

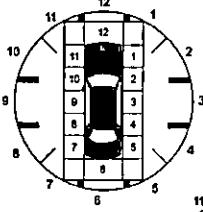
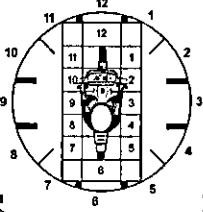
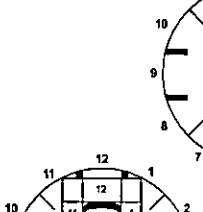
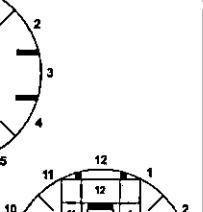
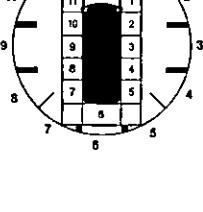
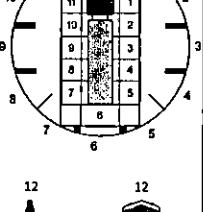
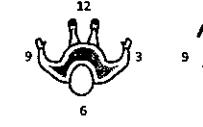
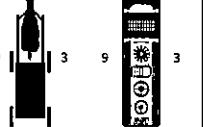


## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL REPORT NUMBER*							
				2 2 0 1 0 2 7 9							
<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		LOCAL INFORMATION		REPORTING AGENCY NAME*		NCIC*	HIT/SKIP				
				Fairfield Police Department		0,0,9,0,1	1-SOLVED	NUMBER OF UNITS			
							2-UNSOLVED	0 2			
COUNTY*		LOCALITY*		LOCATION: CITY, VILLAGE, TOWNSHIP*				CRASH DATE / TIME*			
0 9		1-CITY 2-VILLAGE 3-TOWNSHIP		City of Fairfield				0,2,1,2,2,0,2,2,1,0,5,0			
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX	1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES		CRASH SEVERITY		
					Nilles	R d	3,9,3,3,7,7,4,8				
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		5 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY		
	U S	1,2,7					-8,4,5,6,0,7,2,0				
REFERENCE POINT		DIRECTION FROM REFERENCE		ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED					
1	1-INTERSECTION 2-MILE POST 3-HOUSE #	4	1-NORTH 2-SOUTH 3-EAST 4-WEST	IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE	AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	HW - HIGHWAY LA - LANE, MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA      NUMBER OF APPROACHES			
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE		ROUTE TYPE	ROADWAY						
1	0 0 0	2	1-MILES 2-FEET 3-YARDS	CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	<input type="checkbox"/> ROADWAY DIVIDED						
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT				DIRECTION OF TRAVEL		MEDIAN TYPE	
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	6	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	1-NORTH 2-SOUTH 3-EAST 4-WEST		1 2 3 4		1-DIVIDED FLUSH MEDIAN (<4 FEET) 2-DIVIDED FLUSH MEDIAN (≥4 FEET) 3-DIVIDED, DEPRESSED MEDIAN 4-DIVIDED, RAISED MEDIAN (ANY TYPE) 9- OTHER/UNKNOWN	
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE				CONTOUR		CONDITIONS	
		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 2 3 4 9		1 2 3 4 5 6 7 8 9	
LIGHT CONDITION				WEATHER				SURFACE			
1	1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER/ UNKNOWN	0,2	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 2 3 4 5 6 7 8 9		1- CONCRETE 2- BLACKTOP, BITUMINOUS, ASPHALT 3- BRICK/BLOCK 4- SLAG, GRAVEL, STONE 5- DIRT 9- OTHER/UNKNOWN		
NARRATIVE											
On February 12, 2022 at about 10:50 A.M. Unit #1 was traveling east on Nilles Road at approximately 5 m.p.h. and attempted to change to the left turn lane of traffic in order to travel north on U.S. 127 and in so doing collided with Unit #2 which was traveling east at approximately 5 m.p.h. on Nilles Road in the left through lane.											
CRASH REPORTED DATE / TIME				DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY	
0,2,1,2,2,0,2,2,1,0,5,4				0,2,1,2,2,0,2,2,1,0,5,6		0,2,1,2,2,0,2,2,1,1,0,1		0,2,1,2,2,0,2,2,1,1,3,4		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES	OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOS)		
2,0		1,0		4,8	E. Knizner		Sgt. J. Spangler				
					OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*				
					8,3		8,9				

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)	LOCAL REPORT NUMBER <u>2 2 0 1 0 2 7 9</u>
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER)				
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE <u>O, H</u>	LICENSE PLATE # <u>JFM6297</u>	VEHICLE IDENTIFICATION # <u>5NPDH4A1E2G17161398</u>	VEHICLE YEAR <u>2016</u>	VEHICLE MAKE <u>Hyundai</u>
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>Progressive Ins.</u>	INSURANCE POLICY # <u>949264042</u>	COLOR <u>Silver</u>	VEHICLE MODEL <u>Elantra</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		CLASS # <u>1</u> PLACARD ID # <u>1</u>		
UNIT TYPE <u>0,1</u> 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	3 - SPORT UTILITY VEHICLE 10 - MOPED OR MOTORIZED 11 - ALL-TERRAIN VEHICLE (ATV/UTV)	2 - MOTORCYCLE 3-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED 11 - ALL-TERRAIN VEHICLE (ATV/UTV)	12 - COLF 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
# OF TRAILING UNITS <u>0</u>				
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>2</u> 1-YES 2-NO 9-OTHER/UNKNOWN		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION		
SPECIAL FUNCTION <u>0,1</u> 4 - SCHOOL TRANSPORT 5 - BUS-TRANSIT/COMMUTER	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS-TRANSIT/COMMUTER	6 - BUS-CHARTERTOUR 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
CARGO BODY TYPE <u>0,1</u> 2 - BUS	1 - NO CARGO BODY TYPE /NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - CARGO VAN/ENCLOSED BOX 6 - GRAIN/CHIPS/GRAVEL	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	8 - POLE 9 - CARGO TANK 10 - FLATBED 11 - DUMP
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 <u>0,1</u> 2 - INTERSECTION - UNMARKED CROSSWALK	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
ACTION <u>3</u> 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER/UNKNOWN	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - PRE-CRASH 5 - OVERTAKING/PASSING 6 - MAKING RIGHT TURN 7 - BACKING 8 - CHANGING LANES 9 - 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
CONTRIBUTING CIRCUMSTANCES <u>0,1</u> 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	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
SEQUENCE OF EVENTS <u>1,2,0</u> 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - IMPACT ATTENUATOR / CRASH CUSHION 7 - BRIDGE OVERHEAD STRUCTURE 8 - BRIDGE PIER OR ABUTMENT 9 - BRIDGE PARAPET 10 - BRIDGE RAIL 11 - GUARDRAIL FACE	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - IMPACT ATTENUATOR / CRASH CUSHION 7 - BRIDGE OVERHEAD STRUCTURE 8 - BRIDGE PIER OR ABUTMENT 9 - BRIDGE PARAPET 10 - BRIDGE RAIL 11 - GUARDRAIL FACE	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - GUARDRAIL END 12 - PORTABLE BARRIER 13 - MEDIAN CABLE BARRIER 14 - MEDIAN GUARDRAIL BARRIER 15 - MEDIAN OTHER BARRIER	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
NON-COLLISION				
COLLISION WITH FIXED OBJECT - STRUCK <u>4,5,6</u> 1 - OTHER POST, POLE OR SUPPORT 2 - GUARDRAIL SUPPORT 3 - PORTABLE BARRIER 4 - MEDIAN GUARDRAIL SUPPORT 5 - MEDIAN CONCRETE BARRIER 6 - MEDIAN OTHER BARRIER				
COLLISION WITH FIXED OBJECT - STRUCK <u>1</u> 1 - FIRST HARMFUL EVENT 1 - MOST HARMFUL EVENT				

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

LOCAL REPORT NUMBER

2 2 0 1 0 2 7 9

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )	OWNER PHONE: INCLUDE AREA CODE. ( <input type="checkbox"/> SAME AS DRIVER )
	0 2	Weinberg, Melinda	5 1 3 3 1 0 1 7 3 1 1 5
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input 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	GBF1424	5 G T D N 1 3 6 1 6 8 1 1 1 4 5 8	2 0 0 6
INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR
	Allstate Insurance	826037286	Black
			VEHICLE MODEL
			Hummer H3
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.
UNIT TYPE	HAZARDOUS MATERIAL		
0 3		<input type="checkbox"/> RELEASED	MATERIAL CLASS # PLACARD ID #
4		<input type="checkbox"/> PLACARD	
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# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER											
2 2 0 1 0 2 7 9											
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER	
	0 1	Acharya, Puspa Devi					0 6 0 2 2 0 0 0		2 1	F	
ADDRESS: STREET, CITY, STATE, ZIP 5943 Fairdale Drive Fairfield, Ohio											
INJURIES INJURED TAKEN BY EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED											
5 _____ 0 4 <input type="checkbox"/> DOT-COMPLIANT MC HELMET <input type="checkbox"/> SEATING POSITION 0 1 <input type="checkbox"/> AIR BAG USAGE 1 <input type="checkbox"/> EJECTION 1 <input type="checkbox"/> TRAPPED 1											
OL STATE OPERATOR LICENSE NUMBER OFFENSE CHARGED LOCAL CODE											
O H 331.08A1 <input checked="" type="checkbox"/> OFFENSE DESCRIPTION Driving/Marked Lanes CITATION NUMBER 249833											
OL CLASS ENDORSEMENT SELECT UP TO 2 RESTRICTION SELECT UP TO 3 DRIVER DISTRACTED BY ALCOHOL / DRUG SUSPECTED CONDITION											
4 _____ 1 <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG <input type="checkbox"/> ALCOHOL TEST STATUS 1 <input type="checkbox"/> TYPE 1 <input type="checkbox"/> VALUE 1 <input type="checkbox"/> DRUG TEST(S) STATUS 1 <input type="checkbox"/> TYPE 1 <input type="checkbox"/> RESULT SELECT UP TO 4											
UNIT # NAME: LAST, FIRST, MIDDLE DATE OF BIRTH AGE GENDER											
0 2 Weinberg, Brandon Christopher 0 8 0 6 2 0 0 2 1 9 M											
ADDRESS: STREET, CITY, STATE, ZIP 4408 Muskopf Drive Fairfield, Ohio 45014											
INJURIES INJURED TAKEN BY EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED											
5 _____ 0 4 <input type="checkbox"/> DOT-COMPLIANT MC HELMET <input type="checkbox"/> SEATING POSITION 0 1 <input type="checkbox"/> AIR BAG USAGE 1 <input type="checkbox"/> EJECTION 1 <input type="checkbox"/> TRAPPED 1											
OL STATE OPERATOR LICENSE NUMBER OFFENSE CHARGED LOCAL CODE											
O H <input type="checkbox"/> OFFENSE DESCRIPTION CITATION NUMBER											
OL CLASS ENDORSEMENT SELECT UP TO 2 RESTRICTION SELECT UP TO 3 DRIVER DISTRACTED BY ALCOHOL / DRUG SUSPECTED CONDITION											
4 _____ 1 <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG <input type="checkbox"/> ALCOHOL TEST STATUS 1 <input type="checkbox"/> TYPE 1 <input type="checkbox"/> VALUE 1 <input type="checkbox"/> DRUG TEST(S) STATUS 1 <input type="checkbox"/> TYPE 1 <input type="checkbox"/> RESULT SELECT UP TO 4											
UNIT # NAME: LAST, FIRST, MIDDLE DATE OF BIRTH AGE GENDER											
0 _____ 0											
ADDRESS: STREET, CITY, STATE, ZIP											
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											
OL CLASS ENDORSEMENT SELECT UP TO 2 RESTRICTION SELECT UP TO 3 DRIVER DISTRACTED BY ALCOHOL / DRUG SUSPECTED CONDITION											
INJURIES SEATING POSITION AIR BAG OL CLASS OL RESTRICTION(S) DRIVER DISTRACTION TEST STATUS											
1-FATAL 1-FRONT-LEFT SIDE 1-NOT DEPLOYED 1-CLASS A 1-ALCOHOL INTERLOCK DEVICE 1-NOT DISTRACTED 1-NONE GIVEN											
2-SUSPECTED SERIOUS INJURY (MOTORCYCLE DRIVER) 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 2-FRONT-MIDDLE 3-DEPLOYED SIDE 3-CLASS C 3-CORRECTIVE LENSES 3-TEST GIVEN, CONTAMINATED SAMPLE /UNUSABLE											
4-POSSIBLE INJURY 3-FRONT-RIGHT SIDE 4-DEPLOYED BOTH FRONT / SIDE 4-REGULAR CLASS (OHIO = D) 4-FARM WAIVER 4-TEST GIVEN, RESULTS KNOWN											
5-NO APPARENT INJURY 4-SECOND-LEFT SIDE 5-NOT APPLICABLE 5-EXCEPT CLASS A BUS 5-TALKING ON HANDS-FREE COMMUNICATION DEVICE 5-TEST GIVEN, RESULTS UNKNOWN											
5-SECOND-MIDDLE 5-SECOND-MIDDLE 9-DEPLOYMENT UNKNOWN 5-M/C MOPED ONLY 6-EXCEPT CLASS A & CLASS B BUS 6-PASSSENGER											
6-SECOND-RIGHT SIDE 6-SECOND-RIGHT SIDE 6-NO VALID OL 7-EXCEPT TRACTOR-TRAILER 7-EXCEPT TRACTOR-TRAILER 7-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 1-NONE											
7-THIRD-LEFT SIDE (MOTORCYCLE SIDE CAR) 7-THIRD-MIDDLE 1-NOT EJECTED 8-INTERMEDIATE LICENSE RESTRICTIONS 8-INTERMEDIATE LICENSE RESTRICTIONS 8-BLOOD											
8-THIRD-MIDDLE 8-THIRD-RIGHT SIDE 2-PARTIALLY EJECTED 9-LEARNER'S PERMIT RESTRICTIONS 9-LEARNER'S PERMIT RESTRICTIONS 9-URINE											
9-THIRD-RIGHT SIDE 10-SLEEPER SECTION OF TRUCK CAB 3-TOTALLY EJECTED 10-LIMITED TO DAYLIGHT ONLY 10-LIMITED TO DAYLIGHT ONLY 10-BREATH											
10-SLEEPER SECTION OF TRUCK CAB 11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 4-NOT APPLICABLE 11-LIMITED TO EMPLOYMENT 11-LIMITED TO EMPLOYMENT 11-OTHER											
11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12-PASSENGER IN UNENCLOSED CARGO AREA 1-NOT TRAPPED 12-LIMITED - OTHER 12-LIMITED - OTHER 12-BLOOD											
12-PASSENGER IN UNENCLOSED CARGO AREA 13-TRAILING UNIT 2-EXTRICATED BY MECHANICAL MEANS 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 13-URINE											
13-TRAILING UNIT 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 3-FREED BY NON-MECHANICAL MEANS 14-MILITARY VEHICLES ONLY 14-MILITARY VEHICLES ONLY 14-OTHER											
14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15-NON-MOTORIST 15-MOTOR VEHICLES WITHOUT AIR BRAKES 15-MOTOR VEHICLES WITHOUT AIR BRAKES 15-COCAIN											
15-NON-MOTORIST 99-OTHER / UNKNOWN 16-OUTSIDE MIRROR 16-OUTSIDE MIRROR 16-BARBITURATES											
99-OTHER / UNKNOWN 17-PROSTHETIC AID 17-PROSTHETIC AID 17-BENZODIAZEPINES											
18-OTHER 18-OTHER 18-OTHER 18-CANNABINOID											
18-OTHER 9-OTHER / UNKNOWN 19-OTHER / UNKNOWN 19-OTHER / UNKNOWN 19-COCAIN											
19-OTHER / UNKNOWN 20-OTHER / UNKNOWN 20-OTHER / UNKNOWN 20-OPIATES / OPIOIDS											
20-OTHER / UNKNOWN 21-OTHER / UNKNOWN 21-OTHER / UNKNOWN 21-NEGATIVE RESULTS											
INJURED TAKEN BY EJECTION OL ENDORSEMENT											
1-NOT EJECTED H-HAZMAT 1-NOT EJECTED H-HAZMAT 1-NONE											
2-PARTIALLY EJECTED M-MOTORCYCLE 2-PARTIALLY EJECTED M-MOTORCYCLE 2-BLOOD											
3-TOTALLY EJECTED P-PASSENGER 3-TOTALLY EJECTED P-PASSENGER 3-URINE											
4-NOT APPLICABLE N-TANKER 4-NOT APPLICABLE N-TANKER 4-BREATH											
5-OTHER / UNKNOWN Q-MOTOR SCOOTER 5-OTHER / UNKNOWN Q-MOTOR SCOOTER 5-OTHER											
6-PASSSENGER R-THREE-WHEEL MOTORCYCLE 6-PASSSENGER R-THREE-WHEEL MOTORCYCLE											
7-OTHER DISTRACTION S-SCHOOL BUS 7-OTHER DISTRACTION S-SCHOOL BUS											
8-OTHER DISTRACTION T-DOUBLE & TRIPLE TRAILERS 8-OTHER DISTRACTION T-DOUBLE & TRIPLE TRAILERS											
9-OTHER / UNKNOWN X-TANKER / HAZMAT 9-OTHER / UNKNOWN X-TANKER / HAZMAT											
GENDER											
F-FEMALE 1-FEMALE 1-APPARENTLY NORMAL 1-APPARENTLY NORMAL											
M-MALE 2-MALE 2-PHYSICAL IMPAIRMENT 2-PHYSICAL IMPAIRMENT											
U-OTHER / UNKNOWN 3-OTHER / UNKNOWN 3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)											
DRUG TEST TYPE											
1-NONE 4-ILLNESS 4-ILLNESS 1-AMPHETAMINES											
2-BLOOD 5-FELL ASLEEP, FAINTED, FATIGUED, ETC. 5-FELL ASLEEP, FAINTED, FATIGUED, ETC. 2-BARBITURATES											
3-URINE 6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 3-BENZODIAZEPINES											
4-OTHER 9-OTHER / UNKNOWN 9-OTHER / UNKNOWN 4-CANNABINOID											
5-COCAIN 7-OTHER 7-OTHER 5-COCAIN											
6-OPIATES / OPIOIDS 8-NEGATIVE RESULTS 6-OPIATES / OPIOIDS											
7-OTHER 8-NEGATIVE RESULTS 7-OTHER											



# OCCUPANT / WITNESS ADDENDUM

		LOCAL REPORT NUMBER									
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER				
		1	Achary, Gagan			0 1 3 1 2 0 0 6	16	M			
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE									
5943 Fairdale Drive Fairfield, Ohio 45014											
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 3	0 1	1	1
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER				
	1	Acharya, Devi Charan			0 1 0 1 1 9 6 5	57	M				
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE									
5943 Fairdale Drive Fairfield, Ohio 45014											
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 5	0 1	1	1
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER				
						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
1						<input type="checkbox"/>					
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER				
						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
1 - FATAL						<input type="checkbox"/>					
2 - SUSPECTED SERIOUS INJURY						<input type="checkbox"/>					
3 - SUSPECTED MINOR INJURY						<input type="checkbox"/>					
4 - POSSIBLE INJURY						<input type="checkbox"/>					
5 - NO APPARENT INJURY						<input type="checkbox"/>					
INJURED TAKEN BY			SAFETY EQUIPMENT USED			SEATING POSITION			AIR BAG USAGE		
1 - NOT TRANSPORTED /TREATED AT SCENE			1 - NONE USED - VEHICLE OCCUPANT			1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)			1 - NOT DEPLOYED		
2 - EMS			2 - SHOULDER BELT ONLY USED			2 - FRONT - MIDDLE			2 - DEPLOYED FRONT		
3 - POLICE			3 - LAP BELT ONLY USED			3 - FRONT - RIGHT SIDE			3 - DEPLOYED SIDE		
9 - OTHER / UNKNOWN			4 - SHOULDER & LAP BELT USED			4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)			4 - DEPLOYED BOTH FRONT/SIDE		
GENDER			5 - CHILD RESTRAINT SYSTEM - FORWARD FACING			5 - SECOND - MIDDLE			5 - NOT APPLICABLE		
F - FEMALE			6 - CHILD RESTRAINT SYSTEM - REAR FACING			6 - SECOND - RIGHT SIDE			9 - DEPLOYMENT UNKNOWN		
M - MALE			7 - BOOSTER SEAT			7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			EJECTION		
U - OTHER / UNKNOWN			8 - HELMET USED			8 - THIRD - MIDDLE			1 - NOT EJECTED		
			9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			9 - THIRD - RIGHT SIDE			2 - PARTIALLY EJECTED		
			10 - REFLECTIVE CLOTHING			10 - SLEEPER SECTION OF TRUCK CAB			3 - TOTALLY EJECTED		
			11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY			11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)			4 - NOT APPLICABLE		
			99 - OTHER / UNKNOWN			12 - PASSENGER IN UNENCLOSED CARGO AREA			TRAPPED		
						13 - TRAILING UNIT			1 - NOT TRAPPED		
						14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			2 - EXTRICATED BY MECHANICAL MEANS		
						15 - NON-MOTORIST			3 - FREED BY NON-MECHANICAL MEANS		
						99 - OTHER / UNKNOWN					
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER			
						0					
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE									
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER			
						0					
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE									
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER			
						0					
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE									