

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

			LOCAL INFORMATION				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 type="checkbox"/> PRIVATE PROPERTY		<b>REPORTING AGENCY NAME*</b> Fairfield Police Department				NCIC*	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR
						0 0 9 0 1	1 - SOLVED 2 - UNSOLVED	0 2	98 - ANIMAL 99 - UNKNOWN 0 1
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*				CRASH DATE / TIME*		CRASH SEVERITY	
0 9	1 - CITY 2 - VILLAGE 3 - TOWNSHIP	City of Fairfield				0 2 0 5 2 0 2 2 1 3 5 6		5	
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES		1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY
					South Gilmore	R D	3 9 3 1 8 2 3		
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES		
					Resor	R D	8 4 5 2 2 3 8		
REFERENCE POINT	DIRECTION FROM REFERENCE		ROUTE TYPE		ROAD TYPE		INTERSECTION RELATED		
1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS		<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA		
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE						NUMBER OF APPROACHES		
2 0	1 - MILES 2 - FEET 3 - YARDS						ROADWAY		
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT				ROADWAY DIVIDED	
0 1	1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP			9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN			1 - NOT COLLISION 2 - TWO MOTOR VEHICLES IN TRANSPORT 3 - REAR-END 4 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN		
WORK ZONE RELATED		WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE		DIRECTION OF TRAVEL	MEDIAN TYPE		
<input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	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		
LIGHT CONDITION		WEATHER		CONTOUR	CONDITIONS	SURFACE			
1	1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL		6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN		2	1	2
NARRATIVE							 Indicate the north direction with an "N" on the compass diagram.		
On 02/05/2022 at approximately 1:56 P.M. Unit #2 was stopped in traffic in the left through lane of northbound South Gilmore Rd. at Resor Rd. Unit #1 was northbound on South Gilmore Rd. in the left through lane of travel. The driver of Unit #1 failed to maintain assured clear distance and collided into the rear of Unit #2.							See OH-2		
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY	
0 2 0 5 2 0 2 2 1 3 5 6		0 2 0 5 2 0 2 2 1 3 5 7		0 2 0 5 2 0 2 2 1 4 0 4		0 2 0 5 2 0 2 2 1 4 3 8		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*	
				Doug Day				<i>87</i>	
						OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*	
				4 1		7 6		<i>103</i>	

OWNER	UNIT # <u>0 1</u>	OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER)
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 <u>O H</u>	LICENSE PLATE # <u>GWP1567</u>	VEHICLE IDENTIFICATION # <u>2GKF1NE39G6107636</u>	VEHICLE YEAR <u>2016</u>
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>State Farm</u>	INSURANCE POLICY # <u>914-5572-E21-35</u>	COLOR <u>Black</u>
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME <u>Waynes</u>
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS <u>0 2</u>	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.
UNIT TYPE <u>0 3</u>		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		1 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL-TERRAIN VEHICLE (ATV / UTV)	
7 - MOTORCYCLE 2-WHEELED 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME		12 - GOLF CART 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP	
# OF TRAILING UNITS <u>2</u>		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>1</u> YES <u>2</u> NO <u>9</u> OTHER/UNKNOWN	
		AUTONOMOUS MODE LEVEL <u>0</u> - NO AUTOMATION <u>1</u> - DRIVER ASSISTANCE <u>2</u> - PARTIAL AUTOMATION <u>3</u> - CONDITIONAL AUTOMATION <u>4</u> - HIGH AUTOMATION <u>5</u> - FULL AUTOMATION <u>9</u> - UNKNOWN	
SPECIAL FUNCTION <u>0 1</u>		1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	
CARGO BODY TYPE <u>0 1</u>		6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	
VEHICLE DEFECTS <u>0 1</u>		11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	
NON-MOTORIST LOCATION AT IMPACT <u>0 1</u>		16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	
1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		11 - POLE 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 15 - DUMP	
1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		16 - CARGO TANK 17 - FLAT BED 18 - GRAIN/CHIPS/GRAVEL	
1 - INTERSECTION - OTHER 3 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION		19 - POLE 20 - MAIL CARRIER 21 - OTHER/UNKNOWN	
1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER/UNKNOWN		21 - MAIL CARRIER 22 - OTHER/UNKNOWN	
1 - PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN		23 - SNOWMOBILE 24 - PERSONNEL CARRIER 25 - PERSONNEL CARRIER 26 - PERSONNEL CARRIER 27 - PERSONNEL CARRIER 28 - PERSONNEL CARRIER 29 - PERSONNEL CARRIER 30 - PERSONNEL CARRIER	
1 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN		20 - OTHER VEHICLE 21 - PEDESTRIAN 22 - ANIMAL 23 - OTHER VEHICLE 24 - ANIMAL 25 - OTHER VEHICLE 26 - ANIMAL 27 - OTHER VEHICLE 28 - ANIMAL 29 - OTHER VEHICLE 30 - ANIMAL	
SEQUENCE OF EVENTS <u>1 2 0</u>		31 - EQUIPMENT FAILURE 32 - SEPARATION OF UNITS 33 - RAN OFF ROAD RIGHT 34 - JACKKNIFE 35 - CARGO / EQUIPMENT LOSS OR SHIFT 36 - IMPACT ATTENUATOR / CRASH CUSHION 37 - BRIDGE OVERHEAD STRUCTURE 38 - BRIDGE PIER OR ABUTMENT 39 - BRIDGE PARAPET 40 - BRIDGE RAIL 41 - GUARDRAIL FACE	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - IMPROPER TURN		42 - PEDESTRIAN 43 - GUARDRAIL END 44 - PORTABLE BARRIER 45 - MEDIAN CABLE BARRIER 46 - MEDIAN GUARDRAIL 47 - MEDIAN CONCRETE BARRIER 48 - MEDIAN OTHER BARRIER	
7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING		49 - CURB 50 - OVERHEAD SIGN POST 51 - LIGHT / LUMINARIES 52 - SUPPORT 53 - UTILITY POLE 54 - MAILBOX 55 - TREE 56 - FIRE HYDRANT	
13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY		57 - RAILWAY VEHICLE 58 - ANIMAL - FARM 59 - ANIMAL - DEER 60 - ANIMAL - OTHER 61 - OTHER NON-COLLISION 62 - PEDESTRIAN 63 - PEDESTRIAN 64 - PEDESTRIAN 65 - PEDESTRIAN 66 - PEDESTRIAN 67 - PEDESTRIAN 68 - PEDESTRIAN 69 - PEDESTRIAN 70 - PEDESTRIAN 71 - PEDESTRIAN 72 - PEDESTRIAN 73 - PEDESTRIAN 74 - PEDESTRIAN 75 - PEDESTRIAN 76 - PEDESTRIAN 77 - PEDESTRIAN 78 - PEDESTRIAN 79 - PEDESTRIAN 80 - PEDESTRIAN 81 - PEDESTRIAN 82 - PEDESTRIAN 83 - PEDESTRIAN 84 - PEDESTRIAN 85 - PEDESTRIAN 86 - PEDESTRIAN 87 - PEDESTRIAN 88 - PEDESTRIAN 89 - PEDESTRIAN 90 - PEDESTRIAN 91 - PEDESTRIAN 92 - PEDESTRIAN 93 - PEDESTRIAN 94 - PEDESTRIAN 95 - PEDESTRIAN 96 - PEDESTRIAN 97 - PEDESTRIAN 98 - PEDESTRIAN 99 - PEDESTRIAN	
10 - RAN OFF ROAD LEFT 11 - CROSS MEDIAN 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - OTHER 15 - PEDESTRIAN 16 - PARKED MOTOR VEHICLE		90 - WORK ZONE MAINTENANCE EQUIPMENT 91 - ANIMAL - OTHER 92 - OTHER VEHICLE 93 - OTHER VEHICLE 94 - OTHER VEHICLE 95 - OTHER VEHICLE 96 - OTHER VEHICLE 97 - OTHER VEHICLE 98 - OTHER VEHICLE 99 - OTHER VEHICLE	
17 - ANIMAL - DEER 18 - ANIMAL - OTHER 19 - OTHER 20 - OTHER VEHICLE 21 - OTHER VEHICLE 22 - OTHER VEHICLE 23 - OTHER VEHICLE 24 - OTHER VEHICLE 25 - OTHER VEHICLE 26 - OTHER VEHICLE 27 - OTHER VEHICLE 28 - OTHER VEHICLE 29 - OTHER VEHICLE 30 - OTHER VEHICLE		100 - OTHER UNKNOWN	
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20 - OTHER VEHICLE 21 - PEDESTRIAN 22 - ANIMAL 23 - OTHER VEHICLE 24 - ANIMAL 25 - OTHER VEHICLE 26 - ANIMAL 27 - OTHER VEHICLE 28 - ANIMAL 29 - OTHER VEHICLE 30 - ANIMAL		152 - OTHER UNKNOWN	
20 - OTHER VEHICLE 21 - PEDESTRIAN 22 - ANIMAL 23 - OTHER VEHICLE 24 - ANIMAL 25 - OTHER VEHICLE 26 - ANIMAL 27 - OTHER VEHICLE 28 - ANIMAL 29 - OTHER VEHICLE 30 - ANIMAL		153 - OTHER UNKNOWN	
20 - OTHER VEHICLE 21 - PEDESTRIAN 22 - ANIMAL 23 - OTHER VEHICLE 24 - ANIMAL 25 - OTHER VEHICLE 26 - ANIMAL 27 - OTHER VEHICLE 28 - ANIMAL 29 - OTHER VEHICLE 30 - ANIMAL		154 - OTHER UNKNOWN	
20 - OTHER VEHICLE 21 - PEDESTRIAN 22 - ANIMAL 23 - OTHER VEHICLE 24 - ANIMAL 25 - OTHER VEHICLE 26 - ANIMAL 27 - OTHER VEHICLE 28 - ANIMAL 29 - OTHER VEHICLE 30 - ANIMAL		155 - OTHER UNKNOWN	
20 - OTHER VEHICLE 21 - PEDESTRIAN 22 - ANIMAL 23 - OTHER VEHICLE 24 - ANIMAL 25 - OTHER VEHICLE 26 - ANIMAL 27 - OTHER VEHICLE 28 - ANIMAL 29 - OTHER VEHICLE 30 - ANIMAL		156 - OTHER UNKNOWN	
20 - OTHER VEHICLE 21 - PEDESTRIAN 22 - ANIMAL 23 - OTHER VEHICLE 24 - ANIMAL 25 - OTHER VEHICLE 26 - ANIMAL 27 - OTHER VEHICLE 28 - ANIMAL 29 - OTHER VEHICLE 30 - ANIMAL		157 - OTHER UNKNOWN	
20 - OTHER VEHICLE 21 - PEDESTRIAN 22 - ANIMAL 23 - OTHER VEHICLE 24 - ANIMAL 25 - OTHER VEHICLE 26 - ANIMAL 27 - OTHER VEHICLE 28 - ANIMAL 29 - OTHER VEHICLE 30 - ANIMAL		158 - OTHER UNKNOWN	
20 - OTHER VEHICLE 21 - PEDESTRIAN 22 - ANIMAL 23 - OTHER VEHICLE 24 - ANIMAL 25 - OTHER VEHICLE 26 - ANIMAL 27 - OTHER VEHICLE 28 - ANIMAL 29 - OTHER VEHICLE 30 - ANIMAL		159 - OTHER UNKNOWN	
20 - OTHER VEHICLE 21 - PEDESTRIAN 22 - ANIMAL 23 - OTHER VEHICLE 24 - ANIMAL 25 - OTHER VEHICLE 26 - ANIMAL 27 - OTHER VEHICLE 28 - ANIMAL 29 - OTHER VEHICLE 30 - ANIMAL		160 - OTHER UNKNOWN	
20 - OTHER VEHICLE 21 - PEDESTRIAN 22 - ANIMAL 23 - OTHER VEHICLE 24 - ANIMAL 25 - OTHER VEHICLE 26 - ANIMAL 27 - OTHER VEHICLE 28 - ANIMAL 29 - OTHER VEHICLE 30 - ANIMAL		161 - OTHER UNKNOWN	
20 - OTHER VEHICLE 21 - PEDESTRIAN 22 - ANIMAL 23 - OTHER VEHICLE 24 - ANIMAL 25 - OTHER VEHICLE 26 - ANIMAL 27 - OTHER VEHICLE 28 - ANIMAL 29 - OTHER VEHICLE 30 - ANIMAL		162 - OTHER UNKNOWN	
20 - OTHER VEHICLE 21 - PEDESTRIAN 22 - ANIMAL 23 - OTHER VEHICLE 24 - ANIMAL 25 - OTHER VEHICLE 26 - ANIMAL 27 - OTHER VEHICLE 28 - ANIMAL 29 - OTHER VEHICLE 30 - ANIMAL		163 - OTHER UNKNOWN	
20 - OTHER VEHICLE 21 - PEDESTRIAN 22 - ANIMAL 23 - OTHER VEHICLE 24 - ANIMAL 25 - OTHER VEHICLE 26 - ANIMAL 27 - OTHER VEHICLE 28 - ANIMAL 29 - OTHER VEHICLE 30 - ANIMAL		164 - OTHER UNKNOWN	
20 - OTHER VEHICLE 21 - PEDESTRIAN 22 - ANIMAL 23 - OTHER VEHICLE 24 - ANIMAL 25 - OTHER VEHICLE 26 - ANIMAL 27 - OTHER VEHICLE 28 - ANIMAL 29 - OTHER VEHICLE 30 - ANIMAL		165 - OTHER UNKNOWN	
20 - OTHER VEHICLE 21 - PEDESTRIAN 22 - ANIMAL 23 - OTHER VEHICLE 24 - ANIMAL 25 - OTHER VEHICLE 26 - ANIMAL 27 - OTHER VEHICLE 28 - ANIMAL 29 - OTHER VEHICLE 30 - ANIMAL		166 - OTHER UNKNOWN	
20 - OTHER VEHICLE 21 - PEDESTRIAN 22 - ANIMAL 23 - OTHER VEHICLE 24 - ANIMAL 25 - OTHER VEHICLE 26 - ANIMAL 27 - OTHER VEHICLE 28 - ANIMAL 29 - OTHER VEHICLE 30 - ANIMAL		167 - OTHER UNKNOWN	
20 - OTHER VEHICLE 21 - PEDESTRIAN 22 - ANIMAL 23 - OTHER VEHICLE 24 - ANIMAL 25 - OTHER VEHICLE 26 - ANIMAL 27 - OTHER VEHICLE 28 - ANIMAL 29 - OTHER VEHICLE 30 - ANIMAL		168 - OTHER UNKNOWN	
20 - OTHER VEHICLE 21 - PEDESTRIAN 22 - ANIMAL 23 - OTHER VEHICLE 24 - ANIMAL 25 - OTHER VEHICLE 26 - ANIMAL 27 - OTHER VEHICLE 28 - ANIMAL 29 - OTHER VEHICLE 30 - ANIMAL		169 - OTHER UNKNOWN	
20 - OTHER VEHICLE 21 - PEDESTRIAN 22 - ANIMAL 23 - OTHER VEHICLE 24 - ANIMAL 25 - OTHER VEHICLE 26 - ANIMAL 27 - OTHER VEHICLE 28 - ANIMAL 29 - OTHER VEHICLE 30 - ANIMAL		170 - OTHER UNKNOWN	
20 - OTHER VEHICLE 21 - PEDESTRIAN 22 - ANIMAL 23 - OTHER VEHICLE 24 - ANIMAL 25 - OTHER VEHICLE 26 - ANIMAL 27 - OTHER VEHICLE 28 - ANIMAL 29 - OTHER VEHICLE 30 - ANIMAL		171 - OTHER UNKNOWN	
20 - OTHER VEHICLE 21 - PEDESTRIAN 22 - ANIMAL 23 - OTHER VEHICLE 24 - ANIMAL 25 - OTHER VEHICLE 26 - ANIMAL 27 - OTHER VEHICLE 28 - ANIMAL 29 - OTHER VEHICLE 30 - ANIMAL		172 - OTHER UNKNOWN	
20 - OTHER VEHICLE 21 - PEDESTRIAN 22 - ANIMAL 23 - OTHER VEHICLE 24 - ANIMAL 25 - OTHER VEHICLE 26 - ANIMAL 27 - OTHER VEHICLE 28 - ANIMAL 29 - OTHER VEHICLE 30 - ANIMAL		173 - OTHER UNKNOWN	
20 - OTHER VEHICLE 21 - PEDESTRIAN 22 - ANIMAL 23 - OTHER VEHICLE 24 - ANIMAL 25 - OTHER VEHICLE 26 - ANIMAL 27 - OTHER VEHICLE 28 - ANIMAL 29 - OTHER VEHICLE 30 - ANIMAL		174 - OTHER UNKNOWN</	

OWNER

UNIT # <u>012</u>	OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER	OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER
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OWNER ADDRESS: STREET, CITY, STATE, ZIP  SAME AS DRIVER

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP	COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
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LP STATE <u>O H</u>	LICENSE PLATE # <u>118YVG</u>	VEHICLE IDENTIFICATION # <u>19UUA66228A039075</u>	VEHICLE YEAR <u>2008</u>	VEHICLE MAKE <u>Acura</u>
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>Geico</u>	INSURANCE POLICY # <u>4500822152</u>	COLOR <u>gray</u>	VEHICLE MODEL <u>TL</u>
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 3</u>	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD

1 - PASSENGER CAR <u>0 1</u>	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	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE
5 - CARGO VAN	BICYCLE	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN
6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME		99 - UNKNOWN OR HIT/SKIP

# OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	0 - NO AUTOMATION <u>2</u> 1 - YES 2 - NO 9 - OTHER / UNKNOWN	3 - CONDITIONAL AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	9 - UNKNOWN 4 - HIGH AUTOMATION 5 - FULL AUTOMATION
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1 - NONE <u>0 1</u>	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 <u>0 1</u>	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	
	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	99 - OTHER / UNKNOWN	
	5 - TRAVEL LANE - OTHER LOCATION			

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>1, 1</u>	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	10 - PARKED	20 - OTHER NON-MOTORIST
4 - STRUCK PRE-CRASH ACTIONS	4 - OVERTAKING/PASSING	11 - SLOWING OR STOPPED IN TRAFFIC	15 - WALKING, RUNNING, JOGGING, PLAYING	21 - STANDING OUTSIDE DISABLED VEHICLE
5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	12 - MAKING LEFT TURN	16 - WORKING	
9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	17 - DRIVERLESS	18 - PUSHING VEHICLE	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

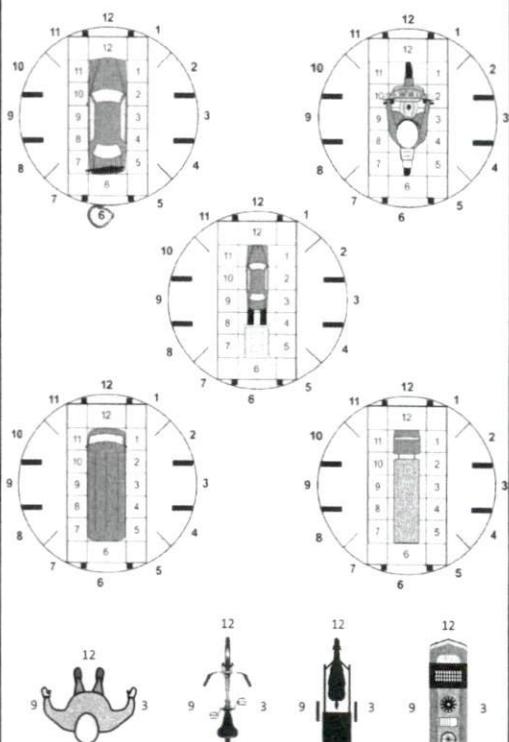
1 <u>2 0</u>	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT
	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	17 - ANIMAL - FARM	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE	
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	18 - ANIMAL - DEER	24 - OTHER MOVABLE OBJECT	
2 <u>1</u>	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	19 - ANIMAL - OTHER		
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	20 - MOTOR VEHICLE IN TRANSPORT		
3 <u>1</u>			21 - PEDESTRIAN		
			22 - 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 - FENCE
	28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL	40 - SUPPORT	46 - FENCE	53 - TUNNEL
6 <u>1</u>	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	48 - TREE	49 - FIRE HYDRANT	99 - OTHER / UNKNOWN
1	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT		

LOCAL REPORT NUMBER  
2 2 0 0 8 3 5 0

DAMAGE  
DAMAGE SCALE  
3 - 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  
1 - REFER TO UNIT DIAGRAM  
12 - 1 - 2 - 15 - VEHICLE NOT AT SCENE  
13 - TOP  
99 - UNKNOWN

TRAFFIC  
TRAFFIC WAY FLOW  
1 - ONE-WAY  
2 - TWO-WAY  
2  
# OF THROUGH LANES ON ROAD  
3  
RAIL GRADE CROSSING  
1 - NOT INVOLVED  
2 - INVOLVED-ACTIVE CROSSING  
3 - INVOLVED-PASSIVE CROSSING

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

UNIT SPEED  
0  
DETECTED SPEED  
1 - STATED / ESTIMATED SPEED  
2 - CALCULATED / EDR  
3 - UNDETERMINED  
POSTED SPEED  
3 5



# MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST										LOCAL REPORT NUMBER				
										2 2 0 0 8 3 5 0			DATE OF BIRTH	
UNIT #	NAME: LAST, FIRST, MIDDLE													
0 1	Benson, Larry													
ADDRESS: STREET, CITY, STATE, ZIP														
6239 Spring Lake Dr. Fairfield Township, Ohio 45011														
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
5						0 4	<input type="checkbox"/>		0 1	1	1	1		
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER					
O H				333.03A		<input checked="" type="checkbox"/>	ACDA		250262					
OL 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	1	1	1	1	1	SELECT UP TO 4		
UNIT # NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH		AGE	GENDER	
0 2	Lee, Jonathan										1 0 2 6 1 9 8 3	3 8	M	
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE				
12158 Hitchcock Dr. Cincinnati, Ohio 45240														
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
5						0 4	<input type="checkbox"/>		0 1	1	1	1		
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER					
O H						<input type="checkbox"/>								
OL 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	1	1	1	1	1	SELECT UP TO 4		
UNIT #	NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH		AGE	GENDER
											1 0	0	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	DOT-COMPLIANT MC HELMET		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
							<input type="checkbox"/>							
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER					
						<input type="checkbox"/>								
OL 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	1	1	1	1	1	SELECT UP TO 4		
<b>INJURIES</b>	<b>SEATING POSITION</b>		<b>AIR BAG</b>		<b>OL CLASS</b>	<b>OL RESTRICTIONS</b>		<b>DRIVER DISTRACTION</b>		<b>TEST STATUS</b>				
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		3-TEST GIVEN, RESULTS UNKNOWN				
4-Possible INJURY	4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4-DEPLOYED BOTH FRONT / SIDE		4-REGULAR CLASS (OHIO = D)	4-FARM WAIVER		4-TALKING ON HAND-HELD COMMUNICATION DEVICE		4-TEST GIVEN, RESULTS UNKNOWN				
5-NO APPARENT INJURY	5-SECOND - MIDDLE		5-NOT APPLICABLE		5-M/C MOPED ONLY	5-EXCEPT CLASS A BUS		5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		5-TEST GIVEN, RESULTS UNKNOWN				
	6-SECOND - RIGHT SIDE		6-DEPLOYED		6-NO VALID OL	6-EXCEPT CLASS A & CLASS B BUS		6-PASSENGER		6-BLOOD				
	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		7-DEPLOYED		7-EXCEPT TRACTOR-TRAILER	7-OTHER DISTRACTION INSIDE THE VEHICLE		7-OTHER DISTRACTION OUTSIDE THE VEHICLE		7-URINE				
	8-THIRD - MIDDLE		8-DEPLOYED		8-INTERMEDIATE LICENSE RESTRICTIONS	8-OTHER / UNKNOWN		8-MILITARY VEHICLES ONLY		8-BREATH				
	9-THIRD - RIGHT SIDE		9-DEPLOYED		9-LEARNER'S PERMIT RESTRICTIONS	9-OUTSIDE MIRROR		9-MOTOR VEHICLES WITHOUT AIR BRAKES		9-OTHER				
	10-SLEEPER SECTION OF TRUCK CAB		10-DEPLOYED		10-LIMITED TO DAYLIGHT ONLY	10-PROSTHETIC AID		10-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		10-DRUG TEST TYPE				
	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		11-DEPLOYED		11-LIMITED TO EMPLOYMENT	11-OTHER		11-ILLNESS		11-DRUG TEST TYPE				
	12-PASSENGER IN UNENCLOSED CARGO AREA		12-DEPLOYED		12-LIMITED - OTHER	12-FELL ASLEEP, FAINTED, FATIGUED, ETC.		12-FELL ASLEEP, FAINTED, FATIGUED, ETC.		12-CONDITION				
	13-TRAILING UNIT		13-DEPLOYED		13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13-OTHER		13-OTHER / UNKNOWN		13-DRUG TEST RESULT(S)				
	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		14-DEPLOYED		14-MILITARY VEHICLES ONLY	14-OTHER		14-OTHER / UNKNOWN		14-DRUG TEST RESULT(S)				
	15-NON-MOTORIST		15-DEPLOYED		15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-OTHER		15-OTHER / UNKNOWN		15-DRUG TEST RESULT(S)				
	99-OTHER / UNKNOWN		99-DEPLOYED		16-OUTSIDE MIRROR	16-OTHER		16-OTHER / UNKNOWN		16-DRUG TEST RESULT(S)				
	11-LIGHTING - PEDESTRIAN / BICYCLE ONLY		11-DEPLOYED		17-PROSTHETIC AID	17-OTHER		17-OTHER / UNKNOWN		17-DRUG TEST RESULT(S)				
	99-OTHER / UNKNOWN		99-DEPLOYED		18-OTHER	18-OTHER		18-OTHER / UNKNOWN		18-DRUG TEST RESULT(S)				



## OCCUPANT / WITNESS APPENDUM

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 1 Benson, Pamela				DATE OF BIRTH 0 9 2 0 1 9 6 0	AGE 61	GENDER F	
	ADDRESS: STREET, CITY, STATE, ZIP 6239 Spring Lake Dr. Fairfield Township, Ohio 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 # 2	NAME: LAST, FIRST, MIDDLE Lee, Christina				DATE OF BIRTH 1 0 1 0 2 0 1 7	AGE 4	GENDER F		
ADDRESS: STREET, CITY, STATE, ZIP 12158 Hitchcock Dr. Cincinnati, Ohio 45240				CONTACT PHONE - INCLUDE AREA CODE					
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 6	AIR BAG USAGE 0 1	EJECTION 1	TRAPPED 1
UNIT # 2	NAME: LAST, FIRST, MIDDLE Lee, Jonny				DATE OF BIRTH 0 3 1 0 2 0 1 3	AGE 8	GENDER M		
ADDRESS: STREET, CITY, STATE, ZIP 12158 Hitchcock Dr. Cincinnati, Ohio 45240				CONTACT PHONE - INCLUDE AREA CODE					
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 5	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	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	9 - DEPLOYMENT UNKNOWN						
1 - NOT TRANSPORTED /TREATED AT SCENE		7 - BOOSTER SEAT	EJECTION						
2 - EMS		8 - HELMET USED	1 - NOT EJECTED						
3 - POLICE		9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	2 - PARTIALLY EJECTED						
9 - OTHER / UNKNOWN		10 - REFLECTIVE CLOTHING	3 - TOTALLY EJECTED						
GENDER		11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY	4 - NOT APPLICABLE						
F - FEMALE		99 - OTHER / UNKNOWN	TRAPPED						
M - MALE			1 - NOT TRAPPED						
U - OTHER / UNKNOWN			2 - EXTRICATED BY MECHANICAL MEANS						
			3 - FREED BY NON-MECHANICAL MEANS						
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			
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LOCAL  
REPORT  
NUMBER

22-008350

REPORTING  
AGENCY

FAIRFIELD P.D. 00901

DATE OF ACCIDENT

M 02 10 05 22

IN COUNTY OF

BUTLER

ACCIDENT  
LOCATION

SOUTH GILMORE RD AT RESOR RD

