

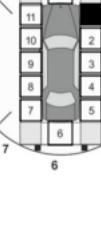
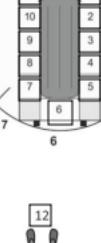
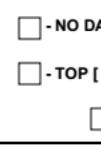
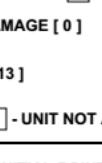
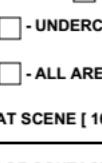
IR24-001103

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION REPORTING AGENCY NAME* NCIC* Fairfield Police Department 00901				HIT/SKIP 1 - SOLVED 2 - UNSOLVED			NUMBER OF UNITS 2		UNIT IN ERROR 1 98 - ANIMAL 99 - UNKNOWN			
COUNTY* 09 LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* Fairfield				CRASH DATE/TIME* 02/29/2024 15:57			CRASH SEVERITY 5 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY					
REFERENCE LOCATION REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME Nilles		ROAD TYPE RD	LATITUDE 39.337732							
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Pleasant		ROAD TYPE AV	LONGITUDE -84.560116							
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		ROUTE TYPE	ROUTE TYPE		ROAD TYPE				INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA			
DISTANCE FROM REFERENCE 50		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS									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 6 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 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 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 February 29, 2024, at 3:57 p.m., unit 2 was traveling west on Nilles Road near Pleasant Avenue. Unit 2 entered into the left turn lane at this intersection to turn left (south) onto Pleasant Avenue. Unit 1 was exiting 5214 Pleasant Avenue (Kroger Fuel) onto Nilles Road. Unit 1 failed to yield to oncoming traffic when exiting a private drive and stuck unit 2 in the left rear bumper.</p>						DIAGRAM 								
CRASH REPORTED DATE/TIME 02/29/2024 15:57		DISPATCH DATE/TIME 02/29/2024 15:59		ARRIVAL DATE/TIME 02/29/2024 16:01		SCENE CLEARED DATE/TIME 02/29/2024 16:22		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST						
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 30		TOTAL MINUTES 53		OFFICER'S NAME* Spradling, Nicholas		CHECKED BY OFFICER'S NAME* Miller, Matthew				SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPD)		
						OFFICER'S BADGE NUMBER* 175		CHECKED BY OFFICER'S BADGE NUMBER* 141						



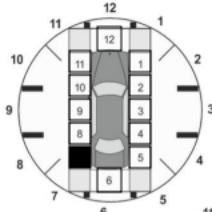
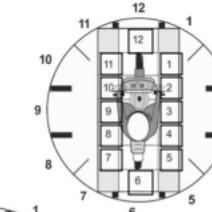
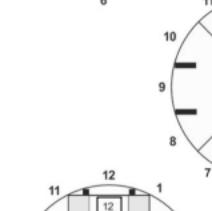
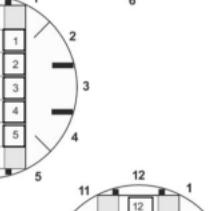
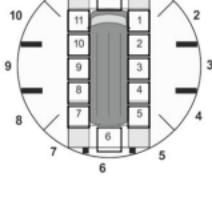
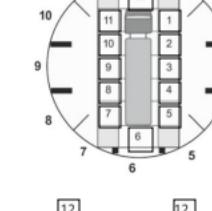
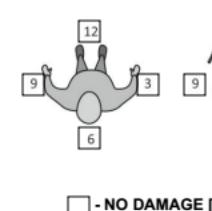
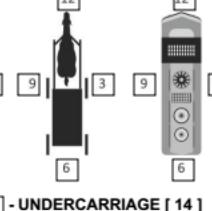
UNIT

