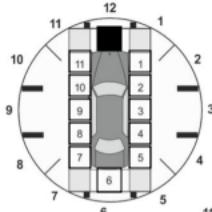
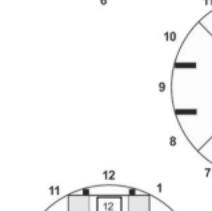
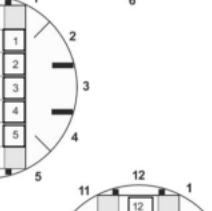
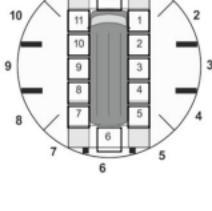
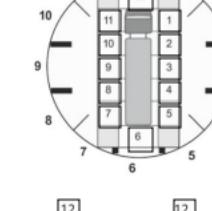
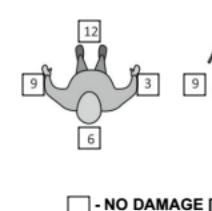
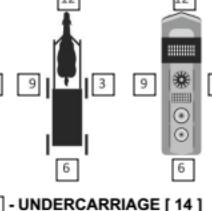


<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION							
		REPORTING AGENCY NAME*		NCIC*					
		Fairfield Police Department		00901	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR		
					1 - SOLVED 2 - UNSOLVED	2	1 98 - ANIMAL 99 - UNKNOWN		
REFERENCE LOCATION	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*				CRASH DATE/TIME*	CRASH SEVERITY		
		ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME			ROAD TYPE	
ROUTE TYPE	ROUTE NUMBER					PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)		ROAD TYPE
		ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	JOE NUXHALL			WA	
REFERENCE POINT						DIRECTION FROM REFERENCE	ROUTE TYPE		ROAD TYPE
<input type="checkbox"/> 1 - INTERSECTION <input type="checkbox"/> 2 - MILE POST <input type="checkbox"/> 3 - HOUSE #		<input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST	IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA		
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE					NUMBER OF APPROACHES		
10		<input type="checkbox"/> 1 - MILES <input type="checkbox"/> 2 - FEET <input type="checkbox"/> 3 - YARDS					ROADWAY		
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT			DIRECTION OF TRAVEL	MEDIAN TYPE	
<input type="checkbox"/> 1 - ON ROADWAY <input type="checkbox"/> 2 - ON SHOULDER <input type="checkbox"/> 3 - IN MEDIAN <input type="checkbox"/> 4 - ON ROADSIDE <input type="checkbox"/> 5 - ON GORE <input type="checkbox"/> 6 - OUTSIDE TRAFFIC WAY <input type="checkbox"/> 7 - ON RAMP <input type="checkbox"/> 8 - OFF RAMP				<input type="checkbox"/> 9 - CROSSOVER <input type="checkbox"/> 10 - DRIVEWAY/ALLEY ACCESS <input type="checkbox"/> 11 - RAILWAY GRADE <input type="checkbox"/> CROSSING <input type="checkbox"/> 12 - SHARED USE PATHS OR TRAILS <input type="checkbox"/> 13 - BIKE LANE <input type="checkbox"/> 14 - TOLL BOOTH <input type="checkbox"/> 99 - OTHER/UNKNOWN			<input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST	<input type="checkbox"/> 1 - DIVIDED FLUSH MEDIAN (< 4 FEET) <input type="checkbox"/> 2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET) <input type="checkbox"/> 3 - DIVIDED, DEPRESSED MEDIAN <input type="checkbox"/> 4 - DIVIDED, RAISE MEDIAN (ANY TYPE) <input type="checkbox"/> 9 - OTHER/UNKNOWN	
WORK ZONE RELATED		WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE			CONTOUR	CONDITIONS	SURFACE
<input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		<input type="checkbox"/> 1 - LANE CLOSURE <input type="checkbox"/> 2 - LANE SHFT/CROSSOVER <input type="checkbox"/> 3 - WORK ON SHOULDER OR MEDIAN <input type="checkbox"/> 4 - INTERMITTENT OR MOVING WORK <input type="checkbox"/> 5 - OTHER		<input type="checkbox"/> 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN <input type="checkbox"/> 2 - ADVANCE WARNING AREA <input type="checkbox"/> 3 - TRANSITION AREA <input type="checkbox"/> 4 - ACTIVITY AREA <input type="checkbox"/> 5 - TERMINATION AREA			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 2
LIGHT CONDITION				WEATHER			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
<input type="checkbox"/> 1 - DAYLIGHT <input type="checkbox"/> 2 - DAWN/DUSK <input type="checkbox"/> 3 - DARK - LIGHTED ROADWAY <input type="checkbox"/> 4 - DARK - ROADWAY NOT LIGHTED <input type="checkbox"/> 5 - DARK - UNKNOWN ROADWAY LIGHTING <input type="checkbox"/> 9 - OTHER/UNKNOWN				<input type="checkbox"/> 1 - CLEAR <input type="checkbox"/> 2 - CLOUDY <input type="checkbox"/> 3 - FOG, SMOG, SMOKE <input type="checkbox"/> 4 - RAIN <input type="checkbox"/> 5 - SLEET, HAIL					
NARRATIVE						DIAGRAM			
<p>On June 29, 2024 at approximately 7:18 PM, Units 1 and 2 were traveling northbound on River Road approaching Joe Nuxhall Way. Unit 2 then slowed to come to a stop for the traffic light. Unit 1 then rear-ended Unit 2.</p>						<p>JOE NUXHALL WAY</p> <p>RIVER RD</p> <p>Unit 2</p> <p>Unit 1</p> <p>Not To Scale</p>			
CRASH REPORTED DATE/TIME		DISPATCH DATE/TIME		ARRIVAL DATE/TIME		SCENE CLEARED DATE/TIME		REPORT TAKEN BY	
06/29/2024 19:19		06/29/2024 19:20		06/29/2024 19:23		06/29/2024 19:54		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*			<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPD)	
			Roush, Alexander		Meyer, Aaron				
0	30	64	OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*				
			170		132				

IR24-003545

UNIT # 1	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER) SAMPLES, VERNLINDA		OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER	
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER) 1006 S FRONT ST, HAMILTON, OH 45011				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE OH	LICENSE PLATE # HVU7005	VEHICLE IDENTIFICATION # KNAFK4A62G5567593		VEHICLE YEAR 2016
INSURANCE VERIFIED <input checked="" type="checkbox"/>	INSURANCE COMPANY STATE FARM	INSURANCE POLICY # 2156157SFP35		VEHICLE MAKE Kia
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME WAYNES TOWING	
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>		# OCCUPANTS <b>2</b>	VEHICLE WEIGHT GVWR/GCWR 1 - <= 10K LBS. 2 - 10,001 - 26K LBS. 3 - >= 26K LBS.	
UNIT TYPE <b>1</b>		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD <input type="checkbox"/> CLASS # <input type="checkbox"/> PLACARD ID #		
0		# OF TRAILING UNITS		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <input type="checkbox"/> 2		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 1 - YES 2 - NO 9 - OTHER/UNKNOWN	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
SPECIAL FUNCTION <b>1</b>		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 <b>1</b>		1 - NO CARGO BODY 3 - VEHICLE TOWING 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER TYPE / NOT APPLICABLE VEHICLE 6 - CARGO VAN/ ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER 2 - BUS 4 - LOGGING 7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE 11 - DUMP 99 - OTHER/UNKNOWN		
VEHICLE DEFECTS <input type="checkbox"/>		1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER/UNKNOWN 2 - HEAD LAMPS 5 - STEERING 6 - TIRE BLOWOUT 8 - TRAILER EQUIPMENT DEFECTIVE 3 - TAIL LAMPS		
NON-MOTORIST LOCATION AT IMPACT <input type="checkbox"/> 2		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 <b>4</b>		1 - NON-CONTACT 1 - STRAIGHT AHEAD 8 - ENTERING TRAFFIC 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE 2 - NON-COLLISION 2 - BACKING 9 - LEAVING TRAFFIC 14 - ENTERING OR CROSSING 19 - STANDING 3 - STRIKING 3 - CHANGING LANES 10 - PARKED 15 - SPECIFIED LOCATION 20 - OTHER NON-MOTORIST 4 - STRUCK 1 - OVERTAKING/ 11 - SLOWING OR STOPPED IN 16 - WALKING, RUNNING, JOGGING, PLAYING 21 - STANDING OUTSIDE & STRUCK ACTIONS 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 22 - DISABLED VEHICLE 5 - BOTH 7 - MAKING U-TURN		
CONTRIBUTING CIRCUMSTANCES <b>8</b>		1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE/ACDA 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 14 - STOPPED OR PARKED ILLEGALLY 19 - LOAD SHIFTING/ FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY 4 - RAN STOP SIGN 10 - IMPROPER PASSING 15 - SWERVING TO AVOID 20 - IMPROPER ACTION 99 - OTHER IMPROPER 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 16 - WRONG WAY		
SEQUENCE OF EVENTS				
EVENTS				
1 <input type="checkbox"/> 20	1 - OVERTURN/ ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT
2 <input type="checkbox"/>	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	17 - ANIMAL - FARM ANIMAL - OTHER	18 - ANIMAL - DEER 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
3 <input type="checkbox"/>	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	12 - DOWNTOWN RUNAWAY 20 - MOTOR VEHICLE IN TRANSPORT	19 - LIGHT/LUMINARIES SUPPORT
4 <input type="checkbox"/>	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	13 - OTHER NON-COLLISION	21 - PARKED MOTOR VEHICLE
5 <input type="checkbox"/>	5 - CARGO/EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	14 - PEDESTRIAN 15 - PEDALCYCLE	24 - OTHER MOVABLE OBJECT
COLLISION WITH FIXED OBJECT - STRUCK				
4 <input type="checkbox"/>	25 - IMPACT ATTENUATOR/ CRASH CUSHION	31 - GUARDRAIL END PORTABLE BARRIER	37 - TRAFFIC SIGN POST OVERHEAD SIGN	43 - CURB DITCH 50 - WORK ZONE MAINTENANCE EQUIPMENT
5 <input type="checkbox"/>	26 - BRIDGE OVERHEAD STRUCTURE	32 - MEDIAN CABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH 45 - EMBANKMENT 51 - WALL
6 <input type="checkbox"/>	27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN GUARDRAIL BARRIER	39 - LIGHT/LUMINARIES SUPPORT	46 - FENCE 52 - BUILDING 53 - TUNNEL
1 <input type="checkbox"/>	28 - BRIDGE PARAPET	34 - MEDIAN CONCRETE BARRIER	40 - UTILITY POLE	47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT
1 <input type="checkbox"/>	29 - BRIDGE RAIL	35 - MEDIAN OTHER BARRIER	41 - OTHER POST, POLE OR SUPPORT	54 - OTHER FIXED OBJECT
1 <input type="checkbox"/>	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	99 - OTHER/UNKNOWN
1 FIRST HARMFUL EVENT		1 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 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 DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
TRAFFIC		
TRAFFICWAY FLOW <b>2</b>	TRAFFIC CONTROL <b>2</b>	
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL	
# OF THROUGH LANES ON ROAD <b>2</b>	RAIL GRADE CROSSING <b>1</b>	
1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING		
UNIT / NON-MOTORIST DIRECTION		
FROM <b>2</b> TO <b>1</b>	1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER/UNKNOWN	
UNIT SPEED		
15	DETECTED SPEED <b>1</b>	
POSTED SPEED		
35	1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED	

IR24-003545

UNIT # 2	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER) STEPHENS, SUZANNE R	OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER
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OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER)  
333 HOOVEN AVE, HAMILTON, OH 45015

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH	LICENSE PLATE # FUH5814	VEHICLE IDENTIFICATION # 2HKRM4H72DH661493	VEHICLE YEAR 2013	VEHICLE MAKE Honda
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INSURANCE VERIFIED	INSURANCE COMPANY PROGRESSIVE INSURANCE	INSURANCE POLICY # 959809914	COLOR Black	VEHICLE MODEL CR-V
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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 2	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 # <input type="checkbox"/> PLACARD ID #	

UNIT TYPE 3	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	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			

1	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT /COMMUTER	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	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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4	ACTION	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING PRE-CRASHES 6 - MAKING LEFT TURN 9 - OTHER/UNKNOWN	11 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/ PASSING 5 - BOTH STRIKING PRE-CRASHES 6 - MAKING LEFT TURN 9 - OTHER/UNKNOWN	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- MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 22 - 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 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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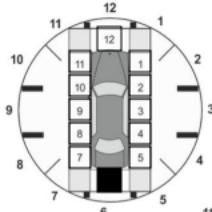
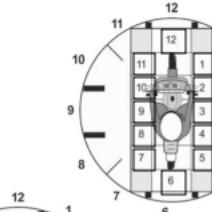
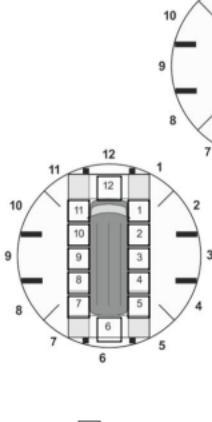
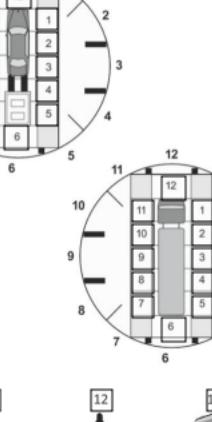
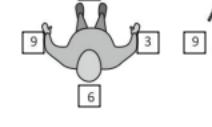
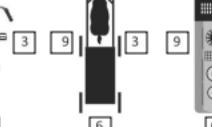
#### SEQUENCE OF EVENTS

1	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 - DOWNSHILL 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 22 - OTHER MOVABLE OBJECT	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 32 - PORTABLE BARRIER 33 - MEDIAN CABLE	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN 39 - LIGHT/LUMINARIES 40 - SUPPORT 41 - OTHER POST, POLE 42 - CULVERT	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
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5	26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER			
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6	1	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT	
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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		
6	0 - NO DAMAGE 1-12 - REFER TO UNIT 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
TRAFFIC		
2	TRAFFICWAY 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
2	FROM 2	TO 1
UNIT / NON-MOTORIST DIRECTION		
1	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER/UNKNOWN
UNIT SPEED		
5	DETECTED SPEED	1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED
POSTED SPEED		
35		



## MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER\*

IR24-003545

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH				AGE	GENDER		
	1	ANDERSON-BOYD, BRIAUNA AMEEKA							02/20/2004				20	F		
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE						
1006 S FRONT ST, HAMILTON, OH 45011																
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 333.03a			LOCAL CODE [ ]	OFFENSE DESCRIPTION ACDA			CITATION NUMBER 2400128202					
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 3	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 STEPHENS, MAYLA RENEE							DATE OF BIRTH 01/27/2000				AGE 24	GENDER F		
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE						
333 HOOVEN AVE, HAMILTON, OH 45015																
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						
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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 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		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		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		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 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER										
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														



## OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER\*

IR24-003545

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER																																																																
	1	COLLIER, CAILEB DAN'ET				06/16/2011		13	M																																																																
ADDRESS: STREET, CITY, STATE, ZIP 1006 S FRONT ST, HAMILTON, OH 45011					CONTACT PHONE - INCLUDE AREA CODE																																																																				
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OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER																																																																
	2	STEPHENS, SUZANNE R				10/15/1972		51	F																																																																
ADDRESS: STREET, CITY, STATE, ZIP 333 HOOVEN AVE, HAMILTON, OH 45015					CONTACT PHONE - INCLUDE AREA CODE																																																																				
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