



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

| | | | | | | | |
|--|--|--|---|--|---|--|--------------|
| | | | | LOCAL REPORT NUMBER* | | | |
| | | | | 2 2 0 0 6 4 9 6 | | | |
| <input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY | | LOCAL INFORMATION | | | | | |
| REPORTING AGENCY NAME* NCIC* | | | | HIT/SKIP NUMBER OF UNITS UNIT IN ERROR | | | |
| Fairfield Police Department 0 0 9 0 1 | | | | 1 - SOLVED 0 2 0 1 98 - ANIMAL 2 - UNSOLVED 0 2 99 - UNKNOWN | | | |
| COUNTY* 0 9 | LOCALITY* 1 - CITY 1 - VILLAGE 3 - TOWNSHIP | LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield | | | | CRASH DATE / TIME* 0 1 2 8 2 0 2 2 1 4 5 0 | |
| REFERENCE LOCATION | ROUTE TYPE | ROUTE NUMBER | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | LOCATION ROAD NAME HOLDEN | ROAD TYPE B L | LATITUDE DECIMAL DEGREES 3 9 3 3 6 6 2 0 | |
| | ROUTE TYPE | ROUTE NUMBER | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 8800 | ROAD TYPE | LONGITUDE DECIMAL DEGREES - 8 4 5 1 5 7 5 5 | |
| 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 | ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS | INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA | |
| DISTANCE FROM REFERENCE | | DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS | | ROUTE TYPE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE | ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE | NUMBER OF APPROACHES 3 | |
| LOCATION OF FIRST HARMFUL EVENT 0 1 | | | | MANNER OF CRASH COLLISION/IMPACT 2 | 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 | |
| <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 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 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA | CONTOUR 2 | CONDITIONS 3 | SURFACE 2 |
| LIGHT CONDITION 1 | | WEATHER 0 6 | | 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL | 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN | 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN | |
| NARRATIVE On 1/28/22 at 2:50 p.m. Unit 1 was traveling west in the parking lot of 8800 Holden Blvd. when it failed to maintain assured clear distance, and struck Unit 2. Unit 2 was stationary when Unit 1 struck the rear of Unit 2. | | | | | | | |
| <div style="text-align: right; margin-bottom: 10px;">  Indicate the north direction with an "N" on the compass diagram. </div> | | | | | | | |
| CRASH REPORTED DATE / TIME 0 1 2 8 2 0 2 2 1 4 5 0 | | DISPATCH DATE / TIME 0 1 2 8 2 0 2 2 1 4 5 2 | | ARRIVAL DATE / TIME 0 1 2 8 2 0 2 2 1 4 5 8 | | SCENE CLEARED DATE / TIME 0 1 2 8 2 0 2 2 1 5 1 5 | |
| TOTAL TIME ROADWAY CLOSED TOTAL TIME ROADWAY CLOSED | | OTHER INVESTIGATION TIME TOTAL MINUTES 5 3 | | OFFICER'S NAME* R. HICKMAN | | REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST | |
| | | | | CHECKED BY OFFICER'S NAME*  | | SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS) | |
| | | | | OFFICER'S BADGE NUMBER* 1 6 4 | | CHECKED BY OFFICER'S BADGE NUMBER* 1 1 8 | |

| | | |
|--|--|---|
| OWNER | UNIT # <u>0_1</u> OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> SAME AS DRIVER) ALHILU, ZAID, ABDULHADI | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER) |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP <input type="checkbox"/> SAME AS DRIVER) 5636 CHATFIELD DR, FAIRFIELD, OH, 45014 | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE |

| | | | | |
|--|-------------------------------|--|---|----------------------|
| LP STATE <u>O_H</u> | LICENSE PLATE # GRJ2873 | VEHICLE IDENTIFICATION # 5TDKK3DC7FS666044 | VEHICLE YEAR <u>2015</u> | VEHICLE MAKE TOYOTA |
| <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY PROGRESSIVE | INSURANCE POLICY # 935054269 | COLOR RED | VEHICLE MODEL SIENNA |
| TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | | US DOT # | TOWED BY: COMPANY NAME | |
| INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT | | #OCCUPANTS <u>0_2</u> | HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <u>1</u> PLACARD ID # <u>1</u> <input type="checkbox"/> PLACARD | |

| | | | | |
|-----------------------------|--------------------------------------|------------------------|--|----------------------------|
| 1 - PASSENGER CAR | 7 - MOTORCYCLE 2-WHEELED | 12 - GOLF CART | 18 - LIMO (LIVERY VEHICLE) | 23 - PEDESTRIAN / SKATER |
| 2 - PASSENGER VAN (MINIVAN) | 8 - MOTORCYCLE 3-WHEELED | 13 - SNOWMOBILE | 19 - BUS (16+ PASSENGERS) | 24 - WHEELCHAIR (ANY TYPE) |
| 3 - SPORT UTILITY VEHICLE | 9 - AUTOCYCLE | 14 - SINGLE UNIT TRUCK | 20 - OTHER VEHICLE | 25 - OTHER NON-MOTORIST |
| 4 - PICK UP | 10 - MOPED OR MOTORIZED BICYCLE | 15 - SEMI-TRACTOR | 21 - HEAVY EQUIPMENT | 26 - BICYCLE |
| 5 - CARGO VAN | 11 - ALL TERRAIN VEHICLE (ATV / UTV) | 16 - FARM EQUIPMENT | 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE | 27 - TRAIN |
| 6 - VAN (9-15 SEATS) | | 17 - MOTORHOME | | 99 - UNKNOWN OR HIT/SKIP |

0 # OF TRAILING UNITS

| | | | | |
|---|----------|------------------------|----------------------------|-------------|
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? | <u>0</u> | 0 - NO AUTOMATION | 3 - CONDITIONAL AUTOMATION | 9 - UNKNOWN |
| <u>2</u> 1-YES 2-NO 9-OTHER/UNKNOWN | | 1 - DRIVER ASSISTANCE | 4 - HIGH AUTOMATION | |
| | | 2 - PARTIAL AUTOMATION | 5 - FULL AUTOMATION | |

| | | | | |
|-----------------------------|------------------------|-----------------------------|----------------------------|----------------------|
| 1 - NONE | 6 - BUS - CHARTER/TOUR | 11 - FIRE | 16 - FARM | 21 - MAIL CARRIER |
| 2 - TAXI | 7 - BUS - INTERCITY | 12 - MILITARY | 17 - MOWING | 99 - OTHER / UNKNOWN |
| 3 - ELECTRONIC RIDE SHARING | 8 - BUS - SHUTTLE | 13 - POLICE | 18 - SNOW REMOVAL | |
| 4 - SCHOOL TRANSPORT | 9 - BUS - OTHER | 14 - PUBLIC UTILITY | 19 - TOWING | |
| 5 - BUS - TRANSIT/COMMUTER | 10 - AMBULANCE | 15 - CONSTRUCTION EQUIPMENT | 20 - SAFETY SERVICE PATROL | |

| | | | | |
|---|--|----------------------------------|----------------|-----------------------|
| 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 |

| | | | | |
|------------------|------------------|---------------------------------|-----------------------------------|----------------------|
| 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 | | | |

| | | | | |
|---------------------------------------|----------------------------------|-------------------------|---------------------------------|--|
| 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 | 7 - SHOULDER / ROADSIDE | 10 - DRIVEWAY ACCESS | |
| | 5 - TRAVEL LANE - OTHER LOCATION | 8 - SIDEWALK | 11 - SHARED USE PATHS OR TRAILS | 99 - OTHER / UNKNOWN |

| | | | | |
|--|-----------------------|------------------------------------|--|--|
| 1 - NON-CONTACT | 1 - STRAIGHT AHEAD | 7 - MAKING U-TURN | 13 - NEGOTIATING A CURVE | 18 - APPROACHING OR LEAVING VEHICLE |
| 2 - NON-COLLISION | 2 - BACKING | 8 - ENTERING TRAFFIC LANE | 14 - ENTERING OR CROSSING SPECIFIED LOCATION | 19 - STANDING |
| 3 - STRIKING <u>0_1</u> 3 - CHANGING LANES | 4 - MIDBLOCK - MARKED | 9 - LEAVING TRAFFIC LANE | 10 - PARKED | 20 - OTHER NON-MOTORIST |
| 4 - STRUCK PRE-CRASH ACTIONS | 5 - MAKING RIGHT TURN | 11 - SLOWING OR STOPPED IN TRAFFIC | 15 - WALKING, RUNNING, JOGGING, PLAYING | 21 - STANDING OUTSIDE DISABLED VEHICLE |
| 5 - BOTH STRIKING & STRUCK | 6 - MAKING LEFT TURN | 12 - DRIVERLESS | 16 - WORKING | 17 - PUSHING VEHICLE |
| 9 - OTHER / UNKNOWN | | | | 99 - OTHER / UNKNOWN |

| | | | | |
|----------------------|--------------------------------|--|-------------------------------------|--------------------------------|
| 1 - NONE | 7 - LEFT OF CENTER | 13 - IMPROPER START FROM A PARKED POSITION | 17 - VISION OBSTRUCTION | 21 - LYING IN ROADWAY |
| 2 - FAILURE TO YIELD | 8 - FOLLOWING TOO CLOSE / ACDA | 14 - STOPPED OR PARKED ILLEGALLY | 18 - OPERATING DEFECTIVE EQUIPMENT | 22 - NOT DISCERNIBLE |
| 3 - RAN RED LIGHT | 9 - IMPROPER LANE CHANGE | 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

| | | | | |
|-------------------------------------|-------------------------|--|---------------------------------|---|
| 1 <u>2_0</u> 1 - OVERTURN/ROLLOVER | 6 - EQUIPMENT FAILURE | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL | 16 - RAILWAY VEHICLE | 22 - WORK ZONE MAINTENANCE EQUIPMENT |
| 2 - FIRE/EXPLOSION | 7 - SEPARATION OF UNITS | 12 - DOWNHILL RUNAWAY | 17 - ANIMAL - FARM | 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE |
| 3 - IMMERSION | 8 - RAN OFF ROAD RIGHT | 13 - OTHER NON-COLLISION | 18 - ANIMAL - OTHER | 24 - OTHER MOVABLE OBJECT |
| 2 <u>1</u> 4 - JACKKNIFE | 9 - RAN OFF ROAD LEFT | 14 - PEDESTRIAN | 19 - ANIMAL - OTHER | |
| 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 10 - CROSS MEDIAN | 15 - PEDALCYCLE | 20 - MOTOR VEHICLE IN TRANSPORT | |
| | | | 21 - PARKED MOTOR VEHICLE | |

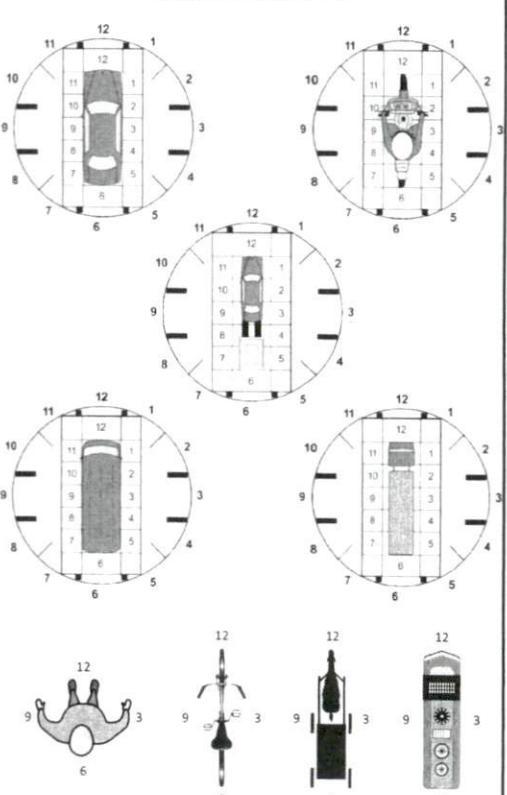
| | | | | |
|---|------------------------------|----------------------------------|-----------------|--------------------------------------|
| 4 <u>1</u> 25 - IMPACT ATTENUATOR / CRASH CUSHION | 31 - GUARDRAIL END | 37 - TRAFFIC SIGN POST | 43 - CURB | 50 - WORK ZONE MAINTENANCE EQUIPMENT |
| 26 - BRIDGE OVERHEAD STRUCTURE | 32 - PORTABLE BARRIER | 38 - OVERHEAD SIGN POST | 44 - DITCH | 51 - WALL |
| 5 <u>1</u> 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 |

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER
2 2 0 0 6 4 9 6

| | | | |
|----------|------------------|-----------------------|--|
| DAMAGE | | DAMAGE SCALE | |
| <u>2</u> | 1 - NONE | 3 - FUNCTIONAL DAMAGE | |
| | 2 - MINOR DAMAGE | 4 - DISABLING DAMAGE | |
| | 9 - UNKNOWN | | |

DAMAGED AREA(S)
INDICATE ALL THAT APPLY



- NO DAMAGE 0 - UNDERCARRIAGE 14

- TOP 13 - ALL AREAS 15

- UNIT NOT AT SCENE 16

| | |
|---|---------------------------|
| INITIAL POINT OF CONTACT | |
| 0 - NO DAMAGE | 14 - UNDERCARRIAGE |
| <u>1_2</u> 1-12 - REFER TO UNIT DIAGRAM | 15 - VEHICLE NOT AT SCENE |
| 13 - TOP | 99 - UNKNOWN |

| | |
|----------------------|-----------------|
| TRAFFIC WAY FLOW | TRAFFIC CONTROL |
| <u>2</u> 1 - ONE-WAY | 1 - ROUNDABOUT |
| 2 - TWO-WAY | 4 - STOP SIGN |
| | 2 - SIGNAL |
| | 5 - YIELD SIGN |
| | 3 - FLASHER |
| | 6 - NO CONTROL |

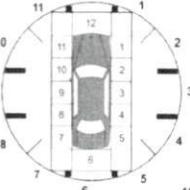
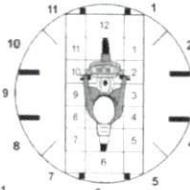
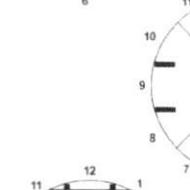
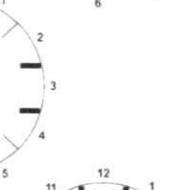
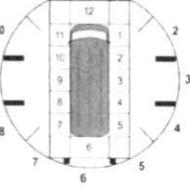
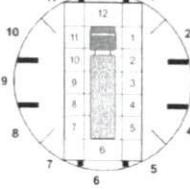
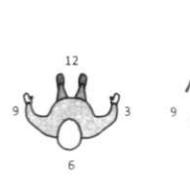
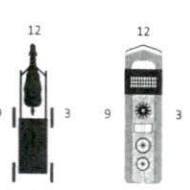
| | |
|----------------------------|-------------------------------|
| # OF THROUGH LANES ON ROAD | RAIL GRADE CROSSING |
| <u>2</u> | 1 - NOT INVOLVED |
| | 2 - INVOLVED-ACTIVE CROSSING |
| | 3 - INVOLVED-PASSIVE CROSSING |

| | |
|-------------------------------|---------------------|
| UNIT / NON-MOTORIST DIRECTION | |
| FROM <u>4</u> TO <u>3</u> | 1 - NORTH |
| | 2 - SOUTH |
| | 3 - EAST |
| | 4 - WEST |
| | 5 - NORTHEAST |
| | 6 - NORTHWEST |
| | 7 - SOUTHEAST |
| | 8 - SOUTHWEST |
| | 9 - OTHER / UNKNOWN |

| | |
|--------------|------------------------------|
| UNIT SPEED | DETECTED SPEED |
| <u>5</u> | 1 - STATED / ESTIMATED SPEED |
| | 2 - CALCULATED / EDR |
| | 3 - UNDETERMINED |
| POSTED SPEED | |
| <u>2_5</u> | |

| | | |
|---|---|--|
| UNIT # | OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> SAME AS DRIVER | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER |
| 0 2 | HUSTON, TIFFANY | |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP <input type="checkbox"/> SAME AS DRIVER | | |
| 6656 TWINRIDGE LN, CINCINNATI, OH, 45224 | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE |

| | | | | |
|---|--|--|---|--|
| LP STATE | LICENSE PLATE # | VEHICLE IDENTIFICATION # | VEHICLE YEAR | VEHICLE MAKE |
| 0 H | JGT9462 | 2T1B1R12E7XC235797 | 1999 | TOYOTA |
| <input checked="" type="checkbox"/> INSURED | INSURANCE COMPANY | INSURANCE POLICY # | COLOR | VEHICLE MODEL |
| VERIFIED | AMERICAN FAMILY | 197556550508FPPAOH | GREEN | COROLLA |
| 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 | VEHICLE WEIGHT GVWR/GCWR | HAZARDOUS MATERIAL |
| 0 1 | 0 2 | | 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. | <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD |
| UNIT TYPE | | CLASS # PLACARD ID # | | |
| 4 - PICK UP | 10 - MOPED OR MOTORIZED | 15 - SEMI-TRACTOR | 21 - HEAVY EQUIPMENT | 23 - PEDESTRIAN / SKATER |
| 5 - CARGO VAN | BICYCLE | 16 - FARM EQUIPMENT | 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE | 24 - WHEELCHAIR (ANY TYPE) |
| 6 - VAN (9-15 SEATS) | 11 - ALL-TERRAIN VEHICLE (ATV / UTV) | 17 - MOTORHOME | 18 - LIMO (LIVERY VEHICLE) | 25 - OTHER NON-MOTORIST |
| 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 99 - UNKNOWN OR HIT/SKIP | | | | |

| | |
|---|---|
| LOCAL REPORT NUMBER | |
| 2 2 0 0 6 4 9 6 | |
| DAMAGE | |
| DAMAGE SCALE | |
| 2 | 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 14 - UNDERCARRIAGE | |
| 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE | |
| 99 - UNKNOWN 13 - TOP | |
| TRAFFIC | |
| TRAFFICWAY FLOW | TRAFFIC CONTROL |
| 1 - ONE-WAY 2 - TWO-WAY | 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD | RAIL GRADE CROSSING |
| 2 | 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING |
| UNIT / NON-MOTORIST DIRECTION | |
| FROM 4 TO 3 | 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN |
| UNIT SPEED | DETECTED SPEED |
| 0 | 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED |
| POSTED SPEED | |
| 2 5 | |

| | | | | | |
|--------------------|--|--|---|--|--|
| SEQUENCE OF EVENTS | | | | | |
| 1 2 0 | 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - IMPROPER TURN | 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 | 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT |
| 4 | 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 | 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 99 - OTHER / UNKNOWN |



MOTORIST / Non-MOTORIST

| MOTORIST / NON-MOTORIST | LOCAL REPORT NUMBER | | | | | | | | | | | |
|--|--|---|-------------------|---|--|--|--|-----------------------------------|---|-----------------------------------|-----------------------|--------|
| | 2 2 0 0 6 4 9 6 | | | | | | | | | | | |
| | UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | | | | | | |
| | 0 1 | ALHILU, SARAH, ROSE | | | | | | | | | | |
| | ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | | |
| | 5636 CHATFIELD DR, FAIRFIELD, OH, 45014 | | | | | | | | | | | |
| | INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED | DATE OF BIRTH | | | AGE | GENDER |
| | 5 | | | | | | 0 4 | 1 0 0 7 2 0 0 4 | | | 1 7 | F |
| | DL STATE | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | | LOCAL CODE | CONTACT PHONE - INCLUDE AREA CODE | | | | |
| | 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 | RESULT SELECT UP TO 4 | |
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | | | | | DATE OF BIRTH | | |
| 0 2 | BOLDEN, TYLER, JOSEPH | | | | | | | | | 0 8 0 9 2 0 0 4 | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | |
| 875 MILLERS RUN CT, HAMILTON, OH, 45011 | | | | | | | | | | | | |
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED | DATE OF BIRTH | | | AGE | GENDER | |
| 5 | | | | | | 0 4 | 0 8 0 9 2 0 0 4 | | | 1 7 | M | |
| DL STATE | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | | LOCAL CODE | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| 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 | RESULT SELECT UP TO 4 | |
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | | | | | DATE OF BIRTH | | |
| | | | | | | | | | | 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 | DATE OF BIRTH | | | AGE | GENDER | |
| | | | | | | | 0 | | | | | |
| DL STATE | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | | LOCAL CODE | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| | | | | | | | | | | | | |
| DL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | | CONDITION | ALCOHOL TEST | | DRUG TEST(S) | | |
| | | | | 1 | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | 1 | 1 | 1 | 1 | RESULT SELECT UP TO 4 | |
| 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 2-DEPLOYED FRONT | | 1-CLASS A | 1-ALCOHOL INTERLOCK DEVICE | 1-NOT DISTRACTED | 1-NONE GIVEN | | | | | |
| 2- SUSPECTED SERIOUS INJURY | 2-FRONT - MIDDLE | 2-DEPLOYED SIDE | | 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 BOTH FRONT / SIDE | | 3-CLASS C | 3-CORRECTIVE LENSES | 3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE | 3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE | | | | | |
| 4- POSSIBLE INJURY | 4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 4-NOT APPLICABLE | | 4-REGULAR CLASS (OHIO=D) | 4-FARM WAIVER | 4-TEST GIVEN, RESULTS KNOWN | 4-TEST GIVEN, RESULTS KNOWN | | | | | |
| 5- NO APPARENT INJURY | 5-SECOND - MIDDLE | 5-DEPLOYMENT UNKNOWN | | 5-M/C MOPED ONLY | 5-EXCEPT CLASS A BUS | 5-TEST GIVEN, RESULTS UNKNOWN | 5-TEST GIVEN, RESULTS UNKNOWN | | | | | |
| INJURED TAKEN BY | 6-SECOND - RIGHT SIDE | 6-SECOND - LEFT SIDE (MOTORCYCLE SIDE CAR) | | 6-NO VALID DL | 6-EXCEPT CLASS A & CLASS B BUS | 6-TEST GIVEN, RESULTS UNKNOWN | 6-TEST GIVEN, RESULTS UNKNOWN | | | | | |
| 1- NOT TRANSPORTED / TREATED AT SCENE | 7-THIRD - LEFT SIDE | 7-DEPLOYED FRONT | | 7-EXCEPT TRACTOR-TRAILER | 7-TEST GIVEN, RESULTS UNKNOWN | 7-TEST GIVEN, RESULTS UNKNOWN | 7-TEST GIVEN, RESULTS UNKNOWN | | | | | |
| 2- EMS | 8-THIRD - MIDDLE | 8-DEPLOYED SIDE | | 8-INTERMEDIATE LICENSE RESTRICTIONS | 8-TEST GIVEN, RESULTS UNKNOWN | 8-TEST GIVEN, RESULTS UNKNOWN | 8-TEST GIVEN, RESULTS UNKNOWN | | | | | |
| 3- POLICE | 9-THIRD - RIGHT SIDE | 9-DEPLOYED BOTH FRONT / SIDE | | 9-LEARNER'S PERMIT RESTRICTIONS | 9-TEST GIVEN, RESULTS UNKNOWN | 9-TEST GIVEN, RESULTS UNKNOWN | 9-TEST GIVEN, RESULTS UNKNOWN | | | | | |
| 9- OTHER / UNKNOWN | 10-SLEEPER SECTION OF TRUCK CAB | 10-DEPLOYMENT UNKNOWN | | 10-LIMITED TO DAYLIGHT ONLY | 10-TEST GIVEN, RESULTS UNKNOWN | 10-TEST GIVEN, RESULTS UNKNOWN | 10-TEST GIVEN, RESULTS UNKNOWN | | | | | |
| SAFETY EQUIPMENT | TEST STATUS | | | | | | | | | | | |
| 1- NONE USED | 1-NONE GIVEN | | | | | | | | | | | |
| 2- SHOULDER BELT ONLY USED | 2-BLOOD | | | | | | | | | | | |
| 3- LAP BELT ONLY USED | 3-URINE | | | | | | | | | | | |
| 4- SHOULDER & LAP BELT USED | 4-BREATH | | | | | | | | | | | |
| 5- CHILD RESTRAINT SYSTEM - FORWARD FACING | 5-OTHER | | | | | | | | | | | |
| 6- CHILD RESTRAINT SYSTEM - REAR FACING | TEST STATUS | | | | | | | | | | | |
| 7- BOOSTER SEAT | 1-NONE | | | | | | | | | | | |
| 8- HELMET USED | 2-BLOOD | | | | | | | | | | | |
| 9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 3-URINE | | | | | | | | | | | |
| 10- REFLECTIVE CLOTHING | 4-BREATH | | | | | | | | | | | |
| 11- LIGHTING - PEDESTRIAN / BICYCLE ONLY | 5-OTHER | | | | | | | | | | | |
| 99- OTHER / UNKNOWN | TEST STATUS | | | | | | | | | | | |
| INJURED TAKEN BY | TEST STATUS | | | | | | | | | | | |
| 1- NOT TRANSPORTED / TREATED AT SCENE | TEST STATUS | | | | | | | | | | | |
| 2- EMS | TEST STATUS | | | | | | | | | | | |
| 3- POLICE | TEST STATUS | | | | | | | | | | | |
| 9- OTHER / UNKNOWN | TEST STATUS | | | | | | | | | | | |
| SAFETY EQUIPMENT | TEST STATUS | | | | | | | | | | | |
| 1- NONE USED | TEST STATUS | | | | | | | | | | | |
| 2- SHOULDER BELT ONLY USED | TEST STATUS | | | | | | | | | | | |
| 3- LAP BELT ONLY USED | TEST STATUS | | | | | | | | | | | |
| 4- SHOULDER & LAP BELT USED | TEST STATUS | | | | | | | | | | | |
| 5- CHILD RESTRAINT SYSTEM - FORWARD FACING | TEST STATUS | | | | | | | | | | | |
| 6- CHILD RESTRAINT SYSTEM - REAR FACING | TEST STATUS | | | | | | | | | | | |
| 7- BOOSTER SEAT | TEST STATUS | | | | | | | | | | | |
| 8- HELMET USED | TEST STATUS | | | | | | | | | | | |
| 9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | TEST STATUS | | | | | | | | | | | |
| 10- REFLECTIVE CLOTHING | TEST STATUS | | | | | | | | | | | |
| 11- LIGHTING - PEDESTRIAN / BICYCLE ONLY | TEST STATUS | | | | | | | | | | | |
| 99- OTHER / UNKNOWN | TEST STATUS | | | | | | | | | | | |
| INJURED TAKEN BY | TEST STATUS | | | | | | | | | | | |
| 1- NOT TRANSPORTED / TREATED AT SCENE | TEST STATUS | | | | | | | | | | | |
| 2- EMS | TEST STATUS | | | | | | | | | | | |
| 3- POLICE | TEST STATUS | | | | | | | | | | | |
| 9- OTHER / UNKNOWN | TEST STATUS | | | | | | | | | | | |
| SAFETY EQUIPMENT | TEST STATUS | | | | | | | | | | | |
| 1- NONE USED | TEST STATUS | | | | | | | | | | | |
| 2- SHOULDER BELT ONLY USED | TEST STATUS | | | | | | | | | | | |
| 3- LAP BELT ONLY USED | TEST STATUS | | | | | | | | | | | |
| 4- SHOULDER & LAP BELT USED | TEST STATUS | | | | | | | | | | | |
| 5- CHILD RESTRAINT SYSTEM - FORWARD FACING | TEST STATUS | | | | | | | | | | | |
| 6- CHILD RESTRAINT SYSTEM - REAR FACING | TEST STATUS | | | | | | | | | | | |
| 7- BOOSTER SEAT | TEST STATUS | | | | | | | | | | | |
| 8- HELMET USED | TEST STATUS | | | | | | | | | | | |
| 9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | TEST STATUS | | | | | | | | | | | |
| 10- REFLECTIVE CLOTHING | TEST STATUS | | | | | | | | | | | |
| 11- LIGHTING - PEDESTRIAN / BICYCLE ONLY | TEST STATUS | | | | | | | | | | | |
| 99- OTHER / UNKNOWN | TEST STATUS | | | | | | | | | | | |
| INJURED TAKEN BY | TEST STATUS | | | | | | | | | | | |
| 1- NOT TRANSPORTED / TREATED AT SCENE | TEST STATUS | | | | | | | | | | | |
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| 9- OTHER / UNKNOWN | TEST STATUS | | | | | | | | | | | |
| SAFETY EQUIPMENT | TEST STATUS | | | | | | | | | | | |
| 1- NONE USED | TEST STATUS | | | | | | | | | | | |
| 2- SHOULDER BELT ONLY USED | TEST STATUS | | | | | | | | | | | |
| 3- LAP BELT ONLY USED | TEST STATUS | | | | | | | | | | | |
| 4- SHOULDER & LAP BELT USED | TEST STATUS | | | | | | | | | | | |
| 5- CHILD RESTRAINT SYSTEM - FORWARD FACING | TEST STATUS | | | | | | | | | | | |
| 6- CHILD RESTRAINT SYSTEM - REAR FACING | TEST STATUS | | | | | | | | | | | |
| 7- BOOSTER SEAT | TEST STATUS | | | | | | | | | | | |
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| 9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | TEST STATUS | | | | | | | | | | | |
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| 11- LIGHTING - PEDESTRIAN / BICYCLE ONLY | TEST STATUS | | | | | | | | | | | |
| 99- OTHER / UNKNOWN | TEST STATUS | | | | | | | | | | | |
| INJURED TAKEN BY | TEST STATUS | | | | | | | | | | | |
| 1- NOT TRANSPORTED / TREATED AT SCENE | TEST STATUS | | | | | | | | | | | |
| 2- EMS | TEST STATUS | | | | | | | | | | | |
| 3- POLICE | TEST STATUS | | | | | | | | | | | |
| 9- OTHER / UNKNOWN | TEST STATUS | | | | | | | | | | | |
| SAFETY EQUIPMENT | TEST STATUS | | | | | | | | | | | |
| 1- NONE USED | TEST STATUS | | | | | | | | | | | |
| 2- SHOULDER BELT ONLY USED | TEST STATUS | | | | | | | | | | | |
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| 4- SHOULDER & LAP BELT USED | TEST STATUS | | | | | | | | | | | |
| 5- CHILD RESTRAINT SYSTEM - FORWARD FACING | TEST STATUS | | | | | | | | | | | |
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| 99- OTHER / UNKNOWN | TEST STATUS | | | | | | | | | | | |
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| 1- NOT TRANSPORTED / TREATED AT SCENE | TEST STATUS | | | | | | | | | | | |
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| SAFETY EQUIPMENT | TEST STATUS | | | | | | | | | | | |
| 1- NONE USED | TEST STATUS | | | | | | | | | | | |
| 2- SHOULDER BELT ONLY USED | TEST STATUS | | | | | | | | | | | |
| 3- LAP BELT ONLY USED | TEST STATUS | | | | | | | | | | | |
| 4- SHOULDER & LAP BELT USED | TEST STATUS | | | | | | | | | | | |
| 5- CHILD RESTRAINT SYSTEM - FORWARD FACING | TEST STATUS | | | | | | | | | | | |
| 6- CHILD RESTRAINT SYSTEM - REAR FACING | TEST STATUS | | | | | | | | | | | |
| 7- BOOSTER SEAT | TEST STATUS | | | | | | | | | | | |
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| 9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | TEST STATUS | | | | | | | | | | | |
| 10- REFLECTIVE CLOTHING | TEST STATUS | | | | | | | | | | | |
| 11- LIGHTING - PEDESTRIAN / BICYCLE ONLY | TEST STATUS | | | | | | | | | | | |
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| INJURED TAKEN BY | TEST STATUS | | | | | | | | | | | |
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| 2- EMS | TEST STATUS | | | | | | | | | | | |
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| 1- NONE USED | TEST STATUS | | | | | | | | | | | |
| 2- SHOULDER BELT ONLY USED | TEST STATUS | | | | | | | | | | | |
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| 5- CHILD RESTRAINT SYSTEM - FORWARD FACING | TEST STATUS | | | | | | | | | | | |
| 6- CHILD RESTRAINT SYSTEM - REAR FACING | TEST STATUS | | | | | | | | | | | |
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| 11- LIGHTING - PEDESTRIAN / BICYCLE ONLY | TEST STATUS | | | | | | | | | | | |
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| SAFETY EQUIPMENT | TEST STATUS | | | | | | | | | | | |
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| 11- LIGHTING - PEDESTRIAN / BICYCLE ONLY | TEST STATUS | | | | | | | | | | | |
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| 7- BOOSTER SEAT | TEST STATUS | | | | | | | | | | | |
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| 9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | TEST STATUS | | | | | | | | | | | |
