



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

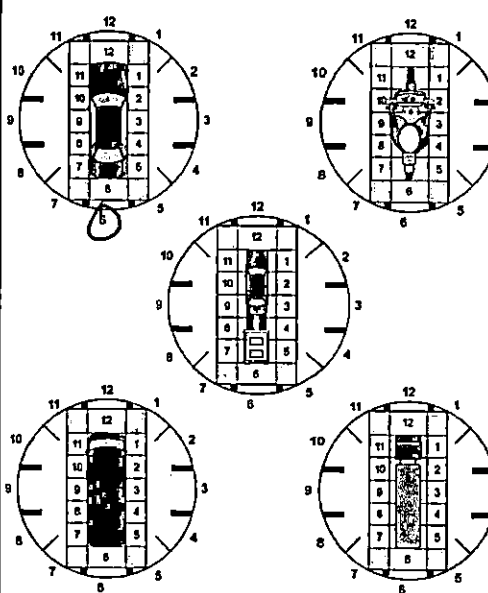
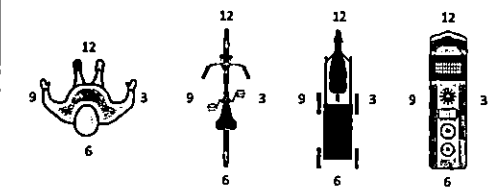
LOCAL REPORT NUMBER*

☐ PHOTOS TAKEN		☐ OH-2	☐ OH-3	LOCAL INFORMATION		2 3 0 1 4 5 5 2	
☐ SECONDARY CRASH		☐ OH-1P	☐ OTHER	REPORTING AGENCY NAME*		NGIC*	
		☒ PRIVATE PROPERTY		Fairfield Police Department		0 0 9 0 1	
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*		CRASH DATE / TIME*		CRASH SEVERITY	
0 9	1 2-VILLAGE 3-TOWNSHIP	City of Fairfield		0 2 2 4 2 0 2 3 1 5 0 0		5 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	ROAD TYPE	LATITUDE DECIMAL DEGREES	
				Holden	B L	3 9 . 3 3 7 6 3 1	
ROUTE TYPE	ROUTE NUMBER	PREFIX	1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES	
				8800		8 4 . 5 1 6 6 0 5	
REFERENCE POINT	DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED			
1-INTERSECTION	1-NORTH	IR-INTERSTATE ROUTE(TP)	AL-ALLEY	☐ WITHIN INTERSECTION OR ON APPROACH			
2-MILE POST	2-SOUTH	US-FEDERAL US ROUTE	AV-AVENUE	☐ WITHIN INTERCHANGE AREA			
3-HOUSE #	3-EAST	SR-STATE ROUTE	BL-BOULEVARD	NUMBER OF APPROACHES			
	4-WEST	CR-NUMBERED COUNTY ROUTE	CR-CIRCLE	ROADWAY			
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE	TR-NUMBERED TOWNSHIP ROUTE	CT-COURT	☐ ROADWAY DIVIDED			
	1-MILES		DR-DRIVE				
	2-Feet		HE-HEIGHTS				
	3-YARDS		PL-PLACE				
LOCATION OF FIRST HARMFUL EVENT		MANNER OF CRASH COLLISION/IMPACT		DIRECTION OF TRAVEL		MEDIAN TYPE	
1-ON ROADWAY		1-NOT COLLISION		1-NORTH		1-DIVIDED FLUSH MEDIAN (<4 FEET)	
2-ON SHOULDER		4-REAR-TO-REAR		2-SOUTH		2-DIVIDED FLUSH MEDIAN (>4 FEET)	
3-IN MEDIAN		5-BACKING		3-EAST		3-DIVIDED, DEPRESSED MEDIAN	
4-ON ROADSIDE		6-ANGLE		4-WEST		4-DIVIDED, RAISED MEDIAN (ANY TYPE)	
5-ON GORE		7-SIDESWIPE, SAME DIRECTION				9-OTHER/UNKNOWN	
6-OUTSIDE TRAFFIC WAY		8-SIDESWIPE, OPPOSITE DIRECTION					
7-ON RAMP		9-OTHER / UNKNOWN					
8-OFF RAMP							
99-OTHER / UNKNOWN							
☐ WORK ZONE RELATED		WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE		CONTOUR	
☐ WORKERS PRESENT		1-LANE CLOSURE		1-BEFORE THE 1ST WORK ZONE WARNING SIGN		1	
☐ LAW ENFORCEMENT PRESENT		2-LANE SHIFT/CROSSOVER		2-ADVANCE WARNING AREA		2	
☐ ACTIVE SCHOOL ZONE		3-WORK ON SHOULDER OR MEDIAN		3-TRANSITION AREA		1-CONCRETE	
		4-INTERMITTENT OR MOVING WORK		4-ACTIVITY AREA		2-BLACKTOP, BITUMINOUS, ASPHALT	
		5-OTHER		5-TERMINATION AREA		3-BRICK/BLOCK	
LIGHT CONDITION		WEATHER		CONDITIONS		SURFACE	
1-DAYLIGHT		1-CLEAR		1-DRY		1-CONCRETE	
2-DAWN/DUSK		2-CLOUDY		2-WET		2-BLACKTOP, BITUMINOUS, ASPHALT	
3-DARK - LIGHTED ROADWAY		3-FOG, SMOG, SMOKE		3-SNOW		3-BRICK/BLOCK	
4-DARK - ROADWAY NOT LIGHTED		4-RAIN		4-ICE		4-SLAG, GRAVEL, STONE	
5-DARK - UNKNOWN ROADWAY LIGHTING		5-SLEET, HAIL		5-SAND, MUD, DIRT, OIL, GRAVEL		5-DIRT	
9-OTHER / UNKNOWN		6-SNOW		6-WATER (STANDING, MOVING)		9-OTHER/UNKNOWN	
		7-SEVERE CROSSWINDS		7-SLUSH			
		8-BLOWING SAND, SOIL, DIRT, SNOW		9-OTHER/UNKNOWN			
		9-FREEZING RAIN OR FREEZING DRIZZLE					
		99-OTHER / UNKNOWN					
NARRATIVE							
On February 24, 2023, at 3:00 P.M., unit #2 was backing out of a parking spot at Fairfield High School when unit #1 struck the unit in the rear while also backing out. Unit #1 then fled from the scene. Unit #2 captured a picture of unit #1 license plate before they left the parking lot. Unit #1 driver was identified and cited for leaving the scene.							
Indicate the north direction with an "N" on the compass diagram.							
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME	
0 2 2 4 2 0 2 3 1 5 0 0		0 2 2 4 2 0 2 3 1 5 1 3		0 2 2 4 2 0 2 3 1 5 2 0		0 2 2 4 2 0 2 3 1 6 0 4	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*	
3 0		8 1		1 7 5		P.O. Spradling	
						CHECKED BY OFFICER'S NAME*	
						D. Pom	
						CHECKED BY OFFICER'S BADGE NUMBER*	
						1 3 0	
						REPORT TAKEN BY	
						☒ POLICE AGENCY	
						☐ MOTORIST	
						☐ SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO HQ#2)	

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (☒ SAME AS DRIVER)
	011	Reliford-Stone, Dalziel L	
VEHICLE	OWNER ADDRESS: STREET, CITY, STATE, ZIP (☒ SAME AS DRIVER)	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP	
EVENT(S)	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #
	OH	POOHZ2	2T12HA31U44C035280
	INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #
	☒	Sonnenburg Mutual	SSV 3402043553-4
	TYPE OF USE	US DOT #	TOWED BY: COMPANY NAME
	☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE		
	INTERLOCK DEVICE EQUIPPED	HIT/SKIP UNIT	#OCCUPANTS
	☐	☒	01
	VEHICLE WEIGHT GVWR/GCWR	HAZARDOUS MATERIAL	
	1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	☐ MATERIAL RELEASED ☐ PLACARD CLASS # PLACARD ID #	
	UNIT TYPE	VEHICLE MAKE	
	03	Lexus	
	# OF TRAILING UNITS	VEHICLE MODEL	
	0	RX330	
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	AUTONOMOUS MODE LEVEL	
	2 1-YES 2-NO 9-OTHER/UNKNOWN	0 1-DRIVER ASSISTANCE 2-PARTIAL AUTOMATION	
	SPECIAL FUNCTION	VEHICLE MAKE	
	01	Lexus	
	CARGO BODY TYPE	VEHICLE MODEL	
	01	RX330	
	VEHICLE DEFECTS	VEHICLE MAKE	
		Lexus	
	NON-MOTORIST LOCATION AT IMPACT	VEHICLE MODEL	
		RX330	
	ACTION	VEHICLE MAKE	
	3	Lexus	
	CONTRIBUTING CIRCUMSTANCES	VEHICLE MODEL	
		RX330	
	SEQUENCE OF EVENTS	VEHICLE MAKE	
		Lexus	
	FIRST HARMFUL EVENT	MOST HARMFUL EVENT	
	1	1	

LOCAL REPORT NUMBER	
2 3 0 1 4 5 5 2	
DAMAGE	
DAMAGE SCALE	
1 - NONE 3 - FUNCTIONAL DAMAGE	
2 - MINOR DAMAGE 4 - DISABLING DAMAGE	
9 - UNKNOWN	
2	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
☐ - NO DAMAGE [0] ☐ - UNDERCARRIAGE [14]	
☐ - TOP [13] ☐ - ALL AREAS [15]	
☐ - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT	
0 - NO DAMAGE 14 - UNDERCARRIAGE	
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE	
13 - TOP 99 - UNKNOWN	
6	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN
2 - TWO-WAY	2 - SIGNAL 5 - YIELD SIGN
	3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
	1 - NOT INVOLVED
	2 - INVOLVED-ACTIVE CROSSING
	3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
1 - NORTH 5 - NORTHEAST	
2 - SOUTH 6 - NORTHWEST	
3 - EAST 7 - SOUTHEAST	
4 - WEST 8 - SOUTHWEST	
9 - OTHER / UNKNOWN	
UNIT SPEED	DETECTED SPEED
5	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED
POSTED SPEED	
1 0	

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE () SAME AS DRIVER	OWNER PHONE: INCLUDE AREA CODE () SAME AS DRIVER			
	012	Mann, Steven P				
OWNER ADDRESS: STREET, CITY, STATE, ZIP () SAME AS DRIVER						
3375 Muskopf Court, Fairfield, OH, 45014						
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE				
VEHICLE	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE	
	OH	JXP6247	119XFC21E511HE0113777	2017	Honda	
	INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL	
		American Family	1050-3662-03-50-FPPA-OH	Gray	Civic	
	TYPE OF USE	IN EMERGENCY RESPONSE	US DOT #	TOWED BY: COMPANY NAME		
	COMMERCIAL	GOVERNMENT				
	INTERLOCK DEVICE EQUIPPED	HIT/SKIP UNIT	#OCCUPANTS	HAZARDOUS MATERIAL		
			01	MATERIAL CLASS # PLACARD ID #		
	UNIT TYPE		VEHICLE WEIGHT GVWR/GCWR			
	01		1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.			
1 - PASSENGER CAR		12 - GOLF CART				
2 - PASSENGER VAN (MINIVAN)		13 - SNOWMOBILE				
3 - SPORT UTILITY VEHICLE		14 - SINGLE UNIT TRUCK				
4 - PICK UP		15 - SEMI-TRACTOR				
5 - CARGO VAN		16 - FARM EQUIPMENT				
6 - VAN (9-15 SEATS)		17 - MOTORHOME				
# OF TRAILING UNITS		18 - LIMO (LIVERY VEHICLE)				
0		19 - BUS (15+ PASSENGERS)				
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		20 - OTHER VEHICLE				
2		21 - HEAVY EQUIPMENT				
1 - YES 2 - NO 9 - OTHER / UNKNOWN		22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE				
AUTONOMOUS MODE LEVEL		23 - PEDESTRIAN / SKATER				
0		24 - WHEELCHAIR (ANY TYPE)				
1 - NONE		25 - OTHER NON-MOTORIST				
2 - TAXI		26 - BICYCLE				
3 - ELECTRONIC RIDE SHARING		27 - TRAIN				
4 - SCHOOL TRANSPORT		99 - UNKNOWN OR HIT/SKIP				
5 - BUS - TRANSIT/COMMUTER						
SPECIAL FUNCTION		0 - NO AUTOMATION				
01		1 - DRIVER ASSISTANCE				
1 - NO CARGO BODY TYPE / NOT APPLICABLE		2 - PARTIAL AUTOMATION				
2 - BUS		3 - CONDITIONAL AUTOMATION				
3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE		4 - HIGH AUTOMATION				
4 - LOGGING		5 - FULL AUTOMATION				
5 - BUS - TRANSIT/COMMUTER						
CARGO BODY TYPE		11 - FIRE				
01		12 - MILITARY				
1 - TURN SIGNALS		13 - POLICE				
2 - HEAD LAMPS		14 - PUBLIC UTILITY				
3 - TAIL LAMPS		15 - CONSTRUCTION EQUIPMENT				
VEHICLE DEFECTS		16 - FARM				
1 - INTERSECTION - MARKED CROSSWALK		17 - MOWING				
2 - INTERSECTION - UNMARKED CROSSWALK		18 - SNOW REMOVAL				
3 - INTERSECTION - OTHER		19 - TOWING				
4 - MIDBLOCK - MARKED CROSSWALK		20 - SAFETY SERVICE PATROL				
5 - TRAVEL LANE - OTHER LOCATION						
6 - BICYCLE LANE		12 - CONCRETE MIXER				
7 - SHOULDER / ROADSIDE		13 - AUTO TRANSPORTER				
8 - SIDEWALK		14 - GARBAGE/REFUSE				
9 - MEDIAN/CROSSING ISLAND		99 - OTHER / UNKNOWN				
10 - DRIVEWAY ACCESS						
11 - SHARED USE PATHS OR TRAILS						
12 - FIRST RESPONDER AT INCIDENT SCENE						
99 - OTHER / UNKNOWN						
ACTION		1 - NON-CONTACT				
04		2 - NON-COLLISION				
3 - STRIKING		3 - CHANGING LANES				
4 - STRUCK		4 - OVERTAKING/PASSING				
5 - BOTH STRIKING & STRUCK		5 - MAKING RIGHT TURN				
6 - IMPROPER TURN		6 - MAKING LEFT TURN				
9 - OTHER / UNKNOWN		7 - MAKING U-TURN				
1 - NONE		8 - ENTERING TRAFFIC LANE				
2 - FAILURE TO YIELD		9 - LEAVING TRAFFIC LANE				
3 - RAN RED LIGHT		10 - PARKED				
4 - RAN STOP SIGN		11 - SLOWING OR STOPPED IN TRAFFIC				
5 - UNSAFE SPEED		12 - DRIVERLESS				
6 - IMPROPER TURN		13 - IMPROPER START FROM A PARKED POSITION				
CONTRIBUTING CIRCUMSTANCES		14 - STOPPED OR PARKED ILLEGALLY				
01		15 - SWERVING TO AVOID				
1 - NONE		16 - WRONG WAY				
2 - LEFT OF CENTER		17 - VISION OBSTRUCTION				
3 - FOLLOWING TOO CLOSE / ACDA		18 - OPERATING DEFECTIVE EQUIPMENT				
4 - IMPROPER LANE CHANGE		19 - LOAD SHIFTING/FALLING/SPILLING				
5 - IMPROPER PASSING		20 - IMPROPER CROSSING				
6 - DROVE OFF ROAD		21 - LYING IN ROADWAY				
7 - IMPROPER BACKING		22 - NOT DISCERNIBLE				
8 - IMPROPER START FROM A PARKED POSITION		23 - OPENING DOOR INTO ROADWAY				
9 - STOPPED OR PARKED ILLEGALLY		99 - OTHER IMPROPER ACTION				
10 - SWERVING TO AVOID						
11 - WRONG WAY						
SEQUENCE OF EVENTS		16 - RAILWAY VEHICLE				
1 2 0		17 - ANIMAL - FARM				
1 - OVERTURN/ROLLOVER		18 - ANIMAL - DEER				
2 - FIRE/EXPLOSION		19 - ANIMAL - OTHER				
3 - IMMERSION		20 - MOTOR VEHICLE IN TRANSPORT				
4 - JACKKNIFE		21 - PARKED MOTOR VEHICLE				
5 - CARGO / EQUIPMENT LOSS OR SHIFT		22 - WORK ZONE MAINTENANCE EQUIPMENT				
6 - IMPROPER TURN		23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE				
31 - GUARDRAIL END		24 - OTHER MOVABLE OBJECT				
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		MOST HARMFUL EVENT				
1		1				

LOCAL REPORT NUMBER	
2 3 0 1 4 5 5 2	
DAMAGE	
DAMAGE SCALE	
1 - NONE 3 - FUNCTIONAL DAMAGE	
2 - MINOR DAMAGE 4 - DISABLING DAMAGE	
9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
	
	
☐ - NO DAMAGE [0] ☐ - UNDERCARRIAGE [14]	
☐ - TOP [13] ☐ - ALL AREAS [15]	
☐ - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT	
0 - NO DAMAGE 14 - UNDERCARRIAGE	
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE	
99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN
2 - TWO-WAY	2 - SIGNAL 5 - YIELD SIGN
	3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
	1 - NOT INVOLVED
	2 - INVOLVED-ACTIVE CROSSING
	3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
1 - NORTH 5 - NORTHEAST	
2 - SOUTH 6 - NORTHWEST	
3 - EAST 7 - SOUTHEAST	
4 - WEST 8 - SOUTHWEST	
9 - OTHER / UNKNOWN	
UNIT SPEED	DETECTED SPEED
5	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED
POSTED SPEED	
1 0	



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER													
2 3 0 1 4 5 5 2													
UNIT #	NAME: LAST, FIRST, MIDDLE												
0 1	Stone, William G												
ADDRESS: STREET, CITY, STATE, ZIP					DATE OF BIRTH		AGE	GENDER					
5829 Emerald Lake Drive, Fairfield, OH, 45014					0 2 2 5 2 0 0 6		1 6	M					
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			
5					0 4	☐	0 1	1	1	1			
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER					
O H			4549.021A		☐	Leaving the scene		253246					
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)			
4				1	☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		1	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4
								1	1		1	1	
UNIT #	NAME: LAST, FIRST, MIDDLE												
0 2	Blackwell, Camden I												
ADDRESS: STREET, CITY, STATE, ZIP					DATE OF BIRTH		AGE	GENDER					
12126 Brookway Drive, Cincinnati, OH, 45240					0 7 0 8 2 0 0 6		1 6	M					
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			
5					0 4	☐	0 1	1	1	1			
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER					
O H					☐								
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)			
4				1	☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		1	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4
								1	1		1	1	
UNIT #	NAME: LAST, FIRST, MIDDLE												
ADDRESS: STREET, CITY, STATE, ZIP					DATE OF BIRTH		AGE	GENDER					
							0						
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		CONDITION	ALCOHOL TEST		DRUG TEST(S)			
					☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG			STATUS	TYPE	VALUE	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 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 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 = DI)	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 & CLASS B 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	7-EXCEPT TRACTOR-TRAILER	6-PASSENGER	ALCOHOL TEST TYPE							
1-NOT TRANSPORTED / TREATED AT SCENE	7-THIRD-LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION	OL ENDORSEMENT	8-INTERMEDIATE LICENSE RESTRICTIONS	7-OTHER DISTRACTION INSIDE THE VEHICLE	1-NONE							
2-EMS	8-THIRD-MIDDLE	1-NOT EJECTED	H-HAZMAT	9-LEARNER'S PERMIT RESTRICTIONS	8-OTHER DISTRACTION OUTSIDE THE VEHICLE	2-BLOOD							
3-POLICE	9-THIRD-RIGHT SIDE	2-PARTIALLY EJECTED	M-MOTORCYCLE	10-LIMITED TO DAYLIGHT ONLY	9-OTHER / UNKNOWN	3-URINE							
9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB	3-TOTALLY EJECTED	P-PASSENGER	11-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	12-LIMITED-OTHER		5-OTHER							
1-NONE USED	12-PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED	Q-MOTOR SCOOTER	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		DRUG TEST TYPE							
2-SHOULDER BELT ONLY USED	13-TRAILING UNIT	1-NOT TRAPPED	R-THREE-WHEEL MOTORCYCLE	14-MILITARY VEHICLES ONLY		1-NONE							
3-LAP BELT ONLY USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2-EXTRICATED BY MECHANICAL MEANS	S-SCHOOL BUS	15-MOTOR VEHICLES WITHOUT AIR BRAKES		2-BLOOD							
4-SHOULDER & LAP BELT USED	15-NON-MOTORIST	3-FREED BY NON-MECHANICAL MEANS	T-DOUBLE & TRIPLE TRAILERS	16-OUTSIDE MIRROR		3-URINE							
5-CHILD RESTRAINT SYSTEM FORWARD FACING	99-OTHER / UNKNOWN		X-TANKER / HAZMAT	17-PROSTHETIC AID		4-OTHER							
6-CHILD RESTRAINT SYSTEM REAR FACING				18-OTHER		DRUG TEST RESULTS(S)							
7-BOOSTER SEAT						1-AMPHETAMINES							
8-HELMET USED						2-BARBITURATES							
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						3-BENZODIAZEPINES							
10-REFLECTIVE CLOTHING						4-CANNABINOIDS							
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY						5-COCAINE							
99-OTHER / UNKNOWN						6-OPiates / OPioids							
						7-OTHER							
						8-NEGATIVE RESULTS							