

<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 REPORTING AGENCY NAME* NCIC* Fairfield Police Department 00901				LOCAL REPORT NUMBER* IR25-005551			
COUNTY* 09 LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* Fairfield				HIT/SKIP 2 - SOLVED 2 - UNSOLVED			
REFERENCE LOCATION ROUTE TYPE ROUTE NUMBER PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME Morningside		ROAD TYPE DR	LATITUDE 39.320926			
	ROUTE TYPE ROUTE NUMBER PREFIX		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 5845	ROAD TYPE RD	LONGITUDE -84.553737		
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		DIRECTION FROM REFERENCE 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	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA			
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS			HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	NUMBER OF APPROACHES <input type="checkbox"/> ROADWAY DIVIDED			
LOCATION OF FIRST HARMFUL EVENT 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			MANNER OF CRASH COLLISION/IMPACT 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			DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	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		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA <input type="checkbox"/> 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1	CONDITIONS 1	SURFACE 2	
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER/UNKNOWN		WEATHER 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			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 <p>On October 25, 2025, at about 5:35 PM Unit 1 was traveling in an unknown manner on Morningside Drive. When in front of 5845 Morningside Drive attempted to pass Unit 2, which was parked facing southbound in front of 5845 Morningside Drive and in doing so collided with Unit 2s driver side mirror.</p>					DIAGRAM 				
CRASH REPORTED DATE/TIME 10/25/2025 17:37		DISPATCH DATE/TIME 10/25/2025 17:37		ARRIVAL DATE/TIME 10/25/2025 17:46		SCENE CLEARED DATE/TIME 10/25/2025 18:07		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 0		TOTAL MINUTES 30	OFFICER'S NAME* Roberts, Camron		CHECKED BY OFFICER'S NAME* Wolfe, Bradley		SUPPLEMENT <small>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP)</small>
					OFFICER'S BADGE NUMBER* 182		CHECKED BY OFFICER'S BADGE NUMBER* 103		

IR25-005551

UNIT # 1	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER)			
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR
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	HIT/SKIP UNIT <input checked="" type="checkbox"/>	# OCCUPANTS 1	VEHICLE WEIGHT GVWR/GCWR 1 - <= 10K LBS. 2 - 10,001 - 26K LBS. 3 - >= 26K LBS.
UNIT TYPE 99	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD		
0	# OF TRAILING UNITS		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <input type="checkbox"/> 9			
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			
SPECIAL FUNCTION 99			
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 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL SHARING 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING 4 - SCHOOL TRANSPORT 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL 5 - BUS - TRANSIT /COMMUTER			
CARGO BODY TYPE 99			
1 - NO CARGO BODY 3 - VEHICLE TOWING 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER TYPE / NOT APPLICABLE ANOTHER MOTOR VEHICLE 9 - CARGO TANK 13 - AUTO TRANSPORTER 2 - BUS 4 - LOGGING 6 - CARGO VAN/ ENCLOSED BOX 10 - FLAT BED 14 - GARBAGE/REFUSE 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 99 - OTHER/UNKNOWN			
VEHICLE DEFECTS <input type="checkbox"/> 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK 9 - MOTOR TROUBLE 99 - OTHER/UNKNOWN 2 - HEAD LAMPS 5 - STEERING 5 - TIRES 10 - DISABLED FROM PRIOR ACCIDENT 3 - TAIL LAMPS 6 - TIRE BLOWOUT 8 - TRAILER EQUIPMENT DEFECTIVE			
NON-MOTORIST LOCATION AT IMPACT <input type="checkbox"/> 1 - INTERSECTION - 3 - INTERSECTION - 6 - BICYCLE LANE 9 - MEDIAN/CROSSING 12 - FIRST RESPONDER MARKED CROSSWALK OTHER 7 - SHOULDER/ ISLAND AT INCIDENT SCENE 2 - INTERSECTION - 4 - MIDBLOCK - 8 - SIDEWALK 10 - DRIVEWAY ACCESS 99 - OTHER/UNKNOWN UNMARKED CROSSWALK 5 - TRAVEL LANE - 11 - SHARED USE PATHS OR TRAILS OTHER LOCATION			
ACTION 3			
1 - NON-CONTACT 1 - STRAIGHT AHEAD 8 - ENTERING TRAFFIC 13 - NEGOTIATING A 18 - APPROACHING OR 2 - NON-COLLISION 2 - BACKING 9 - LEAVING TRAFFIC 14 - ENTERING OR 19 - STANDING 3 - STRIKING 3 - CHANGING LANES 10 - PARKED 15 - WALKING, RUNNING, 20 - OTHER NON- 4 - STRUCK 4 - OVERTAKING/ 11 - SLOWING OR STOPPED IN SPECIFIED LOCATION MOTORIST 5 - BOTH 5 - PASSING 12 - DRIVERLESS 16 - WORKING 21 - STANDING OUTSIDE & STRUCK ACTIONS 6 - MAKING LEFT TURN 13 - SWERVING TO JOGGING, PLAYING 9 - OTHER/UNKNOWN 7 - MAKING U-TURN 14 - SWERVING TO 17 - PUSHING VEHICLE 15 - SWERVING TO 16 - WRONG WAY 99 - OTHER/UNKNOWN			
CONTRIBUTING CIRCUMSTANCES 10			
1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START 17 - VISION OBSTRUCTION 21 - LYING IN 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE/ACDA 14 - POSITION 18 - OPERATING 22 - NOT DISCERNIBLE 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - STOPPED OR PARKED ILLEGALLY 19 - LOAD SHIFTING/ 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - SWERVING TO FALLING/SPILLING 99 - OTHER IMPROPER 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 17 - AVOID ACTION 6 - IMPROPER TURN 12 - IMPROPER BACKING 18 - WRONG WAY			
SEQUENCE OF EVENTS			
EVENTS			
1 <input type="checkbox"/> 21	1 - OVERTURN/ ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE OPPOSITE
2 <input type="checkbox"/>	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	16 - RAILWAY VEHICLE MAINTENANCE
3 <input type="checkbox"/>	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	17 - ANIMAL - FARM MAINTENANCE EQUIPMENT
4 <input type="checkbox"/>	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	18 - ANIMAL - OTHER
5 <input type="checkbox"/>	5 - CARGO/EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	19 - OTHER NON-COLLISION
6 <input type="checkbox"/>	25 - IMPACT ATTENUATOR/ CRASH CUSHION	31 - GUARDRAIL END	20 - MOTOR VEHICLE IN TRANSPORT
7 <input type="checkbox"/>	26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	21 - PARKED MOTOR VEHICLE
8 <input type="checkbox"/>	27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	22 - WORK ZONE MAINTENANCE EQUIPMENT
9 <input type="checkbox"/>	28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
10 <input type="checkbox"/>	29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	24 - OTHER MOBILE OBJECT
11 <input type="checkbox"/>	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST
12 <input type="checkbox"/>	1 FIRST HARMFUL EVENT	38 - OVERHEAD SIGN POST	43 - CURB
13 <input type="checkbox"/>	1 MOST HARMFUL EVENT	39 - LIGHT/LUMINARIES SUPPORT	44 - DITCH
14 <input type="checkbox"/>		40 - UTILITE POLE	45 - EMBANKMENT
15 <input type="checkbox"/>		41 - OTHER POST, POLE OR SUPPORT	46 - FENCE
16 <input type="checkbox"/>		42 - CULVERT	47 - MAILBOX
17 <input type="checkbox"/>			48 - TREE
18 <input type="checkbox"/>			49 - FIRE HYDRANT
19 <input type="checkbox"/>			50 - WORK ZONE MAINTENANCE EQUIPMENT
20 <input type="checkbox"/>			51 - WALL
21 <input type="checkbox"/>			52 - BUILDING
22 <input type="checkbox"/>			53 - TUNNEL
23 <input type="checkbox"/>			54 - OTHER FIXED OBJECT
24 <input type="checkbox"/>			99 - OTHER/UNKNOWN
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IR25-005551

UNIT # 2	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) WOODWARD, ROBERT A	OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER
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OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
3550 CHERYL DR, FAIRFIELD, OH 45014

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH	LICENSE PLATE # JSC7072	VEHICLE IDENTIFICATION # 1FTEX1EP2JFA48725	VEHICLE YEAR 2018	VEHICLE MAKE Ford
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<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY STATE FARM	INSURANCE POLICY # 3383122-SFP-35	COLOR Black	VEHICLE MODEL F-150
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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	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 # PLACARD ID #	

1 UNIT TYPE	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
0	# OF TRAILING UNITS				

2 WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	0 AUTONOMOUS MODE LEVEL	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				

