



# 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           |  | 23002159 |                 |            |
| <input type="checkbox"/> SECONDARY CRASH         | <input type="checkbox"/> OH-1P | <input type="checkbox"/> OTHER | REPORTING AGENCY NAME*      |  | NCIC*    |                 | HIT/SKIP   |
| <input type="checkbox"/> PRIVATE PROPERTY        |                                |                                | Fairfield Police Department |  | 00901    |                 | 1 - SOLVED |
|  |                                |                                |                             |  |          | 2 - UNSOLVED    |            |
|  |                                |                                |                             |  |          | NUMBER OF UNITS |            |
|  |                                |                                |                             |  |          | 02              |            |
|  |                                |                                |                             |  |          | UNIT IN ERROR   |            |
|  |                                |                                |                             |  |          | 98 - ANIMAL     |            |
|  |                                |                                |                             |  |          | 01              |            |
|  |                                |                                |                             |  |          | 99 - UNKNOWN    |            |

|         |           |                                    |  |                    |                |
|---------|-----------|------------------------------------|--|--------------------|----------------|
| COUNTY* | LOCALITY* | LOCATION: CITY, VILLAGE, TOWNSHIP* |  | CRASH DATE / TIME* | CRASH SEVERITY |
| 09      | 1         | City of Fairfield                  |  | 01092023 1701      | 5              |

|            |              |        |   |           |                           |
|------------|--------------|--------|---|-----------|---------------------------|
| ROUTE TYPE | ROUTE NUMBER | PREFIX | LOCATION ROAD NAME                            | ROAD TYPE | LATITUDE DECIMAL DEGREES  |
|            |              |        | SOUTH GILMORE                                 | R D       | 39.307168                 |
| ROUTE TYPE | ROUTE NUMBER | PREFIX | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | ROAD TYPE | LONGITUDE DECIMAL DEGREES |
|            |              |        | CINCINNATI FINANCIAL                          | D R       | -84.523270                |

|                         |                          |                              |                |  |    |
|-------------------------|--------------------------|------------------------------|----------------|--|----|
| REFERENCE POINT         | DIRECTION FROM REFERENCE | ROUTE TYPE                   | ROAD TYPE      | INTERSECTION RELATED   |    |
| 1 - INTERSECTION        | 1 - NORTH                | IR - INTERSTATE ROUTE(TP)    | AL - ALLEY     | <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH | 03 |
| 2 - MILE POST           | 2 - SOUTH                | US - FEDERAL US ROUTE        | AV - AVENUE    | <input type="checkbox"/> WITHIN INTERCHANGE AREA                       |    |
| 3 - HOUSE #             | 3 - EAST                 | SR - STATE ROUTE             | BL - BOULEVARD | NUMBER OF APPROACHES   |    |
|                         | 4 - WEST                 | CR - NUMBERED COUNTY ROUTE   | MP - MILEPOST  |  |    |
| DISTANCE FROM REFERENCE | DISTANCE UNIT OF MEASURE | TR - NUMBERED TOWNSHIP ROUTE | OV - OVAL      |  |    |
| 50                      | 2                        |                              | PK - PARKWAY   |  |    |
|                         | 1 - MILES                |                              | TE - TERRACE   |  |    |
|                         | 2 - FEET                 |                              | TL - TRAIL     |  |    |
|                         | 3 - YARDS                |                              | WA - WAY       |  |    |
|                         |                          |                              | HE - HEIGHTS   |  |    |
|                         |                          |                              | PL - PLACE     |  |    |

|                                 |                                  |                     |             |
|---------------------------------|----------------------------------|---------------------|-------------|
| LOCATION OF FIRST HARMFUL EVENT | MANNER OF CRASH COLLISION/IMPACT | DIRECTION OF TRAVEL | MEDIAN TYPE |
| 01                              | 2                                | 1                   | 2           |

|  |                                 |   |                    |                                  |                                   |
|--|---------------------------------|---|--------------------|----------------------------------|-----------------------------------|
| <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 | 1                  | 1                                | 2                                 |
| <input type="checkbox"/> LAW ENFORCEMENT PRESENT | 2 - LANE SHIFT/CROSSOVER        | 2 - ADVANCE WARNING AREA                  | 2 - STRAIGHT GRADE | 2 - WET                          | 2 - BLACKTOP, BITUMINOUS, ASPHALT |
| <input type="checkbox"/> ACTIVE SCHOOL ZONE      | 3 - WORK ON SHOULDER OR MEDIAN  | 3 - TRANSITION AREA                       | 3 - CURVE LEVEL    | 3 - SNOW                         | 3 - BRICK/BLOCK                   |
|  | 4 - INTERMITTENT OR MOVING WORK | 4 - ACTIVITY AREA                         | 4 - CURVE GRADE    | 4 - ICE                          | 4 - SLAG, GRAVEL, STONE           |
|  | 5 - OTHER                       | 5 - TERMINATION AREA                      | 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 |
| 1               | 01      |

NARRATIVE

On January 9, 2023 at approximately 5:01 PM, Units 1 and 2 were traveling northbound on South Gilmore Road approaching Cincinnati Financial Drive. Unit 2 was at a stop at the red light. Unit 1 then rear-ended Unit 2.

The driver of Unit 1 was also charged with No OL.

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

Not to Scale

|                            |                          |                     |                                    |  |
|----------------------------|--------------------------|---------------------|------------------------------------|--|
| CRASH REPORTED DATE / TIME | DISPATCH DATE / TIME     | ARRIVAL DATE / TIME | SCENE CLEARED DATE / TIME          | REPORT TAKEN BY  |
| 01092023 1701              | 01092023 1714            | 01092023 1714       | 01092023 1732                      | <input checked="" type="checkbox"/> POLICE AGENCY  |
| TOTAL TIME ROADWAY CLOSED  | OTHER INVESTIGATION TIME | TOTAL MINUTES       | OFFICER'S NAME*                    | <input type="checkbox"/> MOTORIST  |
| 0                          | 30                       | 48                  | A. ROUSH                           | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OHS) |
|                            |                          |                     | OFFICER'S BADGE NUMBER*            |  |
|                            |                          |                     | 170                                |  |
|                            |                          |                     | CHECKED BY OFFICER'S NAME*         |  |
|                            |                          |                     | [Signature]                        |  |
|                            |                          |                     | CHECKED BY OFFICER'S BADGE NUMBER* |  |
|                            |                          |                     | 141                                |  |

**OWNER**

UNIT # 01 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 \_\_\_\_\_

LP STATE OH LICENSE PLATE # JWT7438 VEHICLE IDENTIFICATION # 1GNDM19W1X1B11142125 VEHICLE YEAR 1999 VEHICLE MAKE CHEVROLET  
 INSURANCE VERIFIED INSURANCE COMPANY \_\_\_\_\_ INSURANCE POLICY # \_\_\_\_\_ COLOR BROWN VEHICLE MODEL ASTRO

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS 01 VEHICLE WEIGHT GVWR/GCWR  
 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. TOWED BY: COMPANY NAME \_\_\_\_\_  
 MATERIAL RELEASED  PLACARD HAZARDOUS MATERIAL CLASS # PLACARD ID # \_\_\_\_\_

UNIT TYPE 06 # OF TRAILING UNITS 00  
 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 - CARGOVAN 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

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 02  
 1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL  
 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
 1 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

SPECIAL FUNCTION 01  
 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN  
 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL  
 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING  
 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

CARGO BODY TYPE 01  
 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER  
 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER  
 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 10 - FLAT BED 14 - GARBAGE/REFUSE 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 03 PRE-CRASH ACTIONS 01  
 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE  
 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING  
 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST  
 4 - STRUCK 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE  
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN  
 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS

CONTRIBUTING CIRCUMSTANCES 08  
 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY  
 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE  
 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY  
 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION  
 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 12 - IMPROPER BACKING

SEQUENCE OF EVENTS  
120 1 2 0 1 2 3 4 5 6  
 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT  
 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER  
 5 - CARGO/EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT  
 6 - IMPROPER TURN 12 - IMPROPER BACKING

COLLISION WITH FIXED OBJECT STRUCK BY  
 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  
 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL  
 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT/LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING  
 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL  
 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT  
 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 49 - FIRE HYDRANT 99 - OTHER / UNKNOWN

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

LOCAL REPORT NUMBER  
23002159

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  
12 0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 13 - TOP 99 - UNKNOWN

TRAFFICWAY FLOW  
2 1 - ONE-WAY 2 - TWO-WAY

TRAFFIC CONTROL  
2 1 - ROUNDABOUT 4 - STOP SIGN  
 2 - SIGNAL 5 - YIELD SIGN  
 3 - FLASHER 6 - NO CONTROL

# OF THROUGH LANES ON ROAD 6

RAIL GRADE CROSSING  
1 1 - NOT INVOLVED  
 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 10

POSTED SPEED 35

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

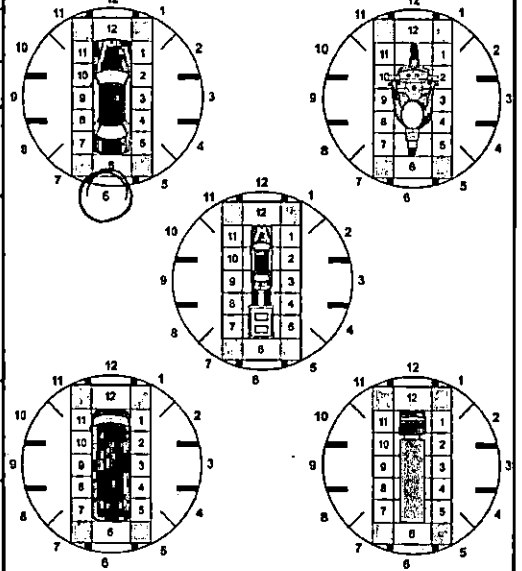
**LOCAL REPORT NUMBER**  
2 3 0 0 2 1 5 9

**OWNER**  
**UNIT #** 0 2 **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

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

**LP STATE** OH **LICENSE PLATE #** 198ZOV **VEHICLE IDENTIFICATION #** 5FRYD4H132H1B0111204 **VEHICLE YEAR** 2017 **VEHICLE MAKE** ACURA  
 **INSURANCE VERIFIED** **INSURANCE COMPANY** NATIONWIDE **INSURANCE POLICY #** 9234J291751 **COLOR** BLACK **VEHICLE MODEL** MDX

**DAMAGED AREA(S)**  
INDICATE ALL THAT APPLY



**COMMERCIAL**  **GOVERNMENT**  **IN EMERGENCY RESPONSE** **US DOT #**  
 **INTERLOCK DEVICE EQUIPPED**  **HIT/SKIP UNIT** **#OCCUPANTS** 0 1 **VEHICLE WEIGHT GVWR/GCWR**  
 1 - <10K LBS.  
 2 - 10,001 - 26K LBS.  
 3 - >26K LBS.  
 **HAZARDOUS MATERIAL** **CLASS #** **PLACARD ID #**

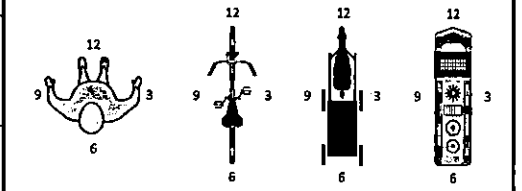
**UNIT TYPE** 0 3  
 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER  
 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - 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 0  
**WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?**  
 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
 1 - YES 2 - NO 9 - OTHER / UNKNOWN 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION  
 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

**SPECIAL FUNCTION** 0 1  
 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** 0 1  
 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 10 - FLAT BED 14 - GARBAGE/REFUSE  
 7 - GRAIN/CHIPS/GRAVEL 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



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

**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** 0 4 **PRE-CRASH ACTIONS** 1 1  
 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

**INITIAL POINT OF CONTACT**  
 0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 13 - TOP 99 - UNKNOWN

**CONTRIBUTING CIRCUMSTANCES** 0 1  
 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 21 - IMPROPER TURN

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

**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 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  
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT  
 6 - IMPROPER TURN 12 - IMPROPER BACKING

**# OF THROUGH LANES ON ROAD** 6 **RAIL GRADE CROSSING** 1  
 1 - NOT INVOLVED  
 2 - INVOLVED-ACTIVE CROSSING  
 3 - INVOLVED-PASSIVE CROSSING

**FIRST HARMFUL EVENT** 1 **MOST HARMFUL EVENT** 1  
 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  
 49 - FIRE HYDRANT

**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** 3 5

# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 3 0 0 2 1 5 9

|   |   |                            |   |  |  |                         |  |               |  |
|---|---|----------------------------|---|--|--|-------------------------|--|---------------|--|
| UNIT #<br>0 1   | NAME: LAST, FIRST, MIDDLE<br>MACARIO VELASQUEZ, ROBELIO RONALDO |                            | DATE OF BIRTH<br>1 0 1 6 2 0 0 1                |  | AGE<br>2 1                                       | GENDER<br>M             |  |               |  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>70 PRINCETON SQUARE CIRCLE, WEST CHESTER, OH 45246 |   |                            | CONTACT PHONE - INCLUDE AREA CODE               |  |  |                         |  |               |  |
| INJURIES<br>5   | INJURED TAKEN BY  | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0 4   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 1 | AIR BAG USAGE<br>1                       | EJECTION<br>1 | TRAPPED<br>1   |
| OL STATE  | OPERATOR LICENSE NUMBER   |                            | OFFENSE CHARGED<br>333.03a                      | LOCAL CODE<br><input checked="" type="checkbox"/>  | OFFENSE DESCRIPTION<br>ACDA                      |                         | CITATION NUMBER<br>253306                |               |  |
| OL CLASS<br>6   | ENDORSEMENT SELECT UP TO 2                                      | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY<br>1                       | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | CONDITION<br>1          | ALCOHOL TEST<br>STATUS TYPE VALUE<br>1 1 |               | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4<br>1 1 |

|   |   |                            |   |  |  |                         |  |               |  |
|---|---|----------------------------|---|--|--|-------------------------|--|---------------|--|
| UNIT #<br>0 2   | NAME: LAST, FIRST, MIDDLE<br>OCONNELL, ELIJAH JAMES |                            | DATE OF BIRTH<br>0 8 0 6 1 9 8 4                |  | AGE<br>3 8                                       | GENDER<br>M             |  |               |  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>3606 LONGHORN DR, HAMILTON, OH 45013 |   |                            | CONTACT PHONE - INCLUDE AREA CODE               |  |  |                         |  |               |  |
| INJURIES<br>5   | INJURED TAKEN BY                                    | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0 4   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 1 | AIR BAG USAGE<br>1                       | EJECTION<br>1 | TRAPPED<br>1   |
| OL STATE<br>OH  | OPERATOR LICENSE NUMBER                             |                            | OFFENSE CHARGED                                 | LOCAL CODE<br><input type="checkbox"/>   | OFFENSE DESCRIPTION                              |                         | CITATION NUMBER                          |               |  |
| OL CLASS<br>4   | ENDORSEMENT SELECT UP TO 2                          | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY<br>1                       | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | CONDITION<br>1          | ALCOHOL TEST<br>STATUS TYPE VALUE<br>1 1 |               | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4<br>1 1 |

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

| 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-M/C MOPED ONLY           | 5-EXCEPT CLASS A BUS & CLASS B BUS   | 5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE   | 5-TEST GIVEN, RESULTS UNKNOWN                |
| INJURED TAKEN BY                            | 6-SECOND-RIGHT SIDE  | 6-NO VALID OL                    | 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                         | H-HAZMAT                   | 7-EXCEPT TRACTOR-TRAILER   | 7-OTHER DISTRACTION INSIDE THE VEHICLE   | 1-NONE                                       |
| 2-EMS                                       | 8-THIRD-MIDDLE   | 1-NOT EJECTED                    | M-MOTORCYCLE               | 8-INTERMEDIATE LICENSE RESTRICTIONS  | 8-OTHER DISTRACTION OUTSIDE THE VEHICLE  | 2-BLOOD                                      |
| 3-POLICE                                    | 9-THIRD-RIGHT SIDE   | 2-PARTIALLY EJECTED              | P-PASSENGER                | 9-LEARNER'S PERMIT RESTRICTIONS  | 9-OTHER / UNKNOWN  | 3-URINE                                      |
| 9-OTHER / UNKNOWN                           | 10-SLEEPER SECTION OF TRUCK CAB  | 3-TOTALLY EJECTED                | N-TANKER                   | 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                 | Q-MOTOR SCOOTER            | 11-LIMITED TO EMPLOYMENT   | 1-APPARENTLY NORMAL  | 5-OTHER                                      |
| 1-NONE USED                                 | 12-PASSENGER IN UNENCLOSED CARGO AREA  | TRAPPED                          | R-THREE-WHEEL MOTORCYCLE   | 12-LIMITED-OTHER   | 2-PHYSICAL IMPAIRMENT  | DRUG TEST TYPE                               |
| 2-SHOULDER BELT ONLY USED                   | 13-TRAILING UNIT   | 1-NOT TRAPPED                    | S-SCHOOL BUS               | 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 | T-DOUBLE & TRIPLE TRAILERS | 14-MILITARY VEHICLES ONLY  | 4-ILLNESS  | 2-BLOOD                                      |
| 4-SHOULDER & LAP BELT USED                  | 15-NON-MOTORIST  | 3-FREED BY NON-MECHANICAL MEANS  | X-TANKER / HAZMAT          | 15-MOTOR VEHICLES WITHOUT AIR BRAKES   | 5-FELL ASLEEP, FAINTED, FATIGUED, ETC.   | 3-URINE                                      |
| 5-CHILD RESTRAINT SYSTEM FORWARD FACING     | 99-OTHER / UNKNOWN   | GENDER                           | F-FEMALE                   | 16-OUTSIDE MIRROR  | 6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             | 4-OTHER                                      |
| 6-CHILD RESTRAINT SYSTEM REAR FACING        |  |                                  | M-MALE                     | 17-PROSTHETIC AID  | 9-OTHER / UNKNOWN  | DRUG TEST RESULT(S)                          |
| 7-BOOSTER SEAT                              |  |                                  | U-OTHER / UNKNOWN          | 18-OTHER   |  | 1-AMPHETAMINES                               |
| 8-HELMET USED                               |  |                                  |                            |  |  | 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                           |