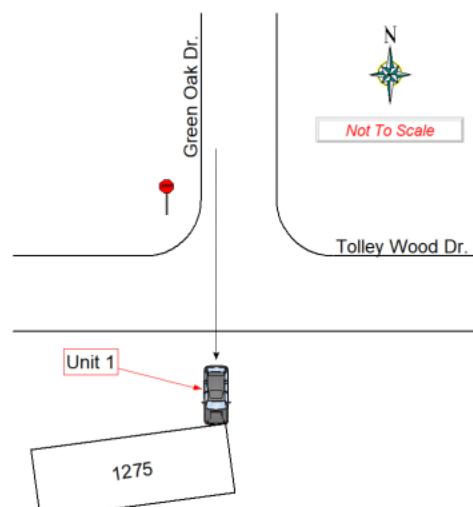


<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY				LOCAL INFORMATION				LOCAL REPORT NUMBER*		
				REPORTING AGENCY NAME* NCIC*				IR23-001235		
				Fairfield Police Department 00901				HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR
								1 - SOLVED 2 - UNSOLVED	1	1 98 - ANIMAL 99 - UNKNOWN
COUNTY* 09		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1		LOCATION: CITY, VILLAGE, TOWNSHIP* Fairfield				CRASH DATE/TIME* 07/20/2023 13:32		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 5
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 1	LOCATION ROAD NAME GREEN OAK			ROAD TYPE DR	LATITUDE 39.323998		
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 1	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 5614			ROAD TYPE	LONGITUDE -84.573342		
REFERENCE POINT 3 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 1		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 <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA 3 NUMBER OF APPROACHES				
DISTANCE FROM REFERENCE 1 - MILES 2 - FEET 3 - YARDS		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS				ROADWAY <input type="checkbox"/> ROADWAY DIVIDED				
LOCATION OF FIRST HARMFUL EVENT 6 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 1 1 - NOT COLLISION 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN TRANSPORT 4 - REAR-END 5 - HEAD-ON 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 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"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER 1		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 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/ UNKNOWN			
LIGHT CONDITION 1 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER/UNKNOWN				WEATHER 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	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				
NARRATIVE On July 20, 2023 at about 1:30 p.m. Unit 1 was traveling south on Green Oak Dr. and when at Tolley Wood Dr. applied the gas instead of the brake at the stop sign, and in so doing, lost control of the vehicle and drove off the roadway, and collided with the house located at 1275 Tolley Wood Dr. The driver of Unit 1 was also cited for having no driver's license.				DIAGRAM						
CRASH REPORTED DATE/TIME 07/20/2023 13:32		DISPATCH DATE/TIME 07/20/2023 13:39		ARRIVAL DATE/TIME 07/20/2023 13:51		SCENE CLEARED DATE/TIME 07/20/2023 14:26		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST		
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 0		TOTAL MINUTES 47	OFFICER'S NAME* Fleenor, Ryan		CHECKED BY OFFICER'S NAME* Sprague, Jeffrey		SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP)	
					OFFICER'S BADGE NUMBER* 117		CHECKED BY OFFICER'S BADGE NUMBER* 84			

IR23-001235

UNIT # OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER) OWNER PHONE: INCLUDE AREA CODE  SAME AS DRIVER

1 AFFODEGONKOU, GBEDANDE

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER)

5614 GREEN OAK DR, FAIRFIELD, OH 45014

OWNER: COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE LICENSE PLATE # VEHICLE IDENTIFICATION # VEHICLE YEAR VEHICLE MAKE

OH GLJ5188 5J6RE4H46BL119898 2011 Honda

INSURANCE COMPANY INSURANCE POLICY # COLOR VEHICLE MODEL

VERIFIED GEICO INSURANCE 4503861587 GREEN CRV

TYPE OF USE US DOT # TOWED BY: COMPANY NAME

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS

1 2

1 VEHICLE WEIGHT GVWR/GCWR

1 1 <= 10K LBS. 2 - 10,001 - 26K LBS. 3 -> 26K LBS.

UNIT TYPE 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 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION

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 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP

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 - TIRES 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER/UNKNOWN

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

3 ACTION 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 1 5 - BOTH STRIKING PRE-CRASHES & STRUCK ACTIONS 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - STRAIGHT AHEAD 9 - MAKING RIGHT TURN 10 - SLOWING OR STOPPED IN TRAFFIC 11 - CHANGING LANES 12 - OVERTAKING/ PASSING 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING LANE 15 - PARKED 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-SPECIFIED LOCATION 21 - WALKING, RUNNING, JOGGING, PLAYING 22 - OTHER NON-MOTORIST 23 - STANDING OUTSIDE DISABLED VEHICLE 24 - OTHER UNKNOWN 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/ FALLING/SPILLING 20 - IMPROPER ACTION 99 - OTHER UNKNOWN

99 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 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 13 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 - 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 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER/UNKNOWN

4 25 - IMPACT ATTENUATOR/ CRASH CUSHION 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

5 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 27 - MOST HARMFUL EVENT

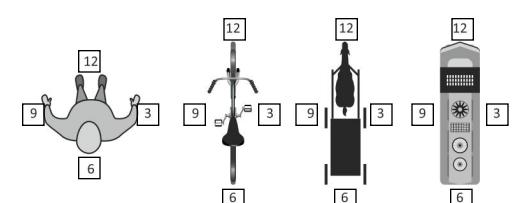
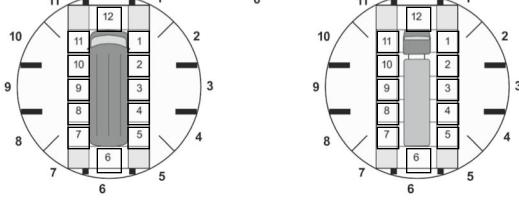
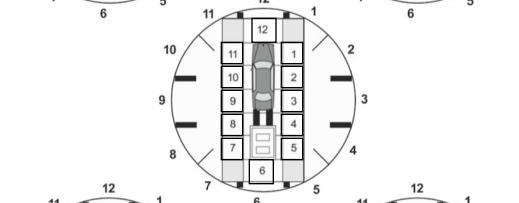
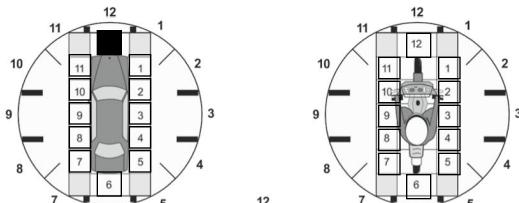
DAMAGE

DAMAGE SCALE

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY



- NO DAMAGE [0]  - UNDERCARRIAGE [14]

- TOP [13]  - ALL AREAS [15]

- UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT

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

TRAFFIC

TRAFFICWAY FLOW TRAFFIC CONTROL

2 1 - ONE-WAY 6 1 - ROUNDABOUT 4 - STOP SIGN 2 - TWO-WAY 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL

# OF THROUGH LANES ON ROAD RAIL GRADE CROSSING

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

UNIT / NON-MOTORIST DIRECTION

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

UNIT SPEED DETECTED SPEED

25 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED

POSTED SPEED

25



## MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER\*

IR23-001235

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH			AGE	GENDER			
	1	ALIGBONONSI, YAYA LUCIENNE						01/07/1960			63	F			
ADDRESS: STREET, CITY, STATE, ZIP													CONTACT PHONE - INCLUDE AREA CODE		
5614 GREEN OAK DR, FAIRFIELD, OH 45014															
INJURIES 5	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY(NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED 4	DOT-COMPLIANT MC HELMET <input type="checkbox"/>	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1			
OL STATE <input type="checkbox"/>	OPERATOR LICENSE NUMBER			OFFENSE CHARGED 331.34(a)		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION Failure to Control			CITATION NUMBER 2300042254					
OL CLASS 6	ENDORSEMENT SELECT UP TO 2 <input type="checkbox"/> <input type="checkbox"/>	RESTRICTION SELECT UP TO 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE .	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH			AGE	GENDER				
ADDRESS: STREET, CITY, STATE, ZIP													CONTACT PHONE - INCLUDE AREA CODE		
INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY(NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED <input type="checkbox"/>	DOT-COMPLIANT MC HELMET <input type="checkbox"/>	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>			
OL STATE <input type="checkbox"/>	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER					
OL CLASS <input type="checkbox"/>	ENDORSEMENT SELECT UP TO 2 <input type="checkbox"/> <input type="checkbox"/>	RESTRICTION SELECT UP TO 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		DRIVER DISTRACTED BY <input type="checkbox"/>	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION <input type="checkbox"/>	ALCOHOL TEST STATUS <input type="checkbox"/> TYPE <input type="checkbox"/> VALUE .	DRUG TEST(S) STATUS <input type="checkbox"/> TYPE <input type="checkbox"/> RESULT SELECT UP TO 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH			AGE	GENDER				
ADDRESS: STREET, CITY, STATE, ZIP													CONTACT PHONE - INCLUDE AREA CODE		
INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY(NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED <input type="checkbox"/>	DOT-COMPLIANT MC HELMET <input type="checkbox"/>	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>			
OL STATE <input type="checkbox"/>	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER					
OL CLASS <input type="checkbox"/>	ENDORSEMENT SELECT UP TO 2 <input type="checkbox"/> <input type="checkbox"/>	RESTRICTION SELECT UP TO 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		DRIVER DISTRACTED BY <input type="checkbox"/>	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION <input type="checkbox"/>	ALCOHOL TEST STATUS <input type="checkbox"/> TYPE <input type="checkbox"/> VALUE .	DRUG TEST(S) STATUS <input type="checkbox"/> TYPE <input type="checkbox"/> RESULT SELECT UP TO 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
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									
EJECTION OL ENDORSEMENT ALCOHOL TEST TYPE															
INJURED TAKEN BY	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	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									
SAFETY EQUIPMENT TRAPPED CONDITION ALCOHOL TEST TYPE															
SAFETY EQUIPMENT	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 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 - BREATH 5 - OTHER										
TRAPPED GENDER DRUG TEST TYPE															
99 - OTHER / UNKNOWN				1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS											
DRUG TEST RESULT(S)															



## OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER\*

IR23-001235

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER																																																																						
	1	HINNOUDE, VIGNINNOU SALOMON				05/27/1982		41	M																																																																						
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																																																																										
5614 GREEN OAK DR, FAIRFIELD, OH 45014																																																																															
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					3	1	1	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																																																																				
					1	1	1	1	1																																																																						
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER																																																																						
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