



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

|  |   |                                |                             |  |
|--|---|--------------------------------|-----------------------------|--|
| <input type="checkbox"/> PHOTOS TAKEN                | <input type="checkbox"/> OH-2             | <input type="checkbox"/> OH-3  | LOCAL INFORMATION           | 2 2 0 1 4 8 1 4                                |
| <input type="checkbox"/> SECONDARY CRASH             | <input checked="" type="checkbox"/> OH-1P | <input type="checkbox"/> OTHER | REPORTING AGENCY NAME*      | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED         |
| <input checked="" type="checkbox"/> PRIVATE PROPERTY |   |                                | Fairfield Police Department | NUMBER OF UNITS<br>1                           |
|  |   |                                | NCIC* 0 0 9 0 1             | UNIT IN ERROR<br>1 98 - ANIMAL<br>99 - UNKNOWN |

|                |   |   |   |   |
|----------------|---|---|---|---|
| COUNTY*<br>0 9 | LOCALITY*<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br>1 | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>City of Fairfield | CRASH DATE / TIME*<br>0 3 0 1 2 0 2 2 1 4 4 5 | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY<br>5 |
|----------------|---|---|---|---|

|            |              |  |                              |                  |   |
|------------|--------------|--|------------------------------|------------------|---|
| ROUTE TYPE | ROUTE NUMBER | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | LOCATION ROAD NAME<br>HOLDEN | ROAD TYPE<br>B L | LATITUDE DECIMAL DEGREES<br>3 9 . 3 3 8 6 5 5 |
|------------|--------------|--|------------------------------|------------------|---|

|            |              |  |   |           |  |
|------------|--------------|--|---|-----------|--|
| ROUTE TYPE | ROUTE NUMBER | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>8800 | ROAD TYPE | LONGITUDE DECIMAL DEGREES<br>- 8 4 . 5 1 6 8 1 0 |
|------------|--------------|--|---|-----------|--|

|  |  |   |  |   |
|--|--|---|--|---|
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br>3 | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES |
|--|--|---|--|---|

|                         |  |   |
|-------------------------|--|---|
| DISTANCE FROM REFERENCE | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED |
|-------------------------|--|---|

|  |  |  |   |   |
|--|--|--|---|---|
| LOCATION OF FIRST HARMFUL EVENT<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP<br>6 | 9 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12 - SHARED USE PATHS OR TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER / UNKNOWN | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN<br>1 | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (≥4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN (ANY TYPE)<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN |
|--|--|--|---|---|

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA | CONTOUR<br>1<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/UNKNOWN | CONDITIONS<br>1<br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN | SURFACE<br>2<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/UNKNOWN |
|---|--|---|---|--|--|

|   |  |
|---|--|
| LIGHT CONDITION<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN<br>1 | WEATHER<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN<br>1 |
|---|--|

|   |  |
|---|--|
| NARRATIVE<br>On March 1, 2022 at about 2:45 P.M. Unit 1 was driving at high rate of speed in the parking lot of Fairfield High School. The driver failed to make the turn, slid off the road and struck a fence. The driver was cited for reckless operation. There were about 20 students in the area when this occurred.<br><br>The fence is owned by the Fairfield City School District 4641 Bach LN Fairfield, OH 45014 | Diagram showing the crash location. A compass rose indicates North. A box labeled 'LOWER PARKING LOT' is shown. A box labeled 'FENCE' is shown. A box labeled 'NOT TO SCALE' is shown. |
|---|--|

|   |   |  |  |  |
|---|---|--|--|--|
| CRASH REPORTED DATE / TIME<br>0 3 0 1 2 0 2 2 1 4 4 6 | DISPATCH DATE / TIME<br>0 3 0 1 2 0 2 2 1 4 4 6 | ARRIVAL DATE / TIME<br>0 3 0 1 2 0 2 2 1 4 5 0 | SCENE CLEARED DATE / TIME<br>0 3 0 1 2 0 2 2 1 5 0 8 | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS) |
| TOTAL TIME ROADWAY CLOSED                             | OTHER INVESTIGATION TIME                        | TOTAL MINUTES                                  | OFFICER'S NAME*<br>R. CORNER                         | CHECKED BY OFFICER'S NAME*<br>St. R. J. 2  |
|   | 3 0   | 5 2  | OFFICER'S BADGE NUMBER*<br>8 5                       | CHECKED BY OFFICER'S BADGE NUMBER*<br>1 106  |



|  |  |  |                          |   |                            |
|--|--|--|--------------------------|---|----------------------------|
| OWNER  | UNIT #   | OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> SAME AS DRIVER            |                          | OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER |                            |
|  | 01   | MURPHY, CHRISTINA  |                          |   |                            |
| 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                                       |                            |
| VEHICLE  | LP STATE   | LICENSE PLATE #  | VEHICLE IDENTIFICATION # |   | VEHICLE YEAR               |
|  | OH   | THESTNG  | 1ZVB P8AM7B51115685      |   | 2011                       |
|  | <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY  | INSURANCE POLICY #       |   | VEHICLE MAKE               |
|  |  | STATE FARM   | C657049E2135A            |   | FORD                       |
|  | <input type="checkbox"/> COMMERCIAL                    | TYPE OF USE  | US DOT #                 |   | TOWED BY: COMPANY NAME     |
|  |  | <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |                          |   | FOX                        |
|  | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED     | <input type="checkbox"/> HIT/SKIP UNIT   | #OCCUPANTS               |   | HAZARDOUS MATERIAL         |
|  |  |  | 2                        |   | CLASS # PLACARD ID #       |
|  | 1 - PASSENGER CAR                                      |  | 7 - MOTORCYCLE 2-WHEELED | 12 - GOLF CART  | 23 - PEDESTRIAN / SKATER   |
|  | 2 - PASSENGER VAN (MINIVAN)                            |  | 8 - MOTORCYCLE 3-WHEELED | 13 - SNOWMOBILE   | 24 - WHEELCHAIR (ANY TYPE) |
| 3 - SPORT UTILITY VEHICLE  |  | 9 - AUTOCYCLE  | 14 - SINGLE UNIT TRUCK   | 25 - OTHER NON-MOTORIST   |                            |
| 4 - PICK UP  |  | 10 - MOPEL OR MOTORIZED BICYCLE  | 15 - SEMI-TRACTOR        | 26 - BICYCLE  |                            |
| 5 - CARGO VAN  |  | 11 - ALL TERRAIN VEHICLE (ATV / UTV)   | 16 - FARM EQUIPMENT      | 27 - TRAIN  |                            |
| 6 - VAN (9-15 SEATS)   |  |  | 17 - MOTORHOME           | 99 - UNKNOWN OR HIT/SKIP  |                            |
| UNIT TYPE  |  |  |                          |   |                            |
| 1  |  |  |                          |   |                            |
| # OF TRAILING UNITS  |  |  |                          |   |                            |
| 0  |  |  |                          |   |                            |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?                              |  |  |                          |   |                            |
| 2  |  |  |                          |   |                            |
| 1 - YES 2 - NO 9 - OTHER / UNKNOWN   |  |  |                          |   |                            |
| AUTONOMOUS MODE LEVEL  |  |  |                          |   |                            |
| 1  |  |  |                          |   |                            |
| SPECIAL FUNCTION   |  |  |                          |   |                            |
| 1  |  |  |                          |   |                            |
| CARGO BODY TYPE  |  |  |                          |   |                            |
| 1  |  |  |                          |   |                            |
| VEHICLE DEFECTS  |  |  |                          |   |                            |
| 1  |  |  |                          |   |                            |
| NON-MOTORIST LOCATION AT IMPACT  |  |  |                          |   |                            |
| 1  |  |  |                          |   |                            |
| ACTION   |  |  |                          |   |                            |
| 3  |  |  |                          |   |                            |
| PRE-CRASH ACTIONS  |  |  |                          |   |                            |
| 6  |  |  |                          |   |                            |
| CONTRIBUTING CIRCUMSTANCES   |  |  |                          |   |                            |
| 5  |  |  |                          |   |                            |
| SEQUENCE OF EVENTS   |  |  |                          |   |                            |
| 1  |  |  |                          |   |                            |
| NON-COLLISION  |  |  |                          |   |                            |
| 8  |  |  |                          |   |                            |
| COLLISION WITH FIXED OBJECT - STRUCK   |  |  |                          |   |                            |
| 4  |  |  |                          |   |                            |
| FIRST HARMFUL EVENT  |  |  |                          |   |                            |
| 1  |  |  |                          |   |                            |
| MOST HARMFUL EVENT   |  |  |                          |   |                            |
| 2  |  |  |                          |   |                            |

|  |  |
|--|--|
| LOCAL REPORT NUMBER  |  |
| 2 2 0 1 4 8 1 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  |  |
| 2  |  |
| 1 - ONE-WAY 2 - TWO-WAY  |  |
| TRAFFIC CONTROL  |  |
| 6  |  |
| 1 - ROUNDABOUT 4 - STOP SIGN   |  |
| 2 - SIGNAL 5 - YIELD SIGN  |  |
| 3 - FLASHER 6 - NO CONTROL   |  |
| # OF THROUGH LANES ON ROAD   |  |
| 2  |  |
| RAIL GRADE CROSSING  |  |
| 1  |  |
| 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   |  |
| 3 5  |  |
| DETECTED SPEED   |  |
| 1  |  |
| 1 - STATED / ESTIMATED SPEED   |  |
| 2 - CALCULATED / EDR   |  |
| 3 - UNDETERMINED   |  |
| POSTED SPEED   |  |
|  |  |





# MOTORIST / Non-MOTORIST

| LOCAL REPORT NUMBER               |   |   |   |   |   |     |        |    |   |
|-----------------------------------|---|---|---|---|---|-----|--------|----|---|
| 2                                 | 2 | 0 | 1 | 4 | 8 | 1   | 4      |    |   |
| DATE OF BIRTH                     |   |   |   |   |   | AGE | GENDER |    |   |
| 0                                 | 8 | 1 | 5 | 2 | 0 | 0   | 2      | 19 | M |
| CONTACT PHONE - INCLUDE AREA CODE |   |   |   |   |   |     |        |    |   |

| UNIT #                             | NAME: LAST, FIRST, MIDDLE |
|------------------------------------|---------------------------|
| 1                                  | RILEY, PRESTON LEE        |
| ADDRESS: STREET, CITY, STATE, ZIP  |                           |
| 550 S. STATE ST HARRISON, OH 45030 |                           |

| 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        |                            |                            |   | 9 9  | <input type="checkbox"/> | 1                | 1             | 1            | 1       |      |                       |
| OL STATE | OPERATOR LICENSE NUMBER    | OFFENSE CHARGED            | LOCAL CODE                                      | OFFENSE DESCRIPTION  | CITATION NUMBER          |                  |               |              |         |      |                       |
| O H      |                            | 333.09A                    | <input checked="" type="checkbox"/>             | RECKLESS OPERATION   | 248177                   |                  |               |              |         |      |                       |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED   | CONDITION                | ALCOHOL TEST     |               | DRUG TEST(S) |         |      |                       |
| 4        |                            |                            | 1   | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | 1                        | STATUS           | TYPE          | VALUE        | STATUS  | TYPE | RESULT SELECT UP TO 4 |
|          |                            |                            |   |  |                          | 1                | 1             |              | 1       | 1    |                       |

| UNIT #                            | NAME: LAST, FIRST, MIDDLE |  |  |  |  |  |  |  |  |
|-----------------------------------|---------------------------|--|--|--|--|--|--|--|--|
|                                   |                           |  |  |  |  |  |  |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP |                           |  |  |  |  |  |  |  |  |
|                                   |                           |  |  |  |  |  |  |  |  |
| CONTACT PHONE - INCLUDE AREA CODE |                           |  |  |  |  |  |  |  |  |

| INJURIES | INJURED TAKEN BY           | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED  | DOT-COMPLIANT MC HELMET  | SEATING POSITION | AIR BAG USAGE | EJECTION     | TRAPPED |      |                       |
|----------|----------------------------|----------------------------|---|--|--------------------------|------------------|---------------|--------------|---------|------|-----------------------|
|          |                            |                            |   |  | <input type="checkbox"/> |                  |               |              |         |      |                       |
| OL STATE | OPERATOR LICENSE NUMBER    | OFFENSE CHARGED            | LOCAL CODE                                      | OFFENSE DESCRIPTION  | CITATION NUMBER          |                  |               |              |         |      |                       |
|          |                            |                            | <input type="checkbox"/>                        |  |                          |                  |               |              |         |      |                       |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED   | CONDITION                | ALCOHOL TEST     |               | DRUG TEST(S) |         |      |                       |
|          |                            |                            |   | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                          | STATUS           | TYPE          | VALUE        | STATUS  | TYPE | RESULT SELECT UP TO 4 |
|          |                            |                            |   |  |                          |                  |               |              |         |      |                       |

| UNIT #                            | NAME: LAST, FIRST, MIDDLE |  |  |  |  |  |  |  |  |
|-----------------------------------|---------------------------|--|--|--|--|--|--|--|--|
|                                   |                           |  |  |  |  |  |  |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP |                           |  |  |  |  |  |  |  |  |
|                                   |                           |  |  |  |  |  |  |  |  |
| CONTACT PHONE - INCLUDE AREA CODE |                           |  |  |  |  |  |  |  |  |

| INJURIES | INJURED TAKEN BY           | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED  | DOT-COMPLIANT MC HELMET  | SEATING POSITION | AIR BAG USAGE | EJECTION     | TRAPPED |      |                       |
|----------|----------------------------|----------------------------|---|--|--------------------------|------------------|---------------|--------------|---------|------|-----------------------|
|          |                            |                            |   |  | <input type="checkbox"/> |                  |               |              |         |      |                       |
| OL STATE | OPERATOR LICENSE NUMBER    | OFFENSE CHARGED            | LOCAL CODE                                      | OFFENSE DESCRIPTION  | CITATION NUMBER          |                  |               |              |         |      |                       |
|          |                            |                            | <input type="checkbox"/>                        |  |                          |                  |               |              |         |      |                       |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED   | CONDITION                | ALCOHOL TEST     |               | DRUG TEST(S) |         |      |                       |
|          |                            |                            |   | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                          | STATUS           | TYPE          | VALUE        | STATUS  | TYPE | RESULT SELECT UP TO 4 |
|          |                            |                            |   |  |                          |                  |               |              |         |      |                       |

| INJURIES   | SEATING POSITION  | AIR BAG   | OL CLASS   | OL RESTRICTION(S)   | DRIVER DISTRACTION   | TEST STATUS   |
|--|---|---|--|---|--|---|
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY   | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT / SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO = D)<br>5 - M/C MOPED ONLY<br>6 - NO VALID OL | 1 - ALCOHOL INTERLOCK DEVICE<br>2 - CDL INTRASTATE ONLY<br>3 - CORRECTIVE LENSES<br>4 - FARM WAIVER<br>5 - EXCEPT CLASS A BUS<br>6 - EXCEPT CLASS A & CLASS B BUS<br>7 - EXCEPT TRACTOR-TRAILER<br>8 - INTERMEDIATE LICENSE RESTRICTIONS<br>9 - LEARNER'S PERMIT RESTRICTIONS<br>10 - LIMITED TO DAYLIGHT ONLY<br>11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED - OTHER<br>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)<br>14 - MILITARY VEHICLES ONLY<br>15 - MOTOR VEHICLES WITHOUT AIR BRAKES<br>16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID<br>18 - OTHER | 1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)<br>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE<br>9 - OTHER / UNKNOWN | 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN  |
| INJURED TAKEN BY   |   |   |  |   |  | ALCOHOL TEST TYPE   |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN   |   |   |  |   |  | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER   |
| SAFETY EQUIPMENT   |   |   |  |   |  | DRUG TEST TYPE  |
| 1 - NONE USED<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN |   |   |  |   |  | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER   |
|  |   |   |  |   |  | DRUG TEST RESULT(S)   |
|  |   |   |  |   |  | 1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOIDS<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS  |
|  |   |   |  |   |  | CONDITION   |
|  |   |   |  |   |  | 1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9 - OTHER / UNKNOWN |
|  |   |   |  |   |  | GENDER  |
|  |   |   |  |   |  | F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN   |





# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
2 2 0 1 4 8 1 4

|          |  |   |                                   |  |            |             |
|----------|--|---|-----------------------------------|--|------------|-------------|
| OCCUPANT | UNIT #<br>1  | NAME: LAST, FIRST, MIDDLE<br>LOUG, SORAYA | DATE OF BIRTH<br>1 0 1 3 2 0 0 4  |  | AGE<br>1 7 | GENDER<br>F |
|          | ADDRESS: STREET, CITY, STATE, ZIP<br>1120 TALL OAKS CIR HARRISON, OH 45030 |   | CONTACT PHONE - INCLUDE AREA CODE |  |            |             |

|               |                  |                   |   |                              |  |                       |                    |               |              |
|---------------|------------------|-------------------|---|------------------------------|--|-----------------------|--------------------|---------------|--------------|
| INJURIES<br>5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>9 9 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>3 | AIR BAG USAGE<br>1 | EJECTION<br>1 | TRAPPED<br>1 |
|---------------|------------------|-------------------|---|------------------------------|--|-----------------------|--------------------|---------------|--------------|

|          |                                   |                           |                                   |  |          |        |
|----------|-----------------------------------|---------------------------|-----------------------------------|--|----------|--------|
| OCCUPANT | UNIT #                            | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH                     |  | AGE<br>0 | GENDER |
|          | ADDRESS: STREET, CITY, STATE, ZIP |                           | CONTACT PHONE - INCLUDE AREA CODE |  |          |        |

|          |                  |                   |   |                       |  |                  |               |          |         |
|----------|------------------|-------------------|---|-----------------------|--|------------------|---------------|----------|---------|
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|----------|------------------|-------------------|---|-----------------------|--|------------------|---------------|----------|---------|

|          |                                   |                           |                                   |  |          |        |
|----------|-----------------------------------|---------------------------|-----------------------------------|--|----------|--------|
| OCCUPANT | UNIT #                            | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH                     |  | AGE<br>0 | GENDER |
|          | ADDRESS: STREET, CITY, STATE, ZIP |                           | CONTACT PHONE - INCLUDE AREA CODE |  |          |        |

|          |                  |                   |   |                       |  |                  |               |          |         |
|----------|------------------|-------------------|---|-----------------------|--|------------------|---------------|----------|---------|
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|----------|------------------|-------------------|---|-----------------------|--|------------------|---------------|----------|---------|

|          |                                   |                           |                                   |  |          |        |
|----------|-----------------------------------|---------------------------|-----------------------------------|--|----------|--------|
| OCCUPANT | UNIT #                            | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH                     |  | AGE<br>0 | GENDER |
|          | ADDRESS: STREET, CITY, STATE, ZIP |                           | CONTACT PHONE - INCLUDE AREA CODE |  |          |        |

|          |                  |                   |   |                       |  |                  |               |          |         |
|----------|------------------|-------------------|---|-----------------------|--|------------------|---------------|----------|---------|
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|----------|------------------|-------------------|---|-----------------------|--|------------------|---------------|----------|---------|

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

|         |  |                                  |                                   |            |             |
|---------|--|----------------------------------|-----------------------------------|------------|-------------|
| WITNESS | NAME: LAST, FIRST, MIDDLE<br>ROARK, HALEIGH                            | DATE OF BIRTH<br>0 4 1 5 2 0 0 5 |                                   | AGE<br>1 6 | GENDER<br>F |
|         | ADDRESS: STREET, CITY, STATE, ZIP<br>6498 RAVINA DR HAMILTON, OH 45011 |                                  | CONTACT PHONE - INCLUDE AREA CODE |            |             |

|         |   |                                  |                                   |            |             |
|---------|---|----------------------------------|-----------------------------------|------------|-------------|
| WITNESS | NAME: LAST, FIRST, MIDDLE<br>RANDOLPH, ELLYN                                | DATE OF BIRTH<br>1 2 0 1 2 0 0 4 |                                   | AGE<br>1 7 | GENDER<br>F |
|         | ADDRESS: STREET, CITY, STATE, ZIP<br>4854 FAIRFIELD AVE FAIRFIELD, OH 45014 |                                  | CONTACT PHONE - INCLUDE AREA CODE |            |             |

|         |  |                                  |                                   |            |             |
|---------|--|----------------------------------|-----------------------------------|------------|-------------|
| WITNESS | NAME: LAST, FIRST, MIDDLE<br>LANG, HAILEI                                | DATE OF BIRTH<br>0 8 2 0 2 0 0 4 |                                   | AGE<br>1 7 | GENDER<br>F |
|         | ADDRESS: STREET, CITY, STATE, ZIP<br>6275 OLD MILL CT HAMILTON, OH 45011 |                                  | CONTACT PHONE - INCLUDE AREA CODE |            |             |