



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOSTAKEN		<input checked="" type="checkbox"/> OH-2	<input 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*		
				Fairfield Police Department		0 0 9 0 1		
COUNTY*		LOCALITY*		LOCATION: CITY, VILLAGE, TOWNSHIP*		CRASH DATE / TIME*		
0 9		1 - CITY 2 - VILLAGE 3 - TOWNSHIP		City of Fairfield		0 2 2 4 2 0 2 2 2 0 3 9		
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	CRASH SEVERITY	
	U S	1 2 7					1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY	
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LATITUDE DECIMAL DEGREES	
					Wessel	D R	3 9 . 3 3 5 5 2 1	
REFERENCE POINT		DIRECTION FROM REFERENCE		ROUTE TYPE	ROAD TYPE	LONGITUDE DECIMAL DEGREES		
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	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	8 4 . 5 5 9 7 8 4	
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE		CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED		
1 - MILES 2 - FEET 3 - YARDS						<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH	4	
						<input type="checkbox"/> WITHIN INTERCHANGE AREA	NUMBER OF APPROACHES	
						ROADWAY		
						<input type="checkbox"/> ROADWAY DIVIDED		
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT	DIRECTION OF TRAVEL	MEDIAN TYPE		
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 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN TRANSPORT 4 - REAR-END 5 - HEAD-ON	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		
6				6 - BACKING 7 - ANGLE 8 - SIDESWIPE, SAME DIRECTION 9 - OTHER/ UNKNOWN				
<input type="checkbox"/> 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		1 - BEFORE THE 1ST WORK ZONE WARNING SIGN	1	2	2	
<input type="checkbox"/> LAW ENFORCEMENT PRESENT		3 - WORK ON SHOULDER OR MEDIAN		2 - ADVANCE WARNING AREA	1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE	
<input type="checkbox"/> ACTIVE SCHOOL ZONE		4 - INTERMITTENT OR MOVING WORK		3 - TRANSITION AREA	2 - STRAIGHT GRADE	2 - WET	2 - BLACKTOP, BITUMINOUS, ASPHALT	
		5 - OTHER		4 - ACTIVITY AREA	3 - CURVE LEVEL	3 - SNOW	3 - BRICK/BLOCK	
				5 - TERMINATION AREA	4 - CURVE GRADE	4 - ICE	4 - SLAG, GRAVEL, STONE	
					9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	5 - DIRT	
						6 - WATER (STANDING, MOVING)	9 - OTHER/UNKNOWN	
						7 - SLUSH		
						9 - OTHER/UNKNOWN		
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				
3		0 4						
NARRATIVE								
On 2/24/22 at 8:39 P.M. Unit 1 was traveling northbound on Pleasant Avenue attempting to turn left onto Wessel Drive. Unit 2 was traveling southbound on Pleasant Avenue at Wessel Drive. Unit 2 entered the intersection as unit 1 was turning left onto Wessel Drive from Pleasant Avenue, and struck Unit 1 on the passenger side rear door.								
See OH-2								
Unit 1 claimed they had the green arrow and had the right of way. Unit 2 claimed they had the green light. No citation was issued.								
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY
0 2 2 4 2 0 2 2 2 0 3 9		0 2 2 4 2 0 2 2 2 0 4 0		0 2 2 4 2 0 2 2 2 0 4 4		0 2 2 4 2 0 2 2 2 1 0 5		<input checked="" type="checkbox"/> POLICE AGENCY
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		<input type="checkbox"/> MOTORIST
0 0		2 0		4 5		N. Davis		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOS)
						CHECKED BY OFFICER'S NAME*		
						CHECKED BY OFFICER'S BADGE NUMBER*		
						CHECKED BY OFFICER'S BADGE NUMBER*		

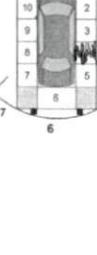
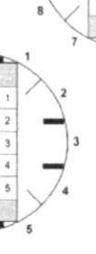
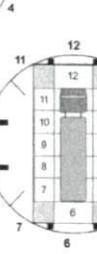
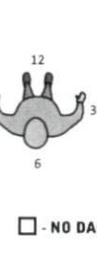
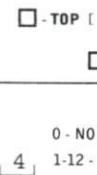
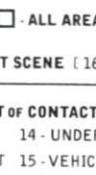


Indicate the north direction with an "N" on the compass diagram.



UNIT

OWNER	UNIT # 0_1 OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) Biondo, Angelo J			OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER) 5407 Bibury Rd. Fairfield, OH 45014																																																																											
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 5407 Bibury Rd. Fairfield, OH 45014			COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																																																																												
LP STATE O_H	LICENSE PLATE # JCC9157	VEHICLE IDENTIFICATION # 3N1CB51D76L632305		VEHICLE YEAR 2006 VEHICLE MAKE Nissan																																																																											
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY State Farm	INSURANCE POLICY # D324630c0735		COLOR Black VEHICLE MODEL Sentra																																																																											
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #		TOWED BY: COMPANY NAME																																																																											
<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																																																																											
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	23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP																																																																											
UNIT TYPE 0_1	# OF TRAILING UNITS 0		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0																																																																												
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																																																																											
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																																																																											
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																																																																											
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																																																																											
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																																																																											
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																																																																											
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 / ACCA 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																																																																															
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COLLISION WITH FIXED OBJECT - STRUCK																																																																															

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

OWNER

COMMERCIAL CARRIER

VEHICLE

EVENT(S)

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> SAME AS DRIVER	OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER
0 1 2	Doepker, Kathleen M	
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	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
0 H	GXH1451	1FADP3N25D1276418	2013	Ford
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	Progressive	949297349	Black	Focus
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS 0 2	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

1 - PASSENGER CAR 0 1 1	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER
2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED	13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)
3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14 - SINGLE UNIT TRUCK	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST
4 - PICK UP	10 - MOPED OR MOTORIZED	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE
5 - CARGO VAN	BICYCLE	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR	27 - TRAIN
6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	ANIMAL-DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP

0 # 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
2	1 - YES 2 - NO 9 - OTHER / UNKNOWN	AUTONOMOUS MODE LEVEL		

1 - NONE 0 1 1	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM	21 - MAIL CARRIER
2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	17 - MOWING	99 - OTHER / UNKNOWN
3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	18 - SNOW REMOVAL	
4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	19 - TOWING	
5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL	

1 - NO CARGO BODY TYPE / NOT APPLICABLE 0 1 1	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER
2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	9 - CARGO TANK	13 - AUTO TRANSPORTER
		7 - GRAIN/CHIPS/GRAVEL	10 - FLAT BED	14 - GARBAGE/REFUSE
			11 - DUMP	99 - OTHER / UNKNOWN

1 - TURN SIGNALS 0 1 1	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE	99 - OTHER / UNKNOWN
2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	10 - DISABLED FROM PRIOR ACCIDENT	
3 - TAIL LAMPS	6 - TIRE BLOWOUT			

1 - INTERSECTION - MARKED CROSSWALK 0 1 1	3 - INTERSECTION - OTHER CROSSWALK	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE
2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	
	8 - SIDEWALK	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	99 - OTHER / UNKNOWN
	5 - TRAVEL LANE - OTHER LOCATION			

1 - NON-CONTACT 0 1 1	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE
2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19 - STANDING
3 - STRIKING	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	15 - WALKING, RUNNING, JOGGING, PLAYING	20 - OTHER NON-MOTORIST
4 - STRUCK PRE-CRASH ACTIONS	4 - OVERTAKING/PASSING	10 - PARKED	11 - SLOWING OR STOPPED IN TRAFFIC	21 - STANDING OUTSIDE DISABLED VEHICLE
5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	16 - WORKING	17 - PUSHING VEHICLE
9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	12 - DRIVERLESS	17 - PUSHING VEHICLE	99 - OTHER / UNKNOWN

1 - NONE 0 1 1	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY
2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / ACDA	14 - STOPPED OR PARKED ILLEGALLY	18 - OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE
3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	15 - SWERVING TO AVOID	19 - LOAD SHIFTING/FALLING/SPILLING	23 - OPENING DOOR INTO ROADWAY
4 - RAN STOP SIGN	10 - IMPROPER PASSING	16 - WRONG WAY	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION
5 - UNSAFE SPEED	11 - DROVE OFF ROAD			
6 - IMPROPER TURN	12 - IMPROPER BACKING			

SEQUENCE OF EVENTS

1 2 0	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT
	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	17 - ANIMAL - FARM	17 - ANIMAL - DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	18 - DOWNHILL RUNAWAY	19 - ANIMAL - OTHER	20 - MOTOR VEHICLE IN TRANSPORT
2 1 1	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	13 - OTHER NON-COLLISION	20 - MOTOR VEHICLE IN TRANSPORT	21 - OTHER MOVABLE OBJECT
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	14 - PEDESTRIAN	21 - PARKED MOTOR VEHICLE	
3 1 1			15 - PEDALCYCLE		

4 1 1	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT
	26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH	51 - WALL
5 1 1	27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES SUPPORT	45 - EMBANKMENT	52 - BUILDING
	28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL	40 - UTILITY POLE	46 - FENCE	53 - TUNNEL
6 1 1	29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE, OR SUPPORT	47 - MAILBOX	54 - TREE
	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	48 - FIRE HYDRANT	99 - OTHER / UNKNOWN

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER	
2 2 0 1 3 6 0 4	
DAMAGE	
2	DAMAGE SCALE 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<img alt="Diagram	



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER						
2	2	0	1	3	6	0 4
DATE OF BIRTH				AGE	GENDER	
1	1	0	2	2	0	0 4
17 M						

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH				AGE	GENDER
	0 1	Biondo, Anthony Joseph				1 1 0 2 2 0 0 4	1 7	M			
ADDRESS: STREET, CITY, STATE, ZIP 325 Connie Ct. Apt. B Fairfield, OH 45014											
CONTACT PHONE - INCLUDE AREA CODE											
INJURIES 5 INJURED TAKEN BY EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED 0 4 <input type="checkbox"/> DOT-COMPLIANT MC HELMET SEATING POSITION 0 1 AIR BAG USAGE 1 EJECTION 1 TRAPPED											
OL STATE O H OPERATOR LICENSE NUMBER OFFENSE CHARGED LOCAL CODE OFFENSE DESCRIPTION CITATION NUMBER											
OL CLASS 4 ENDORSEMENT SELECT UP TO 2 RESTRICTION SELECT UP TO 3 DRIVER DISTRACTED BY 1 ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG CONDITION ALCOHOL TEST DRUG TEST(S) STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 1 1 1 1 1 1											
UNIT # 0 2 NAME: LAST, FIRST, MIDDLE DATE OF BIRTH AGE GENDER 1 0 1 8 1 9 9 7 2 4 F											
ADDRESS: STREET, CITY, STATE, ZIP 5961 Red Oak Dr. Fairfield, OH 45014											
CONTACT PHONE - INCLUDE AREA CODE											
INJURIES 5 INJURED TAKEN BY EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED 0 4 <input type="checkbox"/> DOT-COMPLIANT MC HELMET SEATING POSITION 0 1 AIR BAG USAGE 1 EJECTION 1 TRAPPED											
OL STATE O H OPERATOR LICENSE NUMBER OFFENSE CHARGED LOCAL CODE OFFENSE DESCRIPTION CITATION NUMBER											
OL CLASS 4 ENDORSEMENT SELECT UP TO 2 RESTRICTION SELECT UP TO 3 DRIVER DISTRACTED BY 1 ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG CONDITION ALCOHOL TEST DRUG TEST(S) STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 1 1 1 1 1 1											
UNIT # NAME: LAST, FIRST, MIDDLE DATE OF BIRTH AGE GENDER 0											
ADDRESS: STREET, CITY, STATE, ZIP											
CONTACT PHONE - INCLUDE AREA CODE											
INJURIES INJURED TAKEN BY EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED <input type="checkbox"/> DOT-COMPLIANT MC HELMET SEATING POSITION AIR BAG USAGE EJECTION TRAPPED											
OL STATE OPERATOR LICENSE NUMBER OFFENSE CHARGED LOCAL CODE OFFENSE DESCRIPTION CITATION NUMBER											
OL CLASS ENDORSEMENT SELECT UP TO 2 RESTRICTION SELECT UP TO 3 DRIVER DISTRACTED BY 1 ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG CONDITION ALCOHOL TEST DRUG TEST(S) STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 1 1 1 1 1 1											
INJURIES		SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTIONS	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-M/C MOVED ONLY	5-EXCEPT CLASS A BUS	5-TALKING ON HANDS-FREE COMMUNICATION DEVICE	5-TALKING ON HANDS-FREE COMMUNICATION DEVICE				
INJURED TAKEN BY		6-SECOND-RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-NO VALID OL	6-EXCEPT CLASS A & CLASS B BUS	6-TALKING ON HAND-HELD COMMUNICATION DEVICE	6-TALKING ON HAND-HELD COMMUNICATION DEVICE				
1-NOT TRANSPORTED / TREATED AT SCENE		7-THIRD-LEFT SIDE (MOTORCYCLE SIDE CAR)	1-NOT EJECTED	7-EXCEPT TRACTOR-TRAILER	7-INTERMEDIATE LICENSE RESTRICTIONS	7-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	7-TEST REFUSED				
2-EMS		8-THIRD-MIDDLE	2-PARTIALLY EJECTED	8-LEARNER'S PERMIT RESTRICTIONS	8-PASSSENGER	8-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	8-TEST GIVEN, RESULTS KNOWN				
3-POLICE		9-THIRD-RIGHT SIDE	3-TOTALLY EJECTED	9-OTHER DISTRACTION INSIDE THE VEHICLE	9-OTHER DISTRACTION OUTSIDE THE VEHICLE	9-TEST GIVEN, RESULTS UNKNOWN	9-TEST GIVEN, RESULTS UNKNOWN				
9-OTHER/UNKNOWN		10-SLEEPER SECTION OF TRUCK CAB	4-NOT APPLICABLE	10-LIMITED TO DAYLIGHT ONLY	10-LIMITED TO DAYLIGHT ONLY	10-LIMITED TO DAYLIGHT ONLY	10-LIMITED TO DAYLIGHT ONLY				
SAFETY EQUIPMENT		11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1-NOT TRAPPED	11-LIMITED TO EMPLOYMENT	11-LIMITED TO EMPLOYMENT	11-LIMITED TO EMPLOYMENT	11-LIMITED TO EMPLOYMENT				
1-NONE USED		12-PASSENGER IN UNENCLOSED CARGO AREA	2-EXTRICATED BY MECHANICAL MEANS	12-LIMITED-OTHER	12-LIMITED-OTHER	12-LIMITED-OTHER	12-LIMITED-OTHER				
2-SHOULDER BELT ONLY USED		13-TRAILING UNIT	3-FREED BY NON-MECHANICAL MEANS	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)	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)				
3-LAP BELT ONLY USED		14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14-MILITARY VEHICLES ONLY	14-MILITARY VEHICLES ONLY	14-MILITARY VEHICLES ONLY	14-MILITARY VEHICLES ONLY	14-MILITARY VEHICLES ONLY				
4-SHOULDER & LAP BELT USED		15-NON-MOTORIST	15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-MOTOR VEHICLES WITHOUT AIR BRAKES				
5-CHILD RESTRAINT SYSTEM-FORWARD FACING		99-OTHER / UNKNOWN	16-OUTSIDE MIRROR	16-OUTSIDE MIRROR	16-OUTSIDE MIRROR	16-OUTSIDE MIRROR	16-OUTSIDE MIRROR				
6-CHILD RESTRAINT SYSTEM-REAR FACING			17-PROSTHETIC AID	17-PROSTHETIC AID	17-PROSTHETIC AID	17-PROSTHETIC AID	17-PROSTHETIC AID				
7-BOOSTER SEAT			18-OTHER	18-OTHER	18-OTHER	18-OTHER	18-OTHER				
8-HELMET USED											
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)											
10-REFLECTIVE CLOTHING											
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY											
99-OTHER / UNKNOWN											
ALCOHOL TEST TYPE		1-NONE	2-BLOOD	3-URINE	4-BREATH	5-OTHER					
DRUG TEST TYPE		1-NONE	2-BLOOD	3-URINE	4-BREATH	5-OTHER					
DRUG TEST RESULT(S)		1-AMPHETAMINES	2-BARBITURATES	3-BENZODIAZEPINES	4-CANNABINOIDS	5-COCAININE					
CONDITION		1-APPARENTLY NORMAL	2-PHYSICAL IMPAIRMENT	3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	4-ILLNESS	5-FELL ASLEEP, FAINTED, FATIGUED, ETC.					
DRUG TEST RESULT(S)		1-AMPHETAMINES	2-BARBITURATES	3-BENZODIAZEPINES	4-CANNABINOIDS	5-COCAININE					
TEST STATUS		1-NONE GIVEN	2-TEST REFUSED	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	4-TEST GIVEN, RESULTS KNOWN	5-TEST GIVEN, RESULTS UNKNOWN					



OCCUPANT / WITNESS ADDENDUM

		LOCAL REPORT NUMBER 2 2 0 1 3 6 0 4						
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE Wachendorf, Alex Steven				DATE OF BIRTH	AGE	GENDER
	2	0 8 2 4 1 9 9 8	2 3	M				
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE						
1139 Oldwick Dr. Reading, OH 45215								
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-Compliant MC HELMET 0 3 0 1 1 1			
5				0 4				
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER	
					0	0		
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE						
1139 Oldwick Dr. Reading, OH 45215								
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-Compliant MC HELMET 0 3 0 1 1 1			
				0 4				
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER	
					0	0		
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE						
1139 Oldwick Dr. Reading, OH 45215								
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-Compliant MC HELMET 0 3 0 1 1 1			
				0 4				
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER	
					0	0		
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE						
1139 Oldwick Dr. Reading, OH 45215								
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			1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN	6 - THIRD - MIDDLE 7 - 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 EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE			
GENDER			F - FEMALE M - MALE U - OTHER / UNKNOWN	16 - NOT APPLICABLE 17 - EXTRICATED BY MECHANICAL MEANS 18 - FREED BY NON-MECHANICAL MEANS	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS			
WITNESS		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER
						0	0	
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE						
1139 Oldwick Dr. Reading, OH 45215								
WITNESS		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER
						0	0	
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE						
1139 Oldwick Dr. Reading, OH 45215								
WITNESS		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER
						0	0	
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE						
1139 Oldwick Dr. Reading, OH 45215								

OHIO TRAFFIC ACCIDENT - DIAGRAM / NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER	22-013604	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT															
IN COUNTY OF	Butler	ACCIDENT LOCATION	Pleasant Ave. / Wessel Dr.																
<table border="1"> <tr> <td colspan="5">OFFICER'S SIGNATURE</td> </tr> <tr> <td colspan="5">BADGE NO.</td> </tr> <tr> <td colspan="5">169</td> </tr> </table>					OFFICER'S SIGNATURE					BADGE NO.					169				
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