



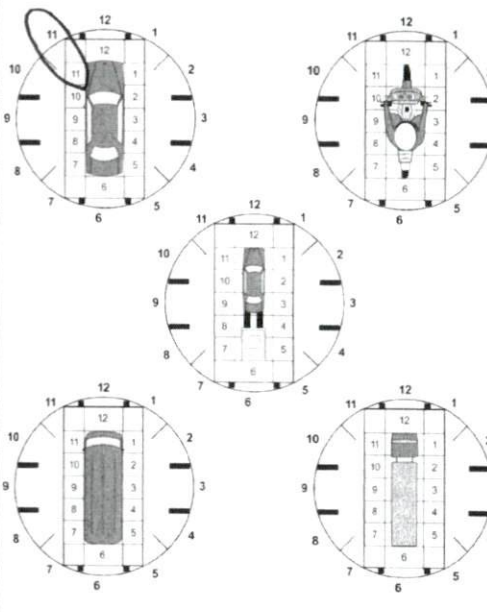
TRAFFIC CRASH REPORT

*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"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION		2 2 0 0 5 2 8 7	
REPORTING AGENCY NAME* Fairfield Police Department				NCIC* 0 0 9 0 1		HIT/SKIP 1 - SOLVED 2 - UNSOLVED	
COUNTY* 0 9		LOCALITY* 1 2 - VILLAGE 3 - TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield		CRASH DATE / TIME* 0 1 2 4 2 0 2 2 1 0 2 0	
ROUTE TYPE S R		ROUTE NUMBER 4		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME Whitmore	
ROUTE TYPE L N		ROUTE NUMBER 4		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Whitmore	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE 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	
DISTANCE FROM REFERENCE 1		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS		INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA		NUMBER OF APPROACHES 3	
LOCATION OF FIRST HARMFUL EVENT 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		MANNER OF CRASH COLLISION/IMPACT 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		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		MEDIAN TYPE 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	
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 2 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 Unit 1 was attempting to make a right hand turn from Whitmore Drive to go southbound on SR.4. Unit 2 was traveling southbound on SR.4 approaching the intersection of SR.4 and Whitmore Drive. Unit 1 failed to yield to on coming traffic when making a right hand turn causing unit 1 to strike unit 2 on the passenger side of the vehicle.							
CRASH REPORTED DATE / TIME 0 1 2 4 2 0 2 2 1 0 2 2		DISPATCH DATE / TIME 0 1 2 4 2 0 2 2 1 0 2 3		ARRIVAL DATE / TIME 0 1 2 4 2 0 2 2 1 0 3 5		SCENE CLEARED DATE / TIME 0 1 2 4 2 0 2 2 1 1 0 4	
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 3 0		TOTAL MINUTES 7 2		OFFICER'S NAME* J. Mitchell	
OFFICER'S BADGE NUMBER* 1 7 1		CHECKED BY OFFICER'S NAME* Sgt. J. Sprague		CHECKED BY OFFICER'S BADGE NUMBER* 8 4		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 ODP)	

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) Tran, Henry	OWNER PHONE: (INCLUDE AREA CODE) [] [] [] [] [] [] [] [] [] []			
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 992 Olde Station Ct, Fairfield, OH 45014					
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE [] [] [] [] [] [] [] [] [] []				
VEHICLE	LP STATE OH	LICENSE PLATE # GDN2728	VEHICLE IDENTIFICATION # 4T132K13B12D1U0541564	VEHICLE YEAR 2013	VEHICLE MAKE Toyota	
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY Nationwide	INSURANCE POLICY # 9234J248629	COLOR White	VEHICLE MODEL Venza	
	<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 <input type="checkbox"/> PASSENGER CAR <input type="checkbox"/> PASSENGER VAN (MINIVAN) <input type="checkbox"/> SPORT UTILITY VEHICLE <input type="checkbox"/> PICK UP <input type="checkbox"/> CARGO VAN <input type="checkbox"/> VAN (9-15 SEATS)		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD		CLASS # PLACARD ID # [] [] [] [] [] [] [] [] [] []	
	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? 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			
	SPECIAL FUNCTION 01		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 21 - MAIL CARRIER 99 - OTHER / UNKNOWN			
CARGO BODY TYPE 01		1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTOTRANSporter 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN				
VEHICLE DEFECTS 01		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 99 - OTHER / UNKNOWN				
NON-MOTORIST LOCATION AT IMPACT 01		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 03		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 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN				
CONTRIBUTING CIRCUMSTANCES 04		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 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION				
SEQUENCE OF EVENTS 1 2 0		1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 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 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT				
FIRST HARMFUL EVENT 1		MOST HARMFUL EVENT 1				

