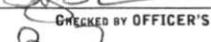




TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL REPORT NUMBER*				
				2 2 0 1 3 6 0 2				
<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION		<small>REPORTING AGENCY NAME*</small> NCIC* Fairfield Police Department 0 0 9 0 1		<small>HIT/SKIP</small> 1-SOLVED 2-UNSOLVED <small>NUMBER OF UNITS</small> 0 1	<small>UNIT IN ERROR</small> 0 1 98-ANIMAL 99-UNKNOWN	
COUNTY* 0 9		LOCALITY* 1-CITY 1 2-VILLAGE 3-TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield		CRASH DATE / TIME* 0 2 2 4 2 0 2 2 2 0 0 9		
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME Homeward	ROAD TYPE W Y	LATITUDE DECIMAL DEGREES 3 9 3 2 7 9 2 0		
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 3080	ROAD TYPE	LONGITUDE DECIMAL DEGREES -8 4 5 0 9 7 0 4		
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE # 3		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	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	RD - ROAD LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	INTERSECTION RELATED	
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS					<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA <small>NUMBER OF APPROACHES</small>	
LOCATION OF FIRST HARMFUL EVENT 0 6				MANNER OF CRASH COLLISION/IMPACT 1 1-NOT COLLISION 2-BETWEEN 3-TWO MOTOR VEHICLES IN 4-ANGLE 5-TRANSPORT 6-SIDESWIPE, SAME DIRECTION 7-SIDESWIPE, OPPOSITE DIRECTION 8-HEAD-ON 9-OTHER / UNKNOWN		ROADWAY		
<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 2-ADVANCE WARNING SIGN 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA		ROADWAY DIVIDED		
LIGHT CONDITION 3		WEATHER 0 4 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL		1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN		DIRECTION OF TRAVEL 1-NORTH 2-SOUTH 3-EAST 4-WEST		
NARRATIVE						MEDIAN TYPE 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		
On 02-24-2022 Unit 1 was traveling in the parking lot of Webster Funeral Home at 3080 Homeward Way. Unit 1 struck a light pole which did not have any damage as a result.						 Indicate the north direction with an "N" on the compass diagram.		
Webster Funeral Home owns the light pole. They can be reached at								
CRASH REPORTED DATE / TIME 0 2 2 4 2 0 2 2 2 0 0 9		DISPATCH DATE / TIME 0 2 2 4 2 0 2 2 2 0 1 1		ARRIVAL DATE / TIME 0 2 2 4 2 0 2 2 2 0 1 4		SCENE CLEARED DATE / TIME 0 2 2 4 2 0 2 2 2 0 4 5		
TOTAL TIME ROADWAY CLOSED 0 0 0		OTHER INVESTIGATION TIME 2 0		TOTAL MINUTES 5 4		<small>REPORT TAKEN BY</small> <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT <small>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OADS)</small>		
				<small>OFFICER'S NAME*</small> P.O. Wells		<small>CHECKED BY OFFICER'S NAME*</small> 		
				<small>OFFICER'S BADGE NUMBER*</small> 1 4 8		<small>CHECKED BY OFFICER'S BADGE NUMBER*</small> 		

OWNER	UNIT # <u>0 1</u>	OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER	OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER	LOCAL REPORT NUMBER 2 2 0 1 3 6 0 2
	OWNER ADDRESS: STREET, CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER		DAMAGE	
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		DAMAGE SCALE
LP STATE <u>O H</u> LICENSE PLATE # <u>JIN3351</u>		VEHICLE IDENTIFICATION # <u>1G1ZT51FX6F235549</u>	VEHICLE YEAR <u>2006</u>	VEHICLE MAKE <u>Chevy</u>
<input checked="" type="checkbox"/> INSURANCE VERIFIED <u>State Farm</u>		INSURANCE COMPANY <u>State Farm</u>	INSURANCE POLICY # <u>733-4007-C15-35H</u>	COLOR <u>Gray</u>
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT # <u>1</u>	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
INTERLOCK EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <input type="checkbox"/> EQUIPPED <u>0 3</u>		# OCCUPANTS <u>0 3</u>	TOWED BY: COMPANY NAME <u>Elite Towing</u>	
UNIT TYPE 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		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	
# OF TRAILING UNITS <u>0</u>		CLASS # <u>1</u> PLACARD ID # <u>1</u>		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>2</u> 1 - YES 2 - NO 9 - OTHER / UNKNOWN		AUTONOMOUS MODE LEVEL <u>0</u>	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION
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
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 - GRAIN/CHIPS/GRAVEL	8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP
VEHICLE DEFECTS 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT
NON-MOTORIST LOCATION AT IMPACT 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 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 6 - PRE-CRASH 7 - OVERTAKING/PASSING 8 - MAKING RIGHT TURN 9 - MAKING LEFT TURN 10 - OTHER/UNKNOWN		1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - TURNING 8 - OTHER	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED 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 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
COLLISION WITH FIXED OBJECT - STRUCK 1 - IMPACT ATTENUATOR / CRASH CUSHION 2 - BRIDGE OVERHEAD STRUCTURE 3 - BRIDGE PIER OR ABUTMENT BARRIER 4 - BRIDGE PARAPET 5 - BRIDGE RAIL 6 - GUARDRAIL FACE		22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT		
1 - FIRST HARMFUL EVENT 2 - MOST HARMFUL EVENT		25 - GUARDRAIL END 26 - PORTABLE BARRIER 27 - MEDIAN CABLE BARRIER 28 - MEDIAN GUARDRAIL 29 - MEDIAN CONCRETE BARRIER 30 - MEDIAN OTHER BARRIER	26 - CURB 27 - OVERHEAD SIGN POST 28 - LIGHT / LUMINARIES SUPPORT 29 - OTHER POST, POLE OR SUPPORT 30 - CULVERT	
2 - NO DAMAGE <u>0</u>		3 - UNDERCARRIAGE <u>14</u>		
4 - TOP <u>13</u>		5 - ALL AREAS <u>15</u>		
6 - UNIT NOT AT SCENE <u>16</u>		7 - INITIAL POINT OF CONTACT 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP		
7 - TRAFFIC 1 - TRAFFIC WAY FLOW 2 - # OF THROUGH LANES ON ROAD		8 - TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL		
9 - RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING		10 - UNIT / NON-MOTORIST DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN		
11 - UNIT SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED		12 - DETECTED SPEED 1 - POSTED SPEED		



MOTORIST / Non-MOTORIST

										LOCAL REPORT NUMBER									
										2 2 0 1 3 6 0 2			DATE OF BIRTH			AGE			GENDER
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE 0 1 Lakes, Robert									1 0 1 7 1 9 6 7			5 4			M		
	ADDRESS: STREET, CITY, STATE, ZIP 524 Bailey St. Hamilton, OH 45011										CONTACT PHONE - INCLUDE AREA CODE								
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	0 4		DOT-COMPLIANT MC HELMET		SEATING POSITION	AIR BAG USAGE		EJECTION		TRAPPED		
	5											0 1	1		1		1		
	DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE			OFFENSE DESCRIPTION		CITATION NUMBER							
	O H																		
	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	STATUS	TYPE	VALUE	1	1	RESULT SELECT UP TO 4			
						<input type="checkbox"/> OTHER DRUG													
	UNIT #	NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH			AGE			GENDER		
													0						
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE									
MOTORIST / NON-MOTORIST	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		
	DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER									
	DL 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		STATUS	TYPE	VALUE	1	1	RESULT SELECT UP TO 4					
						<input type="checkbox"/> OTHER DRUG													
	UNIT #	NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH			AGE			GENDER		
														0					
	ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE								
MOTORIST / NON-MOTORIST	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		
	DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER									
	DL 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		STATUS	TYPE	VALUE	1	1	RESULT SELECT UP TO 4					
						<input type="checkbox"/> OTHER DRUG													
	INJURIES	SEATING POSITION	AIR BAG		DL CLASS	DL RESTRICTION(S)		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	3-TEST GIVEN, RESULTS KNOWN											
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 UNKNOWN	4-TEST GIVEN, RESULTS UNKNOWN											
5-NO APPARENT INJURY	5-SECOND - MIDDLE	5-NOT APPLICABLE		5-MIC MOPED ONLY	5-EXCEPT CLASS A BUS		5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5-ALCOHOL TEST TYPE											
INJURED TAKEN BY	6-SECOND - RIGHT SIDE	6-DEPLOYMENT UNKNOWN		6-NO VALID DL	6-EXCEPT CLASS A & CLASS B BUS		6-PASSSENGER	1-NONE											
1-NOT TRANSPORTED / TREATED AT SCENE	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-NOT APPLICABLE		7-EXCEPT TRACTOR-TRAILER	7-EXCEPT TRACTOR-TRAILER		7-OTHER DISTRACTION INSIDE THE VEHICLE	2-BLOOD											
2-EMS	8-THIRD - MIDDLE	8-PARTIALLY EJECTED		8-INTERMEDIATE LICENSE RESTRICTIONS	8-INTERMEDIATE LICENSE RESTRICTIONS		8-OTHER DISTRACTION OUTSIDE THE VEHICLE	3-URINE											
3-POLICE	9-THIRD - RIGHT SIDE	9-TOTALLY EJECTED		9-LEARNER'S PERMIT RESTRICTIONS	9-LEARNER'S PERMIT RESTRICTIONS		9-OTHER/UNKNOWN	4-BREATH											
9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB	10-NOT APPLICABLE		10-LIMITED TO DAYLIGHT ONLY	10-LIMITED TO DAYLIGHT ONLY		10-OTHER	5-OTHER											
SAFETY EQUIPMENT										TRAPPED		GENDER		CONDITION		DRUG TEST RESULT(S)			
1-NONE USED	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1-NOT TRAPPED		F-FEMALE	1-APPARENTLY NORMAL		1-APPARENTLY NORMAL	1-AMPHETAMINES											
2-SHOULDER BELT ONLY USED	12-PASSENGER IN UNENCLOSED CARGO AREA	2-EXTRICATED BY MECHANICAL MEANS		M-MALE	2-PHYSICAL IMPAIRMENT		2-PHYSICAL IMPAIRMENT	2-BARBITURATES											
3-LAP BELT ONLY USED	13-TRAILING UNIT	3-FREED BY NON-MECHANICAL MEANS		U-OTHER / UNKNOWN	3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3-BENZODIAZEPINES											
4-SHOULDER & LAP BELT USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	4-NOT APPLICABLE			4-ILLNESS		4-ILLNESS	4-CANNABINOID											
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	15-NON-MOTORIST	5-PROSTHETIC AID			5-FELL ASLEEP, FAINTED, FATIGUED, ETC.		5-FELL ASLEEP, FAINTED, FATIGUED, ETC.	5-COCAIN											
6-CHILD RESTRAINT SYSTEM - REAR FACING	99-OTHER / UNKNOWN	6-OUTSIDE MIRROR			6-UNDER THE INFLUENCE OF MEDICATIONS/DRUGS /ALCOHOL		6-UNDER THE INFLUENCE OF MEDICATIONS/DRUGS /ALCOHOL	6-OPIATES / OPIOIDS											
7-BOOSTER SEAT		7-PROSTHETIC AID			7-OTHER		7-OTHER	7-OTHER											
8-HELMET USED		8-OUTSIDE MIRROR			9-OTHER / UNKNOWN		9-OTHER / UNKNOWN	8-Negative RESULTS											
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		9-OUTSIDE MIRROR			9-OTHER / UNKNOWN		9-OTHER / UNKNOWN	9-Negative RESULTS											
10-REFLECTIVE CLOTHING		10-OUTSIDE MIRROR			10-OTHER		10-OTHER	10-OTHER											
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY		11-OUTSIDE MIRROR			11-OTHER		11-OTHER	11-OTHER											
99-OTHER / UNKNOWN		12-OUTSIDE MIRROR			12-OTHER		12-OTHER	12-OTHER											

OCCUPANT / WITNESS ADDENDUM

OCCUPANT						LOCAL REPORT NUMBER					
	UNIT #	NAME: LAST, FIRST, MIDDLE				2 2 0 1 3 6 0 2	DATE OF BIRTH	AGE	GENDER		
	1	Lakes, Sherry				0 8 1 8 1 9 4 4	7 7	F			
ADDRESS: STREET, CITY, STATE, ZIP 916 Cleveland Ave. Hamilton, OH 45013					CONTACT PHONE - INCLUDE AREA CODE						
	3	INJURED TAKEN BY	2	EMS AGENCY (NAME) Fairfield City	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) Mercy	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
	1	NAME: LAST, FIRST, MIDDLE Lakes, Krysteenah				0 7 0 1 1 9 9 2	2 9	F			
ADDRESS: STREET, CITY, STATE, ZIP 529 Prytania Ave. Hamilton, OH 45013					CONTACT PHONE - INCLUDE AREA CODE						
	4	INJURED TAKEN BY	9	EMS AGENCY (NAME) Fort Hamilton	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) Fort Hamilton	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 6	AIR BAG USAGE 0 1	EJECTION 1	TRAPPED 1
	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH	AGE	GENDER	0	
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
	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		
	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER	0		
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
	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		
	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER	0		
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
	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				
	1 - NOT TRANSPORTED /TREATED AT SCENE		7 - BOOSTER SEAT		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		EJECTION				
	2 - EMS		8 - HELMET USED		8 - THIRD - MIDDLE		1 - NOT EJECTED				
	3 - POLICE		9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED				
	9 - OTHER / UNKNOWN		10 - REFLECTIVE CLOTHING		10 - SLEEPER SECTION OF TRUCK CAB		3 - TOTALLY EJECTED				
	GENDER		11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		4 - NOT APPLICABLE				
	F - FEMALE		99 - OTHER / UNKNOWN		12 - PASSENGER IN UNENCLOSED CARGO AREA		TRAPPED				
	M - MALE				13 - TRAILING UNIT		1 - NOT TRAPPED				
	U - OTHER / UNKNOWN				14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		2 - EXTRICATED BY MECHANICAL MEANS				
					15 - NON-MOTORIST		3 - FREED BY NON-MECHANICAL MEANS				
					99 - OTHER / UNKNOWN						
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER	0		
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER	0		
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER	0		
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