



## TRAFFIC CRASH REPORT \*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

|                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                                                                                                                                                                                          |                                                |                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                   |            |                                                                                                                                              |                |                                                                                                                                                                           |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH<br><input type="checkbox"/> PRIVATE PROPERTY                                                                                                                                                                                                                                                                                    |              | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-3<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> OTHER                                                                                       |                                                | LOCAL INFORMATION                                                                                                                         |  | IR24-003364                                                                                                                                                                                                                                                                                       |            |                                                                                                                                              |                |                                                                                                                                                                           |  |
| REPORTING AGENCY NAME*                                                                                                                                                                                                                                                                                                                                                                                                       |              | NCIC*                                                                                                                                                                                                                    |                                                | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED                                                                                                    |  | NUMBER OF UNITS<br>1                                                                                                                                                                                                                                                                              |            | UNIT IN ERROR<br>1 98 - ANIMAL<br>99 - UNKNOWN                                                                                               |                |                                                                                                                                                                           |  |
| Fairfield Police Department                                                                                                                                                                                                                                                                                                                                                                                                  |              | 00901                                                                                                                                                                                                                    |                                                | CRASH DATE/TIME*                                                                                                                          |  | 06/20/2024 02:00                                                                                                                                                                                                                                                                                  |            | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY |                |                                                                                                                                                                           |  |
| COUNTY*                                                                                                                                                                                                                                                                                                                                                                                                                      | LOCALITY*    | LOCATION: CITY, VILLAGE, TOWNSHIP*                                                                                                                                                                                       |                                                | CRASH DATE/TIME*                                                                                                                          |  | CRASH SEVERITY                                                                                                                                                                                                                                                                                    |            |                                                                                                                                              |                |                                                                                                                                                                           |  |
| 09                                                                                                                                                                                                                                                                                                                                                                                                                           | 1            | Fairfield                                                                                                                                                                                                                |                                                | 06/20/2024 02:00                                                                                                                          |  | 5                                                                                                                                                                                                                                                                                                 |            |                                                                                                                                              |                |                                                                                                                                                                           |  |
| ROUTE TYPE                                                                                                                                                                                                                                                                                                                                                                                                                   | ROUTE NUMBER | PREFIX                                                                                                                                                                                                                   | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | LOCATION ROAD NAME                                                                                                                        |  | ROAD TYPE                                                                                                                                                                                                                                                                                         | LATITUDE   |                                                                                                                                              | CRASH SEVERITY |                                                                                                                                                                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                                                                                                                                                                                          |                                                | Chappel Hill                                                                                                                              |  | DR                                                                                                                                                                                                                                                                                                | 39.318095  |                                                                                                                                              |                |                                                                                                                                                                           |  |
| ROUTE TYPE                                                                                                                                                                                                                                                                                                                                                                                                                   | ROUTE NUMBER | PREFIX                                                                                                                                                                                                                   | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)                                                                                             |  | ROAD TYPE                                                                                                                                                                                                                                                                                         | LONGITUDE  |                                                                                                                                              |                |                                                                                                                                                                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                                                                                                                                                                                          |                                                | 95                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                   | -84.510012 |                                                                                                                                              |                |                                                                                                                                                                           |  |
| REFERENCE POINT                                                                                                                                                                                                                                                                                                                                                                                                              |              | DIRECTION FROM REFERENCE                                                                                                                                                                                                 |                                                | ROUTE TYPE                                                                                                                                |  | ROAD TYPE                                                                                                                                                                                                                                                                                         |            | INTERSECTION RELATED                                                                                                                         |                |                                                                                                                                                                           |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                            |              | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                           |                                                | IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE     |  | AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY |            | <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES      |                |                                                                                                                                                                           |  |
| DISTANCE FROM REFERENCE                                                                                                                                                                                                                                                                                                                                                                                                      |              | DISTANCE UNIT OF MEASURE                                                                                                                                                                                                 |                                                |                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                   |            | ROADWAY                                                                                                                                      |                |                                                                                                                                                                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                              |              | 1 - MILES<br>2 - FEET<br>3 - YARDS                                                                                                                                                                                       |                                                |                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                   |            | <input type="checkbox"/> ROADWAY DIVIDED                                                                                                     |                |                                                                                                                                                                           |  |
| LOCATION OF FIRST HARMFUL EVENT                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                                                                                                                                                                                          |                                                | MANNER OF CRASH COLLISION/IMPACT                                                                                                          |  |                                                                                                                                                                                                                                                                                                   |            | DIRECTION OF TRAVEL                                                                                                                          |                | MEDIAN TYPE                                                                                                                                                               |  |
| 99                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                                                                                                                                                                                                          |                                                | 1                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                   |            | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                               |                | 1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (>= 4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISE MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN |  |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE                                                                                                                                                                                                                                    |              | WORK ZONE TYPE                                                                                                                                                                                                           |                                                | LOCATION OF CRASH IN WORK ZONE                                                                                                            |  | CONTOUR                                                                                                                                                                                                                                                                                           |            | CONDITIONS                                                                                                                                   |                | SURFACE                                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                              |              | 1 - LANE CLOSURE<br>2 - LANE SHFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER                                                                                            |                                                | 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA |  | 2                                                                                                                                                                                                                                                                                                 |            | 9                                                                                                                                            |                | 5                                                                                                                                                                         |  |
| LIGHT CONDITION                                                                                                                                                                                                                                                                                                                                                                                                              |              | WEATHER                                                                                                                                                                                                                  |                                                | CONTOUR                                                                                                                                   |  | CONDITIONS                                                                                                                                                                                                                                                                                        |            | SURFACE                                                                                                                                      |                |                                                                                                                                                                           |  |
| 9                                                                                                                                                                                                                                                                                                                                                                                                                            |              | 1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER/UNKNOWN |                                                | 1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/ UNKNOWN                                      |  | 1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN                                                                                                                                                   |            | 1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/ UNKNOWN            |                |                                                                                                                                                                           |  |
| NARRATIVE                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                                                                                                                                                                                                                          |                                                |                                                                                                                                           |  | DIAGRAM                                                                                                                                                                                                                                                                                           |            |                                                                                                                                              |                |                                                                                                                                                                           |  |
| On 06/20/24 between 2:00 A.M. and 8:00 A.M. Unit 1 drove from the Wildwood Pub (5877 Ross Rd.) across the grass (in a south bound direction) behind the Wildwood Pub and down a hill before striking the retaining wall located at 95 Chappel Hill Dr. After striking the retaining wall, Unit 1 drove over the retaining wall and into the parking lot of 95 Chappel Hill Dr. Unit 1 then drove away as a hit/skip vehicle. |              |                                                                                                                                                                                                                          |                                                |                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                   |            |                                                                                                                                              |                |                                                                                                                                                                           |  |
| The owner of the retaining wall is the Villages of Wildwood 5877 Ross Rd. Fairfield, OH. 45014.                                                                                                                                                                                                                                                                                                                              |              |                                                                                                                                                                                                                          |                                                |                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                   |            |                                                                                                                                              |                |                                                                                                                                                                           |  |
| CRASH REPORTED DATE/TIME                                                                                                                                                                                                                                                                                                                                                                                                     |              | DISPATCH DATE/TIME                                                                                                                                                                                                       |                                                | ARRIVAL DATE/TIME                                                                                                                         |  | SCENE CLEARED DATE/TIME                                                                                                                                                                                                                                                                           |            | REPORT TAKEN BY                                                                                                                              |                |                                                                                                                                                                           |  |
| 06/20/2024 10:55                                                                                                                                                                                                                                                                                                                                                                                                             |              | 06/20/2024 11:05                                                                                                                                                                                                         |                                                | 06/20/2024 11:05                                                                                                                          |  | 06/20/2024 11:51                                                                                                                                                                                                                                                                                  |            | <input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST                                                       |                |                                                                                                                                                                           |  |
| TOTAL TIME ROADWAY CLOSED                                                                                                                                                                                                                                                                                                                                                                                                    |              | OTHER INVESTIGATION TIME                                                                                                                                                                                                 |                                                | TOTAL MINUTES                                                                                                                             |  | OFFICER'S NAME*                                                                                                                                                                                                                                                                                   |            | CHECKED BY OFFICER'S NAME*                                                                                                                   |                | SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)                                                                                                    |  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                            |              | 0                                                                                                                                                                                                                        |                                                | 46                                                                                                                                        |  | Lamb, Gregg                                                                                                                                                                                                                                                                                       |            | Wolfe, Bradley                                                                                                                               |                |                                                                                                                                                                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                                                                                                                                                                                          |                                                |                                                                                                                                           |  | OFFICER'S BADGE NUMBER*                                                                                                                                                                                                                                                                           |            | CHECKED BY OFFICER'S BADGE NUMBER*                                                                                                           |                |                                                                                                                                                                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                                                                                                                                                                                          |                                                |                                                                                                                                           |  | 65                                                                                                                                                                                                                                                                                                |            | 103                                                                                                                                          |                |                                                                                                                                                                           |  |

IR24-003364

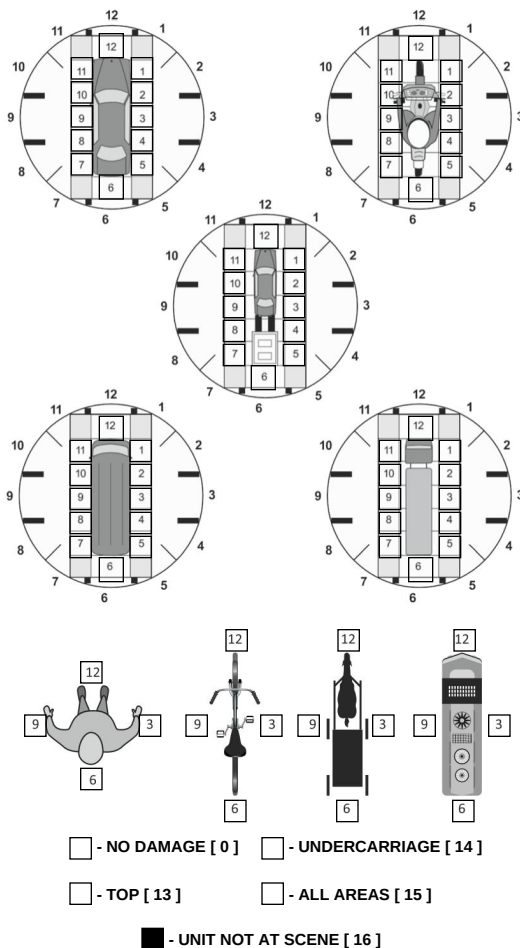
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| UNIT #<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             | VEHICLE MAKE<br>Dodge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <input type="checkbox"/> INSURANCE VERIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | INSURANCE COMPANY                                                           | INSURANCE POLICY #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| COLOR<br>White                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                             | VEHICLE MODEL<br>Challenger                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             | US DOT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             | CLASS #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| PLACARD ID #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                             | HIT/SKIP UNIT <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| # OCCUPANTS<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             | VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| UNIT TYPE<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                             | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>6 - MOTORCYCLE<br>7 - WHEELED<br>8 - MOTORCYCLE<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV)<br>12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME<br>18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE<br>23 - PEDESTRIAN/ SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP                                  |
| # OF TRAILING UNITS<br>0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             | 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| AUTONOMOUS MODE LEVEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| SPECIAL FUNCTION<br>99                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT /COMMUTER<br>6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                 |
| CARGO BODY TYPE<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             | 1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                               |
| VEHICLE DEFECTS<br>99                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| NON-MOTORIST LOCATION AT IMPACT<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                             | 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER/ ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                            |
| ACTION<br>3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                             | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH<br>6 - STRIKING & STRUCK<br>9 - OTHER/UNKNOWN<br>1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/ PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC<br>9 - LEAVING TRAFFIC<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER/UNKNOWN |
| CONTRIBUTING CIRCUMSTANCES<br>11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             | 1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE/ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/ FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION                                                                  |
| SEQUENCE OF EVENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| EVENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 1 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             | 1 - OVERTURN/ ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT                                        |
| COLLISION WITH FIXED OBJECT - STRUCK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 25 - IMPACT ATTENUATOR/ CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER/UNKNOWN |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| FIRST HARMFUL EVENT<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             | MOST HARMFUL EVENT<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

## DAMAGE

## DAMAGE SCALE

9 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<br><input type="checkbox"/> 1 - ONE-WAY<br>2 - TWO-WAY                                                                                                                  | TRAFFIC CONTROL<br>6 1 - ROUNDABOUT<br>2 - SIGNAL<br>3 - FLASHER<br>4 - STOP SIGN<br>5 - YIELD SIGN<br>6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD<br>1                                                                                                                                                         | RAIL GRADE CROSSING<br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING              |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 1 TO 2<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - OTHER/UNKNOWN |                                                                                                                       |
| UNIT SPEED<br>20                                                                                                                                                                        | DETECTED SPEED<br>1 1 - STATED/ESTIMATED SPEED<br>2 - CALCULATED/EDR<br>3 - UNDETERMINED                              |
| POSTED SPEED                                                                                                                                                                            |                                                                                                                       |



| LOCAL REPORT NUMBER*                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                 |                                                                                                                                                                              |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                                                                                                              |      |                       |  |
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| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     |  | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |                                                                                                                                               |                                                 | DATE OF BIRTH                                                                                                                                                                |                         | AGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GENDER          |                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                                                                                                              |      |                       |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                          |  | PERSON, UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                 |                                                                                                                                                                              |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | U               |                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                                                                                                              |      |                       |  |
| 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      |                                                                                                                                                              |      |                       |  |
| 5                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                 | 99                                                                                                                                                                           |                         | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9               | 1                                                                                                                                                                                                                                                                                                                                                                                              | 1            |                                                                                                                                                              |      |                       |  |
| 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) |                                                                                                                                                              |      |                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               | 9                                               | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG                                                                   |                         | 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STATUS          | TYPE                                                                                                                                                                                                                                                                                                                                                                                           | VALUE        | STATUS                                                                                                                                                       | TYPE | RESULT SELECT UP TO 4 |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                 |                                                                                                                                                                              |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1               | 1                                                                                                                                                                                                                                                                                                                                                                                              | .            | 1                                                                                                                                                            | 1    |                       |  |
| 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) |                                                                                                                                                              |      |                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                 | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG                                                                   |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STATUS          | TYPE                                                                                                                                                                                                                                                                                                                                                                                           | VALUE        | STATUS                                                                                                                                                       | TYPE | RESULT SELECT UP TO 4 |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                 |                                                                                                                                                                              |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                                                                                                                                                                                                                                                                                                                                                                                                | .            |                                                                                                                                                              |      |                       |  |
| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     |  | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |                                                                                                                                               |                                                 | DATE OF BIRTH                                                                                                                                                                |                         | AGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GENDER          |                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                                                                                                              |      |                       |  |
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| 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) |                                                                                                                                                              |      |                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                 | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG                                                                   |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STATUS          | TYPE                                                                                                                                                                                                                                                                                                                                                                                           | VALUE        | STATUS                                                                                                                                                       | TYPE | RESULT SELECT UP TO 4 |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                 |                                                                                                                                                                              |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                                                                                                                                                                                                                                                                                                                                                                                                | .            |                                                                                                                                                              |      |                       |  |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                   |  | SEATING POSITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            | AIR BAG                                                                                                                                       |                                                 | OL CLASS                                                                                                                                                                     |                         | OL RESTRICTION(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 | DRIVER DISTRACTION                                                                                                                                                                                                                                                                                                                                                                             |              | TEST STATUS                                                                                                                                                  |      |                       |  |
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY                                                                                                                                                                                                                                                                   |  | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN |                            | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT / SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN |                                                 | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO = D)<br>5 - M/C MOPED ONLY<br>6 - NO VALID OL                                                           |                         | 1 - ALCOHOL INTERLOCK DEVICE<br>2 - CDL INTRASTATE ONLY<br>3 - CORRECTIVE LENSES<br>4 - FARM WAIVER<br>5 - EXCEPT CLASS A BUS<br>6 - EXCEPT CLASS A & CLASS B BUS<br>7 - EXCEPT TRACTOR-TRAILER<br>8 - INTERMEDIATE LICENSE RESTRICTIONS<br>9 - LEARNER'S PERMIT RESTRICTIONS<br>10 - LIMITED TO DAYLIGHT ONLY<br>11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED - OTHER<br>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)<br>14 - MILITARY VEHICLES ONLY<br>15 - MOTOR VEHICLES WITHOUT AIR BRAKES<br>16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID<br>18 - OTHER |                 | 1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)<br>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE<br>9 - OTHER / UNKNOWN |              | 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN     |      |                       |  |
| INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            | EJECTION                                                                                                                                      |                                                 | OL ENDORSEMENT                                                                                                                                                               |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                                                                                                                                                                                                                                                                                                                                                                                                |              | ALCOHOL TEST TYPE                                                                                                                                            |      |                       |  |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE                                                         |                                                 | H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                                                                                                                                                                                                                                                                                                                                                                                                |              | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER                                                                                                |      |                       |  |
| SAFETY EQUIPMENT                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            | TRAPPED                                                                                                                                       |                                                 | GENDER                                                                                                                                                                       |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 | CONDITION                                                                                                                                                                                                                                                                                                                                                                                      |              | DRUG TEST TYPE                                                                                                                                               |      |                       |  |
| 1 - NONE USED<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS                                                    |                                                 | F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN                                                                                                                                |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 | 1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9 - OTHER / UNKNOWN                                                                                                                                            |              | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER                                                                                                              |      |                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                 |                                                                                                                                                                              |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                                                                                                                                                                                                                                                                                                                                                                                                |              | DRUG TEST RESULT(S)                                                                                                                                          |      |                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                 |                                                                                                                                                                              |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                                                                                                                                                                                                                                                                                                                                                                                                |              | 1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOIDS<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS |      |                       |  |