

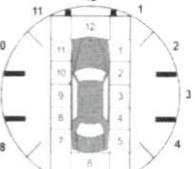
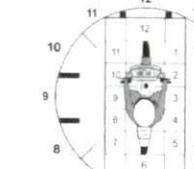
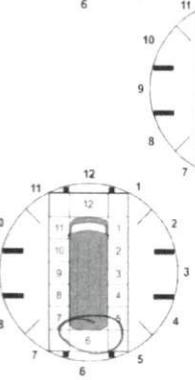
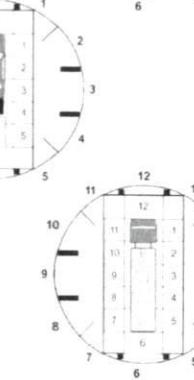
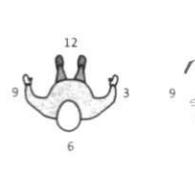
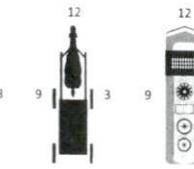


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL INFORMATION				NCIC*	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR		
<input checked="" type="checkbox"/> PHOTOS TAKEN	<input type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	<input checked="" type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	Fairfield Police Department	00901	2 1-SOLVED 2-UNSOULVED	0 1	0 1 98-ANIMAL 0 1 99-UNKNOWN
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*				CRASH DATE / TIME*		CRASH SEVERITY	
0 9	1-CITY 2-VILLAGE 3-TOWNSHIP	City of Fairfield				01222022 1653		1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY	
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DECIMAL DEGREES		5
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)		ROAD TYPE	LONGITUDE DECIMAL DEGREES		
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		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 <input type="checkbox"/> WITHIN INTERCHANGE AREA	NUMBER OF APPROACHES	
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE	TR - NUMBERED TOWNSHIP ROUTE		ROADWAY					
1-MILES 2-FEET 3-YARDS	1-MILES 2-FEET 3-YARDS					<input type="checkbox"/> ROADWAY DIVIDED			
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT				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	1-1	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	WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE		CONTOUR	CONDITIONS	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	1	2		
<input type="checkbox"/> LAW ENFORCEMENT PRESENT					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		
<input type="checkbox"/> ACTIVE SCHOOL ZONE									
LIGHT CONDITION			WEATHER						
1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN	0 1	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						
NARRATIVE									
On 1/22/2022 at approximately 4:53 p.m. Unit 1 was backing east in the driveway of 100 Knollridge Court, when it struck the car port of the above address.									
Unit 1 left the scene without providing any information to the owners of 100 Knollridge Court.									
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY	
0 1 2 2 2 0 2 2 1 6 5 3		0 1 2 2 2 0 2 2 1 7 2 4		0 1 2 2 2 0 2 2 1 7 3 6		0 1 2 2 2 0 2 2 1 7 4 5		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*	
						R. HICKMAN		<i>See. W. Hickman</i>	
						OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*	
						1 6 4		1 1 8	
SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)									

OWNER	UNIT # 0_1 OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) Hesler Logistics Inc.		OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 494 Clough Pk. Cincinnati, OH 45244				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP Fed Ex 9667 Interocean Blvd. West Chester, OH 45069		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
LP STATE O_H	LICENSE PLATE # PMC4500	VEHICLE IDENTIFICATION # 1F65F5KN3M0A012716	VEHICLE YEAR 2021	VEHICLE MAKE FORD	
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY ATLANTIC SPECIALTY	INSURANCE POLICY # 794000166	COLOR WHITE	VEHICLE MODEL	
TYPE OF USE <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 checked="" type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS 0_1	HAZARDOUS MATERIAL		
		VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	MATERIAL RELEASED <input type="checkbox"/> PLACARD	CLASS # PLACARD ID #	
UNIT TYPE 0_1		1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV/UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
# OF TRAILING UNITS 0		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2			
		AUTONOMOUS MODE LEVEL 0			
SPECIAL FUNCTION 0_1		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	9 - UNKNOWN	
CARGO BODY TYPE 0_6		1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT / COMMUTER	6 - BUS - CHARTER / TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	
VEHICLE DEFECTS		1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT	
NON-MOTORIST LOCATION AT IMPACT		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 99 - OTHER / UNKNOWN	
ACTION 3		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 0_2 4 - STRUCK PRE-CRASH ACTIONS 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	
CONTRIBUTING CIRCUMSTANCES 1_2		1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	
SEQUENCE OF EVENTS		NON-COLLISION			
1_5_4		1 - OVERTURN / ROLLOVER 2 - FIRE / EXPLOSION 3 - IMMERSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	
2_1_1		4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE	
3_1_1		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 BARRIER 36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	
4_1_1		37 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT		
5_1_1		40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	49 - OTHER / UNKNOWN		
6_1_1		43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT		
1		FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT			

LOCAL REPORT NUMBER 22004848	
DAMAGE	
2	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN
DAMAGE SCALE	
2	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_6	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP
TRAFFIC	
2	TRAFFIC WAY FLOW 1 - ONE-WAY 2 - TWO-WAY
6	TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
2	# OF THROUGH LANES ON ROAD
1	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
4	UNIT / NON-MOTORIST DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
3	UNIT SPEED
3	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	



MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	LOCAL REPORT NUMBER										
	2 2 0 0 4 8 4 8					DATE OF BIRTH	AGE	GENDER			
UNIT #	NAME: LAST, FIRST, MIDDLE										
0 1											
ADDRESS: STREET, CITY, STATE, ZIP											
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						9 9	<input type="checkbox"/>	0 1	1	1	1
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER	
DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)	
				9	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	9	1	1	1	1
					<input type="checkbox"/> OTHER DRUG						
UNIT #	NAME: LAST, FIRST, MIDDLE										
ADDRESS: STREET, CITY, STATE, ZIP											
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"/>				
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER	
DL 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		1	1	1	1
					<input type="checkbox"/> OTHER DRUG						
UNIT #	NAME: LAST, FIRST, MIDDLE										
ADDRESS: STREET, CITY, STATE, ZIP											
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"/>				
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER	
DL 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		1	1	1	1
					<input type="checkbox"/> OTHER DRUG						
INJURIES	SEATING POSITION	AIR BAG		DL CLASS	DL 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-FARM WAIVER	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
4-POSSIBLE INJURY	4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4-DEPLOYED BOTH FRONT / SIDE		4-REGULAR CLASS (OHD = D)	5-EXCEPT CLASS A BUS	5-EXCEPT CLASS A & CLASS B BUS	4-TEST GIVEN, RESULTS KNOWN				
5-NO APPARENT INJURY	5-SECOND - MIDDLE	5-NOT APPLICABLE		5-M/C MOPED ONLY	6-EXCEPT CLASS A & CLASS B BUS	6-EXCEPT TRACTOR-TRAILER	5-TEST GIVEN, RESULTS UNKNOWN				
	6-SECOND - RIGHT SIDE	6-DEPLOYED		6-NO VALID DL	7-EXCEPT TRACTOR-TRAILER	7-EXCEPT TRACTOR-TRAILER					
	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-DEPLOYED		7-INTERMEDIATE LICENSE RESTRICTIONS	8-INTERMEDIATE LICENSE RESTRICTIONS	8-INTERMEDIATE LICENSE RESTRICTIONS	1-NONE				
1-NOT TRANSPORTED /TREATED AT SCENE	8-THIRD - MIDDLE	8-DEPLOYED		9-LEARNER'S PERMIT RESTRICTIONS	9-LEARNER'S PERMIT RESTRICTIONS	9-LEARNER'S PERMIT RESTRICTIONS	2-BLOOD				
2-EMS	9-THIRD - RIGHT SIDE	9-DEPLOYED		10-LIMITED TO DAYLIGHT ONLY	10-LIMITED TO DAYLIGHT ONLY	10-LIMITED TO DAYLIGHT ONLY	3-URINE				
3-POLICE	10-SLEEPER SECTION OF TRUCK CAB	10-DEPLOYED		11-LIMITED TO EMPLOYMENT	11-LIMITED TO EMPLOYMENT	11-LIMITED TO EMPLOYMENT	4-BREATH				
9-OTHER / UNKNOWN				12-LIMITED - OTHER	12-LIMITED - OTHER	12-LIMITED - OTHER	5-OTHER				
SAFETY EQUIPMENT											
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	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	14-MILITARY VEHICLES ONLY	ALCOHOL TEST TYPE				
2-SHOULDER BELT ONLY USED	12-PASSENGER IN UNENCLOSED CARGO AREA	2-EXTRICATED BY MECHANICAL MEANS		S-SCHOOL BUS	T-DOUBLE & TRIPLE TRAILERS	X-TANKER / HAZMAT	1-NONE				
3-LAP BELT ONLY USED	13-TRAILING UNIT	3-FREED BY NON-MECHANICAL MEANS		F-FEMALE	15-MOTOR VEHICLES WITHOUT AIR BRAKES	16-OUTSIDE MIRROR	2-BLOOD				
4-SHOULDER & LAP BELT USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	4-NOT APPLICABLE		M-MALE	17-PROSTHETIC AID	18-OTHER	3-URINE				
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	15-NON-MOTORIST	5-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)		U-OTHER / UNKNOWN			4-OTHER				
6-CHILD RESTRAINT SYSTEM - REAR FACING	99-OTHER / UNKNOWN	6-PROSTHETIC AID					DRUG TEST TYPE				
7-BOOSTER SEAT		7-OTHER / UNKNOWN					1-AMPHETAMINES				
8-Helmet USED							2-BARBITURATES				
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)							3-BENZODIAZEPINES				
10-REFLECTIVE CLOTHING							4-CANNABINOID				
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY							5-COCAIN				
99-OTHER / UNKNOWN							6-OPIATES / OPIOIDS				
							7-OTHER				
							8-NEGATIVE RESULTS				



OCCUPANT / WITNESS ADDENDUM

OCCUPANT	LOCAL REPORT NUMBER 2 2 0 0 4 8 4 8									
	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
	INJURIES	SAFETY EQUIPMENT USED			SEATING POSITION		AIR BAG USAGE			
	1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT			1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED			
	2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED			2 - FRONT - MIDDLE		2 - DEPLOYED FRONT			
	3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED			3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE			
	4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED			4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT/SIDE			
	5 - NO APPARENT INJURY	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING			5 - SECOND - MIDDLE		5 - NOT APPLICABLE			
	INJURED TAKEN BY			6 - CHILD RESTRAINT SYSTEM - REAR FACING			9 - DEPLOYMENT UNKNOWN			
	1 - NOT TRANSPORTED /TREATED AT SCENE	7 - BOOSTER SEAT			7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		EJECTION			
	2 - EMS	8 - HELMET USED			8 - THIRD - MIDDLE		1 - NOT EJECTED			
	3 - POLICE	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED			
	9 - OTHER / UNKNOWN	10 - REFLECTIVE CLOTHING			10 - SLEEPER SECTION OF TRUCK CAB		3 - TOTALLY EJECTED			
	GENDER			11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY			4 - NOT APPLICABLE			
	F - FEMALE	12 - PASSENGER IN UNENCLOSED CARGO AREA			11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		TRAPPED			
	M - MALE	13 - TRAILING UNIT			12 - PASSENGER IN UNENCLOSED CARGO AREA		1 - NOT TRAPPED			
	U - OTHER / UNKNOWN	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			13 - TRAILING UNIT		2 - EXTRICATED BY MECHANICAL MEANS			
		15 - NON-MOTORIST			14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		3 - FREED BY NON-MECHANICAL MEANS			
		99 - OTHER / UNKNOWN			15 - NON-MOTORIST		99 - OTHER / UNKNOWN			
	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER	
	WAGNER, LAURA					0 7 2 4 1 9 8 8		3 3	F	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
	100 KNOLLRIDGE CT APT 103, FAIRFIELD OH, 45014									
	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER	
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