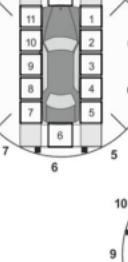
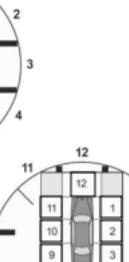
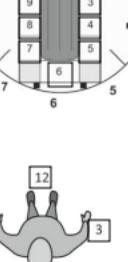
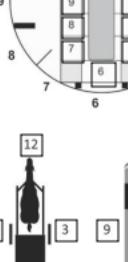


<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION						
		REPORTING AGENCY NAME* Fairfield Police Department		NCIC* 00901	HIT/SKIP 1 - SOLVED 2 - UNSOLVED			
COUNTY* 09		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* Fairfield		NUMBER OF UNITS 2		
ROUTE TYPE SR		ROUTE NUMBER 4	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME Dixie	ROAD TYPE HW	LATITUDE 39.308203		
ROUTE TYPE ROUTE		ROUTE NUMBER 7245	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 7245	ROAD TYPE ROAD	LONGITUDE -84.487774		
REFERENCE POINT 3 - INTERSECTION 2 - MILE POST 3 - HOUSE #		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	INTERSECTION RELATED		
DISTANCE FROM REFERENCE 1 - MILES 2 - FEET 3 - YARDS		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS				NUMBER OF APPROACHES ROADWAY		
						<input type="checkbox"/> ROADWAY DIVIDED		
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP			MANNER OF CRASH COLLISION/IMPACT 9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER/UNKNOWN			DIRECTION OF TRAVEL 2 - NORTH 3 - SOUTH 4 - EAST 5 - WEST	MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (< 4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISE MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN	
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1	CONDITIONS 1	SURFACE 2
LIGHT CONDITION 3 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER/UNKNOWN		WEATHER 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 On 08/26/2024 at 7245 Dixie Hwy. Unit 2 was southbound in the parking lot of Sabor Peruano stopping and starting in traffic. Unit 1 was also southbound in the parking lot starting and stopping in traffic. Unit 1 was driving directly behind unit 2 when it lost control and ran into the rear of unit 2.						DIAGRAM		
CRASH REPORTED DATE/TIME 08/26/2024 01:51		DISPATCH DATE/TIME 08/26/2024 01:56		ARRIVAL DATE/TIME 08/26/2024 01:56		SCENE CLEARED DATE/TIME 08/26/2024 02:33		
REPORT TAKEN BY								
<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST								
SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP)								
TOTAL TIME ROADWAY CLOSED 0	OTHER INVESTIGATION TIME 30	TOTAL MINUTES 67	OFFICER'S NAME* Bailes, Gregory		CHECKED BY OFFICER'S NAME* Wolfe, Bradley			
		OFFICER'S BADGE NUMBER* 122		CHECKED BY OFFICER'S BADGE NUMBER* 103				

UNIT # 1	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) SANTIAGO LOPEZ, ELISEO			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) 1286 PEBBLE BROOK TRL #1, MILFORD, OH 45150					
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP				COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE OH	LICENSE PLATE # PNK3749	VEHICLE IDENTIFICATION # 3GCPKSE30BG344577		VEHICLE YEAR 2011	
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #		COLOR Red	
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 2	VEHICLE WEIGHT GVWR/GCWR 1 - <= 10K LBS. 2 - 10,001 - 26K LBS. 3 - >= 26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
UNIT TYPE 4	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	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	
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 15 - CONSTRUCTION EQUIPMENT	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 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	
NON-MOTORIST LOCATION AT IMPACT	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	
3	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER/ ROADSIDE 8 - SIDEWALK	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS	
3	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING PRE-CRASH5 - MAKING RIGHT TURN & STRUCK ACTIONS 6 - MAKING LEFT TURN 9 - OTHER/UNKNOWN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/ PASSING 5 - MAKING LEFT TURN 7 - MAKING U-TURN	8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	
8	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 21 - LYING IN ROADWAY 18 - OPERATING DEFECTIVE EQUIPMENT 19 - ANIMAL - OTHER 20 - LOAD SHIFTING/ FALLING/SPILLING 21 - IMPROPER CROSSING	
SEQUENCE OF EVENTS					
EVENTS					
1	20	1 - OVERTURN/ ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO/EQUIPMENT LOSS OR SHIFT	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 - DOWNHILL 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 MOVABLE OBJECT
4		COLLISION WITH FIXED OBJECT - STRUCK			
5		25 - IMPACT ATTENUATOR/ CRASH CUSHION	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN 39 - LIGHT/LUMINARIES	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX
6		26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER/UNKNOWN
1		FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT	

LOCAL REPORT NUMBER*	
IR24-004614	
DAMAGE	
DAMAGE SCALE	
<input checked="" type="checkbox"/> 1	1 - NONE 2 - MINOR DAMAGE
	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE
9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
	
	
	
	
	
	
	
	
<input checked="" 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	
<input checked="" type="checkbox"/> 12	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP
	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
<input checked="" type="checkbox"/> 2	1 - ONE-WAY 2 - TWO-WAY
<input checked="" type="checkbox"/> 6	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
<input checked="" type="checkbox"/> 2	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM <input checked="" type="checkbox"/> 1	TO <input checked="" type="checkbox"/> 2
UNIT SPEED	DETECTED SPEED
<input checked="" type="checkbox"/> 10	1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED
POSTED SPEED	
<input type="checkbox"/>	

IR24-004614

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER
2	MOJICA GALEANA, CHRISTIAN EDUARDO	
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER)		
1505 BROWN AVE, MIDDLETON, OH 45044		

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
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LP STATE	LICENSE PLATE #	WBA6B4C51DD098843	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE	
OH	JXU7637			2013	BMW	
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY		INSURANCE POLICY #	COLOR	VEHICLE MODEL	
				Black	650i	
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME			
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE				
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS 2	VEHICLE WEIGHT GVWR/GCWR	HAZARDOUS MATERIAL		
			1 - <= 10K LBS. 2 - 10,001 - 26K LBS. 3 - >= 26K LBS.	MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD	CLASS # <input type="checkbox"/> PLACARD ID #	

1 UNIT TYPE	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN	7 - MOTORCYCLE 8 - MOTORCYCLE 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV/UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	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 - YES 2 - NO 9 - OTHER/UNKNOWN	AUTONOMOUS MODE LEVEL			

1 SPECIAL FUNCTION	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT /COMMUTER	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	21 - MAIL CARRIER 99 - OTHER/UNKNOWN
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1 CARGO BODY TYPE	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN
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1 VEHICLE DEFECTS	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT	99 - OTHER/UNKNOWN
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1 NON-MOTORIST LOCATION AT IMPACT	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER/ ROADSIDE 8 - SIDEWALK	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER/UNKNOWN
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4 ACTION	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING PRE-CRASHES & STRUCK ACTIONS	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/ PASSED 5 - BOTH STRIKING PRE-CRASHES & STRUCK ACTIONS	8 - ENTERING TRAFFIC 9 - LEAVING TRAFFIC 10 - PARKED 11 - SLOWING OR STOPPED IN 12 - DRIVERLESS	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 22 - OTHER/UNKNOWN
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1 CONTRIBUTING CIRCUMSTANCES	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO 9 - IMPROPER LANE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START CLOSE/ACDA 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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SEQUENCE OF EVENTS

1	1 - OVERTURN/ ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO/EQUIPMENT LOSS OR SHIFT	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNSHILL RUNAWAY 13 - OTHER NON- COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE 21 - PARKED MOTOR VEHICLE 22 - OTHER MOVABLE OBJECT	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER UNKNOWN
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4	25 - IMPACT ATTENUATOR/ CRASH CUSHION	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN 39 - LIGHT/LUMINARIES 40 - SUPPORT	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - CULVERT	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER/UNKNOWN
5	26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT	34 - MEDIAN GUARDRAIL BARRIER	41 - OTHER POST, POLE OR SUPPORT		
6	28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	42 - CULVERT		

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

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



MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER

IR24-004614

MOTORIST / NON-MOTORIST	Accident Report Form										Date of Birth	Age	Gender					
	Unit #	Name: Last, First, Middle																
1	SANTIAGO LOPEZ, ELISEO										01/22/1993			31	M			
Address: Street, City, State, Zip											Contact Phone - Include Area Code							
1286 PEBBLE BROOK TRL #1, MILFORD, OH 45150																		
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED	1	DOT-COMPLIANT MC HELMET		SEATING POSITION	1	AIR BAG USAGE	1	EJECTION	1	TRAPPED
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE	Failure to Control			CITATION NUMBER							
																		331.34a
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3			DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED			CONDITION	ALCOHOL TEST			DRUG TEST(S)					
																	6	
UNIT #	NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH			AGE	GENDER			
																2	MOJICA GALEANA, CHRISTIAN EDUARDO	
Address: Street, City, State, Zip											Contact Phone - Include Area Code							
1505 BROWN AVE, MIDDLETOWN, OH 45044																		
INJURIES	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
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER							
																		OH
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3			DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED			CONDITION	ALCOHOL TEST			DRUG TEST(S)					
																	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	1	AIR BAG USAGE	1	EJECTION	1	TRAPPED	
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER							
																		OH
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3			DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED			CONDITION	ALCOHOL TEST			DRUG TEST(S)					
																	4	
INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS												
							1 - FATAL	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED	1 - CLASS A	1 - NOT DISTRACTED	1 - NONE GIVEN						
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B	2 - MANUALLY OPERATING	2 - TEST REFUSED													
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C	3 - CDL INTRASTATE ONLY	3 - TEST GIVEN, CONTAMINATED													
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE	4 - REGULAR CLASS (OHIO = D)	4 - CORRECTIVE LENSES	4 - SAMPLE / UNUSABLE													
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M/C MOPED ONLY	5 - FARM WAIVER	4 - TEST GIVEN, RESULTS KNOWN													
INJURED TAKEN BY	6 - SECOND - RIGHT SIDE	9 - NOT APPLICABLE	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	5 - TEST GIVEN, RESULTS UNKNOWN													
1 - NOT TRANSPORTED / TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	10 - NOT APPLICABLE	7 - EXCEPT TRACTOR-TRAILER	7 - EXCEPT HANDS-FREE COMMUNICATION DEVICE														
2 - EMS	8 - THIRD - MIDDLE	11 - NOT APPLICABLE	8 - INTERMEDIATE LICENSE	8 - TALKING ON HAND-HELD COMMUNICATION DEVICE														
3 - POLICE	9 - THIRD - RIGHT	12 - NOT APPLICABLE	9 - LEARNER'S PERMIT	5 - TALKING ON HAND-HELD COMMUNICATION DEVICE														
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	13 - NOT APPLICABLE	10 - RESTRICTIONS	6 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE														
SAFETY EQUIPMENT	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	14 - NOT APPLICABLE	11 - RESTRICTIONS	7 - PASSENGER														
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	15 - NOT APPLICABLE	12 - RESTRICTIONS	8 - OTHER DISTRACTION INSIDE THE VEHICLE														
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT	16 - NOT APPLICABLE	13 - RESTRICTIONS	9 - OTHER DISTRACTION OUTSIDE THE VEHICLE														
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	17 - NOT APPLICABLE	14 - RESTRICTIONS	9 - OTHER / UNKNOWN														
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST	18 - NOT APPLICABLE	15 - RESTRICTIONS															
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN		16 - RESTRICTIONS															
6 - CHILD RESTRAINT SYSTEM - REAR FACING			17 - RESTRICTIONS															
7 - BOOSTER SEAT			18 - RESTRICTIONS															
8 - HELMET USED																		
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)																		
10 - REFLECTIVE CLOTHING																		
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY																		
99 - OTHER / UNKNOWN																		
CONDITION	APPARENTLY NORMAL	PHYSICAL IMPAIRMENT	EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	ILLNESS	FELL ASLEEP, FAINTED, FATIGUED, ETC.	UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	AMPHETAMINES											
								2 - PHYSICAL IMPAIRMENT	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	4 - ILLNESS	2 - BARBITURATES							
TEST STATUS	TEST REFUSED	TEST GIVEN, SAMPLE / UNUSABLE	TEST GIVEN, RESULTS KNOWN	TEST GIVEN, RESULTS UNKNOWN	TEST UNKNOWN	TEST UNKNOWN	TEST UNKNOWN	TEST UNKNOWN										
									1 - TEST REFUSED	2 - TEST GIVEN, SAMPLE / UNUSABLE	3 - TEST GIVEN, RESULTS KNOWN	4 - TEST GIVEN, RESULTS UNKNOWN						
TEST TYPE	TEST UNKNOWN	TEST UNKNOWN	TEST UNKNOWN	TEST UNKNOWN	TEST UNKNOWN	TEST UNKNOWN	TEST UNKNOWN	TEST UNKNOWN										
									1 - TEST UNKNOWN	2 - TEST UNKNOWN	3 - TEST UNKNOWN	4 - TEST UNKNOWN						
DRUG TEST TYPE	TEST UNKNOWN	TEST UNKNOWN	TEST UNKNOWN	TEST UNKNOWN	TEST UNKNOWN	TEST UNKNOWN	TEST UNKNOWN	TEST UNKNOWN										
									1 - DRUG TEST UNKNOWN	2 - DRUG TEST UNKNOWN	3 - DRUG TEST UNKNOWN	4 - DRUG TEST UNKNOWN						
DRUG TEST RESULT(S)	TEST UNKNOWN	TEST UNKNOWN	TEST UNKNOWN	TEST UNKNOWN	TEST UNKNOWN	TEST UNKNOWN	TEST UNKNOWN	TEST UNKNOWN										
									1 - DRUG TEST UNKNOWN	2 - DRUG TEST UNKNOWN	3 - DRUG TEST UNKNOWN	4 - DRUG TEST UNKNOWN						



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER*

IR24-004614

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER		
	2	MORALES-ESPINOZA, JOSE JULIAN				02/21/2003		21	M		
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
	6817 YOAKUM CT, LIBERTY TWP, OH 45044										
OCCUPANT	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
	5						<input type="checkbox"/>	3	1	1	1
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER		
	1	HERNANDEZ, CEASAR				05/18/1994		30	M		
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
	1286 Pebble Brook Trl. #1, Milford, OH 45150										
OCCUPANT	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
	5						<input type="checkbox"/>	3	1	1	1
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER		
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
OCCUPANT	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED		<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
							<input type="checkbox"/>				
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER		
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER		
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER		
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER		
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					