



# 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 3 0 0 8 0 5 2 |
| <input type="checkbox"/> SECONDARY CRASH             | <input type="checkbox"/> OH-1P | <input type="checkbox"/> OTHER | REPORTING AGENCY NAME*      | HIT/SKIP        |
| <input checked="" type="checkbox"/> PRIVATE PROPERTY |                                |                                | Fairfield Police Department | 1 - SOLVED      |
|  |                                |                                |                             | 2 - UNSOLVED    |
|  |                                |                                | NCIC*                       | NUMBER OF UNITS |
|  |                                |                                | 0 0 9 0 1                   | 0 2             |
|  |                                |                                |                             | UNIT IN ERROR   |
|  |                                |                                |                             | 9 9 98 - ANIMAL |
|  |                                |                                |                             | 99 - UNKNOWN    |

|                |   |   |   |   |
|----------------|---|---|---|---|
| COUNTY*<br>0 9 | LOCALITY*<br>1<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>City of Fairfield | CRASH DATE / TIME*<br>0 1 3 1 2 0 2 3 0 7 4 4 | CRASH SEVERITY<br>4<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY |
|----------------|---|---|---|---|

|            |              |   |   |                   |  |
|------------|--------------|---|---|-------------------|--|
| ROUTE TYPE | ROUTE NUMBER | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | LOCATION ROAD NAME<br>Fawn                            | ROAD TYPE<br>D, R | LATITUDE DECIMAL DEGREES<br>3 9 . 3 2 7 8 0 7    |
| ROUTE TYPE | ROUTE NUMBER | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>Olin | ROAD TYPE<br>C, T | LONGITUDE DECIMAL DEGREES<br>- 8 4 . 5 1 7 6 6 8 |

|  |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br>1 | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>3 | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS | ROAD TYPE<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE | RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED |
|--|---|---|---|---|---|---|---|

|  |  |  |   |  |
|--|--|--|---|--|
| LOCATION OF FIRST HARMFUL EVENT<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP<br>0 1 | 9 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12 - SHARED USE PATHS OR TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER / UNKNOWN | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN<br>6 | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (≥4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN |
|--|--|--|---|--|

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

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

|  |  |
|--|--|
| NARRATIVE<br>On 01/31/2023 at about 7:44 A.M., unit 2 was traveling eastbound on Fawn Dr. when it slid on ice to the bottom of the hill. While unit 2 was stuck at the bottom of the hill, unit 1 was traveling westbound on Fawn Dr. when it slid on ice to the bottom of the hill causing it to collide with unit 2. | Indicate the north direction with an "N" on the compass diagram.<br> |
|--|--|

|   |   |  |   |   |
|---|---|--|---|---|
| CRASH REPORTED DATE / TIME<br>0 1 3 1 2 0 2 3 0 7 4 5 | DISPATCH DATE / TIME<br>0 1 3 1 2 0 2 3 0 7 4 8 | ARRIVAL DATE / TIME<br>0 1 3 1 2 0 2 3 0 7 5 1 | SCENE CLEARED DATE / TIME<br>0 1 3 1 2 0 2 3 0 9 0 0              | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OSP) |
| TOTAL TIME ROADWAY CLOSED<br>7 5                      | OTHER INVESTIGATION TIME                        | TOTAL MINUTES<br>7 2                           | OFFICER'S NAME*<br>C. Singleton<br>OFFICER'S BADGE NUMBER*<br>8 9 | CHECKED BY OFFICER'S NAME*<br><br>CHECKED BY OFFICER'S BADGE NUMBER*  |

**OWNER**

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 \_\_\_\_\_

**VEHICLE**

LP STATE OH LICENSE PLATE # JWE8239 VEHICLE IDENTIFICATION # 4T1B1F1FK15H1U643451 VEHICLE YEAR 2017 VEHICLE MAKE Toyota

INSURANCE VERIFIED  INSURANCE COMPANY \_\_\_\_\_ INSURANCE POLICY # \_\_\_\_\_ COLOR Red VEHICLE MODEL Camry

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME Uriel's

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

UNIT TYPE: 1 - PASSENGER CAR, 2 - PASSENGER VAN (MINIVAN), 3 - SPORT UTILITY VEHICLE, 4 - PICK UP, 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 \_\_\_\_\_

