

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION				LOCAL REPORT NUMBER*				
		REPORTING AGENCY NAME* Fairfield Police Department				NCIC*	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR	
						00901	1 - SOLVED 2 - UNSOLVED	2	1 98 - ANIMAL 99 - UNKNOWN	
LOCATION	COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP* Fairfield				CRASH DATE/TIME*	CRASH SEVERITY		
	09	1 1 - CITY 2 - VILLAGE 3 - TOWNSHIP					07/04/2024 18:32	1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY		
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME Mack			ROAD TYPE RD	LATITUDE 39.313383	5	
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Ross			ROAD TYPE RD	LONGITUDE -84.504357		
REFERENCE POINT		DIRECTION FROM REFERENCE 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED		
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS						<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input checked="" type="checkbox"/> WITHIN INTERCHANGE AREA		
								NUMBER OF APPROACHES 4		
ROADWAY							<input type="checkbox"/> ROADWAY DIVIDED			
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT			DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	MEDIAN TYPE		
1	1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP	9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER/UNKNOWN	6	1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON	4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER/UNKNOWN		<input type="checkbox"/> 1 - DIVIDED FLUSH MEDIAN < 4 FEET <input type="checkbox"/> 2 - DIVIDED FLUSH MEDIAN >= 4 FEET <input type="checkbox"/> 3 - DIVIDED, DEPRESSED MEDIAN <input type="checkbox"/> 4 - DIVIDED, RAISE MEDIAN (ANY TYPE) <input type="checkbox"/> 9 - OTHER/UNKNOWN			
WORK ZONE RELATED		WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE			CONTOUR 1	CONDITIONS 1	SURFACE 2	
<input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		<input type="checkbox"/> 1 - LANE CLOSURE 2 - LANE SHFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		<input type="checkbox"/> 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA						
LIGHT CONDITION				WEATHER			1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/ UNKNOWN	1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/ UNKNOWN	
1	1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER/UNKNOWN	1	1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL	6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER/UNKNOWN						
NARRATIVE					DIAGRAM					
<p>On 7/4/24 at approximately 6:32p.m. Unit #1 was traveling westbound on Mack Rd. when attempting to make a left turn south onto Ross Rd. at the intersection. While in doing so, failed to yield oncoming traffic and struck Unit #2 which was traveling east on Mack Rd. Both units had the green light. Unit #1 was also cited for No O/L (FCO 335.01a1)</p>					<p>Not To Scale</p>					
CRASH REPORTED DATE/TIME		DISPATCH DATE/TIME		ARRIVAL DATE/TIME		SCENE CLEARED DATE/TIME		REPORT TAKEN BY		
07/04/2024 18:32		07/04/2024 18:35		07/04/2024 18:40		07/04/2024 19:21		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST		
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME* Pennekamp, Kaitlyn		CHECKED BY OFFICER'S NAME* Wolfe, Bradley			<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP)		
			OFFICER'S BADGE NUMBER* 177		CHECKED BY OFFICER'S BADGE NUMBER* 103					

IR24-003657

UNIT # 1	OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER) CIFUENTES, ANGELA	OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER) 3582 MACK RD, FAIRFIELD, OH 45014		

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
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LP STATE OH	LICENSE PLATE # KEY7263	VEHICLE IDENTIFICATION # 1GNDT13SX22354702	VEHICLE YEAR 2002	VEHICLE MAKE Chevrolet
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR Tan	VEHICLE MODEL Trailblazer
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME WAYNES TOWING	
INTERLOCK DEVICE EQUIPPED		# OCCUPANTS 1	VEHICLE WEIGHT GVWR/GCWR 1 - <= 10K LBS. 2 - 10,001 - 26K LBS. 3 - >= 26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD CLASS # <input type="checkbox"/> PLACARD ID #

UNIT TYPE 3	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV/UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT OR ANIMAL-DRAWN 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN 23 - PEDESTRIAN/ SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON- MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
0	# OF TRAILING UNITS			

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

1	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT /COMMUTER	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING	21 - MAIL CARRIER 99 - OTHER/UNKNOWN	
1	10 - AMBULANCE 11 - CONSTRUCTION EQUIPMENT 15 - CONSTRUCTION EQUIPMENT					20 - SAFETY SERVICE PATROL

1	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN
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1	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT	99 - OTHER/UNKNOWN
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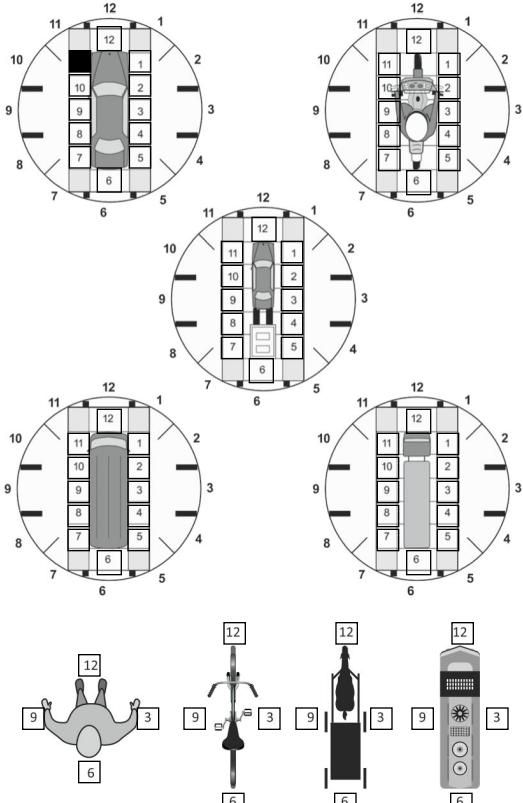
1	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER/ ROADSIDE 8 - SIDEWALK	9 - MEDIAN/CROSSING 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS	12 - FIRST RESPONDER ISLAND AT INCIDENT SCENE 99 - OTHER/UNKNOWN
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3	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH 6 - STRIKING PRE-CRASHES 7 - STRIKING & STRUCK ACTIONS	6 - STRIKING PRE-CRASHES 8 - MAKING RIGHT TURN 11 - MAKING LEFT TURN 12 - MAKING U-TURN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/ PASSING	8 - ENTERING TRAFFIC 9 - LEAVING TRAFFIC 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC	13 - NEGOTIATING A LANE 14 - ENTERING OR CROSSING 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON- SPECIFIED LOCATION 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER/UNKNOWN
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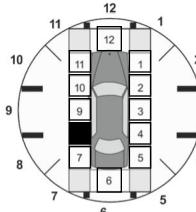
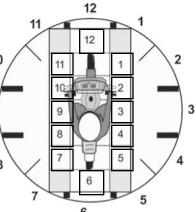
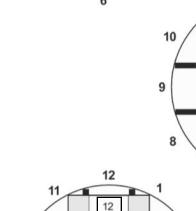
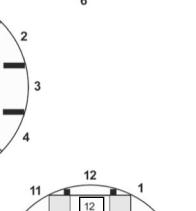
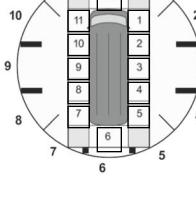
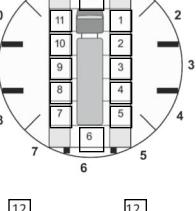
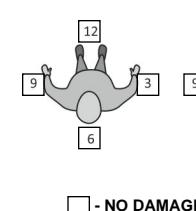
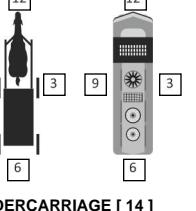
2	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE/ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/ FALLING/SPILLING 20 - IMPROPER CROSSING	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION
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1	20	25 - IMPACT ATTENUATOR/ CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNTOWN RUNAWAY 13 - OTHER NON- COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT
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4	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE 34 - MEDIAN GUARDRAIL BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN 39 - LIGHT/LUMINARIES 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER/UNKNOWN
5	35 - MEDIAN CONCRETE BARRIER	42 - CULVERT	
6	36 - MEDIAN OTHER BARRIER		
1	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT

DAMAGE		
DAMAGE SCALE		
4	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE
DAMAGED AREA(S) INDICATE ALL THAT APPLY		
		
<input type="checkbox"/> - NO DAMAGE [ 0 ] <input type="checkbox"/> - UNDERCARRIAGE [ 14 ] <input type="checkbox"/> - TOP [ 13 ] <input type="checkbox"/> - ALL AREAS [ 15 ] <input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ]		
INITIAL POINT OF CONTACT		
11	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
TRAFFIC		
TRAFFICWAY FLOW 2	TRAFFIC CONTROL 2	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING 1	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION		
FROM 3	TO 2	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER/UNKNOWN
UNIT SPEED 15		DETECTED SPEED 1
POSTED SPEED 25		1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED

UNIT # 2	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER) SFS LEASING LTD		OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER	
OWNER	OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER) 195 ANNANDALE DR, FAIRFIELD, OH 45014			
COMMERCIAL CARRIER	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE OH	LICENSE PLATE # KHZ6621	VEHICLE IDENTIFICATION # 1C4RJKBG0R8543650	VEHICLE YEAR 2024	VEHICLE MAKE Jeep
INSURANCE VERIFIED	INSURANCE COMPANY NATIONWIDE AUTOMOTIVE GROUP	INSURANCE POLICY # 9234J083074	COLOR Black	VEHICLE MODEL Grand Cherok
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME FOX TOWING	
INTERLOCK DEVICE EQUIPPED	HIT/SKIP UNIT	# OCCUPANTS 2	VEHICLE WEIGHT GVWR/GCWR 1 - <= 10K LBS. 2 - 10,001 - 26K LBS. 3 - >= 26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD CLASS # <input type="checkbox"/> PLACARD ID #
UNIT TYPE 3	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV/UTV)			
0	# OF TRAILING UNITS			
2	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION
1	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT /COMMUTER			
1	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS			
1	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS			
NON-MOTORIST LOCATION AT IMPACT	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK			
4	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 6 - PRE-CRASHES 7 - ACTIONS			
1	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN			
EVENT(S)	SEQUENCE OF EVENTS			
1	1 - OVERTURN/ ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO/EQUIPMENT LOSS OR SHIFT			
2	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN			
3	11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNTOWN RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE			
4	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE 23 - STRUCK BY 24 - OTHER MOVABLE OBJECT			
5	25 - IMPACT ATTENUATOR/ CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE			
6	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER			
1	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN 39 - LIGHT/LUMINARIES 40 - UTILITY POLE 41 - OTHER POST, POLE 42 - CULVERT			
COLLISION WITH FIXED OBJECT - STRUCK		EVENTS		
4	25 - IMPACT ATTENUATOR/ CRASH CUSHION		43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	
5	26 - BRIDGE OVERHEAD STRUCTURE		50 - WORK ZONE 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT	
6	27 - BRIDGE PIER OR ABUTMENT		99 - OTHER/UNKNOWN	
1	28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE			
FIRST HARMFUL EVENT		MOST HARMFUL EVENT		

DAMAGE		
DAMAGE SCALE		
4	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE
DAMAGED AREA(S) INDICATE ALL THAT APPLY		
       		
<input type="checkbox"/> - NO DAMAGE [ 0 ] <input type="checkbox"/> - UNDERCARRIAGE [ 14 ]		
<input type="checkbox"/> - TOP [ 13 ] <input type="checkbox"/> - ALL AREAS [ 15 ]		
<input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ]		
INITIAL POINT OF CONTACT		
8	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
TRAFFIC		
TRAFFICWAY FLOW 2	TRAFFIC CONTROL 2	
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 2 - STOP SIGN 3 - SIGNAL 4 - YIELD SIGN 5 - FLASHER 6 - NO CONTROL	
# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING 1	
1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING		
UNIT / NON-MOTORIST DIRECTION		
FROM 4 TO 3	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 8 - SOUTHWEST 9 - OTHER/UNKNOWN	
UNIT SPEED 25		DETECTED SPEED 1
POSTED SPEED 25		1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED



## MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER\*

IR24-003657

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH			AGE	GENDER			
	1	CIFUENTES, ANGELA						01/11/1999			25	F			
ADDRESS: STREET, CITY, STATE, ZIP 3582 MACK RD, FAIRFIELD, OH 45014													CONTACT PHONE - INCLUDE AREA CODE		
INJURIES 5		INJURED TAKEN BY [ ]		EMS AGENCY(NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 4	DOT-COMPLIANT MC HELMET		SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE [ ]		OPERATOR LICENSE NUMBER		OFFENSE CHARGED 331.17a		LOCAL CODE [ ]	OFFENSE DESCRIPTION Right of Way When Turning Left		CITATION NUMBER 2400133602						
OL CLASS [ ]		ENDORSEMENT SELECT UP TO 2 [ ] [ ] [ ] [ ]		RESTRICTION SELECT UP TO 3 [ ] [ ] [ ]		DRIVER DISTRACTED BY 9	ALCOHOL / DRUG SUSPECTED [ ] ALCOHOL [ ] MARIJUANA [ ] OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE .		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4			
UNIT # 2		NAME: LAST, FIRST, MIDDLE KAMMERER, EDWARD JAY						DATE OF BIRTH 11/03/1964			AGE 59	GENDER M			
ADDRESS: STREET, CITY, STATE, ZIP 195 ANNANDALE DR, FAIRFIELD, OH 45014													CONTACT PHONE - INCLUDE AREA CODE		
INJURIES 5		INJURED TAKEN BY [ ]		EMS AGENCY(NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 4	DOT-COMPLIANT MC HELMET		SEATING POSITION 1	AIR BAG USAGE 3	EJECTION 1	TRAPPED 1	
OL STATE [ ]		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE [ ]	OFFENSE DESCRIPTION		CITATION NUMBER						
OL CLASS 4		ENDORSEMENT SELECT UP TO 2 [ ] [ ]		RESTRICTION SELECT UP TO 3 [ ] [ ] [ ]		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED [ ] ALCOHOL [ ] MARIJUANA [ ] OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE .		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4			
UNIT #		NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH			AGE	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP													CONTACT PHONE - INCLUDE AREA CODE		
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 [ ] ALCOHOL [ ] MARIJUANA [ ] OTHER DRUG		CONDITION [ ]	ALCOHOL TEST STATUS [ ] TYPE [ ] VALUE .		DRUG TEST(S) STATUS [ ] TYPE [ ] RESULT SELECT UP TO 4			
INJURIES SEATING POSITION AIR BAG OL CLASS OL RESTRICTION(S) DRIVER DISTRACTION TEST STATUS															
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN		1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M/C MOPED ONLY 6 - NO VALID OL		1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER		1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN		1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN			
INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE		OL ENDORSEMENT H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT		TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS		GENDER F - FEMALE M - MALE U - OTHER / UNKNOWN		TEST STATUS 1 - ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER					
SAFETY EQUIPMENT 1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED		12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN		COND 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN		DRUG TEST TYPE 1 - DRUG TEST RESULT(S) 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS									
HSY8306 OH1M 1/19 [760-1500]															



## OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER\*

IR24-003657

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER																																																																						
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