1 SPECIAL FUNCTION	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
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1 CARGO BODY TYPE	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
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1 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	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT	99 - OTHER/UNKNOWN
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NON-MOTORIST LOCATION AT IMPACT	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	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER/UNKNOWN
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4 ACTION	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING PRE-CRASH 6 - MAKING LEFT TURN 9 - OTHER/UNKNOWN	10 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN 12 - MAKING U-TURN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/ PASSING	8 - ENTERING TRAFFIC 9 - LEAVING TRAFFIC 10 - PARKED	13 - NEGOTIATING A LANE 14 - ENTERING OR LANE 15 - WALKING, RUNNING, STOPPED IN TRAFFIC 16 - WORKING 17 - PUSHING VEHICLE	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING SPECIFIED LOCATION 20 - OTHER NON- SPECIFIED LOCATION 21 - STANDING OUTSIDE JOGGING, PLAYING 22 - OTHER NON- MOTORIST 23 - WALKING, RUNNING, DISABLED VEHICLE 24 - OTHER UNKNOWN 25 - APPROACHING OR LEAVING 26 - STANDING 27 - WALKING, RUNNING, DISABLED VEHICLE 28 - OTHER UNKNOWN
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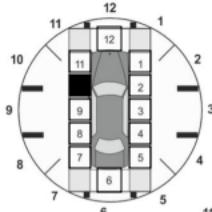
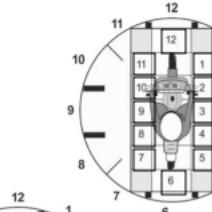
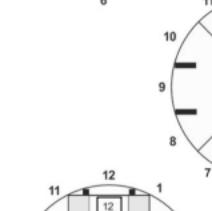
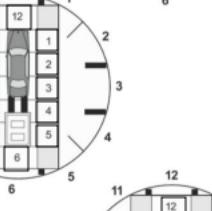
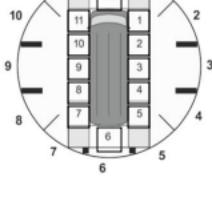
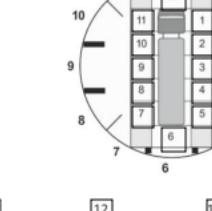
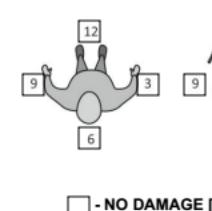
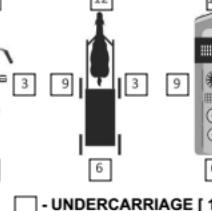
1 CONTRIBUTING CIRCUMSTANCES	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO 9 - IMPROPER LANE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START CLOSE/ACDA POSITION 14 - STOPPED 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
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SEQUENCE OF 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 MOVABLE OBJECT
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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	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT
5	26 - BRIDGE OVERHEAD STRUCTURE	34 - MEDIAN GUARDRAIL BARRIER	39 - LIGHT/LUMINARIES SUPPORT	47 - MAILBOX 48 - TREE	49 - FIRE HYDRANT
6	27 - BRIDGE PIER OR ABUTMENT	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	42 - CULVERT	99 - OTHER/UNKNOWN
1	28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER			

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

DAMAGE		
DAMAGE SCALE		
2	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		
10	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
TRAFFIC		
2	TRAFFIC FLOW 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
2	# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
1	UNIT / NON-MOTORIST DIRECTION FROM 1 TO 2	1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER/UNKNOWN
UNIT SPEED		
0	DETECTED SPEED 1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED	
POSTED SPEED		
25		



MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER

IR25-005551

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH				AGE	GENDER	
	1	DRIVER, HITSKIP							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	ALCOHOL / DRUG SUSPECTED			CONDITION	ALCOHOL TEST		DRUG TEST(S)		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9	1	1	1	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
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			CONDITION	ALCOHOL TEST		DRUG TEST(S)		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9	1	1	1	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
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			CONDITION	ALCOHOL TEST		DRUG TEST(S)		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9	1	1	1	1	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		1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - NOT APPLICABLE		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		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		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		9 - 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 EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE		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 - 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			
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		TRAPPED		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS		19 - F - FEMALE 20 - M - MALE 21 - U - OTHER / UNKNOWN		22 - CONDITION		23 - ALCOHOL 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 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER			
24 - DRUG TEST TYPE		25 - DRUG TEST RESULT(S)													
1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOID 6 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS															