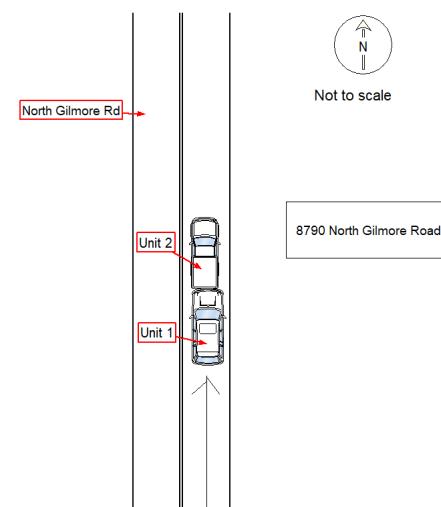
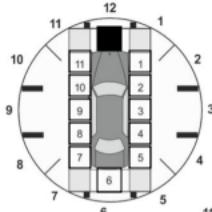
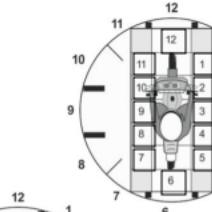
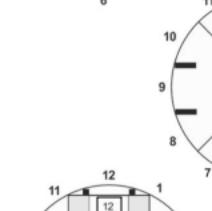
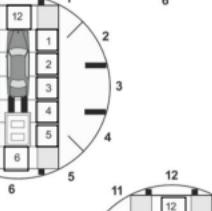
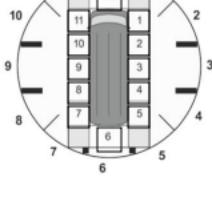
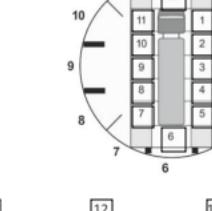
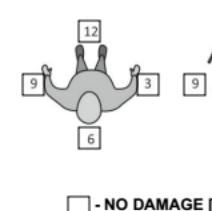
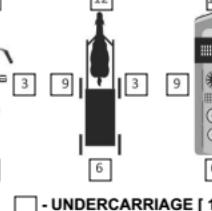


<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION				LOCAL REPORT NUMBER*		
		REPORTING AGENCY NAME* NCIC* Fairfield Police Department 00901				HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR
						1 - SOLVED 2 - UNSOLVED	2	1 98 - ANIMAL 99 - UNKNOWN
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	CRASH DATE/TIME* 10/18/2024 15:06		
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LATITUDE 39.336895 LONGITUDE -84.520804		
REFERENCE POINT		DIRECTION FROM REFERENCE 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	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 type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA			
					NUMBER OF APPROACHES			
					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 - 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"/> 1 - ON ROADWAY <input type="checkbox"/> 2 - ON SHOULDER <input type="checkbox"/> 3 - IN MEDIAN <input type="checkbox"/> 4 - ON ROADSIDE <input type="checkbox"/> 5 - ON GORE <input type="checkbox"/> 6 - OUTSIDE TRAFFIC WAY <input type="checkbox"/> 7 - ON RAMP <input type="checkbox"/> 8 - OFF RAMP			<input type="checkbox"/> 9 - CROSSOVER <input type="checkbox"/> 10 - DRIVEWAY/ALLEY ACCESS <input type="checkbox"/> 11 - RAILWAY GRADE CROSSING <input type="checkbox"/> 12 - SHARED USE PATHS OR TRAILS <input type="checkbox"/> 13 - BIKE LANE <input type="checkbox"/> 14 - TOLL BOOTH <input type="checkbox"/> 99 - OTHER/UNKNOWN					
WORK ZONE RELATED		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1	CONDITIONS 1	SURFACE 2
<input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE								
LIGHT CONDITION			WEATHER					
<input type="checkbox"/> 1 - DAYLIGHT <input type="checkbox"/> 2 - DAWN/DUSK <input type="checkbox"/> 3 - DARK - LIGHTED ROADWAY <input type="checkbox"/> 4 - DARK - ROADWAY NOT LIGHTED <input type="checkbox"/> 5 - DARK - UNKNOWN ROADWAY LIGHTING <input type="checkbox"/> 9 - OTHER/UNKNOWN			<input type="checkbox"/> 1 - CLEAR <input type="checkbox"/> 2 - CLOUDY <input type="checkbox"/> 3 - FOG, SMOG, SMOKE <input type="checkbox"/> 4 - RAIN <input type="checkbox"/> 5 - SLEET, HAIL <input type="checkbox"/> 6 - SNOW <input type="checkbox"/> 7 - SEVERE CROSSWINDS <input type="checkbox"/> 8 - BLOWING SAND, SOIL, DIRT, SNOW <input type="checkbox"/> 9 - FREEZING RAIN OR FREEZING DRIZZLE <input type="checkbox"/> 99 - OTHER/UNKNOWN			1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/ UNKNOWN	1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/ UNKNOWN
NARRATIVE On 10/18/2024 at around 3:06 P.M. Unit 1 was traveling northbound on North Gilmore Road at approximately 35 M.P.H. and when at 8790 North Gilmore Road failed to stop within the assured clear distance ahead and collided with Unit 2 which was also traveling north on North Gilmore Road.						DIAGRAM  North Gilmore Rd Unit 2 Unit 1 8790 North Gilmore Road Not to scale		
CRASH REPORTED DATE/TIME		DISPATCH DATE/TIME		ARRIVAL DATE/TIME		SCENE CLEARED DATE/TIME		REPORT TAKEN BY
10/18/2024 15:06		10/18/2024 15:08		10/18/2024 15:22		10/18/2024 15:50		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME* Frazier, Connor		CHECKED BY OFFICER'S NAME* Fleenor, Ryan			<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)
			OFFICER'S BADGE NUMBER* 158		CHECKED BY OFFICER'S BADGE NUMBER* 117			

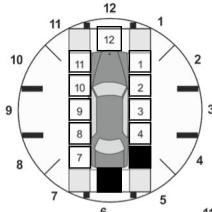
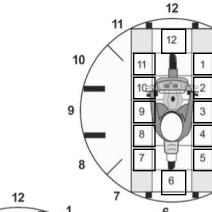
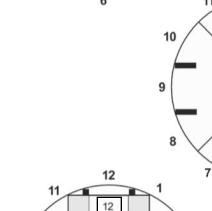
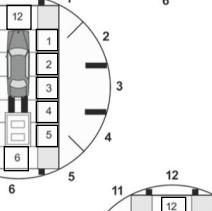
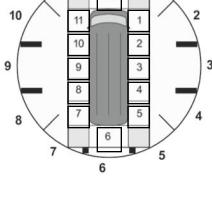
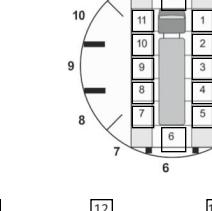
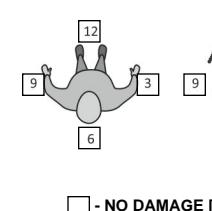
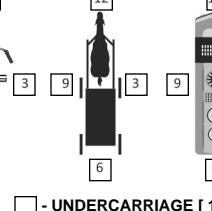
IR24-005732

UNIT # 1	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) JONES, AARIN MICHELLE		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) 800 DORIS JANE AVE, FAIRFIELD, OH 45014				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
LP STATE OH	LICENSE PLATE # KIR7839	VEHICLE IDENTIFICATION # 1FM5K8F81HGC94132	VEHICLE YEAR 2017	VEHICLE MAKE Ford
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY SAFE AUTO INSURANCE	INSURANCE POLICY # OH01800133AO	COLOR Black	VEHICLE MODEL Explorer
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
INTERLOCK DEVICE EQUIPPED		# OCCUPANTS 2	VEHICLE WEIGHT GVWR/GCWR 1 - <= 10K LBS. 2 - 10,001 - 26K LBS. 3 - >= 26K LBS.	
UNIT TYPE 3		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD CLASS # <input type="checkbox"/> PLACARD ID #		
0		# OF TRAILING UNITS		
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 - YES 2 - NO 9 - OTHER/UNKNOWN		AUTONOMOUS MODE LEVEL	9 - UNKNOWN	
SPECIAL FUNCTION 1		1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER/UNKNOWN 3 - ELECTRONIC RIDE 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL SHARING 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING 4 - SCHOOL TRANSPORT 10 - AMBULANCE 15 - CONSTRUCTION 20 - SAFETY SERVICE 5 - BUS - TRANSIT /COMMUTER EQUIPMENT PATROL		
CARGO BODY TYPE 1		1 - NO CARGO BODY 3 - VEHICLE TOWING 5 - INTERMODAL TYPE / NOT APPLICABLE ANOTHER MOTOR CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER 2 - BUS 4 - LOGGING 6 - CARGO VAN/ 9 - CARGO TANK 13 - AUTO TRANSPORTER ENCLOSED BOX 10 - FLAT BED 11 - DUMP 14 - GARBAGE/REFUSE 7 - GRAIN/CHIPS/GRAVEL 99 - OTHER/UNKNOWN		
VEHICLE DEFECTS		1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK 2 - HEAD LAMPS 5 - STEERING TIRES 9 - MOTOR TROUBLE 99 - OTHER/UNKNOWN 3 - TAIL LAMPS 6 - TIRE BLOWOUT 8 - TRAILER DEFECTIVE EQUIPMENT PRIOR ACCIDENT		
NON-MOTORIST LOCATION AT IMPACT		1 - INTERSECTION - 3 - INTERSECTION - 6 - BICYCLE LANE 9 - MEDIAN/CROSSING 12 - FIRST RESPONDER MARKED OTHER 7 - SHOULDER/ ISLAND AT INCIDENT SCENE CROSSWALK 4 - MIDBLOCK - ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER/UNKNOWN 2 - INTERSECTION - 5 - MARKED CROSSWALK 8 - SIDEWALK 11 - SHARED USE PATHS UNMARKED CROSSWALK 5 - TRAVEL LANE - OR TRAILS OTHER LOCATION		
ACTION 3		1 - NON-CONTACT 1 - STRAIGHT AHEAD 8 - ENTERING TRAFFIC 13 - NEGOTIATING A 18 - APPROACHING OR 2 - NON-COLLISION 2 - BACKING 2 - POSITION 9 - LEAVING TRAFFIC 14 - ENTERING OR 19 - STANDING 3 - STRIKING 3 - CHANGING LANES 10 - PARKED 15 - SPECIFIED LOCATION 20 - OTHER NON- 4 - STRUCK 4 - OVERTAKING/ 11 - SLOWING OR 16 - WALKING, RUNNING, 21 - STANDING OUTSIDE & STRUCK ACTIONS 5 - MAKING RIGHT TURN 12 - STOPPED IN 17 - JOGGING, PLAYING 22 - DISABLED VEHICLE 6 - MAKING LEFT TURN 13 - TRAFFIC 18 - WORKING 99 - OTHER/UNKNOWN 9 - OTHER/UNKNOWN 7 - MAKING U-TURN 14 - DRIVERLESS 17 - PUSHING VEHICLE		
CONTRIBUTING CIRCUMSTANCES 8		1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START 17 - VISION OBSTRUCTION 21 - LYING IN 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE/ACDA 14 - POSITION 18 - OPERATING 22 - NOT DISCERNIBLE 3 - RAN RED LIGHT 9 - IMPROPER LANE 15 - STOPPED OR 19 - EQUIPMENT 23 - OPENING DOOR 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - SWERVING TO 20 - PARKED ILLEGALLY 24 - INTO ROADWAY 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 17 - AVOID 21 - LOAD SHIFTING/ 99 - OTHER IMPROPER 6 - IMPROPER TURN 12 - IMPROPER BACKING 18 - WRONG WAY 22 - IMPROPER ACTION		
SEQUENCE OF EVENTS		EVENTS		
1 20	1 - OVERTURN/ ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE OPPOSITE	16 - RAILWAY VEHICLE MAINTENANCE
2	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	17 - ANIMAL - FARM TRAVEL	22 - WORK ZONE MAINTENANCE
3	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	18 - ANIMAL - DEER	23 - STRUCK BY EQUIPMENT
4	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	19 - ANIMAL - OTHER	24 - OTHER MOVABLE OBJECT
5	5 - CARGO/EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	20 - MOTOR VEHICLE IN TRANSPORT	
6	25 - IMPACT ATTENUATOR/ CRASH CUSHION	31 - GUARDRAIL END PORTABLE BARRIER	21 - PARKED MOTOR VEHICLE	
7	26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	22 - OTHER FIXED OBJECT	
8	27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE	23 - OTHER UNKNOWN	
9	28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL	24 - OTHER UNKNOWN	
10	29 - BRIDGE RAIL	35 - MEDIAN CONCRETE	25 - OTHER UNKNOWN	
11	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	26 - OTHER UNKNOWN	
12	FIRST HARMFUL EVENT	1 MOST HARMFUL EVENT		

DAMAGE DAMAGE SCALE	
3	1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
       	
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT	
12	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP
TRAFFIC	
TRAFFICWAY FLOW 2	TRAFFIC CONTROL 6
1 - ONE-WAY 2 - TWO-WAY	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 2 TO 1	1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER/UNKNOWN
UNIT SPEED	
35	DETECTED SPEED 1
POSTED SPEED	
35	1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED

IR24-005732

UNIT # 2	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) ENTERPRISE FM TRUST		OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER		
OWNER	OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 600 CORPORATE PARK DR, ST LOUIS, MO 63105				
COMMERCIAL CARRIER	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
LP STATE OH	LICENSE PLATE # PKT5825	VEHICLE IDENTIFICATION # 2GC2KREG2K1180022	VEHICLE YEAR 2019	VEHICLE MAKE Chevrolet	
INSURANCE VERIFIED	INSURANCE COMPANY CONTINENTAL CASUALTY INSURANCE	INSURANCE POLICY # BUA6078848368	COLOR White	VEHICLE MODEL Silverado	
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME		
INTERLOCK DEVICE EQUIPPED	HIT/SKIP UNIT <input type="checkbox"/>	# OCCUPANTS <input type="checkbox"/> 1	VEHICLE WEIGHT GVWR/GCWR <input type="checkbox"/> 1 - <= 10K LBS. <input type="checkbox"/> 2 - 10,001 - 26K LBS. <input type="checkbox"/> 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 <input type="checkbox"/> 4 <input type="checkbox"/> 0	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV/UTV)				7 - MOTORCYCLE 8 - MOTORCYCLE 3 - WHEELED 9 - AUTOCYCLE 10 - MOPED OR 11 - MOTORBIKE 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
# OF TRAILING UNITS		# OF TRAILING UNITS			
2	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	<input type="checkbox"/> 0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
1	SPECIAL FUNCTION	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT /COMMUTER	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	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
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
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
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
4	ACTION	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING PRE-CRASH 6 - MAKING LEFT TURN 9 - OTHER/UNKNOWN	11 - MAKING RIGHT TURN 12 - OVERTAKING/ PASSING 13 - STRIKING 14 - MAKING LEFT TURN 15 - MAKING U-TURN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/ PASSING 5 - BOTH STRIKING PRE-CRASH 6 - MAKING LEFT TURN 7 - MAKING U-TURN	8 - ENTERING TRAFFIC 9 - LEAVING TRAFFIC 10 - PARKED 11 - SLOWING OR 12 - DRIVERLESS 13 - NEGOTIATING A LANE 14 - ENTERING OR 15 - WALKING, RUNNING, 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR 19 - STANDING 20 - OTHER NON- SPECIFIED LOCATION 21 - STANDING OUTSIDE 22 - NOT DISCERNIBLE 23 - OPENING DOOR 24 - OTHER UNKNOWN
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 CLOSE/ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	17 - VISION OBSTRUCTION FROM A PARKED POSITION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - PARKED ILLEGALLY 20 - LOAD SHIFTING/ FALLING/SPILLING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 24 - OTHER IMPROPER ACTION 99 - OTHER IMPROPER ACTION
SEQUENCE OF EVENTS	EVENTS				
1 <input type="checkbox"/> 20	1 - OVERTURN/ ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS	11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT
2 <input type="checkbox"/>	4 - JACKKNIFE 5 - CARGO/EQUIPMENT LOSS OR SHIFT	8 - RAN OFF ROAD 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	12 - DOWNTOWN RUNAWAY 13 - OTHER NON- COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	20 - MOTOR VEHICLE 21 - PARKED MOTOR VEHICLE	25 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT
3 <input type="checkbox"/>	25 - IMPACT ATTENUATOR/ CRASH CUSHION	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN 39 - LIGHT/LUMINARIES SUPPORT	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT
4 <input type="checkbox"/>	26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT	34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER	40 - UTILTY POLE 41 - OTHER POST, POLE 42 - CULVERT	49 - FIRE HYDRANT	99 - OTHER/UNKNOWN
5 <input type="checkbox"/>	28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER			
6 <input type="checkbox"/>	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		
       		
<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		
5	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
TRAFFIC		
TRAFFICWAY FLOW <input type="checkbox"/> 2	TRAFFIC CONTROL <input type="checkbox"/> 6	
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL	
# OF THROUGH LANES ON ROAD <input type="checkbox"/> 2	RAIL GRADE CROSSING <input type="checkbox"/> 1	
1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING		
UNIT / NON-MOTORIST DIRECTION		
FROM <input type="checkbox"/> 2	TO <input type="checkbox"/> 1	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER/UNKNOWN
UNIT SPEED <input type="checkbox"/> 0		DETECTED SPEED <input type="checkbox"/> 1
POSTED SPEED <input type="checkbox"/> 35		1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED



MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER*

IR24-005732

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH			AGE	GENDER			
	1	JONES, AARIN MICHELLE						01/07/1987			37	F			
ADDRESS: STREET, CITY, STATE, ZIP 800 DORIS JANE AVE, 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 OH		OPERATOR LICENSE NUMBER		OFFENSE CHARGED 333.03a		LOCAL CODE []	OFFENSE DESCRIPTION ACDA		CITATION NUMBER 2400224156						
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 # 2		NAME: LAST, FIRST, MIDDLE CRAUDER, RODGER P						DATE OF BIRTH 07/10/1969			AGE 55	GENDER M			
ADDRESS: STREET, CITY, STATE, ZIP 1688 HAMILTON RICHMOND RD, HANOVER TWP, OH 45013													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 OH		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE []	OFFENSE DESCRIPTION		CITATION NUMBER						
OL CLASS 4		ENDORSEMENT SELECT UP TO 2 M []		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		
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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		ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER					
SAFETY EQUIPMENT 1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN		CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN		DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER											
				DRUG TEST RESULT(S) 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS											



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER*

IR24-005732

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER																																																																						
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62 DAYSPRINGS DR, HAMILTON, OH 45015																																																																															
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