



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL REPORT NUMBER*				
<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION				2 2 0 1 5 3 6 9		
		REPORTING AGENCY NAME* NCIC* Fairfield Police Department 0 0 9 0 1				HIT/SKIP 2 1-SOLVED 2 2-UNRESOLVED	NUMBER OF UNITS 0 2	UNIT IN ERROR 0 1 98-ANIMAL 99-UNKNOWN
LOCATION* COUNTY* 0 9	LOCALITY* 1-CITY 1 2-VILLAGE 3-TOWNSHIP	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield				CRASH DATE / TIME* 0 3 0 1 2 0 2 2 1 1 3 0		
REFERENCE ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME Wessel		ROAD TYPE D R	LATITUDE DECIMAL DEGREES 3 9 3 3 5 6 7 0		
REFERENCE ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 560		ROAD TYPE	LONGITUDE DECIMAL DEGREES -8 4 5 6 2 4 0 0		
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE #	DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-WEST	ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED				
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS			<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES ROADWAY <input type="checkbox"/> ROADWAY DIVIDED				
LOCATION OF FIRST HARMFUL EVENT 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 0 6 9-ON 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 1-NOT COLLISION 2-BEFORE THE 1ST WORK ZONE 3-TWO MOTOR VEHICLES IN TRANSPORT 4-REAR-TO-REAR 5-BACKING 6-ANGLE 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 9-HEAD-ON 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	
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1-LANE CLOSURE 2-LANE SHIFT/CROSSOVER 3-WORK ON SHOULDER OR MEDIAN 4-INTERMITTENT OR MOVING WORK 5-OTHER		LOCATION OF CRASH IN WORK ZONE 1-BEFORE THE 1ST WORK ZONE 2-ADVANCE WARNING AREA 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA		CONTOUR 1	CONDITIONS 9	SURFACE 2
LIGHT CONDITION 1-DAYLIGHT 2-DAWN/DUSK 3-DARK-LIGHTED ROADWAY 4-DARK-ROADWAY NOT LIGHTED 5-DARK-UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN			WEATHER 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			1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-OTHER/UNKNOWN	1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN	1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN
NARRATIVE On 3/1/2022 at around 11:30 A.M. Unit 2 was parked in the parking lot of 560 Wessel Drive and was struck by Unit 1 by unknown means. Unit 1 left the scene without exchanging any personal information.								
 Indicate the north direction with an "N" on the compass diagram.								
CRASH REPORTED DATE / TIME 0 3 0 3 2 0 2 2 1 7 2 7		DISPATCH DATE / TIME 0 3 0 3 2 0 2 2 1 7 3 1		ARRIVAL DATE / TIME 0 3 0 3 2 0 2 2 1 7 4 3		SCENE CLEARED DATE / TIME 0 3 0 3 2 0 2 2 1 7 4 8		REPORT TAKEN BY
TOTAL TIME ROADWAY CLOSED 3 0		OTHER INVESTIGATION TIME 4 7		TOTAL MINUTES 1 5 8		OFFICER'S NAME* C. Frazier		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)
						CHECKED BY OFFICER'S NAME* Sgt. C. Frazier		
						CHECKED BY OFFICER'S BADGE NUMBER* 1 1 8		

OWNER

VEHICLE

EVENT(S)

ITEM

1

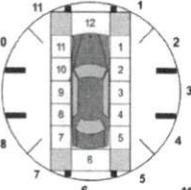
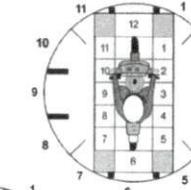
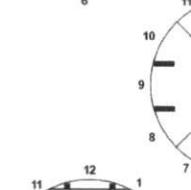
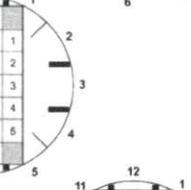
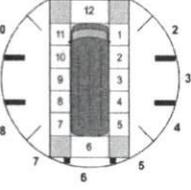
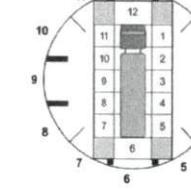
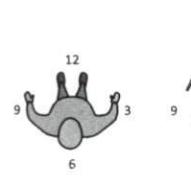
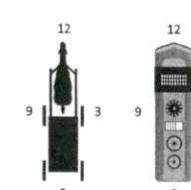
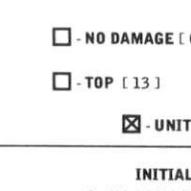
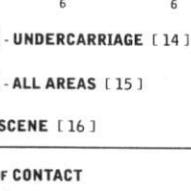
FIRST HARMFUL EVENT

1

MOST HARMFUL EVENT

HSY8304 OH1U 1/19 [760-0820]

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																																													
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																																										
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR WHITE																																										
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 checked="" type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 0 1	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.																																										
<table border="1"> <tr> <td colspan="2">HAZARDOUS MATERIAL</td> </tr> <tr> <td><input type="checkbox"/> MATERIAL RELEASED</td> <td>CLASS #</td> <td>PLACARD ID #</td> </tr> <tr> <td><input type="checkbox"/> PLACARD</td> <td></td> <td></td> </tr> </table>				HAZARDOUS MATERIAL		<input type="checkbox"/> MATERIAL RELEASED	CLASS #	PLACARD ID #	<input type="checkbox"/> PLACARD																																				
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WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <input type="checkbox"/> 1 - YES <input type="checkbox"/> 2 - NO <input type="checkbox"/> 9 - OTHER / UNKNOWN		AUTONOMOUS MODE LEVEL 9	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN																																										
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	28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER	40 - UTILITY POLE	46 - FENCE	53 - TUNNEL																																								
6	29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX	54 - OTHER FIXED OBJECT																																								
	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	48 - TREE	99 - OTHER / UNKNOWN																																								

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

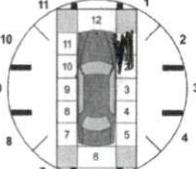
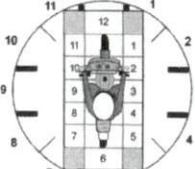
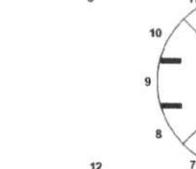
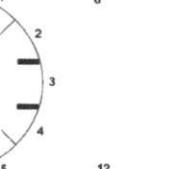
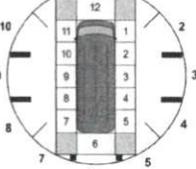
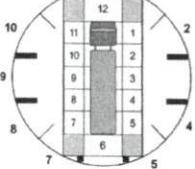
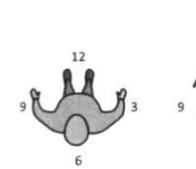
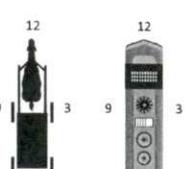
OWNER

UNIT # **012** OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) **WADDLE, TAMMY, M**
OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) **4899 HARDELL DRIVE, FAIRFIELD, OHIO, 45014**
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

LOCAL REPORT NUMBER
2 2 0 1 5 3 6 9

LP STATE O H	LICENSE PLATE # FYX9375	VEHICLE IDENTIFICATION # J N 8 A S 5 M V 7 D W 1 2 5 1 9 6		VEHICLE YEAR 2 0 1 3	VEHICLE MAKE NISSAN
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY ALLSTATE	INSURANCE POLICY # 992534620		COLOR BLACK	VEHICLE MODEL ROGUE
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME		
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS 0	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		
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)		HAZARDOUS MATERIAL MATERIAL CLASS # PLACARD ID # <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD			
10 - # OF TRAILING UNITS		1 - MOTORCYCLE 2-WHEELED 2 - MOTORCYCLE 3-WHEELED 3 - AUTOCYCLE 4 - MOPED OR MOTORIZED BICYCLE 5 - ALL-TERRAIN VEHICLE (ATV / UTV)			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 1-YES 2-NO 9-OTHER/UNKNOWN		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	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	
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	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 0 1 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 0 1 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 0 4 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 6 - PRE-CRASH ACTIONS 7 - 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 - MAKING LEFT TURN	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 / ACCDA 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
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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					
22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT					
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					
55 - OTHER / UNKNOWN					
1 - FIRST HARMFUL EVENT 2 - MOST HARMFUL EVENT					

DAMAGE 2 - NONE 2 - MINOR DAMAGE		DAMAGE SCALE 3 - FUNCTIONAL 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 1 - REFER TO UNIT DIAGRAM 13 - TOP			
TRAFFIC TRAFFIC FLOW 1 - ONE-WAY 2 - TWO-WAY 6 -			
TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL			
# OF THROUGH LANES ON ROAD 1 -			
RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING			
UNIT / NON-MOTORIST DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN			
FROM 9 TO 9		UNIT SPEED 0	
DETECTED SPEED 1		POSTED SPEED 1	



MOTORIST / Non-MOTORIST

MOTORIST / Non-MOTORIST										LOCAL REPORT NUMBER						
										2 2 0 1 5 3 6 9			DATE OF BIRTH			AGE
UNIT #	NAME: LAST, FIRST, MIDDLE									0	DATE OF BIRTH			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		DOT-Compliant MC HELMET		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
5	9					9 9		<input type="checkbox"/>		0 1	9	1	1			
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	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)					
				9	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		9	1	1	1	1	RESULT SELECT UP TO 4				
UNIT #	NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH			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		DOT-Compliant MC HELMET		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
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					<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			1	1	1	1	RESULT SELECT UP TO 4				
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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"/>								
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					<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			1	1	1	1	RESULT SELECT UP TO 4				
INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS										
1- FATAL	1- FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1- NOT DEPLOYED	1- CLASS A	1- ALCOHOL INTERLOCK DEVICE	1- NOT DISTRACTED	1- NONE GIVEN										
2- SUSPECTED SERIOUS INJURY	2- FRONT - MIDDLE	2- DEPLOYED FRONT	2- CLASS B	2- CDL INTRASTATE ONLY	2- MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2- TEST REFUSED										
3- SUSPECTED MINOR INJURY	3- FRONT - RIGHT SIDE	3- DEPLOYED SIDE	3- CLASS C	3- CORRECTIVE LENSES	3- TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE											
4- POSSIBLE INJURY	4- SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4- DEPLOYED BOTH FRONT / SIDE	4- REGULAR CLASS (OHIO = D)	4- FARM WAIVER	4- TEST-GIVEN, RESULTS KNOWN											
5- NO APPARENT INJURY	5- SECOND - MIDDLE	5- NOT APPLICABLE	5- M/C MOPED ONLY	5- EXCEPT CLASS A BUS												
	6- SECOND - RIGHT SIDE	9- DEPLOYMENT UNKNOWN	6- NO VALID OL	6- EXCEPT CLASS A & CLASS B BUS												
	7- THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7- EXCEPT TRACTOR-TRAILER												
	8- THIRD - MIDDLE			8- INTERMEDIATE LICENSE RESTRICTIONS												
	9- THIRD - RIGHT SIDE			9- LEARNER'S PERMIT RESTRICTIONS												
	10- SLEEPER SECTION OF TRUCK CAB			10- LIMITED TO DAYLIGHT ONLY												
INJURED TAKEN BY	EJECTION	OL ENDORSEMENT	TRAPPED	11- LIMITED TO EMPLOYMENT												
1- NOT TRANSPORTED / TREATED AT SCENE	1- NOT EJECTED	H- HAZMAT	1- NOT TRAPPED	12- LIMITED - OTHER												
2- EMS	2- PARTIALLY EJECTED	M- MOTORCYCLE	2- EXTRICATED BY MECHANICAL MEANS	13- MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)												
3- POLICE	3- TOTALLY EJECTED	P- PASSENGER	3- FREED BY NON-MECHANICAL MEANS	14- MILITARY VEHICLES ONLY												
9- OTHER / UNKNOWN	4- NOT APPLICABLE	N- TANKER		15- MOTOR VEHICLES WITHOUT AIR BRAKES												
SAFETY EQUIPMENT	TRAPPED	Q- MOTOR SCOOTER		16- OUTSIDE MIRROR												
1- NONE USED	1- NOT TRAPPED	R- THREE-WHEEL MOTORCYCLE		17- PROSTHETIC AID												
2- SHOULDER BELT ONLY USED	2- EXTRICATED BY MECHANICAL MEANS	S- SCHOOL BUS		18- OTHER												
3- LAP BELT ONLY USED	3- FREED BY NON-MECHANICAL MEANS	T- DOUBLE & TRIPLE TRAILERS														
4- SHOULDER & LAP BELT USED		X- TANKER / HAZMAT														
5- CHILD RESTRAINT SYSTEM - FORWARD FACING																
6- CHILD RESTRAINT SYSTEM - REAR FACING																
7- BOOSTER SEAT	14- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)															
8- HELMET USED	15- NON-MOTORIST															
9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	99- OTHER / UNKNOWN															
10- REFLECTIVE CLOTHING																
11- LIGHTING - PEDESTRIAN / BICYCLE ONLY																
99- OTHER / UNKNOWN																
GENDER	CONDITION	DRUG TEST TYPE														
F- FEMALE	1- APPARENTLY NORMAL	1- NONE														
M- MALE	2- PHYSICAL IMPAIRMENT	2- BLOOD														
U- OTHER / UNKNOWN	3- EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3- URINE														
	4- ILLNESS	4- OTHER														
	5- FELL ASLEEP, FAINTED, FATIGUED, ETC.															
	6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL															
	9- OTHER / UNKNOWN															
	DRUG TEST RESULT(S)															
	1- AMPHETAMINES															
	2- BARBITURATES															
	3- BENZODIAZEPINES															
	4- CANNABINOID															
	5- COCAINE															
	6- OPIATES / OPIOIDS															
	7- OTHER															
	8- NEGATIVE RESULTS															