

# TRAFFIC CRASH REPORT

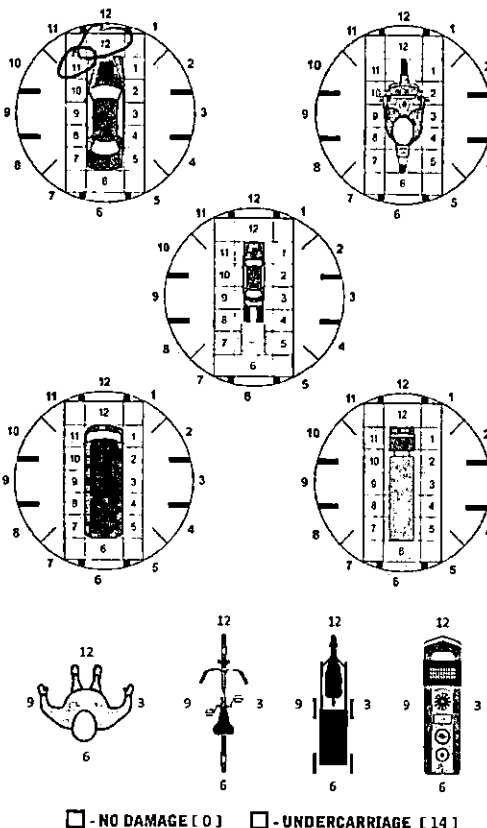
\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH<br><input type="checkbox"/> PRIVATE PROPERTY  |  | LOCAL INFORMATION<br>REPORTING AGENCY NAME*<br>Fairfield Police Department  |  | LOCAL REPORT NUMBER*<br>2, 2, 0, 1, 1, 5, 0, 4   |  |
| COUNTY*<br>0, 9  |  | LOCALITY*<br>1-CITY<br>2-VILLAGE<br>3-TOWNSHIP<br>1   |  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>City of Fairfield  |  |
| ROUTE TYPE<br>ROUTE NUMBER<br>PREFIX 1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST  |  | LOCATION ROAD NAME<br>Whitney   |  | ROAD TYPE<br>L, N  |  |
| ROUTE TYPE<br>ROUTE NUMBER<br>PREFIX 1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST  |  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>2891   |  | ROAD TYPE<br>L, N  |  |
| REFERENCE POINT<br>1-INTERSECTION<br>2-MILE POST<br>3-HOUSE #<br>3   |  | DIRECTION FROM REFERENCE<br>1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST  |  | CRASH DATE / TIME*<br>02162022, 1946   |  |
| DISTANCE FROM REFERENCE<br>1-MILES<br>2- FEET<br>3-YARDS   |  | ROUTE TYPE<br>IR - INTERSTATE ROUTE(TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE  |  | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY |  |
| LOCATION OF FIRST HARMFUL EVENT<br>1-ON ROADWAY<br>2-ON SHOULDER<br>3-IN MEDIAN<br>4-ON ROADSIDE<br>5-ON GORE<br>6-OUTSIDE TRAFFIC WAY<br>7-ON RAMP<br>8-OFF RAMP  |  | MANNER OF CRASH COLLISION/IMPACT<br>1-NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2-REAR-END<br>3-HEAD-ON<br>4-REAR-TO-REAR<br>5-BACKING<br>6-ANGLE<br>7-SIDESWIPE, SAME DIRECTION<br>8-SIDESWIPE, OPPOSITE DIRECTION<br>9-OTHER / UNKNOWN |  | DIRECTION OF TRAVEL<br>1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST  |  |
| WORK ZONE RELATED<br>WORKERS PRESENT<br>LAW ENFORCEMENT PRESENT<br>ACTIVE SCHOOL ZONE  |  | WORK ZONE TYPE<br>1-LANE CLOSURE<br>2-LANE SHIFT/CROSSOVER<br>3-WORK ON SHOULDER OR MEDIAN<br>4-INTERMITTENT OR MOVING WORK<br>5-OTHER  |  | LOCATION OF CRASH IN WORK ZONE<br>1-BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2-ADVANCE WARNING AREA<br>3-TRANSITION AREA<br>4-ACTIVITY AREA<br>5-TERMINATION AREA  |  |
| LIGHT CONDITION<br>1-DAYLIGHT<br>2-DAWN/DUSK<br>3-DARK - LIGHTED ROADWAY<br>4-DARK - ROADWAY NOT LIGHTED<br>5-DARK - UNKNOWN ROADWAY LIGHTING<br>9-OTHER / UNKNOWN   |  | WEATHER<br>1-CLEAR<br>2-CLOUDY<br>3-FOG, SMOG, SMOKE<br>4-RAIN<br>5-SLEET, HAIL<br>6-SNOW<br>7-SEVERE CROSSWINDS<br>8-BLOWING SAND, SOIL, DIRT, SNOW<br>9-FREEZING RAIN OR FREEZING DRIZZLE<br>99-OTHER / UNKNOWN                                       |  | CONTOUR<br>1-STRAIGHT LEVEL<br>2-STRAIGHT GRADE<br>3-CURVE LEVEL<br>4-CURVE GRADE<br>9-OTHER/UNKNOWN   |  |
| CONDITIONS<br>1-DRY<br>2-WET<br>3-SNOW<br>4-ICE<br>5-SAND, MUD, DIRT, OIL, GRAVEL<br>6-WATER (STANDING, MOVING)<br>7-SLUSH<br>9-OTHER/UNKNOWN  |  | SURFACE<br>1-CONCRETE<br>2-BLACKTOP, BITUMINOUS, ASPHALT<br>3-BRICK/BLOCK<br>4-SLAG, GRAVEL, STONE<br>5-DIRT<br>9-OTHER/UNKNOWN   |  | MEDIAN TYPE<br>1-DIVIDED FLUSH MEDIAN (<4 FEET)<br>2-DIVIDED FLUSH MEDIAN (≥4 FEET)<br>3-DIVIDED, DEPRESSED MEDIAN<br>4-DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9-OTHER/UNKNOWN   |  |
| NARRATIVE<br>On 2/16/2022 at about 7:46 p.m. Unit 1 was traveling west on Whitney Ln. at about 25 m.p.h. and when at 2891 Whitney Ln. failed to maintain the lane of travel and collided with Unit 2. Unit 2 was parked and did not have a driver. The driver of Unit 1 stated he dropped his glasses and reached down to grab them. |  |   |  |  |  |
| CRASH REPORTED DATE / TIME<br>02162022, 1946   |  |   |  |  |  |
| DISPATCH DATE / TIME<br>02162022, 1949   |  |   |  |  |  |
| ARRIVAL DATE / TIME<br>02162022, 2001  |  |   |  |  |  |
| SCENE CLEARED DATE / TIME<br>02162022, 2036  |  |   |  |  |  |
| REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DPS)  |  |   |  |  |  |
| TOTAL TIME ROADWAY CLOSED<br>0, 0, 0   |  | OTHER INVESTIGATION TIME<br>0, 3, 0   |  | OFFICER'S NAME*<br>D. Gooch  |  |
| TOTAL MINUTES<br>0, 7, 7   |  | OFFICER'S BADGE NUMBER*<br>1, 6, 0  |  | CHECKED BY OFFICER'S NAME*<br>[Signature]  |  |
| TOTAL MINUTES<br>0, 7, 7   |  | OFFICER'S BADGE NUMBER*<br>1, 6, 0  |  | CHECKED BY OFFICER'S BADGE NUMBER*<br>9, 4, 6  |  |

|   |   |   |   |   |                        |
|---|---|---|---|---|------------------------|
| OWNER   | UNIT #<br>01  | OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)<br>Rimal, Nil, K | OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)<br>22011504 |   |                        |
|   | 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<br>OH  | LICENSE PLATE #<br>GHE7982  | VEHICLE IDENTIFICATION #<br>2T3Z1F14D1V8B1W1090547          | VEHICLE YEAR<br>2011  | VEHICLE MAKE<br>Toyota |
|   | INSURANCE VERIFIED<br>X   | INSURANCE COMPANY<br>Geico  | INSURANCE POLICY #<br>4546773971                            | COLOR<br>Black  | VEHICLE MODEL<br>Rav4  |
|   | TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |   | US DOT #  | TOWED BY: COMPANY NAME<br>Marcells  |                        |
|   | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT   |   | #OCCUPANTS<br>01  | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD |                        |
|   | VEHICLE WEIGHT GVWR/GCWR<br>1 - ≤10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS.   |   |   |   |                        |
|   | UNIT TYPE<br>03   |   |   |   |                        |
|   | # OF TRAILING UNITS<br>00   |   |   |   |                        |
|   | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>02   |   |   |   |                        |
|   | SPECIAL FUNCTION<br>01  |   |   |   |                        |
|   | CARGO BODY TYPE<br>01   |   |   |   |                        |
| VEHICLE DEFECTS                                     |   |   |   |   |                        |
| NON-MOTORIST LOCATION AT IMPACT                     |   |   |   |   |                        |
| ACTION<br>03  |   |   |   |   |                        |
| CONTRIBUTING CIRCUMSTANCES<br>99                    |   |   |   |   |                        |
| SEQUENCE OF EVENTS                                  |   |   |   |   |                        |
| FIRST HARMFUL EVENT<br>1                            |   | MOST HARMFUL EVENT<br>1   |   |   |                        |

|  |   |
|--|---|
| LOCAL REPORT NUMBER<br>22011504  |   |
| DAMAGE<br>DAMAGE SCALE<br>1 - NONE 3 - FUNCTIONAL DAMAGE<br>2 - MINOR DAMAGE 4 - DISABLING DAMAGE<br>9 - UNKNOWN<br>4  |   |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY   |   |
|  |   |
| <input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14]<br><input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15]<br><input type="checkbox"/> - UNIT NOT AT SCENE [16] |   |
| INITIAL POINT OF CONTACT<br>0 - NO DAMAGE 14 - UNDERCARRIAGE<br>1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE<br>13 - TOP 99 - UNKNOWN<br>1, 2  |   |
| TRAFFICWAY FLOW<br>1 - ONE-WAY<br>2 - TWO-WAY<br>2   | TRAFFIC CONTROL<br>1 - ROUNDABOUT 4 - STOP SIGN<br>2 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 6 - NO CONTROL, 6 |
| # OF THROUGH LANES ON ROAD<br>2  | RAIL GRADE CROSSING<br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING<br>1 |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 3 TO 4<br>1 - NORTH 5 - NORTHEAST<br>2 - SOUTH 6 - NORTHWEST<br>3 - EAST 7 - SOUTHEAST<br>4 - WEST 8 - SOUTHWEST<br>9 - OTHER / UNKNOWN  |   |
| UNIT SPEED<br>025  | DETECTED SPEED<br>1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED<br>1               |
| POSTED SPEED<br>25   |   |

|         |  |  |   |   |               |
|---------|--|--|---|---|---------------|
| OWNER   | UNIT #   | OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) |   | OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)                             |               |
|         | 012  | Gray, Michael                                    |   |   |               |
| VEHICLE | OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)   |  |   |   |               |
|         | 2890 Whitney Ln, Fairfield, OH, 45014  |  |   |   |               |
| VEHICLE | COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  |  |   | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                 |               |
|         |  |  |   |   |               |
| VEHICLE | LP STATE   | LICENSE PLATE #                                  | VEHICLE IDENTIFICATION #                | VEHICLE YEAR  | VEHICLE MAKE  |
|         | OH   | DZC6222  | 3FAHP107137R157566                      | 2007  | Ford          |
| VEHICLE | INSURANCE VERIFIED   | INSURANCE COMPANY                                | INSURANCE POLICY #                      | COLOR   | VEHICLE MODEL |
|         | <input checked="" type="checkbox"/>  | State Farm                                       | D217475F0635                            | Gray  | Fusion        |
| VEHICLE | TYPE OF USE  |  | US DOT #                                | TOWED BY: COMPANY NAME  |               |
|         | <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |  |   |   |               |
| VEHICLE | INTERLOCK DEVICE EQUIPPED  | HIT/SKIP UNIT                                    | #OCCUPANTS                              | HAZARDOUS MATERIAL  |               |
|         | <input type="checkbox"/>   | <input type="checkbox"/>                         | 00                                      | <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD |               |
| VEHICLE | VEHICLE WEIGHT GVWR/GCWR   |  | HAZARDOUS MATERIAL CLASS # PLACARD ID # |   |               |
|         | 1 - ≤10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS.  |  |   |   |               |
| VEHICLE | UNIT TYPE  |  | UNIT TYPE                               |   |               |
|         | 01   |  | 01                                      |   |               |
| VEHICLE | # OF TRAILING UNITS  |  | # OF TRAILING UNITS                     |   |               |
|         | 00   |  | 00                                      |   |               |
| VEHICLE | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?  |  | AUTONOMOUS MODE LEVEL                   |   |               |
|         | 02   |  | 0                                       |   |               |
| VEHICLE | SPECIAL FUNCTION   |  | SPECIAL FUNCTION                        |   |               |
|         | 01   |  | 01                                      |   |               |
| VEHICLE | CARGO BODY TYPE  |  | CARGO BODY TYPE                         |   |               |
|         | 01   |  | 01                                      |   |               |
| VEHICLE | VEHICLE DEFECTS  |  | VEHICLE DEFECTS                         |   |               |
|         | 01   |  | 01                                      |   |               |
| VEHICLE | NON-MOTORIST LOCATION AT IMPACT  |  | NON-MOTORIST LOCATION AT IMPACT         |   |               |
|         | 04   |  | 04                                      |   |               |
| VEHICLE | ACTION   |  | ACTION                                  |   |               |
|         | 04   |  | 04                                      |   |               |
| VEHICLE | CONTRIBUTING CIRCUMSTANCES   |  | CONTRIBUTING CIRCUMSTANCES              |   |               |
|         | 01   |  | 01                                      |   |               |
| VEHICLE | SEQUENCE OF EVENTS   |  | SEQUENCE OF EVENTS                      |   |               |
|         | 120  |  | 120                                     |   |               |
| VEHICLE | NON-COLLISION  |  | NON-COLLISION                           |   |               |
|         | 01   |  | 01                                      |   |               |
| VEHICLE | COLLISION WITH FIXED OBJECT - STRUCK   |  | COLLISION WITH FIXED OBJECT - STRUCK    |   |               |
|         | 01   |  | 01                                      |   |               |
| VEHICLE | FIRST HARMFUL EVENT  |  | MOST HARMFUL EVENT                      |   |               |
|         | 01   |  | 01                                      |   |               |

|  |                               |
|--|-------------------------------|
| LOCAL REPORT NUMBER  |                               |
| 22011504   |                               |
| DAMAGE   |                               |
| DAMAGE SCALE   |                               |
| 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                                 |                               |
| 99 - UNKNOWN   |                               |
| TRAFFIC  |                               |
| TRAFFICWAY FLOW  | TRAFFIC CONTROL               |
| 1 - ONE-WAY  | 1 - ROUNDABOUT 4 - STOP SIGN  |
| 2 - TWO-WAY  | 2 - SIGNAL 5 - YIELD SIGN     |
|  | 3 - FLASHER 6 - NO CONTROL    |
| # OF THROUGH LANES ON ROAD   | RAIL GRADE CROSSING           |
| 2  | 1 - NOT INVOLVED              |
|  | 2 - INVOLVED-ACTIVE CROSSING  |
|  | 3 - INVOLVED-PASSIVE CROSSING |
| UNIT / NON-MOTORIST DIRECTION  |                               |
| FROM 4 TO 3  |                               |
| 1 - NORTH 5 - NORTHEAST  |                               |
| 2 - SOUTH 6 - NORTHWEST  |                               |
| 3 - EAST 7 - SOUTHEAST   |                               |
| 4 - WEST 8 - SOUTHWEST   |                               |
| 9 - OTHER / UNKNOWN  |                               |
| UNIT SPEED   | DETECTED SPEED                |
| 000  | 1 - STATED / ESTIMATED SPEED  |
|  | 2 - CALCULATED / EDR          |
|  | 3 - UNDETERMINED              |
| POSTED SPEED   |                               |
| 25   |                               |



# MOTORIST / Non-MOTORIST

| LOCAL REPORT NUMBER                         |                            |  |   |                                  |  |                                   |                  |  |          |  |        |  |                       |
|---|----------------------------|--|---|----------------------------------|--|-----------------------------------|------------------|--|----------|--|--------|--|-----------------------|
| UNIT #                                      |                            | NAME: LAST, FIRST, MIDDLE  |   |                                  |  | DATE OF BIRTH                     |                  | AGE  | GENDER   |  |        |  |                       |
| 01  |                            | Rimal, Gopal, Prasad   |   |                                  |  | 08232002                          |                  | 19   | M        |  |        |  |                       |
| ADDRESS: STREET, CITY, STATE, ZIP           |                            |  |   |                                  |  | CONTACT PHONE - INCLUDE AREA CODE |                  |  |          |  |        |  |                       |
| 5853 Flaig Dr., Fairfield, OH, 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   |                            |  |   |                                  | 04   | <input type="checkbox"/>          | 01               | 1  | 1        | 1  |        |  |                       |
| OL STATE                                    | OPERATOR LICENSE NUMBER    |  | OFFENSE CHARGED                                 |                                  | LOCAL CODE   | OFFENSE DESCRIPTION               |                  | CITATION NUMBER  |          |  |        |  |                       |
| OH  |                            |  | 331.34a   |                                  | X  | Failure To Control                |                  | 249871   |          |  |        |  |                       |
| 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   |                            | 03   |   | 7                                | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                   | 1                | STATUS   | TYPE     | VALUE  | STATUS | TYPE   | RESULT SELECT UP TO 4 |
| 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  |        |  |                       |
|   |                            |  |   |                                  |  | <input type="checkbox"/>          |                  |  |          |  |        |  |                       |
| OL STATE                                    | OPERATOR LICENSE NUMBER    |  | OFFENSE CHARGED                                 |                                  | LOCAL CODE   | OFFENSE DESCRIPTION               |                  | CITATION NUMBER  |          |  |        |  |                       |
|   |                            |  |   |                                  |  |                                   |                  |  |          |  |        |  |                       |
| OL CLASS                                    | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3   |   | DRIVER DISTRACTED BY             | ALCOHOL / DRUG SUSPECTED   |                                   | CONDITION        | ALCOHOL TEST   |          | DRUG TEST(S)   |        |  |                       |
|   |                            |  |   |                                  | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                   |                  | STATUS   | TYPE     | VALUE  | STATUS | TYPE   | RESULT SELECT UP TO 4 |
| 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  |        |  |                       |
|   |                            |  |   |                                  |  | <input type="checkbox"/>          |                  |  |          |  |        |  |                       |
| OL STATE                                    | OPERATOR LICENSE NUMBER    |  | OFFENSE CHARGED                                 |                                  | LOCAL CODE   | OFFENSE DESCRIPTION               |                  | CITATION NUMBER  |          |  |        |  |                       |
|   |                            |  |   |                                  |  |                                   |                  |  |          |  |        |  |                       |
| OL CLASS                                    | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3   |   | DRIVER DISTRACTED BY             | ALCOHOL / DRUG SUSPECTED   |                                   | CONDITION        | ALCOHOL TEST   |          | DRUG TEST(S)   |        |  |                       |
|   |                            |  |   |                                  | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                   |                  | STATUS   | TYPE     | VALUE  | STATUS | TYPE   | RESULT SELECT UP TO 4 |
| INJURIES                                    |                            | SEATING POSITION   |   | AIR BAG                          |  | OL CLASS                          |                  | OL RESTRICTION(S)  |          | DRIVER DISTRACTION   |        | TEST STATUS                                  |                       |
| 1-FATAL                                     |                            | 1-FRONT-LEFT SIDE (MOTORCYCLE DRIVER)  |   | 1-NOT DEPLOYED                   |  | 1-CLASS A                         |                  | 1-ALCOHOL INTERLOCK DEVICE   |          | 1-NOT DISTRACTED   |        | 1-NONE GIVEN                                 |                       |
| 2-SUSPECTED SERIOUS INJURY                  |                            | 2-FRONT-MIDDLE   |   | 2-DEPLOYED FRONT                 |  | 2-CLASS B                         |                  | 2-CDL INTRASTATE ONLY  |          | 2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) |        | 2-TEST REFUSED                               |                       |
| 3-SUSPECTED MINOR INJURY                    |                            | 3-FRONT-RIGHT SIDE   |   | 3-DEPLOYED SIDE                  |  | 3-CLASS C                         |                  | 3-CORRECTIVE LENSES  |          | 3-TALKING ON HANDS-FREE COMMUNICATION DEVICE                                       |        | 3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE |                       |
| 4-POSSIBLE INJURY                           |                            | 4-SECOND-LEFT SIDE (MOTORCYCLE PASSENGER)  |   | 4-DEPLOYED BOTH FRONT / SIDE     |  | 4-REGULAR CLASS (OHIO-D)          |                  | 4-FARM WAIVER  |          | 4-TALKING ON HAND-HELD COMMUNICATION DEVICE  |        | 4-TEST GIVEN, RESULTS KNOWN                  |                       |
| 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                |                       |
| INJURED TAKEN BY                            |                            | 6-SECOND-RIGHT SIDE  |   | 9-DEPLOYMENT UNKNOWN             |  | 6-NO VALID OL                     |                  | 6-EXCEPT CLASS A & CLASS B BUS   |          | 7-OTHER DISTRACTION INSIDE THE VEHICLE   |        | ALCOHOL TEST TYPE                            |                       |
| 1-NOT TRANSPORTED / TREATED AT SCENE        |                            | 7-THIRD-LEFT SIDE (MOTORCYCLE SIDE CAR)  |   | EJECTION                         |  | OL ENDORSEMENT                    |                  | 7-EXCEPT TRACTOR-TRAILER   |          | 8-OTHER DISTRACTION OUTSIDE THE VEHICLE  |        | 1-NONE                                       |                       |
| 2-EMS                                       |                            | 8-THIRD-MIDDLE   |   | 1-NOT EJECTED                    |  | H-HAZMAT                          |                  | 8-INTERMEDIATE LICENSE RESTRICTIONS  |          | 9-OTHER / UNKNOWN  |        | 2-BLOOD                                      |                       |
| 3-POLICE                                    |                            | 9-THIRD-RIGHT SIDE   |   | 2-PARTIALLY EJECTED              |  | M-MOTORCYCLE                      |                  | 9-LEARNER'S PERMIT RESTRICTIONS  |          | CONDITION  |        | 3-URINE                                      |                       |
| 9-OTHER / UNKNOWN                           |                            | 10-SLEEPER SECTION OF TRUCK CAB  |   | 3-TOTALLY EJECTED                |  | P-PASSENGER                       |                  | 10-LIMITED TO DAYLIGHT ONLY  |          | 1-APPARENTLY NORMAL  |        | 4-BREATH                                     |                       |
| SAFETY EQUIPMENT                            |                            | 11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) |   | 4-NOT APPLICABLE                 |  | N-TANKER                          |                  | 11-LIMITED TO EMPLOYMENT   |          | 3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)                                    |        | 5-OTHER                                      |                       |
| 1-NONE USED                                 |                            | 12-PASSENGER IN UNENCLOSED CARGO AREA  |   | TRAPPED                          |  | Q-MOTOR SCOOTER                   |                  | 12-LIMITED-OTHER   |          | 4-ILLNESS  |        | DRUG TEST TYPE                               |                       |
| 2-SHOULDER BELT ONLY USED                   |                            | 13-TRAILING UNIT   |   | 1-NOT TRAPPED                    |  | R-THREE-WHEEL MOTORCYCLE          |                  | 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) |          | 5-FELL ASLEEP, FAINTED, FATIGUED, ETC.   |        | 1-NONE                                       |                       |
| 3-LAP BELT ONLY USED                        |                            | 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    |   | 2-EXTRICATED BY MECHANICAL MEANS |  | S-SCHOOL BUS                      |                  | 14-MILITARY VEHICLES ONLY  |          | 6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             |        | 2-BLOOD                                      |                       |
| 4-SHOULDER & LAP BELT USED                  |                            | 15-NON-MOTORIST  |   | 3-FREED BY NON-MECHANICAL MEANS  |  | T-DOUBLE & TRIPLE TRAILERS        |                  | 15-MOTOR VEHICLES WITHOUT AIR BRAKES   |          | 9-OTHER / UNKNOWN  |        | 3-URINE                                      |                       |
| 5-CHILD RESTRAINT SYSTEM-FORWARD FACING     |                            | 99-OTHER / UNKNOWN   |   |                                  |  | X-TANKER / HAZMAT                 |                  | 16-OUTSIDE MIRROR  |          |  |        | 4-OTHER                                      |                       |
| 6-CHILD RESTRAINT SYSTEM-REAR FACING        |                            |  |   |                                  |  |                                   |                  | 17-PROSTHETIC AID  |          |  |        | DRUG TEST RESULT(S)                          |                       |
| 7-BOOSTER SEAT                              |                            |  |   |                                  |  |                                   |                  | 18-OTHER   |          |  |        | 1-AMPHETAMINES                               |                       |
| 8-HELMET USED                               |                            |  |   |                                  |  |                                   |                  |  |          |  |        | 2-BARBITURATES                               |                       |
| 9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) |                            |  |   |                                  |  |                                   |                  |  |          |  |        | 3-BENZODIAZEPINES                            |                       |
| 10-REFLECTIVE CLOTHING                      |                            |  |   |                                  |  |                                   |                  |  |          |  |        | 4-CANNABINOIDS                               |                       |
| 11-LIGHTING-PEDESTRIAN / BICYCLE ONLY       |                            |  |   |                                  |  |                                   |                  |  |          |  |        | 5-COCAINE                                    |                       |
| 99-OTHER / UNKNOWN                          |                            |  |   |                                  |  |                                   |                  |  |          |  |        | 6-OPiates / OPIOIDS                          |                       |
|   |                            |  |   |                                  |  |                                   |                  |  |          |  |        | 7-OTHER                                      |                       |
|   |                            |  |   |                                  |  |                                   |                  |  |          |  |        | 8-NEGATIVE RESULTS                           |                       |