

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION REPORTING AGENCY NAME* Fairfield Police Department		IR23-002909		HIT/SKIP <input type="checkbox"/> 1 - SOLVED <input type="checkbox"/> 2 - UNSOLVED		NUMBER OF UNITS 2		UNIT IN ERROR <input type="checkbox"/> 98 - ANIMAL <input checked="" type="checkbox"/> 99 - UNKNOWN	
COUNTY* 09		LOCALITY* <input checked="" type="checkbox"/> 1 - CITY <input type="checkbox"/> 2 - VILLAGE <input type="checkbox"/> 3 - TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* Fairfield		CRASH DATE/TIME* 10/04/2023 16:00		CRASH SEVERITY <input checked="" type="checkbox"/> 5 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY					
ROUTE TYPE SR		ROUTE NUMBER 4		PREFIX <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST		LOCATION ROAD NAME		ROAD TYPE		LATITUDE 39.308356		LONGITUDE -84.487050	
ROUTE TYPE		ROUTE NUMBER		PREFIX <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Service		ROAD TYPE DR					
REFERENCE POINT <input checked="" type="checkbox"/> 1 - INTERSECTION <input type="checkbox"/> 2 - MILE POST <input type="checkbox"/> 3 - HOUSE #		DIRECTION FROM REFERENCE <input checked="" type="checkbox"/> 2 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA		NUMBER OF APPROACHES <input type="checkbox"/>			
DISTANCE FROM REFERENCE 100		DISTANCE UNIT OF MEASURE <input checked="" type="checkbox"/> 2 1 - MILES 2 - FEET 3 - YARDS		LOCATION OF FIRST HARMFUL EVENT <input checked="" type="checkbox"/> 1 - ON ROADWAY <input type="checkbox"/> 2 - ON SHOULDER <input type="checkbox"/> 3 - IN MEDIAN <input type="checkbox"/> 4 - ON ROADSIDE <input type="checkbox"/> 5 - ON GORE <input type="checkbox"/> 6 - OUTSIDE TRAFFIC WAY <input type="checkbox"/> 7 - ON RAMP <input type="checkbox"/> 8 - OFF RAMP <input type="checkbox"/> 9 - CROSSOVER <input type="checkbox"/> 10 - DRIVEWAY/ALLEY ACCESS <input type="checkbox"/> 11 - RAILWAY GRADE CROSSING <input type="checkbox"/> 12 - SHARED USE PATHS OR TRAILS <input type="checkbox"/> 13 - BIKE LANE <input type="checkbox"/> 14 - TOLL BOOTH <input type="checkbox"/> 99 - OTHER/UNKNOWN		MANNER OF CRASH COLLISION/IMPACT <input checked="" type="checkbox"/> 6 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER/UNKNOWN		DIRECTION OF TRAVEL <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST		MEDIAN TYPE <input type="checkbox"/> 1 - DIVIDED FLUSH MEDIAN (< 4 FEET) <input type="checkbox"/> 2 - DIVIDED FLUSH MEDIAN (>= 4 FEET) <input type="checkbox"/> 3 - DIVIDED, DEPRESSED MEDIAN <input type="checkbox"/> 4 - DIVIDED, RAISE MEDIAN (ANY TYPE) <input type="checkbox"/> 9 - OTHER/UNKNOWN			
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE <input type="checkbox"/> 1 - LANE CLOSURE <input type="checkbox"/> 2 - LANE SHFT/CROSSOVER <input type="checkbox"/> 3 - WORK ON SHOULDER OR MEDIAN <input type="checkbox"/> 4 - INTERMITTENT OR MOVING WORK <input type="checkbox"/> 5 - OTHER		LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN <input type="checkbox"/> 2 - ADVANCE WARNING AREA <input type="checkbox"/> 3 - TRANSITION AREA <input type="checkbox"/> 4 - ACTIVITY AREA <input type="checkbox"/> 5 - TERMINATION AREA		CONTOUR <input checked="" type="checkbox"/> 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/ UNKNOWN		CONDITIONS <input checked="" type="checkbox"/> 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		SURFACE <input checked="" type="checkbox"/> 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/ UNKNOWN			
LIGHT CONDITION <input checked="" type="checkbox"/> 1 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER/UNKNOWN		WEATHER <input checked="" type="checkbox"/> 1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER/UNKNOWN											
NARRATIVE On 10/4/23 Unit 1 was traveling northbound on SR 4 and when approaching Service Dr. failed to stay within its lane. The vehicle drifted into the next lane, striking Unit 2 which was also traveling northbound on SR 4. The driver of unit 1 was also cited for driving with a temporary permit without a licensed driver FCO 335.03a.						DIAGRAM 							
CRASH REPORTED DATE/TIME 10/04/2023 16:00		DISPATCH DATE/TIME 10/04/2023 16:02		ARRIVAL DATE/TIME 10/04/2023 16:09		SCENE CLEARED DATE/TIME 10/04/2023 16:33		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)					
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 0		TOTAL MINUTES 31		OFFICER'S NAME* Sons, Jacob		CHECKED BY OFFICER'S NAME* Meyer, Aaron		CHECKED BY OFFICER'S BADGE NUMBER* 132			
						OFFICER'S BADGE NUMBER* 150							

IR23-002909

UNIT # 1	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) MENDEZ MENDOZA, MARCELINO		OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER																																											
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 10 PAN AM WAY, HAMILTON, OH 45015																																														
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																																											
LP STATE OH	LICENSE PLATE # JNX7219	VEHICLE IDENTIFICATION # WBAVB13576PS66285	VEHICLE YEAR 2006	VEHICLE MAKE BMW																																										
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR Blue	VEHICLE MODEL 325i																																										
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME																																											
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS 1	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD <input type="checkbox"/>																																											
TYPE OF USE		VEHICLE WEIGHT GVWR/GCWR	CLASS # <input type="checkbox"/> PLACARD ID # <input type="checkbox"/>																																											
<input type="checkbox"/> PASSENGER CAR <input type="checkbox"/> PASSENGER VAN (MINIVAN) <input type="checkbox"/> SPORT UTILITY VEHICLE <input type="checkbox"/> PICK UP <input type="checkbox"/> CARGO VAN		<input type="checkbox"/> 1 - <= 10K LBS. <input type="checkbox"/> 2 - 10,001 - 26K LBS. <input type="checkbox"/> 3 - >= 26K LBS.	<input type="checkbox"/> 1 - LIMO (LIVERY VEHICLE) <input type="checkbox"/> BUS (16+ PASSENGERS) <input type="checkbox"/> OTHER VEHICLE <input type="checkbox"/> HEAVY EQUIPMENT <input type="checkbox"/> ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE																																											
<input type="checkbox"/> 7 - MOTORCYCLE 2-WHEELED <input type="checkbox"/> 8 - MOTORCYCLE 3-WHEELED <input type="checkbox"/> 9 - AUTOCYCLE <input type="checkbox"/> 10 - MOPED OR MOTORIZED BICYCLE <input type="checkbox"/> 11 - ALL TERRAIN VEHICLE (ATV/UTV)		<input type="checkbox"/> 12 - GOLF CART <input type="checkbox"/> 13 - SNOWMOBILE <input type="checkbox"/> 14 - SINGLE UNIT TRUCK <input type="checkbox"/> 15 - SEMI-TRACTOR <input type="checkbox"/> 16 - FARM EQUIPMENT <input type="checkbox"/> 17 - MOTORHOME	<input type="checkbox"/> 23 - PEDESTRIAN/ SKATER <input type="checkbox"/> 24 - WHEELCHAIR (ANY TYPE) <input type="checkbox"/> 25 - OTHER NON-MOTORIST <input type="checkbox"/> 26 - BICYCLE <input type="checkbox"/> 27 - TRAIN <input type="checkbox"/> 99 - UNKNOWN OR HIT/SKIP																																											
UNIT TYPE 1		# OF TRAILING UNITS 0																																												
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER/UNKNOWN		AUTONOMOUS MODE LEVEL 0																																												
SPECIAL FUNCTION 1		<input type="checkbox"/> 1 - NONE <input type="checkbox"/> 6 - BUS - CHARTER/TOUR <input type="checkbox"/> 11 - FIRE <input type="checkbox"/> 16 - FARM <input type="checkbox"/> 21 - MAIL CARRIER <input type="checkbox"/> 99 - OTHER/UNKNOWN <input type="checkbox"/> 2 - TAXI <input type="checkbox"/> 7 - BUS - INTERCITY <input type="checkbox"/> 12 - MILITARY <input type="checkbox"/> 17 - MOWING <input type="checkbox"/> 22 - SNOW REMOVAL <input type="checkbox"/> 99 - OTHER/UNKNOWN <input type="checkbox"/> 3 - ELECTRONIC RIDE SHARING <input type="checkbox"/> 8 - BUS - SHUTTLE <input type="checkbox"/> 13 - POLICE <input type="checkbox"/> 18 - SNOW REMOVAL <input type="checkbox"/> 99 - OTHER/UNKNOWN <input type="checkbox"/> 4 - SCHOOL TRANSPORT <input type="checkbox"/> 9 - BUS - OTHER <input type="checkbox"/> 14 - PUBLIC UTILITY <input type="checkbox"/> 19 - TOWING <input type="checkbox"/> 20 - SAFETY SERVICE PATROL <input type="checkbox"/> 5 - BUS - TRANSIT /COMMUTER <input type="checkbox"/> 10 - AMBULANCE <input type="checkbox"/> 15 - CONSTRUCTION EQUIPMENT <input type="checkbox"/> 20 - SAFETY SERVICE PATROL																																												
CARGO BODY TYPE 1		<input type="checkbox"/> 1 - NO CARGO BODY TYPE / NOT APPLICABLE <input type="checkbox"/> 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE <input type="checkbox"/> 5 - INTERMODAL CONTAINER CHASSIS <input type="checkbox"/> 8 - POLE <input type="checkbox"/> 12 - CONCRETE MIXER <input type="checkbox"/> 13 - AUTO TRANSPORTER <input type="checkbox"/> 14 - GARBAGE/REFUSE <input type="checkbox"/> 99 - OTHER/UNKNOWN <input type="checkbox"/> 2 - BUS <input type="checkbox"/> 4 - LOGGING <input type="checkbox"/> 6 - CARGO VAN/ ENCLOSED BOX <input type="checkbox"/> 7 - GRAIN/CHIPS/GRAVEL <input type="checkbox"/> 10 - FLAT BED <input type="checkbox"/> 11 - DUMP																																												
VEHICLE DEFECTS		<input type="checkbox"/> 1 - TURN SIGNALS <input type="checkbox"/> 4 - BRAKES <input type="checkbox"/> 7 - WORN OR SLICK TIRES <input type="checkbox"/> 9 - MOTOR TROUBLE <input type="checkbox"/> 99 - OTHER/UNKNOWN <input type="checkbox"/> 2 - HEAD LAMPS <input type="checkbox"/> 5 - STEERING <input type="checkbox"/> 8 - TRAILER EQUIPMENT DEFECTIVE <input type="checkbox"/> 10 - DISABLED FROM PRIOR ACCIDENT																																												
NON-MOTORIST LOCATION AT IMPACT		<input type="checkbox"/> 1 - INTERSECTION - MARKED CROSSWALK <input type="checkbox"/> 3 - INTERSECTION - OTHER <input type="checkbox"/> 6 - BICYCLE LANE <input type="checkbox"/> 9 - MEDIAN/CROSSING ISLAND <input type="checkbox"/> 12 - FIRST RESPONDER AT INCIDENT SCENE <input type="checkbox"/> 99 - OTHER/UNKNOWN <input type="checkbox"/> 2 - INTERSECTION - UNMARKED CROSSWALK <input type="checkbox"/> 4 - MIDBLOCK - MARKED CROSSWALK <input type="checkbox"/> 7 - SHOULDER/ ROADSIDE <input type="checkbox"/> 8 - SIDEWALK <input type="checkbox"/> 10 - DRIVEWAY ACCESS <input type="checkbox"/> 11 - SHARED USE PATHS OR TRAILS																																												
ACTION 3		<input type="checkbox"/> 1 - NON-CONTACT <input type="checkbox"/> 1 - STRAIGHT AHEAD <input type="checkbox"/> 8 - ENTERING TRAFFIC <input type="checkbox"/> 13 - NEGOTIATING A CURVE <input type="checkbox"/> 18 - APPROACHING OR LEAVING VEHICLE <input type="checkbox"/> 19 - STANDING <input type="checkbox"/> 20 - OTHER NON-MOTORIST <input type="checkbox"/> 21 - STANDING OUTSIDE DISABLED VEHICLE <input type="checkbox"/> 99 - OTHER/UNKNOWN <input type="checkbox"/> 2 - NON-COLLISION <input type="checkbox"/> 2 - BACKING <input type="checkbox"/> 3 - CHANGING LANES <input type="checkbox"/> 4 - OVERTAKING/ PASSING <input type="checkbox"/> 10 - PARKED <input type="checkbox"/> 15 - WALKING, RUNNING, JOGGING, PLAYING <input type="checkbox"/> 16 - WORKING <input type="checkbox"/> 17 - PUSHING VEHICLE <input type="checkbox"/> 3 - STRIKING <input type="checkbox"/> 4 - CHANGING LANES <input type="checkbox"/> 4 - OVERTAKING/ PASSING <input type="checkbox"/> 10 - PARKED <input type="checkbox"/> 15 - WALKING, RUNNING, JOGGING, PLAYING <input type="checkbox"/> 16 - WORKING <input type="checkbox"/> 17 - PUSHING VEHICLE <input type="checkbox"/> 4 - STRUCK <input type="checkbox"/> 4 - CHANGING LANES <input type="checkbox"/> 4 - OVERTAKING/ PASSING <input type="checkbox"/> 10 - PARKED <input type="checkbox"/> 15 - WALKING, RUNNING, JOGGING, PLAYING <input type="checkbox"/> 16 - WORKING <input type="checkbox"/> 17 - PUSHING VEHICLE <input type="checkbox"/> 5 - BOTH STRIKING & STRUCK <input type="checkbox"/> 5 - MAKING RIGHT TURN <input type="checkbox"/> 6 - MAKING LEFT TURN <input type="checkbox"/> 7 - MAKING U-TURN <input type="checkbox"/> 12 - DRIVERLESS																																												
CONTRIBUTING CIRCUMSTANCES 9		<input type="checkbox"/> 1 - NONE <input type="checkbox"/> 7 - LEFT OF CENTER <input type="checkbox"/> 13 - IMPROPER START FROM A PARKED POSITION <input type="checkbox"/> 14 - STOPPED OR PARKED ILLEGALLY <input type="checkbox"/> 15 - SWERVING TO AVOID <input type="checkbox"/> 16 - WRONG WAY <input type="checkbox"/> 17 - VISION OBSTRUCTION <input type="checkbox"/> 18 - OPERATING DEFECTIVE EQUIPMENT <input type="checkbox"/> 19 - LOAD SHIFTING/ FALLING/SPILLING <input type="checkbox"/> 20 - IMPROPER CROSSING <input type="checkbox"/> 21 - LYING IN ROADWAY <input type="checkbox"/> 22 - NOT DISCERNIBLE <input type="checkbox"/> 23 - OPENING DOOR INTO ROADWAY <input type="checkbox"/> 99 - OTHER IMPROPER ACTION																																												
SEQUENCE OF EVENTS																																														
EVENTS																																														
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FIRST HARMFUL EVENT 1		MOST HARMFUL EVENT 1																																												

DAMAGE	
DAMAGE SCALE	
2	1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT	
1	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
2	1 - ONE-WAY 2 - TWO-WAY 6 - 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
6	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM 2 TO 1	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER/UNKNOWN
UNIT SPEED	DETECTED SPEED
40	1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED
POSTED SPEED	
40	

IR23-002909

UNIT # 2	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) FLEET, ARI LT		OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER																																				
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 400 WRIGHT DR, MONROE, OH 45044																																							
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																																				
LP STATE OH	LICENSE PLATE # PMT6091	VEHICLE IDENTIFICATION # 1FTYR2CM2JKA32179	VEHICLE YEAR 2018	VEHICLE MAKE Ford																																			
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY PHEONIX INS	INSURANCE POLICY # 810-7E778758-23-14	COLOR White	VEHICLE MODEL Transit																																			
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME																																				
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UNIT TYPE 5	VEHICLE WEIGHT GVWR/GCWR 1 - <= 10K LBS. 2 - 10,001 - 26K LBS. 3 - >= 26K LBS.																																						
# OF TRAILING UNITS 0	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER/UNKNOWN 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN																																						
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2		2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	12 - DOWNHILL RUNAWAY																																			
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6																																							
COLLISION WITH FIXED OBJECT - STRUCK																																							
4		25 - IMPACT ATTENUATOR/ CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST																																			
5		26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST																																			
6		27 - BRIDGE PIER OR ABUTMENT	33 - MEDIUM CABLE BARRIER	39 - LIGHT/LUMINARIES SUPPORT																																			
		28 - BRIDGE PARAPET	34 - MEDIUM GUARDRAIL BARRIER	40 - UTILITY POLE																																			
		29 - BRIDGE RAIL	35 - MEDIUM CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT																																			
		30 - GUARDRAIL FACE	36 - MEDIUM OTHER BARRIER	42 - CULVERT																																			
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1		FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT																																			

DAMAGE	
DAMAGE SCALE	
2	1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT	
8	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
2	1 - ONE-WAY 2 - TWO-WAY 6
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
6	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM 2 TO 1	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER/UNKNOWN
UNIT SPEED	DETECTED SPEED
40	1
POSTED SPEED	1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED
40	

LOCAL REPORT NUMBER*
IR23-002909

UNIT # 1	NAME: LAST, FIRST, MIDDLE MENDEZ MENDOZA, MARCELINO				DATE OF BIRTH 04/09/2000		AGE 23	GENDER M						
ADDRESS: STREET, CITY, STATE, ZIP 10 PAN AM WAY, HAMILTON, OH 45015					CONTACT PHONE - INCLUDE AREA CODE									
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1			
OL STATE OH	OPERATOR LICENSE NUMBER			OFFENSE CHARGED 331.08a1		LOCAL CODE	OFFENSE DESCRIPTION Driving In Marked Lanes Or Contin			CITATION NUMBER 2300087705				
OL CLASS 4	ENDORSEMENT	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 2	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST		DRUG TEST(S)				
								STATUS 1	TYPE 1	VALUE .	STATUS 1	TYPE 1	RESULT SELECT UP TO 4	

UNIT # 2	NAME: LAST, FIRST, MIDDLE ALLEN, JOSEPH EDWARD				DATE OF BIRTH 08/28/1985		AGE 38	GENDER M						
ADDRESS: STREET, CITY, STATE, ZIP 120 WESTFIELD AVE, HAMILTON, OH 45013					CONTACT PHONE - INCLUDE AREA CODE									
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1			
OL STATE OH	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER				
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								STATUS 1	TYPE 1	VALUE .	STATUS 1	TYPE 1	RESULT SELECT UP TO 4	

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			
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								STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4	

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M/C MOPED ONLY 6 - NO VALID OL	1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN
INJURED TAKEN BY	EJECTION		OL ENDORSEMENT		ALCOHOL TEST TYPE	
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN	1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE		H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT		1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	
SAFETY EQUIPMENT	TRAPPED		GENDER		DRUG TEST TYPE	
1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS		F - FEMALE M - MALE U - OTHER / UNKNOWN		1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	
				CONDITION		DRUG TEST RESULT(S)
				1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN		1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS

