



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

| | | | | LOCAL INFORMATION | | | LOCAL REPORT NUMBER* | | | |
|---|---|---|--|---|---|--|--|---|---|--|
| <input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> PRIVATE PROPERTY | | REPORTING AGENCY NAME* Fairfield Police Department | | | | NCIC* 00901 | | LOCAL REPORT NUMBER* IR24-003331 | | |
| COUNTY* 09 | LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP | LOCATION: CITY, VILLAGE, TOWNSHIP* Fairfield | | | | HIT/SKIP 1 - SOLVED 2 - UNSOLVED | NUMBER OF UNITS 1 | UNIT IN ERROR 1 98 - ANIMAL 99 - UNKNOWN | | |
| REFERENCE LOCATION | ROUTE TYPE | ROUTE NUMBER | PREFIX 1 - NORTH 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | LOCATION ROAD NAME Buckhead | | ROAD TYPE DR | LATITUDE 39.336971 | CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY | | |
| | ROUTE TYPE | ROUTE NUMBER | PREFIX 1 - NORTH 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 100 | | ROAD TYPE DR | LONGITUDE -84.536171 | | | |
| REFERENCE POINT 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 | | 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 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP | | | | MANNER OF CRASH COLLISION/IMPACT 9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER/UNKNOWN | | | | DIRECTION OF TRAVEL 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 2 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL | | 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER/UNKNOWN | | 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/ UNKNOWN | 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN | 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/ UNKNOWN | |
| NARRATIVE On 06/18/2024 at approximately 1:01 PM unit #1 was pulling in the lot at 100 Buckhead Dr. to make a delivery. The top of unit #1 struck utility lines overhead pulling them down into the parking lot. A utility pole was displaced as well. | | | | | | DIAGRAM | | | | |
| The utility pole is owned by Duke Energy at 1199 Nilles Rd. Fairfield, Ohio 45014 | | | | | | | | | | |
| The utility lines are owned by Altafiber at 221 E. 4th St. Cincinnati, Ohio 45202 | | | | | | | | | | |
| CRASH REPORTED DATE/TIME 06/18/2024 13:01 | | DISPATCH DATE/TIME 06/18/2024 13:03 | | ARRIVAL DATE/TIME 06/18/2024 13:09 | | SCENE CLEARED DATE/TIME 06/18/2024 14:27 | | REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST | | |
| TOTAL TIME ROADWAY CLOSED 0 | OTHER INVESTIGATION TIME 0 | TOTAL MINUTES 84 | OFFICER'S NAME* Day, Doug | | CHECKED BY OFFICER'S NAME* Fleenor, Ryan | | | SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPD) | | |
| | | | OFFICER'S BADGE NUMBER* 76 | | CHECKED BY OFFICER'S BADGE NUMBER* 117 | | | | | |

IR24-003331

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| UNIT # 1 | OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) R&L; CARRIERS | | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER | |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 600 GILLAM RD, WILMINGTON, OH 45177 | | | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE | |
| LP STATE IN | LICENSE PLATE # 3739168 | VEHICLE IDENTIFICATION # 1XPBD49X9KD237701 | VEHICLE YEAR 2019 | VEHICLE MAKE Peterbilt |
| <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY PROTECTIVE INSURANCE CO. | INSURANCE POLICY # B-11321 | COLOR Green | VEHICLE MODEL |
| 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. | |
| 15 UNIT TYPE | | HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD CLASS # <input type="checkbox"/> PLACARD ID # | | |
| 1 # OF TRAILING UNITS | | 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV/UTV) | | |
| 15 UNIT TYPE | | 7 - MOTORCYCLE 8 - MOTORCYCLE 9 - 3-WHEELED 10 - AUTOCYCLE 11 - MOTORIZED BICYCLE 12 - 2-WHEELED 13 - SNOWMOBILE 14 - 10K LBS. 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME | | |
| 1 # OF TRAILING UNITS | | 18 - GOLF CART 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - LIMO (LIVERY VEHICLE) 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON- MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP | | |
| 2 WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? | | 0 AUTONOMOUS MODE LEVEL | 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION | 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION |
| 1 SPECIAL FUNCTION | | 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT /COMMUTER | | |
| 1 CARGO BODY TYPE | | 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE | | |
| 1 VEHICLE DEFECTS | | 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT | | |
| 1 NON-MOTORIST LOCATION AT IMPACT | | 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL | | |
| 1 ACTION | | 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS | | |
| 1 CONTRIBUTING CIRCUMSTANCES | | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING | | |
| 1 EVENT(S) | | 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL | | |
| 1 VEHICLE DEFECTS | | 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 15 - TRAILER 16 - CONCRETE 17 - CONCRETE 18 - CONCRETE 19 - CONCRETE 20 - CONCRETE 21 - CONCRETE 22 - CONCRETE 23 - CONCRETE 24 - CONCRETE 25 - CONCRETE 26 - CONCRETE 27 - CONCRETE 28 - CONCRETE 29 - CONCRETE 30 - CONCRETE | | |
| 1 ACTION | | 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS | | |
| 1 NON-MOTORIST LOCATION AT IMPACT | | 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT | | |
| 1 CONTRIBUTING CIRCUMSTANCES | | 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE | | |
| 1 EVENT(S) | | 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT | | |
| 1 ACTION | | 11 - SHOULDER/ ROADSIDE 12 - SIDEWALK | | |
| 1 NON-MOTORIST LOCATION AT IMPACT | | 13 - BICYCLE LANE 14 - MIDBLOCK - MARKED CROSSWALK 15 - TRAVEL LANE - OTHER LOCATION | | |
| 1 CONTRIBUTING CIRCUMSTANCES | | 16 - MEDIAN/CROSSING ISLAND 17 - DRIVEWAY ACCESS 18 - SHARED USE PATHS OR TRAILS | | |
| 1 ACTION | | 19 - MEDIAN/CROSSING ISLAND 20 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS | | |
| 1 NON-MOTORIST LOCATION AT IMPACT | | 12 - FIRST RESPONDER AT INCIDENT SCENE 13 - FIRST RESPONDER AT INCIDENT SCENE 14 - FIRST RESPONDER AT INCIDENT SCENE 15 - FIRST RESPONDER AT INCIDENT SCENE 16 - FIRST RESPONDER AT INCIDENT SCENE 17 - FIRST RESPONDER AT INCIDENT SCENE 18 - FIRST RESPONDER AT INCIDENT SCENE 19 - FIRST RESPONDER AT INCIDENT SCENE 20 - FIRST RESPONDER AT INCIDENT SCENE 21 - FIRST RESPONDER AT INCIDENT SCENE 22 - FIRST RESPONDER AT INCIDENT SCENE 23 - FIRST RESPONDER AT INCIDENT SCENE 24 - FIRST RESPONDER AT INCIDENT SCENE 25 - FIRST RESPONDER AT INCIDENT SCENE 26 - FIRST RESPONDER AT INCIDENT SCENE 27 - FIRST RESPONDER AT INCIDENT SCENE 28 - FIRST RESPONDER AT INCIDENT SCENE 29 - FIRST RESPONDER AT INCIDENT SCENE 30 - FIRST RESPONDER AT INCIDENT SCENE | | |
| 1 EVENT(S) | | 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH 6 - PRE-CRASHES 7 - STRIKING 8 - STRUCK 9 - ACTIONS 10 - STRIKING 11 - STRUCK 12 - STRIKING 13 - STRIKING 14 - STRIKING 15 - STRIKING 16 - STRIKING 17 - STRIKING 18 - STRIKING 19 - STRIKING 20 - STRIKING 21 - STRIKING 22 - STRIKING 23 - STRIKING 24 - STRIKING 25 - STRIKING 26 - STRIKING 27 - STRIKING 28 - STRIKING 29 - STRIKING 30 - STRIKING 31 - STRIKING 32 - STRIKING 33 - STRIKING 34 - STRIKING 35 - STRIKING 36 - STRIKING 37 - STRIKING 38 - STRIKING 39 - STRIKING 40 - STRIKING 41 - STRIKING 42 - STRIKING 43 - STRIKING 44 - STRIKING 45 - STRIKING 46 - STRIKING 47 - STRIKING 48 - STRIKING 49 - STRIKING 50 - STRIKING 51 - STRIKING 52 - STRIKING 53 - STRIKING 54 - STRIKING 55 - STRIKING 56 - STRIKING 57 - STRIKING 58 - STRIKING 59 - STRIKING 60 - STRIKING 61 - STRIKING 62 - STRIKING 63 - STRIKING 64 - STRIKING 65 - STRIKING 66 - STRIKING 67 - STRIKING 68 - STRIKING 69 - STRIKING 70 - STRIKING 71 - STRIKING 72 - 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STRIKING 812 - STRIKING 813 - STRIKING 814 - STRIKING 815 - STRIKING 816 - STRIKING 817 - STRIKING 818 - STRIKING 819 - STRIKING 820 - STRIKING 821 - STRIKING 822 - STRIKING 823 - STRIKING 824 - STRIKING 825 - STRIKING 826 - STRIKING 827 - STRIKING 828 - STRIKING 829 - STRIKING 830 - STRIKING 831 - STRIKING 832 - STRIKING 833 - STRIKING 834 - STRIKING 835 - STRIKING 836 - STRIKING 837 - STRIKING 838 - STRIKING 839 - STRIKING 840 - STRIKING 841 - STRIKING 842 - STRIKING 843 - STRIKING 844 - STRIKING 845 - STRIKING 846 - STRIKING 847 - STRIKING 848 - STRIKING 849 - STRIKING 850 - STRIKING 851 - STRIKING 852 - STRIKING 853 - STRIKING 854 - STRIKING 855 - STRIKING 856 - STRIKING 857 - STRIKING 858 - STRIKING 859 - STRIKING 860 - STRIKING 861 - STRIKING 862 - STRIKING 863 - STRIKING 864 - STRIKING 865 - STRIKING 866 - STRIKING 867 - STRIKING 868 - STRIKING 869 - STRIKING 870 - STRIKING 871 - STRIKING 872 - STRIKING 873 - STRIKING 874 - STRIKING 875 - STRIKING 876 - STRIKING 877 - STRIKING 878 - STRIKING 879 - STRIKING 880 - STRIKING 881 - STRIKING 882 - STRIKING 883 - STRIKING 884 - STRIKING 885 - STRIKING 886 - STRIKING 887 - STRIKING 888 - STRIKING 889 - STRIKING 890 - STRIKING 891 - STRIKING 892 - STRIKING 893 - STRIKING 894 - STRIKING 895 - STRIKING 896 - STRIKING 897 - STRIKING 898 - STRIKING 899 - STRIKING 900 - STRIKING 901 - STRIKING 902 - STRIKING 903 - STRIKING 904 - STRIKING 905 - STRIKING 906 - STRIKING 907 - STRIKING 908 - STRIKING 909 - STRIKING 910 - STRIKING 911 - STRIKING 912 - STRIKING 913 - STRIKING 914 - STRIKING 915 - STRIKING 916 - STRIKING 917 - STRIKING 918 - STRIKING 919 - STRIKING 920 - STRIKING 921 - STRIKING 922 - STRIKING 923 - STRIKING 924 - STRIKING 925 - STRIKING 926 - STRIKING 927 - STRIKING 928 - STRIKING 929 - STRIKING 930 - STRIKING 931 - STRIKING 932 - STRIKING 933 - STRIKING 934 - STRIKING 935 - STRIKING 936 - STRIKING 937 - STRIKING 938 - STRIKING 939 - STRIKING 940 - STRIKING 941 - STRIKING 942 - STRIKING 943 - STRIKING 944 - STRIKING 945 - STRIKING 946 - STRIKING 947 - STRIKING 948 - STRIKING 949 - STRIKING 950 - STRIKING 951 - STRIKING 952 - STRIKING 953 - STRIKING 954 - STRIKING 955 - STRIKING 956 - STRIKING 957 - STRIKING 958 - STRIKING 959 - STRIKING 960 - STRIKING 961 - STRIKING 962 - STRIKING 963 - STRIKING 964 - STRIKING 965 - STRIKING 966 - STRIKING 967 - STRIKING 968 - STRIKING 969 - STRIKING | | |



MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER

IR24-003331

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|----------------------------------|--|--|--|--|---|--|--|---------------|---|--|--|-----|--|--------|--|--|-------------|--|---------|--|--|--|--|--|
| MOTORIST / NON-MOTORIST | UNIT # NAME: LAST, FIRST, MIDDLE | | | | | | | | DATE OF BIRTH | | | | AGE | | GENDER | | | | | | | | | | |
| | 1 | CALDWELL, WILLIAM REED | | | | | | | | 09/07/1968 | | | | 55 | | M | | | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | | | | | | | | |
| 237 W. PLEASANT ST, HILLSBORO, OH 45133 | | | | | | | | | | | | | | | | | | | | | | | | | |
| INJURIES | | INJURED TAKEN BY | | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED | | 4 | | 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 | | CONDITION | | ALCOHOL TEST | | DRUG TEST(S) | | | | | | | | | | | |
| 1 | | <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> 1 | | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | 1 | | 1 <input type="checkbox"/> . | | 1 <input type="checkbox"/> 1 | | RESULT SELECT UP TO 4 | | | | | | | | | |
| UNIT # | | NAME: LAST, FIRST, MIDDLE | | | | | | | | DATE OF BIRTH | | | | AGE | | GENDER | | | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | | | | | | | | |
| INJURIES | | INJURED TAKEN BY | | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED | | | | DOT-COMPLIANT MC HELMET | | SEATING POSITION | | AIR BAG USAGE | | EJECTION | | TRAPPED | | | | | |
| OL STATE | | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | | LOCAL CODE | | OFFENSE DESCRIPTION | | | | CITATION NUMBER | | | | | | | | | | | | | |
| OL CLASS | | ENDORSEMENT SELECT UP TO 2 | | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY | | ALCOHOL / DRUG SUSPECTED | | CONDITION | | ALCOHOL TEST | | DRUG TEST(S) | | | | | | | | | | | |
| 1 | | <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> 1 | | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | | | 1 <input type="checkbox"/> . | | 1 <input type="checkbox"/> 1 | | RESULT SELECT UP TO 4 | | | | | | | | | |
| UNIT # | | NAME: LAST, FIRST, MIDDLE | | | | | | | | DATE OF BIRTH | | | | AGE | | GENDER | | | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | | | | | | | | |
| INJURIES | | INJURED TAKEN BY | | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED | | | | DOT-COMPLIANT MC HELMET | | SEATING POSITION | | AIR BAG USAGE | | EJECTION | | TRAPPED | | | | | |
| OL STATE | | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | | LOCAL CODE | | OFFENSE DESCRIPTION | | | | CITATION NUMBER | | | | | | | | | | | | | |
| OL CLASS | | ENDORSEMENT SELECT UP TO 2 | | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY | | ALCOHOL / DRUG SUSPECTED | | CONDITION | | ALCOHOL TEST | | DRUG TEST(S) | | | | | | | | | | | |
| 1 | | <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> 1 | | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | | | 1 <input type="checkbox"/> . | | 1 <input type="checkbox"/> 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 | | 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - NOT APPLICABLE 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 | | 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 | | | | | | | | EJECTION | | OL ENDORSEMENT | | 1 - 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 | | 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 - ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER | | | | | | | | | |
| SAFETY EQUIPMENT | | | | | | | | TRAPPED | | GENDER | | 1 - F - FEMALE M - MALE U - OTHER / UNKNOWN | | 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN | | 2 - DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER | | | | | | | | | |
| 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 | | | | | | | | 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS | | 1 - F - FEMALE M - MALE U - OTHER / UNKNOWN | | 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN | | 3 - DRUG TEST RESULT(S) 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOID 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS | | | | | | | | | | | |