

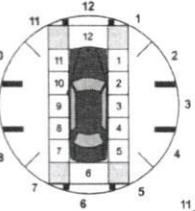
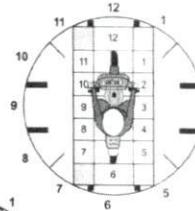
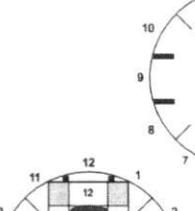
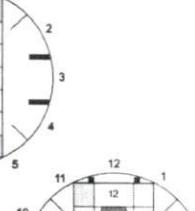
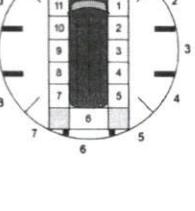
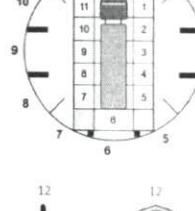
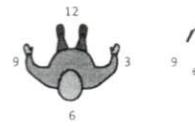
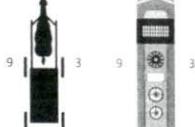


## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY			<b>LOCAL INFORMATION</b> <b>REPORTING AGENCY NAME*</b> Fairfield Police Department NCIC* 00901			<b>LOCAL REPORT NUMBER*</b> 22006135											
<b>COUNTY*</b> 09 <b>LOCALITY*</b> 1-CITY 1 2-VILLAGE 3-TOWNSHIP <b>LOCATION: CITY, VILLAGE, TOWNSHIP*</b> City of Fairfield			<b>HIT/SKIP</b> 1-SOLVED 2-UNSOLVED			<b>NUMBER OF UNITS</b> 02 <b>UNIT IN ERROR</b> 01 98-ANIMAL 99-UNKNOWN											
<b>LOCATION</b>	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME South Gilmore	ROAD TYPE R D	<b>CRASH DATE / TIME*</b> 01272022 0745			<b>CRASH SEVERITY</b> 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY								
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Cincinnati Financial	ROAD TYPE D R	<b>LATITUDE</b> DECIMAL DEGREES 39.3073336											
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	ROUTE TYPE	ROUTE NUMBER	PREFIX 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	<b>INTERSECTION RELATED</b> <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA											
<b>REFERENCE POINT</b> 1-INTERSECTION 2-MILE POST 3-HOUSE #			<b>DIRECTION FROM REFERENCE</b> 1-NORTH 2-SOUTH 3-EAST 4-WEST			<b>NUMBER OF APPROACHES</b> 3											
<b>DISTANCE FROM REFERENCE</b>			<b>DISTANCE UNIT OF MEASURE</b>			<b>ROADWAY</b>											
1 - MILES 2 - FEET 3 - YARDS			1 - MILES 2 - FEET 3 - YARDS			<b>ROADWAY DIVIDED</b>											
<b>LOCATION OF FIRST HARMFUL EVENT</b> 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			<b>MANNER OF CRASH COLLISION/IMPACT</b> 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			<b>DIRECTION OF TRAVEL</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST			<b>MEDIAN TYPE</b> 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			<b>WORK ZONE TYPE</b> 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER			<b>LOCATION OF CRASH IN WORK ZONE</b> 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA			<b>CONTOUR</b> 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN			<b>CONDITIONS</b> 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN			<b>SURFACE</b> 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN		
<b>LIGHT CONDITION</b> 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN			<b>WEATHER</b> 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL														
<b>NARRATIVE</b> <p>On 1-27-22 at about 7:45 a.m. unit 2 was in the intersection of South Gilmore Road and Cincinnati Financial Drive, waiting to turn left onto Cincinnati Financial Drive. Her light turned red and she attempted to clear the intersection. As she did she was struck by unit 1. Which was northbound on South Gilmore Road. The light for northbound South Gilmore had just turned red as unit 1 crossed the stop bar.</p>												<p>Indicate the north direction with an "N" on the compass diagram.</p> <p>Cincinnati Fin.</p> <p>Not to Scale</p> <p>South Gilmore</p>					
<b>CRASH REPORTED DATE / TIME</b> 01272022 0746			<b>DISPATCH DATE / TIME</b> 01272022 0748			<b>ARRIVAL DATE / TIME</b> 01272022 0759			<b>SCENE CLEARED DATE / TIME</b> 01272022 0847			<b>REPORT TAKEN BY</b>					
<b>TOTAL TIME ROADWAY CLOSED</b> 0		<b>OTHER INVESTIGATION TIME</b> 0		<b>TOTAL MINUTES</b> 5 9		<b>OFFICER'S NAME*</b> T. Lucas			<b>CHECKED BY OFFICER'S NAME*</b> 103			<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DODS)					
<b>OFFICER'S BADGE NUMBER*</b> 6 3			<b>CHECKED BY OFFICER'S BADGE NUMBER*</b> 103														

<b>OWNER</b>	<b>UNIT #</b> <u>0 1</u> <b>OWNER NAME:</b> LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER	<b>OWNER PHONE:</b> INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER																																																														
<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER																																																																
<b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP		<b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE																																																														
<b>LP STATE</b> <u>O H</u>	<b>LICENSE PLATE #</b> <u>695ZDH</u>	<b>VEHICLE IDENTIFICATION #</b> <u>2FMPK4J85JB103916</u>	<b>VEHICLE YEAR</b> <u>2018</u>	<b>VEHICLE MAKE</b> <u>Ford</u>																																																												
<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b> <u>Allstate</u>	<b>INSURANCE POLICY #</b> <u>942771941</u>	<b>COLOR</b> <u>White</u>	<b>VEHICLE MODEL</b> <u>Edge</u>																																																												
<b>TYPE OF USE</b> <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		<b>US DOT #</b>	<b>TOWED BY:</b> COMPANY NAME <u>FOX</u>																																																													
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		<b>#OCCUPANTS</b> <u>0 1</u>	<b>VEHICLE WEIGHT GVWR/GCWR</b> 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	<b>HAZARDOUS MATERIAL</b> <input type="checkbox"/> MATERIAL RELEASED <b>CLASS #</b> <u></u> <b>PLACARD ID #</b> <u></u> <input type="checkbox"/> PLACARD																																																												
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<b>LOCAL REPORT NUMBER</b> <u>2 2 0 0 6 1 3 5</u>	
<b>DAMAGE</b>	
<u>4</u>	<b>DAMAGE SCALE</b> 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
<b>DAMAGED AREA(S)</b> INDICATE ALL THAT APPLY	
       	
<input type="checkbox"/> <b>NO DAMAGE</b> <u>0</u> <input type="checkbox"/> <b>UNDERCARRIAGE</b> <u>14</u> <input type="checkbox"/> <b>TOP</b> <u>13</u> <input type="checkbox"/> <b>ALL AREAS</b> <u>15</u> <input type="checkbox"/> <b>UNIT NOT AT SCENE</b> <u>16</u>	
<b>INITIAL POINT OF CONTACT</b>	
<u>1 2</u>	0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN 13 - TOP
<b>TRAFFIC</b>	
<b>TRAFFICWAY FLOW</b> <u>2</u>	<b>TRAFFIC CONTROL</b> 1 - ROUNDABOUT 4 - STOP SIGN 2 - TWO-WAY 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
<b># OF THROUGH LANES ON ROAD</b> <u>6</u>	<b>RAIL GRADE CROSSING</b> 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
<b>UNIT / NON-MOTORIST DIRECTION</b>	
FROM <u>2</u> TO <u>1</u>	1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
<b>UNIT SPEED</b>	
<u>3 5</u>	<b>DETECTED SPEED</b> 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
<b>POSTED SPEED</b>	
<u>3 5</u>	

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
012		

OWNER ADDRESS: STREET, CITY, STATE, ZIP  SAME AS DRIVER

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP	COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
---	---

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
OH	EST4068	1FMPU18L6XLA48517	1999	Ford
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	State Farm	5579648A1435B	White	Expediti
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE			Waynes	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS	HAZARDOUS MATERIAL	
		0, 1	<input type="checkbox"/> MATERIAL RELEASED	CLASS #
			<input type="checkbox"/> PLACARD	PLACARD ID #

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 - AUTOCYLE	14 - SINGLE UNIT TRUCK	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST
4 - PICK UP	10 - MOVED OR MOTORIZED	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE
5 - CARGO VAN	BICYCLE	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR	27 - TRAIN
6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE (ATV/UTV)	17 - MOTORHOME	18 - ANIMAL DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP

013 # OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN
		1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION	
		2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION	

SPECIAL FUNCTION		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/COMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL	

CARGO BODY TYPE		1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER
		2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	9 - CARGO TANK	13 - AUTO TRANSPORTER
				7 - GRAIN/CHIPS/GRAVEL	10 - FLAT BED	14 - GARBAGE/REFUSE
					11 - DUMP	99 - OTHER / UNKNOWN

VEHICLE DEFECTS		1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE	99 - OTHER / UNKNOWN
		2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	10 - DISABLED FROM PRIOR ACCIDENT	
		3 - TAIL LAMPS	6 - TIRE BLOWOUT			

NON-MOTORIST LOCATION AT IMPACT		1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE
		2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER/ROADSIDE	10 - DRIVEWAY ACCESS	
			5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	99 - OTHER / UNKNOWN

ACTION		1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE
		2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19 - STANDING
		3 - STRIKING	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	15 - WALKING, RUNNING, JOGGING, PLAYING	20 - OTHER NON-MOTORIST
		4 - STRUCK PRE-CRASH ACTIONS	4 - OVERTAKING/PASSING	10 - PARKED	16 - WORKING	21 - STANDING OUTSIDE DISABLED VEHICLE
		5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	17 - PUSHING VEHICLE	99 - OTHER / UNKNOWN
		9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	12 - DRIVERLESS		

CONTRIBUTING CIRCUMSTANCES		1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY
		2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / AODA	14 - STOPPED OR PARKED ILLEGALLY	18 - OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE
		3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	15 - SWERVING TO AVOID	19 - LOAD SHIFTING/FALLING/SPILLING	23 - OPENING DOOR INTO ROADWAY
		4 - RAN STOP SIGN	10 - IMPROPER PASSING	16 - WRONG WAY	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION
		5 - UNSAFE SPEED	11 - DROVE OFF ROAD			
		6 - IMPROPER TURN	12 - IMPROPER BACKING			

## SEQUENCE OF EVENTS

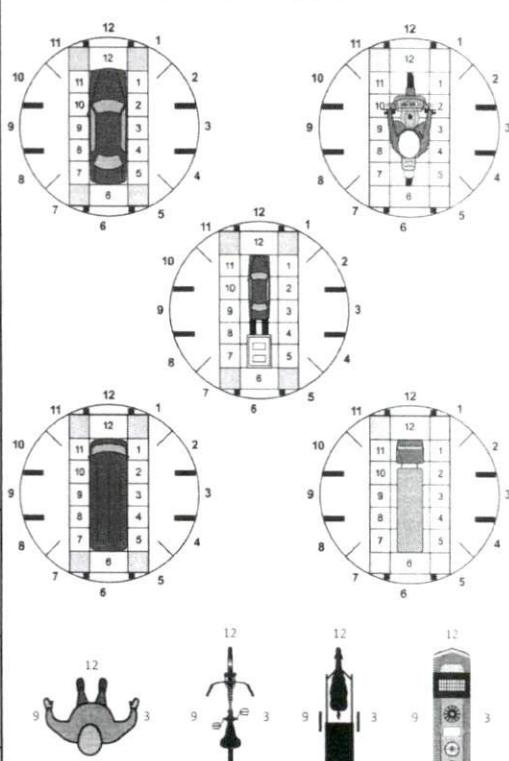
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		2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	17 - ANIMAL - FARM	18 - ANIMAL - DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION
		3 - IMMERSION	8 - RAN OFF ROAD RIGHT	19 - OTHER NON-COLLISION	20 - MOTOR VEHICLE IN TRANSPORT	21 - BY A MOTOR VEHICLE
		4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	14 - PEDESTRIAN	24 - OTHER MOBILE OBJECT	
		5 - CARGO/EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	15 - PEDALCYCLE		

		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
		27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES	45 - EMBANKMENT	52 - BUILDING
		28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL	40 - SUPPORT	46 - FENCE	53 - TUNNEL
		29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX	54 - OTHER FIXED OBJECT
		30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	48 - TREE	99 - OTHER / UNKNOWN

LOCAL REPORT NUMBER							
2	2	0	0	6	1	3	5

DAMAGE		
4	1 - NONE	3 - FUNCTIONAL DAMAGE
	2 - MINOR DAMAGE	4 - DISABLING DAMAGE
	9 - UNKNOWN	

DAMAGED AREA(S) INDICATE ALL THAT APPLY	
--	--



- NO DAMAGE  - UNDERCARRIAGE  - 14 !

- TOP  - 13 !  - ALL AREAS  - 15 !

- 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
2 - TWO-WAY	2 - SIGNAL
	5 - YIELD SIGN
	3 - FLASHER
	6 - NO CONTROL

# OF THROUGH LANES ON ROAD	
6	1
RAIL GRADE CROSSING	
1 - NOT INVOLVED	1 - INVOLVED-ACTIVE CROSSING
	2 - 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	
1 - 5	1 - STATED/ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED

POSTED SPEED	
3 - 5	



## **MOTORIST / Non-MOTORIST**

MOTORIST / NON-MOTORIST						DATE OF BIRTH			AGE		GENDER								
UNIT #	NAME: LAST, FIRST, MIDDLE					1 0 0 8 1 9 5 1			7 0		M								
0 1	Stegman, Sandra					ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE										
5265 Natorp Blvd #307 Mason, Ohio 45040						SAFETY EQUIPMENT USED			DOT-COMPLIANT MC HELMET			SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED	
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			0 4			0 1			4		1		1			
3	2	Fairfield Fire	Mercy Fairfield																
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER								
O H				313.01			X	Red light			249688								
DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED			CONDITION	ALCOHOL TEST			DRUG TEST(S)								
4			1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	<input type="checkbox"/> OTHER DRUG	1	1	1	1	1	1	1	1	1				
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH			AGE		GENDER								
0 2	Goins, Melissa A					0 8 2 6 1 9 6 5			5 6		F								
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE													
1963 Fenton Street Hamilton, Ohio 45011																			
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED			DOT-COMPLIANT MC HELMET			SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED	
3	1					0 4						0 1		1		1		1	
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER								
O H																			
DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED			CONDITION	ALCOHOL TEST			DRUG TEST(S)								
4			1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	<input type="checkbox"/> OTHER DRUG	1	1	1	1	1	1	1	1	1				
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH			AGE		GENDER								
						0													
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE													
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	OFFENSE DESCRIPTION			CITATION NUMBER								
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			1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	<input type="checkbox"/> OTHER DRUG													
INJURIES	SEATING POSITION	AIR BAG	DL 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-EXCEPT CLASS A BUS			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-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	5-EXCEPT CLASS A & CLASS B BUS			5-TALKING ON HANDS-FREE COMMUNICATION DEVICE			5-TEST GIVEN, RESULTS UNKNOWN									
6-SECOND - RIGHT SIDE	6-SECOND - RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-NO VALID OL	6-EXCEPT CLASS A & CLASS B BUS			6-TALKING ON HAND-HELD COMMUNICATION DEVICE			6-TEST ACTIVITY WITH AN ELECTRONIC DEVICE									
7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD - MIDDLE	7-THIRD - RIGHT SIDE	7-EXCEPT TRACTOR-TRAILER			7-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE			7-PASSENGER									
8-THIRD - MIDDLE	8-THIRD - MIDDLE	8-THIRD - RIGHT SIDE	9-THIRD - RIGHT SIDE	8-INTERMEDIATE LICENSE RESTRICTIONS			8-OTHER DISTRACTION INSIDE THE VEHICLE			8-OTHER DISTRACTION OUTSIDE THE VEHICLE									
9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB	10-SLEEPER SECTION OF TRUCK CAB	10-SLEEPER SECTION OF TRUCK CAB	9-LEARNER'S PERMIT RESTRICTIONS			9-OTHER / UNKNOWN			9-OTHER / UNKNOWN									
INJURED TAKEN BY				EJECTION			OL ENDORSEMENT			ALCOHOL TEST TYPE									
1-NOT TRANSPORTED / TREATED AT SCENE	1-NOT EJECTED	H - HAZMAT	1-NOT EJECTED	H - HAZMAT	1-NOT EJECTED	H - HAZMAT	1-NOT EJECTED	H - HAZMAT	1-NOT EJECTED	H - HAZMAT	1-NOT EJECTED	H - HAZMAT	1-NOT EJECTED	H - HAZMAT	1-NOT EJECTED	H - HAZMAT			
2-EMS	2-PARTIALLY EJECTED	M - MOTORCYCLE	2-PARTIALLY EJECTED	M - MOTORCYCLE	2-PARTIALLY EJECTED	M - MOTORCYCLE	2-PARTIALLY EJECTED	M - MOTORCYCLE	2-PARTIALLY EJECTED	M - MOTORCYCLE	2-PARTIALLY EJECTED	M - MOTORCYCLE	2-PARTIALLY EJECTED	M - MOTORCYCLE	2-PARTIALLY EJECTED	M - MOTORCYCLE			
3-POLICE	3-TOTALLY EJECTED	P - PASSENGER	3-TOTALLY EJECTED	P - PASSENGER	3-TOTALLY EJECTED	P - PASSENGER	3-TOTALLY EJECTED	P - PASSENGER	3-TOTALLY EJECTED	P - PASSENGER	3-TOTALLY EJECTED	P - PASSENGER	3-TOTALLY EJECTED	P - PASSENGER	3-TOTALLY EJECTED	P - PASSENGER			
9-OTHER / UNKNOWN	4-NOT APPLICABLE	N - TANKER	4-NOT APPLICABLE	N - TANKER	4-NOT APPLICABLE	N - TANKER	4-NOT APPLICABLE	N - TANKER	4-NOT APPLICABLE	N - TANKER	4-NOT APPLICABLE	N - TANKER	4-NOT APPLICABLE	N - TANKER	4-NOT APPLICABLE	N - TANKER			
SAFETY EQUIPMENT				TRAPPED			GENDER			CONDITION									
1-NONE USED	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1-NOT TRAPPED	F - FEMALE	14-MILITARY VEHICLES ONLY	15-MOTOR VEHICLES WITHOUT AIR BRAKES	16-OUTSIDE MIRROR	17-PROSTHETIC AID	18-OTHER	1-APPARENTLY NORMAL	2-BODY IMPAIRMENT	3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	4-ILLNESS	5-FELLA SLEEP, FAINTED, FATIGUED, ETC.	6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	7-OTHER	8-NEGATIVE RESULTS			
2-SHOULDER BELT ONLY USED	12-PASSENGER IN UNENCLOSED CARGO AREA	2-EXTRICATED BY MECHANICAL MEANS	M - MALE	17-PROSTHETIC AID	18-OTHER				1-NONE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	6-AMPHETAMINES	7-BARBITURATES	8-COCAINES			
3-LAP BELT ONLY USED	13-TRAILING UNIT	3-FREED BY NON-MECHANICAL MEANS	U - OTHER / UNKNOWN	18-OTHER					1-NONE	2-BLOOD	3-URINE	4-OTHER	5-BENZODIAZEPINES	6-CANNABINOID	7-COCAINES	8-OPIATES / OPIOIDS			
4-SHOULDER & LAP BELT USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)								1-NONE	2-BLOOD	3-URINE	4-OTHER	5-COCAINES	6-CANNABINOID	7-OTHER	8-NEGATIVE RESULTS			
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	15-NON-MOTORIST								1-NONE	2-BLOOD	3-URINE	4-OTHER	5-BENZODIAZEPINES	6-CANNABINOID	7-COCAINES	8-NEGATIVE RESULTS			
6-CHILD RESTRAINT SYSTEM - REAR FACING	16-OTHER / UNKNOWN								1-NONE	2-BLOOD	3-URINE	4-OTHER	5-COCAINES	6-CANNABINOID	7-COCAINES	8-NEGATIVE RESULTS			
7-BOOSTER SEAT									1-NONE	2-BLOOD	3-URINE	4-OTHER	5-COCAINES	6-CANNABINOID	7-COCAINES	8-NEGATIVE RESULTS			
8-HELMET USED									1-NONE	2-BLOOD	3-URINE	4-OTHER	5-COCAINES	6-CANNABINOID	7-COCAINES	8-NEGATIVE RESULTS			
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)									1-NONE	2-BLOOD	3-URINE	4-OTHER	5-COCAINES	6-CANNABINOID	7-COCAINES	8-NEGATIVE RESULTS			
10-REFLECTIVE CLOTHING									1-NONE	2-BLOOD	3-URINE	4-OTHER	5-COCAINES	6-CANNABINOID	7-COCAINES	8-NEGATIVE RESULTS			
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY									1-NONE	2-BLOOD	3-URINE	4-OTHER	5-COCAINES	6-CANNABINOID	7-COCAINES	8-NEGATIVE RESULTS			
99-OTHER / UNKNOWN									1-NONE	2-BLOOD	3-URINE	4-OTHER	5-COCAINES	6-CANNABINOID	7-COCAINES	8-NEGATIVE RESULTS			