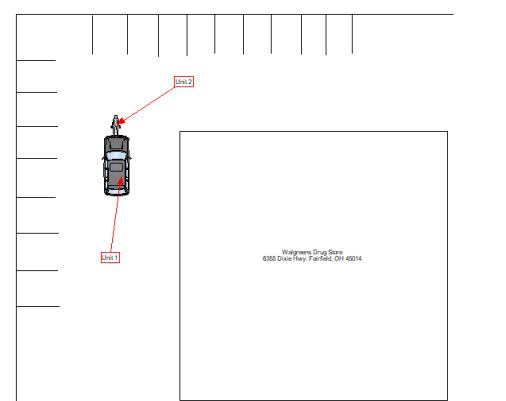
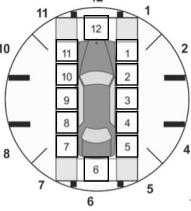
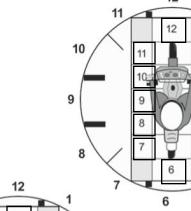
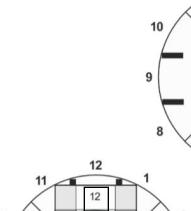
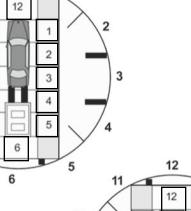
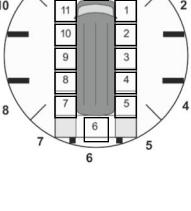
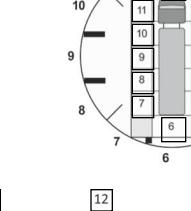
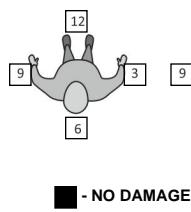
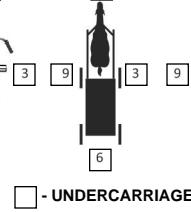


<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION				LOCAL REPORT NUMBER*		
		REPORTING AGENCY NAME* NCIC* Fairfield Police Department 00901				HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR
						1 - SOLVED 2 - UNSOLVED	2	99 98 - ANIMAL 99 - UNKNOWN
COUNTY* 09		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP	LOCATION: CITY, VILLAGE, TOWNSHIP* Fairfield				CRASH DATE/TIME* 06/16/2024 13:59	
REFERENCE LOCATION	ROUTE TYPE SR	ROUTE NUMBER 4	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME Dixie		ROAD TYPE HW	LATITUDE 39.322711	
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 6355		ROAD TYPE	LONGITUDE -84.504352	
REFERENCE POINT 3 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA			
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS			NUMBER OF APPROACHES <input type="checkbox"/> ROADWAY DIVIDED			
LOCATION OF FIRST HARMFUL EVENT 6 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			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	MANNER OF CRASH COLLISION/IMPACT 1 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER/UNKNOWN	DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (< 4 FEET) 2 - DIVIDED FLUSH MEDIAN (> 4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISE MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN		
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT		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		
<input type="checkbox"/> ACTIVE SCHOOL ZONE						1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		
LIGHT CONDITION 1 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 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/ UNKNOWN		
NARRATIVE On 06/16/2024 at approximately 1:59 P.M. Unit 1 was traveling northbound in the parking lot of Walgreens located at 6355 Dixie Hwy. Fairfield, OH 45014 traveling at approximately 10 m.p.h. and struck Unit 2 (pedestrian). This is a private property accident and Unit 2, the pedestrian suffered minor injuries as she was treated at the scene and released.					DIAGRAM  Walgreens Drug Store 6355 Dixie Hwy, Fairfield, OH 45014			
CRASH REPORTED DATE/TIME 06/16/2024 13:59		DISPATCH DATE/TIME 06/16/2024 14:01		ARRIVAL DATE/TIME 06/16/2024 14:07		SCENE CLEARED DATE/TIME 06/16/2024 14:34		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED 0	OTHER INVESTIGATION TIME 0	TOTAL MINUTES 33	OFFICER'S NAME* Moore, Craig		CHECKED BY OFFICER'S NAME* Fleenor, Ryan			<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP)
			OFFICER'S BADGE NUMBER* 136		CHECKED BY OFFICER'S BADGE NUMBER* 117			

IR24-003292

UNIT # 1	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) GONZALEZ MATIAS, EUSEBIO TOMAS		OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER (513) 371-4653
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 410 S SUTPHIN ST, MIDDLETON, OH 45044			
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE OH	LICENSE PLATE # KCT1555	VEHICLE IDENTIFICATION # 5N1AR18W15C759220	VEHICLE YEAR 2005
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR Green
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.
UNIT TYPE 3	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD		
0	# OF TRAILING UNITS		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?			
2	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			
SPECIAL FUNCTION 1	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 20 - SAFETY SERVICE 5 - BUS - TRANSIT EQUIPMENT PATROL /COMMUTER		
CARGO BODY TYPE 1	1 - NO CARGO BODY 3 - VEHICLE TOWING 5 - INTERMODAL TYPE / NOT APPLICABLE ANOTHER MOTOR CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER 2 - BUS VEHICLE 6 - CARGO VAN/ 9 - CARGO TANK 13 - AUTO TRANSPORTER 4 - LOGGING ENCLOSED BOX 10 - FLAT BED 14 - GARBAGE/REFUSE 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 99 - OTHER/UNKNOWN		
VEHICLE DEFECTS	1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK 2 - HEAD LAMPS 5 - STEERING TIRES 9 - MOTOR TROUBLE 99 - OTHER/UNKNOWN 3 - TAIL LAMPS 6 - TIRE BLOWOUT 8 - TRAILER DEFECTIVE		
NON-MOTORIST LOCATION AT IMPACT	1 - INTERSECTION - 3 - INTERSECTION - 6 - BICYCLE LANE 9 - MEDIAN/CROSSING 12 - FIRST RESPONDER MARKED CROSSWALK OTHER 7 - SHOULDER/ ISLAND AT INCIDENT SCENE 4 - MIDBLOCK - 8 - SIDEWALK 10 - DRIVEWAY ACCESS 99 - OTHER/UNKNOWN MARKED CROSSWALK 5 - TRAVEL LANE - 11 - SHARED USE PATHS OTHER LOCATION OR TRAILS		
ACTION 3	1 - NON-CONTACT 1 - STRAIGHT AHEAD 8 - ENTERING TRAFFIC 13 - NEGOTIATING A 18 - APPROACHING OR 2 - NON-COLLISION 2 - BACKING LANE 9 - LEAVING TRAFFIC 14 - ENTERING OR LEAVING VEHICLE 3 - STRIKING 3 - CHANGING LANES 10 - PARKED CROSSING 19 - STANDING 4 - STRUCK 1 - OVERTAKING/ 11 - SLOWING OR SPECIFIED LOCATION 5 - BOTH 4 - PASSING STOPPED IN 15 - WALKING, RUNNING, 20 - OTHER NON- & STRUCK ACTIONS 6 - MAKING LEFT TURN TRAFFIC 16 - WORKING MOTORIST 9 - OTHER/UNKNOWN 7 - MAKING U-TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER/UNKNOWN		
CONTRIBUTING CIRCUMSTANCES 22	1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START 17 - VISION OBSTRUCTION 21 - LYING IN 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE/ACDA POSITION 18 - OPERATING ROADWAY 3 - RAN RED LIGHT 9 - IMPROPER LANE 14 - STOPPED OR DEFECTIVE 22 - NOT DISCERNIBLE 4 - RAN STOP SIGN CHANGE PARKED ILLEGALLY 15 - SWERVING TO 23 - OPENING DOOR 5 - UNSAFE SPEED 10 - IMPROPER PASSING AVOID 19 - LOAD SHIFTING/ INTO ROADWAY 6 - IMPROPER TURN 11 - DROVE OFF ROAD 16 - WRONG WAY FALLING/SPILLING 12 - IMPROPER BACKING 20 - IMPROPER 99 - OTHER IMPROPER CROSSING ACTION		
SEQUENCE OF EVENTS	EVENTS		
1 14	1 - OVERTURN/ ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE OPPOSITE
2	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	16 - RAILWAY VEHICLE
3	3 - IMMERSION	8 - RAN OFF ROAD	17 - ANIMAL - FARM MAINTENANCE EQUIPMENT
4	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	18 - ANIMAL - DEER
5	5 - CARGO/EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	19 - ANIMAL - OTHER
6	25 - IMPACT ATTENUATOR/ CRASH CUSHION	31 - GUARDRAIL END	20 - MOTOR VEHICLE IN TRANSPORT
7	26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	21 - PARKED MOTOR VEHICLE
8	27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	22 - OTHER MOVABLE OBJECT
9	28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL SUPPORT	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
10	29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	24 - OTHER UNKNOWN
11	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST
12	1 - FIRST HARMFUL EVENT	38 - OVERHEAD SIGN POST	43 - CURB
13	1 - MOST HARMFUL EVENT	39 - LIGHT/LUMINARIES	44 - DITCH
14		40 - UTILITY POLE	45 - EMBANKMENT
15		41 - OTHER POST, POLE	46 - FENCE
16		42 - CULVERT	47 - MAILBOX
17			48 - TREE
18			49 - FIRE HYDRANT
19			50 - WORK ZONE MAINTENANCE EQUIPMENT
20			51 - WALL
21			52 - BUILDING
22			53 - TUNNEL
23			54 - OTHER FIXED OBJECT
24			99 - OTHER/UNKNOWN
25			
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99			

DAMAGE	
DAMAGE SCALE	
1	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 2	TRAFFIC CONTROL 6
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 2 - STOP SIGN 3 - SIGNAL 4 - YIELD SIGN 5 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING 1
1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	
UNIT / NON-MOTORIST DIRECTION	
FROM 2	TO 1
1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER/UNKNOWN	
UNIT SPEED	
8	DETECTED SPEED 1
POSTED SPEED	
<input type="checkbox"/> - STATED/ESTIMATED SPEED <input type="checkbox"/> - CALCULATED/EDR <input type="checkbox"/> - UNDETERMINED	

IR24-003292

UNIT # 2	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER	
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER)				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	
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	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 CLASS # PLACARD ID #	
23 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 OR ANIMAL-DRAWN VEHICLE 22 - ANIMAL WITH RIDER 23 - PEDESTRIAN/ SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON- MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
0 # OF TRAILING UNITS				
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		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
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
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 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
4 ACTION	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING PRE-CRASHES & STRUCK ACTIONS	14 - OVERTAKING/ PASSING 15 - MAKING RIGHT TURN 16 - MAKING LEFT TURN 17 - MAKING U-TURN 18 - MAKING TURNS	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - MAKING TURN 5 - SLOWING OR STOPPED IN TRAFFIC 6 - DRIVING ON SIDEWALK 7 - DRIVING ON SHOULDER 8 - DRIVING ON MEDIAN 9 - DRIVING ON OTHER SIDEWALK 10 - DRIVING ON OTHER MEDIAN 11 - DRIVING ON OTHER SHOULDER 12 - DRIVING ON OTHER SIDEWALK 13 - DRIVING ON OTHER MEDIAN 14 - DRIVING ON OTHER SHOULDER 15 - DRIVING ON OTHER SIDEWALK 16 - DRIVING ON OTHER MEDIAN 17 - DRIVING ON OTHER SHOULDER 18 - DRIVING ON OTHER SIDEWALK 19 - DRIVING ON OTHER MEDIAN 20 - DRIVING ON OTHER SHOULDER 21 - DRIVING ON OTHER SIDEWALK 22 - DRIVING ON OTHER MEDIAN 23 - DRIVING ON OTHER SHOULDER 24 - DRIVING ON OTHER SIDEWALK 25 - DRIVING ON OTHER MEDIAN 26 - DRIVING ON OTHER SHOULDER 27 - DRIVING ON OTHER SIDEWALK 28 - DRIVING ON OTHER MEDIAN 29 - DRIVING ON OTHER SHOULDER 30 - DRIVING ON OTHER SIDEWALK	13 - NEGOTIATING A LANE 14 - ENTERING OR LANE 15 - PARKED 16 - SLOWING OR STOPPED IN TRAFFIC 17 - DRIVING ON SIDEWALK 18 - DRIVING ON SHOULDER 19 - DRIVING ON MEDIAN 20 - DRIVING ON OTHER SIDEWALK 21 - DRIVING ON OTHER SHOULDER 22 - DRIVING ON OTHER MEDIAN 23 - DRIVING ON OTHER SHOULDER 24 - DRIVING ON OTHER SIDEWALK 25 - DRIVING ON OTHER MEDIAN 26 - DRIVING ON OTHER SHOULDER 27 - DRIVING ON OTHER SIDEWALK 28 - DRIVING ON OTHER MEDIAN 29 - DRIVING ON OTHER SHOULDER 30 - DRIVING ON OTHER SIDEWALK
22 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 8 - FOLLOWING TOO CLOSE 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
SEQUENCE OF EVENTS				21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 24 - OTHER IMPROPER ACTION
EVENTS				
1 20	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
2 14	4 - JACKKNIFE 5 - CARGO/EQUIPMENT LOSS OR SHIFT	8 - RAN OFF ROAD 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	12 - DOWNTOWN RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	20 - MOTOR VEHICLE 21 - PARKED MOTOR 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
3 14				
4 25	25 - IMPACT ATTENUATOR/ CRASH CUSHION	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN 39 - LIGHT/LUMINARIES SUPPORT	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT
5 26	26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT	34 - MEDIAN GUARDRAIL BARRIER	40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT
6 28	28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	42 - CULVERT	99 - OTHER/UNKNOWN
1 1	FIRST HARMFUL EVENT	1 1	MOST HARMFUL EVENT	

DAMAGE	
DAMAGE SCALE	
2	1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<img	



MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER*

IR24-003292

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH				AGE	GENDER															
	1	TOMAS GONZALEZ, SILVIA LISETH							11/03/1989				34	F															
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE																			
211 RAMBLEWOOD DR APT 2B, FAIRFIELD, OH 45014																													
INJURIES 5		INJURED TAKEN BY 1		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 335.01 a1			LOCAL CODE ■	OFFENSE DESCRIPTION			CITATION NUMBER 2400118552																		
OL CLASS 4		ENDORSEMENT SELECT UP TO 2 1		RESTRICTION SELECT UP TO 3 1		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 SMITH, JACQUELYN SUZETTE										DATE OF BIRTH 01/20/1964				AGE 60	GENDER F														
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE																			
6725 FRFLD BSNS CTR #201, FAIRFIELD, OH 45014																													
INJURIES 4		INJURED TAKEN BY 1		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED 1	DOT-COMPLIANT MC HELMET		SEATING POSITION 15	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 1		RESTRICTION SELECT UP TO 3 1		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 1		INJURED TAKEN BY 1		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED 1	DOT-COMPLIANT MC HELMET		SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1														
OL STATE 1		OPERATOR LICENSE NUMBER		OFFENSE CHARGED			LOCAL CODE ■	OFFENSE DESCRIPTION			CITATION NUMBER																		
OL CLASS 1		ENDORSEMENT SELECT UP TO 2 1		RESTRICTION SELECT UP TO 3 1		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																	
INJURIES 1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY										SEATING POSITION 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				AIR BAG OL CLASS 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN				OL RESTRICTION(S) OL CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M/C MOPED ONLY 6 - NO VALID OL				DRIVER DISTRACTION OL RESTRICTION(S) 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				TEST STATUS 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 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				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				DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER											
														CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN				DRUG TEST RESULT(S) 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS											

IR24-003292

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	1	MANUEL, PABLO				06/30/2016		7	M	
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP 211 RAMBLEWOOD DR, FAIRFIELD, OH 45014					CONTACT PHONE - INCLUDE AREA CODE (513) 371-4653				
	INJURIES 5	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 6	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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
	INJURY					SAFETY EQUIPMENT USED		SEATING POSITION	AIR BAG USAGE	
1 - FATAL		1 - NONE USED - VEHICLE OCCUPANT		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED				
2 - SUSPECTED SERIOUS INJURY		2 - SHOULDER BELT ONLY USED		2 - FRONT - MIDDLE		2 - DEPLOYED FRONT				
3 - SUSPECTED MINOR INJURY		3 - LAP BELT ONLY USED		3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE				
4 - POSSIBLE INJURY		4 - SHOULDER & LAP BELT USED		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT / SIDE				
5 - NO APPARENT INJURY		5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		5 - SECOND - MIDDLE		5 - NOT APPLICABLE				
INJURED TAKEN BY		6 - CHILD RESTRAINT SYSTEM - REAR FACING		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN				
1 - NOT TRANSPORTED / TREATED AT SCENE		7 - BOOSTER SEAT		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		EJECTION				
2 - EMS		8 - HELMET USED		8 - THIRD - MIDDLE		1 - NOT EJECTED				
3 - POLICE		9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		9 - THIRD - RIGHT		2 - PARTIALLY EJECTED				
9 - OTHER / UNKNOWN		10 - REFLECTIVE CLOTHING		10 - SLEEPER SECTION OF TRUCK CAB		3 - TOTALLY EJECTED				
GENDER		11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		4 - NOT APPLICABLE				
F - FEMALE		99 - OTHER / UNKNOWN		12 - PASSENGER IN UNENCLOSED CARGO AREA		TRAPPED				
M - MALE				13 - TRAILING UNIT		1 - NOT TRAPPED				
U - OTHER / UNKNOWN				14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		2 - EXTRICATED BY MECHANICAL MEANS				
				15 - NON-MOTORIST		3 - FREED BY NON-MECHANICAL MEANS				
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				