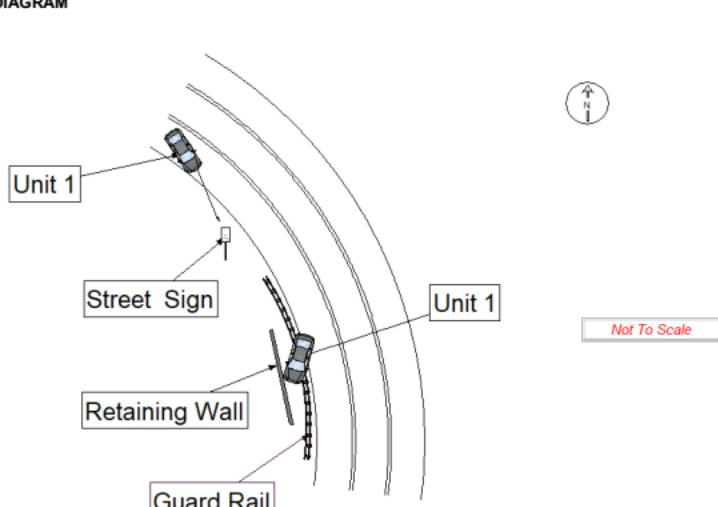
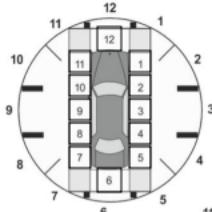
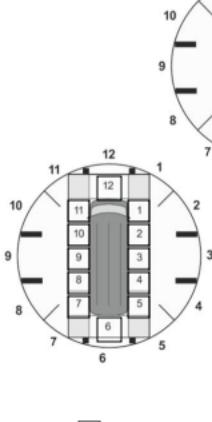
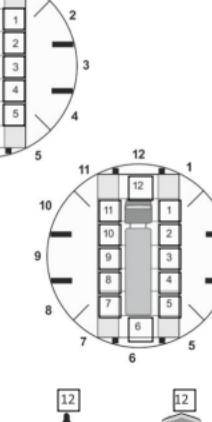
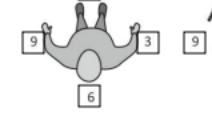
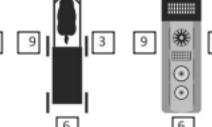


| | | | | | | | | |
|---|--|---|---|--|---|---|---|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY | | LOCAL INFORMATION | | | | LOCAL REPORT NUMBER* | | |
| | | REPORTING AGENCY NAME* NCIC* | | | | IR24-000970 | | |
| | | Fairfield Police Department 00901 | | | | HIT/SKIP | NUMBER OF UNITS | UNIT IN ERROR |
| | | | | | | 1 - SOLVED 2 - UNSOLVED | 1 | 1 98 - ANIMAL 99 - UNKNOWN |
| COUNTY* | LOCALITY* | LOCATION: CITY, VILLAGE, TOWNSHIP* Fairfield | | | | CRASH DATE/TIME* | | CRASH SEVERITY |
| 09 | 1 1 - CITY 2 - VILLAGE 3 - TOWNSHIP | | | | | 02/23/2024 07:12 | | 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY |
| REFERENCE LOCATION | ROUTE TYPE | ROUTE NUMBER | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | LOCATION ROAD NAME Ross | | ROAD TYPE RD | LATITUDE 39.320866 | |
| | ROUTE TYPE | ROUTE NUMBER | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 5877 | | ROAD TYPE | LONGITUDE -84.504011 | |
| 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 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 | | | NUMBER OF APPROACHES | | | |
| | | | | | ROADWAY <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 1 - NOT COLLISION 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN TRANSPORT 4 - REAR-END 5 - HEAD-ON 6 - REAR-TO-REAR 7 - BACKING 8 - ANGLE 9 - SIDESWIPE, SAME DIRECTION 10 - SIDESWIPE, OPPOSITE DIRECTION 11 - HEAD-ON 12 - 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 <input type="checkbox"/> ACTIVE SCHOOL ZONE | | 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 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA | | CONTOUR 4 | CONDITIONS 1 | SURFACE 2 |
| <input type="checkbox"/> 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 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN | |
| NARRATIVE On 02/23/24 at about 7:12 A.M. Unit 1 was traveling south bound on Ross Rd. and when at 5877 Ross Rd. did drive off the right side of the roadway. After driving off the roadway, Unit 1 struck the curb and then a sign post. After striking the sign post Unit 1 continued south bound and struck a retaining wall and then a fence on top of the retaining wall before rolling over onto the left side of the unit and coming to rest on top of a guard rail. | | | | | | DIAGRAM  | | |
| CRASH REPORTED DATE/TIME 02/23/2024 07:12 | | DISPATCH DATE/TIME 02/23/2024 07:12 | | ARRIVAL DATE/TIME 02/23/2024 07:23 | | SCENE CLEARED DATE/TIME 02/23/2024 08:22 | | REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST |
| TOTAL TIME ROADWAY CLOSED 0 | OTHER INVESTIGATION TIME 0 | TOTAL MINUTES 70 | OFFICER'S NAME* Lamb, Gregg | | CHECKED BY OFFICER'S NAME* Sprague, Jeffrey | | | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP) |
| | | | OFFICER'S BADGE NUMBER* 65 | | CHECKED BY OFFICER'S BADGE NUMBER* 84 | | | |

IR24-000970

| | | | | | | | | | |
|--|---|---|--|---|--|--|---|---|--|
| UNIT # 1 | OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) PERKINS, TRENTON GANZIE | | OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER | | | | | | |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER) 376 HAMPSHIRE DR, HAMILTON, OH 45011 | | | | | | | | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE | | | | | | | |
| LP STATE OH | LICENSE PLATE # KFP8617 | VEHICLE IDENTIFICATION # KMHDU46D17U051805 | VEHICLE YEAR 2007 | VEHICLE MAKE Hyundai | | | | | |
| <input type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY | INSURANCE POLICY # | COLOR Black | VEHICLE MODEL Elantra | | | | | |
| 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 <input type="checkbox"/> | # OCCUPANTS <input type="checkbox"/> 1 | VEHICLE WEIGHT GVWR/GCWR <input type="checkbox"/> 1 - <= 10K LBS. <input type="checkbox"/> 2 - 10,001 - 26K LBS. <input type="checkbox"/> 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 1 | 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV/UTV) | | | | 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR 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 | 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION | 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION | 9 - UNKNOWN | | | |
| 1 | 1 - YES 2 - NO 9 - OTHER/UNKNOWN | | | | AUTONOMOUS MODE LEVEL | | | | |
| 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 | |
| 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 | |
| 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 | |
| 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 OR TRAILS | 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER/UNKNOWN | |
| ACTION | 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING PRE-CRASHES 6 - MAKING RIGHT TURN & STRUCK ACTIONS 9 - OTHER/UNKNOWN | | | | 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/ PASSING 5 - MAKING LEFT TURN 7 - 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 CROSSING 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE | 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON- SPECIFIED LOCATION 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER/UNKNOWN | |
| 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 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 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/ FALLING/SPILLING 20 - IMPROPER CROSSING | 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION | |
| SEQUENCE OF EVENTS | EVENTS | | | | | | | | |
| 1 8 | 1 - OVERTURN/ ROLLOVER | | 6 - EQUIPMENT FAILURE | | 11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL | 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER | 22 - WORK ZONE MAINTENANCE EQUIPMENT | | |
| 2 43 | 2 - FIRE/EXPLOSION | | 7 - SEPARATION OF UNITS | | 20 - DOWNHILL RUNAWAY 13 - OTHER NON- COLLISION | 21 - PARKED MOTOR VEHICLE | 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE | | |
| 3 37 | 3 - IMMERSION | | 8 - RAN OFF ROAD RIGHT | | 24 - PEDESTRIAN 14 - MEDIAN CABLE 15 - PEDESTRIAN | 24 - OTHER MOBILE OBJECT | | | |
| 4 51 | 4 - JACKKNIFE | | 9 - RAN OFF ROAD LEFT | | 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN 39 - LIGHT/LUMINARIES 40 - SUPPORT | 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE | 50 - WORK ZONE MAINTENANCE EQUIPMENT | | |
| 5 46 | 5 - CARGO/EQUIPMENT LOSS OR SHIFT | | 10 - CROSS MEDIAN | | 41 - OTHER POST, POLE 42 - CULVERT | 47 - MAILBOX 48 - TREE | 51 - WALL 52 - BUILDING 53 - TUNNEL | | |
| 6 30 | 26 - BRIDGE OVERHEAD STRUCTURE | | 31 - GUARDRAIL END 32 - PORTABLE BARRIER | | 49 - FIRE HYDRANT | 54 - OTHER FIXED OBJECT | 55 - OTHER/UNKNOWN | | |
| 1 | 27 - BRIDGE PIER OR ABUTMENT | | 33 - MEDIAN CABLE | | | | | | |
| | 28 - BRIDGE PARAPET | | 34 - MEDIAN GUARDRAIL BARRIER | | | | | | |
| | 29 - BRIDGE RAIL | | 35 - MEDIAN CONCRETE BARRIER | | | | | | |
| | 30 - GUARDRAIL FACE | | 36 - MEDIAN OTHER BARRIER | | | | | | |
| | FIRST HARMFUL EVENT | | 4 MOST HARMFUL EVENT | | | | | | |

| | |
|---|---|
| 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 checked="" type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16] | |
| INITIAL POINT OF CONTACT | |
| 12 | 0 - NO DAMAGE 1-12 - REFER TO UNIT 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN |
| TRAFFIC | |
| TRAFFICWAY FLOW 2 | TRAFFIC CONTROL 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 2 | RAIL GRADE CROSSING 1 |
| 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING | |
| UNIT / NON-MOTORIST DIRECTION | |
| FROM 1 TO 2 | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER/UNKNOWN |
| UNIT SPEED | |
| 50 | DETECTED SPEED 1 |
| POSTED SPEED | |
| 35 | 1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED |



MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER*

IR24-000970

| | | | | | | | | | | | | | | | | | | | | |
|--|--------|---|--|--|--|---|-----------------|---|---|--|-------------------------|--|---|--------|---|--|---------------|--------|--------------|--|
| MOTORIST / NON-MOTORIST | UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | | | DATE OF BIRTH | | | | AGE | GENDER | | | | | | |
| | 1 | PERKINS, TRENTON GANZIE | | | | | | | 10/18/2003 | | | | 20 | M | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | |
| 376 HAMPSHIRE DR, HAMILTON, OH 45011 | | | | | | | | | | | | | | | | | | | | |
| INJURIES 2 | | INJURED TAKEN BY 2 | | EMS AGENCY(NAME) CITY OF FAIRFIELD FIRE | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) UC HEALTH WEST CHESTER, WEST CHESTER TWP | | | SAFETY EQUIPMENT USED 4 | | DOT-COMPLIANT MC HELMET | | SEATING POSITION 1 | | AIR BAG USAGE 2 | | EJECTION 1 | | TRAPPED 1 | |
| OL STATE OH | | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED 331.34a | | | LOCAL CODE ■ | | OFFENSE DESCRIPTION Failure to Control | | | CITATION NUMBER 2400027002 | | | | | | | | |
| 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 | | | | | |
| 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 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 | | 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 | | 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - 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 | | DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER | | | | | | | | | | | | | | |
| | | | | | | DRUG TEST RESULT(S) 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS | | | | | | | | | | | | | | |