



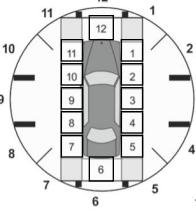
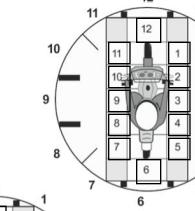
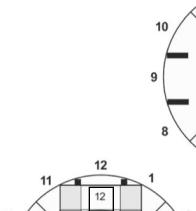
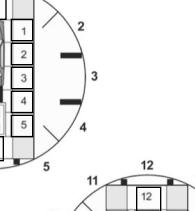
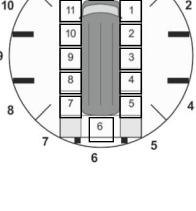
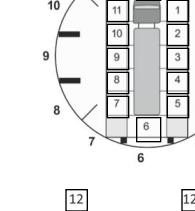
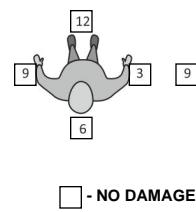
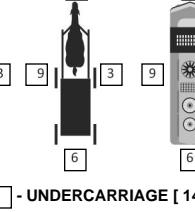
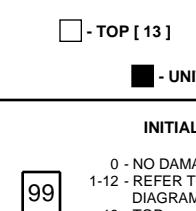
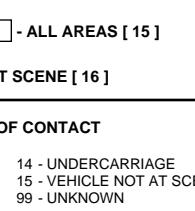
TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION				LOCAL REPORT NUMBER*			
		REPORTING AGENCY NAME* NCIC*				IR25-005527			
		Fairfield Police Department 00901				HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR	
COUNTY* 09		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1	LOCATION: CITY, VILLAGE, TOWNSHIP* Fairfield				2 1 - SOLVED 2 - UNSOLVED	2	1 98 - ANIMAL 99 - UNKNOWN
REFERENCE LOCATION	ROUTE TYPE SR	ROUTE NUMBER 4	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST <input type="checkbox"/>	LOCATION ROAD NAME Dixie		ROAD TYPE HW	CRASH DATE/TIME* 10/23/2025 19:40		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 5
	ROUTE TYPE ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST <input type="checkbox"/>	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 5676		ROAD TYPE	LATITUDE 39.331504		LONGITUDE -84.519445	
REFERENCE POINT 3 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST <input type="checkbox"/>	ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE <input type="checkbox"/>	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 <input type="checkbox"/>	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA <input type="checkbox"/> NUMBER OF APPROACHES			ROADWAY <input type="checkbox"/> ROADWAY DIVIDED	
LOCATION OF FIRST HARMFUL EVENT 1 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP			9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER/UNKNOWN <input type="checkbox"/>	MANNER OF CRASH COLLISION/IMPACT 7 1 - NOT COLLISION 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER/UNKNOWN <input type="checkbox"/>	DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST <input type="checkbox"/>	MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN < 4 FEET 2 - DIVIDED FLUSH MEDIAN ≥ 4 FEET 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISE MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN <input type="checkbox"/>			
WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/>		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER <input type="checkbox"/>	LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA <input type="checkbox"/>	CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN <input type="checkbox"/>	CONDITIONS 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN <input type="checkbox"/>	SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/ UNKNOWN <input type="checkbox"/>			
LIGHT CONDITION 3 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER/UNKNOWN		WEATHER 2 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 <input type="checkbox"/>							
NARRATIVE On October 23, 2025 at approximately 7:40 p.m. Unit 1 was traveling north on S.R.4 (Dixie Hwy.) and when at 5676 Dixie Hwy. attempted to turn from the inner lane of travel into the outer lane and in so doing, struck Unit 2. Unit 1 then left the scene without exchanging information. The license plate number and photo of the vehicle was obtained, but the registered owner was not driving. The offender was described as a young black male with dreads.						DIAGRAM			
CRASH REPORTED DATE/TIME 10/23/2025 19:48		DISPATCH DATE/TIME 10/23/2025 19:55		ARRIVAL DATE/TIME 10/23/2025 20:10		SCENE CLEARED DATE/TIME 10/23/2025 20:29		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
TOTAL TIME ROADWAY CLOSED 0	OTHER INVESTIGATION TIME 0	TOTAL MINUTES 34	OFFICER'S NAME* Fleenor, Ryan		CHECKED BY OFFICER'S NAME* Fleenor, Ryan			<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP)	
			OFFICER'S BADGE NUMBER* 117		CHECKED BY OFFICER'S BADGE NUMBER* 117				

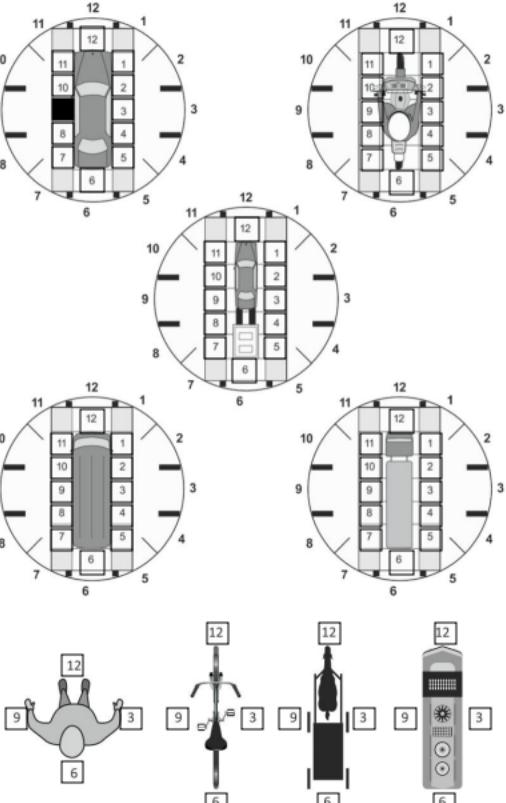
IR25-005527

UNIT # 1	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) WORLEY, KELLY		OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER		
OWNER	OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 5674 SAGECREST DR, CINCINNATI, OH 45239				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
LP STATE OH	LICENSE PLATE # FLN5066	VEHICLE IDENTIFICATION # JN8AF5MV2BT029320	VEHICLE YEAR 2011	VEHICLE MAKE Nissan	
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR Brown	VEHICLE MODEL Juke	
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	<input type="checkbox"/> HIT/SKIP UNIT # OCCUPANTS 1	VEHICLE WEIGHT GVWR/GCWR 1 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 99 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - WHEELCHAIR 4 - ALL TERRAIN VEHICLE (ATV/UTV)	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	23 - PEDESTRIAN/ SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON- MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
0	# OF TRAILING UNITS				
2	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
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
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
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
3	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING PRE-CRASH 6 - MAKING LEFT TURN 9 - OTHER/UNKNOWN		1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/ PASSING 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 9 - MAKING U-TURN	8 - ENTERING TRAFFIC 9 - LEAVING TRAFFIC 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A LANE 14 - ENTERING OR LANE 15 - WALKING, RUNNING, STOPPED IN TRAFFIC 16 - WORKING 17 - PUSHING VEHICLE
9	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN		7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE/ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	17 - VISION OBSTRUCTION FROM A PARKED POSITION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - PARKED ILLEGALLY 20 - LOAD SHIFTING/ FALLING/SPILLING 21 - IMPROPER CROSSING
4	SEQUENCE OF EVENTS		EVENTS		
1	20	1 - OVERTURN/ ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS	11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER
2		4 - JACKKNIFE 5 - CARGO/EQUIPMENT LOSS OR SHIFT	8 - RAN OFF ROAD RIGHT	12 - DOWNTOWN RUNAWAY 13 - OTHER NON- COLLISION	20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE
3			9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	14 - PEDESTRIAN 15 - PEDALCYCLE	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE 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 46 - FENCE
5		26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT	34 - MEDIAN GUARDRAIL BARRIER	39 - LIGHT/LUMINARIES SUPPORT	47 - MAILBOX 48 - TREE
6		28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT
1		FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT	99 - OTHER/UNKNOWN

DAMAGE	
DAMAGE SCALE	
<input type="checkbox"/>	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 checked="" type="checkbox"/>	- UNIT NOT AT SCENE [16]
INITIAL POINT OF CONTACT	
99	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP
TRAFFIC	
TRAFFICWAY FLOW 2	TRAFFIC CONTROL 6
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 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	
35	DETECTED SPEED 1
1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED	
POSTED SPEED	
35	

