



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

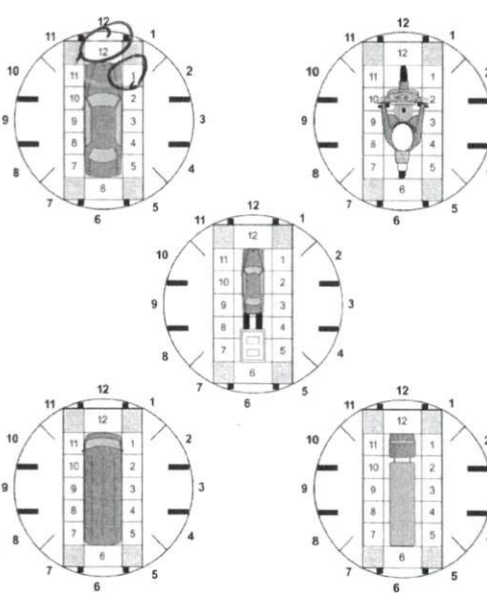
LOCAL REPORT NUMBER*

| | | | | | | | | | | | | |
|---|--|---|--|---|---|---|--------------------------------|--|---|--|--|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH | | <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY | LOCAL INFORMATION REPORTING AGENCY NAME* Fairfield Police Department | | NCIC* 00901 | 22013034 | | HIT/SKIP 1 - SOLVED 2 - UNSOLVED | | NUMBER OF UNITS 02 | UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN | |
| COUNTY* 09 | LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1 | LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield | | | | CRASH DATE / TIME* 02222022 1535 | | CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY | | | | |
| ROUTE TYPE LOCATION | ROUTE NUMBER | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | LOCATION ROAD NAME Winton | | ROAD TYPE R D | LATITUDE DECIMAL DEGREES 39.314825 | | LONGITUDE DECIMAL DEGREES -84.541592 | | INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 03 | | |
| REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1 | DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE | ROUTE TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS | ROAD TYPE 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 | ROADWAY <input type="checkbox"/> ROADWAY DIVIDED | | ROADWAY | | ROADWAY | | |
| LOCATION OF FIRST HARMFUL EVENT 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 01 | | MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 3 | | DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | | MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN (ANY TYPE) 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 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 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN | | CONDITIONS 2 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN | | SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN | | |
| LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 1 | | 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 02 | | NARRATIVE On 2/22/2022 at about 3:35 p.m. Unit 1 was traveling north on Winton Rd. at about 40 m.p.h. and when at Mack Rd. failed to obey the red traffic signal and in so doing collided with Unit 2 which was traveling South on Winton Rd. turning left onto Mack Rd. | | See OH-2 | | Indicate the north direction with an "N" on the compass diagram. | | | | |
| CRASH REPORTED DATE / TIME 02222022 1535 | | DISPATCH DATE / TIME 02222022 1542 | | ARRIVAL DATE / TIME 02222022 1542 | | SCENE CLEARED DATE / TIME 02222022 1611 | | 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 IDPS) | | | | |
| TOTAL TIME ROADWAY CLOSED 020 | OTHER INVESTIGATION TIME 030 | TOTAL MINUTES 059 | OFFICER'S NAME* D. Gooch | | CHECKED BY OFFICER'S NAME* Sgt. Aaron Meyer | | OFFICER'S BADGE NUMBER* 160 | | CHECKED BY OFFICER'S BADGE NUMBER* 132 | | | |

| | | | |
|----------|--|---|--|
| OWNER | UNIT # | OWNER NAME: LAST, FIRST, MIDDLE () (SAME AS DRIVER) | OWNER PHONE: INCLUDE AREA CODE () (SAME AS DRIVER) |
| | 01 | Wilson, Damien | |
| VEHICLE | OWNER ADDRESS: STREET, CITY, STATE, ZIP () (SAME AS DRIVER) | COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE |
| | | | |
| EVENT(S) | LP STATE | LICENSE PLATE # | VEHICLE IDENTIFICATION # |
| | OH | GLJ5035 | 19XFJB2F93DE004210 |
| VEHICLE | INSURANCE VERIFIED | INSURANCE COMPANY | INSURANCE POLICY # |
| | | State Farm | 872 3127-B28-35B |
| VEHICLE | TYPE OF USE | US DOT # | TOWED BY: COMPANY NAME |
| | <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | | Fox |
| VEHICLE | INTERLOCK DEVICE EQUIPPED | HIT/SKIP UNIT | HAZARDOUS MATERIAL |
| | | | <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD |
| VEHICLE | #OCCUPANTS | VEHICLE WEIGHT GVWR/GCWR | CLASS # PLACARD ID # |
| | 01 | 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. | |
| VEHICLE | UNIT TYPE | 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 |
| | 00 | | |
| VEHICLE | # OF TRAILING UNITS | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? | 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN |
| | 02 | 1 - YES 2 - NO 9 - OTHER / UNKNOWN | |
| VEHICLE | SPECIAL FUNCTION | 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 21 - MAIL CARRIER 99 - OTHER / UNKNOWN |
| | 01 | | |
| VEHICLE | CARGO BODY TYPE | 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 - GRAINCHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTOTRANSporter 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN |
| | 01 | | |
| VEHICLE | 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 |
| | 01 | | |
| VEHICLE | 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 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN | |
| | 01 | | |
| VEHICLE | 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 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN |
| | 03 | | |
| 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 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION | |
| | 03 | | |
| VEHICLE | SEQUENCE OF EVENTS | 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT | |
| | 120 | | |
| VEHICLE | COLLISION WITH FIXED OBJECT - STRUCK | 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 BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 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 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN | |
| | 1 | | |
| VEHICLE | FIRST HARMFUL EVENT | MOST HARMFUL EVENT | |
| | 1 | 1 | |

| | |
|--|---|
| LOCAL REPORT NUMBER | |
| 2 2 0 1 3 0 3 4 | |
| DAMAGE | |
| DAMAGE SCALE | |
| 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN | |
| 4 | |
| 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 13 - TOP 99 - UNKNOWN | |
| 1 2 | |
| TRAFFIC | |
| TRAFFICWAY FLOW | TRAFFIC CONTROL |
| 1 - ONE-WAY 2 - TWO-WAY | 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL |
| 2 | 2 |
| # OF THROUGH LANES ON ROAD | RAIL GRADE CROSSING |
| 2 | 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING |
| 1 | |
| UNIT / NON-MOTORIST DIRECTION | |
| 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN | |
| FROM 2 TO 1 | |
| UNIT SPEED | DETECTED SPEED |
| 0 4 0 | 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED |
| 1 | |
| POSTED SPEED | |
| 3 5 | |

| | | | | | |
|--|--|--|--|---|---|
| OWNER | UNIT # | OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) | | OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER) | |
| | 012 | | | | |
| VEHICLE | OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER) | | | | |
| | COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE |
| | LP STATE | LICENSE PLATE # | VEHICLE IDENTIFICATION # | | VEHICLE YEAR |
| | OH | HUH3226 | 3GCUKRECLJG559282 | | 2018 |
| | <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY | INSURANCE POLICY # | | COLOR |
| | | Motorist Mutual | 7175-05-185782-41A | | Blue |
| | <input type="checkbox"/> COMMERCIAL | <input type="checkbox"/> GOVERNMENT | <input type="checkbox"/> IN EMERGENCY RESPONSE | TOWED BY: COMPANY NAME | |
| | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED | <input type="checkbox"/> HIT/SKIP UNIT | #OCCUPANTS | HAZARDOUS MATERIAL | |
| | | | 02 | CLASS # PLACARD ID # | |
| | VEHICLE WEIGHT GVWR/GCWR | | | | |
| 1 - <10K LBS. | | | | | |
| 2 - 10,001 - 26K LBS. | | | | | |
| 3 - >26K LBS. | | | | | |
| UNIT TYPE | | | | | |
| 04 | | | | | |
| # OF TRAILING UNITS | | | | | |
| 00 | | | | | |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? | | | | | |
| 0 | | | | | |
| 1- YES 2- NO 9- OTHER / UNKNOWN | | | | | |
| AUTONOMOUS MODE LEVEL | | | | | |
| 0 | | | | | |
| 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 | | | | | |
| 21- MAIL CARRIER 99- OTHER / UNKNOWN | | | | | |
| CARGO BODY TYPE | | | | | |
| 01 | | | | | |
| 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 12- CONCRETE MIXER 13- AUTO TRANSPORTER 14- GARBAGE/REFUSE 99- OTHER / UNKNOWN | | | | | |
| 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 | | | | | |
| 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 | | | | | |
| ACTION | | | | | |
| 04 | | | | | |
| 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 | | | | | |
| CONTRIBUTING CIRCUMSTANCES | | | | | |
| 01 | | | | | |
| 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 | | | | | |
| SEQUENCE OF EVENTS | | | | | |
| 120 | | | | | |
| 1- OVERTURN/ROLLOVER 2- FIRE/EXPLOSION 3- IMMERSION 4- JACKKNIFE 5- CARGO / EQUIPMENT LOSS OR SHIFT 6- EQUIPMENT FAILURE 7- SEPARATION OF UNITS 8- RAN OFF ROAD RIGHT 9- RAN OFF ROAD LEFT 10- CROSS MEDIAN 11- CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12- DOWNHILL RUNAWAY 13- OTHER NON-COLLISION 14- PEDESTRIAN 15- PEDALCYCLE 16- RAILWAY VEHICLE 17- ANIMAL - FARM 18- ANIMAL - DEER 19- ANIMAL - OTHER 20- MOTOR VEHICLE IN TRANSPORT 21- PARKED MOTOR VEHICLE 22- WORK ZONE MAINTENANCE EQUIPMENT 23- STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24- OTHER MOVABLE OBJECT 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 BARRIER 35- MEDIAN CONCRETE BARRIER 36- MEDIAN OTHER BARRIER 37- TRAFFIC SIGN POST 38- OVERHEAD SIGN POST 39- LIGHT / LUMINARIES SUPPORT 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 50- WORK ZONE MAINTENANCE EQUIPMENT 51- WALL 52- BUILDING 53- TUNNEL 54- OTHER FIXED OBJECT 99- OTHER / UNKNOWN | | | | | |
| COLLISION WITH FIXED OBJECT - STRUCK | | | | | |
| 1 | | | | | |
| FIRST HARMFUL EVENT | | | | | |
| 1 | | | | | |
| MOST HARMFUL EVENT | | | | | |

| | |
|---|---|
| LOCAL REPORT NUMBER | |
| 22013034 | |
| DAMAGE | |
| DAMAGE SCALE | |
| 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN | |
| 4 | |
| 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 11-2 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN | |
| 12 | |
| TRAFFIC | |
| TRAFFICWAY FLOW | TRAFFIC CONTROL |
| 1 - ONE-WAY 2 - TWO-WAY | 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL |
| 2 | 2 |
| # OF THROUGH LANES ON ROAD | RAIL GRADE CROSSING |
| 2 | 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING |
| 1 | 1 |
| UNIT / NON-MOTORIST DIRECTION | |
| 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN | |
| FROM 1 TO 3 | |
| UNIT SPEED | DETECTED SPEED |
| 015 | 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED |
| 1 | 1 |
| POSTED SPEED | |
| 35 | |

Motorist / Non-Motorist

| LOCAL REPORT NUMBER | | | | | | | | | | | |
|--|----------------------------|----------------------------|--|---|--|-----------------------------------|--|------------------|---------------|--------------|---------|
| 2 2 0 1 3 0 3 4 | | | | | | | | | | | |
| UNIT # | | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | | AGE | GENDER | | |
| 0 1 | | Wilson, Chloe, Jayde | | | | 0 8 1 0 2 0 0 4 | | 1 7 | F | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| 11967 Brookway Dr., Cincinnati, OH, 45240 | | | | | | | | | | | |
| 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 |
| 3 | 2 | Fairfield EMS | | Mercy | | 0 4 | <input type="checkbox"/> | 0 1 | 2 | 1 | 1 |
| OL STATE | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | LOCAL CODE | OFFENSE DESCRIPTION | | CITATION NUMBER | | | |
| OH | | | | 4511.12a | <input type="checkbox"/> | Fail to Obey Traffic Co | | 249873 | | | |
| 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 | STATUS | TYPE | VALUE | STATUS |
| | | | | | | | | 1 | 1 | | 1 |
| UNIT # NAME: LAST, FIRST, MIDDLE | | | | | | | | | | | |
| 0 2 Finke, James, Edward | | | | | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| 5517 Chesapeake Way, Fairfield, OH, 45014 | | | | | | | | | | | |
| 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 |
| 5 | | | | | | 0 4 | <input type="checkbox"/> | 0 1 | 1 | 1 | 1 |
| OL STATE | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | LOCAL CODE | OFFENSE DESCRIPTION | | CITATION NUMBER | | | |
| OH | | | | | <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 | STATUS | TYPE | VALUE | STATUS |
| | | | | | | | | 1 | 1 | | 1 |
| UNIT # NAME: LAST, FIRST, MIDDLE | | | | | | | | | | | |
| | | | | | | | | | | | |
| 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 |
| | | | | | | | <input type="checkbox"/> | | | | |
| OL STATE | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | LOCAL CODE | OFFENSE DESCRIPTION | | CITATION NUMBER | | | |
| | | | | | <input type="checkbox"/> | | | | | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | | CONDITION | ALCOHOL TEST | | DRUG TEST(S) | |
| | | | | | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | | STATUS | TYPE | VALUE | STATUS |
| | | | | | | | | | | | |
| INJURIES | | | | | | | | | | | |
| 1 - FATAL | | | | | | | | | | | |
| 2 - SUSPECTED SERIOUS INJURY | | | | | | | | | | | |
| 3 - SUSPECTED MINOR INJURY | | | | | | | | | | | |
| 4 - POSSIBLE INJURY | | | | | | | | | | | |
| 5 - NO APPARENT INJURY | | | | | | | | | | | |
| INJURED TAKEN BY | | | | | | | | | | | |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | | | | | | | | | | | |
| 2 - EMS | | | | | | | | | | | |
| 3 - POLICE | | | | | | | | | | | |
| 9 - OTHER / UNKNOWN | | | | | | | | | | | |
| SEATING POSITION | | | | | | | | | | | |
| 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 | | | | | | | | | | | |
| SAFETY EQUIPMENT | | | | | | | | | | | |
| 1 - NONE USED | | | | | | | | | | | |
| 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 | | | | | | | | | | | |
| AIR BAG | | | | | | | | | | | |
| 1 - NOT DEPLOYED | | | | | | | | | | | |
| 2 - DEPLOYED FRONT | | | | | | | | | | | |
| 3 - DEPLOYED SIDE | | | | | | | | | | | |
| 4 - DEPLOYED BOTH FRONT / SIDE | | | | | | | | | | | |
| 5 - NOT APPLICABLE | | | | | | | | | | | |
| 9 - DEPLOYMENT UNKNOWN | | | | | | | | | | | |
| EJECTION | | | | | | | | | | | |
| 1 - NOT EJECTED | | | | | | | | | | | |
| 2 - PARTIALLY EJECTED | | | | | | | | | | | |
| 3 - TOTALLY EJECTED | | | | | | | | | | | |
| 4 - NOT APPLICABLE | | | | | | | | | | | |
| TRAPPED | | | | | | | | | | | |
| 1 - NOT TRAPPED | | | | | | | | | | | |
| 2 - EXTRICATED BY MECHANICAL MEANS | | | | | | | | | | | |
| 3 - FREED BY NON-MECHANICAL MEANS | | | | | | | | | | | |
| OL CLASS | | | | | | | | | | | |
| 1 - CLASS A | | | | | | | | | | | |
| 2 - CLASS B | | | | | | | | | | | |
| 3 - CLASS C | | | | | | | | | | | |
| 4 - REGULAR CLASS (OHIO = D) | | | | | | | | | | | |
| 5 - M/C MOPED ONLY | | | | | | | | | | | |
| 6 - NO VALID OL | | | | | | | | | | | |
| OL RESTRICTION(S) | | | | | | | | | | | |
| 1 - ALCOHOL INTERLOCK DEVICE | | | | | | | | | | | |
| 2 - CDL INTRASTATE ONLY | | | | | | | | | | | |
| 3 - CORRECTIVE LENSES | | | | | | | | | | | |
| 4 - FARM WAIVER | | | | | | | | | | | |
| 5 - EXCEPT CLASS A BUS | | | | | | | | | | | |
| 6 - EXCEPT CLASS A & CLASS B BUS | | | | | | | | | | | |
| 7 - EXCEPT TRACTOR-TRAILER | | | | | | | | | | | |
| 8 - INTERMEDIATE LICENSE RESTRICTIONS | | | | | | | | | | | |
| 9 - LEARNER'S PERMIT RESTRICTIONS | | | | | | | | | | | |
| 10 - LIMITED TO DAYLIGHT ONLY | | | | | | | | | | | |
| 11 - LIMITED TO EMPLOYMENT | | | | | | | | | | | |
| 12 - LIMITED - OTHER | | | | | | | | | | | |
| 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | | | | | | | | | | | |
| 14 - MILITARY VEHICLES ONLY | | | | | | | | | | | |
| 15 - MOTOR VEHICLES WITHOUT AIR BRAKES | | | | | | | | | | | |
| 16 - OUTSIDE MIRROR | | | | | | | | | | | |
| 17 - PROSTHETIC AID | | | | | | | | | | | |
| 18 - OTHER | | | | | | | | | | | |
| DRIVER DISTRACTION | | | | | | | | | | | |
| 1 - NOT DISTRACTED | | | | | | | | | | | |
| 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) | | | | | | | | | | | |
| 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE | | | | | | | | | | | |
| 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE | | | | | | | | | | | |
| 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE | | | | | | | | | | | |
| 6 - PASSENGER | | | | | | | | | | | |
| 7 - OTHER DISTRACTION INSIDE THE VEHICLE | | | | | | | | | | | |
| 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE | | | | | | | | | | | |
| 9 - OTHER / UNKNOWN | | | | | | | | | | | |
| TEST STATUS | | | | | | | | | | | |
| 1 - NONE GIVEN | | | | | | | | | | | |
| 2 - TEST REFUSED | | | | | | | | | | | |
| 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE | | | | | | | | | | | |
| 4 - TEST GIVEN, RESULTS KNOWN | | | | | | | | | | | |
| 5 - TEST GIVEN, RESULTS UNKNOWN | | | | | | | | | | | |
| ALCOHOL TEST TYPE | | | | | | | | | | | |
| 1 - NONE | | | | | | | | | | | |
| 2 - BLOOD | | | | | | | | | | | |
| 3 - URINE | | | | | | | | | | | |
| 4 - BREATH | | | | | | | | | | | |
| 5 - OTHER | | | | | | | | | | | |
| DRUG TEST TYPE | | | | | | | | | | | |
| 1 - NONE | | | | | | | | | | | |
| 2 - BLOOD | | | | | | | | | | | |
| 3 - URINE | | | | | | | | | | | |
| 4 - OTHER | | | | | | | | | | | |
| CONDITION | | | | | | | | | | | |
| 1 - APPARENTLY NORMAL | | | | | | | | | | | |
| 2 - PHYSICAL IMPAIRMENT | | | | | | | | | | | |
| 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) | | | | | | | | | | | |
| 4 - ILLNESS | | | | | | | | | | | |
| 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. | | | | | | | | | | | |
| 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL | | | | | | | | | | | |
| 9 - OTHER / UNKNOWN | | | | | | | | | | | |
| DRUG TEST RESULT(S) | | | | | | | | | | | |
| 1 - AMPHETAMINES | | | | | | | | | | | |
| 2 - BARBITURATES | | | | | | | | | | | |
| 3 - BENZODIAZEPINES | | | | | | | | | | | |
| 4 - CANNABINOIDS | | | | | | | | | | | |
| 5 - COCAINE | | | | | | | | | | | |
| 6 - OPIATES / OPIOIDS | | | | | | | | | | | |
| 7 - OTHER | | | | | | | | | | | |
| 8 - NEGATIVE RESULTS | | | | | | | | | | | |



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
2 2 0 1 3 0 3 4

| | | | | | | | | | | |
|----------|--|---|------------------------------------|---|-----------------------------------|--|-------------------------|----------------------|---------------|--------------|
| OCCUPANT | UNIT # 2 | NAME: LAST, FIRST, MIDDLE Finke, Madison | | | DATE OF BIRTH 1 1 0 7 2 0 1 4 | | AGE 7 | GENDER F | | |
| | ADDRESS: STREET, CITY, STATE, ZIP 5517 Chesapeake Way, Fairfield, OH, 45014 | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| OCCUPANT | INJURIES 4 | INJURED TAKEN BY 1 | EMS AGENCY (NAME) Fairfield EMS | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 0 4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0 3 | AIR BAG USAGE 0 1 | EJECTION 1 | TRAPPED 1 |
| | UNIT # | | | | NAME: LAST, FIRST, MIDDLE | | DATE OF BIRTH | | AGE 0 | GENDER |
| OCCUPANT | 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 0 | GENDER |
| | ADDRESS: STREET, CITY, STATE, ZIP | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| OCCUPANT | 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 |
| | UNIT # | | | | NAME: LAST, FIRST, MIDDLE | | DATE OF BIRTH | | AGE 0 | GENDER |
| OCCUPANT | 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 |

| INJURIES | SAFETY EQUIPMENT USED | SEATING POSITION | AIR BAG USAGE |
|------------------------------|---|--|------------------------------|
| 1 - FATAL | 1 - NONE USED - VEHICLE OCCUPANT | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | 1 - NOT DEPLOYED |
| 2 - SUSPECTED SERIOUS INJURY | 2 - SHOULDER BELT ONLY USED | 2 - FRONT - MIDDLE | 2 - DEPLOYED FRONT |
| 3 - SUSPECTED MINOR INJURY | 3 - LAP BELT ONLY USED | 3 - FRONT - RIGHT SIDE | 3 - DEPLOYED SIDE |
| 4 - POSSIBLE INJURY | 4 - SHOULDER & LAP BELT USED | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 4 - DEPLOYED BOTH FRONT/SIDE |
| 5 - NO APPARENT INJURY | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | 5 - SECOND - MIDDLE | 5 - NOT APPLICABLE |
| INJURED TAKEN BY | 6 - CHILD RESTRAINT SYSTEM - REAR FACING | 6 - SECOND - RIGHT SIDE | 9 - DEPLOYMENT UNKNOWN |
| | 7 - BOOSTER SEAT | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | EJECTION |
| | 8 - HELMET USED | 8 - THIRD - MIDDLE | |
| | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT SIDE | |
| 10 - REFLECTIVE CLOTHING | 10 - SLEEPER SECTION OF TRUCK CAB | | |
| GENDER | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | TRAPPED |
| | 99 - OTHER / UNKNOWN | 12 - PASSENGER IN UNENCLOSED CARGO AREA | |
| | F - FEMALE | 13 - TRAILING UNIT | |
| | M - MALE | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | |
| U - OTHER / UNKNOWN | 15 - NON-MOTORIST | 3 - FREED BY NON-MECHANICAL MEANS | |
| | 99 - OTHER / UNKNOWN | | |

| | | | | | | | | |
|---------|---|--|--|-----------------------------------|--|------------|-------------|--|
| WITNESS | NAME: LAST, FIRST, MIDDLE Gross, Brenda, Ann | | | DATE OF BIRTH 0 4 3 0 1 9 7 4 | | AGE 4 7 | GENDER F | |
| | ADDRESS: STREET, CITY, STATE, ZIP 1435 Hartwood Dr., Cincinnati, OH, 45240 | | | CONTACT PHONE - INCLUDE AREA CODE | | | | |
| WITNESS | NAME: LAST, FIRST, MIDDLE | | | DATE OF BIRTH | | AGE 0 | GENDER | |
| | ADDRESS: STREET, CITY, STATE, ZIP | | | CONTACT PHONE - INCLUDE AREA CODE | | | | |
| WITNESS | NAME: LAST, FIRST, MIDDLE | | | DATE OF BIRTH | | AGE 0 | GENDER | |
| | ADDRESS: STREET, CITY, STATE, ZIP | | | CONTACT PHONE - INCLUDE AREA CODE | | | | |

