



\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

HSY7001 OH1 1/19 [760-0820]

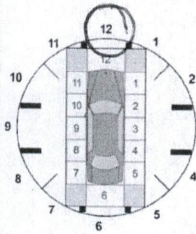
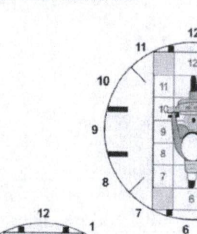
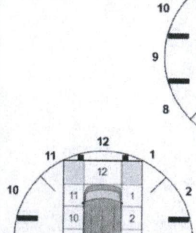
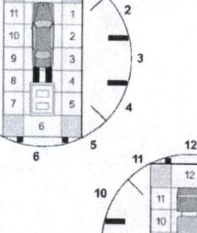
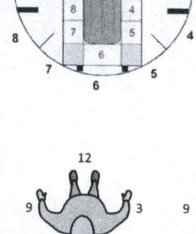
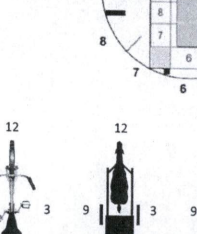
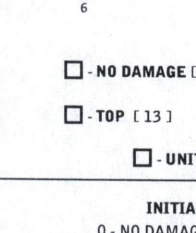
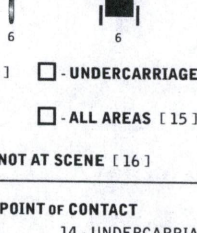
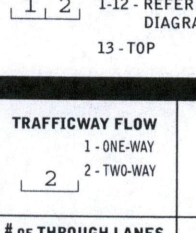
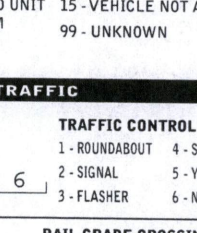
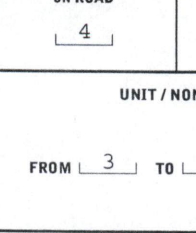
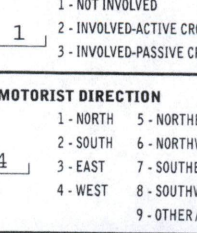
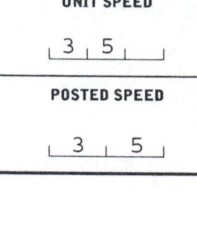
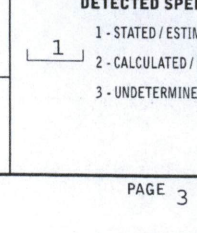


OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) BERRY, KIARA C	OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) L		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE OH	LICENSE PLATE # JMT2280	VEHICLE IDENTIFICATION # 1C4R1JFBG8M1C8111034	VEHICLE YEAR 2021	VEHICLE MAKE JEEP
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY CALIFORNIA CASUALTY	INSURANCE POLICY # 1A18328054	COLOR BLACK	VEHICLE MODEL GR CHERK
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	TOWED BY: COMPANY NAME FOX TOWING	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 01	HAZARDOUS MATERIAL CLASS # PLACARD ID #	
	TYPE OF USE		US DOT #	VEHICLE WEIGHT GVWR/GCWR	
	1 - PASSENGER CAR		12 - GOLF CART	1 - <10K LBS.	
	2 - PASSENGER VAN (MINIVAN)		13 - SNOWMOBILE	2 - 10,001 - 26K LBS.	
	3 - SPORT UTILITY VEHICLE		14 - SINGLE UNIT TRUCK	3 - >26K LBS.	
	4 - PICK UP		15 - SEMI-TRACTOR		
	5 - CARGO VAN		16 - FARM EQUIPMENT		
6 - VAN (9-15 SEATS)		17 - MOTORHOME			
7 - MOTORCYCLE 2-WHEELED		18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER		
8 - MOTORCYCLE 3-WHEELED		19 - BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)		
9 - AUTOCYCLE		20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST		
10 - MOPED OR MOTORIZED BICYCLE		21 - HEAVY EQUIPMENT	26 - BICYCLE		
11 - ALL TERRAIN VEHICLE (ATV / UTV)		22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN		
99 - UNKNOWN OR HIT/SKIP					
# OF TRAILING UNITS 00					
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		AUTONOMOUS MODE LEVEL			
0 - NO AUTOMATION		1 - DRIVER ASSISTANCE			
1 - YES		2 - PARTIAL AUTOMATION			
2 - NO		3 - CONDITIONAL AUTOMATION			
9 - OTHER / UNKNOWN		4 - HIGH AUTOMATION			
		5 - FULL AUTOMATION			
1 - NONE		6 - BUS - CHARTER/TOUR			
2 - TAXI		7 - BUS - INTERCITY			
3 - ELECTRONIC RIDE SHARING		8 - BUS - SHUTTLE			
4 - SCHOOL TRANSPORT		9 - BUS - OTHER			
5 - BUS - TRANSIT/COMMUTER		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			
1 - NO CARGO BODY TYPE / NOT APPLICABLE		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE			
2 - BUS		4 - LOGGING			
		5 - INTERMODAL CONTAINER CHASSIS			
		6 - CARGO VAN/ENCLOSED BOX			
		7 - GRAIN/CHIPS/GRAVEL			
		8 - POLE			
		9 - CARGO TANK			
		10 - FLAT BED			
		11 - DUMP			
		12 - CONCRETE MIXER			
		13 - AUTO TRANSPORTER			
		14 - GARBAGE/REFUSE			
		99 - OTHER / UNKNOWN			
1 - TURN SIGNALS		4 - BRAKES			
2 - HEAD LAMPS		5 - STEERING			
3 - TAIL LAMPS		6 - TIRE BLOWOUT			
		7 - WORN OR SLICK TIRES			
		8 - TRAILER EQUIPMENT DEFECTIVE			
		9 - MOTOR TROUBLE			
		10 - DISABLED FROM PRIOR ACCIDENT			
		99 - OTHER / UNKNOWN			
1 - INTERSECTION - MARKED CROSSWALK		3 - INTERSECTION - OTHER			
2 - INTERSECTION - UNMARKED CROSSWALK		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			
1 - NON-CONTACT		1 - STRAIGHT AHEAD			
2 - NON-COLLISION		2 - BACKING			
3 - STRIKING		3 - CHANGING LANES			
4 - STRUCK		4 - OVERTAKING/PASSING			
5 - BOTH STRIKING & STRUCK		5 - MAKING RIGHT TURN			
9 - OTHER / UNKNOWN		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			
1 - NONE		7 - LEFT OF CENTER			
2 - FAILURE TO YIELD		8 - FOLLOWING TOO CLOSE / ACDA			
3 - RAN RED LIGHT		9 - IMPROPER LANE CHANGE			
4 - RAN STOP SIGN		10 - IMPROPER PASSING			
5 - UNSAFE SPEED		11 - DROVE OFF ROAD			
6 - IMPROPER TURN		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			
CONTRIBUTING CIRCUMSTANCES		SEQUENCE OF EVENTS			
1 - OVERTURN/ROLLOVER		2 - EQUIPMENT FAILURE			
2 - FIRE/EXPLOSION		3 - SEPARATION OF UNITS			
3 - IMMERSION		4 - RAN OFF ROAD RIGHT			
4 - JACKKNIFE		5 - RAN OFF ROAD LEFT			
5 - CARGO / EQUIPMENT LOSS OR SHIFT		6 - CROSS MEDIAN			
		7 - IMPROPER START FROM A PARKED POSITION			
		8 - OVERHEAD SIGN POST			
		9 - LIGHT / LUMINARIES SUPPORT			
		10 - UTILITY POLE			
		11 - OTHER POST, POLE OR SUPPORT			
		12 - CULVERT			
		13 - RAILWAY VEHICLE			
		14 - ANIMAL - FARM			
		15 - ANIMAL - DEER			
		16 - ANIMAL - OTHER			
		17 - MOTOR VEHICLE IN TRANSPORT			
		18 - PARKED MOTOR VEHICLE			
		19 - WORK ZONE MAINTENANCE EQUIPMENT			
		20 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE			
		21 - OTHER MOVABLE OBJECT			
		22 - WORK ZONE MAINTENANCE EQUIPMENT			
		23 - WALL			
		24 - BUILDING			
		25 - TUNNEL			
		26 - OTHER FIXED OBJECT			
		99 - OTHER / UNKNOWN			
FIRST HARMFUL EVENT		MOST HARMFUL EVENT			

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



OWNER	UNIT # 02	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE OH	LICENSE PLATE # EF91DE	VEHICLE IDENTIFICATION # JTNB46K1573020025	VEHICLE YEAR 2007	VEHICLE MAKE TOYOTA
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY GRANGE	INSURANCE POLICY # 1589293	COLOR RED	VEHICLE MODEL CAMRY
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	TOWED BY: COMPANY NAME WAYNE'S TOWING	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#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
	UNIT TYPE 01		23 - PEDESTRIAN / SKATER		
	00		24 - WHEELCHAIR (ANY TYPE)		
	02		25 - OTHER NON-MOTORIST		
	00		26 - BICYCLE		
	00		27 - TRAIN		
	00		99 - UNKNOWN OR HIT/SKIP		
EVENT(S)	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION		
	1 - YES 2 - NO 9 - OTHER / UNKNOWN		1 - DRIVER ASSISTANCE		
	AUTONOMOUS MODE LEVEL		2 - PARTIAL AUTOMATION		
	0		3 - CONDITIONAL AUTOMATION		
	01		4 - HIGH AUTOMATION		
	01		5 - FULL AUTOMATION		
	01		9 - UNKNOWN		
	01		1 - NONE		
	01		2 - TAXI		
	01		3 - ELECTRONIC RIDE SHARING		
01		4 - SCHOOL TRANSPORT			
01		5 - BUS - TRANSIT/COMMUTER			
01		6 - BUS - CHARTER/TOUR			
01		7 - BUS - INTERCITY			
01		8 - BUS - SHUTTLE			
01		9 - BUS - OTHER			
01		10 - AMBULANCE			
01		11 - FIRE			
01		12 - MILITARY			
01		13 - POLICE			
01		14 - PUBLIC UTILITY			
01		15 - CONSTRUCTION EQUIPMENT			
01		16 - FARM			
01		17 - MOWING			
01		18 - SNOW REMOVAL			
01		19 - TOWING			
01		20 - SAFETY SERVICE PATROL			
01		21 - MAIL CARRIER			
01		99 - OTHER / UNKNOWN			
01		1 - TURN SIGNALS			
01		2 - HEAD LAMPS			
01		3 - TAIL LAMPS			
01		4 - BRAKES			
01		5 - STEERING			
01		6 - TIRE BLOWOUT			
01		7 - WORN OR SLICK TIRES			
01		8 - TRAILER EQUIPMENT DEFECTIVE			
01		9 - MOTOR TROUBLE			
01		10 - DISABLED FROM PRIOR ACCIDENT			
01		99 - OTHER / UNKNOWN			
01		1 - INTERSECTION - MARKED CROSSWALK			
01		2 - INTERSECTION - UNMARKED CROSSWALK			
01		3 - INTERSECTION - OTHER CROSSWALK			
01		4 - MIDDLEBLOCK - MARKED CROSSWALK			
01		5 - TRAVEL LANE - OTHER LOCATION			
01		6 - BICYCLE LANE			
01		7 - SHOULDER / ROADSIDE			
01		8 - SIDEWALK			
01		9 - MEDIAN/CROSSING ISLAND AT INCIDENT SCENE			
01		10 - DRIVEWAY ACCESS			
01		11 - SHARED USE PATHS OR TRAILS			
01		12 - FIRST RESPONDER AT INCIDENT SCENE			
01		99 - OTHER / UNKNOWN			
01		1 - NON-CONTACT			
01		2 - NON-COLLISION			
01		3 - STRIKING			
01		4 - STRUCK			
01		5 - BOTH STRIKING & STRUCK			
01		6 - MAKING RIGHT TURN			
01		7 - MAKING LEFT TURN			
01		8 - ENTERING TRAFFIC LANE			
01		9 - LEAVING TRAFFIC LANE			
01		10 - PARKED			
01		11 - SLOWING OR STOPPED IN TRAFFIC			
01		12 - DRIVERLESS			
01		13 - NEGOTIATING A CURVE			
01		14 - ENTERING OR CROSSING SPECIFIED LOCATION			
01		15 - WALKING, RUNNING, JOGGING, PLAYING			
01		16 - WORKING			
01		17 - PUSHING VEHICLE			
01		18 - APPROACHING OR LEAVING VEHICLE			
01		19 - STANDING			
01		20 - OTHER NON-MOTORIST			
01		21 - STANDING OUTSIDE DISABLED VEHICLE			
01		99 - OTHER / UNKNOWN			
01		1 - NONE			
01		2 - FAILURE TO YIELD			
01		3 - RAN RED LIGHT			
01		4 - RAN STOP SIGN			
01		5 - UNSAFE SPEED			
01		6 - IMPROPER TURN			
01		7 - LEFT OF CENTER			
01		8 - FOLLOWING TOO CLOSE / ACDA			
01		9 - IMPROPER LANE CHANGE			
01		10 - IMPROPER PASSING			
01		11 - DROVE OFF ROAD			
01		12 - IMPROPER BACKING			
01		13 - IMPROPER START FROM A PARKED POSITION			
01		14 - STOPPED OR PARKED ILLEGALLY			
01		15 - SWERVING TO AVOID			
01		16 - WRONG WAY			
01		17 - VISION OBSTRUCTION			
01		18 - OPERATING DEFECTIVE EQUIPMENT			
01		19 - LOAD SHIFTING/FALLING/ SPILLING			
01		20 - IMPROPER CROSSING			
01		21 - LYING IN ROADWAY			
01		22 - NOT DISCERNIBLE			
01		23 - OPENING DOOR INTO ROADWAY			
01		99 - OTHER IMPROPER ACTION			
01		1 - NONE			
01		2 - EQUIPMENT FAILURE			
01		3 - SEPARATION OF UNITS			
01		4 - RAN OFF ROAD RIGHT			
01		5 - RAN OFF ROAD LEFT			
01		6 - CROSS MEDIAN			
01		7 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL			
01		8 - DOWNHILL RUNAWAY			
01		9 - OTHER NON-COLLISION			
01		10 - PEDESTRIAN			
01		11 - PEDAL CYCLE			
01		12 - RAILWAY VEHICLE			
01		13 - ANIMAL - FARM			
01		14 - ANIMAL - DEER			
01		15 - ANIMAL - OTHER			
01		16 - MOTOR VEHICLE IN TRANSPORT			
01		17 - PARKED MOTOR VEHICLE			
01		22 - WORK ZONE MAINTENANCE EQUIPMENT			
01		23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE			
01		24 - OTHER MOVABLE OBJECT			
01		25 - IMPACT ATTENUATOR / CRASH CUSHION			
01		26 - BRIDGE OVERHEAD STRUCTURE			
01		27 - BRIDGE PIER OR ABUTMENT			
01		28 - BRIDGE PARAPET			
01		29 - BRIDGE RAIL			
01		30 - GUARDRAIL FACE			
01		31 - GUARDRAIL END			
01		32 - PORTABLE BARRIER			
01		33 - MEDIAN CABLE BARRIER			
01		34 - MEDIAN GUARDRAIL BARRIER			
01		35 - MEDIAN CONCRETE BARRIER			
01		36 - MEDIAN OTHER BARRIER			
01		37 - TRAFFIC SIGN POST			
01		38 - OVERHEAD SIGN POST			
01		39 - LIGHT / LUMINARIES SUPPORT			
01		40 - UTILITY POLE			
01		41 - OTHER POST, POLE OR SUPPORT			
01		42 - CULVERT			
01		43 - CURB			
01		44 - DITCH			
01		45 - EMBANKMENT			
01		46 - FENCE			
01		47 - MAILBOX			
01		48 - TREE			
01		49 - FIRE HYDRANT			
01		50 - WORK ZONE MAINTENANCE EQUIPMENT			
01		51 - WALL			
01		52 - BUILDING			
01		53 - TUNNEL			
01		54 - OTHER FIXED OBJECT			
01		99 - OTHER / UNKNOWN			
01		1 - FIRST HARMFUL EVENT			
01		2 - MOST HARMFUL EVENT			

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



# MOTORIST / Non-MOTORIST

<b>UNIT #</b> NAME: LAST, FIRST, MIDDLE 0 1 BERRY, DEVON J						<b>LOCAL REPORT NUMBER</b> 2 2 0 7 7 4 6 1													
						<b>DATE OF BIRTH</b> 1 0 2 0 1 9 9 4				<b>AGE</b> 2 8		<b>GENDER</b> M							
<b>ADDRESS:</b> STREET, CITY, STATE, ZIP 141 RUSKIN DR, CINCINNATI, OH 45246						<b>CONTACT PHONE</b> - INCLUDE AREA CODE													
<b>INJURIES</b> 5		<b>INJURED TAKEN BY</b>		<b>EMS AGENCY (NAME)</b>		<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>		<b>SAFETY EQUIPMENT USED</b> 0 4		<input type="checkbox"/> DOT-COMPLIANT MC HELMET		<b>SEATING POSITION</b> 0 1		<b>AIR BAG USAGE</b> 1		<b>EJECTION</b> 1		<b>TRAPPED</b> 1	
<b>OL STATE</b> O H		<b>OPERATOR LICENSE NUMBER</b>				<b>OFFENSE CHARGED</b> 331.22a		<b>LOCAL CODE</b> <input checked="" type="checkbox"/>		<b>OFFENSE DESCRIPTION</b> RIGHT OF WAY PRIV PROP				<b>CITATION NUMBER</b> 252804					
<b>OL CLASS</b> 4		<b>ENDORSEMENT</b> SELECT UP TO 2		<b>RESTRICTION</b> SELECT UP TO 3		<b>DRIVER DISTRACTED BY</b> 1		<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1		<b>ALCOHOL TEST</b> STATUS TYPE VALUE 1 1 .		<b>DRUG TEST(S)</b> STATUS TYPE RESULT SELECT UP TO 4 1 1					

<b>UNIT #</b> NAME: LAST, FIRST, MIDDLE 0 2 AMAAH, SMITH						<b>DATE OF BIRTH</b> 1 2 2 9 1 9 7 5						<b>AGE</b> 4 6		<b>GENDER</b> M					
						<b>ADDRESS:</b> STREET, CITY, STATE, ZIP 5360 EASTGATE DR APT 11, FAIRFIELD, OH 45014				<b>CONTACT PHONE</b> - INCLUDE AREA CODE									
<b>INJURIES</b> 5		<b>INJURED TAKEN BY</b>		<b>EMS AGENCY (NAME)</b>		<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>		<b>SAFETY EQUIPMENT USED</b> 0 4		<input type="checkbox"/> DOT-COMPLIANT MC HELMET		<b>SEATING POSITION</b> 0 1		<b>AIR BAG USAGE</b> 1		<b>EJECTION</b> 1		<b>TRAPPED</b> 1	
<b>OL STATE</b> O H		<b>OPERATOR LICENSE NUMBER</b>				<b>OFFENSE CHARGED</b>		<b>LOCAL CODE</b> <input type="checkbox"/>		<b>OFFENSE DESCRIPTION</b>				<b>CITATION NUMBER</b>					
<b>OL CLASS</b> 4		<b>ENDORSEMENT</b> SELECT UP TO 2		<b>RESTRICTION</b> SELECT UP TO 3		<b>DRIVER DISTRACTED BY</b> 1		<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1		<b>ALCOHOL TEST</b> STATUS TYPE VALUE 1 1 .		<b>DRUG TEST(S)</b> STATUS TYPE RESULT SELECT UP TO 4 1 1					

<b>UNIT #</b> NAME: LAST, FIRST, MIDDLE						<b>DATE OF BIRTH</b>						<b>AGE</b> 0		<b>GENDER</b>					
						<b>ADDRESS:</b> STREET, CITY, STATE, ZIP				<b>CONTACT PHONE</b> - INCLUDE AREA CODE									
<b>INJURIES</b>		<b>INJURED TAKEN BY</b>		<b>EMS AGENCY (NAME)</b>		<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>		<b>SAFETY EQUIPMENT USED</b>		<input type="checkbox"/> DOT-COMPLIANT MC HELMET		<b>SEATING POSITION</b>		<b>AIR BAG USAGE</b>		<b>EJECTION</b>		<b>TRAPPED</b>	
<b>OL STATE</b>		<b>OPERATOR LICENSE NUMBER</b>				<b>OFFENSE CHARGED</b>		<b>LOCAL CODE</b> <input type="checkbox"/>		<b>OFFENSE DESCRIPTION</b>				<b>CITATION NUMBER</b>					
<b>OL CLASS</b>		<b>ENDORSEMENT</b> SELECT UP TO 2		<b>RESTRICTION</b> SELECT UP TO 3		<b>DRIVER DISTRACTED BY</b>		<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b>		<b>ALCOHOL TEST</b> STATUS TYPE VALUE		<b>DRUG TEST(S)</b> STATUS TYPE RESULT SELECT UP TO 4					

<b>INJURIES</b> 1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY		<b>SEATING POSITION</b> 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		<b>AIR BAG</b> 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN		<b>OL CLASS</b> 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M/C MOPED ONLY 6 - NO VALID OL		<b>OL RESTRICTION(S)</b> 1 - ALCOHOL INTERLOCK DEVICE 2 - COL 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		<b>DRIVER DISTRACTION</b> 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		<b>TEST STATUS</b> 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	
<b>INJURED TAKEN BY</b> 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		<b>EJECTION</b> 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE		<b>OL ENDORSEMENT</b> 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		<b>TRAPPED</b> 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS		<b>GENDER</b> F - FEMALE M - MALE U - OTHER / UNKNOWN		<b>ALCOHOL TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER		<b>DRUG TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	
<b>SAFETY EQUIPMENT</b> 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		<b>CONDITION</b> 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		<b>DRUG TEST RESULT(S)</b> 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS									



LOCAL REPORT NUMBER	22077461	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	10/22/22
IN COUNTY OF	Butler	ACCIDENT LOCATION	NILLES RD / PLEASANT AVE		

Diagram illustrating the accident location at the intersection of Nilles Rd and Pleasant Ave. The diagram shows the intersection and the paths of the vehicles involved. A north arrow is present, pointing upwards. The text "Nilles Rd." is written near the intersection. The text "Pleasant Ave." is written near the intersection. The text "Not to Scale" is written in the bottom right corner.

OFFICER'S SIGNATURE	A. ROUSH	BADGE NO.	170
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