



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

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

| | | | | | | | |
|---------|-----------|------------------------------------|--|-------------------------|--|----------------|--|
| COUNTY* | LOCALITY* | LOCATION: CITY, VILLAGE, TOWNSHIP* | | CRASH DATE / TIME* | | CRASH SEVERITY | |
| 0 9 | 1 | City of Fairfield | | 0 5 0 2 2 0 2 3 0 8 2 9 | | 3 | |

| | | | | | | |
|------------|--------------|--------|--|---|-----------|---------------------------|
| ROUTE TYPE | ROUTE NUMBER | PREFIX | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | LOCATION ROAD NAME | ROAD TYPE | LATITUDE DECIMAL DEGREES |
| | | | | Gray | R D | 3 9 3 1 1 1 3 0 |
| ROUTE TYPE | ROUTE NUMBER | PREFIX | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | ROAD TYPE | LONGITUDE DECIMAL DEGREES |
| | | | | 6211 | | - 8 4 5 7 9 4 6 4 |

| | | | | | |
|-------------------------|--------------------------|------------------------------|----------------|---|--|
| REFERENCE POINT | DIRECTION FROM REFERENCE | ROUTE TYPE | ROAD TYPE | INTERSECTION RELATED | |
| 1 - INTERSECTION | 1 - NORTH | IR - INTERSTATE ROUTE(TP) | AL - ALLEY | <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH | |
| 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 | CT - COURT | | |
| | 1 - MILES | | DR - DRIVE | | |
| | 2 - FEET | | PK - PARKWAY | | |
| | 3 - YARDS | | TE - TERRACE | | |
| | | | TL - TRAIL | | |
| | | | WA - WAY | | |
| | | | HE - HEIGHTS | | |
| | | | PL - PLACE | | |
| | | | | ROADWAY | |
| | | | | <input type="checkbox"/> ROADWAY DIVIDED | |

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

| | | | | | |
|--|---------------------------------|---|--------------------|----------------------------------|-----------------------------------|
| <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 - DRY | 1 - CONCRETE |
| <input type="checkbox"/> ACTIVE SCHOOL ZONE | 3 - WORK ON SHOULDER OR MEDIAN | 3 - TRANSITION AREA | 3 - CURVE LEVEL | 3 - SNOW | 2 - BLACKTOP, BITUMINOUS, ASPHALT |
| | 4 - INTERMITTENT OR MOVING WORK | 4 - ACTIVITY AREA | 4 - CURVE GRADE | 4 - ICE | 3 - BRICK/BLOCK |
| | 5 - OTHER | 5 - TERMINATION AREA | 9 - OTHER/UNKNOWN | 5 - SAND, MUD, DIRT, OIL, GRAVEL | 4 - SLAG, GRAVEL, STONE |
| | | | | 6 - WATER (STANDING, MOVING) | 5 - DIRT |
| | | | | 7 - SLUSH | 9 - OTHER/UNKNOWN |
| | | | | 9 - OTHER/UNKNOWN | |

| | |
|-------------------------------------|---------------------------------------|
| LIGHT CONDITION | WEATHER |
| 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 05/02/2023 at 8:29 a.m., Unit 1 was traveling south on Gray Rd. and when at 6211 Gray Rd. failed to maintain control of the vehicle after swerving to avoid an animal, went left of the roadway, and struck a tree.

The damaged tree belongs Amy Lamermayer, 2343 Brick House Lane. Amy's phone number is

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 |
| 0 5 0 2 2 0 2 3 0 8 2 9 | 0 5 0 2 2 0 2 3 0 8 3 2 | 0 5 0 2 2 0 2 3 0 8 3 9 | 0 5 0 2 2 0 2 3 0 9 5 5 | <input checked="" type="checkbox"/> POLICE AGENCY |
| TOTAL TIME ROADWAY CLOSED | OTHER INVESTIGATION TIME | TOTAL MINUTES | OFFICER'S NAME* | <input type="checkbox"/> MOTORIST |
| 0 | 0 | 0 8 3 | S. Cook | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DPS) |
| | | | OFFICER'S BADGE NUMBER* | |
| | | | 1 5 3 | |
| | | | CHECKED BY OFFICER'S NAME* | |
| | | | (Signature) | |
| | | | CHECKED BY OFFICER'S BADGE NUMBER* | |
| | | | 8 7 | |

LOCAL REPORT NUMBER
2 3 0 3 1 1 8 5

OWNER

UNIT # 0 1 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

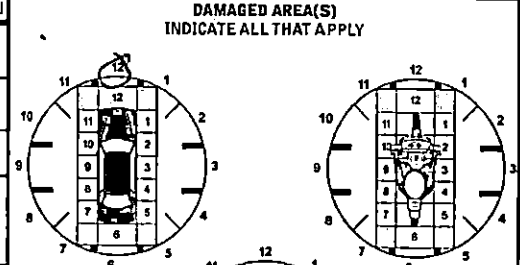
DAMAGE SCALE

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

LP STATE OH LICENSE PLATE # JUV1162 VEHICLE IDENTIFICATION # 3VWTTM71K49M343296 VEHICLE YEAR 2006 VEHICLE MAKE VW

INSURANCE VERIFIED INSURANCE COMPANY Liberty Mutual INSURANCE POLICY # AOV2817923670 COLOR Red VEHICLE MODEL Jetta

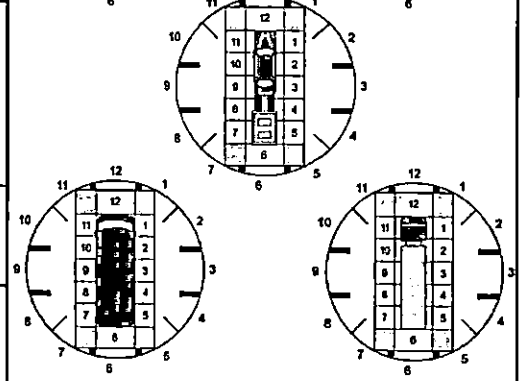
COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE TYPE OF USE
 INTERLOCK DEVICE EQUIPPED HITSKIP UNIT #OCCUPANTS 0 2 US DOT # _____ TOWED BY: COMPANY NAME Wayne's
 HAZARDOUS MATERIAL MATERIAL RELEASED PLACARD CLASS # _____ PLACARD ID # _____



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 - 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 HITSKIP

OF TRAILING UNITS _____



WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL 0

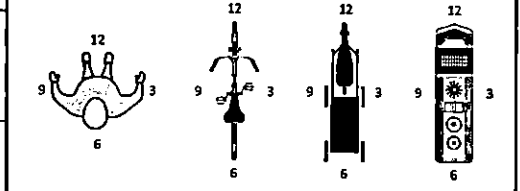
0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

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 - AUTOTRANSPORTER
 7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 11 - DUMP 14 - GARBAGE/REFUSE 15 - 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 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 1 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 11 - SLOWING OR STOPPED IN TRAFFIC 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 2 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
 13 - TOP 99 - UNKNOWN

CONTRIBUTING CIRCUMSTANCES 1 5

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

TRAFFICWAY FLOW

1 - ONE-WAY 2 2 - TWO-WAY

TRAFFIC CONTROL

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

SEQUENCE OF EVENTS

1 1 1 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT
2 0 9 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 4 8 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 25 - WORK ZONE MAINTENANCE EQUIPMENT
 5 - CARGO/EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT 51 - WALL
 26 - BRIDGE OVERHEAD STRUCTURE 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 52 - BUILDING
 27 - BRIDGE PIER OR ABUTMENT 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 53 - TUNNEL
 28 - BRIDGE PARAPET 33 - MEDIUM CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 54 - OTHER FIXED OBJECT
 29 - BRIDGE RAIL 34 - MEDIUM GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 47 - MAILBOX 99 - OTHER / UNKNOWN
 30 - GUARDRAIL FACE 35 - MEDIUM CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 48 - TREE
 42 - CULVERT 49 - FIRE HYDRANT

OF THROUGH LANES ON ROAD 2

RAIL GRADE CROSSING

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

COLLISION WITH FIXED OBJECT STRUCK

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

FIRST HARMFUL EVENT 3 MOST HARMFUL EVENT 3

UNIT / NON-MOTORIST DIRECTION

FROM 1 TO 2

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

LOCAL REPORT NUMBER
2 3 0 3 1 1 8 5

| | | | | |
|--|---|-----------------------------------|---|--|
| UNIT # 0 1 | NAME: LAST, FIRST, MIDDLE Tye, Christopher M | DATE OF BIRTH 1 2 2 9 1 9 8 2 | AGE 4 0 | GENDER M |
| ADDRESS: STREET, CITY, STATE, ZIP 5747 Levy Dr. Fairfield, OH 45014 | | CONTACT PHONE - INCLUDE AREA CODE | | |
| INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 0 1 |
| OL STATE OH | OPERATOR LICENSE NUMBER | OFFENSE CHARGED | LOCAL CODE | OFFENSE DESCRIPTION |
| OL CLASS 4 | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY 1 | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG |
| ALCOHOL TEST | | DRUG TEST(S) | | |
| STATUS | TYPE | VALUE | STATUS | TYPE |
| 1 | 1 | | 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 |
| OL STATE | OPERATOR LICENSE NUMBER | OFFENSE CHARGED | LOCAL CODE | OFFENSE DESCRIPTION |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED |
| ALCOHOL TEST | | DRUG TEST(S) | | |
| STATUS | TYPE | VALUE | STATUS | TYPE |
| | | | | |

| | | | | |
|-----------------------------------|----------------------------|-----------------------------------|---|--------------------------|
| 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 |
| OL STATE | OPERATOR LICENSE NUMBER | OFFENSE CHARGED | LOCAL CODE | OFFENSE DESCRIPTION |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED |
| ALCOHOL TEST | | DRUG TEST(S) | | |
| STATUS | TYPE | VALUE | STATUS | TYPE |
| | | | | |

| 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 - CDL, 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 | 9 - DEPLOYMENT UNKNOWN | 6 - NO VALID DL | 7 - EXCEPT TRACTOR-TRAILER | 6 - PASSENGER | ALCOHOL TEST TYPE |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | EJECTION | OL ENDORSEMENT | 8 - INTERMEDIATE LICENSE RESTRICTIONS | 7 - OTHER DISTRACTION INSIDE THE VEHICLE | 1 - NONE |
| 2 - EMS | 8 - THIRD - MIDDLE | 1 - NOT EJECTED | H - HAZMAT | 9 - LEARNER'S PERMIT RESTRICTIONS | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE | 2 - BLOOD |
| 3 - POLICE | 9 - THIRD - RIGHT SIDE | 2 - PARTIALLY EJECTED | M - MOTORCYCLE | 10 - LIMITED TO DAYLIGHT ONLY | 9 - OTHER / UNKNOWN | 3 - URINE |
| 9 - OTHER / UNKNOWN | 10 - SLEEPER SECTION OF TRUCK CAB | 3 - TOTALLY EJECTED | P - PASSENGER | 11 - LIMITED TO EMPLOYMENT | CONDITION | 4 - BREATH |
| SAFETY EQUIPMENT | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE | N - TANKER | 12 - LIMITED - OTHER | 1 - APPARENTLY NORMAL | 5 - OTHER |
| 1 - NONE USED | 12 - PASSENGER IN UNENCLOSED CARGO AREA | TRAPPED | Q - MOTOR SCOOTER | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 2 - PHYSICAL IMPAIRMENT | DRUG TEST TYPE |
| 2 - SHOULDER BELT ONLY USED | 13 - TRAILING UNIT | 1 - NOT TRAPPED | R - THREE-WHEEL MOTORCYCLE | 14 - MILITARY VEHICLES ONLY | 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) | 1 - NONE |
| 3 - LAP BELT ONLY USED | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 2 - EXTRICATED BY MECHANICAL MEANS | S - SCHOOL BUS | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES | 4 - ILLNESS | 2 - BLOOD |
| 4 - SHOULDER & LAP BELT USED | 15 - NON-MOTORIST | 3 - FREED BY NON-MECHANICAL MEANS | T - DOUBLE & TRIPLE TRAILERS | 16 - OUTSIDE MIRROR | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. | 3 - URINE |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | 99 - OTHER / UNKNOWN | GENDER | X - TANKER / HAZMAT | 17 - PROSTHETIC AID | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL | 4 - OTHER |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING | | F - FEMALE | | 18 - OTHER | 9 - OTHER / UNKNOWN | DRUG TEST RESULT(S) |
| 7 - BOOSTER SEAT | | M - MALE | | | | 1 - AMPHETAMINES |
| 8 - HELMET USED | | U - OTHER / UNKNOWN | | | | 2 - BARBITURATES |
| 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | | | | | 3 - BENZODIAZEPINES |
| 10 - REFLECTIVE CLOTHING | | | | | | 4 - CANNABINOIDS |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | | | | | | 5 - COCAINE |
| 99 - OTHER / UNKNOWN | | | | | | 6 - OPIATES / OPIOIDS |
| | | | | | | 7 - OTHER |
| | | | | | | 8 - NEGATIVE RESULTS |



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
2 3 0 3 1 1 8 5

| | | | | | |
|-----------------|-------------|---|----------------------------------|----------|-------------|
| OCCUPANT | UNIT # 1 | NAME: LAST, FIRST, MIDDLE Ventus, Reginald | DATE OF BIRTH 0 5 0 6 2 0 2 0 | AGE 2 | GENDER M |
|-----------------|-------------|---|----------------------------------|----------|-------------|

| | | | | | |
|--|--|--|-----------------------------------|--|--|
| ADDRESS: STREET, CITY, STATE, ZIP 5747 Levy Dr. Fairfield, OH 45014 | | | CONTACT PHONE - INCLUDE AREA CODE | | |
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| INJURIES 3 | INJURED TAKEN BY 1 | EMS AGENCY (NAME) Fairfield Medics | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) Liberty Children's | SAFETY EQUIPMENT USED 0 5 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0 6 | AIR BAG USAGE 0 1 | EJECTION 1 | TRAPPED 1 |
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| OCCUPANT | UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE 0 | GENDER |
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| 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 |
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| OCCUPANT | UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE 0 | GENDER |
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| 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 |
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| OCCUPANT | UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE 0 | GENDER |
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| 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 |
|----------|------------------|-------------------|---|-----------------------|--|------------------|---------------|----------|---------|

| INJURIES | SAFETY EQUIPMENT USED | SEATING POSITION | AIR BAG USAGE |
|--|---|--|------------------------------------|
| 1 - FATAL | 1 - NONE USED - VEHICLE OCCUPANT | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | 1 - NOT DEPLOYED |
| 2 - SUSPECTED SERIOUS INJURY | 2 - SHOULDER BELT ONLY USED | 2 - FRONT - MIDDLE | 2 - DEPLOYED FRONT |
| 3 - SUSPECTED MINOR INJURY | 3 - LAP BELT ONLY USED | 3 - FRONT - RIGHT SIDE | 3 - DEPLOYED SIDE |
| 4 - POSSIBLE INJURY | 4 - SHOULDER & LAP BELT USED | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 4 - DEPLOYED BOTH FRONT/SIDE |
| 5 - NO APPARENT INJURY | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | 5 - SECOND - MIDDLE | 5 - NOT APPLICABLE |
| INJURED TAKEN BY | | 6 - SECOND - RIGHT SIDE | 9 - DEPLOYMENT UNKNOWN |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | 6 - CHILD RESTRAINT SYSTEM - REAR FACING | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | EJECTION |
| 2 - EMS | 7 - BOOSTER SEAT | 8 - THIRD - MIDDLE | 1 - NOT EJECTED |
| 3 - POLICE | 8 - HELMET USED | 9 - THIRD - RIGHT SIDE | 2 - PARTIALLY EJECTED |
| 9 - OTHER / UNKNOWN | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 10 - SLEEPER SECTION OF TRUCK CAB | 3 - TOTALLY EJECTED |
| GENDER | | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE |
| F - FEMALE | 10 - REFLECTIVE CLOTHING | 12 - PASSENGER IN UNENCLOSED CARGO AREA | TRAPPED |
| M - MALE | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | 13 - TRAILING UNIT | 1 - NOT TRAPPED |
| U - OTHER / UNKNOWN | 99 - OTHER / UNKNOWN | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 2 - EXTRICATED BY MECHANICAL MEANS |
| | | 15 - NON-MOTORIST | 3 - FREED BY NON-MECHANICAL MEANS |
| | | 99 - OTHER / UNKNOWN | |

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| WITNESS | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE 0 | GENDER |
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| WITNESS | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE 0 | GENDER |
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