2-PHYSICAL IMPAIRMENT	DRUG TEST TYPE
2-SHOULDER BELT ONLY USED		13-TRAILING UNIT	1-NOT TRAPPED	R-THREE-WHEEL MOTORCYCLE	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	1-NONE
3-LAP BELT ONLY USED		14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2-EXTRICATED BY MECHANICAL MEANS	S-SCHOOL BUS	14-MILITARY VEHICLES ONLY	4-ILLNESS	2-BLOOD
4-SHOULDER & LAP BELT USED		15-NON-MOTORIST	3-FREED BY NON-MECHANICAL MEANS	T-DOUBLE & TRIPLE TRAILERS	15-MOTOR VEHICLES WITHOUT AIR BRAKES	5-FELL ASLEEP, FAINTED, FATIGUED, ETC.	3-URINE
5-CHILD RESTRAINT SYSTEM FORWARD FACING		99-OTHER / UNKNOWN	GENDER	U-TANKER / HAZMAT	16-OUTSIDE MIRROR	6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	4-OTHER
6-CHILD RESTRAINT SYSTEM REAR FACING			F-FEMALE		17-PROSTHETIC AID	9-OTHER / UNKNOWN	DRUG TEST RESULT(S)
7-BOOSTER SEAT			M-MALE		18-OTHER		1-AMPHETAMINES
8-HELMET USED			U-OTHER / UNKNOWN				2-BARBITURATES
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)							3-BENZODIAZEPINES
10-REFLECTIVE CLOTHING							4-CANNABINOIDS
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY							5-COCAINE
99-OTHER / UNKNOWN							6-OPiates / OPIOIDS
							7-OTHER
							8-NEGATIVE RESULTS



OCCUPANT / WITNESS ADDENDUM

					LOCAL REPORT NUMBER					
					2 2 0 9 4 0 7 5					
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER		
	3	Coffey, Christopher			0 5 2 9 1 9 9 6		2 6	M		
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
16 Waco Way, Hamilton, OH., 45015										
OCCUPANT	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				4	☐	3	1	1	1
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER		
							0			
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
OCCUPANT	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
						☐				
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER		
							0			
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
OCCUPANT	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
						☐				
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER		
							0			
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
OCCUPANT	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
						☐				
	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)		EJECTION			
	2 - EMS		8 - HELMET USED		8 - THIRD - MIDDLE		1 - NOT EJECTED			
	3 - POLICE		9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED			
9 - OTHER / UNKNOWN		10 - REFLECTIVE CLOTHING		10 - SLEEPER SECTION OF TRUCK CAB		3 - TOTALLY EJECTED				
GENDER		11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		4 - NOT APPLICABLE				
F - FEMALE		99 - OTHER / UNKNOWN		12 - PASSENGER IN UNENCLOSED CARGO AREA		TRAPPED				
M - MALE				13 - TRAILING UNIT		1 - NOT TRAPPED				
U - OTHER / UNKNOWN				14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		2 - EXTRICATED BY MECHANICAL MEANS				
				15 - NON-MOTORIST		3 - FREED BY NON-MECHANICAL MEANS				
				99 - OTHER / UNKNOWN						
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					

REPORT NUMBER 22-094075

COUNTY OF BUTLER

REPORT

FAIRFIELD P.D. 00901

M 12 10 29 PM 22

ACCIDENT LOCATION

Holden & Port Union

