

		LOCAL INFORMATION				LOCAL REPORT NUMBER*				
<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 type="checkbox"/> PRIVATE PROPERTY		REPORTING AGENCY NAME* Fairfield Police Department				NCIC* 00901				
COUNTY* 09		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* Fairfield				CRASH DATE/TIME* 12/23/2023 20:35		
REFERENCE LOCATION REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME Ross		ROAD TYPE RD	LATITUDE 39.307514		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY	
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Woodridge		ROAD TYPE BL	LONGITUDE -84.502570			
REFERENCE POINT 1 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		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				
DISTANCE FROM REFERENCE 1 - MILES 2 - FEET 3 - YARDS						NUMBER OF APPROACHES <input type="checkbox"/> ROADWAY DIVIDED				
LOCATION OF FIRST HARMFUL EVENT 1 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 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				MANNER OF CRASH COLLISION/IMPACT 6 1 - NOT COLLISION 2 - BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 3 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER/UNKNOWN				DIRECTION OF TRAVEL <input type="checkbox"/> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	MEDIAN TYPE <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 1 - BEFORE THE 1ST WORK ZONE 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA				CONTOUR 1	CONDITIONS 2	SURFACE 2
LIGHT CONDITION 3 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	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/ UNKNOWN
NARRATIVE <p>On 12/23/2023 at about 2035 hours Unit 1 was attempting to turn south on Ross Rd. from Woodridge westbound and, in doing so, failed to yield to oncoming traffic and crashed into Unit 2 who was eastbound on Woodridge Blvd.</p>						DIAGRAM <p>Not to scale</p>				
CRASH REPORTED DATE/TIME 12/23/2023 20:38		DISPATCH DATE/TIME 12/23/2023 20:40		ARRIVAL DATE/TIME 12/23/2023 20:54		SCENE CLEARED DATE/TIME 12/23/2023 21:35		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST		
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 0		TOTAL MINUTES 55	OFFICER'S NAME* Larsh, Samuel		CHECKED BY OFFICER'S NAME* Pohl, Daniel		SUPPLEMENT <small>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP)</small>	
					OFFICER'S BADGE NUMBER* 134		CHECKED BY OFFICER'S BADGE NUMBER* 130			

IR23-004563

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

1 ATAYDE, MARANYELIS

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

11350 ISLANDALE DR, CINCINNATI, OH 45240

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 JHH1119 WBA3N9C54FK246831 2015 BMW

INSURANCE COMPANY INSURANCE POLICY # COLOR VEHICLE MODEL

VERIFIED ALLSTATE INSURANCE 826335490 Blue 2S

TYPE OF USE US DOT # TOWED BY: COMPANY NAME WAYNES TOWING

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED # OCCUPANTS VEHICLE WEIGHT GVWR/GCWR

1 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)

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

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 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

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

99 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

NON-MOTORIST LOCATION AT IMPACT 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - 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 5 - BOTH 6 - PRE-CRASHES 7 - STRIKING & STRUCK ACTIONS 8 - MAKING RIGHT TURN 9 - MAKING LEFT TURN 10 - MAKING U-TURN 11 - MAKING PASSING 12 - MAKING TAILGATING 13 - STRAIGHT AHEAD 14 - BACKING 15 - CHANGING LANES 16 - OVERTAKING/ PASSING 17 - MAKING U-TURN 18 - MAKING LEFT TURN 19 - MAKING RIGHT TURN 20 - SLOWING OR STOPPED IN TRAFFIC 21 - PARKED 22 - WORKING 23 - SLOWING OR STOPPED IN TRAFFIC 24 - DRIVING 25 - DRIVING 26 - DRIVING 27 - DRIVING 28 - DRIVING 29 - DRIVING 30 - DRIVING 31 - DRIVING 32 - DRIVING 33 - DRIVING 34 - DRIVING 35 - DRIVING 36 - DRIVING 37 - DRIVING 38 - DRIVING 39 - DRIVING 40 - DRIVING 41 - DRIVING 42 - DRIVING 43 - DRIVING 44 - DRIVING 45 - DRIVING 46 - DRIVING 47 - DRIVING 48 - DRIVING 49 - DRIVING 50 - DRIVING 51 - DRIVING 52 - DRIVING 53 - DRIVING 54 - DRIVING 55 - DRIVING 56 - DRIVING 57 - DRIVING 58 - DRIVING 59 - DRIVING 60 - DRIVING 61 - DRIVING 62 - DRIVING 63 - DRIVING 64 - DRIVING 65 - 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SEQUENCE OF EVENTS EVENTS

1 20 1 - OVERTURN/ ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT

2 21 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 17 - ANIMAL - FARM MAINTENANCE EQUIPMENT

3 22 3 - IMMERSION 8 - RAN OFF ROAD 18 - ANIMAL - DEER MAINTENANCE EQUIPMENT

4 23 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 19 - OTHER NON-COLLISION 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE

5 24 5 - CARGO/EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 24 - PEDESTRIAN 25 - OTHER MOBILE OBJECT

6 25 25 - IMPACT 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT

7 26 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN 44 - DITCH 51 - WALL

8 27 33 - MEDIAN CABLE 39 - LIGHT/LUMINARIES 45 - EMBANKMENT 52 - BUILDING

9 28 34 - MEDIAN GUARDRAIL BARRIER 40 - SUPPORT 46 - FENCE 53 - TUNNEL

10 29 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE 47 - MAILBOX 54 - OTHER FIXED OBJECT

11 30 36 - MEDIAN OTHER BARRIER 42 - SUPPORT 48 - TREE 55 - OTHER UNKNOWN

12 31 37 - GUARDRAIL FACE 43 - CULVERT 49 - FIRE HYDRANT 99 - OTHER/UNKNOWN

13 32 1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

DAMAGE		DAMAGE SCALE	
4		1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY			
<img alt="Diagram of a vehicle showing various damage areas numbered 1 through 12. Areas 1-12 are arranged in a circular pattern around the vehicle, with 12 at the front, 11 at the top, 10 at the top-left, 9 at the top-right, 8			



MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER*

IR23-004563

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH				AGE	GENDER		
	1	ATAYDE, MARANYELIS											32	F		
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE						
11350 ISLANDALE DR, CINCINNATI, OH 45240																
INJURIES	INJURED TAKEN BY	EMS AGENCY(NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED	4	DOT-COMPLIANT MC HELMET	SEATING POSITION	1	AIR BAG USAGE	1	EJECTION	1	TRAPPED
4	1	CITY OF FAIRFIELD FIRE														
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE			OFFENSE DESCRIPTION			CITATION NUMBER				
OH				331.10a					Turning At Intersections			2300132557				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3			DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	1	ALCOHOL TEST	DRUG TEST(S)					
4					1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA			STATUS	1	TYPE	1	VALUE	1	RESULT SELECT UP TO 4
						<input type="checkbox"/> OTHER DRUG										
UNIT #	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH				AGE	GENDER			
2	MARTIN, ZACHARY WILLIAM TAYLOR							11/15/1994				29	M			
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE						
3525 WOODRIDGE BLVD, FAIRFIELD, OH 45014																
INJURIES	INJURED TAKEN BY	EMS AGENCY(NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED	4	DOT-COMPLIANT MC HELMET	SEATING POSITION	1	AIR BAG USAGE	1	EJECTION	1	TRAPPED
5																
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER						
OH																
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3			DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	1	ALCOHOL TEST	DRUG TEST(S)					
4					1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA			STATUS	1	TYPE	1	VALUE	1	RESULT SELECT UP TO 4
						<input type="checkbox"/> OTHER DRUG										
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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		CONDITION		ALCOHOL TEST	DRUG TEST(S)					
						<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA			STATUS		TYPE		VALUE		RESULT SELECT UP TO 4
						<input type="checkbox"/> OTHER DRUG										
INJURIES	SEATING POSITION	AIR BAG		OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION			TEST STATUS							
1 - FATAL	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED		1 - CLASS A	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED			1 - NONE GIVEN							
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT		2 - CLASS B	2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)			2 - TEST REFUSED							
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE		3 - CLASS C	3 - CORRECTIVE LENSES	3 - TALKING ON HAND-HELD COMMUNICATION DEVICE			3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE							
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE		4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER	4 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE			4 - TEST GIVEN, RESULTS KNOWN							
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE		5 - M/C MOPED ONLY	5 - EXCEPT CLASS A BUS	5 - PASSENGER			5 - TEST GIVEN, RESULTS UNKNOWN							
	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN		6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	6 - OTHER / UNKNOWN										
	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION		7 - EXCEPT TRACTOR-TRAILER	7 - EXCEPT	7 - OTHER / UNKNOWN										
	8 - THIRD - MIDDLE	OL ENDORSEMENT		8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER / UNKNOWN										
	9 - THIRD - RIGHT	H - HAZMAT		9 - LEARNER'S PERMIT RESTRICTIONS	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN										
	10 - SLEEPER SECTION OF TRUCK CAB	P - PASSENGER		10 - LIMITED TO DAYLIGHT ONLY	10 - LIMITED TO DAYLIGHT ONLY	10 - OTHER / UNKNOWN										
	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	N - TANKER		11 - LIMITED TO EMPLOYMENT	11 - LIMITED TO EMPLOYMENT	11 - OTHER / UNKNOWN										
		Q - MOTOR SCOOTER		12 - LIMITED - OTHER	12 - LIMITED - OTHER	12 - OTHER / UNKNOWN										
		R - THREE-WHEEL MOTORCYCLE		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13 - OTHER / UNKNOWN										
		S - SCHOOL BUS		14 - MILITARY VEHICLES ONLY	14 - MILITARY VEHICLES ONLY	14 - OTHER / UNKNOWN										
		T - DOUBLE & TRIPLE TRAILERS		15 - MOTOR VEHICLES WITHOUT AIR BRAKES	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	15 - OTHER / UNKNOWN										
		X - TANKER / HAZMAT		16 - OUTSIDE MIRROR	16 - OUTSIDE MIRROR	16 - OTHER / UNKNOWN										
		GENDER		17 - PROSTHETIC AID	17 - PROSTHETIC AID	17 - OTHER / UNKNOWN										
		F - FEMALE		18 - OTHER	18 - OTHER	18 - OTHER / UNKNOWN										
		M - MALE														
		U - OTHER / UNKNOWN														
SAFETY EQUIPMENT	TRAPPED	GENDER		CONDITION	1 - APPARENTLY NORMAL	1 - APPARENTLY NORMAL										
1 - NONE USED	1 - NOT TRAPPED	F - FEMALE		2 - PHYSICAL IMPAIRMENT	2 - PHYSICAL IMPAIRMENT	2 - PHYSICAL IMPAIRMENT										
2 - SHOULDER BELT ONLY USED	2 - EXTRICATED BY MECHANICAL MEANS	M - MALE		3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)										
3 - LAP BELT ONLY USED	3 - FREED BY NON-MECHANICAL MEANS	U - OTHER / UNKNOWN		4 - ILLNESS	4 - ILLNESS	4 - ILLNESS										
4 - SHOULDER & LAP BELT USED				5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.										
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING				6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL										
6 - CHILD RESTRAINT SYSTEM - REAR FACING				9 - OTHER / UNKNOWN	9 - OTHER / UNKNOWN	9 - OTHER / UNKNOWN										
7 - BOOSTER SEAT																
8 - HELMET USED																
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)																
10 - REFLECTIVE CLOTHING																
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY																
99 - OTHER / UNKNOWN																
ALCOHOL TEST TYPE	1 - NONE				2 - BLOOD	2 - BLOOD										
	3 - URINE				4 - BREATH	4 - BREATH										
	5 - OTHER															
DRUG TEST TYPE	1 - NONE				2 - BLOOD	2 - BLOOD										
	3 - URINE				4 - OTHER	4 - OTHER										
	DRUG TEST RESULT(S)				1 - AMPHETAMINES	1 - AMPHETAMINES										
					2 - BARBITURATES	2 - BARBITURATES										
					3 - BENZODIAZEPINES	3 - BENZODIAZEPINES										
					4 - CANNABINOID	4 - CANNABINOID										
					5 - COCAINE	5 - COCAINE										
					6 - OPIATES / OPIOIDS	6 - OPIATES / OPIOIDS										
					7 - OTHER	7 - OTHER										
					8 - NEGATIVE RESULTS	8 - NEGATIVE RESULTS										



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER*

IR23-004563

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER																																																																	
	2	DYTZEL, SARAH E				03/15/2000		23	F																																																																	
ADDRESS: STREET, CITY, STATE, ZIP 3525 WOODRIDGE BV, FAIRFIELD, OH 45014					CONTACT PHONE - INCLUDE AREA CODE																																																																					
INJURIES 4		INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 3	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1																																																																
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F - FEMALE	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED																																																																							
M - MALE		13 - TRAILING UNIT	1 - NOT TRAPPED																																																																							
U - OTHER / UNKNOWN		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS																																																																							
		15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS																																																																							
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER																																																																	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																																																																				
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