



TRAFFIC CRASH REPORT

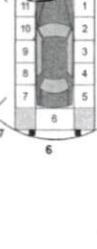
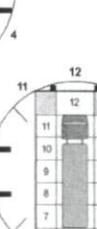
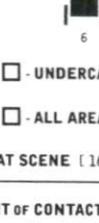
*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN		<input checked="" type="checkbox"/> OH-2	<input checked="" type="checkbox"/> OH-3	LOCAL INFORMATION		LOCAL REPORT NUMBER*		
<input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*	HIT/SKIP	NUMBER OF UNITS
				Fairfield Police Department		00901	1 - SOLVED	0 2
						2 - UNSOLVED		UNIT IN ERROR
COUNTY*		LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*		City of Fairfield		CRASH DATE / TIME*	3
0 9		1 - CITY 2 - VILLAGE 3 - TOWNSHIP					0 2 2 2 2 0 2 2 1 5 3 5	
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DECIMAL DEGREES	
				Winton		R D	3 9 . 3 1 4 8 2 5	
ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)		ROAD TYPE	LONGITUDE DECIMAL DEGREES		
			Mack		R D	- 8 4 . 5 4 1 5 9 2		
REFERENCE POINT		DIRECTION FROM REFERENCE	ROUTE TYPE		ROAD TYPE	INTERSECTION RELATED		
1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE						0 3
1 - MILES 2 - FEET 3 - YARDS		1 - MILES 2 - FEET 3 - YARDS						NUMBER OF APPROACHES
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT		DIRECTION OF TRAVEL	ROADWAY	
1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP				1 - NOT COLLISION 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN TRANSPORT 4 - REAR-END 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - HEAD-ON 10 - OTHER / UNKNOWN		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	<input type="checkbox"/> ROADWAY DIVIDED	
WORK ZONE RELATED		WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE		CONTOUR	CONDITIONS	SURFACE
<input type="checkbox"/> WORKERS PRESENT		1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		1	2	2
<input type="checkbox"/> LAW ENFORCEMENT PRESENT						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
<input type="checkbox"/> ACTIVE SCHOOL ZONE								
LIGHT CONDITION				WEATHER				
1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN				1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL		6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN		
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		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY
0 2 2 2 2 0 2 2 1 5 3 5		0 2 2 2 2 0 2 2 1 5 4 2		0 2 2 2 2 0 2 2 1 5 4 2		0 2 2 2 2 0 2 2 1 6 1 1		<input checked="" type="checkbox"/> POLICE AGENCY
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		<input type="checkbox"/> MOTORIST
						D. Gooch		
						OFFICER'S BADGE NUMBER*		
						1 6 0		
						1 3 2		
						CHECKED BY OFFICER'S NAME*		
						Sgt. Aaron Meyer		
						CHECKED BY OFFICER'S BADGE NUMBER*		
						1 3 2		



UNIT

OWNER	UNIT # 0_1	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) Wilson, Damien	OWNER PHONE: INCLUDE AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER)	
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER)				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE O_H	LICENSE PLATE # GLJ5035	VEHICLE IDENTIFICATION # 19XFB2F93DE004210	VEHICLE YEAR 2013	VEHICLE MAKE Honda
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY State Farm	INSURANCE POLICY # 872 3127-B28-35B	COLOR White	VEHICLE MODEL Civic
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME FOX	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 0_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
UNIT TYPE 0_1		1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		
UNIT TYPE 0_1		7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOVED OR MOTORIZED BICYCLE 11 - ALL-TERRAIN VEHICLE (ATV / UTV)		
UNIT TYPE 0_1		12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME		
UNIT TYPE 0_1		18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP		
# OF TRAILING UNITS 0_0				
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0_2		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN	
AUTONOMOUS MODE LEVEL 0_2		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
CARGO BODY TYPE 0_1		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
VEHICLE DEFECTS 0_1		1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP
NON-MOTORIST LOCATION AT IMPACT 0_1		1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED 5 - TRAVEL LANE - OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS
ACTION 0_3		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 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACD 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING 21 - PUSHING VEHICLE 22 - APPROACHING OR LEAVING VEHICLE 23 - STANDING 24 - OTHER NON-MOTORIST 25 - WORKING 26 - STANDING OUTSIDE DISABLED VEHICLE 27 - STANDING 28 - OTHER UNKNOWN
CONTRIBUTING CIRCUMSTANCES 0_3		1 - FAILURE TO YIELD 2 - RAN RED LIGHT 3 - RAN STOP SIGN 4 - RAN SPEED 5 - UNSAFE SPEED 6 - IMPROPER TURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACD 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
SEQUENCE OF EVENTS 1_2_0		1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	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 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL SUPPORT 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	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 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT
COLLISION WITH FIXED OBJECT - STRUCK 1_1		1 - FIRST HARMFUL EVENT 1	1 - MOST HARMFUL EVENT 1	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN

LOCAL REPORT NUMBER												
2	2	0	1	3	0	3	4					
DAMAGE												
DAMAGE SCALE												
<u>4</u>		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						
<u>1</u>		<u>2</u>		1-12 - REFER TO UNIT DIAGRAM		15 - VEHICLE NOT AT SCENE						
13 - TOP						99 - UNKNOWN						
TRAFFIC												
TRAFFICWAY FLOW						TRAFFIC CONTROL						
<u>1</u>		<u>2</u>		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						
<u>1</u>		<u>2</u>		1 - NOT INVOLVED								
				2 - INVOLVED-ACTIVE CROSSING								
				3 - INVOLVED-PASSIVE CROSSING								
UNIT / NON-MOTORIST DIRECTION												
FROM <u>2</u> TO <u>1</u>						1 - NORTH 5 - NORTHEAST						
						2 - SOUTH 6 - NORTHWEST						
						3 - EAST 7 - SOUTHEAST						
						4 - WEST 8 - SOUTHWEST						
						9 - OTHER / UNKNOWN						
UNIT SPEED						DETECTED SPEED						
<u>0</u>		<u>4</u>		<u>0</u>		<u>1</u>		1 - STATED / ESTIMATED SPEED				
								2 - CALCULATED / EDR				
								3 - UNDETERMINED				
POSTED SPEED												
						<u>3</u> <u>5</u>						

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER)		
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER)					
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR		
O H	HUH3226	3 G C U K R E C 1 J G 5 5 9 2 8 2	2 0 1 8		
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR		
Motorist Mutual		7175-05-185782-41A	Blue		
VEHICLE TYPE		TYPE OF USE	US DOT #		
O 4		<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE			
INTERLOCK EQUIPPED		#OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR		
		0 2	1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		
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
0 0		# OF TRAILING UNITS			
SPECIAL FUNCTION		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?			
O 1		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 0 - UNKNOWN			
CARGO BODY TYPE		1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER			
VEHICLE DEFECTS		6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE			
NON-MOTORIST LOCATION AT IMPACT		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			
0 1		1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS			
0 1		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING			
0 1		5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL			
0 1		8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP			
0 1		12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN			
0 1		1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS			
0 1		4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT			
0 1		7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE			
0 1		9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT			
0 1		11 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE 13 - DRIVEWAY ACCESS 14 - SHARED USE PATHS OR TRAILS			
0 4		1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK			
0 4		3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - MIDBLOCK - UNMARKED CROSSWALK 6 - TRAVEL LANE - OTHER LOCATION			
0 1		7 - BICYCLE LANE 8 - SHOULDER / ROADSIDE 9 - SIDEWALK			
0 1		10 - MEDIAN/CROSSING ISLAND 11 - SHARED USE PATHS OR TRAILS			
0 1		12 - FIRST RESPONDER AT INCIDENT SCENE 13 - DRIVEWAY ACCESS 14 - SHARED USE PATHS OR TRAILS			
0 4		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 6 - STRUCK 7 - STRUCK 8 - STRUCK 9 - OTHER / UNKNOWN			
0 1		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			
0 1		13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE			
0 1		18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 22 - LYING IN ROADWAY 23 - NOT DISCERNIBLE 24 - OPENING DOOR INTO ROADWAY 25 - LOAD SHIFTING/FALLING/SPILLING 26 - OTHER IMPROPER ACTION			
0 1		1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN			
0 1		7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING			
0 1		13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY			
0 1		17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING			
0 1		21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 24 - OTHER IMPROPER ACTION			
0 1		25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE			
0 1		31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER			
0 1		37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT			
0 1		43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT			
0 1		50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN			
0 1		1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT			
0 1		6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN			
0 1		11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE			
0 1		16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT			
0 1		21 - PARKED MOTOR VEHICLE			
0 1		22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT			
0 1		25 - OTHER / UNKNOWN			
0 1		26 - INVOLVED-ACTIVE CROSSING 27 - INVOLVED-PASSIVE CROSSING			
0 1		28 - NOT INVOLVED 29 - INVOLVED-ACTIVE CROSSING 30 - INVOLVED-PASSIVE CROSSING			
0 1		31 - NORTH 32 - SOUTH 33 - EAST 34 - WEST 35 - OTHER / UNKNOWN			
0 1		36 - STATED / ESTIMATED SPEED 37 - CALCULATED / EDR 38 - UNDETERMINED			
0 1		39 - 1 40 - 2 41 - 3			
0 1		42 - 4 43 - 5 44 - 6			
0 1		45 - 7 46 - 8 47 - 9			
0 1		48 - 10 49 - 11 50 - 12			
0 1		51 - 13 52 - 14 53 - 15			
0 1		54 - 16 55 - 17 56 - 18			
0 1		57 - 19 58 - 20 59 - 21			
0 1		60 - 22 61 - 23 62 - 24			
0 1		63 - 25 64 - 26 65 - 27			
0 1		66 - 28 67 - 29 68 - 30			
0 1		69 - 31 70 - 32 71 - 33			
0 1		72 - 34 73 - 35 74 - 36			
0 1		75 - 37 76 - 38 77 - 39			
0 1		78 - 40 79 - 41 80 - 42			
0 1		81 - 43 82 - 44 83 - 45			
0 1		84 - 46 85 - 47 86 - 48			
0 1		87 - 49 88 - 50 89 - 51			
0 1		90 - 52 91 - 53 92 - 54			
0 1		93 - 55 94 - 56 95 - 57			
0 1		96 - 58 97 - 59 98 - 60			
0 1		99 - 61 100 - 62 101 - 63			
0 1		102 - 64 103 - 65 104 - 66			
0 1		105 - 67 106 - 68 107 - 69			
0 1		108 - 70 109 - 71 110 - 72			
0 1		111 - 73 112 - 74 113 - 75			
0 1		114 - 76 115 - 77 116 - 78			
0 1		117 - 79 118 - 80 119 - 81			
0 1		120 - 82 121 - 83 122 - 84			
0 1		123 - 85 124 - 86 125 - 87			
0 1		126 - 88 127 - 89 128 - 90			
0 1		129 - 91 130 - 92 131 - 93			
0 1		132 - 94 133 - 95 134 - 96			
0 1		135 - 97 136 - 98 137 - 99			
0 1		138 - 100 139 - 101 140 - 102			
0 1		141 - 103 142 - 104 143 - 105			
0 1		144 - 106 145 - 107 146 - 108			
0 1		147 - 109 148 - 110 149 - 111			
0 1		150 - 112 151 - 113 152 - 114			
0 1		153 - 115 154 - 116 155 - 117			
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MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	LOCAL REPORT NUMBER													
	2 2 0 1 3 0 3 4					DATE OF BIRTH		AGE	GENDER					
UNIT #	NAME: LAST, FIRST, MIDDLE													
0 1	Wilson, Chloe, Jayde													
ADDRESS: STREET, CITY, STATE, ZIP														
11967 Brookway Dr., Cincinnati, OH, 45240														
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		0 4	<input type="checkbox"/>		0 1	2	1	1			
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER						
O H				4511.12a	<input type="checkbox"/>	Fail to Obey Traffic Co		249873						
DL 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	1	1	1	1	1	<input type="checkbox"/> RESULT SELECT UP TO 4			
<input type="checkbox"/> OTHER DRUG														
UNIT #	NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH		AGE	GENDER	
0 2	Finke, James, Edward									0 3 1 2 1 9 5 6	6 5	M		
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE				
5517 Chesapeake Way, Fairfield, OH, 45014														
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DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER						
					<input type="checkbox"/>									
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<input type="checkbox"/> OTHER DRUG														
INJURIES	SEATING POSITION	AIR BAG	DL CLASS	DL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS								
1- FATAL	1- FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1- NOT DEPLOYED	1- CLASS A	1- ALCOHOL INTERLOCK DEVICE	1- NOT DISTRACTED	1- NONE GIVEN								
2- SUSPECTED SERIOUS INJURY	2- FRONT - MIDDLE	2- DEPLOYED FRONT	2- CLASS B	2- CDL INTRASTATE ONLY	2- MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2- TEST REFUSED								
3- SUSPECTED MINOR INJURY	3- FRONT - RIGHT SIDE	3- DEPLOYED SIDE	3- CLASS C	3- CORRECTIVE LENSES	3- TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE									
4- POSSIBLE INJURY	4- SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4- DEPLOYED BOTH FRONT / SIDE	4- REGULAR CLASS (OHIO = D)	4- FARM WAIVER	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- TEST GIVEN, RESULTS UNKNOWN									
	6- SECOND - RIGHT SIDE	6- DEPLOYMENT UNKNOWN	6- NO VALID DL	6- EXCEPT CLASS A & CLASS B BUS										
	7- THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7- EXCEPT TRACTOR-TRAILER										
	8- THIRD - MIDDLE	1- NOT EJECTED	H- HAZMAT	8- INTERMEDIATE LICENSE RESTRICTIONS	1- NONE									
	9- THIRD - RIGHT SIDE	2- PARTIALLY EJECTED	M- MOTORCYCLE	9- LEARNER'S PERMIT RESTRICTIONS	2- BLOOD									
	10- SLEEPER SECTION OF TRUCK CAB	3- TOTALLY EJECTED	P- PASSENGER	10- LIMITED TO DAYLIGHT ONLY	3- URINE									
		4- NOT APPLICABLE	N- TANKER	11- LIMITED TO EMPLOYMENT	4- BREATH									
			Q- MOTOR SCOOTER	12- LIMITED - OTHER	5- OTHER									
			R- THREE-WHEEL MOTORCYCLE	13- MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	ALCOHOL TEST TYPE									
			S- SCHOOL BUS	14- MILITARY VEHICLES ONLY	1- NONE									
			T- DOUBLE & TRIPLE TRAILERS	15- MOTOR VEHICLES WITHOUT AIR BRAKES	2- BLOOD									
			X- TANKER / HAZMAT	16- OUTSIDE MIRROR	3- URINE									
				17- PROSTHETIC AID	4- OTHER									
				18- 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- CANNABINOID									
					5- COCAINE									
					6- OPIATES / OPIOIDS									
					7- OTHER									
					8- NEGATIVE RESULTS									
INJURED TAKEN BY	EJECTION	DL ENDORSEMENT												
1- NOT TRANSPORTED / TREATED AT SCENE	1- NOT EJECTED	H- HAZMAT												
2- EMS	2- PARTIALLY EJECTED	M- MOTORCYCLE												
3- POLICE	3- TOTALLY EJECTED	P- PASSENGER												
9- OTHER / UNKNOWN	4- NOT APPLICABLE	N- TANKER												
SAFETY EQUIPMENT	TRAPPED	Q- MOTOR SCOOTER												
1- NONE USED	1- NOT TRAPPED	R- THREE-WHEEL MOTORCYCLE												
2- SHOULDER BELT ONLY USED	2- EXTRICATED BY MECHANICAL MEANS	S- SCHOOL BUS												
3- LAP BELT ONLY USED	3- FREED BY NON-MECHANICAL MEANS	T- DOUBLE & TRIPLE TRAILERS												
4- SHOULDER & LAP BELT USED		X- TANKER / HAZMAT												
5- CHILD RESTRAINT SYSTEM - FORWARD FACING														
6- CHILD RESTRAINT SYSTEM - REAR FACING														
7- BOOSTER SEAT	14- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)													
8- HELMET USED	15- NON-MOTORIST													
9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	99- OTHER / UNKNOWN													
10- REFLECTIVE CLOTHING														
11- LIGHTING - PEDESTRIAN / BICYCLE ONLY														
99- OTHER / UNKNOWN														



OCCUPANT / WITNESS ADDENDUM

OCCUPANT	LOCAL REPORT NUMBER 2 2 0 1 3 0 3 4																																																																																																																					
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