



## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT



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 7 2 0 2 2	1 6 4 7	0 1 0 7 2 0 2 2	1 6 4 9	0 1 0 7 2 0 2 2	1 7 0 3	0 1 0 7 2 0 2 2	1 7 4 4	<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT <small>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DPD)</small>
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*			
0	0	5 5	B. Mossman		Sgt. Aaron Meyer			
		OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*				
		1 5 2		1 3 2				



UNIT

OWNER

UNIT #  OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER) Morales-Velazquez, Mario  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER) 1920 Vinton Ave., Portsmouth, OH, 45662

OWNER PHONE: INCLUDE AREA CODE (  SAME AS DRIVER)

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE <input type="checkbox"/> O H	LICENSE PLATE # <input type="checkbox"/> JJP9072	VEHICLE IDENTIFICATION # <input type="checkbox"/> 1FAHP3FN2AW185465	VEHICLE YEAR <input type="checkbox"/> 2010	VEHICLE MAKE <input type="checkbox"/> Ford
INSURANCE VERIFIED <input type="checkbox"/>	INSURANCE COMPANY	INSURANCE POLICY #	COLOR <input type="checkbox"/> Red	VEHICLE MODEL <input type="checkbox"/> Focus
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>	HIT/SKIP UNIT <input type="checkbox"/>	# OCCUPANTS <input type="checkbox"/> 0 1	VEHICLE WEIGHT GVWR/GCW <input type="checkbox"/>	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # <input type="checkbox"/> PLACARD ID # <input type="checkbox"/>
			1 - <10K LBS. <input type="checkbox"/> 2 - 10,001 - 26K LBS. <input type="checkbox"/> 3 - >26K LBS. <input type="checkbox"/>	

1 - PASSENGER CAR <input type="checkbox"/> 0 1	2 - MOTORCYCLE 2-WHEELED <input type="checkbox"/>	3 - MOTORCYCLE 3-WHEELED <input type="checkbox"/>	4 - AUTOCAR <input type="checkbox"/>	5 - SEMI-TRACTOR <input type="checkbox"/>	6 - SEMI-TRAILER <input type="checkbox"/>	7 - GOLF CART <input type="checkbox"/>	8 - SNOWMOBILE <input type="checkbox"/>	9 - SINGLE UNIT TRUCK <input type="checkbox"/>	10 - MOVED OR MOTORIZED <input type="checkbox"/>	11 - ALL TERRAIN VEHICLE (ATV / UTV) <input type="checkbox"/>	12 - LIMO (LIVERY VEHICLE) <input type="checkbox"/>	13 - BUS (16+ PASSENGERS) <input type="checkbox"/>	14 - OTHER VEHICLE <input type="checkbox"/>	15 - SEMI-TRACTOR <input type="checkbox"/>	16 - FARM EQUIPMENT <input type="checkbox"/>	17 - MOTORHOME <input type="checkbox"/>	18 - LIMO (LIVERY VEHICLE) <input type="checkbox"/>	19 - BUS (16+ PASSENGERS) <input type="checkbox"/>	20 - OTHER VEHICLE <input type="checkbox"/>	21 - HEAVY EQUIPMENT <input type="checkbox"/>	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE <input type="checkbox"/>	23 - PEDESTRIAN / SKATER <input type="checkbox"/>	24 - WHEELCHAIR (ANY TYPE) <input type="checkbox"/>	25 - OTHER NON-MOTORIST <input type="checkbox"/>	26 - BICYCLE <input type="checkbox"/>	27 - TRAIN <input type="checkbox"/>	99 - UNKNOWN OR HIT/SKIP <input type="checkbox"/>
1 - PASSENGER VAN (MINIVAN) <input type="checkbox"/>	2 - PASSENGER VAN (MINIVAN) <input type="checkbox"/>	3 - SPORT UTILITY VEHICLE <input type="checkbox"/>	4 - PICK UP <input type="checkbox"/>	5 - CARGO VAN <input type="checkbox"/>	6 - VAN (9-15 SEATS) <input type="checkbox"/>	7 - MOTORCYCLE 2-WHEELED <input type="checkbox"/>	8 - MOTORCYCLE 3-WHEELED <input type="checkbox"/>	9 - AUTOCAR <input type="checkbox"/>	10 - MOVED OR MOTORIZED <input type="checkbox"/>	11 - ALL TERRAIN VEHICLE (ATV / UTV) <input type="checkbox"/>	12 - LIMO (LIVERY VEHICLE) <input type="checkbox"/>	13 - SNOWMOBILE <input type="checkbox"/>	14 - SINGLE UNIT TRUCK <input type="checkbox"/>	15 - SEMI-TRACTOR <input type="checkbox"/>	16 - FARM EQUIPMENT <input type="checkbox"/>	17 - MOTORHOME <input type="checkbox"/>	18 - LIMO (LIVERY VEHICLE) <input type="checkbox"/>	19 - BUS (16+ PASSENGERS) <input type="checkbox"/>	20 - OTHER VEHICLE <input type="checkbox"/>	21 - HEAVY EQUIPMENT <input type="checkbox"/>	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE <input type="checkbox"/>	23 - PEDESTRIAN / SKATER <input type="checkbox"/>	24 - WHEELCHAIR (ANY TYPE) <input type="checkbox"/>	25 - OTHER NON-MOTORIST <input type="checkbox"/>	26 - BICYCLE <input type="checkbox"/>	27 - TRAIN <input type="checkbox"/>	99 - UNKNOWN OR HIT/SKIP <input type="checkbox"/>
UNIT TYPE <input type="checkbox"/>	# OF TRAILING UNITS <input type="checkbox"/>																										

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

SPECIAL FUNCTION <input type="checkbox"/> 1 - NONE <input type="checkbox"/> 2 - TAXI <input type="checkbox"/> 3 - ELECTRONIC RIDE SHARING <input type="checkbox"/> 4 - SCHOOL TRANSPORT <input type="checkbox"/> 5 - BUS - TRANSIT / COMMUTER <input type="checkbox"/>	6 - BUS - CHARTER / TOUR <input type="checkbox"/> 7 - BUS - INTERCITY <input type="checkbox"/> 8 - BUS - SHUTTLE <input type="checkbox"/> 9 - BUS - OTHER <input type="checkbox"/> 10 - AMBULANCE <input type="checkbox"/>	11 - FIRE <input type="checkbox"/> 12 - MILITARY <input type="checkbox"/> 13 - POLICE <input type="checkbox"/> 14 - PUBLIC UTILITY <input type="checkbox"/> 15 - CONSTRUCTION EQUIPMENT <input type="checkbox"/>	16 - FARM <input type="checkbox"/> 17 - MOWING <input type="checkbox"/> 18 - SNOW REMOVAL <input type="checkbox"/> 19 - TOWING <input type="checkbox"/> 20 - SAFETY SERVICE PATROL <input type="checkbox"/>	21 - MAIL CARRIER <input type="checkbox"/> 24 - WHEELCHAIR (ANY TYPE) <input type="checkbox"/> 25 - OTHER NON-MOTORIST <input type="checkbox"/>
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CARGO BODY TYPE <input type="checkbox"/> 1 - NO CARGO BODY TYPE / NOT APPLICABLE <input type="checkbox"/> 2 - BUS <input type="checkbox"/>	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE <input type="checkbox"/> 4 - LOGGING <input type="checkbox"/> 5 - CARGO VAN / ENCLOSED BOX <input type="checkbox"/> 6 - CARGO VAN / ENCLOSED BOX <input type="checkbox"/> 7 - GRAINCHIPS / GRAVEL <input type="checkbox"/>	8 - INTERMODAL CONTAINER CHASSIS <input type="checkbox"/> 9 - CARGO TANK <input type="checkbox"/> 10 - FLAT BED <input type="checkbox"/> 11 - DUMP <input type="checkbox"/>	12 - CONCRETE MIXER <input type="checkbox"/> 13 - AUTO TRANSPORTER <input type="checkbox"/> 14 - GARBAGE / REFUSE <input type="checkbox"/> 99 - OTHER / UNKNOWN <input type="checkbox"/>
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VEHICLE DEFECTS <input type="checkbox"/> 1 - TURN SIGNALS <input type="checkbox"/> 2 - HEAD LAMPS <input type="checkbox"/> 3 - TAIL LAMPS <input type="checkbox"/>	4 - BRAKES <input type="checkbox"/> 5 - STEERING <input type="checkbox"/> 6 - TIRE BLOWOUT <input type="checkbox"/>	7 - WORN OR SLICK TIRES <input type="checkbox"/> 8 - TRAILER EQUIPMENT DEFECTIVE <input type="checkbox"/>	9 - MOTOR TROUBLE <input type="checkbox"/> 10 - DISABLED FROM PRIOR ACCIDENT <input type="checkbox"/>	99 - OTHER / UNKNOWN <input type="checkbox"/>
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NON-MOTORIST LOCATION AT IMPACT <input type="checkbox"/> 1 - INTERSECTION - MARKED CROSSWALK <input type="checkbox"/> 2 - INTERSECTION - UNMARKED CROSSWALK <input type="checkbox"/> 3 - TRAVEL LANE - OTHER LOCATION <input type="checkbox"/>	4 - MIDDLEBLOCK - MARKED CROSSWALK <input type="checkbox"/> 5 - TRAVEL LANE - OTHER LOCATION <input type="checkbox"/>	6 - BICYCLE LANE <input type="checkbox"/> 7 - SHOULDER / ROADSIDE <input type="checkbox"/> 8 - SIDEWALK <input type="checkbox"/> 9 - MEDIAN / CROSSING ISLAND <input type="checkbox"/> 10 - DRIVEWAY ACCESS <input type="checkbox"/> 11 - SHARED USE PATHS OR TRAILS <input type="checkbox"/>	12 - FIRST RESPONDER AT INCIDENT SCENE <input type="checkbox"/> 13 - STANDING <input type="checkbox"/> 14 - STANDING OUTSIDE DISABLED VEHICLE <input type="checkbox"/> 15 - WORKING <input type="checkbox"/> 16 - PUSHING VEHICLE <input type="checkbox"/> 17 - DRIVING <input type="checkbox"/> 18 - APPROACHING OR LEAVING VEHICLE <input type="checkbox"/> 19 - STANDING <input type="checkbox"/> 20 - OTHER NON-MOTORIST <input type="checkbox"/> 21 - STANDING OUTSIDE DISABLED VEHICLE <input type="checkbox"/> 22 - NOT DISCERNIBLE <input type="checkbox"/> 23 - OPENING DOOR INTO ROADWAY <input type="checkbox"/> 24 - OTHER MOVABLE OBJECT <input type="checkbox"/> 99 - OTHER / UNKNOWN <input type="checkbox"/>
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ACTION <input type="checkbox"/> 1 - NON-CONTACT <input type="checkbox"/> 2 - NON-COLLISION <input type="checkbox"/> 3 - STRIKING <input type="checkbox"/> 4 - STRUCK <input type="checkbox"/> 5 - BOTH STRIKING & STRUCK <input type="checkbox"/> 6 - PRE-CRASH ACTIONS <input type="checkbox"/> 7 - OTHER / UNKNOWN <input type="checkbox"/>	1 - STRAIGHT AHEAD <input type="checkbox"/> 2 - BACKING <input type="checkbox"/> 3 - CHANGING LANES <input type="checkbox"/> 4 - OVERTAKING / PASSING <input type="checkbox"/> 5 - MAKING RIGHT TURN <input type="checkbox"/> 6 - MAKING LEFT TURN <input type="checkbox"/> 7 - MAKING U-TURN <input type="checkbox"/> 8 - ENTERING TRAFFIC LANE <input type="checkbox"/> 9 - LEAVING TRAFFIC LANE <input type="checkbox"/> 10 - PARKED <input type="checkbox"/> 11 - SLOWING OR STOPPED <input type="checkbox"/> 12 - DRIVING REVERSE <input type="checkbox"/> 13 - NEGOTIATING A CURVE <input type="checkbox"/> 14 - ENTERING OR CROSSING SPECIFIED LOCATION <input type="checkbox"/> 15 - WALKING, RUNNING, JOGGING, PLAYING <input type="checkbox"/> 16 - WORKING <input type="checkbox"/> 17 - PUSHING VEHICLE <input type="checkbox"/> 18 - APPROACHING OR LEAVING VEHICLE <input type="checkbox"/> 19 - STANDING <input type="checkbox"/> 20 - OTHER NON-MOTORIST <input type="checkbox"/> 21 - STANDING OUTSIDE DISABLED VEHICLE <input type="checkbox"/> 22 - NOT DISCERNIBLE <input type="checkbox"/> 23 - OPENING DOOR INTO ROADWAY <input type="checkbox"/> 24 - OTHER MOVABLE OBJECT <input type="checkbox"/> 99 - OTHER / UNKNOWN <input type="checkbox"/>
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CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> 1 - NONE <input type="checkbox"/> 2 - FAILURE TO YIELD <input type="checkbox"/> 3 - RAN RED LIGHT <input type="checkbox"/> 4 - RAN STOP SIGN <input type="checkbox"/> 5 - UNSAFE SPEED <input type="checkbox"/> 6 - IMPROPER TURN <input type="checkbox"/>	7 - LEFT OF CENTER <input type="checkbox"/> 8 - FOLLOWING TOO CLOSE / ACDA <input type="checkbox"/> 9 - IMPROPER LANE CHANGE <input type="checkbox"/> 10 - IMPROPER PASSING <input type="checkbox"/> 11 - DROVE OFF ROAD <input type="checkbox"/> 12 - IMPROPER BACKING <input type="checkbox"/> 13 - IMPROPER START FROM PARKED POSITION <input type="checkbox"/> 14 - STOPPED OR PARKED ILLEGALLY <input type="checkbox"/> 15 - SWERVING TO AVOID <input type="checkbox"/> 16 - WRONG WAY <input type="checkbox"/> 17 - VISION OBSTRUCTION <input type="checkbox"/> 18 - OPERATING DEFECTIVE EQUIPMENT <input type="checkbox"/> 19 - LOAD SHIFTING / FALLING / SPILLING <input type="checkbox"/> 20 - IMPROPER CROSSING <input type="checkbox"/> 21 - LYING IN ROADWAY <input type="checkbox"/> 22 - NOT DISCERNIBLE <input type="checkbox"/> 23 - OPENING DOOR INTO ROADWAY <input type="checkbox"/> 24 - OTHER MOVABLE OBJECT <input type="checkbox"/> 99 - OTHER / UNKNOWN <input type="checkbox"/>
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## SEQUENCE OF EVENTS

1 - OVERTURN / ROLLOVER <input type="checkbox"/> 2 - FIRE / EXPLOSION <input type="checkbox"/> 3 - IMMERSION <input type="checkbox"/> 4 - JACKKNIFE <input type="checkbox"/> 5 - CARGO / EQUIPMENT LOSS OR SHIFT <input type="checkbox"/>	6 - EQUIPMENT FAILURE <input type="checkbox"/> 7 - SEPARATION OF UNITS <input type="checkbox"/> 8 - RAN OFF ROAD RIGHT <input type="checkbox"/> 9 - RAN OFF ROAD LEFT <input type="checkbox"/> 10 - CROSS MEDIAN <input type="checkbox"/> 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL <input type="checkbox"/> 12 - DOWNHILL RUNAWAY <input type="checkbox"/> 13 - OTHER NON-COLLISION <input type="checkbox"/> 14 - PEDESTRIAN <input type="checkbox"/> 15 - PEDALCYCLE <input type="checkbox"/> 16 - RAILWAY VEHICLE <input type="checkbox"/> 17 - ANIMAL - FARM <input type="checkbox"/> 18 - ANIMAL - DEER <input type="checkbox"/> 19 - ANIMAL - OTHER <input type="checkbox"/> 20 - MOTOR VEHICLE IN TRANSPORT <input type="checkbox"/> 21 - PARKED MOTOR VEHICLE <input type="checkbox"/> 22 - WORK ZONE MAINTENANCE EQUIPMENT <input type="checkbox"/> 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE <input type="checkbox"/> 24 - OTHER MOVABLE OBJECT <input type="checkbox"/> 99 - OTHER / UNKNOWN <input type="checkbox"/>
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4 - IMPACT ATTENUATOR / CRASH CUSHION <input type="checkbox"/> 5 - BRIDGE OVERHEAD STRUCTURE <input type="checkbox"/> 6 - BRIDGE PIER OR ABUTMENT <input type="checkbox"/> 7 - BRIDGE PARAPET <input type="checkbox"/> 8 - BRIDGE RAIL <input type="checkbox"/> 9 - GUARDRAIL FACE <input type="checkbox"/>	10 - PORTABLE BARRIER <input type="checkbox"/> 11 - MEDIAN BARRIER <input type="checkbox"/> 12 - MEDIAN CONCRETE BARRIER <input type="checkbox"/> 13 - GUARDRAIL END <input type="checkbox"/> 14 - OVERHEAD SIGN POST <input type="checkbox"/> 15 - MEDIAN GUARDRAIL SUPPORT <input type="checkbox"/> 16 - GUARDRAIL SUPPORT <input type="checkbox"/> 17 - LIGHT / LUMINARIES <input type="checkbox"/> 18 - UTILITY POLE <input type="checkbox"/> 19 - OTHER POST, POLE, OR SUPPORT <input type="checkbox"/> 20 - CULVERT <input type="checkbox"/> 21 - CURB <input type="checkbox"/> 22 - DITCH <input type="checkbox"/> 23 - EMBANKMENT <input type="checkbox"/> 24 - FENCE <input type="checkbox"/> 25 - MAILBOX <input type="checkbox"/> 26 - TREE <input type="checkbox"/> 27 - OTHER FIXED OBJECT <input type="checkbox"/> 28 - FIRE HYDRANT <input type="checkbox"/> 29 - OTHER / UNKNOWN <input type="checkbox"/>
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1 - FIRST HARMFUL EVENT  1 - MOST HARMFUL EVENT

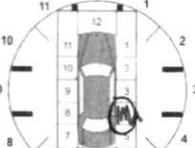
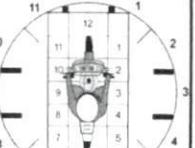
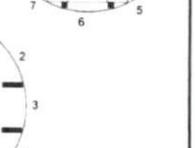
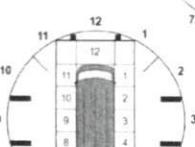
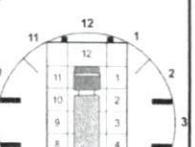
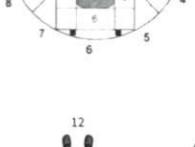
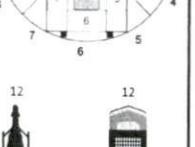
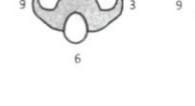
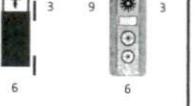
LOCAL REPORT NUMBER 2 2 0 0 1 5 2 2	
DAMAGE DAMAGE SCALE 1 - NONE <input type="checkbox"/> 2 - MINOR DAMAGE <input type="checkbox"/> 3 - FUNCTIONAL DAMAGE <input type="checkbox"/> 4 - DISABLING DAMAGE <input type="checkbox"/> 9 - UNKNOWN <input type="checkbox"/>	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
   <img alt="Diagram of a car showing damage to the bottom front (area 1	

OWNER

VEHICLE

EVENT(S)

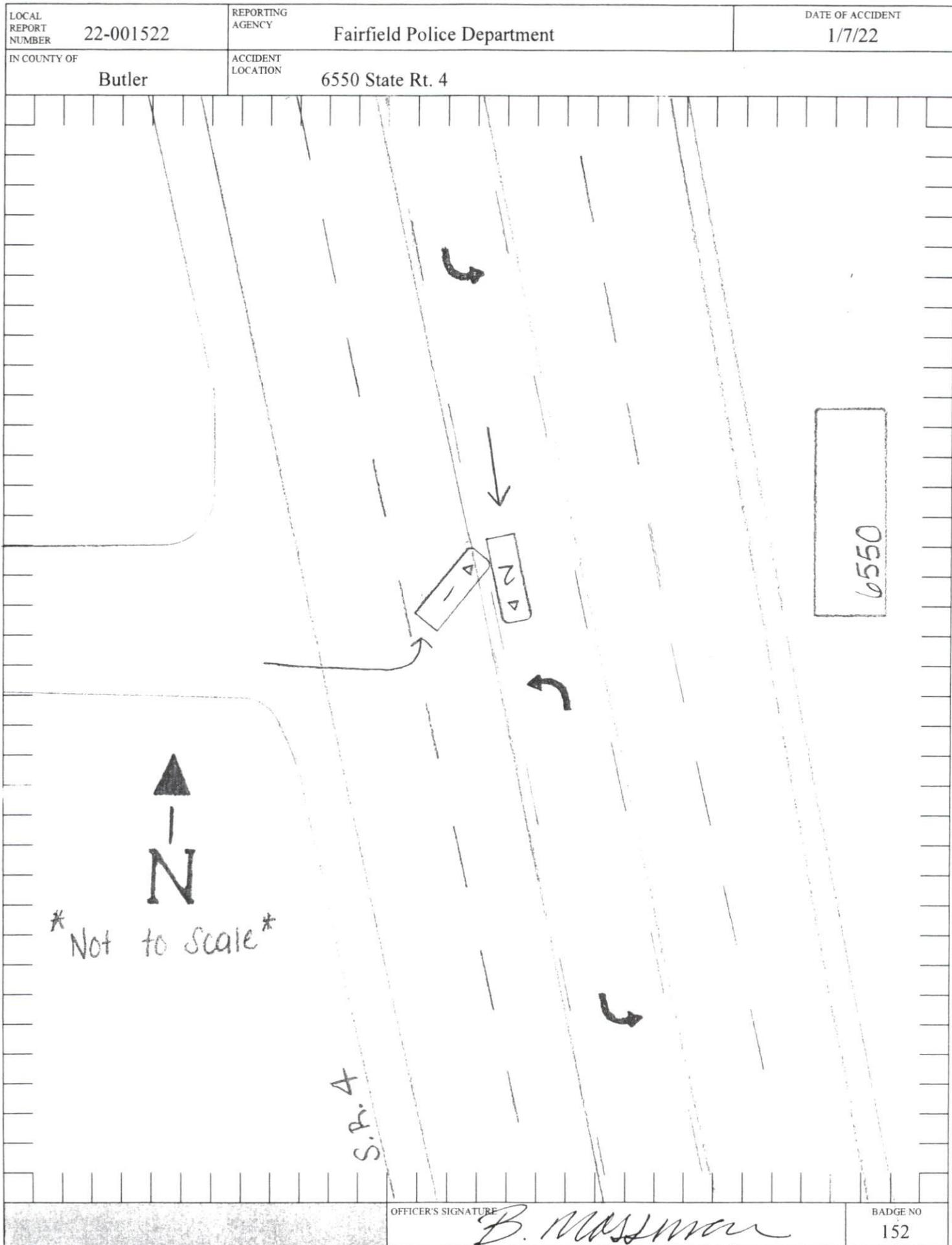
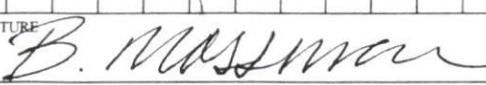
UNIT # <u>012</u>	OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER)																																																																																																																
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>HOB3280</u>	VEHICLE IDENTIFICATION # <u>1HGC M665135A064396</u>	VEHICLE YEAR <u>2005</u>	VEHICLE MAKE <u>Honda</u>																																																																																																														
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>Allstate</u>	INSURANCE POLICY # <u>826117348</u>	COLOR <u>Gray</u>	VEHICLE MODEL <u>Accord</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 DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT EQUIPPED		# OCCUPANTS <u>0 1</u>	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.																																																																																																															
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WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>2</u> 1 - YES 2 - NO 9 - OTHER / UNKNOWN		AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION																																																																																																																
SPECIAL FUNCTION <u>0 1</u> 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER		1 - NONE 2 - TAXI 3 - BUS - SHUTTLE 4 - BUS - OTHER 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																																																																																																																
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 - GRAIN/CHIPS/GRAVEL 6 - CARGO VAN/ENCLOSED BOX 7 - TRAILER 8 - FLAT BED 9 - DUMP 10 - CONCRETE MIXER 11 - AUTO TRANSPORTER 12 - GARBAGE/REFUSE 13 - TRAILER 14 - CARGO TANK 15 - GRAIN/CHIPS/GRAVEL 16 - POLE 17 - CONCRETE MIXER 18 - AUTO TRANSPORTER 19 - GARBAGE/REFUSE 20 - SAFETY SERVICE PATROL																																																																																																																
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NON-MOTORIST LOCATION AT IMPACT <u>0 1</u> 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER /ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 13 - STANDING OUTSIDE DISABLED VEHICLE																																																																																																																
ACTION <u>0 3</u> 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - PRE-CRASH 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - BACKING 8 - CHANGING LANES 9 - MAKING U-TURN 10 - PARKED 11 - SLOWING OR STOPPED 12 - DRIVING ON ROAD 13 - ENTERING TRAFFIC LANE 14 - LEAVING TRAFFIC LANE 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 22 - APPROACHING OR LEAVING VEHICLE 23 - WALKING, RUNNING, JOGGING, PLAYING 24 - WORKING 25 - PUSHING VEHICLE																																																																																																																
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LOCAL REPORT NUMBER <u>2 2 0 0 1 5 2 2</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 14 - UNDERCARRIAGE	
1 - 12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE	
DIAGRAM 99 - UNKNOWN	
13 - TOP	
TRAFFIC	
TRAFFICWAY FLOW <u>2</u> 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL <u>6</u> 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 <u>1</u> 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION <u>6</u> TO <u>7</u> 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED <u>2 5</u>	DETECTED SPEED <u>1</u> 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED <u>5 0</u>	



# MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	LOCAL REPORT NUMBER														
	2 2 0 0 1 5 2 2					DATE OF BIRTH		AGE	GENDER						
UNIT #	NAME: LAST, FIRST, MIDDLE														
0 1	Reyes-Ramirez, Eberto														
ADDRESS: STREET, CITY, STATE, ZIP															
1051 Belle Ave. Hamilton, OH, 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			
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER						
				331.22 (A)		<input checked="" type="checkbox"/>	ROW - EXITING PP		250178						
DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)					
6				4	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	1	1	1	1	1	1				
UNIT #	NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH		AGE	GENDER	
0 2	Ditutu, Emmanuel, Lufuluabo										0 2 2 9 1 9 8 4		3 7	M	
ADDRESS: STREET, CITY, STATE, ZIP											CONTACT PHONE - INCLUDE AREA CODE				
30 Heffron Dr., Apt. F, Fairfield, OH, 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			
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER						
O H						<input type="checkbox"/>									
DL 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 <input type="checkbox"/> OTHER DRUG	1	1	1	1	1	1				
UNIT #	NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH		AGE	GENDER	
											0		0		
ADDRESS: STREET, CITY, STATE, ZIP											CONTACT PHONE - INCLUDE AREA CODE				
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						<input type="checkbox"/>	<input type="checkbox"/>								
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				1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	1	1	1	1	1	1				
<b>INJURIES</b>		<b>SEATING POSITION</b>		<b>AIR BAG</b>		<b>DL CLASS</b>		<b>DL RESTRICTION(S)</b>		<b>DRIVER DISTRACTION</b>		<b>TEST STATUS</b>			
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, RESULTS UNKNOWN			
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 UNKNOWN			
5-NO APPARENT INJURY		5-SECOND - MIDDLE		5-NOT APPLICABLE		5-M/C MOPED ONLY		5-EXCEPT CLASS A BUS		5-EXCEPT CLASS A & CLASS B BUS		5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE			
<b>INJURED TAKEN BY</b>		6-SECOND - RIGHT SIDE		9-DEPLOYMENT UNKNOWN		6-NO VALID DL		6-EXCEPT CLASS A & CLASS B BUS		6-PASSENGER		6-BLOOD			
1-NOT TRANSPORTED /TREATED AT SCENE		7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		1-NOT EJECTED		H-HAZMAT		7-EXCEPT TRACTOR-TRAILER		7-OTHER DISTRACTION INSIDE THE VEHICLE		7-URINE			
2-EMS		8-THIRD - MIDDLE		2-PARTIALLY EJECTED		M-MOTORCYCLE		8-INTERMEDIATE LICENSE RESTRICTIONS		8-OTHER DISTRACTION OUTSIDE THE VEHICLE		8-BREATH			
3-POLICE		9-THIRD - RIGHT SIDE		3-TOTALLY EJECTED		P-PASSENGER		9-LEARNER'S PERMIT RESTRICTIONS		9-OTHER / UNKNOWN		5-OTHER			
9-OTHER / UNKNOWN		10-SLEEPER SECTION OF TRUCK CAB		4-NOT APPLICABLE		N-TANKER		10-LIMITED TO DAYLIGHT ONLY							
<b>SAFETY EQUIPMENT</b>						Q-MOTOR SCOOTER		11-LIMITED TO EMPLOYMENT							
1-NONE USED		11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		1-NOT TRAPPED		R-THREE-WHEEL MOTORCYCLE		12-LIMITED - OTHER							
2-SHOULDER BELT ONLY USED		12-PASSENGER IN UNENCLOSED CARGO AREA		2-EXTRICATED BY MECHANICAL MEANS		S-SCHOOL BUS		13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)							
3-LAP BELT ONLY USED		13-TRAILING UNIT		3-FREED BY NON-MECHANICAL MEANS		T-T-DOUBLE & TRIPLE TRAILERS		14-MILITARY VEHICLES ONLY							
4-SHOULDER & LAP BELT USED		14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				X-TANKER / HAZMAT		15-MOTOR VEHICLES WITHOUT AIR BRAKES							
5-CHILD RESTRAINT SYSTEM - FORWARD FACING		15-NON-MOTORIST						16-OUTSIDE MIRROR							
6-CHILD RESTRAINT SYSTEM - REAR FACING		99-OTHER / UNKNOWN						17-PROSTHETIC AID							
7-BOOSTER SEAT								18-OTHER							
8-HELMET USED															
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)															
10-REFLECTIVE CLOTHING															
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY															
99-OTHER / UNKNOWN															
<b>ALCOHOL TEST TYPE</b>															
1-NONE 2-BLOOD 3-URINE 4-BREATH															
<b>DRUG TEST TYPE</b>															
1-NONE 2-BLOOD 3-URINE 4-OTHER															
<b>CONDITION</b>															
1-APPARENTLY NORMAL 2-PHYSICAL IMPAIRMENT 3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) 4-ILLNESS 5-FELL ASLEEP, FAINTED, FATIGUED, ETC. 6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9-OTHER / UNKNOWN															
<b>DRUG TEST RESULT(S)</b>															
1-AMPHETAMINES 2-BARBITURATES 3-BENZODIAZEPINES 4-CANNABINOID 5-COCAIN 6-OPIATES / OPIOIDS 7-OTHER 8-NEGATIVE RESULTS															

LOCAL REPORT NUMBER	22-001522	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	1/7/22
IN COUNTY OF	Butler	ACCIDENT LOCATION	6550 State Rt. 4		
					
OFFICER'S SIGNATURE					BADGE NO 152