UNIT # 1	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) MATHEWS, JEFFRY STEPHEN			OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER																							
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER) 5610 PLEASANT AVE, FAIRFIELD, OH 45014																											
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																								
LP STATE OH	LICENSE PLATE # GPN2150	VEHICLE IDENTIFICATION # 1G1BE5SM8J7125515		VEHICLE YEAR 2018																							
INSURANCE VERIFIED	INSURANCE COMPANY STATE FARM	INSURANCE POLICY # 1741723-SFP-35		VEHICLE MAKE Chevrolet																							
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	# OCCUPANTS 1	VEHICLE WEIGHT GVWR/GCWR 1 - < 10K LBS. 2 - 10,001 - 26K LBS. 3 - > 26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD																							
UNIT TYPE 1 VEHICLE	2 2-PASSENGER VAN (MINIVAN)	3 3-SPORT UTILITY	4 4-PICK UP	5 5-CARGO VAN																							
1 ALL TERRAIN	2 2-WHEELED	3 3-WHEELED	4 9-AUTOCYCLE	5 10-MOPED OR MOTORIZED BICYCLE																							
0 # OF TRAILING UNITS	6 11-ALL TERRAIN VEHICLE (ATV/UTV)	7 7-MOTORCYCLE	8 8-MOTORCYCLE	9 12-GOLF CART																							
1 WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	2 1-YES 2-NO 3-OTHER/UNKNOWN	3 0-AUTONOMOUS MODE LEVEL	4 0-NO AUTOMATION 1-DRIVER ASSISTANCE 2-PARTIAL AUTOMATION	5 3-CONDITIONAL AUTOMATION 4-HIGH AUTOMATION 5-FULL AUTOMATION	6 9-UNKNOWN																						
1 SPECIAL FUNCTION 1 SHARING	2 2-TAXI	3 3-ELECTRONIC RIDE	4 4-SCHOOL TRANSPORT	5 5-BUS - TRANSIT /COMMUTER	6 6-BUS - CHARTER/TOUR	7 7-BUS - INTERCITY	8 8-BUS - SHUTTLE	9 9-BUS - OTHER	10 11-FIRE	11 12-MILITARY	12 13-POLICE	13 14-PUBLIC UTILITY	14 15-CONSTRUCTION EQUIPMENT	15 16-FARM	16 17-MOWING	17 18-SNOW REMOVAL	18 19-TOWING	19 20-SAFETY SERVICE PATROL	20 21-MAIL CARRIER	21 24-WHEELCHAIR (ANY TYPE)	22 25-OTHER NON- MOTORIST	23 26-BICYCLE	24 27-TRAIN	25 28-UNKNOWN OR HIT/SKIP			
1 CARGO BODY TYPE	2 1-NO CARGO BODY TYPE / NOT APPLICABLE	3 2-BUS	4 3-VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 4-LOGGING	6 5-INTERMODAL CONTAINER CHASSIS	7 6-CARGO VAN/ ENCLOSED BOX	8 7-GRAIN/CHIPS/GRAVEL	9 8-POLE	10 9-CARGO TANK	11 10-FLAT BED	12 11-DUMP	13 12-CONCRETE MIXER	14 13-AUTO TRANSPORTER	15 14-GARBAGE/REFUSE	16 199-OTHER/UNKNOWN												
1 VEHICLE DEFECTS	2 1-TURN SIGNALS	3 2-HEAD LAMPS	4 3-TAIL LAMPS	5 4-BRAKES	6 5-STEERING	7 6-TIRE BLOWOUT	8 7-WORN OR SLICK TIRES	9 8-TRAILER EQUIPMENT	10 9-MOTOR TROUBLE	11 10-DISABLED FROM PRIOR ACCIDENT	12 11-SHARED USE PATHS OR TRAILS	13 12-CONCRETE MIXER	14 13-AUTO TRANSPORTER	15 14-GARBAGE/REFUSE	16 199-OTHER/UNKNOWN												
1 NON-MOTORIST LOCATION AT IMPACT	2 1-INTERSECTION - MARKED CROSSWALK	3 2-INTERSECTION - UNMARKED CROSSWALK	4 3-INTERSECTION - OTHER	5 4-MIDBLOCK - MARKED CROSSWALK	6 5-TRAVEL LANE - OTHER LOCATION	7 6-BICYCLE LANE	8 7-SHOULDER/ ROADSIDE	9 8-SIDEWALK	10 9-MEDIAN/CROSSING ISLAND	11 10-DRIVEWAY ACCESS	12 11-SHARED USE PATHS OR TRAILS	13 12-FIRST RESPONDER AT INCIDENT SCENE	14 13-OPENING DOOR	15 14-APPROACHING OR LEAVING VEHICLE	16 15-STANDING SPECIFIED LOCATION	17 16-WALKING, RUNNING, JOGGING, PLAYING	18 17-PUSHING VEHICLE	19 18-APPROACHING OR LEAVING VEHICLE	20 19-STANDING MOTORIST	21 20-OTHER NON- MOTORIST	22 21-STANDING OUTSIDE DISABLED VEHICLE	23 24-OTHER UNKNOWN					