IR25-005527

UNIT # 2	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) AMEGADZIE, JOSEPH LEONARD		OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER																																			
OWNER COMMERCIAL CARRIER	OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER) 601 CLOVERDALE AVE, CINCINNATI, OH 45246																																					
LP STATE OH	LICENSE PLATE # HVR3020	VEHICLE IDENTIFICATION # 2HGFC2F8XKH509099	VEHICLE YEAR 2019																																			
INSURANCE VERIFIED <input checked="" type="checkbox"/>	INSURANCE COMPANY STATE FARM	INSURANCE POLICY # 4207550-SFP-35	VEHICLE MAKE Honda																																			
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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1	1 - YES 2 - NO 9 - OTHER/UNKNOWN	AUTONOMOUS MODE LEVEL	1 - YES 2 - NO 9 - OTHER/UNKNOWN																																			
SPECIAL FUNCTION	<table border="0"> <tr><td>1 - NONE</td><td>6 - BUS - CHARTER/TOUR</td><td>11 - FIRE</td><td>16 - FARM</td><td>21 - MAIL CARRIER</td></tr> <tr><td>2 - TAXI</td><td>7 - BUS - INTERCITY</td><td>12 - MILITARY</td><td>17 - MOWING</td><td>99 - OTHER/UNKNOWN</td></tr> <tr><td>3 - ELECTRONIC RIDE SHARING</td><td>8 - BUS - SHUTTLE</td><td>13 - POLICE</td><td>18 - SNOW REMOVAL</td><td></td></tr> <tr><td>4 - SCHOOL TRANSPORT</td><td>9 - BUS - OTHER</td><td>14 - PUBLIC UTILITY</td><td>19 - TOWING</td><td></td></tr> <tr><td>5 - BUS - TRANSIT /COMMUTER</td><td>10 - AMBULANCE</td><td>15 - CONSTRUCTION EQUIPMENT</td><td>20 - SAFETY SERVICE PATROL</td><td></td></tr> </table>			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											
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SEQUENCE OF EVENTS	EVENTS																																					
1 <input type="checkbox"/> 20	1 - OVERTURN/ ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE OPPOSITE	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE																																	
2 <input type="checkbox"/>	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	19 - ANIMAL - OTHER	19 - ANIMAL - OTHER	20 - OTHER EQUIPMENT																																	
4 <input type="checkbox"/>	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	20 - DOWNHILL RUNAWAY	20 - MOTOR VEHICLE	23 - STRUCK BY																																	
5 <input type="checkbox"/>	5 - CARGO/EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	13 - OTHER NON- COLLISION	21 - PARKED MOTOR VEHICLE	22 - FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE																																	
3 <input type="checkbox"/>			14 - PEDESTRIAN	24 - OTHER MOBILE OBJECT																																		
4 <input type="checkbox"/>			15 - PEDALCYCLE																																			
COLLISION WITH FIXED OBJECT - STRUCK																																						
4 <input type="checkbox"/>	25 - IMPACT ATTENUATOR/ CRASH CUSHION	31 - GUARDRAIL END PORTABLE BARRIER	37 - TRAFFIC SIGN POST OVERHEAD SIGN	43 - CURB DITCH	50 - WORK ZONE MAINTENANCE EQUIPMENT																																	
5 <input type="checkbox"/>	26 - BRIDGE OVERHEAD STRUCTURE	32 - MEDIAN CABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH	51 - WALL																																	
6 <input type="checkbox"/>	27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN GUARDRAIL BARRIER	39 - LIGHT/LUMINARIES SUPPORT	45 - EMBANKMENT	52 - BUILDING																																	
1 <input type="checkbox"/>	28 - BRIDGE PARAPET	34 - MEDIAN CONCRETE BARRIER	40 - UTILITY POLE	46 - FENCE	53 - TUNNEL																																	
	29 - BRIDGE RAIL	35 - MEDIAN OTHER BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX	54 - OTHER FIXED OBJECT																																	
	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	48 - TREE	99 - OTHER/UNKNOWN																																	
1 <input type="checkbox"/>	FIRST HARMFUL EVENT	1 <input type="checkbox"/>	MOST HARMFUL EVENT																																			

DAMAGE		
DAMAGE SCALE		
2 <input type="checkbox"/>	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE
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		
9 <input type="checkbox"/>	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
TRAFFIC		
TRAFFICWAY FLOW <input type="checkbox"/> 2	TRAFFIC CONTROL <input type="checkbox"/> 6	
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 2 - STOP SIGN 3 - SIGNAL 4 - YIELD SIGN 5 - FLASHER 6 - NO CONTROL	
# OF THROUGH LANES ON ROAD <input type="checkbox"/> 4	RAIL GRADE CROSSING <input type="checkbox"/> 1	
	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	
UNIT / NON-MOTORIST DIRECTION		
FROM <input type="checkbox"/> 2	TO <input type="checkbox"/> 1	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER/UNKNOWN
UNIT SPEED <input type="checkbox"/> 35		DETECTED SPEED <input type="checkbox"/> 1
		1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED
POSTED SPEED <input type="checkbox"/> 35		



MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER*

IR25-005527

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH			AGE	GENDER												
	1	DRIVER, HITSKIP										U												
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	99	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	9	ALCOHOL / DRUG SUSPECTED		CONDITION	9	ALCOHOL TEST			DRUG TEST(S)										
							<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA			STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4								
							<input type="checkbox"/> OTHER DRUG			1	1	.	1	1										
UNIT # NAME: LAST, FIRST, MIDDLE													DATE OF BIRTH			AGE	GENDER							
2 AMEGADZIE, JOSEPH LEONARD													09/24/1999			26	M							
ADDRESS: STREET, CITY, STATE, ZIP													CONTACT PHONE - INCLUDE AREA CODE											
601 CLOVERDALE AVE, CINCINNATI, OH 45246																								
INJURIES		INJURED TAKEN BY	EMS AGENCY(NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED	4	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED										
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							<input type="checkbox"/> OTHER DRUG			1	1	.	1	1										
INJURIES													SEATING POSITION			AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION			TEST STATUS		
1 - FATAL		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED		1 - CLASS A	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED	1 - NONE GIVEN															
2 - SUSPECTED SERIOUS INJURY		2 - FRONT - MIDDLE		2 - DEPLOYED FRONT		2 - CLASS B	2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC	2 - TEST REFUSED															
3 - SUSPECTED MINOR INJURY		3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE		3 - CLASS C	3 - CORRECTIVE LENSES	3 - TEST GIVEN, CONTAMINATED																
4 - POSSIBLE INJURY		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT / SIDE		4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER	4 - SAMPLE / UNUSABLE																
5 - NO APPARENT INJURY		5 - SECOND - MIDDLE		5 - NOT APPLICABLE		5 - M/C MOPED ONLY	5 - EXCEPT CLASS A BUS	4 - TEST GIVEN, RESULTS KNOWN																
INJURED TAKEN BY		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN		6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	5 - TEST GIVEN, RESULTS UNKNOWN																
1 - NOT TRANSPORTED / TREATED AT SCENE		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		1 - NOT EJECTED		7 - EXCEPT TRACTOR-TRAILER	7 - EXCEPT	ALCOHOL TEST TYPE																
2 - EMS		8 - THIRD - MIDDLE		2 - PARTIALLY EJECTED		8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - INTERMEDIATE LICENSE RESTRICTIONS	1 - NONE																
3 - POLICE		9 - THIRD - RIGHT		3 - TOTALLY EJECTED		9 - LEARNER'S PERMIT RESTRICTIONS	9 - LEARNER'S PERMIT RESTRICTIONS	2 - TEST REFUSED																
9 - OTHER / UNKNOWN		10 - SLEEPER SECTION OF TRUCK CAB		4 - NOT APPLICABLE		10 - LIMITED TO DAYLIGHT ONLY	10 - LIMITED TO DAYLIGHT ONLY	3 - TEST GIVEN, CONTAMINATED																
SAFETY EQUIPMENT		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		EJECTION		11 - LIMITED TO EMPLOYMENT	11 - LIMITED TO EMPLOYMENT	4 - SAMPLE / UNUSABLE																
1 - NONE USED		12 - PASSENGER IN UNENCLOSED CARGO AREA		OL ENDORSEMENT		12 - LIMITED - OTHER	12 - LIMITED - OTHER	5 - TEST GIVEN, RESULTS KNOWN																
2 - SHOULDER BELT ONLY USED		13 - TRAILING UNIT		H - HAZMAT		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	5 - TEST GIVEN, RESULTS UNKNOWN																
3 - LAP BELT ONLY USED		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		M - MOTORCYCLE		14 - MILITARY VEHICLES ONLY	14 - MILITARY VEHICLES ONLY	ALCOHOL TEST TYPE																
4 - SHOULDER & LAP BELT USED		15 - NON-MOTORIST		P - PASSENGER		15 - MOTOR VEHICLES WITHOUT AIR BRAKES	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	1 - NONE																
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		99 - OTHER / UNKNOWN		N - TANKER		16 - OUTSIDE MIRROR	16 - OUTSIDE MIRROR	2 - BLOOD																
6 - CHILD RESTRAINT SYSTEM - REAR FACING				Q - MOTOR SCOOTER		17 - PROSTHETIC AID	17 - PROSTHETIC AID	3 - URINE																
7 - BOOSTER SEAT				R - THREE-WHEEL MOTORCYCLE		18 - OTHER	18 - OTHER	4 - BREATH																
8 - HELMET USED				S - SCHOOL BUS		DRUG TEST TYPE																		
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)				T - DOUBLE & TRIPLE TRAILERS		1 - NONE																		
10 - REFLECTIVE CLOTHING				X - TANKER / HAZMAT		2 - BLOOD																		
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY				GENDER		3 - URINE																		
99 - OTHER / UNKNOWN				F - FEMALE		4 - OTHER																		
				M - MALE		DRUG TEST RESULT(S)																		
				U - OTHER / UNKNOWN		1 - AMPHETAMINES																		
							2 - BARBITURATES																	
							3 - BENZODIAZEPINES																	
							4 - CANNABINOID																	
							5 - COCAINE																	
							6 - OPIATES / OPIOIDS																	
							7 - OTHER																	
							8 - NEGATIVE RESULTS																	