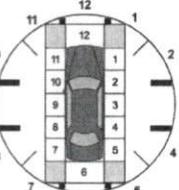
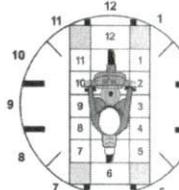
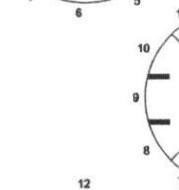
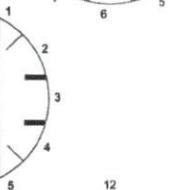
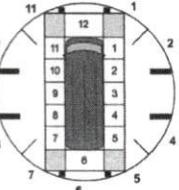
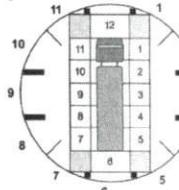
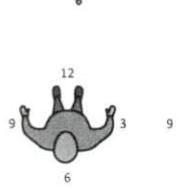
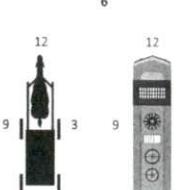




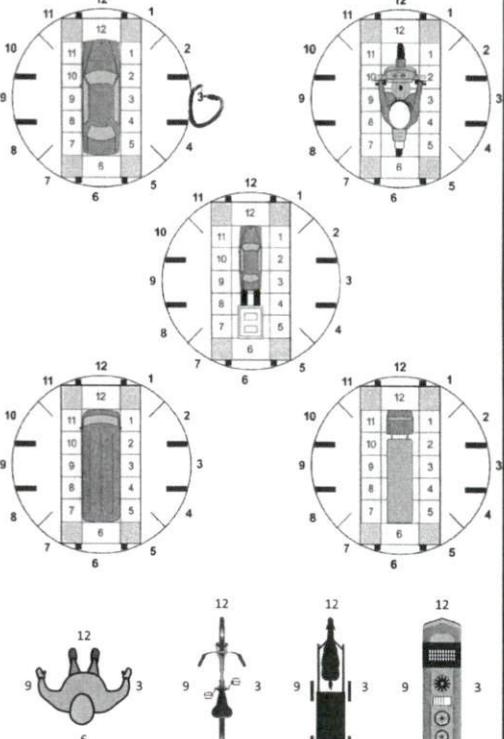
## TRAFFIC CRASH REPORT

\*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> NCIC* Fairfield Police Department 00901				2 2 0 1 2 1 2 6	
						HIT/SKIP	NUMBER OF UNITS
						1 - SOLVED 2 - UNSOLVED	3
						UNIT IN ERROR	
						98 - ANIMAL	1
						99 - UNKNOWN	1
COUNTY* 0 9		LOCALITY* 1 - CITY 1 - 2 - VILLAGE 1 - 3 - TOWNSHIP	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield				CRASH DATE / TIME*
							02192022 0855
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DECIMAL DEGREES 39° 31' 98.999
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)		ROAD TYPE	LONGITUDE DECIMAL DEGREES 84° 49' 82.27
REFERENCE POINT	DIRECTION FROM REFERENCE 1 - INTERSECTION 1 - NORTH 2 - MILE POST 1 - 3 - HOUSE #	ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE 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	INTERSECTION RELATED	
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS					<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA      NUMBER OF APPROACHES 4	
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT		DIRECTION OF TRAVEL	MEDIAN TYPE
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 BETWEEN TWO MOTOR VEHICLES IN TRANSPORT	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 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN	
WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	CONTOUR 1	CONDITIONS 1	SURFACE 2	
1	1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	WEATHER 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 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - 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				 Indicate the north direction with an "N" on the compass diagram. <p>On 02-19-22 at approximately 8:55 a.m., unit 1 was southeast on SR4 (Dixie Hwy) when the driver ran the red light at Boymel Dr. Unit 1 struck unit 2 which was eastbound on Boymel Dr crossing through the intersection. Unit 1 then continued on through the intersection to strike unit 3 which was westbound on Boymel Dr crossing the intersection.</p> <p>The driver of unit 1 stated that he was blinded by the sunlight and had been in the process of lowering his sun visor when the crash occurred.</p> <p>"See OH-2"</p>			
CRASH REPORTED DATE / TIME 02192022 0857		DISPATCH DATE / TIME 02192022 0858		ARRIVAL DATE / TIME 02192022 0901		SCENE CLEARED DATE / TIME 02192022 0959	
TOTAL TIME ROADWAY CLOSED 5 8		OTHER INVESTIGATION TIME 3 0		TOTAL MINUTES 9 1		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODDS)	
				OFFICER'S NAME* PO Kelly Smith		CHECKED BY OFFICER'S NAME*	
				OFFICER'S BADGE NUMBER* 1 1 4		CHECKED BY OFFICER'S BADGE NUMBER*	
						103	

OWNER	UNIT # <b>01</b> OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER) <b>Brock and Son's Inc.</b>		OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER)		LOCAL REPORT NUMBER <b>2 2 0 1 2 1 2 6</b>			
	OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER) <b>8731 North Gilmore Rd. Fairfield, Ohio 45014</b>		COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE <b>O H</b>	LICENSE PLATE # <b>PJN3568</b>	VEHICLE IDENTIFICATION # <b>1G1D321C G1F1F607497</b>	VEHICLE YEAR <b>2015</b>	VEHICLE MAKE <b>GMC</b>	DAMAGE		
