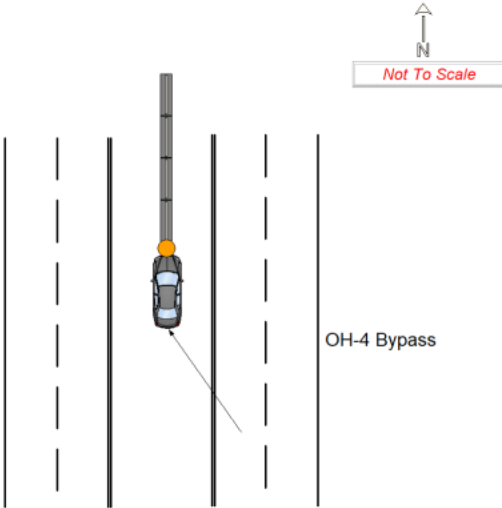


<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> PRIVATE PROPERTY		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER		LOCAL INFORMATION		IR23-002830	
REPORTING AGENCY NAME* Fairfield Police Department				NCIC* 00901		HIT/SKIP 1 - SOLVED 2 - UNSOLVED	
COUNTY* 09		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1		LOCATION: CITY, VILLAGE, TOWNSHIP* Fairfield		CRASH DATE/TIME* 10/01/2023 02:10	
ROUTE TYPE SR		ROUTE NUMBER 4B		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME Bypass 4	
ROUTE TYPE		ROUTE NUMBER		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Diversion	
ROAD TYPE RD		ROAD TYPE RD		LATITUDE 39.327075		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 4	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1		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	
DISTANCE FROM REFERENCE 850		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS 2		INTERSECTION RELATED <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 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 3		DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 1		MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER/UNKNOWN 1		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 1	
MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (< 4 FEET) 2 - DIVIDED FLUSH MEDIAN (>= 4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN (ANY TYPE) 4 - DIVIDED, RAISE MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN 2		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1	
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER/UNKNOWN 4		WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER/UNKNOWN 1		CONDITIONS 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN 1		SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/ UNKNOWN 2	
NARRATIVE On October 01, 2022 around 2:10 a.m. Unit 1 was traveling northbound on Bypass 4. Unit 1 failed to maintain control, crossed left of center into the median, struck an orange construction barrel and the median barrier. The barrel and median barrier are owned by City of Fairfield (5350 Pleasant Ave, Fairfield, OH 45014) The driver of Unit 1 was issued a citation for OVI (333.01a1A, H) Passing to Left of Center (331.05a); No Drivers License (335.01a1).				DIAGRAM 			
CRASH REPORTED DATE/TIME 10/01/2023 02:10		DISPATCH DATE/TIME 10/01/2023 02:11		ARRIVAL DATE/TIME 10/01/2023 02:15		SCENE CLEARED DATE/TIME 10/01/2023 02:58	
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 30		TOTAL MINUTES 77		OFFICER'S NAME* Cockfield, Natalie	
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 30		TOTAL MINUTES 77		OFFICER'S BADGE NUMBER* 129	
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 30		TOTAL MINUTES 77		CHECKED BY OFFICER'S NAME* Wolfe, Bradley	
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 30		TOTAL MINUTES 77		CHECKED BY OFFICER'S BADGE NUMBER* 103	
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 30		TOTAL MINUTES 77		REPORT TAKEN BY <input type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)	

IR23-002830

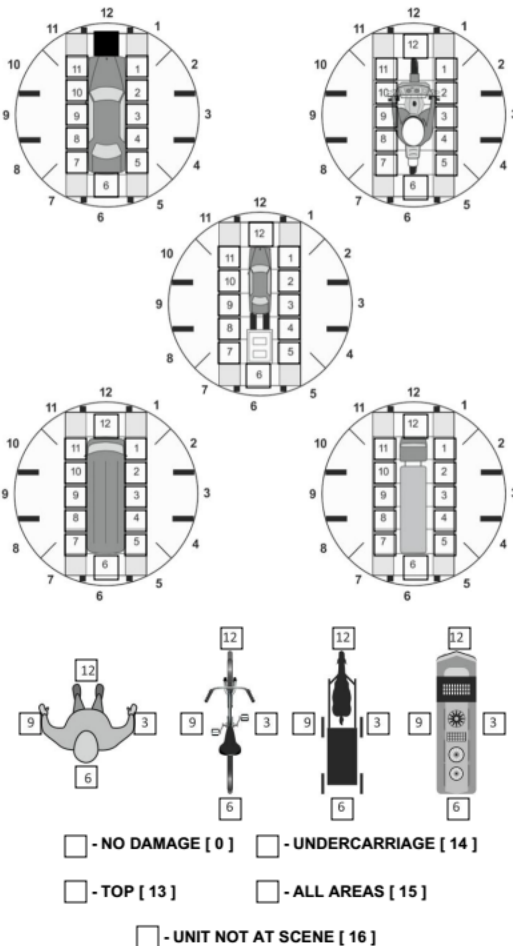
UNIT # 1	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) LAS AGUILAS ELECTRIC LLC	OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 1875 HANCOCK AVE, HAMILTON, OH 45011		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
LP STATE OH	LICENSE PLATE # JZH9782	VEHICLE IDENTIFICATION # 1N4AL1E22C109918
VEHICLE YEAR 2002		VEHICLE MAKE Nissan
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #
COLOR Turquoise		VEHICLE MODEL Altima
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #
TOWED BY: COMPANY NAME FOX TOWING		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID #
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <input type="checkbox"/>		VEHICLE WEIGHT GVWR/GCWR 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 0 - # OF TRAILING UNITS		12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME 23 - PEDESTRIAN/ SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURED? 1 - YES 2 - NO 9 - OTHER/UNKNOWN		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN
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		
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 & 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 9 - LEAVING TRAFFIC 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 - STANDING OUTSIDE DISABLED VEHICLE 99 - 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 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 - OVERTURN/ ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO/EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT		
COLLISION WITH FIXED OBJECT - STRUCK 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 2		MOST HARMFUL EVENT 2

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

UNIT SPEED

40

DETECTED SPEED

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

POSTED SPEED

50



LOCAL REPORT NUMBER*									
UNIT #		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER
1		LUNA, FERNANDO				06/27/1983		40	M
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE			
1875 HANCOCK AVE, HAMILTON, OH 45011									
INJURIES		INJURED TAKEN BY		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	
4		1						1	
DOT-COMPLIANT MC HELMET		SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED	
1		1		2		1		1	
OL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION	
				331.05a				Overtaking, Passing To Left of Cen	
CITATION NUMBER									
2300085605									
OL CLASS		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY		ALCOHOL / DRUG SUSPECTED	
6						1		ALCOHOL MARIJUANA OTHER DRUG	
CONDITION		ALCOHOL TEST		DRUG TEST(S)					
6		STATUS TYPE VALUE		STATUS TYPE RESULT SELECT UP TO 4					
4 4 .194		1 1							
UNIT #		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE			
INJURIES		INJURED TAKEN BY		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	
DOT-COMPLIANT MC HELMET		SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED	
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		DRUG TEST(S)					
		STATUS TYPE VALUE		STATUS TYPE 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			
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	
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		DRUG TEST(S)					
		STATUS TYPE VALUE		STATUS TYPE RESULT SELECT UP TO 4					
INJURIES		SEATING POSITION		AIR BAG		OL CLASS		OL RESTRICTION(S)	
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	
INJURED TAKEN BY		EJECTION		OL ENDORSEMENT		DRIVER DISTRACTION		TEST STATUS	
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 S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT		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		GENDER		CONDITION		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*

IR23-002830

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER																																																																					
	1	CUAQUETZALE, EMAUEL TEPOLE				08/07/2000		23	M																																																																					
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																																																																								
1875 HANCOCK AVE, HAMILTON, OH 45011																																																																														
OCCUPANT	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"/>	3	2	1	1																																																																				
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	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																																																																								
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	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																																																																								
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OCCUPANT	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																																																																				
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