1 ACTION	2 1-NON-CONTACT	3 2-NON-COLLISION	4 3-STRIKING	5 4-STRIKING PRE-CRASH5 - MAKING RIGHT TURN & STRUCK ACTIONS	6 5-BOTH STRIKING PRE-CRASH5 - MAKING LEFT TURN	7 6-OVERTAKING/ PASSING	8 7-STRAIGHT AHEAD	9 8-BACKING	10 9-CHANGING LANES	11 10-LEAVING TRAFFIC	12 11-SLOWING OR STOPPED IN	13 12-ENTERING TRAFFIC	14 13-LEAVING TRAFFIC	15 14-NEGOTIATING A CURVE	16 15-ENTERING OR CROSSING	17 16-WALKING, RUNNING, JOGGING, PLAYING	18 17-WORKING	19 18-OPERATING	20 19-NEGOTIATING A CURVE	21 20-ENTERING OR CROSSING	22 21-WALKING, RUNNING, JOGGING, PLAYING	23 22-OPENING DOOR	24 23-STANDING MOTORIST	25 25-APPROACHING OR LEAVING VEHICLE	26 26-STANDING SPECIFIED LOCATION	27 27-WALKING, RUNNING, JOGGING, PLAYING	28 28-OPENING DOOR
1 CONTRIBUTING CIRCUMSTANCES	2 1-NONE	3 2-FAILURE TO YIELD	4 3-RAN RED LIGHT	5 4-RAN STOP SIGN	6 5-UNSAFE SPEED	7 6-IMPROPER TURN	8 7-LEFT OF CENTER	9 8-FOLLOWING TOO CLOSE/ACDA	10 9-IMPROPER LANE CHANGE	11 10-IMPROPER PASSING	12 11-DROVE OFF ROAD	13 12-IMPROPER BACKING	14 13-IMPROPER START FROM A PARKED POSITION	15 14-STOPPED OR PARKED ILLEGALLY	16 15-SWERVING TO AVOID	17 16-WRONG WAY	18 17-VISION OBSTRUCTION	19 18-OPERATING	20 19-DEFECTIVE EQUIPMENT	21 20-LOAD SHIFTING/ FALLING/SPILLING	22 21-IMPROPER CROSSING	23 22-DOOR OPENING	24 23-OPENING DOOR	25 24-LYING IN ROADWAY	26 25-NOT DISCERNIBLE	27 26-INTO ROADWAY	28 27-OTHER IMPROPER ACTION
SEQUENCE OF EVENTS										EVENTS																	
1 20	1 - OVERTURN/ ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE																						
2	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	17 - ANIMAL - FARM	17 - ANIMAL - DEER	23 - STRUCK BY CARGO OR ANYTHING																						
3	3 - IMMERSION	8 - RAN OFF ROAD	18 - ANIMAL - TRAVEL	19 - ANIMAL - OTHER	24 - SET IN MOTION BY A MOTOR VEHICLE																						
4	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	12 - DOWNHILL RUNAWAY	20 - MOTOR VEHICLE IN TRANSPORT	25 - OTHER MOVABLE OBJECT																						
5	5 - CARGO/EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	13 - OTHER NON- COLLISION	21 - PARKED MOTOR VEHICLE																							
6	6 - IMPROPER TURN	14 - PEDESTRIAN	14 - PEDALCYCLE																								
7	7 -	15 -	15 -																								
COLLISION WITH FIXED OBJECT - STRUCK																											
4	25 - IMPACT ATTENUATOR/ CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE																						
5	26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN	44 - DITCH	51 - WALL																						
6	27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE	39 - LIGHT/LUMINARIES	45 - EMBANKMENT	52 - BUILDING																						
7	28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL	46 - SUPPORT	47 - MAILBOX	53 - TUNNEL																						
8	29 - BRIDGE RAIL	35 - MEDIAN CONCRETE	48 - UTILITY POLE	48 - TREE	54 - OTHER FIXED OBJECT																						
9	30 - GUARDRAIL FACE	36 - MEDIAN OTHER	49 - OTHER POST, POLE OR SUPPORT	49 - FIRE HYDRANT	99 - OTHER/UNKNOWN																						
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157	157 -	184 -	202 -	202 -																							
158	158 -	185 -	203 -	203 -																							
159	159 -	186 -	204 -	204 -																							
160	160 -	187 -	205 -	205 -																							
161	161 -	188 -	206 -	206 -																							
162	162 -	189 -	207 -	207 -																							
163	163 -	190 -	208 -	208 -																							
164	164 -	191 -	209 -	209 -																							
165	165 -	192 -	210 -	210 -																							
166	166 -	193 -	211 -	211 -																							
167	167 -	194 -	212 -	212 -																							
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177	177 -	204 -	222 -	222 -																							
178	178 -	205 -	223 -	223 -																							
179	179 -	206 -	224 -	224 -																							
180	180 -	207 -	225 -																								

LOCAL REPORT NUMBER*	
IR24-001103	
DAMAGE	
DAMAGE SCALE	
2	1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
 	
 	
  	
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT	
1	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP
14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
2 1 - ONE-WAY 2 - TWO-WAY	2 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
4	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM 3	TO 4
1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER/UNKNOWN	
UNIT SPEED	
15	
DETECTED SPEED	
1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED	
POSTED SPEED	
35	

IR24-001103

UNIT # 2	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) TIMMESTER, DALE EDWARD II		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) 2048 ROLLING HILLS BLVD, FAIRFIELD, OH 45014					
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
LP STATE OH	LICENSE PLATE # GZD5071	VEHICLE IDENTIFICATION # KMHD84LF0HU060829	VEHICLE YEAR 2017		
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY AMERICAN SELECT	INSURANCE POLICY # WNP4640378	VEHICLE MAKE Hyundai		
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 2	VEHICLE WEIGHT GVWR/GCWR 1 - <= 10K LBS. 2 - 10,001 - 26K LBS. 3 - >= 26K LBS.		
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 1 - YES 2 - NO 9 - OTHER/UNKNOWN	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - 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
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
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 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS	12 - FIRST RESPONDER ISLAND AT INCIDENT SCENE 99 - OTHER/UNKNOWN
4 ACTION	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING PRE-CRASHES 6 - MAKING LEFT TURN 9 - OTHER/UNKNOWN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/ PASSING 5 - BOTH STRIKING ACTIONS	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, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING CROSSING 20 - OTHER NON- SPECIFIED LOCATION 21 - STANDING OUTSIDE DISABLED VEHICLE 22 - OTHER/UNKNOWN
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 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 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 RIGHT 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 IN TRANSPORT 21 - PARKED MOTOR VEHICLE 24 - OTHER MOBILE OBJECT	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 25 - WORK ZONE MAINTENANCE EQUIPMENT
4	25 - IMPACT ATTENUATOR/ CRASH CUSHION	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN 39 - LIGHT/LUMINARIES 40 - SUPPORT	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER/UNKNOWN
5	26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT	34 - MEDIAN GUARDRAIL BARRIER	41 - OTHER POST, POLE OR SUPPORT	42 - CULVERT	
6	28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	35 - MEDIAN CONCRETE BARRIER 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		
7	0 - NO DAMAGE 1-12 - REFER TO UNIT 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
TRAFFIC		
TRAFFICWAY FLOW 2	1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 2
1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER	4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL	
# OF THROUGH LANES ON ROAD 4	RAIL GRADE CROSSING	
1	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	
UNIT / NON-MOTORIST DIRECTION		
FROM 3	TO 4	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 8 - SOUTHWEST 9 - OTHER/UNKNOWN
UNIT SPEED 5		DETECTED SPEED 1
POSTED SPEED 35		1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED



MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER*

IR24-001103

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH			AGE	GENDER			
	1	MATHEWS, ABIGAIL LYNNE						02/08/2007			17	F			
ADDRESS: STREET, CITY, STATE, ZIP 5610 PLEASANT AVE, FAIRFIELD, OH 45014													CONTACT PHONE - INCLUDE AREA CODE		
INJURIES 5		INJURED TAKEN BY []		EMS AGENCY(NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 4	DOT-COMPLIANT MC HELMET		SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE OH		OPERATOR LICENSE NUMBER		OFFENSE CHARGED 4511.44		LOCAL CODE []	OFFENSE DESCRIPTION Yield Right Of Way From Private D		CITATION NUMBER 2400031002						
OL CLASS 4		ENDORSEMENT SELECT UP TO 2 [] []		RESTRICTION SELECT UP TO 3 [] [] []		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED [] ALCOHOL [] MARIJUANA [] OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE .		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4			
UNIT # 2		NAME: LAST, FIRST, MIDDLE TIMMESTER, DALE EDWARD II						DATE OF BIRTH 06/18/1950			AGE 73	GENDER M			
ADDRESS: STREET, CITY, STATE, ZIP 2048 ROLLING HILLS BLVD, FAIRFIELD, OH 45014													CONTACT PHONE - INCLUDE AREA CODE		
INJURIES 5		INJURED TAKEN BY []		EMS AGENCY(NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 4	DOT-COMPLIANT MC HELMET		SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE OH		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE []	OFFENSE DESCRIPTION		CITATION NUMBER						
OL CLASS 4		ENDORSEMENT SELECT UP TO 2 [] []		RESTRICTION SELECT UP TO 3 [] [] []		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED [] ALCOHOL [] MARIJUANA [] OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE .		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4			
UNIT #		NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH			AGE	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP													CONTACT PHONE - INCLUDE AREA CODE		
INJURIES []		INJURED TAKEN BY []		EMS AGENCY(NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED []	DOT-COMPLIANT MC HELMET		SEATING POSITION []	AIR BAG USAGE []	EJECTION []	TRAPPED []	
OL STATE []		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE []	OFFENSE DESCRIPTION		CITATION NUMBER						
OL CLASS []		ENDORSEMENT SELECT UP TO 2 [] []		RESTRICTION SELECT UP TO 3 [] [] []		DRIVER DISTRACTED BY []	ALCOHOL / DRUG SUSPECTED [] ALCOHOL [] MARIJUANA [] OTHER DRUG		CONDITION []	ALCOHOL TEST STATUS [] TYPE [] VALUE .		DRUG TEST(S) STATUS [] TYPE [] RESULT SELECT UP TO 4			
INJURIES SEATING POSITION AIR BAG OL CLASS OL RESTRICTION(S) DRIVER DISTRACTION TEST STATUS													EJECTION OL ENDORSEMENT TRAPPED GENDER CONDITION DRUG TEST TYPE DRUG TEST RESULT(S)		
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 TRAPPED GENDER CONDITION DRUG TEST TYPE DRUG TEST RESULT(S)		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		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		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		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS		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		1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS					

IR24-001103

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER																																																																																																																																																																																																
	2	TIMMESTER, DEBORAH				05/03/1951		72	F																																																																																																																																																																																																
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																																																																																																																																																																																																			
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OCCUPANT	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	4	<input type="checkbox"/> DOT-Compliant MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED																																																																																																																																																																																														
	5				3	1	1	1	1																																																																																																																																																																																																
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					1	1	1	1	1																																																																																																																																																																																																
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OCCUPANT	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED		<input type="checkbox"/> DOT-Compliant MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED																																																																																																																																																																																														
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