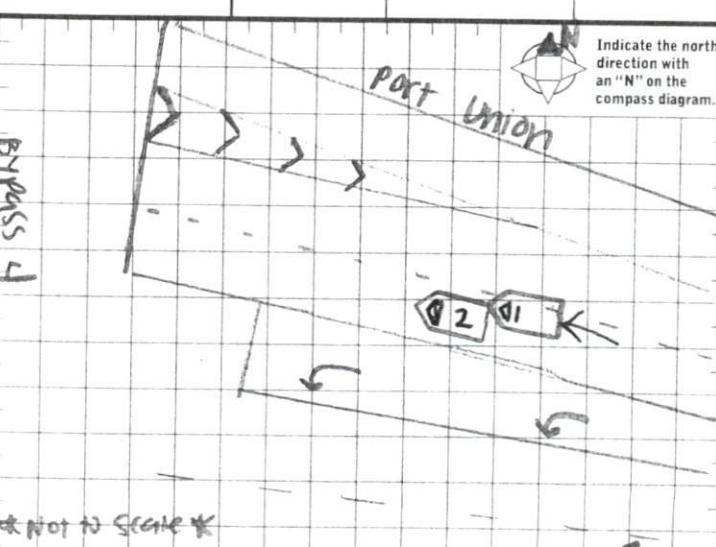
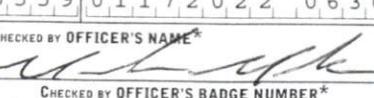
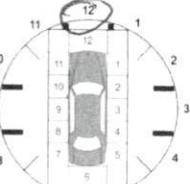
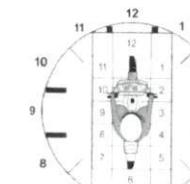
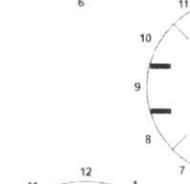
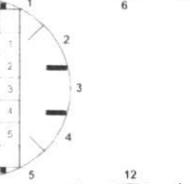
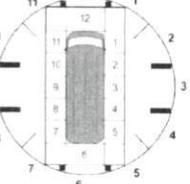
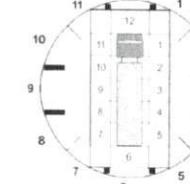
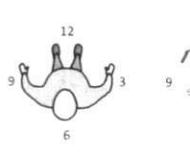
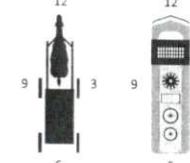


TRAFFIC CRASH REPORT				*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT				LOCAL REPORT NUMBER*						
<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		<input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER		LOCAL INFORMATION				2 2 0 0 3 6 4 7						
<input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> PRIVATE PROPERTY				REPORTING AGENCY NAME*				NCIC*	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR			
				Fairfield Police Department				0 0 9 0 1	1 - SOLVED 2 - UNSOLVED	0 2	98 - ANIMAL 0 1 99 - UNKNOWN			
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*												
0 9	1 2 - VILLAGE 3 - TOWNSHIP	City of Fairfield												
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME			ROAD TYPE	LATITUDE DECIMAL DEGREES			CRASH SEVERITY			
				Port Union			R D	3 9 . 3 3 5 8 1			1 - FATAL 5 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY			
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)			ROAD TYPE	LONGITUDE DECIMAL DEGREES						
				Bypass				- 8 4 . 5 0 1 8 9						
REFERENCE POINT		DIRECTION FROM REFERENCE	ROUTE TYPE		ROAD TYPE		INTERSECTION RELATED							
1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		1 - NORTH 3 2 - SOUTH 4 - 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		<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA <span style="float: right;">4</span>					
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE	1 - MILES 2 - FEET 3 - YARDS						ROADWAY					
5 0		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				1 - NOT COLLISION 2 - REAR-TO-REAR 3 - BACKING 4 - ANGLE 5 - SIDESWIPE, SAME DIRECTION 6 - SIDESWIPE, OPPOSITE DIRECTION 7 - HEAD-ON 8 - 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				LOCATION OF CRASH IN WORK ZONE		CONTOUR	CONDITIONS	SURFACE		
				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 2 - ADVANCE WARNING SIGN 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		1	3	2		
								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 3 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				1 - SNOW 6 - SEVERE CROSSWINDS 7 - BLOWING SAND, SOIL, DIRT, SNOW 8 - FREEZING RAIN OR FREEZING DRIZZLE 9 - OTHER / UNKNOWN						
NARRATIVE														
On 01/17/22 at around 5:49 a.m., Unit 1 was traveling westbound on Port Union Rd. and when at Bypass 4, failed to stop within the assured clear distance ahead. Unit 1 collided with Unit 2, which was stopped at the traffic signal on Port Union at Bypass 4. Unit 2 was facing westbound.														
Indicate the north direction with an "N" on the compass diagram.														
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY						
0 1 1 7 2 0 2 2 0 5 4 9		0 1 1 7 2 0 2 2 0 5 5 0		0 1 1 7 2 0 2 2 0 5 5 9		0 1 1 7 2 0 2 2 0 6 3 0		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION or ADDITION TO AN EXISTING REPORT SENT TO IDPSI)						
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*						
4 1						O. Eckstein								
						OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*						
						1 6 5		1 4 1						

UNIT #	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	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR
O H	JEL9469	KMH DU 4AD 8AU 92 8 8 6 8	2010
<input checked="" type="checkbox"/> INSURED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR
	Shelter Mutual Ins	34-1-10767475-3	Gray
VEHICLE MODEL		Elantra	
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE			Marcell's
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS	HAZARDOUS MATERIAL
		0 1	<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD
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 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	
28 - UNKNOWN OR HIT/SKIP			
# OF TRAILING UNITS			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		AUTONOMOUS MODE LEVEL	
2 1 - YES 2 - NO 9 - OTHER / UNKNOWN		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION
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
1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS		3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 4 - LOGGING	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL
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
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
1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN		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
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 / ACD 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
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION		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
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 35 - MEDIAN CONCRETE 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

LOCAL REPORT NUMBER	
2 2 0 0 3 6 4 7	
DAMAGE	
DAMAGE SCALE	
4	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN
3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE	
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	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
3	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
1 - NORTH      5 - NORTHEAST 2 - SOUTH      6 - NORTHWEST 3 - EAST      7 - SOUTHEAST 4 - WEST      8 - SOUTHWEST 9 - OTHER / UNKNOWN	
FROM 3 TO 4	
UNIT SPEED	DETECTED SPEED
3 5	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	
4 5	



UNIT

OWNER

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )		OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DR # )
0 2	Qualified Property Services INC		
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )			
3324 Port Union Rd., Fairfield, OH, 45014			
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR
0 H	PLA1732	3C7WRTCL4KG610489	2019
INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR
	Willis Murphy Adv.	6680566	White
VEHICLE TYPE		VEHICLE WEIGHT GVWR/GCWR	VEHICLE MODEL
<input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		# OCCUPANTS 0 1	Dodge Ram 3500
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME
1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
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
UNIT TYPE		HAZARDOUS MATERIAL	
0 4		MATERIAL RELEASED <input type="checkbox"/> PLACARD	CLASS # PLACARD ID #
# OF TRAILING UNITS			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		AUTONOMOUS MODE LEVEL	
2		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	
SPECIAL FUNCTION		6 - NONE 7 - TAXI 8 - ELECTRONIC RIDE SHARING 9 - SCHOOL TRANSPORT 10 - BUS TRANSIT/COMMUTER	
1 8		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		1 - NO CARGO BODY TYPE /NOTAPPLICABLE 2 - BUS	
VEHICLE DEFECTS		3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 4 - LOGGING 5 - STEERING DEFECTIVE 6 - BRAKES 7 - TURN SIGNALS 8 - HEAD LAMPS 9 - TAIL LAMPS	
NON-MOTORIST LOCATION AT IMPACT		10 - TRAILER EQUIPMENT DEFECTIVE 11 - WORN OR SLICK TIRES 12 - POLE 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 16 - DUMP	
ACTION		1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	
4		1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - TRAVEL LANE - OTHER LOCATION	
4		4 - MIDBLOCK - MARKED CROSSWALK 5 - SIDEWALK	
4		6 - SHOULDER /ROADSIDE 7 - BICYCLE LANE	
4		8 - TRAILER 9 - MEDIAN/CROSSING ISLAND	
4		10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS	
4		12 - FIRST RESPONDER AT INCIDENT SCENE 13 - STANDING	
4		14 - STANDING OUTSIDE 15 - WORKING	
4		16 - APPROACHING OR LEAVING VEHICLE 17 - WORKING	
4		18 - WORKING 19 - STANDING	
4		20 - STANDING OUTSIDE 21 - WORKING	
4		22 - WORKING 23 - WORKING	
4		24 - WORKING 25 - WORKING	
4		26 - WORKING 27 - WORKING	
4		28 - WORKING 29 - WORKING	
4		30 - WORKING 31 - WORKING	
4		32 - WORKING 33 - WORKING	
4		34 - WORKING 35 - WORKING	
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4		296 - WORKING 297 - WORKING	
4		298 - WORKING 299 - WORKING	
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4		452 - WORKING 453 - WORKING	
4		454 - WORKING 455 - WORKING	
4</td			



# MOTORIST / Non-MOTORIST

UNIT #		NAME: LAST, FIRST, MIDDLE										LOCAL REPORT NUMBER							
0 1		Diop, Papa, Samba										2 2 0 0 3 6 4 7							
ADDRESS: STREET, CITY, STATE, ZIP 637 Glensprings Dr., Cincinnati, OH, 45246												DATE OF BIRTH							
												0 5 1 7 1 9 7 8		AGE 43					
												GENDER M							
												CONTACT PHONE - INCLUDE AREA CODE							
INJURIES 5		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	
DL STATE O H		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input checked="" type="checkbox"/>		OFFENSE DESCRIPTION		ACDA		CITATION NUMBER		250288					
DL CLASS 4		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY <input type="checkbox"/> 1		ALCOHOL / DRUG SUSPECTED		CONDITION		ALCOHOL TEST		DRUG TEST(S)		SELECT UP TO 4			
ALCOHOL <input type="checkbox"/>		MARIJUANA <input type="checkbox"/>		OTHER DRUG <input type="checkbox"/>				STATUS <input type="checkbox"/> 1		TYPE <input type="checkbox"/> 1		VALUE <input type="checkbox"/>		STATUS <input type="checkbox"/> 1		TYPE <input type="checkbox"/> 1		RESULT <input type="checkbox"/>	
UNIT # 0 2		NAME: LAST, FIRST, MIDDLE Mathews, John, David										DATE OF BIRTH				AGE 52			
ADDRESS: STREET, CITY, STATE, ZIP 7455 Airy View Dr., Liberty Twp., OH, 45044												CONTACT PHONE - INCLUDE AREA CODE							
INJURIES 5		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	
DL STATE O H		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>		OFFENSE DESCRIPTION		CITATION NUMBER									
DL CLASS 4		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY <input type="checkbox"/> 1		ALCOHOL / DRUG SUSPECTED		CONDITION		ALCOHOL TEST		DRUG TEST(S)		SELECT UP TO 4			
ALCOHOL <input type="checkbox"/>		MARIJUANA <input type="checkbox"/>		OTHER DRUG <input type="checkbox"/>				STATUS <input type="checkbox"/> 1		TYPE <input type="checkbox"/> 1		VALUE <input type="checkbox"/>		STATUS <input type="checkbox"/> 1		TYPE <input type="checkbox"/> 1		RESULT <input type="checkbox"/>	
UNIT #		NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH				AGE 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	
DL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>		OFFENSE DESCRIPTION		CITATION NUMBER									
DL CLASS		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY <input type="checkbox"/> 1		ALCOHOL / DRUG SUSPECTED		CONDITION		ALCOHOL TEST		DRUG TEST(S)		SELECT UP TO 4			
ALCOHOL <input type="checkbox"/>		MARIJUANA <input type="checkbox"/>		OTHER DRUG <input type="checkbox"/>				STATUS <input type="checkbox"/> 1		TYPE <input type="checkbox"/> 1		VALUE <input type="checkbox"/>		STATUS <input type="checkbox"/> 1		TYPE <input type="checkbox"/> 1		RESULT <input type="checkbox"/>	
INJURIES		SEATING POSITION		AIR BAG		DL CLASS		DL RESTRICTION(S)		DRIVER DISTRACTION		TEST STATUS							
1-FATAL		1-FRONT - LEFT SIDE		1-NOT DEPLOYED		1-CLASS A		1-ALCOHOL INTERLOCK DEVICE		1-NOT DISTRACTED		1-NONE GIVEN							
2-SUSPECTED SERIOUS INJURY		(MOTORCYCLE DRIVER)		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		2-FRONT - MIDDLE		3-DEPLOYED SIDE		3-CLASS C		3-CORRECTIVE LENSES		3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE		3-TEST GIVEN, RESULTS KNOWN							
4-Possible INJURY		3-FRONT - RIGHT SIDE		4-DEPLOYED BOTH FRONT / SIDE		4-REGULAR CLASS (OHIO = D)		4-FARM WAIVER		4-TALKING ON HAND-HELD COMMUNICATION DEVICE		4-TEST GIVEN, RESULTS UNKNOWN							
5-NO APPARENT INJURY		4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		5-NOT APPLICABLE		5-MIC MOPED ONLY		5-EXCEPT CLASS A BUS		5-EXCEPT CLASS A & CLASS B BUS		5-TEST GIVEN, RESULTS UNKNOWN							
6-SECOND - MIDDLE		5-SECOND - MIDDLE		9-DEPLOYMENT UNKNOWN		6-NO VALID DL		6-EXCEPT CLASS A & CLASS B BUS		6-EXCEPT CLASS A & CLASS B BUS									
6-SECOND - RIGHT SIDE		6-SECOND - RIGHT SIDE		7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		7-THIRD - LEFT SIDE		7-EXCEPT TRACTOR-TRAILER		7-EXCEPT TRACTOR-TRAILER									
7-THIRD - MIDDLE		8-THIRD - MIDDLE		8-THIRD - RIGHT SIDE		8-THIRD - RIGHT SIDE		8-INTERMEDIATE LICENSE RESTRICTIONS		8-INTERMEDIATE LICENSE RESTRICTIONS									
9-OTHER / UNKNOWN		10-SLEEPER SECTION OF TRUCK CAB		9-OTHER / UNKNOWN		9-OTHER / UNKNOWN		9-LEARNER'S PERMIT RESTRICTIONS		9-LEARNER'S PERMIT RESTRICTIONS									
11-PASSenger IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		11-PASSenger IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		11-NOT EJECTED		H-HAZMAT		10-LIMITED TO DAYLIGHT ONLY		10-LIMITED TO DAYLIGHT ONLY									
12-PASSenger IN UNENCLOSED CARGO AREA		12-PASSenger IN UNENCLOSED CARGO AREA		12-PARTIALLY EJECTED		M-MOTORCYCLE		11-LIMITED TO EMPLOYMENT		11-LIMITED TO EMPLOYMENT									
13-TRAILING UNIT		13-TRAILING UNIT		13-TOTALLY EJECTED		P-PASSENGER		12-LIMITED - OTHER		12-LIMITED - OTHER									
14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		14-NOT APPLICABLE		N-TANKER		13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)									
15-NON-MOTORIST		15-NON-MOTORIST		15-NOT TRAPPED		Q-MOTOR SCOOTER		14-MILITARY VEHICLES ONLY		14-MILITARY VEHICLES ONLY									
99-OTHER / UNKNOWN		99-OTHER / UNKNOWN		16-EXTRICATED BY MECHANICAL MEANS		R-THREE-WHEEL MOTORCYCLE		15-MOTOR VEHICLES WITHOUT AIR BRAKES		15-MOTOR VEHICLES WITHOUT AIR BRAKES									
17-BOOS TIR SEAT		17-BOOS TIR SEAT		17-FREED BY NON-MECHANICAL MEANS		S-SCHOOL BUS		16-OUTSIDE MIRROR		16-OUTSIDE MIRROR									
8-HELMET USED		8-HELMET USED		18-OTHER		T-DOUBLE & TRIPLE TRAILERS		17-PROSTHETIC AID		17-PROSTHETIC AID									
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		19-OTHER / UNKNOWN		X-TANKER / HAZMAT		18-OTHER		18-OTHER									
10-REFLECTIVE CLOTHING		10-REFLECTIVE CLOTHING		20-OTHER / UNKNOWN		GENDER		21-APPARENTLY NORMAL		21-APPARENTLY NORMAL									
11-LIGHTING - PEDESTRIAN / BIKE ONLY		11-LIGHTING - PEDESTRIAN / BIKE ONLY		F-FEMALE		22-PHYSICAL IMPAIRMENT		22-PHYSICAL IMPAIRMENT		22-PHYSICAL IMPAIRMENT									
99-OTHER / UNKNOWN		99-OTHER / UNKNOWN		M-MALE		23-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)		23-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)		23-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)									
12-REFLECTIVE CLOTHING		12-REFLECTIVE CLOTHING		U-OTHER / UNKNOWN		24-ILLNESS		24-ILLNESS		24-ILLNESS									
13-CHILD RESTRAINT SYSTEM - REAR FACING		13-CHILD RESTRAINT SYSTEM - REAR FACING		25-FELL ASLEEP, FAINTED, FATIGUED, ETC.		25-FELL ASLEEP, FAINTED, FATIGUED, ETC.		25-FELL ASLEEP, FAINTED, FATIGUED, ETC.		25-FELL ASLEEP, FAINTED, FATIGUED, ETC.									
14-CHILD RESTRAINT SYSTEM - FORWARD FACING		14-CHILD RESTRAINT SYSTEM - FORWARD FACING		26-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		26-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		26-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		26-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL									
15-CHILD RESTRAINT SYSTEM - FORWARD FACING		15-CHILD RESTRAINT SYSTEM - FORWARD FACING		27-OTHER / UNKNOWN		27-OTHER / UNKNOWN		27-OTHER / UNKNOWN		27-OTHER / UNKNOWN									
16-CHILD RESTRAINT SYSTEM - FORWARD FACING		16-CHILD RESTRAINT SYSTEM - FORWARD FACING		28-OPIATES / OPIOIDS		28-OPIATES / OPIOIDS		28-OPIATES / OPIOIDS		28-OPIATES / OPIOIDS									
17-CHILD RESTRAINT SYSTEM - FORWARD FACING		17-CHILD RESTRAINT SYSTEM - FORWARD FACING		29-COCaine		29-COCaine		29-COCaine		29-COCaine									
18-CHILD RESTRAINT SYSTEM - FORWARD FACING		18-CHILD RESTRAINT SYSTEM - FORWARD FACING		30-BENZODIAZEPINES		30-BENZODIAZEPINES		30-BENZODIAZEPINES		30-BENZODIAZEPINES									
19-CHILD RESTRAINT SYSTEM - FORWARD FACING		19-CHILD RESTRAINT SYSTEM - FORWARD FACING		31-CANNABINoIDS		31-CANNABINoIDS		31-CANNABINoIDS		31-CANNABINoIDS									
20-CHILD RESTRAINT SYSTEM - FORWARD FACING		20-CHILD RESTRAINT SYSTEM - FORWARD FACING		32-AMPHETAMINES		32-AMPHETAMINES		32-AMPHETAMINES		32-AMPHETAMINES									
21-CHILD RESTRAINT SYSTEM - FORWARD FACING		21-CHILD RESTRAINT SYSTEM - FORWARD FACING		33-BARBITURATES		33-BARBITURATES		33-BARBITURATES		33-BARBITURATES									
22-CHILD RESTRAINT SYSTEM - FORWARD FACING		22-CHILD RESTRAINT SYSTEM - FORWARD FACING		34-URINE		34-URINE		34-URINE		34-URINE									
23-CHILD RESTRAINT SYSTEM - FORWARD FACING		23-CHILD RESTRAINT SYSTEM - FORWARD FACING		35-BREATH		35-BREATH		35-BREATH		35-BREATH									
24-CHILD RESTRAINT SYSTEM - FORWARD FACING		24-CHILD RESTRAINT SYSTEM - FORWARD FACING		36-OTHER		36-OTHER		36-OTHER		36-OTHER									
25-CHILD RESTRAINT SYSTEM - FORWARD FACING		25-CHILD RESTRAINT SYSTEM - FORWARD FACING		37-Negative RESULTS		37-Negative RESULTS		37-Negative RESULTS		37-Negative RESULTS									
SAFE TY EQUIPMENT																			
1-NONE USED		1-NONE USED		TRAPPED		GENDER		CONDITION		DRUG TEST TYPE		DRUG TEST RESULT(S)							
2-SHOULDER BELT ONLY USED		2-SHOULDER BELT ONLY USED		1-NOT TRAPPED		F-FEMALE		1-APPARENTLY NORMAL		1-NONE		1-NONE GIVEN							
3-LAP BELT ONLY USED		3-LAP BELT ONLY USED		2-EXTRICATED BY MECHANICAL MEANS		M-MALE		2-PHYSICAL IMPAIRMENT		2-BLOOD		2-TEST REFUSED							
4-SHOULDER & LAP BELT USED		4-SHOULDER & LAP BELT USED		3-FREED BY NON-MECHANICAL MEANS		U-OTHER / UNKNOWN		3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)		3-URINE		3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE							
5-CHILD RESTRAINT SYSTEM - FORWARD FACING		5-CHILD RESTRAINT SYSTEM - FORWARD FACING		4-NOT APPLICABLE		GENDER		4-ILLNESS		4-OOTHER		4-TEST GIVEN, RESULTS KNOWN							
6-CHILD RESTRAINT SYSTEM - REAR FACING		6-CHILD RESTRAINT SYSTEM - REAR FACING		5-OTHER / UNKNOWN		GENDER		5-FELL ASLEEP, FAINTED, FATIGUED, ETC.		5-BARBITURATES		5-TEST GIVEN, RESULTS UNKNOWN							
7-BOOS TIR SEAT		7-BOOS TIR SEAT		6-OTHER / UNKNOWN		GENDER		6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		6-BENZODIAZEPINES		6-CANNABINoIDS							
8-HELMET USED		8-HELMET USED		7-OTHER / UNKNOWN		GENDER		7-OTHER / UNKNOWN		7-COCaine		7-OTHER							
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		8-OTHER / UNKNOWN		GENDER		8-OTHER / UNKNOWN		8-OPIATES / OPIOIDS		8-Negative RESULTS							
10-REFLECTIVE CLOTHING		10-REFLECTIVE CLOTHING		9-OTHER / UNKNOWN		GENDER		9-OTHER / UNKNOWN		9-Negative RESULTS									
11-LIGHTING - PEDESTRIAN / BIKE ONLY		11-LIGHTING - PEDESTRIAN / BIKE ONLY		10-OTHER / UNKNOWN		GENDER		10-OTHER / UNKNOWN		10-Negative RESULTS									
99-OTHER / UNKNOWN		99-OTHER / UNKNOWN		11-OTHER / UNKNOWN		GENDER		11-OTHER / UNKNOWN		11-Negative RESULTS									