



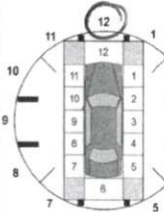
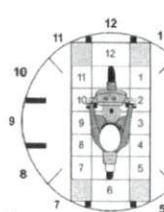

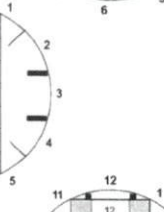
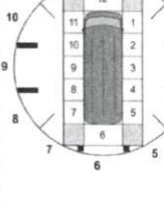
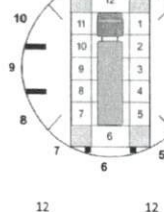
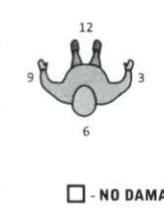
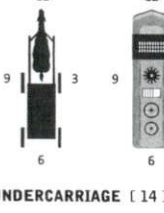
# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY	LOCAL INFORMATION REPORTING AGENCY NAME* Fairfield Police Department		NCIC* 0 0 9 0 1	LOCAL REPORT NUMBER* 2 2 0 2 0 4 0 0					
COUNTY* 0 9	LOCALITY* 1 2-VILLAGE 3-TOWNSHIP	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield				CRASH DATE / TIME* 0 3 2 1 2 0 2 2 1 5 4 4		CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY			
ROUTE TYPE U S	ROUTE NUMBER 1 2 7	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DECIMAL DEGREES 3 9 . 3 2 1 3 2 0		CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY			
ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) RESOR		ROAD TYPE R D	LONGITUDE DECIMAL DEGREES 8 4 . 5 6 1 2 5 4					
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE # 1		DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-WEST 2		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 OV-OVAL PK-PARKWAY PI-PIKE PL-PLACE RD-ROAD SQ-SQUARE ST-STREET TE-TERRACE TL-TRAIL WA-WAY		INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 4			
DISTANCE FROM REFERENCE 5 5 0		DISTANCE UNIT OF MEASURE 1-MILES 2-Feet 3-YARDS 2				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 1				MANNER OF CRASH COLLISION/IMPACT 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 2				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 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 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN 1		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 0 1									
NARRATIVE On March 21, 2022 at approximately 3:44 PM, Units 1, 2, and 3 were traveling northbound on Pleasant Avenue approaching Resor Road. All Units were at a stop in traffic. Unit 1 then accelerated and struck Unit 2, which propelled it into Unit 3.					SEE OH-2					 Indicate the north direction with an "N" on the compass diagram.	
CRASH REPORTED DATE / TIME 0 3 2 1 2 0 2 2 1 5 4 4		DISPATCH DATE / TIME 0 3 2 1 2 0 2 2 1 5 5 0		ARRIVAL DATE / TIME 0 3 2 1 2 0 2 2 1 6 0 3		SCENE CLEARED DATE / TIME 0 3 2 1 2 0 2 2 1 6 3 1		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP)			
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 3 0		TOTAL MINUTES 7 1		OFFICER'S NAME* A. ROUSH		CHECKED BY OFFICER'S NAME* [Signature]			
				OFFICER'S BADGE NUMBER* 1 7 0		CHECKED BY OFFICER'S BADGE NUMBER* 8					

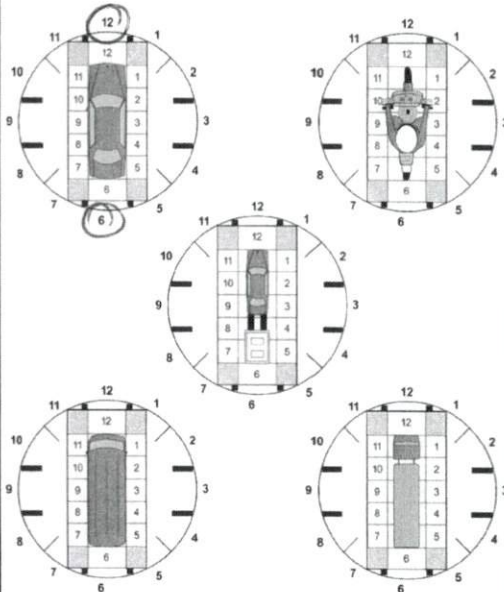
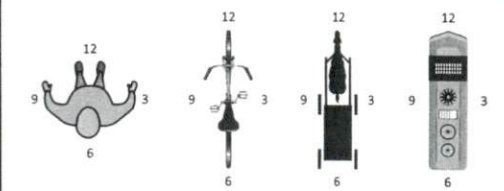


OWNER	UNIT # 011	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) MARQUAT, GERISE M	OWNER PHONE: INCLUDE AREA CODE (SAME AS HOME) 2020400		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE OH	LICENSE PLATE # HVB3615	VEHICLE IDENTIFICATION # 1N4AL2AP9C113473	VEHICLE YEAR 2012	VEHICLE MAKE NISSAN
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY STATE FARM	INSURANCE POLICY # C139618A3135F	COLOR SILVER	VEHICLE MODEL ALTIMA
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 01	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
	TYPE OF USE		TOWED BY: COMPANY NAME		
	<input type="checkbox"/> PASSENGER CAR		HAZARDOUS MATERIAL		
	<input type="checkbox"/> PASSENGER VAN (MINIVAN)		<input type="checkbox"/> MATERIAL RELEASED		
	<input type="checkbox"/> SPORT UTILITY VEHICLE		<input type="checkbox"/> PLACARD		
	<input type="checkbox"/> PICK UP		CLASS # PLACARD ID #		
	<input type="checkbox"/> CARGO VAN		1 - PASSENGER CAR		
<input type="checkbox"/> VAN (9-15 SEATS)		2 - PASSENGER VAN (MINIVAN)			
# OF TRAILING UNITS 00		3 - SPORT UTILITY VEHICLE			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		4 - PICK UP			
1 - YES 2 - NO 9 - OTHER / UNKNOWN		5 - CARGO VAN			
AUTONOMOUS MODE LEVEL 0		6 - VAN (9-15 SEATS)			
1 - NONE		7 - MOTORCYCLE 2-WHEELED			
2 - TAXI		8 - MOTORCYCLE 3-WHEELED			
3 - ELECTRONIC RIDE SHARING		9 - AUTOCYCLE			
4 - SCHOOL TRANSPORT		10 - MOPED OR MOTORIZED BICYCLE			
5 - BUS - TRANSIT/COMMUTER		11 - ALL TERRAIN VEHICLE (ATV / UTV)			
6 - BUS - CHARTER/TOUR		12 - GOLF CART			
7 - BUS - INTERCITY		13 - SNOWMOBILE			
8 - BUS - SHUTTLE		14 - SINGLE UNIT TRUCK			
9 - BUS - OTHER		15 - SEMI-TRACTOR			
10 - AMBULANCE		16 - FARM EQUIPMENT			
11 - FIRE		17 - MOTORHOME			
12 - MILITARY		18 - LIMO (LIVERY VEHICLE)			
13 - POLICE		19 - BUS (16+ PASSENGERS)			
14 - PUBLIC UTILITY		20 - OTHER VEHICLE			
15 - CONSTRUCTION EQUIPMENT		21 - HEAVY EQUIPMENT			
16 - FARM		22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE			
17 - MOWING		23 - PEDESTRIAN / SKATER			
18 - SNOW REMOVAL		24 - WHEELCHAIR (ANY TYPE)			
19 - TOWING		25 - OTHER NON-MOTORIST			
20 - SAFETY SERVICE PATROL		26 - BICYCLE			
21 - MAIL CARRIER		27 - TRAIN			
22 - CONCRETE MIXER		99 - UNKNOWN OR HIT/SKIP			
23 - AUTO TRANSPORTER					
24 - GARBAGE/REFUSE					
25 - OTHER / UNKNOWN					
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					
11 - INTERSECTION - MARKED CROSSWALK					
12 - INTERSECTION - UNMARKED CROSSWALK					
13 - INTERSECTION - OTHER					
14 - MIDBLOCK - MARKED CROSSWALK					
15 - TRAVEL LANE - OTHER LOCATION					
16 - BICYCLE LANE					
17 - SHOULDER / ROADSIDE					
18 - SIDEWALK					
19 - MEDIAN/CROSSING ISLAND					
20 - DRIVEWAY ACCESS					
21 - 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					
18 - APPROACHING OR LEAVING VEHICLE					
19 - STANDING					
20 - OTHER NON-MOTORIST					
21 - STANDING OUTSIDE DISABLED VEHICLE					
99 - OTHER / UNKNOWN					
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					
CONTRIBUTING CIRCUMSTANCES					
SEQUENCE OF EVENTS					
1 - OVERTURN/ROLLOVER					
2 - FIRE/EXPLOSION					
3 - IMMERSION					
4 - JACKKNIFE					
5 - CARGO / EQUIPMENT LOSS OR SHIFT					
6 - EQUIPMENT FAILURE					
7 - SEPARATION OF UNITS					
8 - RAN OFF ROAD RIGHT					
9 - RAN OFF ROAD LEFT					
10 - CROSS MEDIAN					
11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL					
12 - 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					
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					
MOST HARMFUL EVENT					

LOCAL REPORT NUMBER 2 2 0 2 0 4 0 0	
DAMAGE	
DAMAGE SCALE	
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	
99 - UNKNOWN	
13 - TOP	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN
2 - TWO-WAY	2 - SIGNAL 5 - YIELD SIGN
	3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	1 - NOT INVOLVED
	2 - INVOLVED-ACTIVE CROSSING
	3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
1 - NORTH 5 - NORTHEAST	
2 - SOUTH 6 - NORTHWEST	
3 - EAST 7 - SOUTHEAST	
4 - WEST 8 - SOUTHWEST	
9 - OTHER / UNKNOWN	
UNIT SPEED	DETECTED SPEED
1 5	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED
POSTED SPEED	
3 5	



OWNER	UNIT # 02	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)		
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
	LP STATE OH	LICENSE PLATE # HHZ1359	VEHICLE IDENTIFICATION # 1N4AL3APXH1C161836
EVENT(S)	INSURANCE VERIFIED X	INSURANCE COMPANY GEICO	INSURANCE POLICY # 6003332050
	TYPE OF USE COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE <input type="checkbox"/>	US DOT # 1	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.
VEHICLE	INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>	HIT/SKIP UNIT <input type="checkbox"/>	#OCCUPANTS 01
	TOWED BY: COMPANY NAME FOX TOWING		
VEHICLE	HAZARDOUS MATERIAL MATERIAL RELEASED <input type="checkbox"/> PLACARD <input type="checkbox"/>		
	CLASS # PLACARD ID #		
VEHICLE	UNIT TYPE 01		
	# OF TRAILING UNITS 00		
VEHICLE	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 02		
	AUTONOMOUS MODE LEVEL 0		
VEHICLE	SPECIAL FUNCTION 01		
	CARGO BODY TYPE 01		
VEHICLE	VEHICLE DEFECTS 01		
	NON-MOTORIST LOCATION AT IMPACT 01		
VEHICLE	ACTION 05		
	PRE-CRASH ACTIONS 11		
VEHICLE	CONTRIBUTING CIRCUMSTANCES 01		
	SEQUENCE OF EVENTS 1		
VEHICLE	COLLISION WITH FIXED OBJECT - STRUCK 1		
	FIRST HARMFUL EVENT 1		
VEHICLE	MOST HARMFUL EVENT 1		
	COLLISION WITH FIXED OBJECT - STRUCK 1		

LOCAL REPORT NUMBER 22020400	
DAMAGE DAMAGE SCALE 4 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 2 - TWO-WAY # OF THROUGH LANES ON ROAD 2	
TRAFFIC CONTROL 2 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL	
RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	
UNIT / NON-MOTORIST DIRECTION FROM 2 TO 1 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 0 POSTED SPEED 3 5	
DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	



OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)
	03		
VEHICLE	OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
EVENT(S)	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #
	OH	HCN6007	1FMCU0F79HUC08884
VEHICLE	INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #
	☑	STATE FARM	8502938A0135
VEHICLE	TYPE OF USE	US DOT #	TOWED BY: COMPANY NAME
	☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE		
VEHICLE	INTERLOCK DEVICE EQUIPPED	HIT/SKIP UNIT	#OCCUPANTS
	☐	☐	01
VEHICLE	VEHICLE WEIGHT GVWR/GCWR	HAZARDOUS MATERIAL	CLASS # PLACARD ID #
	1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	☐ MATERIAL RELEASED ☐ PLACARD	
VEHICLE	UNIT TYPE	VEHICLE MAKE	VEHICLE MODEL
	03	FORD	ESCAPE
VEHICLE	# 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
	00	0	
VEHICLE	SPECIAL FUNCTION	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE
	01		
VEHICLE	CARGO BODY TYPE	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL
	01		
VEHICLE	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
VEHICLE	NON-MOTORIST LOCATION AT IMPACT	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	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
VEHICLE	ACTION	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
VEHICLE	CONTRIBUTING CIRCUMSTANCES	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/ SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION
VEHICLE	SEQUENCE OF EVENTS	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDAL CYCLE 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
VEHICLE	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	
VEHICLE	FIRST HARMFUL EVENT	MOST HARMFUL EVENT	
	1	1	

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





# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 2 0 2 0 4 0 0

MOTORIST / NON-MOTORIST	UNIT # 0 1	NAME: LAST, FIRST, MIDDLE MARQUAT, JUSTIN JOSEF				DATE OF BIRTH 1 1 2 6 2 0 0 3		AGE 1 8	GENDER M																																																																																																																																																																																								
	ADDRESS: STREET, CITY, STATE, ZIP 2694 MERRITTVIEW LN, CINCINNATI, OH 45231					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 1																																																																																																																																																																																						
	OL STATE OH	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 333.03a		LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION ACDA		CITATION NUMBER 250636																																																																																																																																																																																								
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3 0 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE 1 1 .		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1																																																																																																																																																																																							
MOTORIST / NON-MOTORIST	UNIT # 0 2	NAME: LAST, FIRST, MIDDLE COOKSEY, ANNE ELIZABETH				DATE OF BIRTH 0 2 1 7 1 9 5 1		AGE 7 1	GENDER F																																																																																																																																																																																								
	ADDRESS: STREET, CITY, STATE, ZIP 217 WALNUT ST, HAMILTON, OH 45011					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 1																																																																																																																																																																																						
	OL STATE OH	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER																																																																																																																																																																																								
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3 0 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE 1 1 .		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1																																																																																																																																																																																							
MOTORIST / NON-MOTORIST	UNIT # 0 3	NAME: LAST, FIRST, MIDDLE HALL, RHONDA G				DATE OF BIRTH 0 1 1 2 1 9 5 9		AGE 6 3	GENDER F																																																																																																																																																																																								
	ADDRESS: STREET, CITY, STATE, ZIP 6878 PADUCAH AVE, HAMILTON, OH 45011					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 1																																																																																																																																																																																						
	OL STATE OH	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER																																																																																																																																																																																								
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE 1 1 .		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1																																																																																																																																																																																							
<table border="1"><thead><tr><th>INJURIES</th><th>SEATING POSITION</th><th>AIR BAG</th><th>OL CLASS</th><th>OL RESTRICTION(S)</th><th>DRIVER DISTRACTION</th><th>TEST STATUS</th></tr></thead><tbody><tr><td>1 - FATAL</td><td>1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)</td><td>1 - NOT DEPLOYED</td><td>1 - CLASS A</td><td>1 - ALCOHOL INTERLOCK DEVICE</td><td>1 - NOT DISTRACTED</td><td>1 - NONE GIVEN</td></tr><tr><td>2 - SUSPECTED SERIOUS INJURY</td><td>2 - FRONT - MIDDLE</td><td>2 - DEPLOYED FRONT</td><td>2 - CLASS B</td><td>2 - CDL INTRASTATE ONLY</td><td>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)</td><td>2 - TEST REFUSED</td></tr><tr><td>3 - SUSPECTED MINOR INJURY</td><td>3 - FRONT - RIGHT SIDE</td><td>3 - DEPLOYED SIDE</td><td>3 - CLASS C</td><td>3 - CORRECTIVE LENSES</td><td>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE</td><td>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE</td></tr><tr><td>4 - POSSIBLE INJURY</td><td>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)</td><td>4 - DEPLOYED BOTH FRONT / SIDE</td><td>4 - REGULAR CLASS (OHIO = D)</td><td>4 - FARM WAIVER</td><td>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE</td><td>4 - TEST GIVEN, RESULTS KNOWN</td></tr><tr><td>5 - NO APPARENT INJURY</td><td>5 - SECOND - MIDDLE</td><td>5 - NOT APPLICABLE</td><td>5 - M/C MOPED ONLY</td><td>5 - EXCEPT CLASS A BUS &amp; CLASS B BUS</td><td>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE</td><td>5 - TEST GIVEN, RESULTS UNKNOWN</td></tr><tr><td colspan="3">INJURED TAKEN BY</td><td>6 - SECOND - RIGHT SIDE</td><td>7 - EXCEPT TRACTOR-TRAILER</td><td colspan="2">ALCOHOL TEST TYPE</td></tr><tr><td colspan="3">1 - NOT TRANSPORTED / TREATED AT SCENE</td><td>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</td><td>8 - INTERMEDIATE LICENSE RESTRICTIONS</td><td colspan="2">1 - NONE</td></tr><tr><td colspan="3">2 - EMS</td><td>8 - THIRD - MIDDLE</td><td>9 - LEARNER'S PERMIT RESTRICTIONS</td><td colspan="2">2 - BLOOD</td></tr><tr><td colspan="3">3 - POLICE</td><td>9 - THIRD - RIGHT SIDE</td><td>10 - LIMITED TO DAYLIGHT ONLY</td><td colspan="2">3 - URINE</td></tr><tr><td colspan="3">9 - OTHER / UNKNOWN</td><td>10 - SLEEPER SECTION OF TRUCK CAB</td><td>11 - LIMITED TO EMPLOYMENT</td><td colspan="2">4 - BREATH</td></tr><tr><td colspan="3">SAFETY EQUIPMENT</td><td>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)</td><td>12 - LIMITED - OTHER</td><td colspan="2">5 - OTHER</td></tr><tr><td colspan="3">1 - NONE USED</td><td>12 - PASSENGER IN UNENCLOSED CARGO AREA</td><td>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)</td><td colspan="2">DRUG TEST TYPE</td></tr><tr><td colspan="3">2 - SHOULDER BELT ONLY USED</td><td>13 - TRAILING UNIT</td><td>14 - MILITARY VEHICLES ONLY</td><td colspan="2">1 - NONE</td></tr><tr><td colspan="3">3 - LAP BELT ONLY USED</td><td>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)</td><td>15 - MOTOR VEHICLES WITHOUT AIR BRAKES</td><td colspan="2">2 - BLOOD</td></tr><tr><td colspan="3">4 - SHOULDER &amp; LAP BELT USED</td><td>15 - NON-MOTORIST</td><td>16 - OUTSIDE MIRROR</td><td colspan="2">3 - URINE</td></tr><tr><td colspan="3">5 - CHILD RESTRAINT SYSTEM - FORWARD FACING</td><td>99 - OTHER / UNKNOWN</td><td>17 - PROSTHETIC AID</td><td colspan="2">4 - OTHER</td></tr><tr><td colspan="3">6 - CHILD RESTRAINT SYSTEM - REAR FACING</td><td></td><td>18 - OTHER</td><td colspan="2">DRUG TEST RESULT(S)</td></tr><tr><td colspan="3">7 - BOOSTER SEAT</td><td></td><td></td><td colspan="2">1 - AMPHETAMINES</td></tr><tr><td colspan="3">8 - HELMET USED</td><td></td><td></td><td colspan="2">2 - BARBITURATES</td></tr><tr><td colspan="3">9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)</td><td></td><td></td><td colspan="2">3 - BENZODIAZEPINES</td></tr><tr><td colspan="3">10 - REFLECTIVE CLOTHING</td><td></td><td></td><td colspan="2">4 - CANNABINOIDS</td></tr><tr><td colspan="3">11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY</td><td></td><td></td><td colspan="2">5 - COCAINE</td></tr><tr><td colspan="3">99 - OTHER / UNKNOWN</td><td></td><td></td><td colspan="2">6 - OPIATES / OPIOIDS</td></tr><tr><td colspan="3"></td><td></td><td></td><td colspan="2">7 - OTHER</td></tr><tr><td colspan="3"></td><td></td><td></td><td colspan="2">8 - NEGATIVE RESULTS</td></tr></tbody></table>												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 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	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 - TALKING ON HAND-HELD COMMUNICATION DEVICE	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 & CLASS B BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN	INJURED TAKEN BY			6 - SECOND - RIGHT SIDE	7 - EXCEPT TRACTOR-TRAILER	ALCOHOL TEST TYPE		1 - NOT TRANSPORTED / TREATED AT SCENE			7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	8 - INTERMEDIATE LICENSE RESTRICTIONS	1 - NONE		2 - EMS			8 - THIRD - MIDDLE	9 - LEARNER'S PERMIT RESTRICTIONS	2 - BLOOD		3 - POLICE			9 - THIRD - RIGHT SIDE	10 - LIMITED TO DAYLIGHT ONLY	3 - URINE		9 - OTHER / UNKNOWN			10 - SLEEPER SECTION OF TRUCK CAB	11 - LIMITED TO EMPLOYMENT	4 - BREATH		SAFETY EQUIPMENT			11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	12 - LIMITED - OTHER	5 - OTHER		1 - NONE USED			12 - PASSENGER IN UNENCLOSED CARGO AREA	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	DRUG TEST TYPE		2 - SHOULDER BELT ONLY USED			13 - TRAILING UNIT	14 - MILITARY VEHICLES ONLY	1 - NONE		3 - LAP BELT ONLY USED			14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	2 - BLOOD		4 - SHOULDER & LAP BELT USED			15 - NON-MOTORIST	16 - OUTSIDE MIRROR	3 - URINE		5 - CHILD RESTRAINT SYSTEM - FORWARD FACING			99 - OTHER / UNKNOWN	17 - PROSTHETIC AID	4 - OTHER		6 - CHILD RESTRAINT SYSTEM - REAR FACING				18 - OTHER	DRUG TEST RESULT(S)		7 - BOOSTER SEAT					1 - AMPHETAMINES		8 - HELMET USED					2 - BARBITURATES		9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)					3 - BENZODIAZEPINES		10 - REFLECTIVE CLOTHING					4 - CANNABINOIDS		11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY					5 - COCAINE		99 - OTHER / UNKNOWN					6 - OPIATES / OPIOIDS							7 - OTHER							8 - NEGATIVE RESULTS	
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 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	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 - TALKING ON HAND-HELD COMMUNICATION DEVICE	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 & CLASS B BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN																																																																																																																																																																																											
INJURED TAKEN BY			6 - SECOND - RIGHT SIDE	7 - EXCEPT TRACTOR-TRAILER	ALCOHOL TEST TYPE																																																																																																																																																																																												
1 - NOT TRANSPORTED / TREATED AT SCENE			7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	8 - INTERMEDIATE LICENSE RESTRICTIONS	1 - NONE																																																																																																																																																																																												
2 - EMS			8 - THIRD - MIDDLE	9 - LEARNER'S PERMIT RESTRICTIONS	2 - BLOOD																																																																																																																																																																																												
3 - POLICE			9 - THIRD - RIGHT SIDE	10 - LIMITED TO DAYLIGHT ONLY	3 - URINE																																																																																																																																																																																												
9 - OTHER / UNKNOWN			10 - SLEEPER SECTION OF TRUCK CAB	11 - LIMITED TO EMPLOYMENT	4 - BREATH																																																																																																																																																																																												
SAFETY EQUIPMENT			11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	12 - LIMITED - OTHER	5 - OTHER																																																																																																																																																																																												
1 - NONE USED			12 - PASSENGER IN UNENCLOSED CARGO AREA	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	DRUG TEST TYPE																																																																																																																																																																																												
2 - SHOULDER BELT ONLY USED			13 - TRAILING UNIT	14 - MILITARY VEHICLES ONLY	1 - NONE																																																																																																																																																																																												
3 - LAP BELT ONLY USED			14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	2 - BLOOD																																																																																																																																																																																												
4 - SHOULDER & LAP BELT USED			15 - NON-MOTORIST	16 - OUTSIDE MIRROR	3 - URINE																																																																																																																																																																																												
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING			99 - OTHER / UNKNOWN	17 - PROSTHETIC AID	4 - OTHER																																																																																																																																																																																												
6 - CHILD RESTRAINT SYSTEM - REAR FACING				18 - OTHER	DRUG TEST RESULT(S)																																																																																																																																																																																												
7 - BOOSTER SEAT					1 - AMPHETAMINES																																																																																																																																																																																												
8 - HELMET USED					2 - BARBITURATES																																																																																																																																																																																												
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)					3 - BENZODIAZEPINES																																																																																																																																																																																												
10 - REFLECTIVE CLOTHING					4 - CANNABINOIDS																																																																																																																																																																																												
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY					5 - COCAINE																																																																																																																																																																																												
99 - OTHER / UNKNOWN					6 - OPIATES / OPIOIDS																																																																																																																																																																																												
					7 - OTHER																																																																																																																																																																																												
					8 - NEGATIVE RESULTS																																																																																																																																																																																												

NUMBER 22-020400

FAIRFIELD P.D. 00901

M 03 10 21 17 22

IN COUNTY OF

BUTLER

ACCIDENT  
LOCATION

Pleasant Ave. / Resor Rd.

