

Traffic Crash Report

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

☒ PHOTOS TAKEN ☐ SECONDARY CRASH ☐ PRIVATE PROPERTY		☐ OH-2 ☐ OH-3 ☒ OH-1P ☐ OTHER		LOCAL INFORMATION		2 3 0 2 3 1 3 4					
		REPORTING AGENCY NAME* Fairfield Police Department				NCIC* 0 0 9 0 1		HIT/SKIP 1 - SOLVED 12 - UNSOLVED		NUMBER OF UNITS 0 2	
COUNTY* 0 9		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield		CRASH DATE / TIME* 0 3 2 9 2 0 2 3 1 4 1 8				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		LOCATION ROAD NAME FAIRFIELD		ROAD TYPE A V		LATITUDE DECIMAL DEGREES 3 9 3 4 3 2 6 9	
ROUTE TYPE		ROUTE NUMBER		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) DORIS JANE		ROAD TYPE A V		LONGITUDE DECIMAL DEGREES 8 4 5 5 0 7 4 4	
REFERENCE POINT 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 PL - PLACE		ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE		INTERSECTION RELATED ☒ WITHIN INTERSECTION OR ON APPROACH ☐ WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 0 4	
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS								ROADWAY ☐ 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				MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 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				DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN (ANY TYPE) 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN	
WORK ZONE RELATED ☐ WORKERS PRESENT ☐ LAW ENFORCEMENT PRESENT ☐ ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/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 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN		CONDITIONS 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN	
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN				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							
NARRATIVE On March 29, 2023 at approximately 2:18 PM, Unit 1 was traveling westbound on Doris Jane Avenue approaching Fairfield Avenue. Unit 2 was traveling southbound on Fairfield Avenue approaching Doris Jane Avenue. Unit 1 then failed to yield to Unit 2 at the stop sign and struck it. Unit 2 was then propelled into a utility pole. Unit 2 then rolled onto its side. Due to the pole being struck, damage may have been caused to 903 Doris Jane Avenue. Owner of pole: Duke Energy, 1199 Nilles Road, Fairfield, Ohio 45014, Owner of 903 Doris Jane Avenue: Richard Pleshek, 1 Old Duxbury Court, Fairfield, Ohio 45014,						Indicate the north direction with an "N" on the compass diagram. Not to Scale					
CRASH REPORTED DATE / TIME 0 3 2 9 2 0 2 3 1 4 1 9		DISPATCH DATE / TIME 0 3 2 9 2 0 2 3 1 4 2 0		ARRIVAL DATE / TIME 0 3 2 9 2 0 2 3 1 4 2 3		SCENE CLEARED DATE / TIME 0 3 2 9 2 0 2 3 1 5 1 8		REPORT TAKEN BY ☒ POLICE AGENCY ☐ MOTORIST ☐ SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO CRASH)			
TOTAL TIME ROADWAY CLOSED 5 5		OTHER INVESTIGATION TIME 3 0		TOTAL MINUTES 8 8		OFFICER'S NAME* A. ROUSH		CHECKED BY OFFICER'S NAME* D. POWE		OFFICER'S BADGE NUMBER* 1 7 0	
								CHECKED BY OFFICER'S BADGE NUMBER* 1 3 0			

[illegible]

OWNER		LOCAL REPORT NUMBER	
UNIT # <u>02</u> OWNER NAME: LAST, FIRST, MIDDLE () SAME AS DRIVER <u>ARNOLD, RANDALL S</u>		<u>2 3 0 2 3 1 3 4</u>	
OWNER ADDRESS: STREET, CITY, STATE, ZIP () SAME AS DRIVER		DAMAGE	
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		DAMAGE SCALE	
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		<u>4</u> 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
LP STATE <u>OH</u> LICENSE PLATE # <u>GMZ6161</u> VEHICLE IDENTIFICATION # <u>3TMDZ15B1N3HM02171862</u> VEHICLE YEAR <u>2017</u> VEHICLE MAKE <u>TOYOTA</u>		DAMAGED AREA(S) INDICATE ALL THAT APPLY	
☒ INSURANCE VERIFIED <u>GEICO</u> INSURANCE POLICY # <u>6117397437</u> COLOR <u>BROWN</u> VEHICLE MODEL <u>TACOMA</u>			
TYPE OF USE ☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE		TOWED BY: COMPANY NAME <u>WAYNE'S TOWING</u>	
☐ INTERLOCK DEVICE EQUIPPED ☐ HIT/SKIP UNIT #OCCUPANTS <u>01</u> VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		HAZARDOUS MATERIAL ☐ MATERIAL RELEASED ☐ PLACARD CLASS # PLACARD ID #	
UNIT TYPE <u>04</u> 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST 4 - PICK UP 10 - MOPED OR MOTORIZED 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE 5 - CARGOVAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR 27 - TRAIN 6 - VAN (9-15 SEATS) 17 - MOTORHOME 28 - ANIMAL-DRAWN VEHICLE 99 - UNKNOWN OR HIT/SKIP		# OF TRAILING UNITS <u>00</u>	
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>02</u> 1 - YES 2 - NO 9 - OTHER / UNKNOWN		AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION	
SPECIAL FUNCTION <u>01</u> 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 SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING 5 - BUS - TRANSIT / COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL		CARGO BODY TYPE <u>01</u> 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER 2 - BUS 4 - LOGGING 6 - CARGO VAN / ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER 7 - GRAIN / CHIPS / GRAVEL 10 - FLAT BED 14 - GARBAGE / REFUSE 99 - OTHER / UNKNOWN	
VEHICLE DEFECTS 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT 3 - TAIL LAMPS 6 - TIRE BLOWOUT		NON-MOTORIST LOCATION AT IMPACT 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN / CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS	
ACTION <u>04</u> 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING 3 - STRIKING <u>01</u> 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST 4 - STRUCK PRE-CRASH ACTIONS 4 - OVERTAKING / PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVELESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN		INITIAL POINT OF CONTACT 0 - NO DAMAGE 14 - UNDERCARRIAGE 1 - 12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN	
CONTRIBUTING CIRCUMSTANCES <u>01</u> 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 / ACCA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING / FALLING / SPILLING 23 - OPENING DOOR INTO ROADWAY 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER / IMPROPER ACTION 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY 6 - IMPROPER TURN 12 - IMPROPER BACKING 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE		TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY	
SEQUENCE OF EVENTS 1 - 2 - 0 2 - 4 - 0 3 - 0 - 9 4 - 0 - 1 5 - 1 - 1 6 - 1 - 1		TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL	
NON-COLLISION 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 25 - WORK ZONE MAINTENANCE EQUIPMENT 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT 51 - WALL 37 - TRAFFIC SIGN POST 43 - CURB 52 - BUILDING 38 - OVERHEAD SIGN POST 44 - DITCH 53 - TUNNEL 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 54 - OTHER FIXED OBJECT 40 - UTILITY POLE 46 - FENCE 99 - OTHER / UNKNOWN 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 42 - CULVERT 48 - TREE 49 - FIRE HYDRANT		UNIT / NON-MOTORIST DIRECTION FROM <u>1</u> TO <u>2</u> 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
FIRST HARMFUL EVENT <u>1</u> MOST HARMFUL EVENT <u>1</u>		UNIT SPEED <u>25</u> POSTED SPEED <u>25</u> DETECTED SPEED <u>1</u> 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

2 3 0 2 3 1 3 4

UNIT # 0 1		NAME: LAST, FIRST, MIDDLE ACQUAH, ERNESTINA		DATE OF BIRTH 0 9 0 9 1 9 8 6		AGE 3 6		GENDER F											
ADDRESS: STREET, CITY, STATE, ZIP 318 CREEKSIDE DR APT 304, FAIRFIELD, OH 45014				CONTACT PHONE - INCLUDE AREA CODE L															
INJURIES 5		INJURED TAKEN BY		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 0 4		☐ DOT-COMPLIANT MC HELMET		SEATING POSITION 0 1		AIR BAG USAGE 3		EJECTION 1		TRAPPED 1	
OL STATE OH		OPERATOR LICENSE NUMBER		OFFENSE CHARGED 331.19a		LOCAL CODE ☒		OFFENSE DESCRIPTION STOP SIGN VIOLATION				CITATION NUMBER 254289							
OL CLASS 4		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1		ALCOHOL / DRUG SUSPECTED ☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		CONDITION 1		ALCOHOL TEST STATUS TYPE VALUE 1 1 .		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1					
UNIT # 0 2		NAME: LAST, FIRST, MIDDLE ARNOLD, JANE M		DATE OF BIRTH 0 1 2 7 1 9 9 2		AGE 3 1		GENDER F											
ADDRESS: STREET, CITY, STATE, ZIP 782 LOUISE AV, FAIRFIELD, OH, 45014				CONTACT PHONE - INCLUDE AREA CODE															
INJURIES 4		INJURED TAKEN BY 1		EMS AGENCY (NAME) FAIRFIELD EMS		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 0 4		☐ DOT-COMPLIANT MC HELMET		SEATING POSITION 0 1		AIR BAG USAGE 4		EJECTION 1		TRAPPED 3	
OL STATE OH		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE ☐		OFFENSE DESCRIPTION				CITATION NUMBER							
OL CLASS 4		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1		ALCOHOL / DRUG SUSPECTED ☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		CONDITION 1		ALCOHOL TEST STATUS TYPE VALUE 1 1 .		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 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 STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4					
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 AIR 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 HANDS-FREE 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 - TALKING ON HAND-HELD COMMUNICATION 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 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		5 - TEST GIVEN, RESULTS UNKNOWN							
INJURED TAKEN BY		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN		6 - NO VALID OL		6 - EXCEPT CLASS A & CLASS B BUS		6 - PASSENGER		ALCOHOL TEST TYPE							
1 - NOT TRANSPORTED / TREATED AT SCENE		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		EJECTION		OL ENDORSEMENT		7 - EXCEPT TRACTOR-TRAILER		7 - OTHER DISTRACTION INSIDE THE VEHICLE		1 - NONE							
2 - EMS		8 - THIRD - MIDDLE		1 - NOT EJECTED		H - HAZMAT		8 - INTERMEDIATE LICENSE RESTRICTIONS		8 - OTHER DISTRACTION OUTSIDE THE VEHICLE		2 - BLOOD							
3 - POLICE		9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED		M - MOTORCYCLE		9 - LEARNER'S PERMIT RESTRICTIONS		9 - OTHER / UNKNOWN		3 - URINE							
9 - OTHER / UNKNOWN		10 - SLEEPER SECTION OF TRUCK CAB		3 - TOTALLY EJECTED		P - PASSENGER		10 - LIMITED TO DAYLIGHT ONLY		10 - LIMITED TO EMPLOYMENT		4 - BREATH							
SAFETY EQUIPMENT		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		4 - NOT APPLICABLE		N - TANKER		11 - LIMITED TO EMPLOYMENT		11 - LIMITED TO EMPLOYMENT		5 - OTHER							
1 - NONE USED		12 - PASSENGER IN UNENCLOSED CARGO AREA		TRAPPED		Q - MOTOR SCOOTER		12 - LIMITED - OTHER		12 - LIMITED - OTHER		DRUG TEST TYPE							
2 - SHOULDER BELT ONLY USED		13 - TRAILING UNIT		1 - NOT TRAPPED		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)		1 - NONE							
3 - LAP BELT ONLY USED		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		2 - EXTRICATED BY MECHANICAL MEANS		S - SCHOOL BUS		14 - MILITARY VEHICLES ONLY		14 - MILITARY VEHICLES ONLY		2 - BLOOD							
4 - SHOULDER & LAP BELT USED		15 - NON-MOTORIST		3 - FREED BY NON-MECHANICAL MEANS		T - DOUBLE & TRIPLE TRAILERS		15 - MOTOR VEHICLES WITHOUT AIR BRAKES		15 - MOTOR VEHICLES WITHOUT AIR BRAKES		3 - URINE							
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		99 - OTHER / UNKNOWN		GENDER		X - TANKER / HAZMAT		16 - OUTSIDE MIRROR		16 - OUTSIDE MIRROR		4 - OTHER							
6 - CHILD RESTRAINT SYSTEM - REAR FACING				F - FEMALE				17 - PROSTHETIC AID		17 - PROSTHETIC AID		5 - OTHER							
7 - BOOSTER SEAT				M - MALE				18 - OTHER		18 - OTHER		DRUG TEST RESULT(S)							
8 - HELMET USED				U - OTHER / UNKNOWN								1 - AMPHETAMINES							
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)												2 - BARBITURATES							
10 - REFLECTIVE CLOTHING												3 - BENZODIAZEPINES							
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY												4 - CANNABINOIDS							
99 - OTHER / UNKNOWN												5 - COCAINE							
												6 - OPIATES / OPIOIDS							
												7 - OTHER							
												8 - NEGATIVE RESULTS							



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

2 3 0 2 3 1 3 4

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER																																																																									
1	BOADU, FELIX	1 0 2 2 1 9 8 5	3 7	M																																																																									
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE																																																																											
318 CREEKSIDE DR APT 304, FAIRFIELD, OH 45014																																																																													
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UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER																																																																									
1	ACQUAH, NANA	0 8 1 5 2 0 1 8	4	M																																																																									
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318 CREEKSIDE DR APT 304, FAIRFIELD, OH 45014																																																																													
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1	ACQUAH, KYRA	0 3 0 7 2 0 2 0	3	F																																																																									
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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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