



# TRAFFIC CRASH REPORT

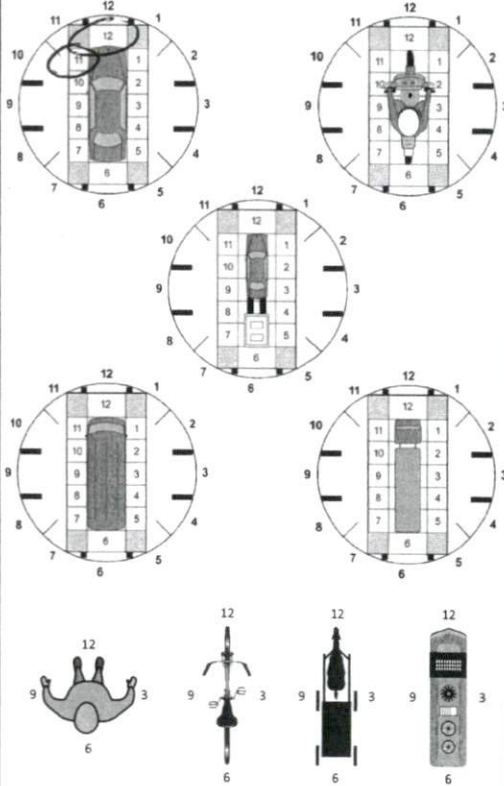
\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> PRIVATE PROPERTY	LOCAL INFORMATION		2 2 0 0 3 3 6 5		
REPORTING AGENCY NAME*		NCIC*		HIT/SKIP 1 - SOLVED 2 - UNSOLVED		NUMBER OF UNITS 0 2	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN
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 1 1 5 2 0 2 2 2 0 2 3		5 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY	
ROUTE TYPE	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES		
			Resor	R D	3 9 . 3 2 0 3 8 5		
ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES		
			Sigmon	W Y	- 8 4 . 5 3 7 3 0 9		
REFERENCE POINT	DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED			
1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	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 PL - PLACE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 0 4			
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE			ROADWAY			
	1 - MILES 2 - FEET 3 - YARDS			<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		1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		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 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN		CONDITIONS 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN	
NARRATIVE On 1/15/2022 at about 8:23 p.m. Unit 1 was traveling east on Resor Rd. and after having made the required stop at Sigmon Wy. proceeded into the intersection to travel straight and in so doing failed to yield the right of way to and collided with Unit 2 which was traveling south on Sigmon Wy. and turning left to travel east on Resor Rd.							
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME	
0 1 1 5 2 0 2 2 2 0 2 3		0 1 1 5 2 0 2 2 2 0 3 3		0 1 1 5 2 0 2 2 2 0 3 8		0 1 1 5 2 0 2 2 2 1 1 8	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*	
0 0 0		0 3 0		0 7 5		D. Gooch	
						CHECKED BY OFFICER'S NAME*	
						Sgt. Aaron Meyer	
						OFFICER'S BADGE NUMBER*	
						1 3 2	
						CHECKED BY OFFICER'S BADGE NUMBER*	
						REPORT TAKEN BY	
						<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DOPS)	



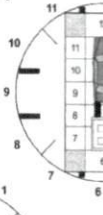

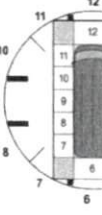


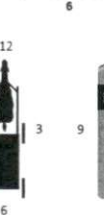


OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) Moore, Gary, E	OWNER PHONE: INCLUDE AREA CODE (☒ SAME AS DRIVER) 2003365		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (☒ SAME AS DRIVER)				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE OH	LICENSE PLATE # HJL6084	VEHICLE IDENTIFICATION # 5NP1E1C4A1C01B1H280828	VEHICLE YEAR 2011	VEHICLE MAKE Hyundai
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY Geico	INSURANCE POLICY # 6031215293	COLOR Black	VEHICLE MODEL Sonata
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 01	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
	TYPE OF USE		TOWED BY: COMPANY NAME		
	<input type="checkbox"/> PASSENGER CAR		HAZARDOUS MATERIAL		
	<input type="checkbox"/> PASSENGER VAN (MINIVAN)		CLASS # PLACARD ID #		
	<input type="checkbox"/> SPORT UTILITY VEHICLE		MATERIAL RELEASED		
	<input type="checkbox"/> PICK UP		PLACARD		
	<input type="checkbox"/> CARGO VAN		CLASS # PLACARD ID #		
<input type="checkbox"/> VAN (9-15 SEATS)		CLASS # PLACARD ID #			
# OF TRAILING UNITS 00		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?			
02		1 - YES 2 - NO 9 - OTHER / UNKNOWN			
01		AUTONOMOUS MODE LEVEL			
01		1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER			
01		1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS			
01		1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS			
01		1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK			
03		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN			
02		1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN			
20		1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT			
1		1 - IMPACT ATTENUATOR / CRASH CUSHION 2 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE			
1		1 - FIRST HARMFUL EVENT 1 - MOST HARMFUL EVENT			

LOCAL REPORT NUMBER 2003365	
DAMAGE	
DAMAGE SCALE	
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 1 - 12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM 4 TO 3	
UNIT SPEED	DETECTED SPEED
015	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	
25	



OWNER	UNIT # 02	OWNER NAME: LAST, FIRST, MIDDLE ( ) SAME AS DRIVER Glover, Diane, L			OWNER PHONE: INCLUDE AREA CODE ( ) SAME AS DRIVER							
	OWNER ADDRESS: STREET, CITY, STATE, ZIP ( ) SAME AS DRIVER											
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP					COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE							
VEHICLE	LP STATE OH	LICENSE PLATE # HLM1998	VEHICLE IDENTIFICATION # 1FAFP34N86W169241			VEHICLE YEAR 2006	VEHICLE MAKE Ford					
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY Hanover Ins Group		INSURANCE POLICY # 2119388511		COLOR Gray	VEHICLE MODEL Focus					
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #		TOWED BY: COMPANY NAME						
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 01	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # PLACARD ID # <input type="checkbox"/> PLACARD						
	UNIT TYPE 01		1 - PASSENGER CAR		7 - MOTORCYCLE 2-WHEELED		12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER			
	00		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 - SNOW VEHICLE	25 - OTHER NON-MOTORIST			
			4 - PICK UP		10 - MOPED OR MOTORIZED BICYCLE		15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE			
			5 - CARGO VAN		11 - ALL TERRAIN VEHICLE (ATV / UTV)		16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN			
			6 - VAN (9-15 SEATS)				17 - MOTORHOME		99 - UNKNOWN OR HIT/SKIP			
EVENT(S)	# OF TRAILING UNITS		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN		AUTONOMOUS MODE LEVEL 0		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION		3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION		9 - UNKNOWN	
	01		1 - NONE		6 - BUS - CHARTER/TOUR		11 - FIRE		16 - FARM		21 - MAIL CARRIER	
	SPECIAL FUNCTION		2 - TAXI		7 - BUS - INTERCITY		12 - MILITARY		17 - MOWING		99 - OTHER / UNKNOWN	
	01		3 - ELECTRONIC RIDE SHARING		8 - BUS - SHUTTLE		13 - POLICE		18 - SNOW REMOVAL			
			4 - SCHOOL TRANSPORT		9 - BUS - OTHER		14 - PUBLIC UTILITY		19 - TOWING			
			5 - BUS - TRANSIT/COMMUTER		10 - AMBULANCE		15 - CONSTRUCTION EQUIPMENT		20 - SAFETY SERVICE PATROL			
	CARGO BODY TYPE		1 - NO CARGO BODY TYPE / NOT APPLICABLE		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE		5 - INTERMODAL CONTAINER CHASSIS		8 - POLE		12 - CONCRETE MIXER	
			2 - BUS		4 - LOGGING		6 - CARGO VAN/ENCLOSED BOX		9 - CARGO TANK		13 - AUTO TRANSPORTER	
							7 - GRAIN/CHIPS/GRAVEL		10 - FLAT BED		14 - GARBAGE/REFUSE	
									11 - DUMP		99 - OTHER / UNKNOWN	
VEHICLE DEFECTS		1 - TURN SIGNALS		4 - BRAKES		7 - WORN OR SLICK TIRES		9 - MOTOR TROUBLE		99 - OTHER / UNKNOWN		
		2 - HEAD LAMPS		5 - STEERING		8 - TRAILER EQUIPMENT DEFECTIVE		10 - DISABLED FROM PRIOR ACCIDENT				
		3 - TAIL LAMPS		6 - TIRE BLOWOUT								
NON-MOTORIST LOCATION AT IMPACT		1 - INTERSECTION - MARKED CROSSWALK		3 - INTERSECTION - OTHER		6 - BICYCLE LANE		9 - MEDIAN/CROSSING ISLAND		12 - FIRST RESPONDER AT INCIDENT SCENE		
		2 - INTERSECTION - UNMARKED CROSSWALK		4 - MIDBLOCK - MARKED CROSSWALK		7 - SHOULDER / ROADSIDE		10 - DRIVEWAY ACCESS		99 - OTHER / UNKNOWN		
				5 - TRAVEL LANE - OTHER LOCATION		8 - SIDEWALK		11 - SHARED USE PATHS OR TRAILS				
ACTION		1 - NON-CONTACT		1 - STRAIGHT AHEAD		7 - MAKING U-TURN		13 - NEGOTIATING A CURVE		18 - APPROACHING OR LEAVING VEHICLE		
		2 - NON-COLLISION		2 - BACKING		8 - ENTERING TRAFFIC LANE		14 - ENTERING OR CROSSING SPECIFIED LOCATION		19 - STANDING		
		3 - STRIKING		3 - CHANGING LANES		9 - LEAVING TRAFFIC LANE		15 - WALKING, RUNNING, JOGGING, PLAYING		20 - OTHER NON-MOTORIST		
		4 - STRUCK		4 - OVERTAKING/PASSING		10 - PARKED		16 - WORKING		21 - STANDING OUTSIDE DISABLED VEHICLE		
		5 - BOTH STRIKING & STRUCK		5 - MAKING RIGHT TURN		11 - SLOWING OR STOPPED IN TRAFFIC		17 - PUSHING VEHICLE		99 - OTHER / UNKNOWN		
		9 - OTHER / UNKNOWN		6 - MAKING LEFT TURN		12 - DRIVERLESS						
CONTRIBUTING CIRCUMSTANCES		1 - NONE		7 - LEFT OF CENTER		13 - IMPROPER START FROM A PARKED POSITION		17 - VISION OBSTRUCTION		21 - LYING IN ROADWAY		
		2 - FAILURE TO YIELD		8 - FOLLOWING TOO CLOSE / ACDA		14 - STOPPED OR PARKED ILLEGALLY		18 - OPERATING DEFECTIVE EQUIPMENT		22 - NOT DISCERNIBLE		
		3 - RAN RED LIGHT		9 - IMPROPER LANE CHANGE		15 - SWERVING TO AVOID		19 - LOAD SHIFTING/FALLING/SPILLING		23 - OPENING DOOR INTO ROADWAY		
		4 - RAN STOP SIGN		10 - IMPROPER PASSING		16 - WRONG WAY		20 - IMPROPER CROSSING		99 - OTHER IMPROPER ACTION		
		5 - UNSAFE SPEED		11 - DROVE OFF ROAD								
		6 - IMPROPER TURN		12 - IMPROPER BACKING								
SEQUENCE OF EVENTS												
NON-COLLISION												
1 2 0		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		12 - DOWNHILL RUNAWAY		17 - ANIMAL - FARM		23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE		
		3 - IMMERSION		8 - RAN OFF ROAD RIGHT		13 - OTHER NON-COLLISION		18 - ANIMAL - DEER		24 - OTHER MOVABLE OBJECT		
		4 - JACKKNIFE		9 - RAN OFF ROAD LEFT		14 - PEDESTRIAN		19 - ANIMAL - OTHER				
		5 - CARGO / EQUIPMENT LOSS OR SHIFT		10 - CROSS MEDIAN		15 - PEDALCYCLE		20 - MOTOR VEHICLE IN TRANSPORT				
								21 - PARKED MOTOR VEHICLE				
COLLISION WITH FIXED OBJECT - STRUCK												
4		25 - IMPACT ATTENUATOR / CRASH CUSHION		31 - GUARDRAIL END		37 - TRAFFIC SIGN POST						

LOCAL REPORT NUMBER	
<div style="border-bottom: 1px solid black; display: flex; justify-content: space-around; width: 100%;"> <span>2</span><span>2</span><span>0</span><span>0</span><span>3</span><span>3</span><span>6</span><span>5</span> </div>	
DAMAGE	
DAMAGE SCALE	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 - NONE  2 - MINOR DAMAGE  9 - UNKNOWN </div> <div style="width: 45%;"> 3 - FUNCTIONAL DAMAGE  4 - DISABLING DAMAGE </div> </div>	
<input type="text" value="2"/>	
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	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 0 - NO DAMAGE  1-12 - REFER TO UNIT DIAGRAM  13 - TOP </div> <div style="width: 45%;"> 14 - UNDERCARRIAGE  15 - VEHICLE NOT AT SCENE  99 - UNKNOWN </div> </div>	
<input type="text" value="0"/> <input type="text" value="3"/>	
TRAFFIC	
<b>TRAFFICWAY FLOW</b> 1 - ONE-WAY 2 - TWO-WAY <input type="text" value="2"/>	<b>TRAFFIC CONTROL</b> 1 - ROUNDABOUT    4 - STOP SIGN 2 - SIGNAL            5 - YIELD SIGN 3 - FLASHER          6 - NO CONTROL <input type="text" value="4"/>
<b># OF THROUGH LANES ON ROAD</b> <input type="text" value="2"/>	<b>RAIL GRADE CROSSING</b> 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING <input type="text" value="1"/>
UNIT / NON-MOTORIST DIRECTION	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 - NORTH  2 - SOUTH  3 - EAST  4 - WEST  9 - OTHER / UNKNOWN </div> <div style="width: 45%;"> 5 - NORTHEAST  6 - NORTHWEST  7 - SOUTHEAST  8 - SOUTHWEST </div> </div>	
FROM <input type="text" value="1"/> TO <input type="text" value="3"/>	
<b>UNIT SPEED</b> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>	<b>DETECTED SPEED</b> 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED <input type="text" value="1"/>
<b>POSTED SPEED</b> <input type="text" value="2"/> <input type="text" value="5"/>	





# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER													
2 2 0 0 3 3 6 5													
UNIT # NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER					
0 1 Moore, Ariel, Marie Ella					1 0 0 5 1 9 9 1		3 0	F					
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
3876 Teakwood Dr., Hamilton, OH, 45011													
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			331.19a		<input checked="" type="checkbox"/>	Stop Sign		249860					
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		0 3		1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	STATUS	TYPE	VALUE			
								1	1	1			
UNIT # NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER					
0 2 Glover, Grace, Marie					0 8 1 2 2 0 0 5		1 6	F					
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
5599 Sigmon Wy., 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			
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		0 3		1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	STATUS	TYPE	VALUE			
								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	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)			
					<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			STATUS	TYPE	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 - TALKING ON HANDS-FREE COMMUNICATION DEVICE		3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	
4 - POSSIBLE INJURY		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT / SIDE		4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER		4 - TALKING ON HAND-HELD COMMUNICATION DEVICE		4 - TEST GIVEN, RESULTS KNOWN	
5 - NO APPARENT INJURY		5 - SECOND - MIDDLE		5 - NOT APPLICABLE		5 - M/C MOPED ONLY		5 - EXCEPT CLASS A BUS		5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		5 - TEST GIVEN, RESULTS UNKNOWN	
INJURED TAKEN BY		6 - SECOND - RIGHT SIDE		EJECTION		6 - NO VALID OL		6 - EXCEPT CLASS A & CLASS B BUS		6 - PASSENGER		ALCOHOL TEST TYPE	
1 - NOT TRANSPORTED / TREATED AT SCENE		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		1 - NOT EJECTED		H - HAZMAT		7 - EXCEPT TRACTOR-TRAILER		7 - OTHER DISTRACTION INSIDE THE VEHICLE		1 - NONE	
2 - EMS		8 - THIRD - MIDDLE		2 - PARTIALLY EJECTED		M - MOTORCYCLE		8 - INTERMEDIATE LICENSE RESTRICTIONS		8 - OTHER DISTRACTION OUTSIDE THE VEHICLE		2 - BLOOD	
3 - POLICE		9 - THIRD - RIGHT SIDE		3 - TOTALLY EJECTED		P - PASSENGER		9 - LEARNER'S PERMIT RESTRICTIONS		9 - OTHER / UNKNOWN		3 - URINE	
4 - OTHER / UNKNOWN		10 - SLEEPER SECTION OF TRUCK CAB		4 - NOT APPLICABLE		N - TANKER		10 - LIMITED TO DAYLIGHT ONLY		CONDITION		4 - BREATH	
SAFETY EQUIPMENT		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		TRAPPED		Q - MOTOR SCOOTER		11 - LIMITED TO EMPLOYMENT		1 - APPARENTLY NORMAL		5 - OTHER	
1 - NONE USED		12 - PASSENGER IN UNENCLOSED CARGO AREA		1 - NOT TRAPPED		R - THREE-WHEEL MOTORCYCLE		12 - LIMITED - OTHER		2 - PHYSICAL IMPAIRMENT		DRUG TEST TYPE	
2 - SHOULDER BELT ONLY USED		13 - TRAILING UNIT		2 - EXTRICATED BY MECHANICAL MEANS		S - SCHOOL BUS		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)		1 - NONE	
3 - LAP BELT ONLY USED		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		3 - FREED BY NON-MECHANICAL MEANS		T - DOUBLE & TRIPLE TRAILERS		14 - MILITARY VEHICLES ONLY		4 - ILLNESS		2 - BLOOD	
4 - SHOULDER & LAP BELT USED		15 - NON-MOTORIST				X - TANKER / HAZMAT		15 - MOTOR VEHICLES WITHOUT AIR BRAKES		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		3 - URINE	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		99 - OTHER / UNKNOWN						16 - OUTSIDE MIRROR		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		4 - OTHER	
6 - CHILD RESTRAINT SYSTEM - REAR FACING								17 - PROSTHETIC AID		9 - OTHER / UNKNOWN		DRUG TEST RESULT(S)	
7 - BOOSTER SEAT								18 - OTHER				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	