



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL REPORT NUMBER*					
				2 2 0 2 0 5 2 6					
<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION		REPORTING AGENCY NAME* NCIC* Fairfield Police Department 0 0 9 0 1		HIT/SKIP 1 - SOLVED 2 - UNSOLVED NUMBER OF UNITS 0 2 UNIT IN ERROR 98 - ANIMAL 0 1 99 - UNKNOWN			
COUNTY* 0 9		LOCALITY* 1 - CITY 1 2 - VILLAGE 3 - TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield				CRASH DATE / TIME* 0 3 2 2 2 0 2 2 0 5 5 3	
LOCATION REFERENCE	ROUTE TYPE S R	ROUTE NUMBER 4	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME Mulhauser		ROAD TYPE R D	LATITUDE DECIMAL DEGREES 3 9 3 1 4 6 8 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 #)		ROAD TYPE	LONGITUDE DECIMAL DEGREES - 8 4 4 8 7 3 7 4		
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	RD - ROAD LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA		
DISTANCE FROM REFERENCE 5		DISTANCE UNIT OF MEASURE 2 - FEET 3 - YARDS					NUMBER OF APPROACHES 4		
LOCATION OF FIRST HARMFUL EVENT 0 1				MANNER OF CRASH COLLISION/IMPACT 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 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1	CONDITIONS 1	SURFACE 2	
LIGHT CONDITION 3		WEATHER 0 2		1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL		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 3-22-22, at about 5:53 a.m., unit 2 was starting to merge onto Muhlhauser Road from SR4 when it suddenly stopped. Unit 1, which was behind unit 2, failed to stop and struck unit 2.									
CRASH REPORTED DATE / TIME 0 3 2 2 2 0 2 2 0 5 5 5		DISPATCH DATE / TIME 0 3 2 2 2 0 2 2 0 6 0 5		ARRIVAL DATE / TIME 0 3 2 2 2 0 2 2 0 6 2 2		SCENE CLEARED DATE / TIME 0 3 2 2 2 0 2 2 0 6 4 0		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 ODS)	
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 0		TOTAL MINUTES 3 5		OFFICER'S NAME* T. Lucas OFFICER'S BADGE NUMBER* 6 3		CHECKED BY OFFICER'S NAME* S. J. George 8 4 CHECKED BY OFFICER'S BADGE NUMBER*	

OWNER	UNIT # OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) 0 1 Putnam, Gregory			OWNER PHONE: INCLUDE AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER)					
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					
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #		VEHICLE YEAR	VEHICLE MAKE				
O H	JKC3743	2 F M P K 3 G 9 2 K B C 0 0 4 6 8		20119	Ford				
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #		COLOR	VEHICLE MODEL				
	GEICO	6020-73-34-47		White	Edge				
TYPE OF USE		US DOT #		TOWED BY: COMPANY NAME					
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE									
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR		HAZARDOUS MATERIAL				
		0 1	1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD				
1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL-TERRAIN VEHICLE (ATV / UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	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				
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1 - YES 2 - NO 9 - OTHER / UNKNOWN		AUTONOMOUS MODE LEVEL							
1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER		6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	21 - MAIL CARRIER 99 - OTHER / UNKNOWN				
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1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - CROSSWALK AT IMPACT		3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED 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				
1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING ACTIONS		1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - TURNING	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 / 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				
SEQUENCE OF EVENTS									
NON-COLLISION									
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT						6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT
COLLISION WITH FIXED OBJECT - STRUCK									
1 - IMPACT ATTENUATOR / CRASH CUSHION 2 - BRIDGE OVERHEAD STRUCTURE 3 - BRIDGE PIER OR ABUTMENT 4 - BRIDGE PARAPET 5 - BRIDGE RAIL 6 - GUARDRAIL FACE						7 - PORTABLE BARRIER 8 - MEDIAN CABLE BARRIER 9 - GUARDRAIL END 10 - GUARDRAIL SUPPORT 11 - GUARDRAIL BARRIER 12 - GUARDRAIL BARRIER 13 - GUARDRAIL SUPPORT	14 - OVERHEAD SIGN POST 15 - LIGHT / LUMINARIES 16 - TRAFFIC SIGN POST 17 - OVERHEAD SIGN SUPPORT 18 - UTILITY POLE 19 - OTHER POST, POLE OR SUPPORT 20 - GUARDRAIL BARRIER	21 - CURB 22 - DITCH 23 - MAILBOX 24 - TREE 25 - FIRE HYDRANT	26 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN
1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT									

LOCAL REPORT NUMBER												
2	2	0	2	0	5	2	6					
DAMAGE												
DAMAGE SCALE												
2		1 - NONE			3 - FUNCTIONAL DAMAGE			4 - DISABLING DAMAGE			9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY												
						<img alt="Diagram of						

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LOCAL REPORT NUMBER 2 2 0 2 0 5 2 6	
DAMAGE	
DAMAGE SCALE 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<img alt="Diagram of a vehicle with numbered damage points 1-12. Point 1 is the front left corner, 2 is the front right, 3 is the rear right, 4 is the rear left, 5 is the side left, 6 is the side right, 7 is the front center, 8 is the rear center, 9 is the side center, 10 is the front left side, 11 is the	



MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST							DATE OF BIRTH			AGE		GENDER			
UNIT #	NAME: LAST, FIRST, MIDDLE							1	0	2	4	1	9	6	4
0 1	Sears, Lori B							5	7					F	
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE								
979 Golfview Drive Hamilton, Ohio 45013															
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET		SEATING POSITION	AIR BAG USAGE		EJECTION	TRAPPED	
5							0 4			0 1	1		1	1	
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	ACDA		CITATION NUMBER						
O H				333.03A					250854						
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	1	1	1	1	1	RESULT SELECT UP TO 4		
OTHER						<input type="checkbox"/> OTHER DRUG									
UNIT #	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH			AGE		GENDER		
0 2	Mangar, Sarmila							0	9	3	0	1	9	9	3
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE								
2374 Walden Glen Circle #C Cincinnati, Ohio 45231															
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	
3	1						0 4			0 1	1		1	1	
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					1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	1	1	1	RESULT SELECT UP TO 4		
OTHER						<input type="checkbox"/> OTHER DRUG									
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		3 - TEST GIVEN, RESULTS KNOWN						
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE		4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER		4 - TEST GIVEN, RESULTS UNKNOWN		4 - TEST GIVEN, RESULTS UNKNOWN						
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE		5 - M/C MOPED ONLY	5 - EXCEPT CLASS A BUS		5 - TALKING ON HANDS-FREE COMMUNICATION DEVICE		5 - TALKING ON HANDS-FREE COMMUNICATION DEVICE						
	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN		6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS		6 - EXCEPT TRACTOR-TRAILER		6 - EXCEPT TRACTOR-TRAILER						
	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7 - NOT DEPLOYED		7 - EXCEPT TRACTOR-TRAILER	7 - EXCEPT TRACTOR-TRAILER		7 - EXCEPT TRACTOR-TRAILER		7 - EXCEPT TRACTOR-TRAILER						
	8 - THIRD - MIDDLE	8 - PARTIALLY EJECTED		8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - INTERMEDIATE LICENSE RESTRICTIONS		8 - INTERMEDIATE LICENSE RESTRICTIONS		8 - INTERMEDIATE LICENSE RESTRICTIONS						
	9 - THIRD - RIGHT SIDE	9 - TOTALLY EJECTED		9 - LEARNER'S PERMIT RESTRICTIONS	9 - LEARNER'S PERMIT RESTRICTIONS		9 - LEARNER'S PERMIT RESTRICTIONS		9 - LEARNER'S PERMIT RESTRICTIONS						
	10 - SLEEPER SECTION OF TRUCK CAB	10 - NOT APPLICABLE		10 - LIMITED TO DAYLIGHT ONLY	10 - LIMITED TO DAYLIGHT ONLY		10 - LIMITED TO DAYLIGHT ONLY		10 - LIMITED TO DAYLIGHT ONLY						
	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11 - NOT EJECTED		11 - LIMITED TO EMPLOYMENT	11 - LIMITED TO EMPLOYMENT		11 - LIMITED TO EMPLOYMENT		11 - LIMITED TO EMPLOYMENT						
	12 - PASSENGER IN UNENCLOSED CARGO AREA	12 - PARTIALLY EJECTED		12 - LIMITED - OTHER	12 - LIMITED - OTHER		12 - LIMITED - OTHER		12 - LIMITED - OTHER						
	13 - TRAILING UNIT	13 - TOTALLY EJECTED		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)						
	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14 - FREED BY NON-MECHANICAL MEANS		14 - MILITARY VEHICLES ONLY	14 - MILITARY VEHICLES ONLY		14 - MILITARY VEHICLES ONLY		14 - MILITARY VEHICLES ONLY						
	15 - NON-MOTORIST	15 - NOT TRAPPED		15 - MOTOR VEHICLES WITHOUT AIR BRAKES	15 - MOTOR VEHICLES WITHOUT AIR BRAKES		15 - MOTOR VEHICLES WITHOUT AIR BRAKES		15 - MOTOR VEHICLES WITHOUT AIR BRAKES						
	99 - OTHER / UNKNOWN	16 - EXTRICATED BY MECHANICAL MEANS		16 - OUTSIDE MIRROR	16 - OUTSIDE MIRROR		16 - OUTSIDE MIRROR		16 - OUTSIDE MIRROR						
		17 - FREED BY NON-MECHANICAL MEANS		17 - PROSTHETIC AID	17 - PROSTHETIC AID		17 - PROSTHETIC AID		17 - PROSTHETIC AID						
		18 - OTHER		18 - OTHER	18 - OTHER		18 - OTHER		18 - OTHER						
		F - FEMALE		F - FEMALE	F - FEMALE		F - FEMALE		F - FEMALE						
		M - MALE		M - MALE	M - MALE		M - MALE		M - MALE						
		U - OTHER / UNKNOWN		U - OTHER / UNKNOWN	U - OTHER / UNKNOWN		U - OTHER / UNKNOWN		U - OTHER / UNKNOWN						
		GENDER		GENDER	GENDER		GENDER		GENDER						
		CONDITION		CONDITION	CONDITION		CONDITION		CONDITION						
		1 - APPARENTLY NORMAL		1 - APPARENTLY NORMAL	1 - APPARENTLY NORMAL		1 - APPARENTLY NORMAL		1 - APPARENTLY NORMAL						
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		3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)						
		4 - ILLNESS		4 - ILLNESS	4 - ILLNESS		4 - ILLNESS		4 - ILLNESS						
		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.						
		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL						
		7 - OTHER		7 - OTHER	7 - OTHER		7 - OTHER		7 - OTHER						
		8 - NEGATIVE RESULTS		8 - NEGATIVE RESULTS	8 - NEGATIVE RESULTS		8 - NEGATIVE RESULTS		8 - NEGATIVE RESULTS						
		DRUG TEST TYPE		DRUG TEST TYPE	DRUG TEST TYPE		DRUG TEST TYPE		DRUG TEST TYPE						
		1 - NONE		1 - NONE	1 - NONE		1 - NONE		1 - NONE						
		2 - BLOOD		2 - BLOOD	2 - BLOOD		2 - BLOOD		2 - BLOOD						
		3 - URINE		3 - URINE	3 - URINE		3 - URINE		3 - URINE						
		4 - OTHER		4 - OTHER	4 - OTHER		4 - OTHER		4 - OTHER						
		DRUG TEST RESULT(S)		DRUG TEST RESULT(S)	DRUG TEST RESULT(S)		DRUG TEST RESULT(S)		DRUG TEST RESULT(S)						
		1 - AMPHETAMINES		1 - AMPHETAMINES	1 - AMPHETAMINES		1 - AMPHETAMINES		1 - AMPHETAMINES						
		2 - BARBITURATES		2 - BARBITURATES	2 - BARBITURATES		2 - BARBITURATES		2 - BARBITURATES						
		3 - BENZODIAZEPINES		3 - BENZODIAZEPINES	3 - BENZODIAZEPINES		3 - BENZODIAZEPINES		3 - BENZODIAZEPINES						
		4 - CANNABINOID		4 - CANNABINOID	4 - CANNABINOID		4 - CANNABINOID		4 - CANNABINOID						
		5 - COCAINE		5 - COCAINE	5 - COCAINE		5 - COCAINE		5 - COCAINE						
		6 - OPIATES / OPIOIDS		6 - OPIATES / OPIOIDS	6 - OPIATES / OPIOIDS		6 - OPIATES / OPIOIDS		6 - OPIATES / OPIOIDS						
		7 - OTHER		7 - OTHER	7 - OTHER		7 - OTHER		7 - OTHER						
		8 - NEGATIVE RESULTS		8 - NEGATIVE RESULTS	8 - NEGATIVE RESULTS		8 - NEGATIVE RESULTS		8 - NEGATIVE RESULTS						



OCCUPANT / WITNESS ADDENDUM

OCCUPANT	LOCAL REPORT NUMBER						
	2 2 0	DATE OF BIRTH	AGE	GENDER			
UNIT #	NAME: LAST, FIRST, MIDDLE						
2	Sunwar, Anita						
ADDRESS:	STREET, CITY, STATE, ZIP						
2368 Walden Glen Circle #C Cincinnati, Ohio 45231							
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED			
3	1			0 4			
<input type="checkbox"/> DOT-COMPLIANT MC HELMET							
SEATING POSITION AIR BAG USAGE EJECTION TRAPPED							
0 3 0 1 1 1							
OCCUPANT	DATE OF BIRTH					AGE	GENDER
						0	
ADDRESS:	STREET, CITY, STATE, ZIP						
CONTACT PHONE - INCLUDE AREA CODE							
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED			
<input type="checkbox"/> DOT-COMPLIANT MC HELMET							
SEATING POSITION AIR BAG USAGE EJECTION TRAPPED							
0 0 0 0							
OCCUPANT	DATE OF BIRTH					AGE	GENDER
						0	
ADDRESS:	STREET, CITY, STATE, ZIP						
CONTACT PHONE - INCLUDE AREA CODE							
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED			
<input type="checkbox"/> DOT-COMPLIANT MC HELMET							
SEATING POSITION AIR BAG USAGE EJECTION TRAPPED							
0 0 0 0							
OCCUPANT	DATE OF BIRTH					AGE	GENDER
						0	
ADDRESS:	STREET, CITY, STATE, ZIP						
CONTACT PHONE - INCLUDE AREA CODE							
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED			
<input type="checkbox"/> DOT-COMPLIANT MC HELMET							
SEATING POSITION AIR BAG USAGE EJECTION TRAPPED							
0 0 0 0							
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				
INJURED TAKEN BY			6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN		
1 - NOT TRANSPORTED /TREATED AT SCENE	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)					
2 - EMS	8 - HELMET USED	8 - THIRD - MIDDLE	1 - NOT EJECTED				
3 - POLICE	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED				
9 - OTHER / UNKNOWN	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED				
GENDER			11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE		
F - FEMALE	12 - PASSENGER IN UNENCLOSED CARGO AREA	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED				
M - MALE	13 - TRAILING UNIT	13 - TRAILING UNIT	1 - NOT TRAPPED				
U - OTHER / UNKNOWN	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS				
	15 - NON-MOTORIST	15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS				
	99 - OTHER / UNKNOWN	99 - OTHER / UNKNOWN					
NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER				
		0					
ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE						
NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER				
		0					
ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE						
NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER				
		0					
ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE						