



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

<input checked="" type="checkbox"/> PHOTOS TAKEN	<input type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION		2 2 0 9 2 8 6 1		
<input type="checkbox"/> SECONDARY CRASH	<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*		HITS/SKIP
<input type="checkbox"/> PRIVATE PROPERTY	LOCATION: CITY, VILLAGE, TOWNSHIP*		Fairfield Police Department		0 0 9 0 1		1 - SOLVED
COUNTY*		LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*		CRASH DATE / TIME*		NUMBER OF UNITS
0 9		1 - CITY	City of Fairfield		1 2 2 2 2 0 2 2		0 1
		2 - VILLAGE			2 2 2 3 6		UNIT IN ERROR
		3 - TOWNSHIP					0 1 98 - ANIMAL
							0 1 99 - UNKNOWN

ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES	CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY
				Brittany	L N	3 9 . 3 2 0 5 4	
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES
					48		- 8 4 . 5 0 4 5 5

REFERENCE POINT FROM REFERENCE	DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED
3 - HOUSE #	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	IR - INTERSTATE ROUTE (I/P)	AL - ALLEY	<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE	US - FEDERAL US ROUTE	AV - AVENUE	<input type="checkbox"/> WITHIN INTERCHANGE AREA
	1 - MILES 2 - FEET 3 - YARDS	SR - STATE ROUTE	BL - BOULEVARD	NUMBER OF APPROACHES
		CR - NUMBERED COUNTY ROUTE	MP - MILEPOST	
		TR - NUMBERED TOWNSHIP ROUTE	ST - STREET	ROADWAY
			OR - CIRCLE	<input type="checkbox"/> ROADWAY DIVIDED
			OV - OVAL	
			PK - PARKWAY	
			TE - TERRACE	
			PL - PLACE	
			DR - DRIVE	
			PI - PIKE	
			WA - WAY	
			HE - HEIGHTS	

LOCATION OF FIRST HARMFUL EVENT	MANNER OF CRASH COLLISION/IMPACT	DIRECTION OF TRAVEL	MEDIAN TYPE
0 4	1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	1 - DIVIDED FLUSH MEDIAN (<4 FEET)
	2 - REAR-END		2 - DIVIDED FLUSH MEDIAN (≥4 FEET)
	3 - HEAD-ON		3 - DIVIDED, DEPRESSED MEDIAN
	4 - REAR-TO-REAR		4 - DIVIDED, RAISED MEDIAN (ANY TYPE)
	5 - BACKING		9 - OTHER/UNKNOWN
	6 - ANGLE		
	7 - SIDESWIPE, SAME DIRECTION		
	8 - SIDESWIPE, OPPOSITE DIRECTION		
	9 - OTHER / UNKNOWN		

<input type="checkbox"/> WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE
<input type="checkbox"/> WORKERS PRESENT	1 - LANE CLOSURE	1 - BEFORE THE 1ST WORK ZONE WARNING SIGN	4	3	2
<input type="checkbox"/> LAW ENFORCEMENT PRESENT	2 - LANE SHIFT/CROSSOVER	2 - ADVANCE WARNING AREA	1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE
<input type="checkbox"/> ACTIVE SCHOOL ZONE	3 - WORK ON SHOULDER OR MEDIAN	3 - TRANSITION AREA	2 - STRAIGHT GRADE	2 - WET	2 - BLACKTOP, BITUMINOUS, ASPHALT
	4 - INTERMITTENT OR MOVING WORK	4 - ACTIVITY AREA	3 - CURVE LEVEL	3 - SNOW	3 - BRICK/BLOCK
	5 - OTHER	5 - TERMINATION AREA	4 - CURVE GRADE	4 - ICE	4 - SLAG, GRAVEL, STONE
			9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	5 - DIRT
				6 - WATER (STANDING, MOVING)	9 - OTHER/UNKNOWN
				7 - SLUSH	
				9 - OTHER/UNKNOWN	

LIGHT CONDITION	WEATHER
3	0 6
1 - DAYLIGHT	1 - CLEAR
2 - DAWN/DUSK	2 - CLOUDY
3 - DARK - LIGHTED ROADWAY	3 - FOG, SMOG, SMOKE
4 - DARK - ROADWAY NOT LIGHTED	4 - RAIN
5 - DARK - UNKNOWN ROADWAY LIGHTING	5 - SLEET, HAIL
9 - OTHER / UNKNOWN	6 - SNOW
	7 - SEVERE CROSSWINDS
	8 - BLOWING SAND, SOIL, DIRT, SNOW
	9 - FREEZING RAIN OR FREEZING DRIZZLE
	99 - OTHER / UNKNOWN

**NARRATIVE**

On 12/22/22 at around 10:36 p.m., Unit 1 was traveling southeast on Brittany Ln. When near 48 Brittany Ln., Unit 1 drove off of the roadway, slid off of a retaining wall and landed on its top. In doing so; Unit 1 collided with two AC units. Unit 1 came to rest between the retaining wall and the building at 48 Brittany Ln., Fairfield, OH, 45014.

The AC units are owned by the Villages of Wildwood at 5877 Ross Rd., Fairfield, OH, 45014,

Indicate the north direction with an "N" on the compass diagram.

48 BRITTANY LN.

AC UNITS

NOT TO SCALE

CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME	SCENE CLEARED DATE / TIME	REPORT TAKEN BY
1 2 2 2 2 0 2 2	1 2 2 2 2 0 2 2	1 2 2 2 2 0 2 2	1 2 2 2 2 0 2 2	<input checked="" type="checkbox"/> POLICE AGENCY
				<input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*	CHECKED BY OFFICER'S NAME*
0		4 9	O. Eckstein	SGT. C. HARRINGTON
			OFFICER'S BADGE NUMBER*	CHECKED BY OFFICER'S BADGE NUMBER*
			1 6 5	1 1 2
				<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DAPS)

**UNIT #** 011 **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** \_\_\_\_\_

**LP STATE** OH **LICENSE PLATE #** JWE8567 **VEHICLE IDENTIFICATION #** 1C13C1D1FAA41FD115104710 **VEHICLE YEAR** 2015 **VEHICLE MAKE** DODGE

**INSURANCE VERIFIED** **INSURANCE COMPANY** \_\_\_\_\_ **INSURANCE POLICY #** \_\_\_\_\_ **COLOR** BLACK **VEHICLE MODEL** DART

**COMMERCIAL**  **GOVERNMENT**  **IN EMERGENCY RESPONSE** **US DOT #** \_\_\_\_\_ **TOWED BY: COMPANY NAME** Fox Towing

**INTERLOCK DEVICE EQUIPPED**  **HIT/SKIP UNIT** **#OCCUPANTS** 01 **VEHICLE WEIGHT GVWR/GCWR**  
 1 - <10K LBS.  
 2 - 10,001 - 26K LBS.  
 3 - >26K LBS.  **MATERIAL RELEASED** **CLASS #** **PLACARD ID #**  
 **PLACARD** \_\_\_\_\_

**UNIT TYPE** 01

1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER
2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED	13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)
3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14 - SINGLE UNIT TRUCK	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST
4 - PICK UP	10 - MOPED OR MOTORIZED BICYCLE	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE
5 - CARGO VAN	11 - ALL TERRAIN VEHICLE (ATV/UTV)	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN
6 - VAN (9-15 SEATS)		17 - MOTORHOME		99 - UNKNOWN OR HIT/SKIP

**# OF TRAILING UNITS** \_\_\_\_\_

**WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?** 2

1 - YES	2 - NO	9 - OTHER / UNKNOWN	<b>AUTONOMOUS MODE LEVEL</b>
			0 - NO AUTOMATION
			1 - DRIVER ASSISTANCE
			2 - PARTIAL AUTOMATION
			3 - CONDITIONAL AUTOMATION
			4 - HIGH AUTOMATION
			5 - FULL AUTOMATION
			9 - UNKNOWN

**SPECIAL FUNCTION** 01

1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM	21 - MAIL CARRIER
2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	17 - MOWING	99 - OTHER / UNKNOWN
3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	18 - SNOW REMOVAL	
4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	19 - TOWING	
5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL	

**CARGO BODY TYPE** 01

1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER
2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	9 - CARGO TANK	13 - AUTO TRANSPORTER
		7 - GRAINCHIPS/GRAVEL	10 - FLAT BED	14 - GARBAGE/REFUSE
			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	99 - OTHER / UNKNOWN
	5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	

**ACTION** 3

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** 13

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 DISCRIBABLE
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 <u>09</u>	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	<b>NON-COLLISION</b>	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT
2 <u>01</u>	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 <u>54</u>	3 - IMMERSION	8 - RAN OFF ROAD RIGHT		13 - OTHER NON-COLLISION	18 - ANIMAL - DEER	24 - OTHER MOVABLE OBJECT
4 <u>54</u>	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT		14 - PEDESTRIAN	19 - ANIMAL - OTHER	
5 _____	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN		15 - PEDALCYCLE	20 - MOTOR VEHICLE IN TRANSPORT	
6 _____					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 / LUXINARIES 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
			49 - FIRE HYDRANT	

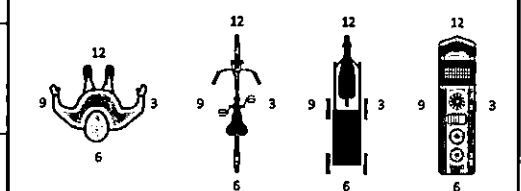
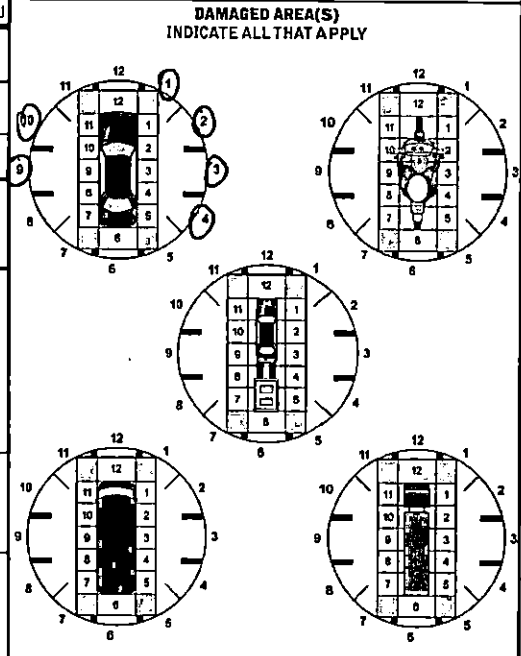
**FIRST HARMFUL EVENT** 2 **MOST HARMFUL EVENT** 2

**LOCAL REPORT NUMBER**  
2, 2, 0, 9, 2, 8, 6, 1

**DAMAGE**

**DAMAGE SCALE**

<u>4</u>	1 - NONE	3 - FUNCTIONAL DAMAGE
	2 - MINOR DAMAGE	4 - DISABLING DAMAGE
		9 - UNKNOWN



**NO DAMAGE** [0]  **UNDERCARRIAGE** [14]

**TOP** [13]  **ALL AREAS** [15]

**UNIT NOT AT SCENE** [16]

**INITIAL POINT OF CONTACT**

<u>1, 3</u>	0 - NO DAMAGE	14 - UNDERCARRIAGE
	1-12 - REFER TO UNIT DIAGRAM	15 - VEHICLE NOT AT SCENE
	13 - TOP	99 - UNKNOWN

**TRAFFIC**

<b>TRAFFICWAY FLOW</b>	<b>TRAFFIC CONTROL</b>
<u>2</u>	<u>6</u>
1 - ONE-WAY	1 - ROUNDABOUT
2 - TWO-WAY	4 - STOP SIGN
	2 - SIGNAL
	5 - YIELD SIGN
	3 - FLASHER
	6 - NO CONTROL

**# OF THROUGH LANES ON ROAD** 2

**RAIL GRADE CROSSING** 1

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

**UNIT / NON-MOTORIST DIRECTION**

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

**UNIT SPEED** 15

**POSTED SPEED** 25

**DETECTED SPEED** 1

1 - STATED / ESTIMATED SPEED
2 - CALCULATED / EDR
3 - UNDETERMINED



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 2 0 9 2 8 6 1

<b>UNIT #</b> 0 1	<b>NAME: LAST, FIRST, MIDDLE</b> Frank, Anyangawei, Remy	<b>DATE OF BIRTH</b> 0 9 1 9 2 0 0 2	<b>AGE</b> 2 0	<b>GENDER</b> M
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 1026 Magie Ave., Fairfield, OH, 45014		<b>CONTACT PHONE - INCLUDE AREA CODE</b>		

<b>INJURIES TAKEN BY</b> 3	<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> OH	<b>OPERATOR LICENSE NUMBER</b>	<b>OFFENSE CHARGED</b> FCO 331.34A	<b>LOCAL CODE</b> <input checked="" type="checkbox"/>	<b>OFFENSE DESCRIPTION</b> Fail to Control		<b>CITATION NUMBER</b> 252673				
<b>OL CLASS</b> 4	<b>ENDORSEMENT SELECT UP TO 2</b>	<b>RESTRICTION SELECT UP TO 3</b>	<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: 1, TYPE: 1, VALUE: .		<b>DRUG TEST(S)</b> STATUS: 1, TYPE: 1, RESULT: .	

<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>	<b>DATE OF BIRTH</b>	<b>AGE</b>	<b>GENDER</b>
<b>ADDRESS: STREET, CITY, STATE, ZIP</b>		<b>CONTACT PHONE - INCLUDE AREA CODE</b>		

<b>INJURIES 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 SELECT UP TO 2</b>	<b>RESTRICTION SELECT UP TO 3</b>	<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: .	

<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>	<b>DATE OF BIRTH</b>	<b>AGE</b>	<b>GENDER</b>
<b>ADDRESS: STREET, CITY, STATE, ZIP</b>		<b>CONTACT PHONE - INCLUDE AREA CODE</b>		

<b>INJURIES 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 SELECT UP TO 2</b>	<b>RESTRICTION SELECT UP TO 3</b>	<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: .	

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 (OHID-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 & CLASS B 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-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	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	TRAPPED	OL ENDORSEMENT	CONDITION	DRUG TEST TYPE	DRUG TEST RESULT(S)
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	1-NOT TRAPPED 2-EXTRICATED BY MECHANICAL MEANS 3-FREED BY NON-MECHANICAL MEANS	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-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	1-NONE 2-BLOOD 3-URINE 4-BREATH 5-OTHER	1-AMPHETAMINES 2-BARBITURATES 3-BENZODIAZEPINES 4-CANNABINOIDS 5-COCAINE 6-OPiates / OPIOIDS 7-OTHER 8-NEGATIVE RESULTS
SAFETY EQUIPMENT	TRAPPED	TRAPPED	GENDER	CONDITION	DRUG TEST TYPE	DRUG TEST RESULT(S)
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	1-NOT TRAPPED 2-EXTRICATED BY MECHANICAL MEANS 3-FREED BY NON-MECHANICAL MEANS	F-FEMALE M-MALE U-OTHER / UNKNOWN	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	1-NONE 2-BLOOD 3-URINE 4-BREATH 5-OTHER	1-AMPHETAMINES 2-BARBITURATES 3-BENZODIAZEPINES 4-CANNABINOIDS 5-COCAINE 6-OPiates / OPIOIDS 7-OTHER 8-NEGATIVE RESULTS