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| 1- NOT TRANSPORTED / TREATED AT SCENE | TEST STATUS | | | | | | | | | | | |
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| SAFETY EQUIPMENT | TEST STATUS | | | | | | | | | | | |
| 1- NONE USED | TEST STATUS | | | | | | | | | | | |
| 2- SHOULDER BELT ONLY USED | TEST STATUS | | | | | | | | | | | |
| 3- LAP BELT ONLY USED | TEST STATUS | | | | | | | | | | | |
| 4- SHOULDER & LAP BELT USED | TEST STATUS | | | | | | | | | | | |
| 5- CHILD RESTRAINT SYSTEM - FORWARD FACING | TEST STATUS | | | | | | | | | | | |
| 6- CHILD RESTRAINT SYSTEM - REAR FACING | TEST STATUS | | | | | | | | | | | |
| 7- BOOSTER SEAT | TEST STATUS | | | | | | | | | | | |
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| 9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | TEST STATUS | | | | | | | | | | | |
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| 11- LIGHTING - PEDESTRIAN / BICYCLE ONLY | TEST STATUS | | | | | | | | | | | |
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| 1- NOT TRANSPORTED / TREATED AT SCENE | TEST STATUS | | | | | | | | | | | |
| 2- EMS | TEST STATUS | | | | | | | | | | | |
| 3- POLICE | TEST STATUS | | | | | | | | | | | |
| 9- OTHER / UNKNOWN | TEST STATUS | | | | | | | | | | | |
| SAFETY EQUIPMENT | TEST STATUS | | | | | | | | | | | |
| 1- NONE USED | TEST STATUS | | | | | | | | | | | |
| 2- SHOULDER BELT ONLY USED | TEST STATUS | | | | | | | | | | | |
| 3- LAP BELT ONLY USED | TEST STATUS | | | | | | | | | | | |
| 4- SHOULDER & LAP BELT USED | TEST STATUS | | | | | | | | | | | |
| 5- CHILD RESTRAINT SYSTEM - FORWARD FACING | TEST STATUS | | | | | | | | | | | |
| 6- CHILD RESTRAINT SYSTEM - REAR FACING | TEST STATUS | | | | | | | | | | | |
| 7- BOOSTER SEAT | TEST STATUS | | | | | | | | | | | |
| 8- HELMET USED | TEST STATUS | | | | | | | | | | | |
| 9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | TEST STATUS | | | | | | | | | | | |
| 10- REFLECTIVE CLOTHING | TEST STATUS | | | | | | | | | | | |
| 11- LIGHTING - PEDESTRIAN / BICYCLE ONLY | TEST STATUS | | | | | | | | | | | |
| 99- OTHER / UNKNOWN | TEST STATUS | | | | | | | | | | | |
| INJURED TAKEN BY | TEST STATUS | | | | | | | | | | | |
| 1- NOT TRANSPORTED / TREATED AT SCENE | TEST STATUS | | | | | | | | | | | |
| 2- EMS | TEST STATUS | | | | | | | | | | | |
| 3- POLICE | TEST STATUS | | | | | | | | | | | |
| 9- OTHER / UNKNOWN | TEST STATUS | | | | | | | | | | | |
| SAFETY EQUIPMENT | TEST STATUS | | | | | | | | | | | |
| 1- NONE USED | TEST STATUS | | | | | | | | | | | |
| 2- SHOULDER BELT ONLY USED | TEST STATUS | | | | | | | | | | | |
| 3- LAP BELT ONLY USED | TEST STATUS | | | | | | | | | | | |
| 4- SHOULDER & LAP BELT USED | TEST STATUS | | | | | | | | | | | |
| 5- CHILD RESTRAINT SYSTEM - FORWARD FACING | TEST STATUS | | | | | | | | | | | |
| 6- CHILD RESTRAINT SYSTEM - REAR FACING | TEST STATUS | | | | | | | | | | | |
| 7- BOOSTER SEAT | TEST STATUS | | | | | | | | | | | |
| 8- HELMET USED | TEST STATUS | | | | | | | | | | | |
| 9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | TEST STATUS | | | | | | | | | | | |
| 10- REFLECTIVE CLOTHING | TEST STATUS | | | | | | | | | | | |
| 11- LIGHTING - PEDESTRIAN / BICYCLE ONLY | TEST STATUS | | | | | | | | | | | |
| 99- OTHER / UNKNOWN | TEST STATUS | | | | | | | | | | | |
| INJURED TAKEN BY | TEST STATUS | | | | | | | | | | | |
| 1- NOT TRANSPORTED / TREATED AT SCENE | TEST STATUS | | | | | | | | | | | |
| 2- EMS | TEST STATUS | | | | | | | | | | | |
| 3- POLICE | TEST STATUS | | | | | | | | | | | |
| 9- OTHER / UNKNOWN | TEST STATUS | | | | | | | | | | | |
| SAFETY EQUIPMENT | TEST STATUS | | | | | | | | | | | |
| 1- NONE USED | TEST STATUS | | | | | | | | | | | |
| 2- SHOULDER BELT ONLY USED | TEST STATUS | | | | | | | | | | | |
| 3- LAP BELT ONLY USED | TEST STATUS | | | | | | | | | | | |
| 4- SHOULDER & LAP BELT USED | TEST STATUS | | | | | | | | | | | |
| 5- CHILD RESTRAINT SYSTEM - FORWARD FACING | TEST STATUS | | | | | | | | | | | |
| 6- CHILD RESTRAINT SYSTEM - REAR FACING | TEST STATUS | | | | | | | | | | | |
| 7- BOOSTER SEAT | TEST STATUS | | | | | | | | | | | |
| 8- HELMET USED | TEST STATUS | | | | | | | | | | | |
| 9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | TEST STATUS | | | | | | | | | | | |
| 10- REFLECTIVE CLOTHING | TEST STATUS | | | | | | | | | | | |
| 11- LIGHTING - PEDESTRIAN / BICYCLE ONLY | TEST STATUS | | | | | | | | | | | |
| 99- OTHER / UNKNOWN | TEST STATUS | | | | | | | | | | | |
| INJURED TAKEN BY | TEST STATUS | | | | | | | | | | | |
| 1- NOT TRANSPORTED / TREATED AT SCENE | TEST STATUS | | | | | | | | | | | |
| 2- EMS | TEST STATUS | | | | | | | | | | | |
| 3- POLICE | TEST STATUS | | | | | | | | | | | |
| 9- OTHER / UNKNOWN | TEST STATUS | | | | | | | | | | | |
| SAFETY EQUIPMENT | TEST STATUS | | | | | | | | | | | |
| 1- NONE USED | TEST STATUS | | | | | | | | | | | |
| 2- SHOULDER BELT ONLY USED | TEST STATUS | | | | | | | | | | | |
| 3- LAP BELT ONLY USED | TEST STATUS | | | | | | | | | | | |
| 4- SHOULDER & LAP BELT USED | TEST STATUS | | | | | | | | | | | |
| 5- CHILD RESTRAINT SYSTEM - FORWARD FACING | TEST STATUS | | | | | | | | | | | |
| 6- CHILD RESTRAINT SYSTEM - REAR FACING | TEST STATUS | | | | | | | | | | | |
| 7- BOOSTER SEAT | TEST STATUS | | | | | | | | | | | |
| 8- HELMET USED | TEST STATUS | | | | | | | | | | | |
| 9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | TEST STATUS | | | | | | | | | | | |
| 10- REFLECTIVE CLOTHING | TEST STATUS | | | | | | | | | | | |
| 11- LIGHTING - PEDESTRIAN / BICYCLE ONLY | TEST STATUS | | | | | | | | | | | |



OCCUPANT / WITNESS ADDENDUM

| OCCUPANT | LOCAL REPORT NUMBER | | | | | | | | | |
|---|--|--|---|--|-----------------------------------|---|-------------------------|----------------------|---------------|--------------|
| | 2 2 0 0 6 4 9 6 | | | | | DATE OF BIRTH | AGE | GENDER | | |
| UNIT # 1 | NAME: LAST, FIRST, MIDDLE HEROLD, BRADAN, DOUGLAS | | | | | 0 7 0 1 2 0 0 4 | 1 7 | M | | |
| ADDRESS: STREET, CITY, STATE, ZIP 6163 SHEARWATER DR, FAIRFIELD, OH, 45014 | | | | | 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 3 | AIR BAG USAGE 0 1 | EJECTION 1 | TRAPPED 1 |
| UNIT # 2 | NAME: LAST, FIRST, MIDDLE BOLDEN, DILLION, SIMON | | | | | 0 8 0 4 2 0 0 5 | 1 6 | M | | |
| ADDRESS: STREET, CITY, STATE, ZIP 875 MILLERS RUN CT, HAMILTON, OH, 45011 | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO | MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 0 4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0 3 | AIR BAG USAGE 0 1 | EJECTION 1 | TRAPPED 1 |
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | AGE 0 | GENDER | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| INJURIES 5 | 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 0 | GENDER | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| INJURIES 5 | 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 | 6 - SECOND - RIGHT SIDE | 6 - DEPLOYMENT UNKNOWN | | | | | |
| 1 - NOT TRANSPORTED /TREATED AT SCENE | 7 - BOOSTER SEAT | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | 7 - NOT EJECTED | | | | | | | |
| 2 - EMS | 8 - HELMET USED | 8 - THIRD - MIDDLE | 2 - PARTIALLY EJECTED | | | | | | | |
| 3 - POLICE | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT SIDE | 3 - TOTALLY EJECTED | | | | | | | |
| 9 - OTHER / UNKNOWN | 10 - REFLECTIVE CLOTHING | 10 - SLEEPER SECTION OF TRUCK CAB | 4 - NOT APPLICABLE | | | | | | | |
| GENDER | | | 11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 11 - NOT TRAPPED | | | | | |
| F - FEMALE | 12 - PASSENGER IN UNENCLOSED CARGO AREA | 12 - PASSENGER IN UNENCLOSED CARGO AREA | 12 - EXTRICATED BY MECHANICAL MEANS | | | | | | | |
| M - MALE | 13 - TRAILING UNIT | 13 - TRAILING UNIT | 13 - FREED BY NON-MECHANICAL MEANS | | | | | | | |
| U - OTHER / UNKNOWN | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | | | | | | | | |
| | 15 - NON-MOTORIST | 15 - NON-MOTORIST | | | | | | | | |
| | 99 - OTHER / UNKNOWN | 99 - OTHER / UNKNOWN | | | | | | | | |
| NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | AGE 0 | GENDER | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | AGE 0 | GENDER | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | AGE 0 | GENDER | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |