

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL INFORMATION			LOCAL REPORT NUMBER*				
<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> PRIVATE PROPERTY		<b>REPORTING AGENCY NAME*</b> Fairfield Police Department			NCIC*	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR	
							00901	1 - SOLVED 2 - UNSOLVED	1	1 98 - ANIMAL 99 - UNKNOWN	
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION: CITY, VILLAGE, TOWNSHIP*			CRASH DATE/TIME*		CRASH SEVERITY		
				Fairfield			04/08/2025 13:20		1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY		
REFERENCE POINT	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME Deis			ROAD TYPE	LATITUDE			
				950			ROAD TYPE	39.334049			
REFERENCE POINT		DIRECTION FROM REFERENCE		ROUTE TYPE		ROAD TYPE		INTERSECTION RELATED			
<input checked="" type="checkbox"/> 1 - INTERSECTION <input type="checkbox"/> 2 - MILE POST <input type="checkbox"/> 3 - HOUSE #		<input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST		IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		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		<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA	
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE						NUMBER OF APPROACHES			
		<input type="checkbox"/> 1 - MILES <input type="checkbox"/> 2 - FEET <input type="checkbox"/> 3 - YARDS						ROADWAY			
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT				DIRECTION OF TRAVEL	MEDIAN TYPE		
<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"/> 1 - NOT COLLISION <input type="checkbox"/> 2 - BETWEEN <input type="checkbox"/> 3 - TWO MOTOR VEHICLES IN TRANSPORT <input type="checkbox"/> 4 - REAR-END <input type="checkbox"/> 5 - HEAD-ON				<input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST	<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		LOCATION OF CRASH IN WORK ZONE		CONTOUR	CONDITIONS	SURFACE	
				<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		1 - BEFORE THE 1ST WORK ZONE 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
<input type="checkbox"/> LIGHT CONDITION				WEATHER							
<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				6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER/UNKNOWN	1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/ UNKNOWN	1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/ UNKNOWN
NARRATIVE							DIAGRAM				
On 04/08/25 at 950 Deis Dr around 1:20 PM, unit 1 was parked in a spot facing north. Unit 1 put the vehicle into gear to leave and drove forward, striking the building.											
The building belongs to Telio 950 Deis Dr, Fairfield, OH, 45014											
CRASH REPORTED DATE/TIME		DISPATCH DATE/TIME		ARRIVAL DATE/TIME			SCENE CLEARED DATE/TIME		REPORT TAKEN BY		
04/08/2025 13:23		04/08/2025 13:25		04/08/2025 13:27			04/08/2025 14:04		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST		
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES	OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*			<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODDS)	
0		0		39	Ake, Caleb		Cresap, Lori				
OFFICER'S BADGE NUMBER*				186		CHECKED BY OFFICER'S BADGE NUMBER*			87		

IR25-001762

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER
1	LAWSON, LUCY ANORKORH	
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER)		
962 GLASGOW DR, CINCINNATI, OH 45240		

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
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LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
OH	GAF6524	2MEFM74W03X651249	2003	Mercury
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	SONNENBERG INSURANCE COMPANY	SSV3402640717-0	Grey	Grand Marqui
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	FOX TOWING	
INTERLOCK DEVICE EQUIPPED		# OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR	
		1	1 - <= 10K LBS.	HAZARDOUS MATERIAL
			2 - 10,001 - 26K LBS.	<input type="checkbox"/> MATERIAL
			3 - >= 26K LBS.	<input type="checkbox"/> RELEASED
				<input type="checkbox"/> PLACARD
				CLASS #
				PLACARD ID #

<input checked="" type="checkbox"/> 1	1 - PASSENGER CAR	7 - MOTORCYCLE	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN/ SKATER
	2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE	13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)
	3 - SPORT UTILITY VEHICLE	9 - 3-WHEELED 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
			17 - MOTORHOME	99 - UNKNOWN OR HIT/SKIP	
<input type="checkbox"/> 0	# OF TRAILING UNITS				

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

<input checked="" type="checkbox"/> 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	

<input checked="" type="checkbox"/> 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

<input type="checkbox"/> 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			

<input type="checkbox"/> 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	

<input checked="" type="checkbox"/> 3	1 - NON-CONTACT	1 - STRAIGHT AHEAD	8 - ENTERING TRAFFIC	13 - NEGOTIATING A LANE	18 - APPROACHING OR LEAVING VEHICLE
	2 - NON-COLLISION	2 - BACKING	9 - LEAVING TRAFFIC	14 - ENTERING OR LANE	19 - STANDING CROSSING
	3 - STRIKING	3 - CHANGING LANES	10 - PARKED	15 - WALKING, RUNNING, STOPPED IN TRAFFIC	20 - OTHER NON- SPECIFIED LOCATION
	4 - STRUCK	4 - OVERTAKING/ PASSING	11 - SLOWING OR	16 - WORKING	21 - STANDING OUTSIDE JOGGING, PLAYING
	5 - BOTH STRIKING PRE-CRASH ACTIONS	6 - MAKING LEFT TURN	12 - DRIVERLESS	17 - PUSHING VEHICLE	22 - DISABLED VEHICLE
	9 - OTHER/UNKNOWN	7 - MAKING U-TURN			99 - OTHER/UNKNOWN

<input checked="" type="checkbox"/> 13	1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY
	2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE/ACDA	14 - POSITION	18 - OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE
	3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	15 - STOPPED OR PARKED ILLEGALLY	23 - OPENING DOOR	23 - OPENING DOOR
	4 - RAN STOP SIGN	10 - IMPROPER PASSING	16 - SWERVING TO	19 - LOAD SHIFTING/ FALLING/SPILLING	24 - INTO ROADWAY
	5 - UNSAFE SPEED	11 - DROVE OFF ROAD	20 - AVOID	20 - IMPROPER ACTION	99 - OTHER IMPROPER
	6 - IMPROPER TURN	12 - IMPROPER BACKING	16 - WRONG WAY		

SEQUENCE OF EVENTS					
EVENTS					
1 <input checked="" type="checkbox"/> 43	1 - OVERTURN/ ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE OPPOSITE	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE
2 <input checked="" type="checkbox"/> 52	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	17 - DIRECTION OF TRAVEL	17 - ANIMAL - FARM	18 - ANIMAL - DEER
3 <input type="checkbox"/>	3 - IMMERSION	8 - RAN OFF ROAD	18 - ANIMAL - OTHER	19 - ANIMAL - OTHER	20 - WORK ZONE EQUIPMENT
4 <input type="checkbox"/>	4 - JACKKNIFE	9 - RAN OFF ROAD RIGHT	21 - DOWNHILL RUNAWAY	20 - MOTOR VEHICLE	23 - STRUCK BY
5 <input type="checkbox"/>	5 - CARGO/EQUIPMENT LOSS OR SHIFT	9 - RAN OFF ROAD LEFT	13 - OTHER NON- COLLISION	21 - IN TRANSPORT	22 - NOT DISCERNIBLE
3 <input type="checkbox"/>		10 - CROSS MEDIAN	14 - PEDESTRIAN	21 - PARKED MOTOR VEHICLE	23 - OPENING DOOR
4 <input type="checkbox"/>			15 - PEDALCYCLE	24 - SET IN MOTION BY A MOTOR VEHICLE	24 - WORK ZONE
5 <input type="checkbox"/>					MAINTENANCE EQUIPMENT
6 <input type="checkbox"/>					
2 <input type="checkbox"/>					

COLLISION WITH FIXED OBJECT - STRUCK

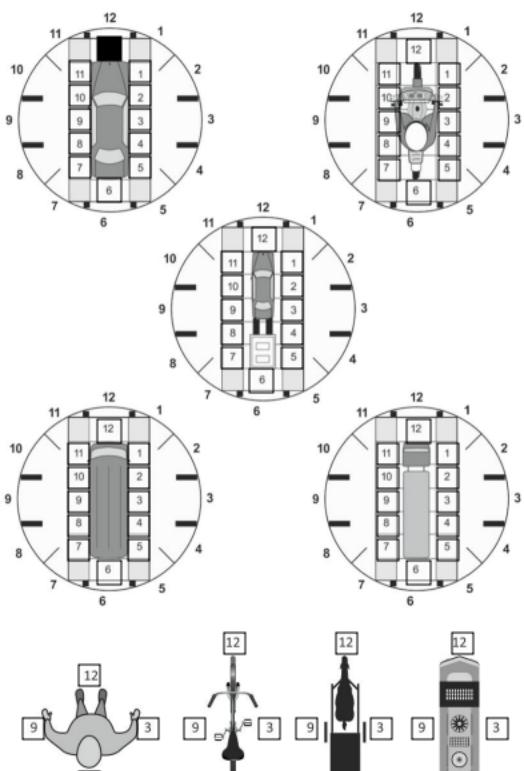
4 <input type="checkbox"/>	25 - IMPACT ATTENUATOR/ CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT
5 <input type="checkbox"/>	26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN	44 - DITCH	51 - WALL
5 <input type="checkbox"/>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

FIRST HARMFUL EVENT

MOST HARMFUL EVENT

DAMAGE		
DAMAGE SCALE		
2 <input type="checkbox"/>	1 - NONE	3 - FUNCTIONAL DAMAGE
	2 - MINOR DAMAGE	4 - DISABLING DAMAGE
	9 - UNKNOWN	

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY



- NO DAMAGE [ 0 ]  - UNDERCARRIAGE [ 14 ]

- TOP [ 13 ]  - ALL AREAS [ 15 ]

- UNIT NOT AT SCENE [ 16 ]

INITIAL POINT OF CONTACT		
15 <input type="checkbox"/>	0 - NO DAMAGE	14 - UNDERCARRIAGE
	1-12 - REFER TO UNIT DIAGRAM	15 - VEHICLE NOT AT SCENE
	13 - TOP	99 - UNKNOWN

TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
2 <input type="checkbox"/>	1 - ONE-WAY
6 <input type="checkbox"/>	2 - TWO-WAY
1 - ROUNDABOUT	4 - STOP SIGN
2 - SIGNAL	5 - YIELD SIGN
3 - FLASHER	6 - NO CONTROL

RAIL GRADE CROSSING	
# OF THROUGH LANES ON ROAD	1 - NOT INVOLVED
1 <input type="checkbox"/>	2 - INVOLVED-ACTIVE CROSSING
	3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION	
FROM 2 <input type="checkbox"/>	TO 1 <input type="checkbox"/>
1 - NORTH	5 - NORTHEAST
2 - SOUTH	6 - NORTHWEST
3 - EAST	7 - SOUTHEAST
4 - WEST	8 - SOUTHWEST
9 - OTHER/UNKNOWN	

UNIT SPEED	
10 <input type="checkbox"/>	DETECTED SPEED
1 <input type="checkbox"/>	1 - STATED/ESTIMATED SPEED
	2 - CALCULATED/EDR
	3 - UNDETERMINED
POSTED SPEED	
<input type="checkbox"/>	



## MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER\*

IR25-001762

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH				AGE	GENDER			
	1	LAWSON, LUCY ANORKORH								06/08/1955				69	F			
ADDRESS: STREET, CITY, STATE, ZIP															CONTACT PHONE - INCLUDE AREA CODE			
962 GLASGOW DR, CINCINNATI, OH 45240																		
INJURIES 5		INJURED TAKEN BY [ ]		EMS AGENCY(NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED 2	DOT-COMPLIANT MC HELMET [ ]	SEATING POSITION 1	AIR BAG USAGE 2	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			
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					
UNIT # NAME: LAST, FIRST, MIDDLE															DATE OF BIRTH			
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		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		1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS		TRAPPED		1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER		
SAFETY EQUIPMENT		12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN		GENDER		F - FEMALE M - MALE U - OTHER / UNKNOWN		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		CONDITION		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		ALCOHOL TEST TYPE				
1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED		12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN		TRAPPED		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 - 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		DRUG TEST TYPE		1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER						
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 - 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		GENDER		F - FEMALE M - MALE U - OTHER / UNKNOWN		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		DRUG TEST RESULT(S)		1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS						