

## TRAFFIC CRASH REPORT \*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

|  |  |  |   |  |  |  |                      |   |   |
|--|--|--|---|--|--|--|----------------------|---|---|
| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH<br><input type="checkbox"/> PRIVATE PROPERTY   |  | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-3<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> OTHER   |   | LOCAL INFORMATION  |  | IR23-002647  |                      |   |   |
| REPORTING AGENCY NAME*<br>Fairfield Police Department  |  |  |   | NCIC*<br>00901   |  | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED<br>2  | NUMBER OF UNITS<br>2 | UNIT IN ERROR<br>1<br>98 - ANIMAL<br>99 - UNKNOWN   |   |
| COUNTY*<br>09  | LOCALITY*<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br>1  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Fairfield  |   |  |  | CRASH DATE/TIME*<br>09/21/2023 18:50   |                      | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY<br>5   |   |
| ROUTE TYPE<br>SR   | ROUTE NUMBER<br>4  | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br><input type="checkbox"/>   | LOCATION ROAD NAME                                    |  | ROAD TYPE                                  | LATITUDE<br>39.313820  |                      |   |   |
| ROUTE TYPE   | ROUTE NUMBER   | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br><input type="checkbox"/>   | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>7105 |  | ROAD TYPE                                  | LONGITUDE<br>-84.487984  |                      |   |   |
| REFERENCE POINT<br>3<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #   | DIRECTION FROM REFERENCE<br><input type="checkbox"/><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE  |   | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY |  | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES<br>ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED |                      |   |   |
| DISTANCE FROM REFERENCE  |  | DISTANCE UNIT OF MEASURE<br><input type="checkbox"/><br>1 - MILES<br>2 - FEET<br>3 - YARDS   |   |  |  |  |                      |   |   |
| LOCATION OF FIRST HARMFUL EVENT<br>6<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP<br>9 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12 - SHARED USE PATHS OR TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER/UNKNOWN |  | MANNER OF CRASH COLLISION/IMPACT<br>9<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER/UNKNOWN |   | DIRECTION OF TRAVEL<br><input type="checkbox"/><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  |  | MEDIAN TYPE<br><input type="checkbox"/><br>1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (>= 4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISE MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN   |                      |   |   |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE  |  | WORK ZONE TYPE<br><input type="checkbox"/><br>1 - LANE CLOSURE<br>2 - LANE SHFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER  |   | LOCATION OF CRASH IN WORK ZONE<br><input type="checkbox"/><br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA  |  | CONTOUR<br>9<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/ UNKNOWN   |                      | CONDITIONS<br>1<br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN                                | SURFACE<br>2<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/ UNKNOWN |
| LIGHT CONDITION<br>2<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER/UNKNOWN  |  | WEATHER<br>1<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER/UNKNOWN                                     |   |  |  |  |                      |   |   |
| NARRATIVE<br>On 9/21/23 some time between 6:50 p.m. and 7:40 p.m. Unit 1 struck Unit 2 in an unknown manner while it was parked and unoccupied at 7105 S.R. 4. The driver of Unit 1 did not leave their information or contact law enforcement.  |  |  |   | DIAGRAM  |  |  |                      |   |   |
| CRASH REPORTED DATE/TIME<br>09/21/2023 21:00   |  | DISPATCH DATE/TIME<br>09/21/2023 21:05   |   | ARRIVAL DATE/TIME<br>09/21/2023 21:10  |  | SCENE CLEARED DATE/TIME<br>09/21/2023 21:40  |                      | REPORT TAKEN BY<br><input type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) |   |
| TOTAL TIME ROADWAY CLOSED<br>0   | OTHER INVESTIGATION TIME<br>30   | TOTAL MINUTES<br>65  | OFFICER'S NAME*<br>Gooch, Darin                       |  | CHECKED BY OFFICER'S NAME*<br>Meyer, Aaron |  |                      |   |   |
|  |  |  | OFFICER'S BADGE NUMBER*<br>160                        |  | CHECKED BY OFFICER'S BADGE NUMBER*<br>132  |  |                      |   |   |

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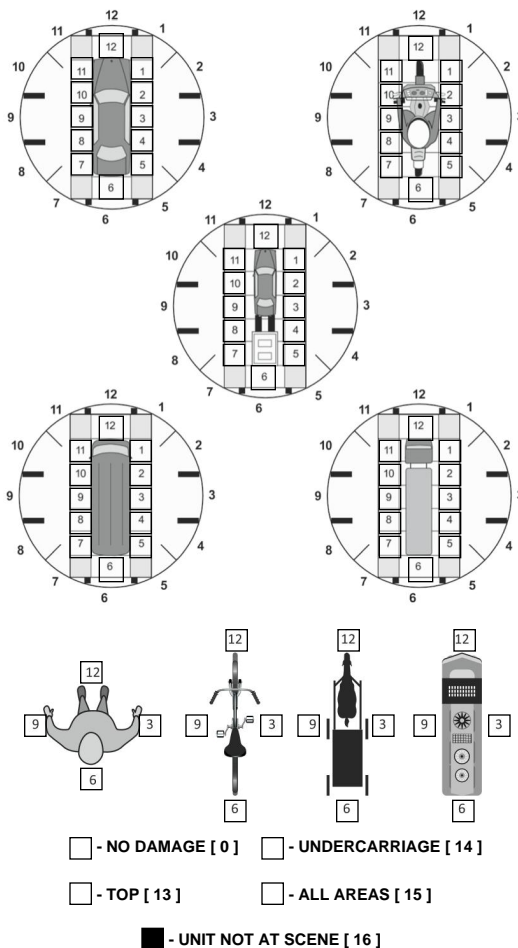
|  |  |  |
|--|--|--|
| UNIT #<br>1  | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )  | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER   |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )  |  |  |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  |  | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE  |
| LP STATE   | LICENSE PLATE #  | VEHICLE IDENTIFICATION #   |
| VEHICLE YEAR   | VEHICLE MAKE   |  |
| <input type="checkbox"/> INSURANCE VERIFIED  | INSURANCE COMPANY  | INSURANCE POLICY #   |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE  |  | US DOT #   |
| HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD  |  | CLASS # PLACARD ID #   |
| INTERLOCK DEVICE EQUIPPED  | HIT/SKIP UNIT  | # OCCUPANTS  |
| VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.  |  |  |
| UNIT TYPE  | VEHICLE WEIGHT GVWR/GCWR   |  |
| 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN  | 7 - MOTORCYCLE<br>2-WHEELED<br>8 - MOTORCYCLE<br>3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV) | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME  |
| 0  | # OF TRAILING UNITS  |  |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN  |  |  |
| AUTONOMOUS MODE LEVEL<br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN   |  |  |
| SPECIAL FUNCTION<br>1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT /COMMUTER<br>6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER/UNKNOWN  |  |  |
| CARGO BODY TYPE<br>1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN   |  |  |
| VEHICLE DEFECTS<br>1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER/UNKNOWN  |  |  |
| NON-MOTORIST LOCATION AT IMPACT<br>1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER/ ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN  |  |  |
| ACTION<br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER/UNKNOWN<br>1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/ PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC<br>9 - LEAVING TRAFFIC<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER/UNKNOWN |  |  |
| CONTRIBUTING CIRCUMSTANCES<br>1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE/ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/ FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION                                       |  |  |
| SEQUENCE OF EVENTS   |  |  |
| EVENTS   |  |  |
| 1  | 20   | 1 - OVERTURN/ ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT   |
| COLLISION WITH FIXED OBJECT - STRUCK   |  |  |
| 4  | 25   | 25 - IMPACT ATTENUATOR/ CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER/UNKNOWN |
| FIRST HARMFUL EVENT  |  |  |
| 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

## INITIAL POINT OF CONTACT

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

## TRAFFIC

|                               |  |
|-------------------------------|--|
| TRAFFICWAY FLOW               | TRAFFIC CONTROL  |
| 2 1 - ONE-WAY<br>2 - TWO-WAY  | 6 1 - ROUNDABOUT<br>2 - SIGNAL<br>3 - FLASHER<br>4 - STOP SIGN<br>5 - YIELD SIGN<br>6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD    | RAIL GRADE CROSSING  |
| 1                             | 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING                  |
| UNIT / NON-MOTORIST DIRECTION |  |
| FROM 9 TO 9                   |  |
| UNIT SPEED                    | DETECTED SPEED   |
|                               | 3 1 - STATED/ESTIMATED SPEED<br>2 - CALCULATED/EDR<br>3 - UNDETERMINED                             |
| POSTED SPEED                  |  |
|                               |  |

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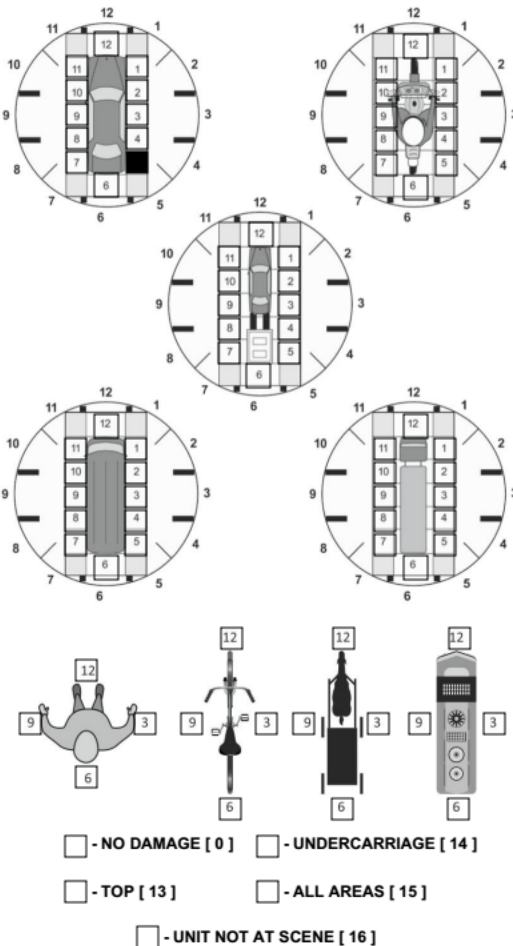
|   |  |  |
|---|--|--|
| UNIT #<br>2   | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>WALTERS, JENNIFER | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>8441 RUPP FARM DR, WEST CHESTER TWP, OH 45069  |  |  |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP   |  | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                            |
| LP STATE<br>OH  | LICENSE PLATE #<br>GSK1528   | VEHICLE IDENTIFICATION #<br>5UXCW2C02N9L74601                          |
| VEHICLE YEAR<br>2022  |  | VEHICLE MAKE<br>BMW  |
| INSURANCE<br>VERIFIED   | INSURANCE COMPANY<br>WESTFIELD NATIONAL INSURANCE  | INSURANCE POLICY #<br>WNP7735363                                       |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |  | US DOT #   |
| HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID #                                 |  | TOWED BY: COMPANY NAME   |
| INTERLOCK<br>DEVICE<br>EQUIPPED   | HIT/SKIP UNIT  | # OCCUPANTS  |
| VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.   |  |  |
| UNIT TYPE<br>3<br>0   |  |  |
| # OF TRAILING UNITS   |  |  |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN                                     |  |  |
| AUTONOMOUS MODE LEVEL<br>0  |  |  |
| SPECIAL FUNCTION<br>1   |  |  |
| CARGO BODY TYPE<br>1  |  |  |
| VEHICLE DEFECTS<br>1  |  |  |
| NON-MOTORIST LOCATION AT IMPACT<br>1  |  |  |
| ACTION<br>4   |  |  |
| CONTRIBUTING CIRCUMSTANCES<br>1   |  |  |
| SEQUENCE OF EVENTS<br>1   |  |  |
| EVENTS<br>1   |  |  |
| COLLISION WITH FIXED OBJECT - STRUCK<br>1   |  |  |
| FIRST HARMFUL EVENT<br>1  |  |  |
| MOST HARMFUL EVENT<br>1   |  |  |

## DAMAGE

## DAMAGE SCALE

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY

## INITIAL POINT OF CONTACT

5 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-WAY

## TRAFFIC CONTROL

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

## UNIT SPEED

0

## DETECTED SPEED

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

## POSTED SPEED





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|   |  |   |   |   |  |  |                         |  |                    |   |              |          |                  |         |          |                   |                    |             |  |  |   |  |   |  |  |                  |          |  |                |  |                   |  |  |   |  |   |  |   |  |                  |         |  |        |  |                |  |  |  |  |   |  |   |  |  |  |  |  |  |           |                     |  |  |  |  |  |   |  |
|---|--|---|---|---|--|--|-------------------------|--|--------------------|---|--------------|----------|------------------|---------|----------|-------------------|--------------------|-------------|--|--|---|--|---|--|--|------------------|----------|--|----------------|--|-------------------|--|--|---|--|---|--|---|--|------------------|---------|--|--------|--|----------------|--|--|--|--|---|--|---|--|--|--|--|--|--|-----------|---------------------|--|--|--|--|--|---|--|
| MOTORIST / NON-MOTORIST   | UNIT #<br>1  | NAME: LAST, FIRST, MIDDLE<br>DRIVER, UNKNOWN  |   |   |  | DATE OF BIRTH  |                         | AGE  | GENDER<br>U        |   |              |          |                  |         |          |                   |                    |             |  |  |   |  |   |  |  |                  |          |  |                |  |                   |  |  |   |  |   |  |   |  |                  |         |  |        |  |                |  |  |  |  |   |  |   |  |  |  |  |  |  |           |                     |  |  |  |  |  |   |  |
|   | ADDRESS: STREET, CITY, STATE, ZIP  |   |   |   |  | CONTACT PHONE - INCLUDE AREA CODE  |                         |  |                    |   |              |          |                  |         |          |                   |                    |             |  |  |   |  |   |  |  |                  |          |  |                |  |                   |  |  |   |  |   |  |   |  |                  |         |  |        |  |                |  |  |  |  |   |  |   |  |  |  |  |  |  |           |                     |  |  |  |  |  |   |  |
|   | INJURIES<br>5  | INJURED TAKEN BY  | EMS AGENCY (NAME)   | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)   |  | SAFETY EQUIPMENT USED<br>99  | DOT-COMPLIANT MC HELMET | SEATING POSITION<br>1                                  | AIR BAG USAGE<br>9 | EJECTION<br>1   | TRAPPED<br>1 |          |                  |         |          |                   |                    |             |  |  |   |  |   |  |  |                  |          |  |                |  |                   |  |  |   |  |   |  |   |  |                  |         |  |        |  |                |  |  |  |  |   |  |   |  |  |  |  |  |  |           |                     |  |  |  |  |  |   |  |
|   | OL STATE   | OPERATOR LICENSE NUMBER   |   | OFFENSE CHARGED   |  | LOCAL CODE   | OFFENSE DESCRIPTION     |  | CITATION NUMBER    |   |              |          |                  |         |          |                   |                    |             |  |  |   |  |   |  |  |                  |          |  |                |  |                   |  |  |   |  |   |  |   |  |                  |         |  |        |  |                |  |  |  |  |   |  |   |  |  |  |  |  |  |           |                     |  |  |  |  |  |   |  |
| OL CLASS  | ENDORSEMENT<br>SELECT UP TO 2  | RESTRICTION SELECT UP TO 3  |   | DRIVER DISTRACTED BY<br>9   | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG   |  | CONDITION<br>9          | ALCOHOL TEST<br>STATUS<br>1<br>TYPE<br>1<br>VALUE<br>. |                    | DRUG TEST(S)<br>STATUS<br>1<br>TYPE<br>1<br>RESULT 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  |                         |  |                    |   |              |          |                  |         |          |                   |                    |             |  |  |   |  |   |  |  |                  |          |  |                |  |                   |  |  |   |  |   |  |   |  |                  |         |  |        |  |                |  |  |  |  |   |  |   |  |  |  |  |  |  |           |                     |  |  |  |  |  |   |  |
|   | 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<br>SELECT UP TO 2  | RESTRICTION SELECT UP TO 3  |   | DRIVER DISTRACTED BY  | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG   |  | CONDITION               | ALCOHOL TEST<br>STATUS<br>TYPE<br>VALUE                |                    | DRUG TEST(S)<br>STATUS<br>TYPE<br>RESULT SELECT UP TO 4           |              |          |                  |         |          |                   |                    |             |  |  |   |  |   |  |  |                  |          |  |                |  |                   |  |  |   |  |   |  |   |  |                  |         |  |        |  |                |  |  |  |  |   |  |   |  |  |  |  |  |  |           |                     |  |  |  |  |  |   |  |
| MOTORIST / NON-MOTORIST   | UNIT #   | NAME: LAST, FIRST, MIDDLE   |   |   |  | DATE OF BIRTH  |                         | AGE  | GENDER             |   |              |          |                  |         |          |                   |                    |             |  |  |   |  |   |  |  |                  |          |  |                |  |                   |  |  |   |  |   |  |   |  |                  |         |  |        |  |                |  |  |  |  |   |  |   |  |  |  |  |  |  |           |                     |  |  |  |  |  |   |  |
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|   | 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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| INJURIES  | SEATING POSITION   | AIR BAG   | OL CLASS  | OL RESTRICTION(S)   | DRIVER DISTRACTION   | TEST STATUS  |                         |  |                    |   |              |          |                  |         |          |                   |                    |             |  |  |   |  |   |  |  |                  |          |  |                |  |                   |  |  |   |  |   |  |   |  |                  |         |  |        |  |                |  |  |  |  |   |  |   |  |  |  |  |  |  |           |                     |  |  |  |  |  |   |  |
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| INJURED TAKEN BY  | EJECTION   |   | OL ENDORSEMENT  |   | ALCOHOL TEST TYPE  |  |                         |  |                    |   |              |          |                  |         |          |                   |                    |             |  |  |   |  |   |  |  |                  |          |  |                |  |                   |  |  |   |  |   |  |   |  |                  |         |  |        |  |                |  |  |  |  |   |  |   |  |  |  |  |  |  |           |                     |  |  |  |  |  |   |  |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN  | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE  |   | H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL MOTORCYCLE<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT |   | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER  |  |                         |  |                    |   |              |          |                  |         |          |                   |                    |             |  |  |   |  |   |  |  |                  |          |  |                |  |                   |  |  |   |  |   |  |   |  |                  |         |  |        |  |                |  |  |  |  |   |  |   |  |  |  |  |  |  |           |                     |  |  |  |  |  |   |  |
| SAFETY EQUIPMENT  | TRAPPED  |   | GENDER  |   | DRUG TEST TYPE   |  |                         |  |                    |   |              |          |                  |         |          |                   |                    |             |  |  |   |  |   |  |  |                  |          |  |                |  |                   |  |  |   |  |   |  |   |  |                  |         |  |        |  |                |  |  |  |  |   |  |   |  |  |  |  |  |  |           |                     |  |  |  |  |  |   |  |
| 1 - NONE USED<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN  | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS   |   | F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN   |   | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER  |  |                         |  |                    |   |              |          |                  |         |          |                   |                    |             |  |  |   |  |   |  |  |                  |          |  |                |  |                   |  |  |   |  |   |  |   |  |                  |         |  |        |  |                |  |  |  |  |   |  |   |  |  |  |  |  |  |           |                     |  |  |  |  |  |   |  |
|   |  |   |   |   | CONDITION  | DRUG TEST RESULT(S)  |                         |  |                    |   |              |          |                  |         |          |                   |                    |             |  |  |   |  |   |  |  |                  |          |  |                |  |                   |  |  |   |  |   |  |   |  |                  |         |  |        |  |                |  |  |  |  |   |  |   |  |  |  |  |  |  |           |                     |  |  |  |  |  |   |  |
|   |  |   |   |   | 1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9 - OTHER / UNKNOWN  | 1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOIDS<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS |                         |  |                    |   |              |          |                  |         |          |                   |                    |             |  |  |   |  |   |  |  |                  |          |  |                |  |                   |  |  |   |  |   |  |   |  |                  |         |  |        |  |                |  |  |  |  |   |  |   |  |  |  |  |  |  |           |                     |  |  |  |  |  |   |  |