



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL INFORMATION				*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT				LOCAL REPORT NUMBER*							
<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input checked="" type="checkbox"/> PRIVATE PROPERTY <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER		REPORTING AGENCY NAME* Fairfield Police Department				NCIC* 0,0,9,0,1		2,3,0,0,9,9,5,0 HIT/SKIP 1-SOLVED 2-UNSOLVED		NUMBER OF UNITS 0,1		UNIT IN ERROR 0,1 98-ANIMAL 99-UNKNOWN			
COUNTY* 0,9		LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield				CRASH DATE / TIME* 0,2,0,7,2,0,2,3,1,5,3,6				CRASH SEVERITY 5 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY			
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME Pleasant		ROAD TYPE A V	LATITUDE DECIMAL DEGREES 3,9,3,3,8,1,7,1								
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 5200		ROAD TYPE	LONGITUDE DECIMAL DEGREES -8,4,5,5,9,7,7,4								
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 ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA				NUMBER OF APPROACHES				
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS						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				MANNER OF CRASH COLLISION/IMPACT 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				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 4-DIVIDED, RAISED 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 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	CONDITIONS 1	SURFACE 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		WEATHER 0,2 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL						1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN							
NARRATIVE <p>On 2/7/23 at 3:36 P.M. Unit 1 was traveling through a drive through at 5200 Pleasant Avenue. Unit 1 struck a pillar in the drive through and left the scene without contacting authorities or exchanging information.</p> <p>Owner of the pillar is Chase Bank at 5200 Pleasant Avenue.</p>												 Indicate the north direction with an "N" on the compass diagram.			
CRASH REPORTED DATE / TIME 0,2,0,7,2,0,2,3,1,5,3,6				DISPATCH DATE / TIME 0,2,0,7,2,0,2,3,1,5,4,9				ARRIVAL DATE / TIME 0,2,0,7,2,0,2,3,1,5,5,3				SCENE CLEARED DATE / TIME 0,2,0,7,2,0,2,3,1,6,0,4		REPORT TAKEN BY	
TOTAL TIME ROADWAY CLOSED 0,0		OTHER INVESTIGATION TIME 2,0		TOTAL MINUTES 3,5		OFFICER'S NAME* N. Davis		CHECKED BY OFFICER'S NAME* <i>Sgt Aaron Meyer</i>				<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST			
						OFFICER'S BADGE NUMBER* 1,6,9		CHECKED BY OFFICER'S BADGE NUMBER* <i>3,7</i>				<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OGS)			



UNIT

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: (INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER)
0_1	Tzay, Walter Mauricio Imul	
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER)	1650 Continental Dr. Cincinnati, OH 45246	
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP	COMMERCIAL CARRIER PHONE: (INCLUDE AREA CODE)	

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
O_H	PLM4536	1GCUHAD416A1130597	2010	Chevrolet
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
			White	Ex. Carg
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE		
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input checked="" type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR	HAZARDOUS MATERIAL
		0_2	1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD

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 - CARGO VAN	BICYCLE	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR	27 - TRAIN
6 - VAN (9-15 SEATS)	11 - ALL-TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	ANIMAL-DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP

10 # OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN
<input type="checkbox"/> 1 - YES	1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION	
<input type="checkbox"/> 2 - NO	2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION	

1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM	21 - MAIL CARRIER
<input type="checkbox"/> 2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	17 - MOWING	99 - OTHER/UNKNOWN
<input type="checkbox"/> 3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	18 - SNOW REMOVAL	
<input type="checkbox"/> 4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	19 - TOWING	
<input type="checkbox"/> 5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL	

1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER
<input type="checkbox"/> 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
			11 - DUMP	99 - OTHER/UNKNOWN

1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE	99 - OTHER/UNKNOWN
<input type="checkbox"/> 2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	10 - DISABLED FROM PRIOR ACCIDENT	
<input type="checkbox"/> 3 - TAIL LAMPS	6 - TIRE BLOWOUT			

1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE
<input type="checkbox"/> 2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	
	5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	99 - OTHER/UNKNOWN

1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE
<input type="checkbox"/> 2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19 - STANDING
<input type="checkbox"/> 3 - STRIKING	<input type="checkbox"/> 0_1 3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	15 - WALKING, RUNNING, JOGGING, PLAYING	20 - OTHER NON-MOTORIST
<input type="checkbox"/> 4 - STRUCK	4 - OVERTAKING/PASSING	10 - PARKED	16 - WORKING	21 - STANDING OUTSIDE DISABLED VEHICLE
<input type="checkbox"/> 5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	17 - PUSHING VEHICLE	99 - OTHER/UNKNOWN
	6 - MAKING LEFT TURN	12 - DRIVINGLESS		

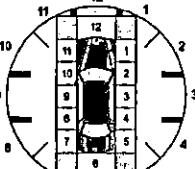
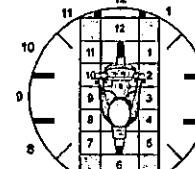
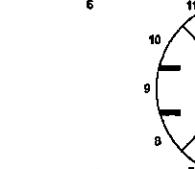
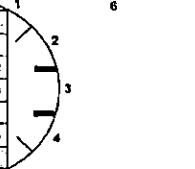
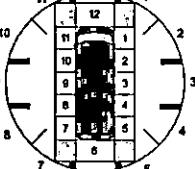
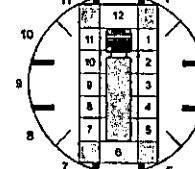
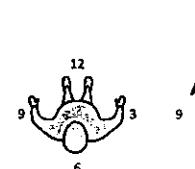
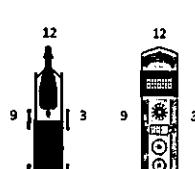
1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY
<input type="checkbox"/> 2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / ACCA	14 - STOPPED OR PARKED ILLEGALLY	18 - OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE
<input type="checkbox"/> 3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	15 - SWERVING TO AVOID	19 - LOAD SHIFTING/FALLING/SPILLING	23 - OPENING DOOR INTO ROADWAY
<input type="checkbox"/> 4 - RAN STOP SIGN	10 - IMPROPER PASSING	16 - WRONG WAY	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION
<input type="checkbox"/> 5 - UNSAFE SPEED	11 - DROVE OFF ROAD			
<input type="checkbox"/> 6 - IMPROPER TURN	12 - IMPROPER BACKING			

SEQUENCE OF EVENTS

1 - 4_1	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT
	2 - FIRE EXPLOSION	7 - SEPARATION OF UNITS	17 - ANIMAL - FARM	18 - ANIMAL - DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	18 - DOWNHILL RUNAWAY	19 - ANIMAL - OTHER	20 - MOTOR VEHICLE IN TRANSPORT BY A MOTOR VEHICLE
21	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	13 - OTHER NON-COLLISION	21 - PARKED MOTOR VEHICLE	24 - OTHER MOBILE OBJECT
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	14 - PEDESTRIAN		
			15 - PEDALCYCLE		

4	1 - 4_1	1 - COLLISION WITH FIXED OBJECT	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT
	2 - IMPACT ATTENUATOR	2 - CRASH CUSHION	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH	
	3 - BRIDGE OVERHEAD STRUCTURE	33 - MEDIAN CABLE BARRIER	39 - LIGHT/LUMINARIES SUPPORT	45 - EMBANKMENT	51 - WALL	
5	4 - 27 - BRIDGE PIER OR ABUTMENT	34 - MEDIAN GUARDRAIL	40 - UTILITY POLE	46 - FENCE	52 - BUILDING	
	5 - BRIDGE PARAPET	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX	53 - TUNNEL	
6	6 - 29 - BRIDGE RAIL	36 - MEDIAN OTHER BARRIER	48 - TREE	49 - FIRE HYDRANT	54 - OTHER FIXED OBJECT	
	30 - GUARDRAIL FACE		42 - CUVERT		99 - OTHER/UNKNOWN	

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER	
2 3 0 0 9 9 5 0	
DAMAGE	
DAMAGE SCALE	
9	1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
       	
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14]	
<input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15]	
<input checked="" type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT	
0 - NO DAMAGE 14 - UNDERCARRIAGE	
9_9 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
13 - TOP	
TRAFFIC	
TRAFFIC WAY FLOW	TRAFFIC CONTROL
<input type="checkbox"/> 1 - ONE WAY	1 - ROUNDABOUT 4 - STOP SIGN
<input type="checkbox"/> 2 - TWO WAY	2 - SIGNAL 5 - YIELD SIGN
<input type="checkbox"/> 6	3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
<input type="checkbox"/> 1	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	
FROM 3 TO 4	
UNIT SPEED	
<input type="checkbox"/> 1 - 0	DETECTED SPEED
<input type="checkbox"/> 1	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	

LOCAL REPORT NUMBER										
2 3 0 0 9 9 5 0					DATE OF BIRTH	AGE	GENDER			
					0					
CONTACT PHONE - INCLUDE AREA CODE										
MOTORIST / NON-MOTORIST	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		
MOTORIST / NON-MOTORIST	OL CLASS	ENDORSEMENT SELECT UPTO 2	RESTRICTION SELECT UPTO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST	DRUG TEST(S)		
	OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED		LOCAL CODE	STATUS	TYPE	VALUE	STATUS	TYPE
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE			
MOTORIST / NON-MOTORIST	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		
MOTORIST / NON-MOTORIST	OL CLASS	ENDORSEMENT SELECT UPTO 2	RESTRICTION SELECT UPTO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST	DRUG TEST(S)		
	OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED		LOCAL CODE	STATUS	TYPE	VALUE	STATUS	TYPE
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE			
MOTORIST / NON-MOTORIST	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		
MOTORIST / NON-MOTORIST	OL CLASS	ENDORSEMENT SELECT UPTO 2	RESTRICTION SELECT UPTO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST	DRUG TEST(S)		
	OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED		LOCAL CODE	STATUS	TYPE	VALUE	STATUS	TYPE
MOTORIST / NON-MOTORIST	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-COL INTRASTATE ONLY	2-MANUALLY OPERATING AN ELECTRONIC DEVICE	2-TEST REFUSED				
3-SUSPECTED MINOR INJURY	3-FRONT-RIGHT SIDE	3-DEPLOYED SIDE	3-CLASS C	3-CORRECTIVE LENSES	3-PASSANGER	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-DEVICE (TEXTING, TYPING, DIALING)	4-TEST GIVEN, RESULTS UNKNOWN				
5-NO APPARENT INJURY	5-SECOND-MIDDLE	5-NOT APPLICABLE	5-MC/MOPED ONLY	5-EXCEPT CLASS A BUS	5-TALKING ON HANDS-FREE COMMUNICATION DEVICE	5-TEST GIVEN, RESULTS UNKNOWN				
6-NO APPARENT INJURY	6-SECOND-RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-NO VALID OL & CLASS B BUS	6-EXCEPT CLASS A & CLASS B BUS	6-TALKING ON HAND-HELD COMMUNICATION DEVICE	6-UNKNOWN				
7-NO APPARENT INJURY	7-THIRD-LEFT SIDE (MOTORCYCLE SIDE CAR)	7-NOT APPLICABLE	7-EXCEPT TRACTOR-TRAILER	7-EXCEPT TRACTOR-TRAILER	7-EXCEPT TRACTOR-TRAILER	7-ALCOHOL TEST TYPE				
8-NO APPARENT INJURY	8-THIRD-MIDDLE	8-NOT APPLICABLE	8-INTERMEDIATE LICENSE RESTRICTIONS	8-INTERMEDIATE LICENSE RESTRICTIONS	8-INTERMEDIATE LICENSE RESTRICTIONS	8-1-NONE				
9-NO APPARENT INJURY	9-THIRD-RIGHT SIDE	9-NOT APPLICABLE	9-LEARNER'S PERMIT RESTRICTIONS	9-LEARNER'S PERMIT RESTRICTIONS	9-LEARNER'S PERMIT RESTRICTIONS	8-2-BLOOD				
10-NO APPARENT INJURY	10-SLEEPER SECTION OF TRUCK CAB	10-NOT APPLICABLE	10-PASSANGER	10-PASSANGER	10-PASSANGER	8-3-URINE				
11-NO APPARENT INJURY	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11-NOT APPLICABLE	11-TANKER	11-TANKER	11-TANKER	8-4-BREATH				
12-NO APPARENT INJURY	12-PASSENGER IN UNENCLOSED CARGO AREA	12-NOT APPLICABLE	12-MOTOR SCOOTER	12-MOTOR SCOOTER	12-MOTOR SCOOTER	8-5-OTHER				
13-NO APPARENT INJURY	13-TRAILING UNIT	13-NOT APPLICABLE	13-THREE-WHEEL MOTORCYCLE	13-THREE-WHEEL MOTORCYCLE	13-THREE-WHEEL MOTORCYCLE	9-ALCOHOL TEST TYPE				
14-NO APPARENT INJURY	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14-NOT APPLICABLE	14-SCHOOL BUS	14-SCHOOL BUS	14-SCHOOL BUS	9-1-NONE				
15-NO APPARENT INJURY	15-NON-MOTORIST	15-NOT APPLICABLE	15-T-DOUBLE & TRIPLE TRAILERS	15-T-DOUBLE & TRIPLE TRAILERS	15-T-DOUBLE & TRIPLE TRAILERS	9-2-BLOOD				
16-NO APPARENT INJURY	16-OTHER / UNKNOWN	16-NOT APPLICABLE	16-X-TANKER / HAZMAT	16-X-TANKER / HAZMAT	16-X-TANKER / HAZMAT	9-3-URINE				
17-NO APPARENT INJURY	17-FEMALE	17-NOT APPLICABLE	17-F-APPARENTLY NORMAL	17-F-APPARENTLY NORMAL	17-F-APPARENTLY NORMAL	9-4-OTHER				
18-NO APPARENT INJURY	18-M-MALE	18-NOT APPLICABLE	18-M-PHYSICAL IMPAIRMENT	18-M-PHYSICAL IMPAIRMENT	18-M-PHYSICAL IMPAIRMENT	9-DRUG TEST RESULT(S)				
19-NO APPARENT INJURY	19-OTHER / UNKNOWN	19-NOT APPLICABLE	19-M-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	19-M-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	19-M-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	9-1-AMPHETAMINES				
20-NO APPARENT INJURY	20-F-ILLNESS	20-NOT APPLICABLE	20-M-ILLNESS	20-M-ILLNESS	20-M-ILLNESS	9-2-BARBITURATES				
21-NO APPARENT INJURY	21-F-OUTSIDE MIRROR	21-NOT APPLICABLE	21-M-FELL ASLEEP, FAINTED, FATIGUED, ETC.	21-M-FELL ASLEEP, FAINTED, FATIGUED, ETC.	21-M-FELL ASLEEP, FAINTED, FATIGUED, ETC.	9-3-BENZODIAZEPINES				
22-NO APPARENT INJURY	22-F-PROSTHETIC AID	22-NOT APPLICABLE	22-M-UNDER THE INFLUENCE OF MEDICATIONS/DRUGS (ALCOHOL)	22-M-UNDER THE INFLUENCE OF MEDICATIONS/DRUGS (ALCOHOL)	22-M-UNDER THE INFLUENCE OF MEDICATIONS/DRUGS (ALCOHOL)	9-4-CANNABINOID				
23-NO APPARENT INJURY	23-OTHER	23-NOT APPLICABLE	23-M-OTHER	23-M-OTHER	23-M-OTHER	9-5-COCAIN				
24-NO APPARENT INJURY	24-OTHER	24-NOT APPLICABLE	24-M-OTHER	24-M-OTHER	24-M-OTHER	9-6-OPIATES/OPIOIDS				
25-NO APPARENT INJURY	25-NEGATIVE RESULTS	25-NOT APPLICABLE	25-M-OTHER	25-M-OTHER	25-M-OTHER	9-7-OTHER				
26-NO APPARENT INJURY	26-NEGATIVE RESULTS	26-NOT APPLICABLE	26-M-NEGATIVE RESULTS	26-M-NEGATIVE RESULTS	26-M-NEGATIVE RESULTS	9-8-NON-NOTABLE				



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

2 3 0 0 9 9 5 0

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 1				DATE OF BIRTH	AGE	GENDER			
						0	M				
	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 9 9	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0, 3	AIR BAG USAGE 0 1	EJECTION 1	TRAPPED 1	
OCCUPANT	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 []	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OCCUPANT	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 []	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OCCUPANT	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 []	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OCCUPANT	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 []	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
	INJURIES		SAFETY EQUIPMENT USED		SEATING POSITION		AIR BAG USAGE				
	1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY		1 - NONE USED 2 - VEHICLE OCCUPANT 3 - SHOULDER BELT ONLY USED 4 - LAP BELT ONLY USED 5 - SHOULDER & LAP BELT USED 6 - CHILD RESTRAINT SYSTEM FORWARD FACING 7 - CHILD RESTRAINT SYSTEM REAR FACING 8 - BOOSTER SEAT 9 - HELMET USED 10 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 11 - REFLECTIVE CLOTHING 12 - LIGHTING - PEDESTRIAN 13 - BICYCLE ONLY 14 - OTHER / UNKNOWN		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 SIDE 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 19 - OTHER / UNKNOWN		1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN 11 - NOT EJECTED 12 - PARTIALLY EJECTED 13 - TOTALLY EJECTED 4 - NOT APPLICABLE 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS 10 - TRAPPED				
	INJURED TAKEN BY		GENDER		EJECTION						
	1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		F - FEMALE M - MALE U - OTHER / UNKNOWN								
	NAME: LAST, FIRST, MIDDLE Deming, Dustin Micheal		ADDRESS: STREET, CITY, STATE, ZIP 6051 Birkdale Dr. West Chester, OH 45069		DATE OF BIRTH 0 5 2 4 1 9 9 2	AGE 3 0	GENDER M	CONTACT PHONE - INCLUDE AREA CODE			
WITNESS											
	NAME: LAST, FIRST, MIDDLE		ADDRESS: STREET, CITY, STATE, ZIP		DATE OF BIRTH	AGE	GENDER				
					CONTACT PHONE - INCLUDE AREA CODE						
	NAME: LAST, FIRST, MIDDLE		ADDRESS: STREET, CITY, STATE, ZIP		DATE OF BIRTH	AGE	GENDER				
					CONTACT PHONE - INCLUDE AREA CODE						