



TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		<input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER		LOCAL INFORMATION				
<input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> PRIVATE PROPERTY				REPORTING AGENCY NAME*		NCIC*		
				Fairfield Police Department		00901		
COUNTY*		LOCALITY*		LOCATION: CITY, VILLAGE, TOWNSHIP*				
09		1 - CITY 2 - VILLAGE 3 - TOWNSHIP		Fairfield				
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE	
	SR	4					39.321294	
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE	
					Richard	DR	-84.500998	
REFERENCE POINT		DIRECTION FROM REFERENCE		ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED		
<input checked="" 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	<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA	
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE					<input type="checkbox"/> NUMBER OF APPROACHES ROADWAY <input type="checkbox"/> ROADWAY DIVIDED	
<input type="checkbox"/> 1 - MILES <input type="checkbox"/> 2 - FEET <input type="checkbox"/> 3 - YARDS								
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT		DIRECTION OF TRAVEL	MEDIAN TYPE	
<input checked="" 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	
<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 2 - ADVANCE WARNING AREA <input type="checkbox"/> 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR	CONDITIONS	SURFACE
<input type="checkbox"/> ACTIVE SCHOOL ZONE						<input type="checkbox"/> 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/ UNKNOWN	<input type="checkbox"/> 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	<input type="checkbox"/> 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/ UNKNOWN
LIGHT CONDITION <input checked="" 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		WEATHER <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		6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER/UNKNOWN				
NARRATIVE				DIAGRAM				
On April 8, 2024 at 4:21 p.m Unit 2 was traveling northwest on Dixie Highway near Richard Drive. Unit 1 was traveling southeast on Dixie Highway, and made a left turn onto Richard Drive. Unit 1 did not yield to oncoming traffic, causing unit 2 to strike unit 1. Unit 2 driver was ejected from his motorcycle.								
CRASH REPORTED DATE/TIME		DISPATCH DATE/TIME		ARRIVAL DATE/TIME		SCENE CLEARED DATE/TIME		REPORT TAKEN BY
04/08/2024 16:21		04/08/2024 16:22		04/08/2024 16:28		04/08/2024 17:45		<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 OPS)	
			Partin, Emma		Meyer, Aaron			
78	30	113	OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*			
			176		132			

IR24-001908

UNIT # 1	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) AUTO ARENA SALES, INC		OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 5209 DIXIE HWY, FAIRFIELD, OH 45014	AREA CODE <input type="checkbox"/> SAME AS DRIVER ()
OWNER	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE OH	LICENSE PLATE # 014A2YK	VEHICLE IDENTIFICATION # 1C4NJPBA1GD69833	VEHICLE YEAR 2016	VEHICLE MAKE Jeep
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR Maroon	VEHICLE MODEL Patriot
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 1	VEHICLE WEIGHT GVWR/GCWR 1 - <= 10K LBS. 2 - 10,001 - 26K LBS. 3 - >= 26K LBS.	
UNIT TYPE 3 3 - UNIT VEHICLE		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # <input type="checkbox"/> PLACARD ID #		
4 4 - PICK UP		1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN		
5 5 - CARGO VAN		7 - MOTORCYCLE 2-WHEELED 8-MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV/UTV)		
6 6 - # OF TRAILING UNITS		12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME		
7 7 - WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE		
8 8 - # OF AUTONOMOUS MODE LEVEL		23 - PEDESTRIAN/ SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON- MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP		
9 9 - SPECIAL FUNCTION		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION		
10 10 - SCHOOL TRANSPORT		6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE		
11 11 - BUS - TRANSIT /COMMUTER		11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT		
12 12 - CARGO BODY TYPE		16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL		
13 13 - VEHICLE DEFECTS		11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT		
14 14 - NON-MOTORIST LOCATION AT IMPACT		16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL		
15 15 - ACTION		11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT		
16 16 - CONTRIBUTING CIRCUMSTANCES		16 - WORKING 17 - PUSHING VEHICLE		
17 17 - SEQUENCE OF EVENTS		18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON- SPECIFIED LOCATION 21 - STANDING OUTSIDE DISABLED VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT		
18 18 - EVENTS		13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY		
19 19 - COLLISION WITH FIXED OBJECT - STRUCK		17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 24 - OTHER IMPROPER ACTION		
20 20 - FIRST HARMFUL EVENT		20 - IMPROPER CROSSING		
21 21 - MOST HARMFUL EVENT		21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 24 - OTHER IMPROPER ACTION		

DAMAGE DAMAGE SCALE		
3	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE
DAMAGED AREA(S) INDICATE ALL THAT APPLY		
<img alt="Diagram of a vehicle showing 12 numbered damage areas: 1 (front left), 2 (front right), 3 (side left), 4 (side right), 5 (rear left), 6 (rear right), 7 (front bumper), 8 (side bumper), 9 (side door), 10 (front door), 1		

IR24-001908

OWNER

UNIT # **2** OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) **COMPTON, JOHN DYLAN** OWNER PHONE: INCLUDE AREA CODE SAME AS DRIVER

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) **190 VISTA DR, HAMILTON, OH 45011**

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

LP STATE **OH** LICENSE PLATE # **KNV53** VEHICLE IDENTIFICATION # **1HD1YWZ1XPB061011** VEHICLE YEAR **2023** VEHICLE MAKE **Harley Davids**

INSURANCE COMPANY **PROGRESSIVE INSURANCE** INSURANCE POLICY # **968772685** COLOR **Black** VEHICLE MODEL **FXLR / Low R**

INSURANCE VERIFIED TYPE OF USE COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT **1** # OCCUPANTS **1** US DOT # **1** TOWED BY: COMPANY NAME **FOX TOWING** VEHICLE WEIGHT GVWR/GCWR **1** MATERIAL RELEASED PLACARD CLASS # **1** PLACARD ID # **1** HAZARDOUS MATERIAL

UNIT TYPE **7** 1 - PASSENGER CAR 7 - MOTORCYCLE 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN/ SKATER 2 - PASSENGER VAN 2-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 3 - SPORT UTILITY VEHICLE 3-WHEELED 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON- MOTORIST 4 - PICK UP 9 - AUTOCYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE 5 - CARGO VAN 10 - MOPED OR 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN 27 - TRAIN 11 - ALL-TERRAIN VEHICLE (ATV/UTV) 17 - MOTORHOME VEHICLE 28 - UNKNOWN OR HIT/SKIP

0 # OF TRAILING UNITS

WAS VEHICLE OPERATING IN **2** AUTONOMOUS MODE WHEN CRASH OCCURRED? **0** AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION

1 SPECIAL FUNCTION 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 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING 5 - BUS - TRANSIT /COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

1 CARGO BODY TYPE 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER 2 - BUS 4 - LOGGING 6 - CARGO VAN/ ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER 7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 11 - DUMP 14 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN

1 VEHICLE DEFECTS 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 10 - DISABLED FROM PRIOR ACCIDENT

1 NON-MOTORIST LOCATION AT IMPACT 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER/ ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER/UNKNOWN 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS

3 ACTION 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 20 - OTHER NON- MOTORIST 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC 14 - ENTERING OR CROSSING 19 - STANDING 20 - OTHER NON- MOTORIST 4 - STRUCK 1 - OVERTAKING/ PASSING 10 - PARKED 15 - WALKING, RUNNING, JOGGING, PLAYING 21 - STANDING OUTSIDE DISABLED VEHICLE 5 - BOTH 6 - MAKING LEFT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 99 - OTHER/UNKNOWN 9 - OTHER/UNKNOWN 7 - MAKING U-TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE

1 CONTRIBUTING CIRCUMSTANCES 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 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/ FALLING/SPLITTING 23 - OPENING DOOR INTO ROADWAY 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 12 - IMPROPER BACKING

1 SEQUENCE OF EVENTS 1 - OVERTURN/ ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DIRECTION OF TRAVEL 17 - ANIMAL - FARM EQUIPMENT 3 - IMMERSION 13 - OTHER NON- COLLISION 18 - ANIMAL - DEER EQUIPMENT 4 - JACKKNIFE 8 - RAN OFF ROAD RIGHT 19 - ANIMAL - OTHER EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 5 - CARGO/EQUIPMENT LOSS OR SHIFT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 14 - PEDESTRIAN VEHICLE 24 - OTHER MOBILE OBJECT

4 COLLISION WITH FIXED OBJECT - STRUCK 25 - IMPACT ATTENUATOR/ CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 45 - EMBANKMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 33 - MEDIAN CABLE 39 - LIGHT/LUMINARIES SUPPORT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 99 - OTHER/UNKNOWN

5 26 - BRIDGE OVERHEAD STRUCTURE 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT

6 27 - BRIDGE PIER OR ABUTMENT 35 - MEDIAN CONCRETE BARRIER 43 - CURB 44 - DITCH 45 - EMBANKMENT 50 - WORK ZONE MAINTENANCE EQUIPMENT 28 - BRIDGE PARAPET 36 - MEDIAN OTHER BARRIER 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 99 - OTHER/UNKNOWN

1 FIRST HARMFUL EVENT **1** MOST HARMFUL EVENT

DAMAGE

DAMAGE SCALE

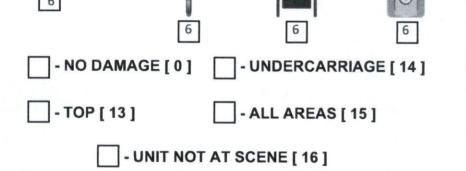
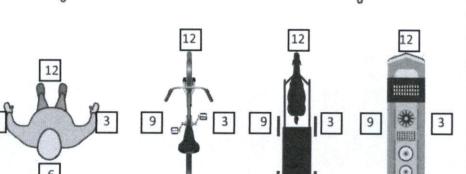
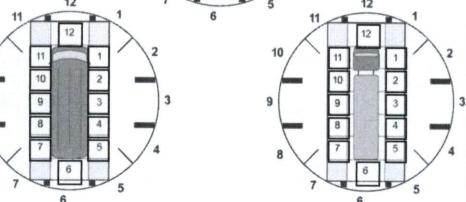
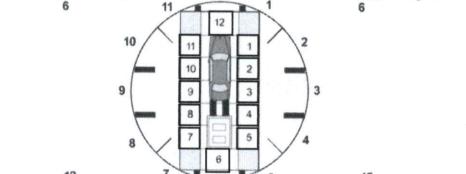
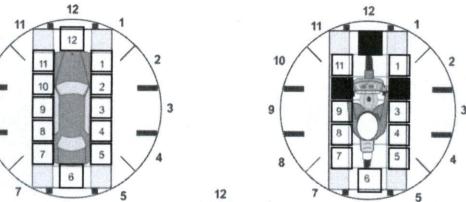
4

1 - NONE
2 - MINOR DAMAGE

3 - FUNCTIONAL DAMAGE
4 - DISABLING DAMAGE

9 - UNKNOWN

DAMAGED AREA(S)
INDICATE ALL THAT APPLY



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 **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

OF THROUGH LANES ON ROAD **4**

RAIL GRADE CROSSING 1 - NOT INVOLVED
2 - INVOLVED-ACTIVE CROSSING
3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

FROM **7** TO **6** 1 - NORTH 5 - NORTHEAST
2 - SOUTH 6 - NORTHWEST
3 - EAST 7 - SOUTHEAST
4 - WEST 8 - SOUTHWEST
9 - OTHER/UNKNOWN

UNIT SPEED **50**

DETECTED SPEED **1** 1 - STATED/ESTIMATED SPEED
2 - CALCULATED/EDR
3 - UNDETERMINED

POSTED SPEED **50**



MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER*

IR24-001908



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER*

IR24-001908

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER																													
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE																																	
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																												
	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER																													
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE																																	
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED																												
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER																													
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE																																	
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																												
	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER																													
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE																																	
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED																												
OCCUPANT	INJURY	SAFETY EQUIPMENT USED			SEATING POSITION	AIR BAG USAGE																																
	1 - FATAL	2 - SUSPECTED SERIOUS INJURY	3 - SUSPECTED MINOR INJURY	4 - POSSIBLE INJURY	5 - NO APPARENT INJURY	1 - NONE USED - VEHICLE OCCUPANT	2 - SHOULDER BELT ONLY USED	3 - LAP BELT ONLY USED	4 - SHOULDER & LAP BELT USED	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	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)	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 DEPLOYED	2 - DEPLOYED FRONT	3 - DEPLOYED SIDE	4 - DEPLOYED BOTH FRONT / SIDE	5 - NOT APPLICABLE	9 - DEPLOYMENT UNKNOWN	1 - NOT EJECTED	2 - PARTIALLY EJECTED	3 - TOTALLY EJECTED	4 - NOT APPLICABLE	1 - NOT TRAPPED	2 - EXTRICATED BY MECHANICAL MEANS
OCCUPANT	INJURED TAKEN BY			SAFETY EQUIPMENT USED			SEATING POSITION		AIR BAG USAGE				EJECTION		TRAPPED																							
	1 - NOT TRANSPORTED / TREATED AT SCENE	2 - EMS	3 - POLICE	9 - OTHER / UNKNOWN	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																											
OCCUPANT	GENDER			SAFETY EQUIPMENT USED			SEATING POSITION		AIR BAG USAGE				EJECTION		TRAPPED																							
	F - FEMALE	M - MALE	U - OTHER / UNKNOWN	1 - NOT TRANSPORTED / TREATED AT SCENE	2 - EMS	3 - POLICE	9 - OTHER / UNKNOWN	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																								
WITNESS	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH		AGE	GENDER																										
	FRANKLIN, LARRY D								11/03/1978		45	M																										
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE																													
	230 W SHARON RD, CINCINNATI, OH 45246																																					
WITNESS	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH		AGE	GENDER																										
	HILL, LATRECE YULANDA								03/19/1978		46	F																										
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE																													
	907 OAK ST, INVERNESS, MS 38753																																					
WITNESS	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH		AGE	GENDER																										
	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE																													