



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

| | | | | | | | | | | | | |
|--|--|--|--------------------------------|--|--|--|-----------------|---|------------------------------|---|--|---------|
| <input checked="" type="checkbox"/> PHOTOS TAKEN | | <input type="checkbox"/> OH-2 | <input type="checkbox"/> OH-3 | LOCAL INFORMATION | | LOCAL REPORT NUMBER* | | | | | | |
| <input type="checkbox"/> SECONDARY CRASH | | <input type="checkbox"/> OH-1P | <input type="checkbox"/> OTHER | REPORTING AGENCY NAME* | | NCIC* | 2 2 0 1 0 1 4 7 | | | | | |
| | | | | Fairfield Police Department | | 0 0 9 0 1 | HIT/SKIP | NUMBER OF UNITS | | | | |
| | | | | | | | 1 - SOLVED | 0 1 | | | | |
| | | | | | | | 2 - UNSOLVED | | | | | |
| COUNTY* | | LOCALITY* | | LOCATION: CITY, VILLAGE, TOWNSHIP* | | CRASH DATE / TIME* | | | | | | |
| 0 9 | | 1 - CITY 2 - VILLAGE 3 - TOWNSHIP | | City of Fairfield | | 0 2 1 1 2 0 2 2 1 9 1 5 | | | | | | |
| ROUTE TYPE | | ROUTE NUMBER | | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | | LOCATION ROAD NAME | | ROAD TYPE | CRASH SEVERITY | | | |
| | | | | | | SIR LANCELOT | | L N | 1 - FATAL | | | |
| ROUTE TYPE | | ROUTE NUMBER | | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | | ROAD TYPE | 2 - SERIOUS INJURY SUSPECTED | | | |
| | | | | | | WESTMINSTER | | D R | 3 - MINOR INJURY SUSPECTED | | | |
| REFERENCE POINT | | DIRECTION FROM REFERENCE | | ROUTE TYPE | | ROAD TYPE | | 4 - INJURY POSSIBLE | | | | |
| 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 | | 5 - PROPERTY DAMAGE ONLY | | | | |
| DISTANCE FROM REFERENCE | | DISTANCE UNIT OF MEASURE | | | | HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE | | | | | | |
| 1 - MILES 2 - FEET 3 - YARDS | | | | | | RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY | | | | | | |
| LOCATION OF FIRST HARMFUL EVENT | | | | MANNER OF CRASH COLLISION/IMPACT | | | | DIRECTION OF TRAVEL | | MEDIAN TYPE | | |
| 0 6 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 | | | | 1 - NOT COLLISION 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN TRANSPORT 4 - REAR-END 5 - HEAD-ON 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN | | | | 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 | | |
| 0 4 1 - WORK ZONE RELATED 2 - WORKERS PRESENT 3 - LAW ENFORCEMENT PRESENT 4 - 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 2 - ADVANCE WARNING SIGN 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA | | CONTOUR | CONDITIONS | SURFACE |
| | | | | | | | | 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN | | 1 | 2 | 2 |
| 4 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 | | 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 | | | | | | | | | | | | |
| <p>On February 11 at approximately 7:15 PM, Unit 1 was traveling southbound on Sir Lancelot Lane approaching Westminster Drive. Unit 1 then initiated a left turn onto Westminster Drive. Wet weather conditions caused Unit 1 to run off the road to the left, and strike a stop sign.</p> <p>Owner of the stop sign: City of Fairfield 5350 Pleasant Ave. Fairfield, OH 45014</p> <p>Sir Lancelot Dr.</p> <p>Westminster Dr.</p> <p>Not to Scale</p> | | | | | | | | | | | | |
| CRASH REPORTED DATE / TIME | | DISPATCH DATE / TIME | | ARRIVAL DATE / TIME | | SCENE CLEARED DATE / TIME | | REPORT TAKEN BY | | | | |
| 0 2 1 1 2 0 2 2 1 9 4 5 | | 0 2 1 1 2 0 2 2 1 9 4 8 | | 0 2 1 1 2 0 2 2 1 9 5 5 | | 0 2 1 1 2 0 2 2 2 0 0 6 | | <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO JOPS) | | | | |
| TOTAL TIME ROADWAY CLOSED | | OTHER INVESTIGATION TIME | | TOTAL MINUTES | | OFFICER'S NAME* | | CHECKED BY OFFICER'S NAME* | | | | |
| | | | | | | A. ROUSH | | Sgt. G. Randall | | | | |
| | | | | | | OFFICER'S BADGE NUMBER* | | CHECKED BY OFFICER'S BADGE NUMBER* | | | | |
| | | | | | | 1 7 0 | | 6 1 8 | | | | |

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 |
| O H | 683YWX | 5FNR15H62EB071911 | 2014 |
| <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY | INSURANCE POLICY # | VEHICLE MAKE |
| | SAFECO | K1782463 | HONDA |
| 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 |
| | | 0 1 | 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. |
| 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 UNITTRUCK 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 | | | |
| # OF TRAILING UNITS | | | |
| 0 2 | | | |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? | | | |
| 0 2 | | | |
| 1 - YES 2 - NO 9 - OTHER / UNKNOWN | | | |
| AUTONOMOUS MODE LEVEL | | | |
| 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN | | | |
| 0 1 | | | |
| 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 21 - MAIL CARRIER 99 - OTHER / UNKNOWN | | | |
| 0 1 | | | |
| 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS | | | |
| 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - CARGO VAN/ENCLOSED BOX 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 | | | |
| 0 1 | | | |
| 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 | | | |
| 0 1 | | | |
| 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK | | | |
| 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED 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 | | | |
| 0 3 | | | |
| 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN | | | |
| 0 6 | | | |
| 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 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - OPENING DOOR INTO ROADWAY 24 - OTHER IMPROPER ACTION 18 - LYING IN ROADWAY 19 - NOT DISCERNIBLE 20 - LOAD SHIFTING/FALLING/SPILLING 99 - OTHER IMPROPER ACTION | | | |
| 0 3 | | | |
| 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 - WORK ZONE MAINTENANCE EQUIPMENT 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT 25 - WORK ZONE MAINTENANCE EQUIPMENT 26 - WORK ZONE MAINTENANCE EQUIPMENT 27 - WORK ZONE MAINTENANCE EQUIPMENT 28 - WORK ZONE MAINTENANCE EQUIPMENT 29 - WORK ZONE MAINTENANCE EQUIPMENT 30 - WORK ZONE MAINTENANCE EQUIPMENT | | | |
| 0 3 | | | |
| SEQUENCE OF EVENTS | | | |
| 0 9 | | | |
| 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 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT 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 | | | |
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| 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE | | | |
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| 37 - GUARDRAIL SUPPORT 38 - OVERHEAD GUARDRAIL 39 - UTILITY POLE 40 - OTHER POST, POLE OR SUPPORT 41 - CULVERT 42 - CURB 43 - DITCH 44 - EMBANKMENT 45 - FENCE 46 - MAILBOX 47 - TREE 48 - FIRE HYDRANT | | | |
| 0 22 | | | |
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| 0 24 | | | |
| 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE | | | |
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| 0 25 | | | |
| 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE | | | |
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| 0 26 | | | |
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| 0 33 | | | |



MOTORIST / Non-MOTORIST

| MOTORIST / NON-MOTORIST | LOCAL REPORT NUMBER | | | | | | | | | | | |
|--|--|--|--------------------------------|---|--|---|--|--|--|-----------------------------------|--------------------------|---------|
| | UNIT # | NAME: LAST, FIRST, MIDDLE | | | DATE OF BIRTH | | | AGE | GENDER | | | |
| 0 1 | CONES, MARILYN ANN | | | 0 8 1 0 1 9 3 6 | | | 8 5 | F | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 5541 NOTTINGHAM PL, 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 | DOT-COMPLIANT MC HELMET | | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| DL STATE O H | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | CITATION NUMBER | | | |
| DL 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 1 TYPE 1 VALUE . | DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4 | | | |
| 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 | 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 1 TYPE 1 VALUE . | DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4 | | | |
| 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 | 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 1 TYPE 1 VALUE . | DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4 | | | |
| INJURIES | SEATING POSITION | | AIR BAG | | DL CLASS | DL 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 | | 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 - MIC MOPED ONLY | 5 - EXCEPT CLASS A BUS | | 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE | | 5 - TEST GIVEN, RESULTS UNKNOWN | | |
| INJURED TAKEN BY | | 6 - SECOND - RIGHT SIDE | | 6 - DEPLOYMENT UNKNOWN | | 6 - NO VALID DL | 6 - EXCEPT CLASS A & CLASS B BUS | | 6 - PASSENGER | | 6 - BLOOD | |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | | 7 - NOT EJECTED | | H - HAZMAT | 7 - EXCEPT TRACTOR-TRAILER | | 7 - OTHER DISTRACTION INSIDE THE VEHICLE | | 7 - URINE | |
| 2 - EMS | | 8 - THIRD - MIDDLE | | 8 - PARTIALLY EJECTED | | M - MOTORCYCLE | 8 - INTERMEDIATE LICENSE RESTRICTIONS | | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE | | 8 - BREATH | |
| 3 - POLICE | | 9 - THIRD - RIGHT SIDE | | 9 - TOTALLY EJECTED | | P - PASSENGER | 9 - LEARNER'S PERMIT RESTRICTIONS | | 9 - OTHER / UNKNOWN | | 9 - OTHER | |
| 9 - OTHER / UNKNOWN | | 10 - SLEEPER SECTION OF TRUCK CAB | | 10 - NOT APPLICABLE | | N - TANKER | 10 - LIMITED TO DAYLIGHT ONLY | | 10 - APPARENTLY NORMAL | | 10 - DRUG TEST TYPE | |
| SAFETY EQUIPMENT | | | | | | | | | | | | |
| 1 - NONE USED | | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | | 1 - NOT TRAPPED | | R - THREE-WHEEL MOTORCYCLE | 11 - LIMITED TO EMPLOYMENT | | 11 - PHYSICAL IMPAIRMENT | | 11 - DRUG TEST TYPE | |
| 2 - SHOULDER BELT ONLY USED | | 12 - PASSENGER IN UNENCLOSED CARGO AREA | | 2 - EXTRICATED BY MECHANICAL MEANS | | S - SCHOOL BUS | 12 - LIMITED - OTHER | | 12 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) | | 12 - CONDITION | |
| 3 - LAP BELT ONLY USED | | 13 - TRAILING UNIT | | 3 - FREED BY NON-MECHANICAL MEANS | | T - DOUBLE & TRIPLE TRAILERS | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | | 13 - ILLNESS | | 13 - DRUG TEST RESULT(S) | |
| 4 - SHOULDER & LAP BELT USED | | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | | F - FEMALE | | X - TANKER / HAZMAT | 14 - MILITARY VEHICLES ONLY | | 14 - FELL ASLEEP, FAINTED, FATIGUED, ETC. | | 14 - DRUG TEST RESULT(S) | |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | | 15 - NON-MOTORIST | | M - MALE | | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES | | 15 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL | | 15 - DRUG TEST RESULT(S) | | |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING | | 99 - OTHER / UNKNOWN | | U - OTHER / UNKNOWN | | 16 - OUTSIDE MIRROR | | 16 - OTHER / UNKNOWN | | 16 - DRUG TEST RESULT(S) | | |
| 7 - BOOSTER SEAT | | | | | | 17 - PROSTHETIC AID | | 17 - OTHER | | 17 - DRUG TEST RESULT(S) | | |
| 8 - HELMET USED | | | | | | 18 - OTHER | | 18 - OTHER | | 18 - DRUG TEST RESULT(S) | | |
| 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | | | | | | | | | | | |
| 10 - REFLECTIVE CLOTHING | | | | | | | | | | | | |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | | | | | | | | | | | | |
| 99 - OTHER / UNKNOWN | | | | | | | | | | | | |