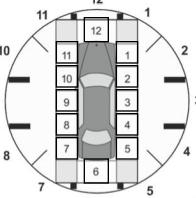
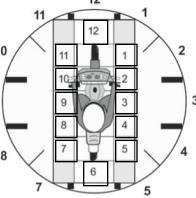
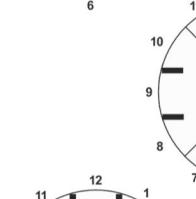
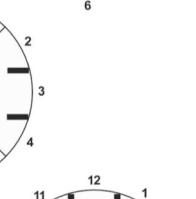
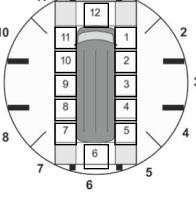
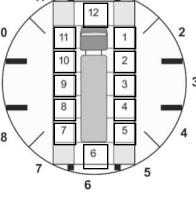
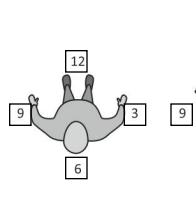
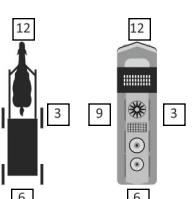


<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION REPORTING AGENCY NAME* NCIC* Fairfield Police Department 00901				HIT/SKIP 2 1 - SOLVED 2 - UNSOLVED			NUMBER OF UNITS 2		UNIT IN ERROR 1 98 - ANIMAL 99 - UNKNOWN		
COUNTY* 09 LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* Fairfield				CRASH DATE/TIME* 07/08/2023 23:30			CRASH SEVERITY 5 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY				
REFERENCE LOCATION REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME Camelot		ROAD TYPE	LATITUDE		NUMBER OF APPROACHES ROADWAY <input type="checkbox"/> ROADWAY DIVIDED				
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 11		ROAD TYPE	LONGITUDE						-84.530489
REFERENCE POINT 3 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		ROUTE TYPE	ROAD TYPE		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA						
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS		ROUTE	ROUTE								
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 9 1 - NOT COLLISION 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN TRANSPORT 4 - REAR-END 5 - HEAD-ON				DIRECTION OF TRAVEL	MEDIAN TYPE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST				
<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		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	CONDITIONS 1	SURFACE 9			
LIGHT CONDITION 9 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER/UNKNOWN				WEATHER 99 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	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/ UNKNOWN			
NARRATIVE On 07/09/23 at 2:24 P.M. The owner of Unit 2 reported an unknown vehicle struck their vehicle in an unknown manner in the parking lot of 11 Camelot Cir. sometime between 07/08/23 at 11:30 P.M. - 07/09/23 at 11:30 A.M. Unit 2 was unoccupied and had minor damage to the front driver's side corner.						DIAGRAM							
The driver of Unit 1 did not leave any information.													
CRASH REPORTED DATE/TIME 07/09/2023 14:24		DISPATCH DATE/TIME 07/09/2023 14:56		ARRIVAL DATE/TIME 07/09/2023 15:00			SCENE CLEARED DATE/TIME 07/09/2023 15:15			REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST			
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 30		TOTAL MINUTES 49	OFFICER'S NAME* Miller, Dylan		CHECKED BY OFFICER'S NAME* Pohl, Daniel			SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP)			
						OFFICER'S BADGE NUMBER* 167		CHECKED BY OFFICER'S BADGE NUMBER* 130					

IR23-001000

UNIT # 1	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER		
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER)					
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR		
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR		
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 checked="" type="checkbox"/>	# OCCUPANTS 1	VEHICLE WEIGHT GVWR/GCWR 1 - <= 10K LBS. 2 - 10,001 - 26K LBS. 3 - >= 26K LBS.		
UNIT TYPE 99	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD				
0	# OF TRAILING UNITS				
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 9					
1 - YES 2 - NO 9 - OTHER/UNKNOWN AUTONOMOUS MODE LEVEL 9					
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 EQUIPMENT 20 - SAFETY SERVICE PATROL					
1 - NO CARGO BODY 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER TYPE / NOT APPLICABLE 4 - LOGGING 6 - CARGO VAN/ ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER 2 - BUS 7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 11 - DUMP 14 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN					
1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER/UNKNOWN 2 - HEAD LAMPS 5 - STEERING 6 - TIRE BLOWOUT 8 - TRAILER EQUIPMENT DEFECTIVE 3 - TAIL LAMPS					
1 - INTERSECTION - 3 - INTERSECTION - 6 - BICYCLE LANE 9 - MEDIAN/CROSSING 12 - FIRST RESPONDER MARKED CROSSWALK OTHER 7 - SHOULDER/ ISLAND AT INCIDENT SCENE 2 - INTERSECTION - 4 - MIDBLOCK - 8 - SIDEWALK 10 - DRIVEWAY ACCESS 99 - OTHER/UNKNOWN UNMARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 11 - SHARED USE PATHS OR TRAILS					
1 - NON-CONTACT 1 - STRAIGHT AHEAD 8 - ENTERING TRAFFIC 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE 2 - NON-COLLISION 2 - BACKING 9 - LEAVING TRAFFIC 14 - ENTERING OR CROSSING 19 - STANDING 3 - STRIKING 3 - CHANGING LANES 10 - PARKED 15 - WALKING, RUNNING, 20 - OTHER NON-SPECIFIED LOCATION 4 - STRUCK 99 4 - OVERTAKING/ 11 - SLOWING OR STOPPED IN 16 - WORKING 21 - STANDING OUTSIDE 5 - BOTH STRIKING PRE-CRASHES 6 - MAKING RIGHT TURN 12 - PASSING TRAFFIC 17 - PUSHING VEHICLE & STRUCK ACTIONS 7 - MAKING LEFT TURN 99 - OTHER/UNKNOWN					
1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE/ACDA 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 14 - STOPPED OR PARKED ILLEGALLY 19 - LOAD SHIFTING/ FALLING/SPILLING 4 - RAN STOP SIGN 10 - IMPROPER PASSING 15 - SWERVING TO AVOID 20 - IMPROPER ACTION 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 16 - WRONG WAY					
SEQUENCE OF EVENTS					
EVENTS					
1 21	1 - OVERTURN/ ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT
2 2	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	17 - ANIMAL - FARM ANIMAL - OTHER	18 - ANIMAL - DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
3 3	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	12 - DOWNTOWN RUNAWAY	20 - MOTOR VEHICLE IN TRANSPORT	24 - OTHER MOBILE OBJECT
4 4	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	13 - OTHER NON-COLLISION	21 - PARKED MOTOR VEHICLE	
5 5	5 - CARGO/EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	14 - PEDESTRIAN	23 - PEDESTRIAN	
6 6	25 - IMPACT ATTENUATOR/ CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT
7 7	26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN	44 - DITCH	51 - WALL
8 8	27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT/LUMINARIES	45 - EMBANKMENT	52 - BUILDING
9 9	28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL	40 - SUPPORT	46 - FENCE	53 - TUNNEL
10 10	29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX	54 - OTHER FIXED OBJECT
11 11	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	48 - TREE	99 - OTHER/UNKNOWN
COLLISION WITH FIXED OBJECT - STRUCK					
1 1	FIRST HARMFUL EVENT	1 1	MOST HARMFUL EVENT		

DAMAGE		
DAMAGE SCALE		
9	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 checked="" type="checkbox"/> - UNIT NOT AT SCENE [16]		
INITIAL POINT OF CONTACT		
99	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
TRAFFIC		
TRAFFIC FLOW 2	TRAFFIC CONTROL 6	
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 2 - STOP SIGN 3 - SIGNAL 4 - YIELD SIGN 5 - FLASHER 6 - NO CONTROL	
# OF THROUGH LANES ON ROAD 1	RAIL GRADE CROSSING 1	
1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING		
UNIT / NON-MOTORIST DIRECTION		
FROM 9 TO 9	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER/UNKNOWN	
UNIT SPEED		
3	DETECTED SPEED 1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED	
POSTED SPEED		

IR23-001000

UNIT # 2	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) BOLDMAN, DERRICK	OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 11 CAMELOT CIR apt F, FAIRFIELD, OH 45014		

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
---	--	---

LP STATE OH	LICENSE PLATE # 051ZQS	VEHICLE IDENTIFICATION # 1C6JJTEG6ML550758	VEHICLE YEAR 2021	VEHICLE MAKE Jeep
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY PROGRESSIVE INSURANCE	INSURANCE POLICY # 919140175	COLOR Chrome	VEHICLE MODEL Gladiator
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	VEHICLE WEIGHT GVWR/GCWR 1 - <= 10K LBS. 2 - 10,001 - 26K LBS. 3 - >= 26K LBS.	
			HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD	

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	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				

VEHICLE	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			

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
---------------------	--	---	--	---	---

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
-----------------------	--	---	---	--	---

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
---------------------------------------	--	--	---	---	---

ACTION	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING PRE-CRASHES 6 - MAKING LEFT TURN 9 - OTHER/UNKNOWN	10 - PASSING MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 7 - MAKING U-TURN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/ PASSED 5 - BOTH STRIKING ACTIONS	8 - ENTERING TRAFFIC 9 - LEAVING TRAFFIC 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 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- MOTORIST SPECIFIED LOCATION 21 - STANDING OUTSIDE DISABLED VEHICLE 22 - OTHER/UNKNOWN
--------	--	--	---	---	--	---

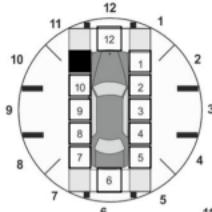
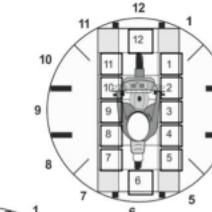
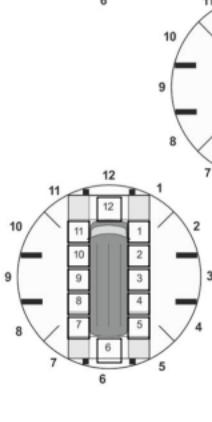
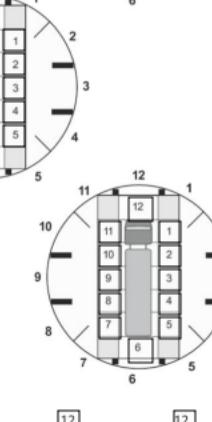
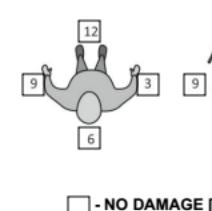
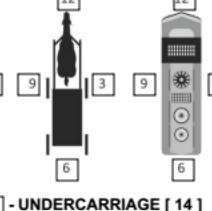
CONTRIBUTING CIRCUMSTANCES	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	7 - LEFT OF CENTER CLOSE/ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/ FALLING/SPILLING 20 - IMPROPER ACTION	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 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 IN TRANSPORT 21 - PARKED MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 25 - WORK ZONE MAINTENANCE EQUIPMENT
----------------	---	---	---	---	---

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	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT
5	26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT	34 - MEDIAN GUARDRAIL BARRIER	40 - UTILITY POLE 41 - OTHER POST, POLE	47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	99 - OTHER/UNKNOWN
6	28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	42 - CULVERT 43 - OTHER SUPPORT		

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

DAMAGE		
DAMAGE SCALE		
2	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE
DAMAGED AREA(S) INDICATE ALL THAT APPLY		
     		
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14]		
<input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15]		
<input type="checkbox"/> - UNIT NOT AT SCENE [16]		
INITIAL POINT OF CONTACT		
11	0 - NO DAMAGE 1-12 - REFER TO UNIT 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
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 1	RAIL GRADE CROSSING 1	
1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING		
UNIT / NON-MOTORIST DIRECTION		
FROM 6 TO 7	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	
POSTED SPEED		
<input type="checkbox"/> 1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED		

IR23-001000

MOTORIST / NON-MOTORIST	UNIT # NAME: LAST, FIRST, MIDDLE 1 DRIVER, HITSKIP										DATE OF BIRTH 01/01/1900				AGE 123	GENDER U			
	ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE								
MOTORIST / NON-MOTORIST	INJURIES 5	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED 99	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 9	EJECTION 1	TRAPPED 1							
	OL STATE <input type="checkbox"/>	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER								
MOTORIST / NON-MOTORIST	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 9	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			CONDITION 9	<input type="checkbox"/> ALCOHOL TEST 1 1 .	<input type="checkbox"/> DRUG TEST(S) 1 1 SELECT UP TO 4									
	UNIT #	NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH				AGE	GENDER		
MOTORIST / NON-MOTORIST	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"/>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>							
MOTORIST / NON-MOTORIST	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"/>	<input type="checkbox"/> ALCOHOL TEST <input type="checkbox"/> .	<input type="checkbox"/> DRUG TEST(S) 1 1 SELECT UP TO 4									
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH				AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE								
MOTORIST / NON-MOTORIST	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"/>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	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								
MOTORIST / NON-MOTORIST	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"/>	<input type="checkbox"/> ALCOHOL TEST 1 1 .	<input type="checkbox"/> DRUG TEST(S) 1 1 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										TEST STATUS 1 - ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER									
SAFETY EQUIPMENT 1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 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										DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER									
INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN										DRUG TEST RESULT(S) 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS									