



## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

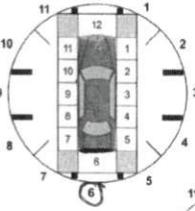
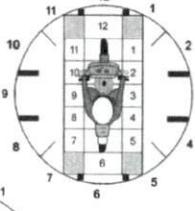
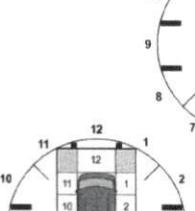
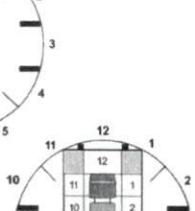
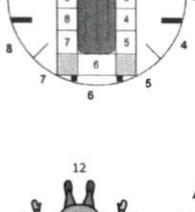
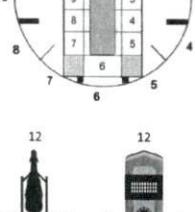
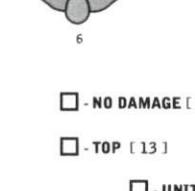
<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY				LOCAL INFORMATION				LOCAL REPORT NUMBER*					
				REPORTING AGENCY NAME* NCIC*				2 2 0 0 1 2 4 5					
				Fairfield Police Department 00901				HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR			
								1 - SOLVED	0 2	0 1			
								2 - UNSOLVED		98 - ANIMAL 99 - UNKNOWN			
COUNTY*		LOCALITY*		LOCATION: CITY, VILLAGE, TOWNSHIP*				CRASH DATE / TIME*		CRASH SEVERITY			
0 9		1 - CITY 2 - VILLAGE 3 - TOWNSHIP		City of Fairfield				0 1 0 6 2 0 2 2 1 2 4 0		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			ROAD TYPE	LATITUDE DECIMAL DEGREES		5		
	S R	4			Holden			B L	3 9 3 3 2 6 2				
REFERENCE POINT	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)			ROAD TYPE	LONGITUDE DECIMAL DEGREES				
					Holden				8 4 5 2 1 6 8				
1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		4		ROUTE TYPE		ROAD TYPE		INTERSECTION RELATED					
5		5		IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		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		<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			
0 1		2								<input type="checkbox"/> ROADWAY DIVIDED			
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT				DIRECTION OF TRAVEL	MEDIAN TYPE				
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				2	<input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST				
<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				CONTOUR	CONDITIONS	SURFACE			
				1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER				1	1	2			
				LOCATION OF CRASH IN WORK ZONE				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			
LIGHT CONDITION				WEATHER									
1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN				1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL				0 1	6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN				
NARRATIVE													
Unit #2 was stopped in traffic on northbound S.R. 4 in the left through lane of travel. Unit #1 was stopped in traffic directly behind Unit #2. When the light at the intersection changed to green the driver of Unit #1 failed to maintain assured clear distance ahead and collided into the rear of Unit #2.													
 Indicate the north direction with an "N" on the compass diagram.													
See OH-2													
CRASH REPORTED DATE / TIME			DISPATCH DATE / TIME			ARRIVAL DATE / TIME			SCENE CLEARED DATE / TIME			REPORT TAKEN BY	
0 1 0 6 2 0 2 2 1 2 4 0			0 1 0 6 2 0 2 2 1 2 5 0			0 1 0 6 2 0 2 2 1 2 5 3			0 1 0 6 2 0 2 2 1 3 2 7			<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OGPS)	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*			CHECKED BY OFFICER'S NAME*				
				3 7		Doug Day							
				7 6		OFFICER'S BADGE NUMBER*			CHECKED BY OFFICER'S BADGE NUMBER*				
									1 0 3				

**UNIT**

<b>OWNER</b>	<b>UNIT #</b> <u>0 1</u>	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER	<b>OWNER PHONE:</b> INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER					
	<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER							
<b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP		<b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE						
<b>LP STATE</b> <u>O H</u>	<b>LICENSE PLATE #</b> <u>JFZ9587</u>	<b>VEHICLE IDENTIFICATION #</b> <u>1F1SIX31FXYEC451797</u>	<b>VEHICLE YEAR</b> <u>2000</u>	<b>VEHICLE MAKE</b> <u>Ford</u>				
<b>INSURANCE VERIFIED</b> <input checked="" type="checkbox"/> <b>INSURANCE COMPANY</b> <u>Nationwide</u>		<b>INSURANCE POLICY #</b> <u>APP BA01 3200555965</u>	<b>COLOR</b> <u>white</u>	<b>VEHICLE MODEL</b> <u>F350</u>				
<b>TYPE OF USE</b> <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		<b>US DOT #</b>	<b>TOWED BY:</b> COMPANY NAME					
<b>INTERLOCK DEVICE EQUIPPED</b> <input type="checkbox"/> <b>HIT/SKIP UNIT</b> <input type="checkbox"/>		<b># OCCUPANTS</b> <u>0 2</u>	<b>VEHICLE WEIGHT GVWR/GCWR</b>					
			1 - ≤10K LBS.	<b>HAZARDOUS MATERIAL</b>				
			2 - 10,001 - 26K LBS.	<b>MATERIAL RELEASED</b> <input type="checkbox"/>				
			3 - >26K LBS.	<b>CLASS #</b> <u>1</u> <b>PLACARD ID #</b> <u>1</u>				
				<b>PLACARD</b> <input type="checkbox"/>				
<b>UNIT TYPE</b> <u>0 4</u>		<b>1 - PASSENGER CAR</b> <u>0 4</u> <b>2 - PASSENGER VAN (MINIVAN)</b> <u>0 4</u> <b>3 - SPORT UTILITY VEHICLE</b> <u>0 4</u> <b>4 - PICK UP</b> <u>0 4</u> <b>5 - CARGO VAN</b> <u>0 4</u> <b>6 - VAN (9-15 SEATS)</b> <u>0 4</u>	<b>7 - MOTORCYCLE 2-WHEELED</b> <u>0 4</u> <b>8 - MOTORCYCLE 3-WHEELED</b> <u>0 4</u> <b>9 - AUTOCYCLE</b> <u>0 4</u> <b>10 - MOPED OR MOTORIZED BICYCLE</b> <u>0 4</u> <b>11 - ALL TERRAIN VEHICLE (ATV / UTV)</b> <u>0 4</u>	<b>12 - GOLF CART</b> <u>0 4</u> <b>13 - SNOWMOBILE</b> <u>0 4</u> <b>14 - SINGLE UNIT TRUCK</b> <u>0 4</u> <b>15 - SEMI-TRACTOR</b> <u>0 4</u> <b>16 - FARM EQUIPMENT</b> <u>0 4</u> <b>17 - MOTORHOME</b> <u>0 4</u>	<b>18 - LIMO (LIVERY VEHICLE)</b> <u>0 4</u> <b>19 - BUS (16+ PASSENGERS)</b> <u>0 4</u> <b>20 - OTHER VEHICLE</b> <u>0 4</u> <b>21 - HEAVY EQUIPMENT</b> <u>0 4</u> <b>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE</b> <u>0 4</u>	<b>23 - PEDESTRIAN / SKATER</b> <u>0 4</u> <b>24 - WHEELCHAIR (ANY TYPE)</b> <u>0 4</u> <b>25 - OTHER NON-MOTORIST</b> <u>0 4</u> <b>26 - BICYCLE</b> <u>0 4</u> <b>27 - TRAIN</b> <u>0 4</u>	<b>99 - UNKNOWN OR HIT/SKIP</b> <u>0 4</u>	
<b>1 # OF TRAILING UNITS</b> <u>1</u>								
<b>2 WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b> <u>2</u> <b>1 - YES</b> <b>2 - NO</b> <b>9 - OTHER / UNKNOWN</b>		<b>AUTONOMOUS MODE LEVEL</b>						
		0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN				
		1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION					
		2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION					
<b>3 SPECIAL FUNCTION</b> <u>0 1</u>		1 - NONE <u>0 1</u>	6 - BUS - CHARTER/TOUR <u>0 1</u>	11 - FIRE <u>0 1</u>	16 - FARM <u>0 1</u>	21 - MAIL CARRIER <u>0 1</u>		
		2 - TAXI <u>0 1</u>	7 - BUS - INTERCITY <u>0 1</u>	12 - MILITARY <u>0 1</u>	17 - MOWING <u>0 1</u>	99 - OTHER / UNKNOWN <u>0 1</u>		
		3 - ELECTRONIC RIDE SHARING <u>0 1</u>	8 - BUS - SHUTTLE <u>0 1</u>	13 - POLICE <u>0 1</u>	18 - SNOW REMOVAL <u>0 1</u>			
		4 - SCHOOL TRANSPORT <u>0 1</u>	9 - BUS - OTHER <u>0 1</u>	14 - PUBLIC UTILITY <u>0 1</u>	19 - TOWING <u>0 1</u>			
		5 - BUS - TRANSIT/COMMUTER <u>0 1</u>	10 - AMBULANCE <u>0 1</u>	15 - CONSTRUCTION EQUIPMENT <u>0 1</u>	20 - SAFETY SERVICE PATROL <u>0 1</u>			
<b>4 CARGO BODY TYPE</b> <u>0 1</u>		1 - NO CARGO BODY TYPE /NOT APPLICABLE <u>0 1</u>	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE <u>0 1</u>	5 - INTERMODAL CONTAINER CHASSIS <u>0 1</u>	8 - POLE <u>0 1</u>	12 - CONCRETE MIXER <u>0 1</u>		
		2 - BUS <u>0 1</u>	4 - LOGGING <u>0 1</u>	6 - CARGO VAN/ENCLOSED BOX <u>0 1</u>	9 - CARGO TANK <u>0 1</u>	13 - AUTO TRANSPORTER <u>0 1</u>		
				7 - GRAIN/CHIPS/GRAVEL <u>0 1</u>	10 - FLAT BED <u>0 1</u>	14 - GARBAGE/REFUSE <u>0 1</u>		
					11 - DUMP <u>0 1</u>	99 - OTHER / UNKNOWN <u>0 1</u>		
<b>5 VEHICLE DEFECTS</b> <u>0 1</u>		1 - TURN SIGNALS <u>0 1</u>	4 - BRAKES <u>0 1</u>	7 - WORN OR SLICK TIRES <u>0 1</u>	9 - MOTOR TROUBLE <u>0 1</u>	99 - OTHER / UNKNOWN <u>0 1</u>		
		2 - HEAD LAMPS <u>0 1</u>	5 - STEERING <u>0 1</u>	8 - TRAILER EQUIPMENT DEFECTIVE <u>0 1</u>	10 - DISABLED FROM PRIOR ACCIDENT <u>0 1</u>			
		3 - TAIL LAMPS <u>0 1</u>	6 - TIRE BLOWOUT <u>0 1</u>					
<b>6 NON-MOTORIST LOCATION AT IMPACT</b> <u>0 1</u>		1 - INTERSECTION - MARKED CROSSWALK <u>0 1</u>	3 - INTERSECTION - OTHER <u>0 1</u>	6 - BICYCLE LANE <u>0 1</u>	9 - MEDIAN/CROSSING ISLAND <u>0 1</u>	12 - FIRST RESPONDER AT INCIDENT SCENE <u>0 1</u>		
		4 - MIDBLOCK - MARKED CROSSWALK <u>0 1</u>	7 - SHOULDER / ROADSIDE <u>0 1</u>	10 - DRIVEWAY ACCESS <u>0 1</u>				
		5 - UNMARKED CROSSWALK <u>0 1</u>	8 - SIDEWALK <u>0 1</u>	11 - SHARED USE PATHS OR TRAILS <u>0 1</u>	99 - OTHER / UNKNOWN <u>0 1</u>			
<b>7 ACTION</b> <u>0 1</u>		1 - NON-CONTACT <u>0 1</u>	1 - STRAIGHT AHEAD <u>0 1</u>	7 - MAKING U-TURN <u>0 1</u>	13 - NEGOTIATING A CURVE <u>0 1</u>	18 - APPROACHING OR LEAVING VEHICLE <u>0 1</u>		
		2 - NON-COLLISION <u>0 1</u>	2 - BACKING <u>0 1</u>	8 - ENTERING TRAFFIC LANE <u>0 1</u>	14 - ENTERING OR CROSSING SPECIFIED LOCATION <u>0 1</u>	19 - STANDING <u>0 1</u>		
		3 - STRIKING <u>0 1</u>	3 - CHANGING LANES <u>0 1</u>	9 - LEAVING TRAFFIC LANE <u>0 1</u>	15 - WALKING, RUNNING, JOGGING, PLAYING <u>0 1</u>	20 - OTHER NON-MOTORIST <u>0 1</u>		
		4 - STRUCK PRE-CRASH ACTIONS <u>0 1</u>	4 - OVERTAKING/PASSING <u>0 1</u>	10 - PARKED <u>0 1</u>	11 - SLOWING OR STOPPED IN TRAFFIC <u>0 1</u>	21 - STANDING OUTSIDE DISABLED VEHICLE <u>0 1</u>		
		5 - BOTH STRIKING & STRUCK <u>0 1</u>	5 - MAKING RIGHT TURN <u>0 1</u>	12 - MAKING LEFT TURN <u>0 1</u>	16 - WORKING <u>0 1</u>	17 - PUSHING VEHICLE <u>0 1</u>	99 - OTHER / UNKNOWN <u>0 1</u>	
		9 - OTHER / UNKNOWN <u>0 1</u>						
<b>8 CONTRIBUTING CIRCUMSTANCES</b> <u>0 8</u>		1 - NONE <u>0 8</u>	7 - LEFT OF CENTER <u>0 8</u>	13 - IMPROPER START FROM A PARKED POSITION <u>0 8</u>	17 - VISION OBSTRUCTION <u>0 8</u>	21 - LYING IN ROADWAY <u>0 8</u>		
		2 - FAILURE TO YIELD <u>0 8</u>	8 - FOLLOWING TOO CLOSE / ACDA <u>0 8</u>	14 - STOPPED OR PARKED ILLEGALLY <u>0 8</u>	18 - OPERATING DEFECTIVE EQUIPMENT <u>0 8</u>	22 - NOT DISCERNIBLE <u>0 8</u>		
		3 - RAN RED LIGHT <u>0 8</u>	9 - IMPROPER LANE CHANGE <u>0 8</u>	15 - SWERVING TO AVOID <u>0 8</u>	19 - LOAD SHIFTING/FALLING/SPILLING <u>0 8</u>	23 - OPENING DOOR INTO ROADWAY <u>0 8</u>		
		4 - RAN STOP SIGN <u>0 8</u>	10 - IMPROPER PASSING <u>0 8</u>	16 - WRONG WAY <u>0 8</u>	20 - IMPROPER CROSSING <u>0 8</u>	99 - OTHER IMPROPER ACTION <u>0 8</u>		
<b>9 SEQUENCE OF EVENTS</b> <u>1 2 0</u>		<b>NON-COLLISION</b>						
		1 - OVERTURN/ROLLOVER <u>1 2 0</u>	6 - EQUIPMENT FAILURE <u>1 2 0</u>	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL <u>1 2 0</u>	16 - RAILWAY VEHICLE <u>1 2 0</u>	22 - WORK ZONE MAINTENANCE EQUIPMENT <u>1 2 0</u>		
		2 - FIRE/EXPLOSION <u>1 2 0</u>	7 - SEPARATION OF UNITS <u>1 2 0</u>	12 - DOWNHILL RUNAWAY <u>1 2 0</u>	17 - ANIMAL - FARM <u>1 2 0</u>	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION <u>1 2 0</u>		
		3 - IMMERSION <u>1 2 0</u>	8 - RAN OFF ROAD RIGHT <u>1 2 0</u>	13 - OTHER NON-COLLISION <u>1 2 0</u>	18 - ANIMAL - DEER <u>1 2 0</u>	19 - ANIMAL - OTHER <u>1 2 0</u>		
		4 - JACKKNIFE <u>1 2 0</u>	9 - RAN OFF ROAD LEFT <u>1 2 0</u>	14 - PEDESTRIAN <u>1 2 0</u>	20 - MOTOR VEHICLE IN TRANSPORT <u>1 2 0</u>	21 - PARKED MOTOR VEHICLE <u>1 2 0</u>		
		5 - CARGO / EQUIPMENT LOSS OR SHIFT <u>1 2 0</u>	10 - CROSS MEDIAN <u>1 2 0</u>	15 - PEDESTRIAN CYCLE <u>1 2 0</u>				
<b>10 COLLISION WITH FIXED OBJECT - STRUCK</b> <u>4 5 1</u>		<b>NON-COLLISION</b>						
		25 - IMPACT ATTENUATOR / CRASH CUSHION <u>4 5 1</u>	31 - GUARDRAIL END <u>4 5 1</u>	37 - TRAFFIC SIGN POST <u>4 5 1</u>	43 - CURB <u>4 5 1</u>	50 - WORK ZONE MAINTENANCE EQUIPMENT <u>4 5 1</u>		
		26 - BRIDGE OVERHEAD STRUCTURE <u>4 5 1</u>	32 - PORTABLE BARRIER <u>4 5 1</u>	38 - OVERHEAD SIGN POST <u>4 5 1</u>	44 - DITCH <u>4 5 1</u>	51 - WALL <u>4 5 1</u>		
		27 - BRIDGE PIER OR ABUTMENT <u>4 5 1</u>	33 - MEDIAN CABLE BARRIER <u>4 5 1</u>	39 - LIGHT / LUMINARIES <u>4 5 1</u>	45 - EMBANKMENT <u>4 5 1</u>	52 - BUILDING <u>4 5 1</u>		
		28 - BRIDGE PARAPET <u>4 5 1</u>	34 - MEDIAN GUARDRAIL BARRIER <u>4 5 1</u>	40 - UTILITY POLE <u>4 5 1</u>	46 - FENCE <u>4 5 1</u>	53 - TUNNEL <u>4 5 1</u>		
		29 - BRIDGE RAIL <u>4 5 1</u>	35 - MEDIAN CONCRETE BARRIER <u>4 5 1</u>	41 - OTHER POST, POLE OR SUPPORT <u>4 5 1</u>	47 - MAILBOX <u>4 5 1</u>	54 - OTHER FIXED OBJECT <u>4 5 1</u>		
		30 - GUARDRAIL FACE <u>4 5 1</u>	36 - MEDIAN OTHER BARRIER <u>4 5 1</u>	42 - CULVERT <u>4 5 1</u>	48 - TREE <u>4 5 1</u>	99 - OTHER / UNKNOWN <u>4 5 1</u>		
<b>11 FIRST HARMFUL EVENT</b> <u>1</u>		<b>MOST HARMFUL EVENT</b> <u>1</u>						

<b>LOCAL REPORT NUMBER</b>	
2 2 0 0 1 2 4 5	
<b>DAMAGE</b>	
<b>DAMAGE SCALE</b>	
<b>2</b>	1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
<b>DAMAGED AREA(S)</b> INDICATE ALL THAT APPLY	
<img alt="Diagram of a vehicle showing 12 numbered damage areas: 1 (front left), 2 (front center), 3 (front right), 4 (side left), 5 (	

OWNER	UNIT # <u>0 2</u>	OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER	OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER								
	OWNER ADDRESS: STREET, CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER										
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE									
LP STATE <u>O H</u>	LICENSE PLATE # <u>JKJ JEEP</u>	VEHICLE IDENTIFICATION # <u>1J4FT57B09D137655</u>	VEHICLE YEAR <u>2009</u> VEHICLE MAKE <u>Jeep</u>								
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>Liberty Mutual</u>	INSURANCE POLICY # <u>AOV-281-672610-4019</u>	COLOR <u>red</u> VEHICLE MODEL <u>Compass</u>								
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME								
INTERLOCK EQUIPPED <input type="checkbox"/>	DEVICE EQUIPPED <input type="checkbox"/>	# OCCUPANTS <u>0 1</u>	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.								
<table border="1"> <tr> <td colspan="2">HAZARDOUS MATERIAL</td> </tr> <tr> <td><input type="checkbox"/> MATERIAL RELEASED</td> <td>CLASS #</td> <td>PLACARD ID #</td> </tr> <tr> <td><input type="checkbox"/> PLACARD</td> <td></td> <td></td> </tr> </table>				HAZARDOUS MATERIAL		<input type="checkbox"/> MATERIAL RELEASED	CLASS #	PLACARD ID #	<input type="checkbox"/> PLACARD		
HAZARDOUS MATERIAL											
<input type="checkbox"/> MATERIAL RELEASED	CLASS #	PLACARD ID #									
<input type="checkbox"/> PLACARD											
UNIT TYPE <u>0 3</u>	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 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							
# OF TRAILING UNITS											
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION								
SPECIAL FUNCTION <u>0 1</u>		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	21 - MAIL CARRIER 99 - OTHER / UNKNOWN					
CARGO BODY TYPE <u>0 1</u>		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					
VEHICLE DEFECTS		1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	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 <u>0 1</u>		1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER CROSSWALK 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					
ACTION <u>0 1</u>		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING <u>1 1</u> 4 - STRUCK PRE-CRASH ACTIONS 5 - BOTH STRIKING & STRUCK 6 - MAKING LEFT TURN 7 - TURN SIGNALS 8 - HEAD LAMPS 9 - TAIL LAMPS	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN					
CONTRIBUTING CIRCUMSTANCES <u>0 1</u>		1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION					
SEQUENCE OF EVENTS				NON-COLLISION							
1 2 0	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT	21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT						
4	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 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 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						
1	FIRST HARMFUL EVENT <u>1</u>			MOST HARMFUL EVENT <u>1</u>							

LOCAL REPORT NUMBER <u>2 2 0 0 1 2 4 5</u>	
DAMAGE	
DAMAGE SCALE <u>2</u>	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 type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT	
0 - NO DAMAGE <u>0 6</u>	14 - UNDERCARRIAGE 1 - 12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN 13 - TOP
TRAFFIC	
TRAFFIC WAY FLOW <u>2</u>	TRAFFIC CONTROL 1 - ONE-WAY 2 - TWO-WAY 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD <u>4</u>	RAIL GRADE CROSSING 1 - NOT INVOLVED 1 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM <u>3</u> TO <u>4</u>	1 - NORTH 2 - SOUTH 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
UNIT SPEED	
<u>0</u>	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 1 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	
<u>3</u>	<u>5</u>

# MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	LOCAL REPORT NUMBER													
	2	2	0	0	1	2	4	5	DATE OF BIRTH	AGE	GENDER			
UNIT #	NAME: LAST, FIRST, MIDDLE													
0 1	Funk, Austin													
ADDRESS:	STREET, CITY, STATE, ZIP													
2252 Elmo Ave. Hamilton, Ohio 45015														
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	<input type="checkbox"/>				0 1	1	1	1
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION				CITATION NUMBER			
O H				333.03A		<input checked="" type="checkbox"/>	ACDA				250252			
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	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	TYPE	STATUS	1	1	RESULT	SELECT UP TO 4
OTHER DRUG					<input type="checkbox"/> OTHER DRUG			1	VALUE					
UNIT #	NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH	AGE	GENDER	
0 2	Knobeloch, Tina										1 2 3 1 1 9 5 8	6 3	F	
ADDRESS:	STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE			
6155 Primrose Lane Fairfield, Ohio 45014														
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	<input type="checkbox"/>				0 1	1	1	1
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION				CITATION NUMBER			
O H						<input type="checkbox"/>								
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	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	TYPE	STATUS	1	1	RESULT	SELECT UP TO 4
OTHER DRUG					<input type="checkbox"/> OTHER DRUG			1	VALUE					
UNIT #	NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH	AGE	GENDER	
											0			
ADDRESS:	STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE			
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
							<input type="checkbox"/>							
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION				CITATION NUMBER			
						<input type="checkbox"/>								
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)				
				1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	TYPE	STATUS	1	1	RESULT	SELECT UP TO 4
OTHER DRUG					<input type="checkbox"/> OTHER DRUG			1	VALUE					
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-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE		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-TEST GIVEN, RESULTS KNOWN		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-TEST GIVEN, RESULTS UNKNOWN		5-TEST GIVEN, RESULTS UNKNOWN				
	6-SECOND - RIGHT SIDE		9-DEPLOYMENT UNKNOWN		6-NO VALID OL	6-EXCEPT CLASS A & CLASS B BUS		7-EXCEPT TRACTOR-TRAILER		ALCOHOL TEST TYPE				
	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		7-DEPLOYED		7-INTERMEDIATE LICENSE RESTRICTIONS	8-INTERMEDIATE LICENSE RESTRICTIONS		8-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		1-NONE				
	8-THIRD - MIDDLE		8-DEPLOYED		9-LEARNER'S PERMIT RESTRICTIONS	9-PASSENGER		6-PASSENGER		2-BLOOD				
	9-THIRD - RIGHT SIDE		9-DEPLOYED		10-LIMITED TO DAYLIGHT ONLY	7-OTHER DISTRACTION INSIDE THE VEHICLE		7-OTHER DISTRACTION INSIDE THE VEHICLE		3-URINE				
	10-SLEEPER SECTION OF TRUCK CAB		10-DEPLOYED		11-LIMITED TO EMPLOYMENT	8-OTHER DISTRACTION OUTSIDE THE VEHICLE		8-OTHER DISTRACTION OUTSIDE THE VEHICLE		4-BREATH				
	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		11-DEPLOYED		12-LIMITED - OTHER	9-OTHER / UNKNOWN		9-OTHER / UNKNOWN		5-OTHER				
	12-PASSENGER IN UNENCLOSED CARGO AREA		12-DEPLOYED		13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	14-MILITARY VEHICLES ONLY		14-MILITARY VEHICLES ONLY		DRUG TEST TYPE				
	13-TRAILING UNIT		13-DEPLOYED		15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-MOTOR VEHICLES WITHOUT AIR BRAKES		15-MOTOR VEHICLES WITHOUT AIR BRAKES		1-NONE				
	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		14-DEPLOYED		16-OUTSIDE MIRROR	16-OUTSIDE MIRROR		16-OUTSIDE MIRROR		2-BLOOD				
	15-NON-MOTORIST		15-DEPLOYED		17-PROSTHETIC AID	17-PROSTHETIC AID		17-PROSTHETIC AID		3-URINE				
	99-OTHER / UNKNOWN		99-DEPLOYED		18-OTHER	18-OTHER		18-OTHER		4-OTHER				
	GENDER		F-FEMALE			CONDITION		CONDITION		DRUG TEST RESULT(S)				
	M-MALE		M-MALE			1-APPARENTLY NORMAL		1-APPARENTLY NORMAL		1-AMPHETAMINES				
	U-OTHER / UNKNOWN		U-OTHER / UNKNOWN			2-PHYSICAL IMPAIRMENT		2-PHYSICAL IMPAIRMENT		2-BARBITURATES				
						3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		3-BENZODIAZEPINES				
						4-ILLNESS		4-ILLNESS		4-CANNABINOID				
						5-FELL ASLEEP, FAINTED, FATIGUED, ETC.		5-FELL ASLEEP, FAINTED, FATIGUED, ETC.		5-COCAIN				
						6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		6-OPIATES / OPIOIDS				
						9-OTHER / UNKNOWN		9-OTHER / UNKNOWN		7-OTHER				
										8-Negative RESULTS				



# OCCUPANT / WITNESS ADDENDUM

OCCUPANT						LOCAL REPORT NUMBER						
	UNIT #	NAME: LAST, FIRST, MIDDLE				2 2 0 0 1 2 4 5	DATE OF BIRTH	AGE	GENDER			
	1	Larzelere, Joseph				0 3 2 3 2 0 0 2	19	M				
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
21 Marlou Dr. Hamilton, Ohio 45013												
	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		
	5				0 4	0 3	1	1	1			
	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER				
						0						
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		
	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER				
						0						
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		
	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER				
						0						
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	1 - NONE USED - VEHICLE OCCUPANT			1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)			1 - NOT DEPLOYED				
	2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED			2 - FRONT - MIDDLE			2 - DEPLOYED FRONT				
	3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED			3 - FRONT - RIGHT SIDE			3 - DEPLOYED SIDE				
	4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED			4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)			4 - DEPLOYED BOTH FRONT/SIDE				
	5 - NO APPARENT INJURY	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING			5 - SECOND - MIDDLE			5 - NOT APPLICABLE				
	INJURED TAKEN BY			6 - CHILD RESTRAINT SYSTEM - REAR FACING			6 - SECOND - RIGHT SIDE			9 - DEPLOYMENT UNKNOWN		
	1 - NOT TRANSPORTED /TREATED AT SCENE	7 - BOOSTER SEAT			7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			EJECTION				
	2 - EMS	8 - HELMET USED			8 - THIRD - MIDDLE			1 - NOT EJECTED				
	3 - POLICE	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			9 - THIRD - RIGHT SIDE			2 - PARTIALLY EJECTED				
	9 - OTHER / UNKNOWN	10 - REFLECTIVE CLOTHING			10 - SLEEPER SECTION OF TRUCK CAB			3 - TOTALLY EJECTED				
	GENDER			11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY			11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)			4 - NOT APPLICABLE		
	F - FEMALE	12 - PASSENGER IN UNENCLOSED CARGO AREA			12 - PASSENGER IN UNENCLOSED CARGO AREA			TRAPPED				
	M - MALE	13 - TRAILING UNIT			13 - TRAILING UNIT			1 - NOT TRAPPED				
	U - OTHER / UNKNOWN	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			2 - EXTRICATED BY MECHANICAL MEANS				
		15 - NON-MOTORIST			15 - NON-MOTORIST			3 - FREED BY NON-MECHANICAL MEANS				
		99 - OTHER / UNKNOWN			99 - OTHER / UNKNOWN							
	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER				
						0						
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER				
						0						
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER				
						0						
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER				
						0						
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						

LOCAL REPORT NUMBER  
22-001245

IN COUNTY OF  
BUTLER

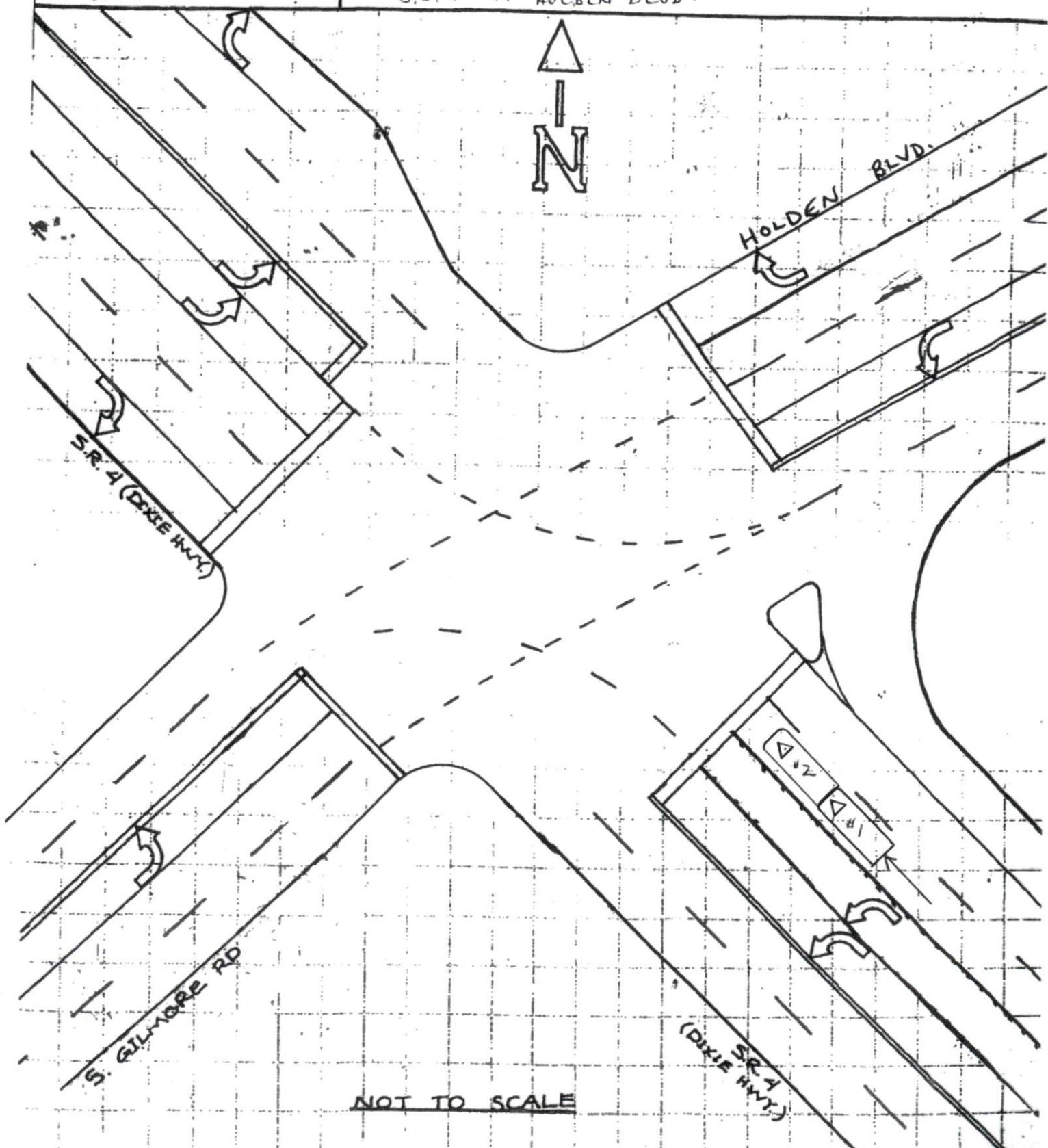
REPORTING AGENCY

FAIRFIELD P.D.

CRASH LOCATION

SR. 4 AT HOLDEN BLVD.

DATE OF CRASH  
M 01 D 06 Y 22



OFFICER'S SIGNATURE  
X P.O. D. DAY

BADGE NUMBER  
76