



LOCAL REPORT NUMBER*

PAGE 1 OF 6

OWNER	UNIT # 01		OWNER NAME: LAST, FIRST, MIDDLE () SAME AS DRIVER DELAVERA, JULIE				OWNER PHONE: INCLUDE AREA CODE () SAME AS DRIVER					
	OWNER ADDRESS: STREET, CITY, STATE, ZIP () SAME AS DRIVER											
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP							COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE					
VEHICLE	LP STATE OH	LICENSE PLATE # JDE8865	VEHICLE IDENTIFICATION # 1HGCM56343A006464				VEHICLE YEAR 2003	VEHICLE MAKE HONDA				
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY LIBERTY MUTUAL		INSURANCE POLICY # A052812580727011		COLOR SILVER	VEHICLE MODEL ACCORD					
	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #		TOWED BY: COMPANY NAME MARCELL'S							
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 01	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD						
	UNIT TYPE 01		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)		25 - OTHER NON-MOTORIST	
	3 - SPORT UTILITY VEHICLE		9 - AUTOCYCLE		14 - SINGLE UNIT TRUCK		20 - OTHER VEHICLE		26 - BICYCLE		27 - TRAIN	
	4 - PICK UP		10 - MOPED OR MOTORIZED BICYCLE		15 - SEMI-TRACTOR		21 - HEAVY EQUIPMENT		28 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE		99 - UNKNOWN OR HIT/SKIP	
	5 - CARGO VAN		11 - ALL TERRAIN VEHICLE (ATV / UTV)		16 - FARM EQUIPMENT		22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE					
	6 - VAN (9-15 SEATS)				17 - MOTORHOME							
# OF TRAILING UNITS 0		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN		AUTONOMOUS MODE LEVEL 0		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION		3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION		9 - UNKNOWN		
SPECIAL FUNCTION 01		1 - NONE		6 - BUS - CHARTER/TOUR		11 - FIRE		16 - FARM		21 - MAIL CARRIER		
2 - TAXI		7 - BUS - INTERCITY		12 - MILITARY		13 - POLICE		17 - MOWING		99 - OTHER / UNKNOWN		
3 - ELECTRONIC RIDE SHARING		8 - BUS - SHUTTLE		14 - PUBLIC UTILITY		18 - SNOW REMOVAL		19 - TOWING				
4 - SCHOOL TRANSPORT		9 - BUS - OTHER		15 - CONSTRUCTION EQUIPMENT		20 - SAFETY SERVICE PATROL						
5 - BUS - TRANSIT/COMMUTER		10 - AMBULANCE										
CARGO BODY TYPE 01		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		10 - FLAT BED		13 - AUTO TRANSPORTER		
				7 - GRAIN/CHIPS/GRAVEL		11 - DUMP				14 - GARBAGE/REFUSE		
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		5 - TRAVEL LANE - OTHER LOCATION		7 - SHOULDER / ROADSIDE		10 - DRIVEWAY ACCESS		99 - OTHER / UNKNOWN		
3 - SIDEWALK						8 - SIDEWALK		11 - SHARED USE PATHS OR TRAILS				
ACTION 03		1 - NON-CONTACT		1 - STRAIGHT AHEAD		7 - MAKING U-TURN		13 - NEGOTIATING A CURVE		18 - APPROACHING OR LEAVING VEHICLE		
2 - NON-COLLISION		2 - BACKING		2 - BACKING		8 - ENTERING TRAFFIC LANE		14 - ENTERING OR CROSSING SPECIFIED LOCATION		19 - STANDING		
3 - STRIKING		3 - CHANGING LANES		3 - CHANGING LANES		9 - LEAVING TRAFFIC LANE		15 - WALKING, RUNNING, JOGGING, PLAYING		20 - OTHER NON-MOTORIST		
4 - STRUCK		4 - OVERTAKING/PASSING		5 - MAKING RIGHT TURN		10 - PARKED		16 - WORKING		21 - STANDING OUTSIDE DISABLED VEHICLE		
5 - BOTH STRIKING & STRUCK		5 - MAKING LEFT TURN		6 - MAKING LEFT TURN		11 - SLOWING OR STOPPED IN TRAFFIC		17 - PUSHING VEHICLE		99 - OTHER / UNKNOWN		
9 - OTHER / UNKNOWN						12 - DRIVERLESS						
CONTRIBUTING CIRCUMSTANCES 02		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		9 - IMPROPER LANE CHANGE		14 - STOPPED OR PARKED ILLEGALLY		18 - OPERATING DEFECTIVE EQUIPMENT		22 - NOT DISCERNIBLE		
3 - RAN RED LIGHT		10 - IMPROPER PASSING		11 - DROVE OFF ROAD		15 - SWERVING TO AVOID		19 - LOAD SHIFTING/FALLING/ SPILLING		23 - OPENING DOOR INTO ROADWAY		
4 - RAN STOP SIGN		12 - IMPROPER BACKING				16 - WRONG WAY		20 - IMPROPER CROSSING		99 - OTHER IMPROPER ACTION		
5 - UNSAFE SPEED												
6 - IMPROPER TURN												
SEQUENCE OF EVENTS		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		8 - R								

LOCAL REPORT NUMBER	
2 2 0 0 7 2 9 0	
DAMAGE	
DAMAGE SCALE	
1 - NONE <u> 2 </u> 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 <u> 0 </u> <u> 1 </u> 15 - VEHICLE NOT AT SCENE 12 - REFER TO UNIT DIAGRAM 99 - UNKNOWN 13 - TOP	
TRAFFIC	
TRAFFICWAY FLOW 1 - ONE-WAY <u> 2 </u> 2 - TWO-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN <u> 4 </u> 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD <u> 2 </u>	RAIL GRADE CROSSING 1 - NOT INVOLVED <u> 1 </u> 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM <u> 2 </u> TO <u> 4 </u> 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED <u> 1 </u> <u> 0 </u>	DETECTED SPEED <u> 1 </u> 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED <u> 3 </u> <u> 5 </u>	

OWNER	UNIT # 012	OWNER NAME: LAST, FIRST, MIDDLE () SAME AS DRIVER JONES, DANIELLE, E	OWNER PHONE: INCLUDE AREA CODE () SAME AS DRIVER		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP () SAME AS DRIVER				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE OH	LICENSE PLATE # JGE8202	VEHICLE IDENTIFICATION # 1FBNE131L68DA49116	VEHICLE YEAR 2008	VEHICLE MAKE FORD
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY PROGRESSIVE	INSURANCE POLICY # 945383268	COLOR BLUE	VEHICLE MODEL E-350
	<input type="checkbox"/> COMMERCIAL	TYPE OF USE <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	TOWED BY: COMPANY NAME FOX	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 05	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.				
	UNIT TYPE 06		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) 99 - UNKNOWN OR HIT/SKIP		
	# OF TRAILING UNITS 0				
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN		AUTONOMOUS MODE LEVEL 0 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN		
	SPECIAL FUNCTION 01		1 - NONE 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 01		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 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			
EVENT(S)	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 99 - OTHER / UNKNOWN 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS		
	ACTION 04		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 01 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST 4 - STRUCK 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 01		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		NON-COLLISION 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 - DEER 24 - OTHER MOVABLE OBJECT 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE 6 - IMPROPER TURN 11 - DROVE OFF ROAD 12 - IMPROPER BACKING		
COLLISION WITH FIXED OBJECT - STRUCK		37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN 49 - FIRE HYDRANT			
FIRST HARMFUL EVENT 1		MOST HARMFUL EVENT 1			

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



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2 2 0 0 7 2 9 0

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE DE LA VEGA, TYLER, DAVID	DATE OF BIRTH 0 9 1 5 2 0 0 4	AGE 1 7	GENDER M
ADDRESS: STREET, CITY, STATE, ZIP 2207 ROLLING HILLS BLVD, FAIRFIELD, OHIO, 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
OL STATE O H	OPERATOR LICENSE NUMBER	OFFENSE CHARGED 4511.12A	LOCAL CODE	OFFENSE DESCRIPTION FAIL TO OBEY TRAFFIC CO
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG
CONDITION 1		ALCOHOL TEST STATUS TYPE VALUE 1 1 .		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1

UNIT # 0 2	NAME: LAST, FIRST, MIDDLE JONES, RAYMON, DANIEL	DATE OF BIRTH 0 5 0 6 1 9 7 9	AGE 4 2	GENDER M
ADDRESS: STREET, CITY, STATE, ZIP 4731 FAIRFIELD AVENUE, FAIRFIELD, OHIO, 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
OL STATE O H	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG
CONDITION 1		ALCOHOL TEST STATUS TYPE VALUE 1 1 .		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE 0	GENDER
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE		
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG
CONDITION		ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4

INJURIES 1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	SEATING POSITION 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	AIR BAG 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	OL CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO - D) 5 - M/C MOPED ONLY 6 - NO VALID OL	OL RESTRICTION(S) 1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER	DRIVER DISTRACTION 1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN	TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN
INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN	EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	OL ENDORSEMENT H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT	GENDER F - FEMALE M - MALE U - OTHER / UNKNOWN	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN	ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER
SAFETY EQUIPMENT 1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	DRUG TEST RESULT(S) 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS				



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER									
2	2	0	0	7	2	9	0		

OCCUPANT	UNIT # 2	NAME: LAST, FIRST, MIDDLE JONES, MYKEL		
	ADDRESS: STREET, CITY, STATE, ZIP 4731 FAIRFIELD AVE, FAIRFIELD, OHIO, 45014			
	INJURIES 5	INJURED TAKEN BY []	EMS AGENCY (NAME) []	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) []

DATE OF BIRTH 0 4 0 4 2 0 0 6		AGE 1 5	GENDER M	
CONTACT PHONE - INCLUDE AREA CODE [] [] [] [] [] [] [] [] [] []				
<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 3	AIR BAG USAGE 0 1	EJECTION 1	TRAPPED 1

OCCUPANT	UNIT # 2	NAME: LAST, FIRST, MIDDLE TILLER, KEJUAN		
	ADDRESS: STREET, CITY, STATE, ZIP 4731 FAIRFIELD AVE, FAIRFIELD, OHIO, 45014			
	INJURIES 5	INJURED TAKEN BY []	EMS AGENCY (NAME) []	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) []

DATE OF BIRTH 0 6 1 1 2 0 1 0		AGE 1 1	GENDER M	
CONTACT PHONE - INCLUDE AREA CODE [] [] [] [] [] [] [] [] [] []				
<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 4	AIR BAG USAGE 0 1	EJECTION 1	TRAPPED 1

OCCUPANT	UNIT # 2	NAME: LAST, FIRST, MIDDLE FOGGIE, JASHAWN		
	ADDRESS: STREET, CITY, STATE, ZIP 4731 FAIRFIELD AVE, FAIRFIELD, OHIO, 45014			
	INJURIES 5	INJURED TAKEN BY []	EMS AGENCY (NAME) []	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) []

DATE OF BIRTH 0 8 0 2 2 0 0 3		AGE 1 8	GENDER M	
CONTACT PHONE - INCLUDE AREA CODE [] [] [] [] [] [] [] [] [] []				
<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 6	AIR BAG USAGE 0 1	EJECTION 1	TRAPPED 1

OCCUPANT	UNIT # 2	NAME: LAST, FIRST, MIDDLE TILLER, DOMINIQ		
	ADDRESS: STREET, CITY, STATE, ZIP 4731 FAIRFIELD AVE, FAIRFIELD, OHIO, 45014			
	INJURIES 5	INJURED TAKEN BY []	EMS AGENCY (NAME) []	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) []

DATE OF BIRTH 0 5 0 4 2 0 0 1		AGE 2 0	GENDER M	
CONTACT PHONE - INCLUDE AREA CODE [] [] [] [] [] [] [] [] [] []				
<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 7	AIR BAG USAGE 0 1	EJECTION 1	TRAPPED 1

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
	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
INJURED TAKEN BY	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	
1 - NOT TRANSPORTED / TREATED AT SCENE	8 - HELMET USED	8 - THIRD - MIDDLE	EJECTION
2 - EMS	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE	1 - NOT EJECTED
3 - POLICE	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	2 - PARTIALLY EJECTED
9 - OTHER / UNKNOWN	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	3 - TOTALLY EJECTED
GENDER	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	4 - NOT APPLICABLE
F - FEMALE		13 - TRAILING UNIT	TRAPPED
M - MALE		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	1 - NOT TRAPPED
U - OTHER / UNKNOWN		15 - NON-MOTORIST	2 - EXTRICATED BY MECHANICAL MEANS
		99 - OTHER / UNKNOWN	3 - FREED BY NON-MECHANICAL MEANS

WITNESS	NAME: LAST, FIRST, MIDDLE
	ADDRESS: STREET, CITY, STATE, ZIP
	CONTACT PHONE - INCLUDE AREA CODE

DATE OF BIRTH	AGE	GENDER
[] [] [] [] [] [] [] []	0 [] []	[] []
CONTACT PHONE - INCLUDE AREA CODE		

WITNESS	NAME: LAST, FIRST, MIDDLE
	ADDRESS: STREET, CITY, STATE, ZIP
	CONTACT PHONE - INCLUDE AREA CODE

DATE OF BIRTH	AGE	GENDER
[] [] [] [] [] [] [] []	0 [] []	[] []
CONTACT PHONE - INCLUDE AREA CODE		

WITNESS	NAME: LAST, FIRST, MIDDLE
	ADDRESS: STREET, CITY, STATE, ZIP
	CONTACT PHONE - INCLUDE AREA CODE

DATE OF BIRTH	AGE	GENDER
[] [] [] [] [] [] [] []	0 [] []	[] []
CONTACT PHONE - INCLUDE AREA CODE		

LOCAL REPORT NUMBER	PD22007290	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	1/31/22
IN COUNTY OF	Butler	ACCIDENT LOCATION	Mack Road and Kolb Drive		

2796 Mack Road

Mack Road

Kolb Drive

Stop Sign

NOT TO SCALE

OFFICER'S SIGNATURE

C. Frazier

BADGE NO

158