

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL INFORMATION			LOCAL REPORT NUMBER*			
<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER	REPORTING AGENCY NAME* Fairfield Police Department			NCIC*	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR	
						00901	1 - SOLVED 2 - UNSOLVED	1	1 - 98 - ANIMAL 99 - UNKNOWN	
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*						CRASH DATE/TIME*	CRASH SEVERITY	
09	1 1 - CITY 2 - VILLAGE 3 - TOWNSHIP	Fairfield						03/20/2024 06:40	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 NILLES			ROAD TYPE	LATITUDE	3 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY	
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)			ROAD TYPE	LONGITUDE		
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			
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS							NUMBER OF APPROACHES	
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			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 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	1 - SNOW 2 - SEVERE CROSSWINDS 3 - BLOWING SAND, SOIL, DIRT, SNOW 4 - 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 On March 20, 2023 at approximately 6:40 A.M. Unit 1 made a right turn from Winton Rd. into the parking lot of 1111 Nilles Rd. Once in the driveway of the business, Unit 1 ran off road to the right and struck a large, steel, gate post. The driver of Unit 1 then left the scene. The passenger of Unit 1 later reported the crash and the driver said she didn't realize she needed to report it due to minimal damage to both her vehicle and the post.							DIAGRAM			
There was damage to the fence post, which belongs to Fairfield City School District located at 4641 Bach Ln. Fairfield, OH										
CRASH REPORTED DATE/TIME 03/20/2024 07:15		DISPATCH DATE/TIME 03/20/2024 07:28		ARRIVAL DATE/TIME 03/20/2024 07:30			SCENE CLEARED DATE/TIME 03/20/2024 08:00		REPORT TAKEN BY	
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 0		TOTAL MINUTES 32	OFFICER'S NAME* Mossman, Brianna		CHECKED BY OFFICER'S NAME* Woodall, Michael		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
					OFFICER'S BADGE NUMBER* 152		CHECKED BY OFFICER'S BADGE NUMBER* 118		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPD)	

IR24-001501

UNIT # 1	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) RAMSEY, LENA M	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)
3205 ROESCH BLVD APT 5, FAIRFIELD, OH 45014COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH	LICENSE PLATE # JWE8681	VEHICLE IDENTIFICATION # 2HGFG3B50EH512765	VEHICLE YEAR 2014	VEHICLE MAKE Honda
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<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY GEICO INSURANCE	INSURANCE POLICY # 6145354442	COLOR Black	VEHICLE MODEL Civic
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.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD

1 UNIT TYPE	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN	7 - MOTORCYCLE 8 - MOTORCYCLE 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 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
AUTONOMOUS MODE LEVEL				

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 OR TRAILS	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER/UNKNOWN
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3 ACTION	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING PRE-CRASHES & STRUCK ACTIONS	5 6 - MAKING RIGHT TURN 7 - MAKING LEFT TURN 8 - MAKING U-TURN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/ PASSED 5 - BOTH STRIKING PRE-CRASHES & STRUCK ACTIONS	8 - ENTERING TRAFFIC 9 - LEAVING TRAFFIC 10 - PARKED 11 - SLOWING OR STOPPED IN 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 22 - OTHER/UNKNOWN
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11 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 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
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SEQUENCE OF EVENTS

1 8	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	22 - WORK ZONE MAINTENANCE EQUIPMENT
2 54	4 - JACKKNIFE 5 - CARGO/EQUIPMENT LOSS OR SHIFT	8 - RAN OFF ROAD 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	12 - DOWNSHILL RUNAWAY 13 - OTHER NON- COLLISION	20 - MOTOR VEHICLE 21 - PARKED MOTOR VEHICLE	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT
3 			34 - MEDIAN GUARDRAIL BARRIER	39 - LIGHT/LUMINARIES SUPPORT	50 - 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 - POST	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE	51 - WALL 52 - BUILDING 53 - TUNNEL
5 	26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT	34 - MEDIAN GUARDRAIL BARRIER	40 - UTILITY POLE	47 - MAILBOX 48 - TREE	54 - OTHER FIXED OBJECT
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 - OTHER/UNKNOWN	99 - OTHER/UNKNOWN

COLLISION WITH FIXED OBJECT - STRUCK

4 	25 - IMPACT ATTENUATOR/ CRASH CUSHION	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN 39 - POST	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE	50 - WORK ZONE MAINTENANCE EQUIPMENT
5 	26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT	34 - MEDIAN GUARDRAIL BARRIER	40 - UTILITY POLE	47 - MAILBOX 48 - TREE	51 - WALL 52 - BUILDING 53 - TUNNEL
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 - OTHER/UNKNOWN	54 - OTHER FIXED OBJECT
1 	FIRST HARMFUL EVENT	2 	MOST HARMFUL EVENT		99 - OTHER/UNKNOWN

LOCAL REPORT NUMBER*

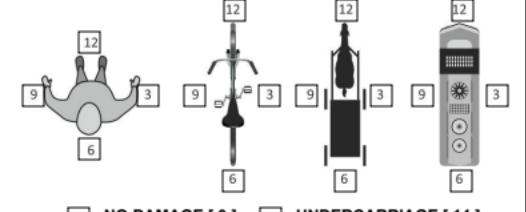
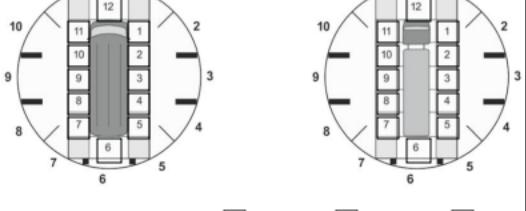
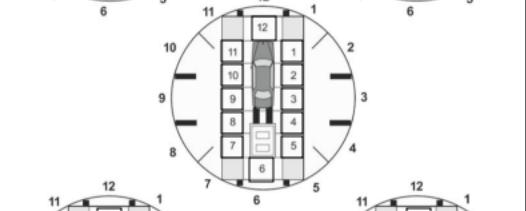
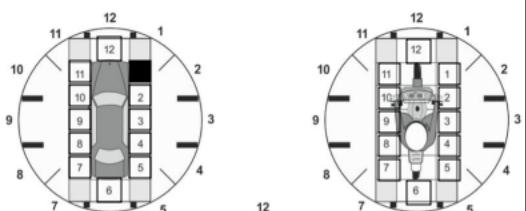
IR24-001501

DAMAGE

DAMAGE SCALE

- | | | |
|-------|------------------------------|---|
| 3
 | 1 - NONE
2 - MINOR DAMAGE | 3 - FUNCTIONAL DAMAGE
4 - DISABLING DAMAGE |
|-------|------------------------------|---|

9 - UNKNOWN

DAMAGED AREA(S)
INDICATE ALL THAT APPLY - NO DAMAGE [0] - UNDERCARRIAGE [14] - TOP [13] - ALL AREAS [15] - UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT

- | | | |
|-------|--|---|
| 1
 | 0 - NO DAMAGE
1-12 - REFER TO UNIT
DIAGRAM
13 - TOP | 14 - UNDERCARRIAGE
15 - VEHICLE NOT AT SCENE
99 - UNKNOWN |
|-------|--|---|

TRAFFIC

TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 6 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
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# OF THROUGH LANES ON ROAD 2 	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
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UNIT / NON-MOTORIST DIRECTION FROM 1 TO 4 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER/UNKNOWN

UNIT SPEED 15 	DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED
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MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER*

IR24-001501

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH			AGE	GENDER			
	1	RAMSEY, LENA M						11/28/1977			46	F			
ADDRESS: STREET, CITY, STATE, ZIP 3205 ROESCH BLVD APT 5, 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 1	DOT-COMPLIANT MC HELMET 	SEATING POSITION 1	AIR BAG USAGE 2	EJECTION 1	TRAPPED 1		
OL STATE OH		OPERATOR LICENSE NUMBER		OFFENSE CHARGED 335.13 a		LOCAL CODE 	OFFENSE DESCRIPTION Stopping After Accident Upon Prop		CITATION NUMBER 2400046902						
OL CLASS 4		ENDORSEMENT SELECT UP TO 2 		RESTRICTION SELECT UP TO 3 		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED □ ALCOHOL □ MARIJUANA □ OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE .	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4				
UNIT # NAME: LAST, FIRST, MIDDLE													DATE OF BIRTH		
ADDRESS: STREET, CITY, STATE, ZIP													CONTACT PHONE - INCLUDE AREA CODE		
INJURIES 		INJURED TAKEN BY 		EMS AGENCY(NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 	DOT-COMPLIANT MC HELMET 	SEATING POSITION 	AIR BAG USAGE 	EJECTION 	TRAPPED 		
OL STATE 		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE 	OFFENSE DESCRIPTION		CITATION NUMBER						
OL CLASS 		ENDORSEMENT SELECT UP TO 2 		RESTRICTION SELECT UP TO 3 		DRIVER DISTRACTED BY 	ALCOHOL / DRUG SUSPECTED □ ALCOHOL □ MARIJUANA □ OTHER DRUG		CONDITION 	ALCOHOL TEST STATUS 1 TYPE 1 VALUE .	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4				
UNIT # NAME: LAST, FIRST, MIDDLE													DATE OF BIRTH		
ADDRESS: STREET, CITY, STATE, ZIP													CONTACT PHONE - INCLUDE AREA CODE		
INJURIES 		INJURED TAKEN BY 		EMS AGENCY(NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 	DOT-COMPLIANT MC HELMET 	SEATING POSITION 	AIR BAG USAGE 	EJECTION 	TRAPPED 		
OL STATE 		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE 	OFFENSE DESCRIPTION		CITATION NUMBER						
OL CLASS 		ENDORSEMENT SELECT UP TO 2 		RESTRICTION SELECT UP TO 3 		DRIVER DISTRACTED BY 	ALCOHOL / DRUG SUSPECTED □ ALCOHOL □ MARIJUANA □ OTHER DRUG		CONDITION 	ALCOHOL TEST STATUS 1 TYPE 1 VALUE .	DRUG TEST(S) STATUS 1 TYPE 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 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 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE		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		TEST STATUS 1 - 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		OL RESTRICTION(S) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN		DRUG TEST TYPE 1 - BLOOD 2 - URINE 3 - URINE 4 - BREATH 5 - OTHER											
TEST STATUS 1 - DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER		TEST STATUS 1 - DRUG TEST RESULT(S) 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOID 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS													



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER*

IR24-001501

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER																																																																			
	1	SIBERT, LONDON				12/17/2009	14	F																																																																			
ADDRESS: STREET, CITY, STATE, ZIP 3205 ROESCH BLVD APT. 5, FAIRFIELD, OH 45014					CONTACT PHONE - INCLUDE AREA CODE																																																																						
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3		1			1	<input type="checkbox"/>	3	2	1	1																																																																	
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