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <b>Cincinnati Ins.</b>	INSURANCE POLICY # <b>EPP0006074</b>	COLOR <b>white</b>	VEHICLE MODEL <b>3500</b>	DAMAGE SCALE		
	TYPE OF USE <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT # <b>4 7 7 8 8 3</b>	TOWED BY: COMPANY NAME <b>FOX</b>		1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN		
	INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <input type="checkbox"/> #OCCUPANTS <b>1</b>		VEHICLE WEIGHT GVWR/GCW 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD		DAMAGED AREA(S) INDICATE ALL THAT APPLY		
	UNIT TYPE <b>4</b> - PICK UP <b>5</b> - CARGO VAN <b>6</b> - VAN (9-15 SEATS)		1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - ELECTRONIC RIDE SHARING 5 - SCHOOL TRANSPORT 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 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	         	
	1 # OF TRAILING UNITS		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <b>2</b> 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	<input type="checkbox"/> - NO DAMAGE [ 0 ] <input type="checkbox"/> - UNDERCARRIAGE [ 14 ]	
	SPECIAL FUNCTION <b>9,9</b> - CARGO BODY TYPE		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 20 - SAFETY SERVICE PATROL	<input type="checkbox"/> - TOP [ 13 ] <input type="checkbox"/> - ALL AREAS [ 15 ]	
	CARGO BODY TYPE <b>9,9</b>		1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	8 - POLE 9 - CARGOTANK 10 - FLAT BED 11 - DUMP	<input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ]	
	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		
	NON-MOTORIST LOCATION AT IMPACT		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		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	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		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		<b>NON-COLLISION</b> <b>1 2 0</b> 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION <b>2 1 0</b> 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT <b>3 1</b> <b>COLLISION WITH FIXED OBJECT - STRUCK</b> <b>4</b> 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE <b>5</b> 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER <b>6</b> 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT <b>1</b> FIRST HARMFUL EVENT <b>2</b> MOST HARMFUL EVENT						
		<b>TRAFFIC</b> <b>TRAFFIC WAY FLOW</b> <b>2</b> 1 - ONE-WAY 2 - TWO-WAY <b># OF THROUGH LANES ON ROAD</b> <b>6</b> <b>TRAFFIC CONTROL</b> <b>2</b> 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - NO CONTROL <b>RAIL GRADE CROSSING</b> <b>1</b> 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING <b>UNIT / NON-MOTORIST DIRECTION</b> <b>FROM 6 TO 8</b> <b>1</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN <b>UNIT SPEED</b> <b>5 0</b> <b>POSTED SPEED</b> <b>5 0</b>						
		<b>DETECTED SPEED</b> <b>1</b> 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED						

OWNER	UNIT # <input type="text" value="012"/>	OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> SAME AS DRIVER	OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER		
	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 <input type="text" value="O_H"/>	LICENSE PLATE # <input type="text" value="GQC8263"/>	VEHICLE IDENTIFICATION # <input type="text" value="5NPDH4AE0FH5817209"/>	VEHICLE YEAR <input type="text" value="2015"/>		
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <input type="text" value="Pekin Ins."/>	INSURANCE POLICY # <input type="text" value="48894412"/>	VEHICLE MAKE <input type="text" value="Hyundai"/>		
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT # <input type="text"/>	TOWED BY: COMPANY NAME <input type="text" value="Marcell's"/>		
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>	HIT/SKIP UNIT <input type="checkbox"/>	#OCCUPANTS <input type="text" value="1"/>	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 # <input type="text"/>	PLACARD ID # <input type="text"/>		
UNIT TYPE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	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 BICYCLE 11 - ALL-TERRAIN VEHICLE (ATV / UTV)	12 - GOLF 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 <input type="text"/>				
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <input type="checkbox"/> 1 - YES <input type="checkbox"/> 2 - NO <input type="checkbox"/> 9 - OTHER / UNKNOWN		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION		
SPECIAL FUNCTION <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	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 20 - SAFETY SERVICE PATROL	
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN / ENCLOSED BOX 7 - GRAIN / CHIPS / GRAVEL	8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP
CARGO BODY TYPE <input type="checkbox"/> 1 <input type="checkbox"/> 2	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 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5				
1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		3 - INTERSECTION - OTHER CROSSWALK 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	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN
ACTION <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING <input type="checkbox"/> 1 4 - STRUCK PRE-CRASH ACTIONS 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	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 99 - OTHER / UNKNOWN
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30	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 / ACD / A 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 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30		NON-COLLISION 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 MOBILE OBJECT			
COLLISION WITH FIXED OBJECT - STRUCK 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 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					
<input type="checkbox"/> 1 FIRST HARMFUL EVENT		<input type="checkbox"/> 1 MOST HARMFUL EVENT			

LOCAL REPORT NUMBER 2 2 0 1 2 1 2 6	
DAMAGE	
DAMAGE SCALE 4 - NONE 2 - MINOR DAMAGE 1 - UNKNOWN 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE	
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 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC	
TRAFFIC WAY FLOW <input type="checkbox"/> 1 <input type="checkbox"/> 2	TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD <input type="checkbox"/> 6	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 <input type="checkbox"/> 3 TO <input type="checkbox"/> 4	UNIT SPEED <input type="checkbox"/> 2 <input type="checkbox"/> 5 DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED <input type="checkbox"/> 2 <input type="checkbox"/> 5	

UNIT # <u>0 3</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>GQE2350</u>	VEHICLE IDENTIFICATION # <u>5NMS33AA6LH185894</u>	VEHICLE YEAR <u>2020</u>	VEHICLE MAKE <u>Hyundai</u>
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>Progressive Ins.</u>	INSURANCE POLICY # <u>906436240</u>	COLOR <u>black</u>	VEHICLE MODEL <u>Santa Fe</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>Wayne</u>	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS <u>1</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

UNIT TYPE <u>3</u>	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 BICYCLE 11 - ALL-TERRAIN VEHICLE (ATV / UTV)	12 - GOLF 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 (ANYTYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
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# OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>2</u>	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
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SPECIAL FUNCTION <u>1</u>	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
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CARGO BODY TYPE <u>1</u>	1 - NO CARGO BODY TYPE /NOTAPPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	5 - INTERMODAL CONTAINER CHASSIS 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
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VEHICLE DEFECTS <u>1</u>	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
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NON-MOTORIST LOCATION AT IMPACT <u>1</u>	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	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER/UNKNOWN
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ACTION <u>4</u>	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	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 99 - OTHER / UNKNOWN
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CONTRIBUTING CIRCUMSTANCES <u>1</u>	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 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION
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SEQUENCE OF EVENTS

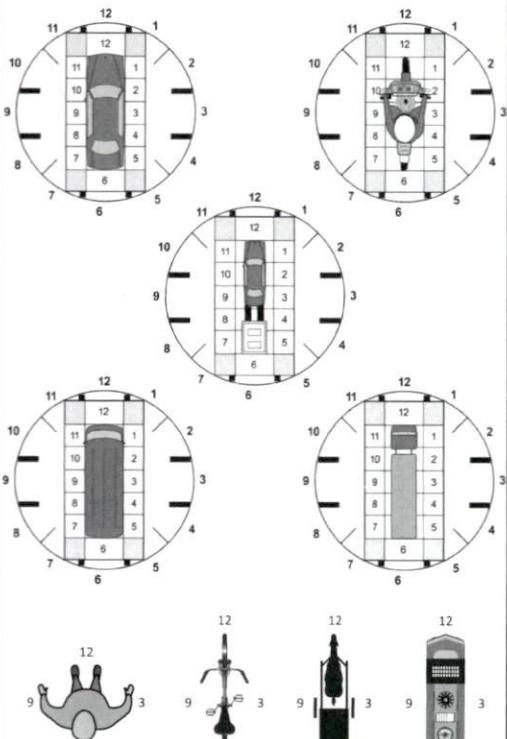
<u>1</u> <u>2</u> <u>0</u>	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNSHILL 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
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<u>4</u>	25 - IMPACT ATTENUATOR /CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL SUPPORT 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	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	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN
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LOCAL REPORT NUMBER <u>2 2 0 1 2 1 2 6</u>
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<b>DAMAGE</b>
DAMAGE SCALE <u>4</u>
1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN
3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE

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 <u>1</u> <u>1</u>	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
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TRAFFIC TRAFFIC WAY FLOW <u>2</u>	TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER	4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
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# OF THROUGH LANES ON ROAD <u>6</u>	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
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UNIT / NON-MOTORIST DIRECTION FROM <u>4</u> TO <u>3</u>	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
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UNIT SPEED <u>2</u> <u>5</u>	DETECTED SPEED <u>1</u>
POSTED SPEED <u>1</u> <u>5</u>	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER													
2 2 0 1 2 1 2 6													
DATE OF BIRTH AGE GENDER													
1 1 2 6 1 9 8 9 3 2 M													
CONTACT PHONE - INCLUDE AREA CODE													
2227 Josie Ct. 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		
4	1	Fairfield EMS				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				313.01a		<input checked="" type="checkbox"/>	Fail to Obey Traf light			250030			
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				8	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	1	1	1	1	1	SELECT UP TO 4		
UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH			AGE	GENDER		
0 2	Weathers, Lindo L.						1 0 2 2 1 9 5 9			6 2	M		
ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE												
12100 Lawnview Ave #5 Cincinnati, Ohio 45237													
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		
3	2	Fairfield EMS		Mercy Hospital		4	<input type="checkbox"/>	0 1	2	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 <input type="checkbox"/> OTHER DRUG	1	1	1	1	1	SELECT UP TO 4		
UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH			AGE	GENDER		
0 3	Correa, Ana Y.						0 3 2 6 1 9 9 1			3 0	F		
ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE												
5761 Levy Dr. 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		
3	2	Fairfield EMS		Mercy Hospital		4	<input type="checkbox"/>	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)			
3				1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	1	1	1	1	1	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-FRONT - MIDDLE	1-FRONT - RIGHT SIDE	1-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	1-SECOND - MIDDLE	1-NOT DEPLOYED	1-CLASS A	1-ALCOHOL INTERLOCK DEVICE	1-NOT DISTRACTED	1-NONE GIVEN			
2-SUSPECTED SERIOUS INJURY	2-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	2-THIRD - MIDDLE	2-THIRD - RIGHT SIDE	2-DEPLOYED FRONT	2-DEPLOYED SIDE	2-CLASS B	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-SECOND - RIGHT SIDE	3-SECOND - MIDDLE	3-SECOND - LEFT SIDE	3-DEPLOYED BOTH FRONT / SIDE	3-NOT APPLICABLE	3-CLASS C	3-CLASS C	3-CORRECTIVE LENSES	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	3-TEST GIVEN, RESULTS KNOWN			
4-POSSIBLE INJURY	4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4-SECOND - MIDDLE	4-SECOND - RIGHT SIDE	4-DEPLOYED BOTH FRONT / SIDE	4-NOT APPLICABLE	4-REGULAR CLASS (OHIO = D)	4-REGULAR CLASS (OHIO = D)	4-FARM WAIVER	4-TEST GIVEN, RESULTS UNKNOWN	5-TEST GIVEN, RESULTS UNKNOWN			
5-NO APPARENT INJURY	5-SECOND - MIDDLE	5-SECOND - LEFT SIDE	5-SECOND - RIGHT SIDE	5-DEPLOYMENT UNKNOWN	5-NOT APPLICABLE	5-M/C MOPED ONLY	5-M/C MOPED ONLY	5-EXCEPT CLASS A BUS	5-EXCEPT CLASS A & CLASS B BUS	5-EXCEPT CLASS B BUS			
6-SECONDRY INJURY	6-SECOND - RIGHT SIDE	6-SECOND - MIDDLE	6-SECOND - LEFT SIDE	6-DEPLOYMENT UNKNOWN	6-NOT APPLICABLE	6-NO VALID OL	6-NO VALID OL	6-EXCEPT CLASS B BUS	6-EXCEPT CLASS B BUS	6-EXCEPT CLASS B BUS			
7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD - MIDDLE	7-THIRD - RIGHT SIDE	7-THIRD - LEFT SIDE (MOTORCYCLE DRIVER)	7-DEPLOYED SIDE	7-DEPLOYED BOTH FRONT / SIDE	7-DEPLOYED BOTH FRONT / SIDE	7-DEPLOYED BOTH FRONT / SIDE	7-EXCEPT TRACTOR-TRAILER	7-EXCEPT TRACTOR-TRAILER	7-EXCEPT TRACTOR-TRAILER			
8-THIRD - MIDDLE	8-THIRD - LEFT SIDE	8-THIRD - RIGHT SIDE	8-THIRD - MIDDLE	8-DEPLOYED FRONT	8-DEPLOYED SIDE	8-DEPLOYED SIDE	8-DEPLOYED SIDE	8-INTERMEDIATE LICENSE RESTRICTIONS	8-INTERMEDIATE LICENSE RESTRICTIONS	8-INTERMEDIATE LICENSE RESTRICTIONS			
9-THIRD - RIGHT SIDE	9-THIRD - LEFT SIDE	9-THIRD - MIDDLE	9-THIRD - RIGHT SIDE	9-DEPLOYED SIDE	9-DEPLOYED SIDE	9-DEPLOYED SIDE	9-DEPLOYED SIDE	9-LEARNER'S PERMIT RESTRICTIONS	9-LEARNER'S PERMIT RESTRICTIONS	9-LEARNER'S PERMIT RESTRICTIONS			
10-SLEEPER SECTION OF TRUCK CAB	10-SECOND - MIDDLE	10-SECOND - LEFT SIDE	10-SECOND - RIGHT SIDE	10-DEPLOYED SIDE	10-DEPLOYED SIDE	10-DEPLOYED SIDE	10-DEPLOYED SIDE	10-LIMITED TO DAYLIGHT ONLY	10-LIMITED TO DAYLIGHT ONLY	10-LIMITED TO DAYLIGHT ONLY			
11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11-SECOND - MIDDLE	11-SECOND - LEFT SIDE	11-SECOND - RIGHT SIDE	11-DEPLOYED SIDE	11-DEPLOYED SIDE	11-DEPLOYED SIDE	11-DEPLOYED SIDE	11-LIMITED TO EMPLOYMENT	11-LIMITED TO EMPLOYMENT	11-LIMITED TO EMPLOYMENT			
12-PASSENGER IN UNENCLOSED CARGO AREA	12-SECOND - MIDDLE	12-SECOND - LEFT SIDE	12-SECOND - RIGHT SIDE	12-DEPLOYED SIDE	12-DEPLOYED SIDE	12-DEPLOYED SIDE	12-DEPLOYED SIDE	12-LIMITED - OTHER	12-LIMITED - OTHER	12-LIMITED - OTHER			
13-TRAILING UNIT	13-SECOND - MIDDLE	13-SECOND - LEFT SIDE	13-SECOND - RIGHT SIDE	13-DEPLOYED SIDE	13-DEPLOYED SIDE	13-DEPLOYED SIDE	13-DEPLOYED SIDE	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)			
14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14-SECOND - MIDDLE	14-SECOND - LEFT SIDE	14-SECOND - RIGHT SIDE	14-DEPLOYED SIDE	14-DEPLOYED SIDE	14-DEPLOYED SIDE	14-DEPLOYED SIDE	14-MILITARY VEHICLES ONLY	14-MILITARY VEHICLES ONLY	14-MILITARY VEHICLES ONLY			
15-NON-MOTORIST	15-SECOND - MIDDLE	15-SECOND - LEFT SIDE	15-SECOND - RIGHT SIDE	15-DEPLOYED SIDE	15-DEPLOYED SIDE	15-DEPLOYED SIDE	15-DEPLOYED SIDE	15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-MOTOR VEHICLES WITHOUT AIR BRAKES			
99-OTHER / UNKNOWN	99-SECOND - MIDDLE	99-SECOND - LEFT SIDE	99-SECOND - RIGHT SIDE	99-DEPLOYED SIDE	99-DEPLOYED SIDE	99-DEPLOYED SIDE	99-DEPLOYED SIDE	99-OUTSIDE MIRROR	99-OUTSIDE MIRROR	99-OUTSIDE MIRROR			
16-REFLECTIVE CLOTHING	16-SECOND - MIDDLE	16-SECOND - LEFT SIDE	16-SECOND - RIGHT SIDE	16-DEPLOYED SIDE	16-DEPLOYED SIDE	16-DEPLOYED SIDE	16-DEPLOYED SIDE	16-PROSTHETIC AID	16-PROSTHETIC AID	16-PROSTHETIC AID			
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY	11-SECOND - MIDDLE	11-SECOND - LEFT SIDE	11-SECOND - RIGHT SIDE	11-DEPLOYED SIDE	11-DEPLOYED SIDE	11-DEPLOYED SIDE	11-DEPLOYED SIDE	11-OTHER	11-OTHER	11-OTHER			
99-OTHER / UNKNOWN	99-SECOND - MIDDLE	99-SECOND - LEFT SIDE	99-SECOND - RIGHT SIDE	99-DEPLOYED SIDE	99-DEPLOYED SIDE	99-DEPLOYED SIDE	99-DEPLOYED SIDE	99-APPARENTLY NORMAL	99-APPARENTLY NORMAL	99-APPARENTLY NORMAL			
17-BOOSTER SEAT	17-SECOND - MIDDLE	17-SECOND - LEFT SIDE	17-SECOND - RIGHT SIDE	17-DEPLOYED SIDE	17-DEPLOYED SIDE	17-DEPLOYED SIDE	17-DEPLOYED SIDE	17-PHYSICAL IMPAIRMENT	17-PHYSICAL IMPAIRMENT	17-PHYSICAL IMPAIRMENT			
8-HELMET USED	8-SECOND - MIDDLE	8-SECOND - LEFT SIDE	8-SECOND - RIGHT SIDE	8-DEPLOYED SIDE	8-DEPLOYED SIDE	8-DEPLOYED SIDE	8-DEPLOYED SIDE	8-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	8-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	8-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)			
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9-SECOND - MIDDLE	9-SECOND - LEFT SIDE	9-SECOND - RIGHT SIDE	9-DEPLOYED SIDE	9-DEPLOYED SIDE	9-DEPLOYED SIDE	9-DEPLOYED SIDE	9-ILLNESS	9-ILLNESS	9-ILLNESS			
10-REFLECTIVE CLOTHING	10-SECOND - MIDDLE	10-SECOND - LEFT SIDE	10-SECOND - RIGHT SIDE	10-DEPLOYED SIDE	10-DEPLOYED SIDE	10-DEPLOYED SIDE	10-DEPLOYED SIDE	10-FELL ASLEEP, FAINTED, FATIGUED, ETC.	10-FELL ASLEEP, FAINTED, FATIGUED, ETC.	10-FELL ASLEEP, FAINTED, FATIGUED, ETC.			
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY	11-SECOND - MIDDLE	11-SECOND - LEFT SIDE	11-SECOND - RIGHT SIDE	11-DEPLOYED SIDE	11-DEPLOYED SIDE	11-DEPLOYED SIDE	11-DEPLOYED SIDE	11-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	11-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	11-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL			
99-OTHER / UNKNOWN	99-SECOND - MIDDLE	99-SECOND - LEFT SIDE	99-SECOND - RIGHT SIDE	99-DEPLOYED SIDE	99-DEPLOYED SIDE	99-DEPLOYED SIDE	99-DEPLOYED SIDE	99-OTHER / UNKNOWN	99-OTHER / UNKNOWN	99-OTHER / UNKNOWN			
18-REFLECTIVE CLOTHING	18-SECOND - MIDDLE	18-SECOND - LEFT SIDE	18-SECOND - RIGHT SIDE	18-DEPLOYED SIDE	18-DEPLOYED SIDE	18-DEPLOYED SIDE	18-DEPLOYED SIDE	18-OTHER	18-OTHER	18-OTHER			
19-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	19-SECOND - MIDDLE	19-SECOND - LEFT SIDE	19-SECOND - RIGHT SIDE	19-DEPLOYED SIDE	19-DEPLOYED SIDE	19-DEPLOYED SIDE	19-DEPLOYED SIDE	19-AMPHETAMINES	19-AMPHETAMINES	19-AMPHETAMINES			
20-REFLECTIVE CLOTHING	20-SECOND - MIDDLE	20-SECOND - LEFT SIDE	20-SECOND - RIGHT SIDE	20-DEPLOYED SIDE	20-DEPLOYED SIDE	20-DEPLOYED SIDE	20-DEPLOYED SIDE	20-BARBITURATES	20-BARBITURATES	20-BARBITURATES			
21-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	21-SECOND - MIDDLE	21-SECOND - LEFT SIDE	21-SECOND - RIGHT SIDE	21-DEPLOYED SIDE	21-DEPLOYED SIDE	21-DEPLOYED SIDE	21-DEPLOYED SIDE	21-BENZODIAZEPINES	21-BENZODIAZEPINES	21-BENZODIAZEPINES			
22-REFLECTIVE CLOTHING	22-SECOND - MIDDLE	22-SECOND - LEFT SIDE	22-SECOND - RIGHT SIDE	22-DEPLOYED SIDE	22-DEPLOYED SIDE	22-DEPLOYED SIDE	22-DEPLOYED SIDE	22-CANNABINOID	22-CANNABINOID	22-CANNABINOID			
23-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	23-SECOND - MIDDLE	23-SECOND - LEFT SIDE	23-SECOND - RIGHT SIDE	23-DEPLOYED SIDE	23-DEPLOYED SIDE	23-DEPLOYED SIDE	23-DEPLOYED SIDE	23-COCAIN	23-COCAIN	23-COCAIN			
24-REFLECTIVE CLOTHING	24-SECOND - MIDDLE	24-SECOND - LEFT SIDE	24-SECOND - RIGHT SIDE	24-DEPLOYED SIDE	24-DEPLOYED SIDE	24-DEPLOYED SIDE	24-DEPLOYED SIDE	24-OPIATES / OPIOIDS	24-OPIATES / OPIOIDS	24-OPIATES / OPIOIDS			
25-REFLECTIVE CLOTHING	25-SECOND - MIDDLE	25-SECOND - LEFT SIDE	25-SECOND - RIGHT SIDE	25-DEPLOYED SIDE	25-DEPLOYED SIDE	25-DEPLOYED SIDE	25-DEPLOYED SIDE	25-NON	25-NON	25-NON			
26-REFLECTIVE CLOTHING	26-SECOND - MIDDLE	26-SECOND - LEFT SIDE	26-SECOND - RIGHT SIDE	26-DEPLOYED SIDE	26-DEPLOYED SIDE	26-DEPLOYED SIDE	26-DEPLOYED SIDE	26-POSITIVE RESULTS	26-POSITIVE RESULTS	26-POSITIVE RESULTS			



# OCCUPANT / WITNESS ADDENDUM

OCCUPANT	LOCAL REPORT NUMBER																		
	NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER													
	NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED									
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED									
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED									
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED									
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED									
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER												
		ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE							
	INJURIES			SAFETY EQUIPMENT USED		SEATING POSITION			AIR BAG USAGE										
	1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY			1 - NONE USED - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN			1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN										
	INJURED TAKEN BY								EJECTION										
	1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN								1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE										
	GENDER								TRAPPED										
	F - FEMALE M - MALE U - OTHER / UNKNOWN								1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS										
WITNESS	NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH		AGE	GENDER					
	Mangat, Jennifer L.										0 2 2 6 1 9 8 1		41	F					
	ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE								
	5227 Southgate Blvd #I Fairfield, Ohio 45014																		
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								

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF ACCIDENT
22-012126	FAIRFIELD P.D. 00901	M 2 10 19 14 22
IN COUNTY OF BUTLER	ACCIDENT LOCATION	SR4 / Boynton Dr.
<img alt="Hand-drawn		