OHIO DEPARTMENT OF PUBLIC SAFETY — TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER* 22014120

☒ PHOTOS TAKEN	☐ OH-2 ☐ OH-3
☐ SECONDARY CRASH	☒ OH-1P ☐ OTHER
	☐ PRIVATE PROPERTY

LOCAL INFORMATION

REPORTING AGENCY NAME* Fairfield Police Department

NCIC* 00901

HIT/SKIP 1 — 1-SOLVED / 2-UNSOLVED

NUMBER OF UNITS 02

UNIT IN ERROR 01 — 98-ANIMAL / 99-UNKNOWN

COUNTY* 09

LOCALITY* 1 — 1-CITY / 2-VILLAGE / 3-TOWNSHIP

LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield

CRASH DATE / TIME* 02272022 0226

CRASH SEVERITY 5
1 - FATAL
2 - SERIOUS INJURY SUSPECTED
3 - MINOR INJURY SUSPECTED
4 - INJURY POSSIBLE
5 - PROPERTY DAMAGE ONLY

LOCATION

ROUTE TYPE SR **ROUTE NUMBER** 4 **PREFIX** 1-NORTH / 2-SOUTH / 3-EAST / 4-WEST

LOCATION ROAD NAME

ROAD TYPE

LATITUDE DECIMAL DEGREES 39.30177

REFERENCE

ROUTE TYPE **ROUTE NUMBER** **PREFIX** 1-NORTH / 2-SOUTH / 3-EAST / 4-WEST

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Crescentville

ROAD TYPE RD

LONGITUDE DECIMAL DEGREES -84.48528

REFERENCE POINT 1
1 - INTERSECTION
2 - MILE POST
3 - HOUSE #

DIRECTION FROM REFERENCE 1
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 / HW - HIGHWAY / RD - ROAD
AV - AVENUE / LA - LANE / SQ - SQUARE
BL - BOULEVARD / MP - MILEPOST / ST - STREET
CR - CIRCLE / OV - OVAL / TE - TERRACE
CT - COURT / PK - PARKWAY / TL - TRAIL
DR - DRIVE / PI - PIKE / WA - WAY
HE - HEIGHTS / PL - PLACE

INTERSECTION RELATED
☒ WITHIN INTERSECTION OR ON APPROACH
☐ WITHIN INTERCHANGE AREA **NUMBER OF APPROACHES** 4

DISTANCE FROM REFERENCE 1 5

DISTANCE UNIT OF MEASURE 2
1 - MILES
2 - FEET
3 - YARDS
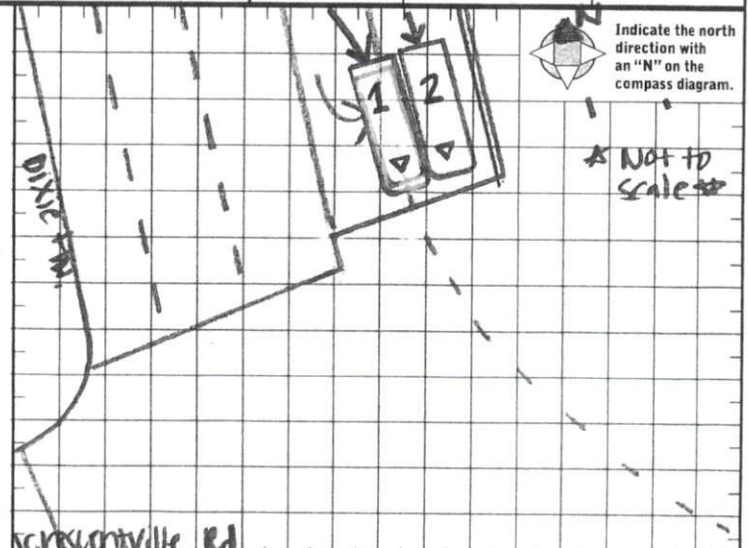
ROADWAY
☐ ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT 01
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

MANNER OF CRASH COLLISION/IMPACT 7
1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT
2 - REAR-END
3 - HEAD-ON
4 - REAR-TO-REAR
5 - BACKING
6 - ANGLE
7 - SIDESWIPE, SAME DIRECTION
8 - SIDESWIPE, OPPOSITE DIRECTION
9 - OTHER / UNKNOWN

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
4 - DIVIDED, RAISED MEDIAN (ANY TYPE)
9 - OTHER/UNKNOWN

☐ WORK ZONE RELATED	
☐ WORKERS PRESENT	
☐ LAW ENFORCEMENT PRESENT	
☐ 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 1
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 3
1 - DAYLIGHT
2 - DAWN/DUSK
3 - DARK – LIGHTED ROADWAY
4 - DARK – ROADWAY NOT LIGHTED
5 - DARK – UNKNOWN ROADWAY LIGHTING
9 - OTHER / UNKNOWN

WEATHER 01
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 02/27/22 at around 2:26 a.m., Unit 2 was stopped on Dixie Hw. at Crescentville Rd. in the leftmost lefthand turn lane facing southbound. Unit 1 was heading southbound on Dixie Hw. in the rightmost lefthand turn lane at approximately 15 m.p.h. As Unit 1 was passing Unit 2, it sideswiped Unit 2 and continued eastbound on Crescentville Rd. Unit 1 did not stop after striking Unit 2.

The driver of Unit 1, Edwin Vasquez Ambrocio, was charged with:
OVI (FCO 333.01a1A), Fail to Control (FCO 331.34a, No O/L (FCO 335.01a1), Leaving the Scene- Public Property (FCO 335.12) and Open Container in Moving Vehicle (FCO 529.07).

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

Not to scale

Dixie Hw.

Crescentville Rd.

				REPORT TAKEN BY
CRASH REPORTED DATE / TIME 02272022 0226	**DISPATCH DATE / TIME** 02272022 0239	**ARRIVAL DATE / TIME** 02272022 0245	**SCENE CLEARED DATE / TIME** 02272022 0301	☒ POLICE AGENCY
				☐ MOTORIST

TOTAL TIME ROADWAY CLOSED 3 5

OTHER INVESTIGATION TIME

TOTAL MINUTES 22

OFFICER'S NAME* O. Eckstein

OFFICER'S BADGE NUMBER* 165

CHECKED BY OFFICER'S NAME* D. Pohl

CHECKED BY OFFICER'S BADGE NUMBER* 130

☐ SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)

HSY7001 OH1 1/19 [760-0820]

PAGE 1 OF 5

OWNER

UNIT # 0 1

OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)
Crespo, Anthony, Ramos

OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)
12035 Mallet Dr., Cincinnati, OH, 45246

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

VEHICLE

LP STATE O H   **LICENSE PLATE #** JKB3015   **VEHICLE IDENTIFICATION #** 5N1AR2MM7EC724191   **VEHICLE YEAR** 2014   **VEHICLE MAKE** Nissan

☐ **INSURANCE VERIFIED**   **INSURANCE COMPANY**   **INSURANCE POLICY #**   **COLOR** White   **VEHICLE MODEL** Pathfind

TYPE OF USE
☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE

US DOT #

TOWED BY: COMPANY NAME

☐ INTERLOCK DEVICE EQUIPPED   ☒ HIT/SKIP UNIT

#OCCUPANTS 0 1

VEHICLE WEIGHT GVWR/GCWR
1 - ≤10K LBS.
2 - 10,001 - 26K LBS.
3 - >26K LBS.

HAZARDOUS MATERIAL
☐ MATERIAL RELEASED
☐ PLACARD
CLASS #   PLACARD ID #

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

 # OF TRAILING UNITS 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2
1-YES 2-NO 9-OTHER / UNKNOWN
AUTONOMOUS MODE LEVEL
0 - NO AUTOMATION
1 - DRIVER ASSISTANCE
2 - PARTIAL AUTOMATION
3 - CONDITIONAL AUTOMATION
4 - HIGH AUTOMATION
5 - FULL AUTOMATION
9 - UNKNOWN

SPECIAL FUNCTION 0 1
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 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
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 3
1 - NON-CONTACT
2 - NON-COLLISION
3 - STRIKING
4 - STRUCK
5 - BOTH STRIKING & STRUCK
9 - OTHER / UNKNOWN

PRE-CRASH ACTIONS 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
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 0 9
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

EVENT(S)

SEQUENCE OF EVENTS
1. 2 0
2.
3.
4.
5.
6.

NON-COLLISION
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

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

FIRST HARMFUL EVENT 1   **MOST HARMFUL EVENT** 1

DAMAGE

DAMAGE SCALE 2
1 - NONE
2 - MINOR DAMAGE
3 - FUNCTIONAL DAMAGE
4 - DISABLING DAMAGE
9 - UNKNOWN

DAMAGED AREA(S)
INDICATE ALL THAT APPLY

☐ - NO DAMAGE [0]   ☐ - UNDERCARRIAGE [14]
☐ - TOP [13]   ☐ - ALL AREAS [15]
☐ - UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT 1 0
0 - NO DAMAGE
1-12 - REFER TO UNIT DIAGRAM
13 - TOP
14 - UNDERCARRIAGE
15 - VEHICLE NOT AT SCENE
99 - UNKNOWN

TRAFFIC

TRAFFICWAY FLOW 2
1 - ONE-WAY
2 - TWO-WAY

TRAFFIC CONTROL 2
1 - ROUNDABOUT
2 - SIGNAL
3 - FLASHER
4 - STOP SIGN
5 - YIELD SIGN
6 - NO CONTROL

 # OF THROUGH LANES ON ROAD 6

RAIL GRADE CROSSING 1
1 - NOT INVOLVED
2 - INVOLVED-ACTIVE CROSSING
3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION
FROM 6 TO 7
1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST
5 - NORTHEAST
6 - NORTHWEST
7 - SOUTHEAST
8 - SOUTHWEST
9 - OTHER / UNKNOWN

UNIT SPEED 1 5

DETECTED SPEED 1
1 - STATED / ESTIMATED SPEED
2 - CALCULATED / EDR
3 - UNDETERMINED

POSTED SPEED 5 0

OWNER

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)
0 2	Cincinnati Insurance Company	

OWNER ADDRESS: STREET, CITY, STATE, ZIP ☐ SAME AS DRIVER
6200 S. Gilmore Rd., Fairfield, OH, 45014

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | **COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE

VEHICLE

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
O H	HSC1658	1FM5K8B85KGA06299	2019	Ford

☒ INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	Cincinnati Ins. CO	CAP771-48-48	Black	Escape

TYPE OF USE
☒ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE

US DOT #

TOWED BY: COMPANY NAME

☐ INTERLOCK DEVICE EQUIPPED ☐ HIT/SKIP UNIT

#OCCUPANTS 0 2

VEHICLE WEIGHT GVWR/GCWR
1 - ≤10K LBS.
2 - 10,001 - 26K LBS.
3 - >26K LBS.

HAZARDOUS MATERIAL
☐ MATERIAL RELEASED
☐ PLACARD
CLASS # PLACARD ID #

UNIT TYPE 0 3

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
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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 # OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2
1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL
0 - NO AUTOMATION
1 - DRIVER ASSISTANCE
2 - PARTIAL AUTOMATION
3 - CONDITIONAL AUTOMATION
4 - HIGH AUTOMATION
5 - FULL AUTOMATION
9 - UNKNOWN

SPECIAL FUNCTION 0 1

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 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
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 4

PRE-CRASH ACTIONS 1 1

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 0 1

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

EVENT(s)

SEQUENCE OF EVENTS

1: 2 0
2:
3:
4:
5:
6:

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

NON-COLLISION
11 - CROSS CENTERLINE – OPPOSITE DIRECTION OF TRAVEL
12 - DOWNHILL RUNAWAY
13 - OTHER NON-COLLISION
14 - PEDESTRIAN
15 - PEDALCYCLE
16 - RAILWAY VEHICLE
17 - ANIMAL – FARM
18 - ANIMAL – DEER
19 - ANIMAL – OTHER
20 - MOTOR VEHICLE IN TRANSPORT
21 - PARKED MOTOR VEHICLE
22 - WORK ZONE MAINTENANCE EQUIPMENT
23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
24 - OTHER MOVABLE OBJECT

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
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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 FIRST HARMFUL EVENT   **1 MOST HARMFUL EVENT**

DAMAGE

DAMAGE SCALE 2
1 - NONE
2 - MINOR DAMAGE
3 - FUNCTIONAL DAMAGE
4 - DISABLING DAMAGE
9 - UNKNOWN

DAMAGED AREA(S)
INDICATE ALL THAT APPLY

☐ - NO DAMAGE [0]   ☐ - UNDERCARRIAGE [14]
☐ - TOP [13]   ☐ - ALL AREAS [15]
☐ - UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT 0 2
0 - NO DAMAGE
1-12 - REFER TO UNIT DIAGRAM
13 - TOP
14 - UNDERCARRIAGE
15 - VEHICLE NOT AT SCENE
99 - UNKNOWN

TRAFFIC

TRAFFICWAY FLOW 2
1 - ONE-WAY
2 - TWO-WAY

TRAFFIC CONTROL 2
1 - ROUNDABOUT
2 - SIGNAL
3 - FLASHER
4 - STOP SIGN
5 - YIELD SIGN
6 - NO CONTROL

 # OF THROUGH LANES ON ROAD 6

RAIL GRADE CROSSING 1
1 - NOT INVOLVED
2 - INVOLVED-ACTIVE CROSSING
3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION
FROM 6 TO 7
1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST
5 - NORTHEAST
6 - NORTHWEST
7 - SOUTHEAST
8 - SOUTHWEST
9 - OTHER / UNKNOWN

UNIT SPEED 0

DETECTED SPEED 1
1 - STATED / ESTIMATED SPEED
2 - CALCULATED / EDR
3 - UNDETERMINED

POSTED SPEED 5 0

Ohio Department of Public Safety — MOTORIST / NON-MOTORIST

Unit 01

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
0 1	Vasquez Ambrocio, Edwin, Milton	0 9 1 2 1 9 8 9	3 2	M

ADDRESS: STREET, CITY, STATE, ZIP: 11347 Lippleman Rd. #245, Cincinnati, OH, 45246

CONTACT PHONE - INCLUDE AREA CODE:

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
5				0 4		0 1	1	1	1

OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER
		FCO 335.12a	☒	Leaving Scene-PublicPro	250135 & 250136

OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST STATUS	TYPE	VALUE	DRUG TEST(S) STATUS	TYPE	RESULT SELECT UP TO 4
6			1	☒ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG	6	4	4	3 0 1	1	1	

Unit 02

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
0 2	Nastold, William, E	0 3 2 7 1 9 6 2	5 9	M

ADDRESS: STREET, CITY, STATE, ZIP: 6850 Baytowne Dr., Cincinnati, OH 45247

CONTACT PHONE - INCLUDE AREA CODE:

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
5				0 4		0 1	1	1	1

OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER
O H			☐		

OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST STATUS	TYPE	VALUE	DRUG TEST(S) STATUS	TYPE	RESULT SELECT UP TO 4
4	M		1	☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG	1	1	1		1	1	

Unit (blank)

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	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	RESTRICTION	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST	DRUG TEST(S)
				☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG			

Legend

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

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

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

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 ENDORSEMENT
H - HAZMAT
M - MOTORCYCLE
P - PASSENGER
N - TANKER
Q - MOTOR SCOOTER
R - THREE-WHEEL MOTORCYCLE
S - SCHOOL BUS
T - DOUBLE & TRIPLE TRAILERS
X - TANKER / HAZMAT

GENDER
F - FEMALE
M - MALE
U - OTHER / UNKNOWN

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

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

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

DRUG TEST RESULT(S)
1 - AMPHETAMINES
2 - BARBITURATES
3 - BENZODIAZEPINES
4 - CANNABINOIDS
5 - COCAINE
6 - OPIATES / OPIOIDS
7 - OTHER
8 - NEGATIVE RESULTS

OHIO DEPARTMENT OF PUBLIC SAFETY — OCCUPANT / WITNESS ADDENDUM

OCCUPANT

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
2	Harris, Thomas, James	0 2 1 8 1 9 6 3	5 9	M

ADDRESS: STREET, CITY, STATE, ZIP — 5729 Gray Rd., Fairfield, OH, 45014

CONTACT PHONE - INCLUDE AREA CODE

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
5				0 4		0 3	0 1	1	1

OCCUPANT

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
			0	

ADDRESS: STREET, CITY, STATE, ZIP

CONTACT PHONE - INCLUDE AREA CODE

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OCCUPANT

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
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OCCUPANT

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
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ADDRESS: STREET, CITY, STATE, ZIP

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3 - POLICE
9 - OTHER / UNKNOWN

GENDER
F - FEMALE
M - MALE
U - OTHER / UNKNOWN

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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	

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	

ADDRESS: STREET, CITY, STATE, ZIP

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