

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION				
		REPORTING AGENCY NAME*		NCIC*		
		Fairfield Police Department		00901		
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	
	SR	4			LATITUDE 39.323989	
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) DIVERSION	ROAD TYPE	
					DR -84.506296	
REFERENCE POINT		DIRECTION FROM REFERENCE 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	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 checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA	
					NUMBER OF APPROACHES	
					ROADWAY	
					<input type="checkbox"/> ROADWAY DIVIDED	
LOCATION OF FIRST HARMFUL EVENT			MANNER OF CRASH COLLISION/IMPACT			
<input 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 <input type="checkbox"/> 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			
<input type="checkbox"/> 1 - NOT COLLISION <input type="checkbox"/> 2 - BETWEEN <input type="checkbox"/> 3 - TWO MOTOR VEHICLES IN <input type="checkbox"/> 4 - REAR-END <input type="checkbox"/> 5 - BACKING <input type="checkbox"/> 6 - ANGLE <input type="checkbox"/> 7 - SIDESWIPE, SAME DIRECTION <input type="checkbox"/> 8 - SIDESWIPE, OPPOSITE DIRECTION <input type="checkbox"/> 9 - HEAD-ON <input type="checkbox"/> 9 - OTHER/UNKNOWN			<input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST			
			DIRECTION OF TRAVEL			
			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			
WORK ZONE RELATED		WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE		
<input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		<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		<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		
				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 99		
LIGHT CONDITION		WEATHER		CONDITIONS		
<input type="checkbox"/> 1 - DAYLIGHT <input type="checkbox"/> 2 - DAWN/DUSK <input type="checkbox"/> 3 - DARK - LIGHTED ROADWAY <input type="checkbox"/> 4 - DARK - ROADWAY NOT LIGHTED <input type="checkbox"/> 5 - DARK - UNKNOWN ROADWAY LIGHTING <input type="checkbox"/> 9 - OTHER/UNKNOWN		<input type="checkbox"/> 1 - CLEAR <input type="checkbox"/> 2 - CLOUDY <input type="checkbox"/> 3 - FOG, SMOG, SMOKE <input type="checkbox"/> 4 - RAIN <input type="checkbox"/> 5 - SLEET, HAIL		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 99		
				SURFACE		
				<input type="checkbox"/> 1 - DRY <input type="checkbox"/> 2 - WET <input type="checkbox"/> 3 - SNOW <input type="checkbox"/> 4 - ICE <input type="checkbox"/> 5 - SAND, MUD, DIRT, OIL, GRAVEL <input type="checkbox"/> 6 - WATER (STANDING, MOVING) <input type="checkbox"/> 7 - SLUSH <input type="checkbox"/> 9 - OTHER/UNKNOWN		
				<input type="checkbox"/> 1 - CONCRETE <input type="checkbox"/> 2 - BLACKTOP, BITUMINOUS, ASPHALT <input type="checkbox"/> 3 - BRICK/BLOCK <input type="checkbox"/> 4 - SLAG, GRAVEL, STONE <input type="checkbox"/> 5 - DIRT <input type="checkbox"/> 9 - OTHER/ UNKNOWN		
NARRATIVE						
<p>On 03/04/2025 at or about 1045hrs Unit 2 was southbound on Dixie Hwy making a left turn onto Diversion Dr. Unit 1 was northbound on Dixie Hwy and ran the red light striking Unit 2 in the intersection.</p>						
DIAGRAM						
CRASH REPORTED DATE/TIME		DISPATCH DATE/TIME		ARRIVAL DATE/TIME		
03/04/2025 10:47		03/04/2025 10:48		03/04/2025 10:48		
SCENE CLEARED DATE/TIME						
03/04/2025 11:21						
REPORT TAKEN BY						
<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST						
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		
0		0		33		
OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*				
Wolfe, Bradley		Wolfe, Bradley				
OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*				
103		103				
SUPPLEMENT		(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP)				

IR25-001139

UNIT # 1	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) YATES, DAVONTE LASHON	OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER
-------------	--	---

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
5160 BRASHER AVE, CINCINNATI, OH 45242COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH	LICENSE PLATE # T290626	VEHICLE IDENTIFICATION # 2G1145S33G9159357	VEHICLE YEAR 2016	VEHICLE MAKE Chevrolet
----------------	----------------------------	---	----------------------	---------------------------

INSURANCE VERIFIED	INSURANCE COMPANY PROGRESSIVE INSURANCE	INSURANCE POLICY # 994014630	COLOR Maroon	VEHICLE MODEL Impala
-----------------------	--	---------------------------------	-----------------	-------------------------

TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME WAYNES TOWING	
INTERLOCK DEVICE EQUIPPED		# OCCUPANTS <input type="checkbox"/> 1	VEHICLE WEIGHT GVWR/GCWR 1 - <= 10K LBS. 2 - 10,001 - 26K LBS. 3 - >= 26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD CLASS # <input type="checkbox"/> PLACARD ID #

UNIT TYPE <input type="checkbox"/> 1 0	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN	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
--	---	--	---	---	---

2	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	<input type="checkbox"/> 0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
	1 - YES 2 - NO 9 - OTHER/UNKNOWN	AUTONOMOUS MODE LEVEL			

1	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	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
---	--	---	--	---	---

1	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
---	--	---	---	---	--------------------

1	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
---	--	--	---	---	--------------------

1	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - 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
---	--	--	---	---	---

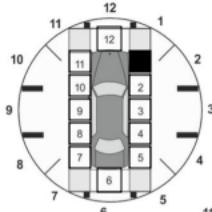
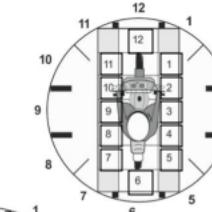
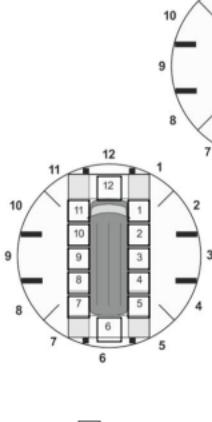
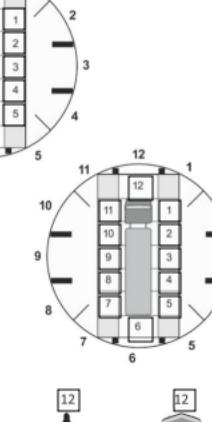
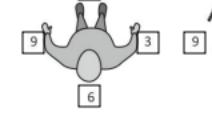
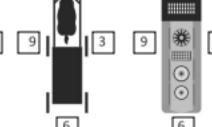
3	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH 6 - STRIKING PRE-CRASH 7 - MAKING RIGHT TURN 8 - MAKING LEFT TURN 9 - OTHER/UNKNOWN 10 - MAKING U-TURN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/ PASSING 5 - BOTH 6 - STRIKING PRE-CRASH 7 - MAKING RIGHT TURN 8 - MAKING LEFT TURN 9 - OTHER/UNKNOWN 10 - MAKING U-TURN	8 - ENTERING TRAFFIC 9 - LEAVING TRAFFIC 10 - PARKED 11 - SLOWING OR STOPPED IN 12 - DRIVERLESS	13 - NEGOTIATING A LANE 14 - ENTERING OR LANE 15 - PARKED 16 - WORKING 17 - PUSHING VEHICLE	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING CROSSING 20 - OTHER NON- SPECIFIED LOCATION 21 - WALKING, RUNNING, JOGGING, PLAYING 22 - APPROACHING OR LEAVING VEHICLE 23 - STANDING 24 - OTHER UNKNOWN
---	---	--	--	---	---

3	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 9 - IMPROPER LANE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START CLOSE/ACDA POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	17 - VISION OBSTRUCTION FROM A PARKED POSITION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - STOPPED OR PARKED ILLEGALLY 19 - LOAD SHIFTING/ FALLING/SPILLING 20 - IMPROPER CROSSING	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 24 - OTHER IMPROPER ACTION
---	---	---	---	---	--

SEQUENCE OF EVENTS

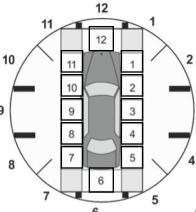
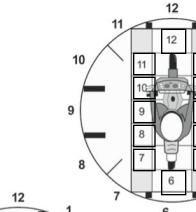
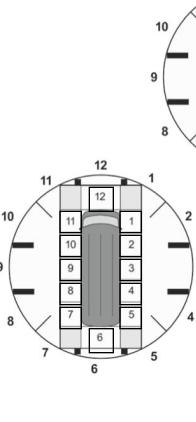
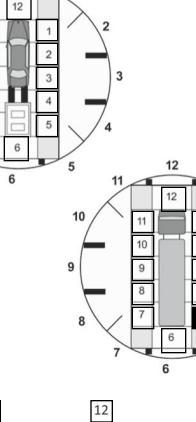
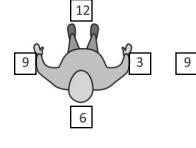
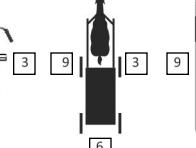
1	1 - OVERTURN/ ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO/EQUIPMENT LOSS OR SHIFT	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNTOWN RUNAWAY 13 - OTHER NON- COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE 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
---	---	--	--	--

4	25 - IMPACT ATTENUATOR/ CRASH CUSHION	31 - GUARDRAIL END PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER	37 - TRAFFIC SIGN POST OVERHEAD SIGN POST	43 - CURB 44 - DITCH 45 - EMBANKMENT	50 - WORK ZONE MAINTENANCE EQUIPMENT
5	26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT	34 - MEDIAN GUARDRAIL BARRIER	39 - LIGHT/LUMINARIES SUPPORT	46 - FENCE 47 - MAILBOX 48 - TREE	51 - WALL 52 - BUILDING 53 - TUNNEL
6	28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	49 - FIRE HYDRANT	54 - OTHER FIXED OBJECT
1	FIRST HARMFUL EVENT	1 MOST HARMFUL EVENT	42 - CULVERT	99 - OTHER/UNKNOWN	

DAMAGE		
DAMAGE SCALE		
4	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 2	1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 2 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 4	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 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER/UNKNOWN		
UNIT SPEED 40		
DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED		
POSTED SPEED 50		

IR25-001139

UNIT # 2	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) UHAUL		OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER	
OWNER	OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 2727 N CENTRAL AVE, PHOENIX, AZ 85036			
COMMERCIAL CARRIER	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE AZ	LICENSE PLATE # AG63174	VEHICLE IDENTIFICATION # 1FDXE4FS0FDA31343	VEHICLE YEAR 2015	VEHICLE MAKE Ford
INSURANCE VERIFIED	INSURANCE COMPANY REPWEST	INSURANCE POLICY # S012	COLOR White	VEHICLE MODEL E-150
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
INTERLOCK DEVICE EQUIPPED		# OCCUPANTS 2	VEHICLE WEIGHT GVWR/GCWR 1 - <= 10K LBS. 2 - 10,001 - 26K LBS. 3 - >= 26K LBS.	
UNIT TYPE 14 14		HAZARDOUS MATERIAL MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD CLASS # <input type="checkbox"/> PLACARD ID #		
# OF TRAILING UNITS 0		1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV/UTV)		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 2		7 - MOTORCYCLE 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
# OF TRAILING UNITS 0		23 - PEDESTRIAN/ SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON- MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	
SPECIAL FUNCTION 99 99		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
1 - YES 2 - NO 9 - OTHER/UNKNOWN		AUTONOMOUS MODE LEVEL		
CARGO BODY TYPE 6 6		6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 11 - SCHOOL TRANSPORT 12 - BUS - TRANSIT /COMMUTER	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
CARGO BODY TYPE 6 6		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
NON-MOTORIST LOCATION AT IMPACT		9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT	99 - OTHER/UNKNOWN	
1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		3 - INTERSECTION - OTHER 4 - MIDBLOCK - 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
ACTION 4 4		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH 6 - STRIKING PRE-CRASH 5 - MAKING RIGHT TURN & STRUCK ACTIONS 6 - MAKING LEFT TURN 9 - OTHER/UNKNOWN 7 - MAKING U-TURN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/ PASSING 5 - BOTH 6 - STRIKING PRE-CRASH 5 - MAKING RIGHT TURN & STRUCK ACTIONS 6 - MAKING LEFT TURN 9 - OTHER/UNKNOWN 7 - MAKING U-TURN	8 - ENTERING TRAFFIC 9 - LEAVING TRAFFIC 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS
ACTION 4 4		13 - NEGOTIATING A LANE 14 - ENTERING OR LANE 15 - PARKED SPECIFIED LOCATION 16 - WORKING 17 - PUSHING VEHICLE	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING CROSSING 20 - OTHER NON- SPECIFIED LOCATION 21 - WALKING, RUNNING, JOGGING, PLAYING 22 - OTHER 23 - STANDING OUTSIDE DISABLED VEHICLE 24 - OTHER/UNKNOWN	
CONTRIBUTING CIRCUMSTANCES 1 1		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 9 - IMPROPER LANE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED CLOSE/ACDA CHANGE 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY
EVENT(S)		17 - VISION OBSTRUCTION FROM A PARKED CLOSE/ACDA CHANGE 18 - OPERATING DEFECTIVE EQUIPMENT 19 - PARKED ILLEGALLY 19 - LOAD SHIFTING/ FALLING/SPILLING 20 - IMPROPER ACTION	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION	
SEQUENCE OF EVENTS		EVENTS		
1 20	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 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNTOWN RUNAWAY 13 - OTHER NON- COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE 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 MOBILE OBJECT
2 1	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 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN 39 - LIGHT/LUMINARIES 40 - UTILITY POLE 41 - OTHER POST, POLE 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
3 1	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	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER/UNKNOWN	
COLLISION WITH FIXED OBJECT - STRUCK				
4 1	1 - FIRST HARMFUL EVENT	1 - MOST HARMFUL EVENT	1 - MOST HARMFUL EVENT	1 - MOST HARMFUL EVENT

DAMAGE		
DAMAGE SCALE		
3	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		
5	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
TRAFFIC		
TRAFFICWAY FLOW 2 2	TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - TWO-WAY 5 - YIELD SIGN 6 - NO CONTROL	
# OF THROUGH LANES ON ROAD 4	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	
UNIT / NON-MOTORIST DIRECTION		
FROM 1 TO 3	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER/UNKNOWN	
UNIT SPEED		
25	DETECTED SPEED 1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED	
POSTED SPEED		
50		



MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER*

IR25-001139

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH			AGE	GENDER			
	1	YATES, DAVONTE LASHON						03/10/1992			32	M			
ADDRESS: STREET, CITY, STATE, ZIP 5160 BRASHER AVE, CINCINNATI, OH 45242													CONTACT PHONE - INCLUDE AREA CODE		
INJURIES 5		INJURED TAKEN BY []		EMS AGENCY(NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 4	DOT-COMPLIANT MC HELMET		SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE OH		OPERATOR LICENSE NUMBER		OFFENSE CHARGED 313.01a		LOCAL CODE []	OFFENSE DESCRIPTION Obedience to Traffic Control Devic		CITATION NUMBER 2500054851						
OL CLASS 4		ENDORSEMENT SELECT UP TO 2 [] []		RESTRICTION SELECT UP TO 3 [] [] []		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED [] ALCOHOL [] MARIJUANA [] OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE .		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4			
UNIT # 2		NAME: LAST, FIRST, MIDDLE BLANTON, MIKE R						DATE OF BIRTH 03/03/1969			AGE 56	GENDER M			
ADDRESS: STREET, CITY, STATE, ZIP 1701 BONITA DR, MIDDLETOWN, OH 45044													CONTACT PHONE - INCLUDE AREA CODE		
INJURIES 5		INJURED TAKEN BY []		EMS AGENCY(NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 4	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						
OL CLASS 4		ENDORSEMENT SELECT UP TO 2 [] []		RESTRICTION SELECT UP TO 3 [] [] []		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED [] ALCOHOL [] MARIJUANA [] OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE .		DRUG TEST(S) 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 []	DOT-COMPLIANT MC HELMET		SEATING POSITION []	AIR BAG USAGE []	EJECTION []	TRAPPED []	
OL STATE []		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE []	OFFENSE DESCRIPTION		CITATION NUMBER						
OL CLASS []		ENDORSEMENT SELECT UP TO 2 [] []		RESTRICTION SELECT UP TO 3 [] [] []		DRIVER DISTRACTED BY []	ALCOHOL / DRUG SUSPECTED [] ALCOHOL [] MARIJUANA [] OTHER DRUG		CONDITION []	ALCOHOL TEST STATUS [] TYPE [] VALUE .		DRUG TEST(S) 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)		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 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE		OL ENDORSEMENT 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		TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS		GENDER F - FEMALE M - MALE U - OTHER / UNKNOWN		TEST STATUS 1 - ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER					
SAFETY EQUIPMENT 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		OL RESTRICTION(S) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN		DRUG TEST TYPE 1 - DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER											
DRUG TEST RESULT(S) 1 - DRUG TEST RESULT(S) 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS		DRUG TEST RESULT(S) 1 - DRUG TEST RESULT(S) 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS													

IR25-001139

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 2 MAGGARD, KITTY A				DATE OF BIRTH 09/13/1941	AGE 83	GENDER F																																																																		
	ADDRESS: STREET, CITY, STATE, ZIP 4192 PENNYROYAL RD, FRANKLIN, OH 45005				CONTACT PHONE - INCLUDE AREA CODE																																																																					
OCCUPANT	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 4	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1																																																																
	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH				AGE	GENDER																																																															
OCCUPANT	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 []																																																																
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER																																																																		
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE																																																																					
OCCUPANT	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 []																																																																
	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER																																																																		
OCCUPANT	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 []																																																																
<table border="1"> <thead> <tr> <th>INJURY</th> <th>SAFETY EQUIPMENT USED</th> <th>SEATING POSITION</th> <th>AIR BAG USAGE</th> </tr> </thead> <tbody> <tr> <td>1 - FATAL</td> <td>1 - NONE USED - VEHICLE OCCUPANT</td> <td>1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)</td> <td>1 - NOT DEPLOYED</td> </tr> <tr> <td>2 - SUSPECTED SERIOUS INJURY</td> <td>2 - SHOULDER BELT ONLY USED</td> <td>2 - FRONT - MIDDLE</td> <td>2 - DEPLOYED FRONT</td> </tr> <tr> <td>3 - SUSPECTED MINOR INJURY</td> <td>3 - LAP BELT ONLY USED</td> <td>3 - FRONT - RIGHT SIDE</td> <td>3 - DEPLOYED SIDE</td> </tr> <tr> <td>4 - POSSIBLE INJURY</td> <td>4 - SHOULDER & LAP BELT USED</td> <td>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)</td> <td>4 - DEPLOYED BOTH FRONT / SIDE</td> </tr> <tr> <td>5 - NO APPARENT INJURY</td> <td>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING</td> <td>5 - SECOND - MIDDLE</td> <td>5 - NOT APPLICABLE</td> </tr> <tr> <td>INJURED TAKEN BY</td> <td>6 - CHILD RESTRAINT SYSTEM - REAR FACING</td> <td>6 - SECOND - RIGHT SIDE</td> <td>9 - DEPLOYMENT UNKNOWN</td> </tr> <tr> <td>1 - NOT TRANSPORTED / TREATED AT SCENE</td> <td>7 - BOOSTER SEAT</td> <td>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</td> <td>EJECTION</td> </tr> <tr> <td>2 - EMS</td> <td>8 - HELMET USED</td> <td>8 - THIRD - MIDDLE</td> <td>1 - NOT EJECTED</td> </tr> <tr> <td>3 - POLICE</td> <td>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)</td> <td>9 - THIRD - RIGHT</td> <td>2 - PARTIALLY EJECTED</td> </tr> <tr> <td>9 - OTHER / UNKNOWN</td> <td>10 - REFLECTIVE CLOTHING</td> <td>10 - SLEEPER SECTION OF TRUCK CAB</td> <td>3 - TOTALLY EJECTED</td> </tr> <tr> <td>GENDER</td> <td>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY</td> <td>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)</td> <td>4 - NOT APPLICABLE</td> </tr> <tr> <td>F - FEMALE</td> <td>99 - OTHER / UNKNOWN</td> <td>12 - PASSENGER IN UNENCLOSED CARGO AREA</td> <td>TRAPPED</td> </tr> <tr> <td>M - MALE</td> <td></td> <td>13 - TRAILING UNIT</td> <td>1 - NOT TRAPPED</td> </tr> <tr> <td>U - OTHER / UNKNOWN</td> <td></td> <td>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)</td> <td>2 - EXTRICATED BY MECHANICAL MEANS</td> </tr> <tr> <td></td> <td></td> <td>15 - NON-MOTORIST</td> <td>3 - FREED BY NON-MECHANICAL MEANS</td> </tr> </tbody> </table>											INJURY	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 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	1 - NOT TRANSPORTED / TREATED AT SCENE	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION	2 - EMS	8 - HELMET USED	8 - THIRD - MIDDLE	1 - NOT EJECTED	3 - POLICE	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT	2 - PARTIALLY EJECTED	9 - OTHER / UNKNOWN	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED	GENDER	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE	F - FEMALE	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED	M - MALE		13 - TRAILING UNIT	1 - NOT TRAPPED	U - OTHER / UNKNOWN		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS			15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS
INJURY	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 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN																																																																							
1 - NOT TRANSPORTED / TREATED AT SCENE	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION																																																																							
2 - EMS	8 - HELMET USED	8 - THIRD - MIDDLE	1 - NOT EJECTED																																																																							
3 - POLICE	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT	2 - PARTIALLY EJECTED																																																																							
9 - OTHER / UNKNOWN	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED																																																																							
GENDER	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE																																																																							
F - FEMALE	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED																																																																							
M - MALE		13 - TRAILING UNIT	1 - NOT TRAPPED																																																																							
U - OTHER / UNKNOWN		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS																																																																							
		15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS																																																																							
WITNESS	NAME: LAST, FIRST, MIDDLE PHILLIPS, MICHAEL JOHN				DATE OF BIRTH 05/11/1967	AGE 57	GENDER M																																																																			
	ADDRESS: STREET, CITY, STATE, ZIP 8594 KELSO DR, HAMILTON TWP, OH 45039				CONTACT PHONE - INCLUDE AREA CODE																																																																					
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER																																																																			
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE																																																																					
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER																																																																			
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE																																																																					