



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL REPORT NUMBER*			
<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION <div style="float: right; text-align: right;">2 2 0 0 6 8 4 9</div>					
REPORTING AGENCY NAME* <div style="float: right; text-align: right;">NCIC*</div>				<div style="float: left; text-align: right;">HIT/SKIP</div> <div style="float: right; text-align: right;">NUMBER OF UNITS</div> <div style="float: right; text-align: right;">UNIT IN ERROR</div>			
Fairfield Police Department <div style="float: right; text-align: right;">0 0 9 0 1</div>				<div style="float: left; text-align: right;">1 - SOLVED</div> <div style="float: right; text-align: right;">0 2</div> <div style="float: right; text-align: right;">0 1</div> <div style="float: right; text-align: right;">98 - ANIMAL</div>			
COUNTY* <div style="float: right; text-align: right;">1 - CITY</div>		LOCALITY* <div style="float: right; text-align: right;">2 - VILLAGE</div>		LOCATION: CITY, VILLAGE, TOWNSHIP* <div style="float: right; text-align: right;">3 - TOWNSHIP</div>			
0 9 <div style="float: right; text-align: right;">1</div>		1 <div style="float: right; text-align: right;">2</div>		City of Fairfield <div style="float: right; text-align: right;">3</div>			
				CRASH DATE / TIME* <div style="float: right; text-align: right;">0 1 2 9 2 0 2 2 2 1 4 0</div>			
				CRASH SEVERITY <div style="float: right; text-align: right;">5</div>			
				1 - FATAL <div style="float: right; text-align: right;">2 - SERIOUS INJURY SUSPECTED</div>			
				3 - MINOR INJURY SUSPECTED <div style="float: right; text-align: right;">4 - INJURY POSSIBLE</div>			
				5 - PROPERTY DAMAGE ONLY			
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES
				2 - SOUTH	Creekside	D R	3 9 . 3 4 2 7 9 7
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES
				2 - SOUTH	466		- 8 4 . 5 6 3 4 5 7
REFERENCE POINT <div style="float: right; text-align: right;">1 - INTERSECTION</div>		DIRECTION FROM REFERENCE <div style="float: right; text-align: right;">2 - MILE POST</div>		ROUTE TYPE <div style="float: right; text-align: right;">3 - HOUSE #</div>		ROAD TYPE <div style="float: right; text-align: right;">AL - ALLEY</div>	
3 <div style="float: right; text-align: right;">1</div>		1 - NORTH <div style="float: right; text-align: right;">2 - SOUTH</div>		IR - INTERSTATE ROUTE(TP) <div style="float: right; text-align: right;">3 - EAST</div>		HW - HIGHWAY <div style="float: right; text-align: right;">4 - WEST</div>	
				US - FEDERAL US ROUTE		RD - ROAD	
				SR - STATE ROUTE		AV - AVENUE	
				CR - NUMBERED COUNTY ROUTE		LA - LANE	
				TR - NUMBERED TOWNSHIP ROUTE		BL - BOULEVARD	
						MP - MILEPOST	
						ST - STREET	
						CR - CIRCLE	
						OV - OVAL	
						TE - TERRACE	
						CT - COURT	
						PK - PARKWAY	
						TL - TRAIL	
						DR - DRIVE	
						PI - PIKE	
						WA - WAY	
						HE - HEIGHTS	
						PL - PLACE	
LOCATION OF FIRST HARMFUL EVENT <div style="float: right; text-align: right;">1 - ON ROADWAY</div>				MANNER OF CRASH COLLISION/IMPACT <div style="float: right; text-align: right;">9 - CROSSOVER</div>			
0 6 <div style="float: right; text-align: right;">2 - ON SHOULDER</div>				1 - NOT COLLISION <div style="float: right; text-align: right;">4 - REAR-TO-REAR</div>			
3 - IN MEDIAN <div style="float: right; text-align: right;">10 - DRIVEWAY/ALLEY ACCESS</div>				BETWEEN <div style="float: right; text-align: right;">5 - BACKING</div>			
4 - ON ROADSIDE <div style="float: right; text-align: right;">11 - RAILWAY GRADE CROSSING</div>				TWO MOTOR VEHICLES IN <div style="float: right; text-align: right;">6 - ANGLE</div>			
5 - ON GORE <div style="float: right; text-align: right;">TRANSPORT</div>				7 - SIDESWIPE, SAME DIRECTION <div style="float: right; text-align: right;">8 - SIDESWIPE, OPPOSITE DIRECTION</div>			
6 - OUTSIDE TRAFFIC WAY <div style="float: right; text-align: right;">12 - SHARED USE PATHS OR TRAILS</div>				2 - REAR-END <div style="float: right; text-align: right;">3 - HEAD-ON</div>			
7 - ON RAMP <div style="float: right; text-align: right;">13 - BIKE LANE</div>				9 - OTHER/UNKNOWN			
8 - OFF RAMP <div style="float: right; text-align: right;">14 - TOLL BOOTH</div>							
99 - OTHER/ UNKNOWN							
				DIRECTION OF TRAVEL <div style="float: right; text-align: right;">1 - NORTH</div>			
				2 - SOUTH			
				3 - EAST			
				4 - WEST			
				MEDIUM TYPE <div style="float: right; text-align: right;">1 - DIVIDED FLUSH MEDIAN (<4 FEET)</div>			
				2 - DIVIDED FLUSH MEDIAN (≥4 FEET)			
				3 - DIVIDED, DEPRESSED MEDIAN			
				4 - DIVIDED, RAISED MEDIAN (ANY TYPE)			
				9 - OTHER/UNKNOWN			
WORK ZONE RELATED <div style="float: right; text-align: right;">1 - DAYLIGHT</div>		WORK ZONE TYPE <div style="float: right; text-align: right;">2 - DAWN/DUSK</div>		LOCATION OF CRASH IN WORK ZONE <div style="float: right; text-align: right;">3 - DARK - LIGHTED ROADWAY</div>			
3 <div style="float: right; text-align: right;">3</div>		1 - LANE CLOSURE <div style="float: right; text-align: right;">4 - DARK - ROADWAY NOT LIGHTED</div>		1 - BEFORE THE 1ST WORK ZONE <div style="float: right; text-align: right;">5 - OTHER</div>			
		2 - LANE SHIFT/CROSSOVER <div style="float: right; text-align: right;">5 - DARK - UNKNOWN ROADWAY LIGHTING</div>		WARNING SIGN			
		3 - WORK ON SHOULDER OR MEDIAN <div style="float: right; text-align: right;">6 - OTHER / UNKNOWN</div>		2 - ADVANCE WARNING AREA			
				3 - TRANSITION AREA			
				4 - ACTIVITY AREA			
				5 - TERMINATION AREA			
LIGHT CONDITION <div style="float: right; text-align: right;">1 - CLEAR</div>		WEATHER <div style="float: right; text-align: right;">6 - SNOW</div>					
3 <div style="float: right; text-align: right;">0 1</div>		2 - CLOUDY <div style="float: right; text-align: right;">7 - SEVERE CROSSWINDS</div>					
		3 - FOG, SMOG, SMOKE <div style="float: right; text-align: right;">8 - BLOWING SAND, SOIL, DIRT, SNOW</div>					
		4 - RAIN <div style="float: right; text-align: right;">9 - FREEZING RAIN OR FREEZING DRIZZLE</div>					
		5 - SLEET, HAIL <div style="float: right; text-align: right;">99 - OTHER / UNKNOWN</div>					
NARRATIVE <div style="float: right; text-align: right;">Indicate the north direction with an "N" on the compass diagram.</div>							
On 1/29/22 at about 9:40 p.m. Unit 1 was backing in the parking lot of 466 Creekside Dr. when it struck Unit 2 which was parked in the lot and unoccupied.							
The driver of Unit 1 was also charged with:							
OVI FCO 333.01a1a							
OVI FCO 333.01a1H							
No OI FCO 335.01a1							
CRASH REPORTED DATE / TIME <div style="float: right; text-align: right;">0 1 2 9 2 0 2 2 2 1 4 0</div>		DISPATCH DATE / TIME <div style="float: right; text-align: right;">0 1 2 9 2 0 2 2 2 1 4 4</div>		ARRIVAL DATE / TIME <div style="float: right; text-align: right;">0 1 2 9 2 0 2 2 2 1 4 9</div>		SCENE CLEARED DATE / TIME <div style="float: right; text-align: right;">0 1 2 9 2 0 2 2 2 2 2 0</div>	
TOT AL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*	
0		3 0		6 6		J. Sons	
						CHECKED BY OFFICER'S NAME* <div style="float: right; text-align: right;">56. </div>	
						OFFICER'S BADGE NUMBER* <div style="float: right; text-align: right;">1 5 0</div>	
						CHECKED BY OFFICER'S BADGE NUMBER* <div style="float: right; text-align: right;">1 1 2</div>	
REPORT TAKEN BY <div style="float: right; text-align: right;">POLICE AGENCY</div>							



UNIT

OWNER

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)
0 1		
OWNER ADDRESS: STREET, CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER)		

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

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
O H	JCX5598	2T1BU4E13AC274793	2010	Toyota
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
			Silver	Carolla

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 1	1 - <10K LBS 2 - 10,001 - 26K LBS 3 - >26K LBS.	<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD

UNIT TYPE	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
-----------	---	--	---	---

0 # OF TRAILING UNITS

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

SPECIAL FUNCTION	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	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 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN
-----------------	--	---	--	--	---

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

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

ACTION	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	PRE-CRASH ACTIONS 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	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	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 3	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	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT
-------	--	--	---	--	---

4 5 6	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 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
-------	--	--	---	--	--

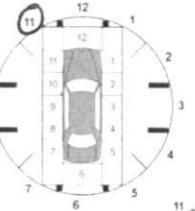
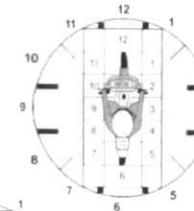
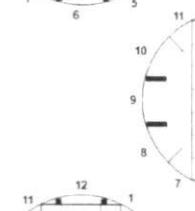
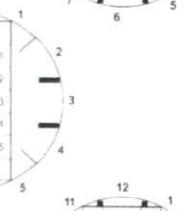
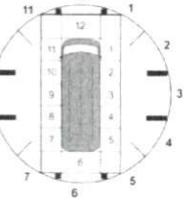
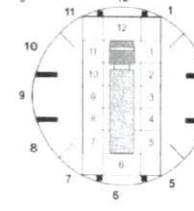
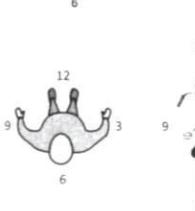
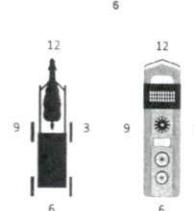
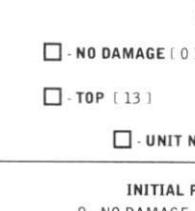
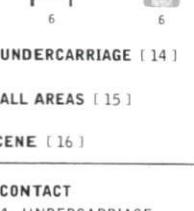
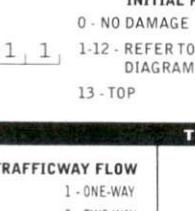
1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER	
2 2 0 0 6 8 4 9	
DAMAGE	
3	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN
DAMAGE SCALE	
3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<img alt="Diagram of a car in a 12-pointed star shape with numbered points 1-12. The front of the car is at the top, rear at the bottom, left side on the left, and right side on the right. Points are numbered clockwise	



UNIT

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> SAME AS DRIVER)		OWNER PHONE:
	0 1 2	Frantz, Christopher		_____
OWNER ADDRESS: STREET, CITY, STATE, ZIP <input type="checkbox"/> SAME AS DRIVER)		6984 Hunters Moon Ct. Fairfield Twp. Oh 45011		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
O H	HYW2165	1B7K1C231Z7XJ569096	1999	Dodge
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		_____	_____	
INTERLOCK DEVICE EQUIPPED	HIT/SKIP UNIT	#OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR	
0 4	0 0	0 0	1 - <10K LBS.	MATERIAL RELEASED
UNIT TYPE	0 4	0 0	2 - 10,001 - 26K LBS.	CLASS #
5 - CARGO VAN	3 - SPORT UTILITY VEHICLE	11 - ALL-TERRAIN VEHICLE (ATV/UTV)	3 - >26K LBS.	PLACARD ID #
6 - VAN (9-15 SEATS)	4 - PICK UP	10 - MOPED OR MOTORIZED BICYCLE	_____	_____
# OF TRAILING UNITS				
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN
1 - YES 2 - NO 9 - OTHER / UNKNOWN		1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION	
		2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION	
AUTONOMOUS MODE LEVEL				
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/COMMUTER	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 - AUTOTRANSPORTER
3 - TAIL LAMPS	5 - STEERING	7 - GRAIN/CHIPS/GRAVEL	10 - FLAT BED	14 - GARBAGE/REFUSE
4 - HEAD LAMPS	6 - TIRE BLOWOUT	8 - TRAILER EQUIPMENT DEFECTIVE	11 - DUMP	99 - OTHER / UNKNOWN
VEHICLE DEFECTS				
NON-MOTORIST LOCATION AT IMPACT				
1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER
2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	AT INCIDENT SCENE
5 - TRAIL LANE - OTHER LOCATION	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	1 0	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	20 - OTHER NON-MOTORIST
4 - STRUCK	4 - OVERTAKING/PASSING	10 - PARKED	15 - WALKING, RUNNING, JOGGING, PLAYING	21 - STANDING OUTSIDE DISABLED VEHICLE
5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	16 - WORKING	22 - OTHER UNKNOWN
6 - MAKING LEFT TURN	6 - MAKING LEFT TURN	12 - DRIVERLESS	17 - PUSHING VEHICLE	99 - OTHER / UNKNOWN
SEQUENCE OF EVENTS				
NON-COLLISION				
1 2 0	1 - OVERTURN/ROLLOVER	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	17 - VISION OBSTRUCTION
0 1	2 - FIRE/EXPLOSION	8 - FOLLOWING TOO CLOSE /ACDA	14 - STOPPED OR PARKED ILLEGALLY	21 - LYING IN ROADWAY
3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	15 - SWERVING TO AVOID	18 - OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE
4 - RAN STOP SIGN	10 - IMPROPER PASSING	16 - WRONG WAY	19 - LOAD SHIFTING/FALLING/SPILLING	23 - OPENING DOOR INTO ROADWAY
5 - UNSAFE SPEED	11 - DROVE OFF ROAD	17 - IMPROPER CROSSING	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION
6 - IMPROPER TURN	12 - IMPROPER BACKING			
COLLISION WITH FIXED OBJECT - STRUCK				
4 1	25 - IMPACT ATTENUATOR /CRASH CUSHION	31 - GUARDRAIL END	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT
5 1	26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	44 - DITCH	51 - WALL
6 1	27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	45 - EMBANKMENT	52 - BUILDING
7 1	28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL	46 - FENCE	53 - TUNNEL
8 1	29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	47 - MAILBOX	54 - OTHER FIXED OBJECT
9 1	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	48 - TREE	99 - OTHER / UNKNOWN
1	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT	

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



MOTORIST / Non-MOTORIST

										LOCAL REPORT NUMBER										
										2 2 0 0 6 8 4 9				DATE OF BIRTH		AGE		GENDER		
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE 0 1 Hernandez Lopez, Jose									0 3 2 5 2 0 0 0		2 1		M					
	ADDRESS: STREET, CITY, STATE, ZIP 466 Creekside Dr. Apt 202 Fairfield Oh 45014										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	
	5								0 4				0 1		1		1		1	
	DL STATE	OPERATOR LICENSE NUMBER				OFFENSE CHARGED 331.34a			LOCAL CODE <input checked="" type="checkbox"/>		OFFENSE DESCRIPTION Failure to Control						CITATION NUMBER 249992			
	DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3			DRIVER DISTRACTED BY 9	ALCOHOL / DRUG SUSPECTED <input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			CONDITION 6		ALCOHOL TEST STATUS 4 TYPE 4 VALUE 1 9 2		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4						
	UNIT #	NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH		AGE		GENDER					
	ADDRESS: STREET, CITY, STATE, ZIP											CONTACT PHONE - INCLUDE AREA CODE								
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED		<input type="checkbox"/> DOT-Compliant MC HELMET		SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED	
	DL STATE	OPERATOR LICENSE NUMBER				OFFENSE CHARGED			LOCAL CODE <input type="checkbox"/>		OFFENSE DESCRIPTION						CITATION NUMBER			
DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3			DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			CONDITION		ALCOHOL TEST STATUS 4 TYPE 4 VALUE 1 9 2		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4							
UNIT #	NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH		AGE		GENDER						
ADDRESS: STREET, CITY, STATE, ZIP											CONTACT PHONE - INCLUDE AREA CODE									
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED		<input type="checkbox"/> DOT-Compliant MC HELMET		SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED		
DL STATE	OPERATOR LICENSE NUMBER				OFFENSE CHARGED			LOCAL CODE <input type="checkbox"/>		OFFENSE DESCRIPTION						CITATION NUMBER				
DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3			DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			CONDITION		ALCOHOL TEST STATUS 4 TYPE 4 VALUE 1 9 2		DRUG TEST(S) STATUS 1 TYPE 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	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-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-TEST GIVEN, RESULTS KNOWN															
5-NO APPARENT INJURY	5-SECOND- MIDDLE	5-NOT APPLICABLE	5-EXCEPT CLASS A BUS	5-EXCEPT CLASS A BUS	5-TEST GIVEN, RESULTS UNKNOWN															
6-SECOND- RIGHT SIDE	6-SECOND- RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-M/C MOPED ONLY	6-EXCEPT CLASS A & CLASS B BUS																
7-THIRD- LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD- LEFT SIDE (MOTORCYCLE SIDE CAR)	7-NO VALID OL	7-EXCEPT TRACTOR-TRAILER	7-EXCEPT TRACTOR-TRAILER																
8-THIRD- MIDDLE	8-THIRD- MIDDLE	8-THIRD- RIGHT SIDE	8-INTERMEDIATE LICENSE RESTRICTIONS	8-INTERMEDIATE LICENSE RESTRICTIONS																
9-OTHER UNKNOWN	9-THIRD- RIGHT SIDE	9-SLEEPER SECTION OF TRUCK CAB	9-LEARNER'S PERMIT RESTRICTIONS	9-LEARNER'S PERMIT RESTRICTIONS																
INJURED TAKEN BY	EJECTION	OL ENDORSEMENT	TEST STATUS																	
1-NOT TRANSPORTED / TREATED AT SCENE	1-NOT EJECTED	H - HAZMAT	1-NONE																	
2-EMS	2-PARTIALLY EJECTED	M - MOTORCYCLE	2-BLOOD																	
3-POLICE	3-TOTALLY EJECTED	P - PASSENGER	3-URINE																	
9-OTHER UNKNOWN	4-NOT APPLICABLE	N - TANKER	4-BREATH																	
SAFE EQUIPMENT	TRAPPED	Q - MOTOR SCOOTER	5-OTHER																	
1-NONE LED	1-NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE	5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE																	
2-SHOULDER BELT ONLY USED	2-EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	6-PASSENGER																	
3-LAP BELT ONLY USED	3-FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	7-OTHER DISTRACTION INSIDE THE VEHICLE																	
4-SHOULDER & LAP BELT USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	X - TANKER / HAZMAT	8-OTHER DISTRACTION OUTSIDE THE VEHICLE																	
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	15-NON-MOTORIST	14-MILITARY VEHICLES ONLY	9-OTHER / UNKNOWN																	
6-CHILD RESTRAINT SYSTEM - REAR FACING	99-OTHER / UNKNOWN	15-MOTOR VEHICLES WITHOUT AIR BRAKES	DRUG TEST TYPE																	
7-BOOSTER SEAT		16-OUTSIDE MIRROR	1-NONE																	
8-HELMET USED		17-PROSTHETIC AID	2-BLOOD																	
9-PROTECTIVE PADS USED (ELBOW/KNEES, ETC.)		18-OTHER	3-URINE																	
10-REFLECTIVE CLOTHING			4-OTHER																	
11-LIGHTING - PEDESTRIAN / BIKE ONLY			DRUG TEST RESULT(S)																	
99-OTHER UNKNOWN			1-AMPHETAMINES																	
			2-BARBITURATES																	
			3-BENZODIAZEPINES																	
			4-CANNABINOID																	
			5-COCAIN																	
			6-OPIATES / OPIOIDS																	
			7-OTHER																	
			8-NEGATIVE RESULTS																	