LOCAL REPORT NUMBER 2 2 0 0 5 2 8 7	
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 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 4	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM 4 TO 2	
UNIT SPEED 1 0	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 3 5	

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)	
	012				
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP				COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
VEHICLE	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #		VEHICLE YEAR
	OH	HQF2964	3N11A1B17A1P11J1Y1342070		2018
	INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #		COLOR
	X	Statefarm	D206170E2135		Silver
	TYPE OF USE		US DOT #		TOWED BY: COMPANY NAME
	<input 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		HAZARDOUS MATERIAL
	<input type="checkbox"/>		01		<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD
	VEHICLE WEIGHT GVWR/GCWR		VEHICLE MAKE		VEHICLE MODEL
	1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		Nissan		Sentra
EVENT(S)	UNIT TYPE				
	01				
	# OF TRAILING UNITS				
	0				
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?				
	0				
	AUTONOMOUS MODE LEVEL				
	0				
	SPECIAL FUNCTION				
	01				
CARGO BODY TYPE					
01					
VEHICLE DEFECTS					
0					
NON-MOTORIST LOCATION AT IMPACT					
0					
ACTION					
04					
PRE-CRASH ACTIONS					
01					
CONTRIBUTING CIRCUMSTANCES					
01					
SEQUENCE OF EVENTS					
120					
NON-COLLISION					
1					
COLLISION WITH FIXED OBJECT - STRUCK					
1					
FIRST HARMFUL EVENT					
1					
MOST HARMFUL EVENT					
1					

LOCAL REPORT NUMBER	
22005287	
DAMAGE	
DAMAGE SCALE	
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 [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 DIAGRAM 15 - VEHICLE NOT AT SCENE	
13 - TOP 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN
2 - TWO-WAY	2 - SIGNAL 5 - YIELD SIGN
	3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
4	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	
UNIT SPEED	DETECTED SPEED
35	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED
POSTED SPEED	
35	



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2 2 0 0 5 2 8 7

MOTORIST / NON-MOTORIST	UNIT # 0 1	NAME: LAST, FIRST, MIDDLE Nguyen, Ro Van				DATE OF BIRTH 0 5 1 5 1 9 6 2				AGE 5 9	GENDER M																																																																																																																																																																															
	ADDRESS: STREET, CITY, STATE, ZIP 20380 Alderleaf Ter, Ashburn, VA 20147					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 V A	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 331.19		LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION Yeild Stop Sign			CITATION NUMBER 249687																																																																																																																																																																																
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	ALCOHOL TEST STATUS TYPE VALUE 1 1 .		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1																																																																																																																																																																																
MOTORIST / NON-MOTORIST	UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Gulati, Rajesh				DATE OF BIRTH 0 8 2 6 1 9 5 5				AGE 6 6	GENDER M																																																																																																																																																																															
	ADDRESS: STREET, CITY, STATE, ZIP 1469 Lemontree Drive, Cincinnati, OH 45240					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	ALCOHOL TEST STATUS TYPE VALUE 1 1 .		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1																																																																																																																																																																																
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH				AGE 0	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																																																																																																																																																																															
	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	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4																																																																																																																																																																																
<table border="1"><thead><tr><th>INJURIES</th><th>SEATING POSITION</th><th>AIR BAG</th><th>OL CLASS</th><th>OL RESTRICTION(S)</th><th>DRIVER DISTRACTION</th><th>TEST STATUS</th></tr></thead><tbody><tr><td>1 - FATAL</td><td>1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)</td><td>1 - NOT DEPLOYED</td><td>1 - CLASS A</td><td>1 - ALCOHOL INTERLOCK DEVICE</td><td>1 - NOT DISTRACTED</td><td>1 - NONE GIVEN</td></tr><tr><td>2 - SUSPECTED SERIOUS INJURY</td><td>2 - FRONT - MIDDLE</td><td>2 - DEPLOYED FRONT</td><td>2 - CLASS B</td><td>2 - CDL INTRASTATE ONLY</td><td>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)</td><td>2 - TEST REFUSED</td></tr><tr><td>3 - SUSPECTED MINOR INJURY</td><td>3 - FRONT - RIGHT SIDE</td><td>3 - DEPLOYED SIDE</td><td>3 - CLASS C</td><td>3 - CORRECTIVE LENSES</td><td>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE</td><td>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE</td></tr><tr><td>4 - POSSIBLE INJURY</td><td>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)</td><td>4 - DEPLOYED BOTH FRONT / SIDE</td><td>4 - REGULAR CLASS (OHIO = D)</td><td>4 - FARM WAIVER</td><td>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE</td><td>4 - TEST GIVEN, RESULTS KNOWN</td></tr><tr><td>5 - NO APPARENT INJURY</td><td>5 - SECOND - MIDDLE</td><td>5 - NOT APPLICABLE</td><td>5 - M/C MOPED ONLY</td><td>5 - EXCEPT CLASS A BUS & CLASS B BUS</td><td>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE</td><td>5 - TEST GIVEN, RESULTS UNKNOWN</td></tr><tr><td colspan="3">INJURED TAKEN BY</td><td colspan="3">EJECTION</td><td>ALCOHOL TEST TYPE</td></tr><tr><td colspan="3">1 - NOT TRANSPORTED / TREATED AT SCENE</td><td colspan="3">1 - NOT EJECTED</td><td>1 - NONE</td></tr><tr><td colspan="3">2 - EMS</td><td colspan="3">2 - PARTIALLY EJECTED</td><td>2 - BLOOD</td></tr><tr><td colspan="3">3 - POLICE</td><td colspan="3">3 - TOTALLY EJECTED</td><td>3 - URINE</td></tr><tr><td colspan="3">9 - OTHER / UNKNOWN</td><td colspan="3">4 - NOT APPLICABLE</td><td>4 - BREATH</td></tr><tr><td colspan="3">SAFETY EQUIPMENT</td><td colspan="3">TRAPPED</td><td>5 - OTHER</td></tr><tr><td colspan="3">1 - NONE USED</td><td colspan="3">1 - NOT TRAPPED</td><td>DRUG TEST TYPE</td></tr><tr><td colspan="3">2 - SHOULDER BELT ONLY USED</td><td colspan="3">2 - EXTRICATED BY MECHANICAL MEANS</td><td>1 - NONE</td></tr><tr><td colspan="3">3 - LAP BELT ONLY USED</td><td colspan="3">3 - FREED BY NON-MECHANICAL MEANS</td><td>2 - BLOOD</td></tr><tr><td colspan="3">4 - SHOULDER & LAP BELT USED</td><td colspan="3"></td><td>3 - URINE</td></tr><tr><td colspan="3">5 - CHILD RESTRAINT SYSTEM - FORWARD FACING</td><td colspan="3"></td><td>4 - OTHER</td></tr><tr><td colspan="3">6 - CHILD RESTRAINT SYSTEM - REAR FACING</td><td colspan="3"></td><td>CONDITION</td></tr><tr><td colspan="3">7 - BOOSTER SEAT</td><td colspan="3"></td><td>1 - APPARENTLY NORMAL</td></tr><tr><td colspan="3">8 - HELMET USED</td><td colspan="3"></td><td>2 - PHYSICAL IMPAIRMENT</td></tr><tr><td colspan="3">9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)</td><td colspan="3"></td><td>3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)</td></tr><tr><td colspan="3">10 - REFLECTIVE CLOTHING</td><td colspan="3"></td><td>4 - ILLNESS</td></tr><tr><td colspan="3">11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY</td><td colspan="3"></td><td>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.</td></tr><tr><td colspan="3">99 - OTHER / UNKNOWN</td><td colspan="3"></td><td>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL</td></tr><tr><td colspan="3"></td><td colspan="3"></td><td>7 - OTHER / UNKNOWN</td></tr></tbody></table>												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 & CLASS B BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN	INJURED TAKEN BY			EJECTION			ALCOHOL TEST TYPE	1 - NOT TRANSPORTED / TREATED AT SCENE			1 - NOT EJECTED			1 - NONE	2 - EMS			2 - PARTIALLY EJECTED			2 - BLOOD	3 - POLICE			3 - TOTALLY EJECTED			3 - URINE	9 - OTHER / UNKNOWN			4 - NOT APPLICABLE			4 - BREATH	SAFETY EQUIPMENT			TRAPPED			5 - OTHER	1 - NONE USED			1 - NOT TRAPPED			DRUG TEST TYPE	2 - SHOULDER BELT ONLY USED			2 - EXTRICATED BY MECHANICAL MEANS			1 - NONE	3 - LAP BELT ONLY USED			3 - FREED BY NON-MECHANICAL MEANS			2 - BLOOD	4 - SHOULDER & LAP BELT USED						3 - URINE	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING						4 - OTHER	6 - CHILD RESTRAINT SYSTEM - REAR FACING						CONDITION	7 - BOOSTER SEAT						1 - APPARENTLY NORMAL	8 - HELMET USED						2 - PHYSICAL IMPAIRMENT	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	10 - REFLECTIVE CLOTHING						4 - ILLNESS	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	99 - OTHER / UNKNOWN						6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL							7 - OTHER / UNKNOWN
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 & CLASS B BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN																																																																																																																																																																																				
INJURED TAKEN BY			EJECTION			ALCOHOL TEST TYPE																																																																																																																																																																																				
1 - NOT TRANSPORTED / TREATED AT SCENE			1 - NOT EJECTED			1 - NONE																																																																																																																																																																																				
2 - EMS			2 - PARTIALLY EJECTED			2 - BLOOD																																																																																																																																																																																				
3 - POLICE			3 - TOTALLY EJECTED			3 - URINE																																																																																																																																																																																				
9 - OTHER / UNKNOWN			4 - NOT APPLICABLE			4 - BREATH																																																																																																																																																																																				
SAFETY EQUIPMENT			TRAPPED			5 - OTHER																																																																																																																																																																																				
1 - NONE USED			1 - NOT TRAPPED			DRUG TEST TYPE																																																																																																																																																																																				
2 - SHOULDER BELT ONLY USED			2 - EXTRICATED BY MECHANICAL MEANS			1 - NONE																																																																																																																																																																																				
3 - LAP BELT ONLY USED			3 - FREED BY NON-MECHANICAL MEANS			2 - BLOOD																																																																																																																																																																																				
4 - SHOULDER & LAP BELT USED						3 - URINE																																																																																																																																																																																				
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING						4 - OTHER																																																																																																																																																																																				
6 - CHILD RESTRAINT SYSTEM - REAR FACING						CONDITION																																																																																																																																																																																				
7 - BOOSTER SEAT						1 - APPARENTLY NORMAL																																																																																																																																																																																				
8 - HELMET USED						2 - PHYSICAL IMPAIRMENT																																																																																																																																																																																				
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)																																																																																																																																																																																				
10 - REFLECTIVE CLOTHING						4 - ILLNESS																																																																																																																																																																																				
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.																																																																																																																																																																																				
99 - OTHER / UNKNOWN						6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL																																																																																																																																																																																				
						7 - OTHER / UNKNOWN																																																																																																																																																																																				
<table border="1"><thead><tr><th>OL ENDORSEMENT</th><th>GENDER</th><th>DRUG TEST RESULT(S)</th></tr></thead><tbody><tr><td>H - HAZMAT</td><td>F - FEMALE</td><td>1 - AMPHETAMINES</td></tr><tr><td>M - MOTORCYCLE</td><td>M - MALE</td><td>2 - BARBITURATES</td></tr><tr><td>P - PASSENGER</td><td>U - OTHER / UNKNOWN</td><td>3 - BENZODIAZEPINES</td></tr><tr><td>N - TANKER</td><td></td><td>4 - CANNABINOIDS</td></tr><tr><td>Q - MOTOR SCOOTER</td><td></td><td>5 - COCAINE</td></tr><tr><td>R - THREE-WHEEL MOTORCYCLE</td><td></td><td>6 - OPIATES / OPIOIDS</td></tr><tr><td>S - SCHOOL BUS</td><td></td><td>7 - OTHER</td></tr><tr><td>T - DOUBLE & TRIPLE TRAILERS</td><td></td><td>8 - NEGATIVE RESULTS</td></tr><tr><td>X - TANKER / HAZMAT</td><td></td><td></td></tr></tbody></table>												OL ENDORSEMENT	GENDER	DRUG TEST RESULT(S)	H - HAZMAT	F - FEMALE	1 - AMPHETAMINES	M - MOTORCYCLE	M - MALE	2 - BARBITURATES	P - PASSENGER	U - OTHER / UNKNOWN	3 - BENZODIAZEPINES	N - TANKER		4 - CANNABINOIDS	Q - MOTOR SCOOTER		5 - COCAINE	R - THREE-WHEEL MOTORCYCLE		6 - OPIATES / OPIOIDS	S - SCHOOL BUS		7 - OTHER	T - DOUBLE & TRIPLE TRAILERS		8 - NEGATIVE RESULTS	X - TANKER / HAZMAT																																																																																																																																																			
OL ENDORSEMENT	GENDER	DRUG TEST RESULT(S)																																																																																																																																																																																								
H - HAZMAT	F - FEMALE	1 - AMPHETAMINES																																																																																																																																																																																								
M - MOTORCYCLE	M - MALE	2 - BARBITURATES																																																																																																																																																																																								
P - PASSENGER	U - OTHER / UNKNOWN	3 - BENZODIAZEPINES																																																																																																																																																																																								
N - TANKER		4 - CANNABINOIDS																																																																																																																																																																																								
Q - MOTOR SCOOTER		5 - COCAINE																																																																																																																																																																																								
R - THREE-WHEEL MOTORCYCLE		6 - OPIATES / OPIOIDS																																																																																																																																																																																								
S - SCHOOL BUS		7 - OTHER																																																																																																																																																																																								
T - DOUBLE & TRIPLE TRAILERS		8 - NEGATIVE RESULTS																																																																																																																																																																																								
X - TANKER / HAZMAT																																																																																																																																																																																										