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, 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 MOTOR VEHICLE, 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

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 - MIDDLEBLOCK - 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 - MOTOR VEHICLE IN TRANSPORT, 21 - PARKED MOTOR VEHICLE, 22 - WORK ZONE MAINTENANCE EQUIPMENT, 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE, 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: 23008052

DAMAGE: 1 - NONE, 2 - MINOR DAMAGE, 3 - FUNCTIONAL 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, 1-12 - REFER TO UNIT DIAGRAM, 13 - TOP, 14 - UNDERCARRIAGE, 15 - VEHICLE NOT AT SCENE, 99 - UNKNOWN

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

TRAFFIC CONTROL: 1 - ROUNDABOUT, 2 - SIGNAL, 3 - FLASHER, 4 - STOP SIGN, 5 - YIELD SIGN, 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 3 TO 4

UNIT SPEED: 10

POSTED SPEED: \_\_\_\_\_

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

**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

3

**VEHICLE**

LP STATE OH LICENSE PLATE # JSH5520 VEHICLE IDENTIFICATION # 5NPEB4A1CXC1H4934152 VEHICLE YEAR 2012 VEHICLE MAKE Hyundai  
 INSURANCE VERIFIED  INSURANCE COMPANY \_\_\_\_\_ INSURANCE POLICY # \_\_\_\_\_ COLOR Black VEHICLE MODEL Sonata

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

TYPE OF USE  
 COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
 US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME Fox  
 HAZARDOUS MATERIAL CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT # OCCUPANTS 0 1  
 VEHICLE WEIGHT GVWR/GCWR  
 1 - <10K LBS.  
 2 - 10,001 - 26K LBS.  
 3 - >26K LBS.

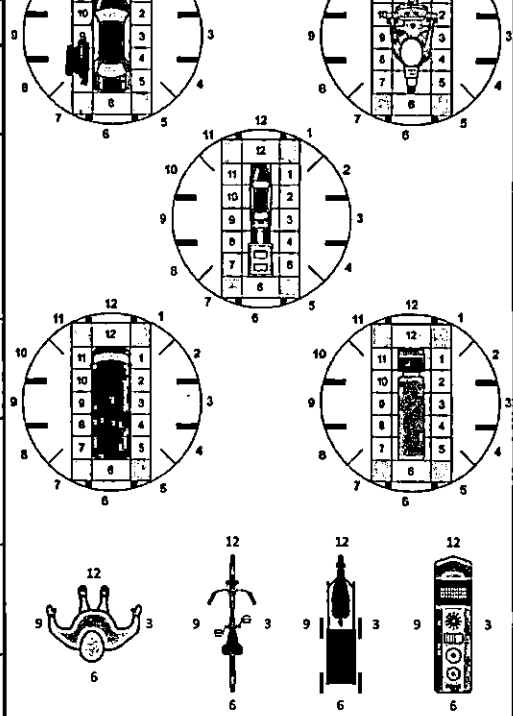
UNIT TYPE  
0 1  
 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER  
 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - 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

# OF TRAILING UNITS \_\_\_\_\_  
 WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?  
0 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN  
 AUTONOMOUS MODE LEVEL  
 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - 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 9 - CARGO TANK 13 - AUTO TRANSPORTER  
 7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE  
 11 - DUMP 99 - OTHER / UNKNOWN

VEHICLE DEFECTS  
0 1  
 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  
0 1  
 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 - MIDLANE - 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  
 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

INITIAL POINT OF CONTACT  
0 8  
 0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 99 - UNKNOWN  
 13 - TOP

CONTRIBUTING CIRCUMSTANCES  
9 9  
 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

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

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  
 31 - \_\_\_\_\_ 21 - PARKED MOTOR VEHICLE

# OF THROUGH LANES ON ROAD  
2

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

**EVENTS**

1 2 0 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  
 31 - \_\_\_\_\_ 21 - PARKED MOTOR VEHICLE  
4 1 5 6  
 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

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

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

UNIT SPEED  
0

POSTED SPEED  
1

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



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 3 0 0 8 0 5 2

|   |  |                                   |  |   |  |                                |   |                      |  |  |
|---|--|-----------------------------------|--|---|--|--------------------------------|---|----------------------|--|--|
| <b>UNIT #</b><br>0 1  | <b>NAME: LAST, FIRST, MIDDLE</b><br>Falowo, Sunday |                                   | <b>DATE OF BIRTH</b><br>0 7 1 0 1 9 7 5                |   | <b>AGE</b><br>4 7                                | <b>GENDER</b><br>M             |   |                      |  |  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>32 Wythe Ct. #205 Fairfield, Ohio 45014 |  |                                   |  |   | <b>CONTACT PHONE - INCLUDE AREA CODE</b>         |                                |   |                      |  |  |
| <b>INJURIES</b><br>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><br>0 4   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b><br>0 1 | <b>AIR BAG USAGE</b><br>1                         | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1                                |  |
| <b>OL STATE</b><br>OH   | <b>OPERATOR LICENSE NUMBER</b>                     |                                   | <b>OFFENSE CHARGED</b>                                 | <b>LOCAL CODE</b><br><input type="checkbox"/>   | <b>OFFENSE DESCRIPTION</b>                       |                                | <b>CITATION NUMBER</b>                            |                      |  |  |
| <b>OL CLASS</b><br>4  | <b>ENDORSEMENT SELECT UP TO 2</b>                  | <b>RESTRICTION SELECT UP TO 3</b> | <b>DRIVER DISTRACTED BY</b><br>1                       | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b><br>1          | <b>ALCOHOL TEST</b><br>STATUS: 1 TYPE: 1 VALUE: 1 |                      | <b>DRUG TEST(S)</b><br>STATUS: 1 TYPE: 1 RESULT: 1 |  |

|   |   |  |   |   |  |                                |   |                      |  |  |
|---|---|--|---|---|--|--------------------------------|---|----------------------|--|--|
| <b>UNIT #</b><br>0 2  | <b>NAME: LAST, FIRST, MIDDLE</b><br>Kelly, Courtney |  | <b>DATE OF BIRTH</b><br>0 9 2 2 1 9 8 8                                   |   | <b>AGE</b><br>3 4                                | <b>GENDER</b><br>F             |   |                      |  |  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>81 Beckett Dr. Hamilton, Ohio 45011 |   |  |   |   | <b>CONTACT PHONE - INCLUDE AREA CODE</b>         |                                |   |                      |  |  |
| <b>INJURIES</b><br>4  | <b>INJURED TAKEN BY</b><br>2                        | <b>EMS AGENCY (NAME)</b><br>Fairfield FD | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b><br>Mercy Fairfield | <b>SAFETY EQUIPMENT USED</b><br>0 4   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b><br>0 1 | <b>AIR BAG USAGE</b><br>1                         | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1                                |  |
| <b>OL STATE</b><br>OH   | <b>OPERATOR LICENSE NUMBER</b>                      |  | <b>OFFENSE CHARGED</b>  | <b>LOCAL CODE</b><br><input type="checkbox"/>   | <b>OFFENSE DESCRIPTION</b>                       |                                | <b>CITATION NUMBER</b>                            |                      |  |  |
| <b>OL CLASS</b><br>4  | <b>ENDORSEMENT SELECT UP TO 2</b>                   | <b>RESTRICTION SELECT UP TO 3</b>        | <b>DRIVER DISTRACTED BY</b><br>1  | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b><br>1          | <b>ALCOHOL TEST</b><br>STATUS: 1 TYPE: 1 VALUE: 1 |                      | <b>DRUG TEST(S)</b><br>STATUS: 1 TYPE: 1 RESULT: 1 |  |

|  |                                   |                                   |  |   |  |                         |   |                 |  |  |
|--|-----------------------------------|-----------------------------------|--|---|--|-------------------------|---|-----------------|--|--|
| <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b>  |                                   | <b>DATE OF BIRTH</b>                                   |   | <b>AGE</b><br>0                                  | <b>GENDER</b>           |   |                 |  |  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                   |                                   |  |   | <b>CONTACT PHONE - INCLUDE AREA CODE</b>         |                         |   |                 |  |  |
| <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><br><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><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b>        | <b>ALCOHOL TEST</b><br>STATUS: TYPE: VALUE: |                 | <b>DRUG TEST(S)</b><br>STATUS: TYPE: RESULT: 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-M/C MOPED ONLY           | 5-EXCEPT CLASS A BUS & CLASS B BUS   | 5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE   | 5-TEST GIVEN; RESULTS UNKNOWN                |
| <b>INJURED TAKEN BY</b>                     | 6-SECOND-RIGHT SIDE  | 9-DEPLOYMENT UNKNOWN             | 6-NO VALID OL              | 6-EXCEPT CLASS A BUS & CLASS B BUS   | 6-PASSENGER  | <b>ALCOHOL TEST TYPE</b>                     |
| 1-NOT TRANSPORTED / TREATED AT SCENE        | 7-THIRD-LEFT SIDE (MOTORCYCLE SIDE CAR)  | <b>EJECTION</b>                  | <b>OL ENDORSEMENT</b>      | 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  | <b>DRUG TEST TYPE</b>  | 4-BREATH                                     |
| <b>SAFETY EQUIPMENT</b>                     | 11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4-NOT APPLICABLE                 | T-TANKER                   | 11-LIMITED TO EMPLOYMENT   | 1-NONE   | 5-OTHER                                      |
| 1-NONE USED                                 | 12-PASSENGER IN UNENCLOSED CARGO AREA  | <b>TRAPPED</b>                   | Q-MOTOR SCOOTER            | 12-LIMITED-OTHER   | 2-BLOOD  | 3-URINE                                      |
| 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-URINE  | 4-OTHER                                      |
| 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-OTHER  | <b>DRUG TEST RESULT(S)</b>                   |
| 4-SHOULDER & LAP BELT USED                  | 99-OTHER / UNKNOWN   | 3-FREED BY NON-MECHANICAL MEANS  | T-DOUBLE & TRIPLE TRAILERS | 15-MOTOR VEHICLES WITHOUT AIR BRAKES   | 1-APPARENTLY NORMAL  | 1-AMPHETAMINES                               |
| 5-CHILD RESTRAINT SYSTEM FORWARD FACING     |  |                                  | X-TANKER / HAZMAT          | 16-OUTSIDE MIRROR  | 2-PHYSICAL IMPAIRMENT  | 2-BARBITURATES                               |
| 6-CHILD RESTRAINT SYSTEM REAR FACING        |  |                                  | <b>GENDER</b>              | 17-PROSTHETIC AID  | 3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)                                     | 3-BENZODIAZEPINES                            |
| 7-BOOSTER SEAT                              |  |                                  | F-FEMALE                   | 18-OTHER   | 4-ILLNESS  | 4-CANNABINOIDS                               |
| 8-HELMET USED                               |  |                                  | M-MALE                     |  | 5-FELL ASLEEP, FAINTED, FATIGUED, ETC.   | 5-COCAINE                                    |
| 9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) |  |                                  | U-OTHER / UNKNOWN          |  | 6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             | 6-OPiates / OPIOIDS                          |
| 10-REFLECTIVE CLOTHING                      |  |                                  |                            |  | 7-OTHER / UNKNOWN  | 7-OTHER                                      |
| 11-LIGHTING - PEDESTRIAN / BICYCLE ONLY     |  |                                  |                            |  |  | 8-NEGATIVE RESULTS                           |
| 99-OTHER / UNKNOWN                          |  |                                  |                            |  |  |  |