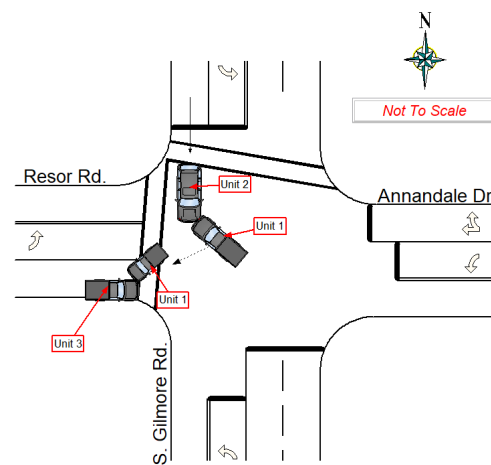


<div> <div> <div> <div> <input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 </div> <div> <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER </div> <div> <input type="checkbox"/> PRIVATE PROPERTY </div> </div> </div> <div> <div>LOCAL INFORMATION</div> <div>REPORTING AGENCY NAME*</div> <div>Fairfield Police Department</div> </div> <div> <div>NCIC*</div> <div>00901</div> </div> </div>										<div>LOCAL REPORT NUMBER*</div> <div>IR24-007058</div>									
<div>COUNTY*</div> <div>09</div>		<div>LOCALITY*</div> <div>1 - CITY</div> <div>2 - VILLAGE</div> <div>3 - TOWNSHIP</div> <div>1</div>		<div>LOCATION: CITY, VILLAGE, TOWNSHIP*</div> <div>Fairfield</div>				<div>CRASH DATE/TIME*</div> <div>12/27/2024 15:11</div>		<div>CRASH SEVERITY</div> <div>1 - FATAL</div> <div>2 - SERIOUS INJURY SUSPECTED</div> <div>3 - MINOR INJURY SUSPECTED</div> <div>4 - INJURY POSSIBLE</div> <div>5 - PROPERTY DAMAGE ONLY</div> <div>3</div>									
<div>LOCATION</div> <div>REFERENCE</div>	<div>ROUTE TYPE</div>	<div>ROUTE NUMBER</div>	<div>PREFIX</div> <div>1 - NORTH</div> <div>2 - SOUTH</div> <div>3 - EAST</div> <div>4 - WEST</div>	<div>LOCATION ROAD NAME</div> <div>South Gilmore</div>				<div>ROAD TYPE</div> <div>RD</div>	<div>LATITUDE</div> <div>39.318388</div>		<div>CRASH SEVERITY</div> <div>1 - FATAL</div> <div>2 - SERIOUS INJURY SUSPECTED</div> <div>3 - MINOR INJURY SUSPECTED</div> <div>4 - INJURY POSSIBLE</div> <div>5 - PROPERTY DAMAGE ONLY</div> <div>3</div>								
	<div>ROUTE TYPE</div>	<div>ROUTE NUMBER</div>	<div>PREFIX</div> <div>1 - NORTH</div> <div>2 - SOUTH</div> <div>3 - EAST</div> <div>4 - WEST</div>	<div>REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)</div> <div>Resor</div>				<div>ROAD TYPE</div> <div>RD</div>	<div>LONGITUDE</div> <div>-84.522448</div>										
<div>REFERENCE POINT</div> <div>1 - INTERSECTION</div> <div>2 - MILE POST</div> <div>3 - HOUSE #</div> <div>1</div>		<div>DIRECTION FROM REFERENCE</div> <div>1 - NORTH</div> <div>2 - SOUTH</div> <div>3 - EAST</div> <div>4 - WEST</div>		<div>ROUTE TYPE</div> <div>IR - INTERSTATE ROUTE (TP)</div> <div>US - FEDERAL US ROUTE</div> <div>SR - STATE ROUTE</div> <div>CR - NUMBERED COUNTY ROUTE</div> <div>TR - NUMBERED TOWNSHIP ROUTE</div>		<div>ROAD TYPE</div> <div>AL - ALLEY</div> <div>AV - AVENUE</div> <div>BL - BOULEVARD</div> <div>CR - CIRCLE</div> <div>CT - COURT</div> <div>DR - DRIVE</div> <div>HE - HEIGHTS</div> <div>HW - HIGHWAY</div> <div>LA - LANE</div> <div>MP - MILEPOST</div> <div>OV - OVAL</div> <div>PK - PARKWAY</div> <div>PI - PIKE</div> <div>PL - PLACE</div> <div>RD - ROAD</div> <div>SQ - SQUARE</div> <div>ST - STREET</div> <div>TE - TERRACE</div> <div>TL - TRAIL</div> <div>WA - WAY</div>		<div>INTERSECTION RELATED</div> <div> <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA </div> <div>NUMBER OF APPROACHES</div> <div>4</div>											
<div>DISTANCE FROM REFERENCE</div>		<div>DISTANCE UNIT OF MEASURE</div> <div>1 - MILES</div> <div>2 - FEET</div> <div>3 - YARDS</div>		<div>ROUTE TYPE</div> <div>IR - INTERSTATE ROUTE (TP)</div> <div>US - FEDERAL US ROUTE</div> <div>SR - STATE ROUTE</div> <div>CR - NUMBERED COUNTY ROUTE</div> <div>TR - NUMBERED TOWNSHIP ROUTE</div>		<div>ROAD TYPE</div> <div>AL - ALLEY</div> <div>AV - AVENUE</div> <div>BL - BOULEVARD</div> <div>CR - CIRCLE</div> <div>CT - COURT</div> <div>DR - DRIVE</div> <div>HE - HEIGHTS</div> <div>HW - HIGHWAY</div> <div>LA - LANE</div> <div>MP - MILEPOST</div> <div>OV - OVAL</div> <div>PK - PARKWAY</div> <div>PI - PIKE</div> <div>PL - PLACE</div> <div>RD - ROAD</div> <div>SQ - SQUARE</div> <div>ST - STREET</div> <div>TE - TERRACE</div> <div>TL - TRAIL</div> <div>WA - WAY</div>		<div>ROADWAY</div> <div> <input type="checkbox"/> ROADWAY DIVIDED </div>											
<div>LOCATION OF FIRST HARMFUL EVENT</div> <div>1 - ON ROADWAY</div> <div>2 - ON SHOULDER</div> <div>3 - IN MEDIAN</div> <div>4 - ON ROADSIDE</div> <div>5 - ON GORE</div> <div>6 - OUTSIDE TRAFFIC WAY</div> <div>7 - ON RAMP</div> <div>8 - OFF RAMP</div> <div>9 - CROSSOVER</div> <div>10 - DRIVEWAY/ALLEY ACCESS</div> <div>11 - RAILWAY GRADE CROSSING</div> <div>12 - SHARED USE PATHS OR TRAILS</div> <div>13 - BIKE LANE</div> <div>14 - TOLL BOOTH</div> <div>99 - OTHER/UNKNOWN</div> <div>1</div>				<div>MANNER OF CRASH COLLISION/IMPACT</div> <div>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT</div> <div>2 - REAR-END</div> <div>3 - HEAD-ON</div> <div>4 - REAR-TO-REAR</div> <div>5 - BACKING</div> <div>6 - ANGLE</div> <div>7 - SIDESWIPE, SAME DIRECTION</div> <div>8 - SIDESWIPE, OPPOSITE DIRECTION</div> <div>9 - OTHER/UNKNOWN</div> <div>6</div>				<div>DIRECTION OF TRAVEL</div> <div>1 - NORTH</div> <div>2 - SOUTH</div> <div>3 - EAST</div> <div>4 - WEST</div>		<div>MEDIAN TYPE</div> <div>1 - DIVIDED FLUSH MEDIAN (< 4 FEET)</div> <div>2 - DIVIDED FLUSH MEDIAN (>= 4 FEET)</div> <div>3 - DIVIDED, DEPRESSED MEDIAN</div> <div>4 - DIVIDED, RAISE MEDIAN (ANY TYPE)</div> <div>9 - OTHER/UNKNOWN</div>									
<div>WORK ZONE RELATED</div> <div>WORKERS PRESENT</div> <div>LAW ENFORCEMENT PRESENT</div> <div>ACTIVE SCHOOL ZONE</div>		<div>WORK ZONE TYPE</div> <div>1 - LANE CLOSURE</div> <div>2 - LANE SHFT/CROSSOVER</div> <div>3 - WORK ON SHOULDER OR MEDIAN</div> <div>4 - INTERMITTENT OR MOVING WORK</div> <div>5 - OTHER</div>		<div>LOCATION OF CRASH IN WORK ZONE</div> <div>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN</div> <div>2 - ADVANCE WARNING AREA</div> <div>3 - TRANSITION AREA</div> <div>4 - ACTIVITY AREA</div> <div>5 - TERMINATION AREA</div>		<div>CONTOUR</div> <div>1 - STRAIGHT LEVEL</div> <div>2 - STRAIGHT GRADE</div> <div>3 - CURVE LEVEL</div> <div>4 - CURVE GRADE</div> <div>9 - OTHER/ UNKNOWN</div> <div>2</div>		<div>CONDITIONS</div> <div>1 - DRY</div> <div>2 - WET</div> <div>3 - SNOW</div> <div>4 - ICE</div> <div>5 - SAND, MUD, DIRT, OIL, GRAVEL</div> <div>6 - WATER (STANDING, MOVING)</div> <div>7 - SLUSH</div> <div>9 - OTHER/UNKNOWN</div> <div>2</div>		<div>SURFACE</div> <div>1 - CONCRETE</div> <div>2 - BLACKTOP, BITUMINOUS, ASPHALT</div> <div>3 - BRICK/BLOCK</div> <div>4 - SLAG, GRAVEL, STONE</div> <div>5 - DIRT</div> <div>9 - OTHER/ UNKNOWN</div> <div>2</div>									
<div>LIGHT CONDITION</div> <div>1 - DAYLIGHT</div> <div>2 - DAWN/DUSK</div> <div>3 - DARK - LIGHTED ROADWAY</div> <div>4 - DARK - ROADWAY NOT LIGHTED</div> <div>5 - DARK - UNKNOWN ROADWAY LIGHTING</div> <div>9 - OTHER/UNKNOWN</div> <div>1</div>				<div>WEATHER</div> <div>1 - CLEAR</div> <div>2 - CLOUDY</div> <div>3 - FOG, SMOG, SMOKE</div> <div>4 - RAIN</div> <div>5 - SLEET, HAIL</div> <div>6 - SNOW</div> <div>7 - SEVERE CROSSWINDS</div> <div>8 - BLOWING SAND, SOIL, DIRT, SNOW</div> <div>9 - FREEZING RAIN OR FREEZING DRIZZLE</div> <div>99 - OTHER/UNKNOWN</div> <div>4</div>				<div>CONTOUR</div> <div>1 - STRAIGHT LEVEL</div> <div>2 - STRAIGHT GRADE</div> <div>3 - CURVE LEVEL</div> <div>4 - CURVE GRADE</div> <div>9 - OTHER/ UNKNOWN</div> <div>2</div>				<div>CONDITIONS</div> <div>1 - DRY</div> <div>2 - WET</div> <div>3 - SNOW</div> <div>4 - ICE</div> <div>5 - SAND, MUD, DIRT, OIL, GRAVEL</div> <div>6 - WATER (STANDING, MOVING)</div> <div>7 - SLUSH</div> <div>9 - OTHER/UNKNOWN</div> <div>2</div>		<div>SURFACE</div> <div>1 - CONCRETE</div> <div>2 - BLACKTOP, BITUMINOUS, ASPHALT</div> <div>3 - BRICK/BLOCK</div> <div>4 - SLAG, GRAVEL, STONE</div> <div>5 - DIRT</div> <div>9 - OTHER/ UNKNOWN</div> <div>2</div>					
<div>NARRATIVE</div> <div>On 12/27/2024 at 3:11PM. Unit 1 was traveling north on South Gilmore Rd. and approaching the intersection of South Gilmore Rd. and Resor Rd. Unit 1 made a left turn from South Gilmore Rd. onto Resor to continue westbound. Unit 1 failed to yield the right of way to Unit 2 causing Unit 2 to strike Unit 1. Due to the impact, Unit 1 struck Unit 3 who was stopped at a red light on Resor Rd.</div>										<div>DIAGRAM</div> 									
<div>CRASH REPORTED DATE/TIME</div> <div>12/27/2024 15:11</div>			<div>DISPATCH DATE/TIME</div> <div>12/27/2024 15:12</div>			<div>ARRIVAL DATE/TIME</div> <div>12/27/2024 15:17</div>			<div>SCENE CLEARED DATE/TIME</div> <div>12/27/2024 16:05</div>			<div>REPORT TAKEN BY</div> <div> <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST </div>							
<div>TOTAL TIME ROADWAY CLOSED</div> <div>15</div>		<div>OTHER INVESTIGATION TIME</div> <div>15</div>		<div>TOTAL MINUTES</div> <div>68</div>		<div>OFFICER'S NAME*</div> <div>King, Trey</div>			<div>CHECKED BY OFFICER'S NAME*</div> <div>Fleenor, Ryan</div>			<div>SUPPLEMENT</div> <div>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)</div>							
						<div>OFFICER'S BADGE NUMBER*</div> <div>161</div>			<div>CHECKED BY OFFICER'S BADGE NUMBER*</div> <div>117</div>										

IR24-007058

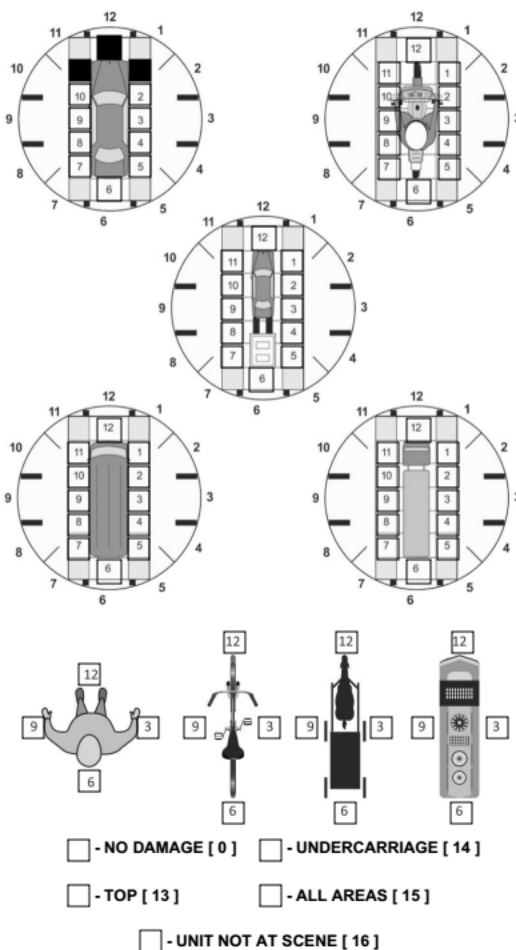
UNIT # 1	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) SEELY, PHILIP RANDALL	OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 4639 WAYNES TRACE RD, HAMILTON, OH 45011		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
LP STATE OH	LICENSE PLATE # KJG1676	VEHICLE IDENTIFICATION # 1GCEC14X39Z112522
VEHICLE YEAR 2009		VEHICLE MAKE Chevrolet
INSURANCE VERIFIED	INSURANCE COMPANY SAFECO INSURANCE	INSURANCE POLICY # K4262113
COLOR White		VEHICLE MODEL Silverado
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		
US DOT #		
HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID #		
TOWED BY: COMPANY NAME PRIVATE TOW		
HAZARDOUS MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD		
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <input type="checkbox"/>		
# OCCUPANTS 2		
VEHICLE WEIGHT GVWR/GCWR 1 - <= 10K LBS. 2 - 10,001 - 26K LBS. 3 - >= 26K LBS.		
UNIT TYPE 4		
# OF TRAILING UNITS 0		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURED? 1 - YES 2 - NO 9 - OTHER/UNKNOWN		
AUTONOMOUS MODE LEVEL 0		
SPECIAL FUNCTION 1		
CARGO BODY TYPE 1		
VEHICLE DEFECTS 1		
NON-MOTORIST LOCATION AT IMPACT 1		
ACTION 3		
CONTRIBUTING CIRCUMSTANCES 2		
SEQUENCE OF EVENTS 1		
EVENTS 1		
COLLISION WITH FIXED OBJECT - STRUCK 1		
FIRST HARMFUL EVENT 1		
MOST HARMFUL EVENT 1		

DAMAGE

DAMAGE SCALE

1 - NONE 3 - FUNCTIONAL DAMAGE
2 - MINOR DAMAGE 4 - DISABLING DAMAGE

9 - UNKNOWN

DAMAGED AREA(S)
INDICATE ALL THAT APPLY

INITIAL POINT OF CONTACT

0 - NO DAMAGE 14 - UNDERCARRIAGE
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
13 - TOP 99 - UNKNOWN

TRAFFIC

TRAFFICWAY FLOW
2 1 - ONE-WAY
2 - TWO-WAYTRAFFIC CONTROL
2 1 - ROUNDABOUT 4 - STOP SIGN
2 - SIGNAL 5 - YIELD SIGN
3 - FLASHER 6 - NO CONTROL# OF THROUGH LANES
ON ROAD

4

RAIL GRADE CROSSING
1 - NOT INVOLVED
2 - INVOLVED-ACTIVE CROSSING
3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

FROM 2 TO 4

1 - NORTH 5 - NORTHEAST
2 - SOUTH 6 - NORTHWEST
3 - EAST 7 - SOUTHEAST
4 - WEST 8 - SOUTHWEST
9 - OTHER/UNKNOWN

UNIT SPEED

15

DETECTED SPEED

1

1 - STATED/ESTIMATED SPEED
2 - CALCULATED/EDR
3 - UNDETERMINED

POSTED SPEED

35

IR24-007058

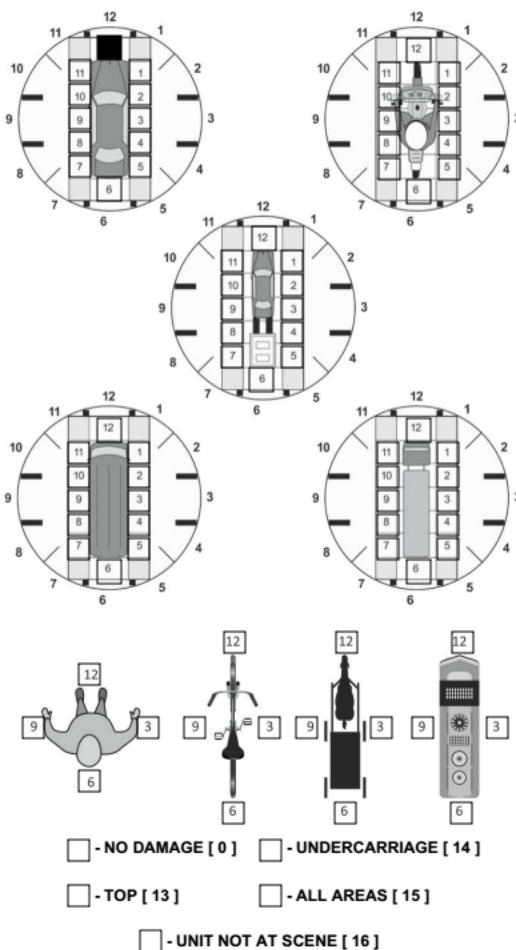
UNIT # 2	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) INDIAN SPRINGS BAPTIST CHURCH		OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER	
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 250 HANCOCK AVE, HAMILTON, OH 45011			
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE OH	LICENSE PLATE # KMD5771	VEHICLE IDENTIFICATION # 5GAKVBKD3HJ350042	VEHICLE YEAR 2017	VEHICLE MAKE Buick
INSURANCE VERIFIED	INSURANCE COMPANY CHURCH MUTUAL INSURANCE		INSURANCE POLICY # 034245409830975	COLOR White
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #		
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD <input type="checkbox"/>		
# OCCUPANTS 2		VEHICLE WEIGHT GVWR/GCWR 1 - <= 10K LBS. 2 - 10,001 - 26K LBS. 3 - >= 26K LBS.		
UNIT TYPE 3		TOWED BY: COMPANY NAME FOX TOWING		
# OF TRAILING UNITS 0		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD <input type="checkbox"/>		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER/UNKNOWN		AUTONOMOUS MODE LEVEL 0		
SPECIAL FUNCTION 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 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		
CARGO BODY TYPE 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		
VEHICLE DEFECTS 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		
NON-MOTORIST LOCATION AT IMPACT 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 ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER/UNKNOWN		
ACTION 4		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER/UNKNOWN 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/ PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STRANDING OUTSIDE DISABLED VEHICLE 99 - OTHER/UNKNOWN		
CONTRIBUTING CIRCUMSTANCES 1		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		
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 EQUIPMENT 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 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 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		
1		FIRST HARMFUL EVENT		
1		MOST HARMFUL EVENT		

DAMAGE

DAMAGE SCALE

4 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

2 1 - ONE-WAY 2 - TWO-WAY

TRAFFIC CONTROL

2 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL

OF THROUGH LANES
ON ROAD

4

RAIL GRADE CROSSING

1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

FROM 1 TO 2

1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER/UNKNOWN

UNIT SPEED

35

DETECTED SPEED

1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED

POSTED SPEED

35

IR24-007058

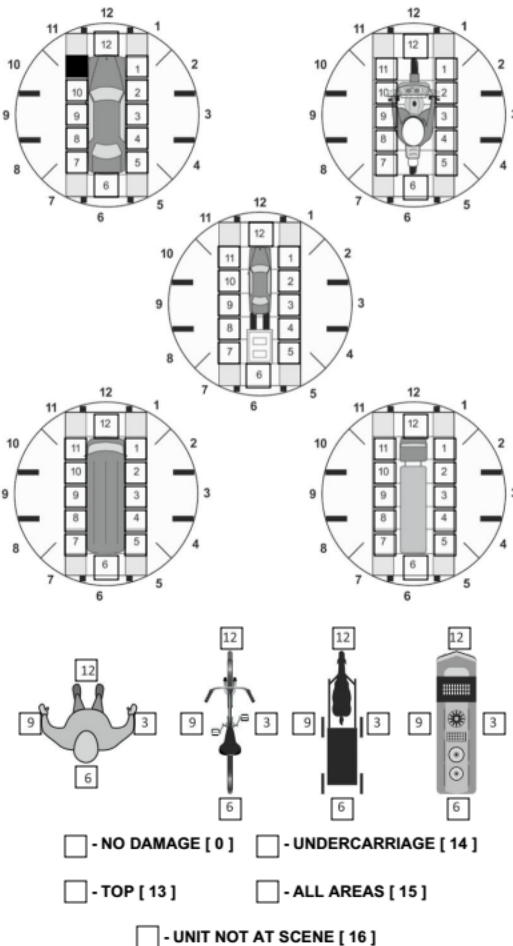
UNIT # 3	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) SUNDAS, PREEM	OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 5918 KINGSMONT DR, FAIRFIELD, OH 45014		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
LP STATE OH	LICENSE PLATE # JHZ1960	VEHICLE IDENTIFICATION # 1GTP9EED8MZ217116
VEHICLE YEAR 2021		VEHICLE MAKE GMC
INSURANCE VERIFIED	INSURANCE COMPANY PROGRESSIVE INSURANCE	INSURANCE POLICY # 966532973
COLOR White		VEHICLE MODEL Sierra
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		
US DOT #		
VEHICLE WEIGHT GVWR/GCWR 1 - <= 10K LBS. 2 - 10,001 - 26K LBS. 3 - >= 26K LBS.		
TOWED BY: COMPANY NAME WAYNES TOWING		
HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID #		
UNIT TYPE 4 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - MOTORCYCLE 7 - 2-WHEELED 8 - 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 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 0		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER/UNKNOWN 0 AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN		
SPECIAL FUNCTION 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 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		
CARGO BODY TYPE 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		
VEHICLE DEFECTS 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		
NON-MOTORIST LOCATION AT IMPACT 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 ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER/UNKNOWN		
ACTION 4 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 6 - PRE-CRASH ACTIONS 7 - MAKING RIGHT TURN 8 - MAKING LEFT TURN 9 - MAKING U-TURN 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - ENTERING TRAFFIC LANE 14 - LEAVING TRAFFIC LANE 15 - PARKED 16 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STRUCK OUTSIDE DISABLED VEHICLE 99 - OTHER/UNKNOWN		
CONTRIBUTING CIRCUMSTANCES 1 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		
SEQUENCE OF 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 12 - RAILWAY VEHICLE 13 - ANIMAL - FARM EQUIPMENT 14 - ANIMAL - DEER 15 - ANIMAL - OTHER 16 - MOTOR VEHICLE IN TRANSPORT 17 - PARKED MOTOR VEHICLE 18 - WORK ZONE MAINTENANCE EQUIPMENT 19 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 20 - OTHER MOVABLE OBJECT		
COLLISION WITH FIXED OBJECT - STRUCK 4 25 - IMPACT ATTENUATOR/ CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 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		
FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1		

DAMAGE

DAMAGE SCALE

4
1 - NONE
2 - MINOR DAMAGE
3 - FUNCTIONAL DAMAGE
4 - DISABLING DAMAGE

9 - UNKNOWN

DAMAGED AREA(S)
INDICATE ALL THAT APPLY

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
1 - ONE-WAY
2 - TWO-WAY

TRAFFIC CONTROL

2
1 - ROUNDABOUT
2 - SIGNAL
3 - FLASHER
4 - STOP SIGN
5 - YIELD SIGN
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
5 - NORTHEAST
6 - NORTHWEST
7 - SOUTHEAST
8 - SOUTHWEST
9 - OTHER/UNKNOWN

UNIT SPEED

0

DETECTED SPEED

1
1 - STATED/ESTIMATED SPEED
2 - CALCULATED/EDR
3 - UNDETERMINED

POSTED SPEED

25

IR24-007058

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH				AGE	GENDER			
	1	SEELY, PHILIP RANDALL				07/04/2005				19	M			
	ADDRESS: STREET, CITY, STATE, ZIP 4639 WAYNES TRACE RD, HAMILTON, OH 45011					CONTACT PHONE - INCLUDE AREA CODE								
MOTORIST / NON-MOTORIST	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				MEDICAL FACILITY		4	<input type="checkbox"/>	1	2	1	1		
	OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER				
	OH			331.17a			Right of Way When Turning Left			2400282503				
MOTORIST / NON-MOTORIST	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				1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4
									1	1	1	.	1	1
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH				AGE	GENDER			
	2	BELL, ANGELA Y				08/25/1966				58	F			
	ADDRESS: STREET, CITY, STATE, ZIP 2798 SILVER FOX RUN, FAIRFIELD TWP, OH 45011					CONTACT PHONE - INCLUDE AREA CODE								
MOTORIST / NON-MOTORIST	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		
	3	2	CITY OF FAIRFIELD FIRE		MERCY FAIRFIELD HOSPITAL, FAIRFIELD		4	<input type="checkbox"/>	1	4	1	1		
	OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER				
	KY													
MOTORIST / NON-MOTORIST	OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)			
					1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4
									1	1	1	.	1	1
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH				AGE	GENDER			
	3	SUNDAS, PREEM				11/20/1973				51	M			
	ADDRESS: STREET, CITY, STATE, ZIP 5918 KINGSMONT DR, FAIRFIELD, OH 45014					CONTACT PHONE - INCLUDE AREA CODE								
MOTORIST / NON-MOTORIST	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						4	<input type="checkbox"/>	1	1	1	1		
	OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER				
	OH													
MOTORIST / NON-MOTORIST	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				1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4
									1	1	1	.	1	1

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) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	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	EJECTION		OL ENDORSEMENT		CONDITION	ALCOHOL TEST TYPE
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN	1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE		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			1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER
SAFETY EQUIPMENT	TRAPPED		GENDER			DRUG TEST TYPE
1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS		F - FEMALE M - MALE U - OTHER / UNKNOWN		1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN	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*

IR24-007058

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER		
	1	ABSHER, ARIANNA MARIE			07/17/2007		17	F		
	ADDRESS: STREET, CITY, STATE, ZIP 2760 RESOR RD, FAIRFIELD, OH 45014				CONTACT PHONE - INCLUDE AREA CODE					
	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
	3	1	CITY OF FAIRFIELD FIRE		4	<input type="checkbox"/>	3	2	1	1
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER		
	3	SUNDAS, BHIMA MAYA			11/18/1975		49	F		
	ADDRESS: STREET, CITY, STATE, ZIP 5918 KINGSMONT DR, FAIRFIELD, OH 45014				CONTACT PHONE - INCLUDE AREA CODE					
	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
	3	1	CITY OF FAIRFIELD		4	<input type="checkbox"/>	3	1	1	1
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER		
	2	BELL, ANDREA H			06/14/2006		18	F		
	ADDRESS: STREET, CITY, STATE, ZIP 2798 SILVER FOX RUN, FAIRFIELD TWP, OH 45011				CONTACT PHONE - INCLUDE AREA CODE					
	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
	3	1	CITY OF FAIRFIELD FIRE		4	<input type="checkbox"/>	3	4	1	1
OCCUPANT	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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
						<input type="checkbox"/>				

INJURY	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE
4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE
5 - NO APPARENT INJURY	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	5 - SECOND - MIDDLE	5 - NOT APPLICABLE
	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
INJURED TAKEN BY	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	
1 - NOT TRANSPORTED / TREATED AT SCENE	8 - HELMET USED	8 - THIRD - MIDDLE	EJECTION
2 - EMS	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT	1 - NOT EJECTED
3 - POLICE	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	2 - PARTIALLY EJECTED
9 - OTHER / UNKNOWN	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	3 - TOTALLY EJECTED
GENDER	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	4 - NOT APPLICABLE
F - FEMALE		13 - TRAILING UNIT	TRAPPED
M - MALE		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	1 - NOT TRAPPED
U - OTHER / UNKNOWN		15 - NON-MOTORIST	2 - EXTRICATED BY MECHANICAL MEANS
		99 - OTHER / UNKNOWN	3 - FREED BY NON-MECHANICAL MEANS

WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER
	RENNICK, Nanci Elizabeth	04/21/1978		46	F
	ADDRESS: STREET, CITY, STATE, ZIP 12 PEACHTREE CT, FAIRFIELD, OH 45014		CONTACT PHONE - INCLUDE AREA CODE		
WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE		
WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE		