



TRAFFIC CRASH REPORT

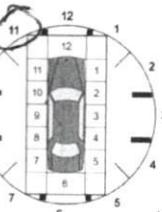
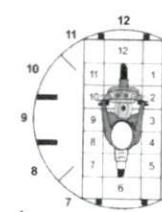
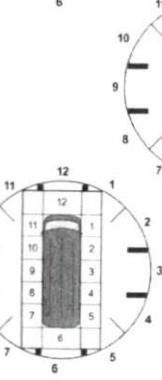
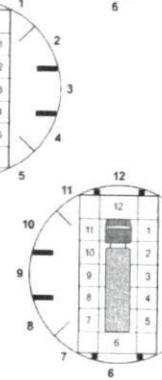
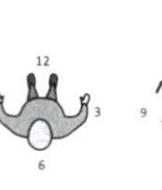
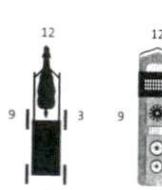
*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

| LOCAL INFORMATION | | | | | LOCAL REPORT NUMBER* | | | |
|---|---|--|---|---|---|--|--|---|
| <input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY | | REPORTING AGENCY NAME* Fairfield Police Department | | | NCIC* | 2 2 0 0 3 5 4 2 | UNIT IN ERROR | |
| | | | | | HIT/SKIP | NUMBER OF UNITS | 98-ANIMAL 0 1 99-UNKNOWN | |
| | | | | | 1-SOLVED 2-UNRESOLVED | 0 1 | | |
| COUNTY* | LOCALITY* | LOCATION: CITY, VILLAGE, TOWNSHIP* | | | CRASH DATE / TIME* | | CRASH SEVERITY | |
| 0 9 | 1 CITY 2 VILLAGE 3 TOWNSHIP | City of Fairfield | | | 0 1 1 6 2 0 2 2 1 9 2 3 | | 5 | |
| REFERENCE LOCATION | ROUTE TYPE | ROUTE NUMBER | PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST | LOCATION ROAD NAME | ROAD TYPE | LATITUDE DECIMAL DEGREES | | |
| | ROUTE TYPE | ROUTE NUMBER | PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | ROAD TYPE | LONGITUDE DECIMAL DEGREES | | |
| | | | | Groh | | 3 9 . 3 4 6 5 3 8 | | |
| | | | | 4875 | | - 8 4 . 5 8 4 8 7 7 | | |
| REFERENCE POINT | DIRECTION FROM REFERENCE | ROUTE TYPE | ROAD TYPE | INTERSECTION RELATED | | | | |
| 1-INTERSECTION 3 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 | 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 type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH | NUMBER OF APPROACHES | |
| DISTANCE FROM REFERENCE | DISTANCE UNIT OF MEASURE | ROUTE TYPE | ROAD TYPE | <input type="checkbox"/> WITHIN INTERCHANGE AREA | ROADWAY | | | |
| 0 | 1-MILES 2- FEET 3-YARDS | 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 | <input type="checkbox"/> ROADWAY DIVIDED | | | | |
| LOCATION OF FIRST HARMFUL EVENT | | | MANNER OF CRASH COLLISION/IMPACT | | | | MEDIAN TYPE | |
| 1-ON ROADWAY 0 6 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 | 1-1 | 1-NOT COLLISION 2-TWO MOTOR VEHICLES IN TRANSPORT 3-REAR-END 4-HEAD-ON | 4-REAR-TO-REAR 5-BACKING 6-ANGLE 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 9-OTHER / UNKNOWN | DIRECTION OF TRAVEL | 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 | WORK ZONE TYPE | | LOCATION OF CRASH IN WORK ZONE | | | | SURFACE | |
| <input type="checkbox"/> WORKERS PRESENT | 1-LANE CLOSURE 2-LANE SHIFT/CROSSOVER 3-WORK ON SHOULDER OR MEDIAN 4-INTERMITTENT OR MOVING WORK 5-OTHER | | 1-BEFORE THE 1ST WORK ZONE WARNING SIGN 2-ADVANCE WARNING AREA 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA | 1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-OTHER/UNKNOWN | 1-3 | 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 | |
| <input type="checkbox"/> LAW ENFORCEMENT PRESENT | | | | | | | | |
| <input type="checkbox"/> ACTIVE SCHOOL ZONE | | | | | | | | |
| LIGHT CONDITION | | WEATHER | | | | | | |
| 1-DAYLIGHT 3 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN | 0 6 | 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 | 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 | | |
| NARRATIVE | | | | | | | | |
| On 01/16/2022 at 7:23 P.M., Unit 1 was traveling through the parking lot of 4875 Groh Lane, and failed to maintain control of the vehicle, and in so doing struck the concrete curb. | | | | | | | | |
| The curb belongs to the City of Fairfield, 5350 Pleasant Ave. Their phone number is | | | | | | | | |
| The driver and the passenger refused to give the passenger's information. | | | | | | | | |
| CRASH REPORTED DATE / TIME | | DISPATCH DATE / TIME | | ARRIVAL DATE / TIME | | SCENE CLEARED DATE / TIME | | |
| 0 1 1 6 2 0 2 2 1 9 2 4 | | 0 1 1 6 2 0 2 2 1 9 2 4 | | 0 1 1 6 2 0 2 2 1 9 2 5 | | 0 1 1 6 2 0 2 2 1 9 3 8 | | |
| TOTAL TIME ROADWAY CLOSED | | OTHER INVESTIGATION TIME | | TOTAL MINUTES | | REPORT TAKEN BY | | |
| 0 | | 0 | | 1 4 | | <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS) | | |
| OFFICER'S NAME* | | S. Cook | | | | CHECKED BY OFFICER'S NAME | | |
| OFFICER'S BADGE NUMBER* | | 1 5 3 | | | | CHECKED BY OFFICER'S BADGE NUMBER* | | |
| 1 1 8 | | | | | | | | |



Indicate the north direction with an "N" on the compass diagram.

| | | |
|---|--|---|
| OWNER | UNIT # <u>0_1</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 |
| VEHICLE | LP STATE <u>O_H</u> LICENSE PLATE # <u>763ZKY</u> VEHICLE IDENTIFICATION # <u>1G1ZB5S10MF051855</u> VEHICLE YEAR <u>2021</u> VEHICLE MAKE <u>Chevrolet</u> | |
| VEHICLE | INSURANCE VERIFIED <input checked="" type="checkbox"/> INSURANCE COMPANY <u>Progressive</u> INSURANCE POLICY # <u>946575214</u> | US DOT # <u></u> COLOR <u>White</u> VEHICLE MODEL <u>Malibu</u> |
| VEHICLE | TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | US DOT # <u></u> TOWED BY: COMPANY NAME <u></u> |
| VEHICLE | INTERLOCK EQUIPPED <input type="checkbox"/> DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT #OCCUPANTS <u>0_2</u> | VEHICLE WEIGHT GVWR/GCWR <u>1 - <10K LBS.</u> <u>2 - 10,001 - 26K LBS.</u> <u>3 - >26K LBS.</u> |
| VEHICLE | HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> CLASS # <u></u> <input type="checkbox"/> PLACARD <input type="checkbox"/> PLACARD ID # <u></u> | |
| VEHICLE | 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 11 - ALL TERRAIN VEHICLE 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR 27 - TRAIN 6 - VAN (9-15 SEATS) (ATV / UTV) 17 - MOTORHOME 18 - ANIMAL DRAWN VEHICLE 28 - ANIMAL DRAWN VEHICLE 7 - # OF TRAILING UNITS 19 - UNKNOWN OR HIT/SKIP | |
| VEHICLE | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>0_1</u> 1 - YES 2 - NO 9 - OTHER/UNKNOWN AUTONOMOUS MODE LEVEL <u>0</u> 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION | |
| VEHICLE | SPECIAL FUNCTION <u>0_1</u> 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN 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 | |
| VEHICLE | CARGO BODY TYPE <u>0_1</u> 1 - NO CARGO BODY TYPE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER / NOT APPLICABLE 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER 2 - BUS 7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE 11 - DUMP 99 - OTHER / UNKNOWN | |
| VEHICLE | DEFECTS <u>0_1</u> 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 | |
| VEHICLE | NON-MOTORIST LOCATION AT IMPACT <u>0_1</u> 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS AT INCIDENT SCENE 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN | |
| VEHICLE | ACTION <u>3</u> 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 <u>9_9</u> 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 10 - PARKED 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST 4 - STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE 5 - BOTH STRIKING & STRUCK ACTIONS 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN 9 - OTHER / UNKNOWN | |
| VEHICLE | CONTRIBUTING CIRCUMSTANCES <u>9_9</u> 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 10 - IMPROPER PASSING 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY 4 - RAN STOP SIGN 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION | |
| EVENT(s) | SEQUENCE OF EVENTS <u>1_4_3</u> 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 8 - RAN OFF ROAD RIGHT 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 3 - IMMERSION 9 - RAN OFF ROAD LEFT 12 - DOWNSHILL RUNAWAY 18 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 4 - JACKKNIFE 10 - CROSS MEDIAN 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 21 - PARKED MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT 5 - CARGO / EQUIPMENT LOSS OR SHIFT 15 - PEDALCYCLE | |
| EVENT(s) | COLLISION WITH FIXED OBJECT - STRUCK <u>4</u> 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL SUPPORT 39 - LIGHT / LUMINARIES 45 - EMBANKMENT 52 - BUILDING 35 - MEDIAN CONCRETE BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL 36 - MEDIAN OTHER BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 48 - TREE 54 - OTHER FIXED OBJECT 37 - BRIDGE PIER OR ABUTMENT 42 - CULVERT 49 - FIRE HYDRANT 99 - OTHER / UNKNOWN | |
| EVENT(s) | FIRST HARMFUL EVENT <u>1</u> MOST HARMFUL EVENT <u>1</u> | |

| | |
|---|---|
| LOCAL REPORT NUMBER <u>22003542</u> | |
| DAMAGE | |
| DAMAGE SCALE <u>2</u> | 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN |
| DAMAGED AREA(S) INDICATE ALL THAT APPLY | |
|       | |
| <input type="checkbox"/> - NO DAMAGE <u>0</u> <input type="checkbox"/> - UNDERCARRIAGE <u>14</u> <input type="checkbox"/> - TOP <u>13</u> <input type="checkbox"/> - ALL AREAS <u>15</u> <input type="checkbox"/> - UNIT NOT AT SCENE <u>16</u> | |
| INITIAL POINT OF CONTACT | |
| 0 - NO DAMAGE <u>1_1</u> | 14 - UNDERCARRIAGE |
| 1-12 - REFER TO UNIT DIAGRAM | 15 - VEHICLE NOT AT SCENE |
| 13 - TOP | |
| TRAFFIC | |
| TRAFFIC WAY FLOW <u>2</u> | TRAFFIC CONTROL <u>6</u> |
| 1 - ONE-WAY | 1 - ROUNDABOUT |
| 2 - TWO-WAY | 4 - STOP SIGN |
| # OF THROUGH LANES ON ROAD <u>2</u> | |
| RAIL GRADE CROSSING <u>1</u> | |
| 1 - NOT INVOLVED | |
| 2 - INVOLVED-ACTIVE CROSSING | |
| 3 - INVOLVED-PASSIVE CROSSING | |
| UNIT / NON-MOTORIST DIRECTION | |
| FROM <u>3</u> TO <u>2</u> | 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN |
| UNIT SPEED <u>1_0</u> | |
| DETECTED SPEED <u>1</u> | |
| 1 - STATED / ESTIMATED SPEED | |
| 2 - CALCULATED / EDR | |
| 3 - UNDETERMINED | |
| POSTED SPEED <u>1_0</u> | |



MOTORIST / Non-MOTORIST

| MOTORIST / NON-MOTORIST | LOCAL REPORT NUMBER | | | | | | | | | | | | | | | |
|---|--|----------------------------|---|---|--|---|--|-------------------------|--|-----------------|--------------|---------------------------------------|-----------------------------------|-------------|--|--|
| | 2 2 0 0 3 5 4 2 | | | | | | DATE OF BIRTH | AGE | GENDER | | | | | | | |
| UNIT # | NAME: LAST, FIRST, MIDDLE 0 1 Baker, Ricky D. | | | | | | | | | | | 0 5 2 1 1 9 9 1 | 3 0 | M | | |
| ADDRESS: STREET, CITY, STATE, ZIP 476 Adler Ave, Liberty Twp, OH 45011 | | | | | | | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | |
| INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED 0 4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0 1 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 | | | | | |
| OL STATE O H | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | | CITATION NUMBER | | | | | | |
| OL CLASS 4 | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY 1 | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | CONDITION 1 | <input type="checkbox"/> ALCOHOL TEST STATUS 1 | TYPE 1 | VALUE • | STATUS 1 | TYPE 1 | DRUG TEST(S) RESULT SELECT UP TO 4 | | | | |
| 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 | | | | | |
| OL STATE | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | | CITATION NUMBER | | | | | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | CONDITION | <input type="checkbox"/> ALCOHOL TEST STATUS | TYPE | VALUE • | STATUS | TYPE | DRUG TEST(S) RESULT SELECT UP TO 4 | | | | |
| 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 | | | | | |
| OL STATE | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | | CITATION NUMBER | | | | | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | CONDITION | <input type="checkbox"/> ALCOHOL TEST STATUS | TYPE | VALUE • | STATUS | TYPE | DRUG TEST(S) RESULT SELECT UP TO 4 | | | | |
| INJURIES | SEATING POSITION | | AIR BAG | | OL CLASS | OL RESTRICTION(S) | DRIVER DISTRACTION | | TEST STATUS | | | | | | | |
| 1-FATAL | 1-FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | | 1-NOT DEPLOYED 2-DEPLOYED FRONT 3-DEPLOYED SIDE 4-DEPLOYED BOTH FRONT / SIDE | | 1-CLASS A 2-CLASS B 3-CLASS C 4-REGULAR CLASS (OHIO = D) | 1-ALCOHOL INTERLOCK DEVICE 2-CDL INTRASTATE ONLY 3-CORRECTIVE LENSES 4-FARM WAIVER 5-EXCEPT CLASS A BUS 6-EXCEPT CLASS A & CLASS B BUS 7-EXCEPT TRACTOR-TRAILER 8-INTERMEDIATE LICENSE RESTRICTIONS 9-LEARNER'S PERMIT RESTRICTIONS 10-LIMITED TO DAYLIGHT ONLY 11-LIMITED TO EMPLOYMENT 12-LIMITED - OTHER 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14-MILITARY VEHICLES ONLY 15-MOTOR VEHICLES WITHOUT AIR BRAKES 16-OUTSIDE MIRROR 17-PROSTHETIC AID 18-OTHER | 1-NOT DISTRACTED 2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3-CORRECTIVE LENSES 4-FARM WAIVER 5-EXCEPT CLASS A BUS 6-EXCEPT CLASS A & CLASS B BUS 7-EXCEPT TRACTOR-TRAILER 8-INTERMEDIATE LICENSE RESTRICTIONS 9-LEARNER'S PERMIT RESTRICTIONS 10-LIMITED TO DAYLIGHT ONLY 11-LIMITED TO EMPLOYMENT 12-LIMITED - OTHER 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14-MILITARY VEHICLES ONLY 15-MOTOR VEHICLES WITHOUT AIR BRAKES 16-OUTSIDE MIRROR 17-PROSTHETIC AID 18-OTHER | | 1-NONE GIVEN 2-TEST REFUSED 3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4-TEST GIVEN, RESULTS KNOWN 5-TEST GIVEN, RESULTS UNKNOWN | | | | | | | |
| INJURED TAKEN BY | 1-NOT TRANSPORTED / TREATED AT SCENE | | 6-SECOND - MIDDLE | | EJECTION | OL ENDORSEMENT | ALCOHOL TEST TYPE | | | | | | | | | |
| 1-EMS | 7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | | 7-THIRD - MIDDLE | | 1-NOT EJECTED 2-PARTIALLY EJECTED 3-TOTALLY EJECTED 4-NOT APPLICABLE | H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT | 1-NONE 2-BLOOD 3-URINE 4-BREATH 5-OTHER | | | | | | | | | |
| 3-POLICE | 8-THIRD - MIDDLE | | 9-THIRD - RIGHT SIDE | | 5-PASSenger | 6-PASSENGER 7-OTHER DISTRACTION INSIDE THE VEHICLE 8-OTHER DISTRACTION OUTSIDE THE VEHICLE 9-OTHER / UNKNOWN | | | | | | | | | | |
| 9-OTHER / UNKNOWN | 10-SLEEPER SECTION OF TRUCK CAB | | 11-PASSenger IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | | 6-NOT APPLICABLE | 7-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 8-PASSenger 9-OTHER DISTRACTION INSIDE THE VEHICLE 10-OTHER DISTRACTION OUTSIDE THE VEHICLE 11-OTHER / UNKNOWN | | | | | | | | | | |
| SAFETY EQUIPMENT | 11-PASSenger IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | | 12-PASSenger IN UNENCLOSED CARGO AREA | | TRAPPED | 12-NOT TRAPPED 2-EXTRICATED BY MECHANICAL MEANS 3-FREED BY NON-MECHANICAL MEANS | 12-NOT TRAPPED 2-EXTRICATED BY MECHANICAL MEANS 3-FREED BY NON-MECHANICAL MEANS | | | | | | | | | |
| 1-NONE USED | 13-TRAILING UNIT | | 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | | GENDER | F - FEMALE M - MALE U - OTHER / UNKNOWN | 13-TRAILING UNIT 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | | | | | | | | | |
| 2-SHOULDER BELT ONLY USED | 15-NON-MOTORIST | | 16-OUTSIDE MIRROR | | CONDITION | 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 | 13-TRAILING UNIT 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | | | | | | | | | |
| 3-LAP BELT ONLY USED | 17-PROSTHETIC AID | | 18-OTHER | | DRUG TEST RESULT(S) | 1-AMPHETAMINES 2-BARBITURATES 3-BENZODIAZEPINES 4-CANNABINOIDs 5-COCaine 6-OPIATES / OPIOIDS 7-OTHER 8-NEGATIVE RESULTS | 17-PROSTHETIC AID 18-OTHER | | | | | | | | | |
| 4-SHOULDER & LAP BELT USED | 18-OTHER | | 19-OTHER / UNKNOWN | | | | | | | | | | | | | |
| 5-CHILD RESTRAINT SYSTEM - FORWARD FACING | 20-REFLECTIVE CLOTHING | | 21-LIGHTING - PEDESTRIAN / BICYCLE ONLY | | | | | | | | | | | | | |
| 6-CHILD RESTRAINT SYSTEM - REAR FACING | 22-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | 23-OTHER / UNKNOWN | | | | | | | | | | | | | |
| 7-BOOSTER SEAT | 24-REFLECTIVE CLOTHING | | 25-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | | | | | | | | | | | | |
| 8-HELMET USED | 26-REFLECTIVE CLOTHING | | 27-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | | | | | | | | | | | | |
| 9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 28-REFLECTIVE CLOTHING | | 29-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | | | | | | | | | | | | |
| 10-REFLECTIVE CLOTHING | 30-REFLECTIVE CLOTHING | | 31-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | | | | | | | | | | | | |
| 11-LIGHTING - PEDESTRIAN / BICYCLE ONLY | 32-REFLECTIVE CLOTHING | | 33-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | | | | | | | | | | | | |
| 99-OTHER / UNKNOWN | 34-REFLECTIVE CLOTHING | | 35-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | | | | | | | | | | | | |



OCCUPANT / WITNESS ADDENDUM

| OCCUPANT | LOCAL REPORT NUMBER | | | | | | | | | | | | | | | | |
|--|---------------------------|---------------------------|---|-----------------------|---|---------------|---|--------|--------|------------------|---------------|----------|---------|-----|-----|---|---|
| | UNIT # | NAME: LAST, FIRST, MIDDLE | | | DATE OF BIRTH | | AGE | GENDER | | | | | | | | | |
| 1 | | | | | | 0 | F | | | | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | | | | | | | | |
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET <table border="1"> <tr> <td>SEATING POSITION</td> <td>AIR BAG USAGE</td> <td>EJECTION</td> <td>TRAPPED</td> </tr> <tr> <td>0 3</td> <td>0 1</td> <td>1</td> <td>1</td> </tr> </table> | | | | | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | 0 3 | 0 1 | 1 | 1 |
| SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | | | | | | | | | | | | | |
| 0 3 | 0 1 | 1 | 1 | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | |
| OCCUPANT | UNIT # | NAME: LAST, FIRST, MIDDLE | | | DATE OF BIRTH | | AGE | GENDER | | | | | | | | | |
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| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | | | | | | | | |
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| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET <table border="1"> <tr> <td>SEATING POSITION</td> <td>AIR BAG USAGE</td> <td>EJECTION</td> <td>TRAPPED</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | | | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | | | |
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| OCCUPANT | UNIT # | NAME: LAST, FIRST, MIDDLE | | | DATE OF BIRTH | | AGE | GENDER | | | | | | | | | |
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| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | | | | | | | | |
| 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 - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - 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 99 - OTHER / UNKNOWN | | 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN | | | | | | | | | | |
| INJURED TAKEN BY | | | | | | | EJECTION | | | | | | | | | | |
| 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN | | | | | | | 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE | | | | | | | | | | |
| GENDER | | | | | | | TRAPPED | | | | | | | | | | |
| F - FEMALE M - MALE U - OTHER / UNKNOWN | | | | | | | 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS | | | | | | | | | | |
| WITNESS | NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | | AGE | GENDER | | | | | | | | |
| | | | | | | | | 0 | | | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | | | |
| WITNESS | NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | | AGE | GENDER | | | | | | | | |
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| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | | | |
| WITNESS | NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | | AGE | GENDER | | | | | | | | |
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| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | | | |