



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN		<input checked="" type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION		LOCAL REPORT NUMBER*				
<input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*	HIT/SKIP	NUMBER OF UNITS		
				Fairfield Police Department		0 0 9 0 1	1 - SOLVED	0 2	UNIT IN ERROR	
							2 - UNSOLVED		0 1 98-ANIMAL	
									0 1 99-UNKNOWN	
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*		City of Fairfield		CRASH DATE / TIME*		CRASH SEVERITY		
0 9	1 - CITY 1 - VILLAGE 3 - TOWNSHIP					0 3 2 3 2 0 2 2 1 5 1 6		1 - FATAL		
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DECIMAL DEGREES	2 - SERIOUS INJURY SUSPECTED		
				Holden		B V	3 9 3 3 3 1 2 5	3 - MINOR INJURY SUSPECTED		
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)		ROAD TYPE	LONGITUDE DECIMAL DEGREES	4 - INJURY POSSIBLE		
				Port Union		R D	8 4 5 2 0 7 5 7	5 - PROPERTY DAMAGE ONLY		
REFERENCE POINT		DIRECTION FROM REFERENCE	ROUTE TYPE		ROAD TYPE	INTERSECTION RELATED				
1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		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	<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH	<input type="checkbox"/> WITHIN INTERCHANGE AREA	NUMBER OF APPROACHES
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE					ROADWAY			
3 0 0		1 - MILES 2 - FEET 3 - YARDS					<input type="checkbox"/> ROADWAY DIVIDED			
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT			DIRECTION OF TRAVEL	MEDIAN TYPE		
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				1 - NOT COLLISION 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN TRANSPORT 4 - REAR-END 5 - HEAD-ON			1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	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		
9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER/ UNKNOWN				4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN						
<input type="checkbox"/> WORK ZONE RELATED		WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE		CONTOUR	CONDITIONS	SURFACE		
<input type="checkbox"/> WORKERS PRESENT		1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		1	2	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN		
<input type="checkbox"/> LAW ENFORCEMENT PRESENT						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			
<input type="checkbox"/> ACTIVE SCHOOL ZONE										
LIGHT CONDITION				WEATHER			Indicate the north direction with an "N" on the compass diagram.			
1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN				1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL			1 - SNOW 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN			
NARRATIVE										
On 3/23/22 at about 3:16 p.m. Unit 1 was traveling northeast on Holden Bv approaching Port Union Rd when it made a lane change, striking Unit 2 which was also northeast on Holden Bv.										
SEE OH 2										
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY		
0 3 2 3 2 0 2 2 1 5 1 6		0 3 2 3 2 0 2 2 1 5 1 7		0 3 2 3 2 0 2 2 1 5 2 1		0 3 2 3 2 0 2 2 1 5 4 0		<input checked="" type="checkbox"/> POLICE AGENCY		
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		<input type="checkbox"/> MOTORIST		
2 3		0		2 3		J. Sons		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)		
						CHECKED BY OFFICER'S NAME*				
						J. Sons				
						CHECKED BY OFFICER'S BADGE NUMBER*				
						1 5 0				

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER		OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER	
	0 1	OWNER ADDRESS: STREET, CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER			
VEHICLE	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	JBZ9594	1C4PJMJCB3EWF2016787	2014	Jeep
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	Erie ins.		Q587205489	Red	Cherokee
	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	
			0 1	1 - ≤10K LBS.	MATERIAL RELEASED
				2 - 10,001 - 26K LBS.	CLASS #
			3 - >26K LBS.	PLACARD ID #	
				<input type="checkbox"/> PLACARD	
UNIT TYPE	1 - PASSENGER CAR	2 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER
	2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED	13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANYTYPE)
SPECIAL FUNCTION	3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14 - SINGLE UNIT TRUCK	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST
	4 - PICK UP	10 - MOPED OR MOTORIZED	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE
CARGO BODY TYPE	5 - CARGO VAN	BICYCLE	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR	27 - TRAIN
	6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	ANIMAL-DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP
# OF TRAILING UNITS					
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?			0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN
			1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION	
			2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION	
NON-MOTORIST LOCATION AT IMPACT	1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM	21 - MAIL CARRIER
	2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	17 - MOWING	99 - OTHER / UNKNOWN
ACTION	3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	18 - SNOW REMOVAL	
	4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	19 - TOWING	
CONTRIBUTING CIRCUMSTANCES	5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL	
	1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER
VEHICLE DEFECTS	2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	9 - CARGO TANK	13 - AUTO TRANSPORTER
	1 - TURN SIGNALS	5 - STEERING	7 - GRAIN/CHIPS/GRAVEL	10 - FLAT BED	14 - GARBAGE/REFUSE
SEQUENCE OF EVENTS	2 - HEAD LAMPS	6 - TIRE BLOWOUT	11 - DUMP	15 - OTHER / UNKNOWN	
	3 - TAIL LAMPS				
COLLISION WITH FIXED OBJECT - STRUCK	1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER CROSSWALK	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE
	2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	11 - SHARED USE PATHS OR TRAILS
ACTION	5 - BOTH STRIKING & STRUCK	6 - MAKING LEFT TURN	8 - SIDEWALK	99 - OTHER / UNKNOWN	
	7 - STRIKING	8 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	12 - DRIVERLESS	13 - NEGOVATING A CURVE
CONTRIBUTING CIRCUMSTANCES	8 - NON-CONTACT	9 - BACKING	10 - PARKED	13 - ENTERING TRAFFIC LANE	18 - APPROACHING OR LEAVING VEHICLE
	9 - NON-COLLISION	10 - CHANGING LANES	11 - SLOWING OR STOPPED IN TRAFFIC	14 - LEAVING TRAFFIC LANE	19 - STANDING
SEQUENCE OF EVENTS	10 - RAN RED LIGHT	11 - DROVE OFF ROAD	12 - MAKING LEFT TURN	15 - WALKING, RUNNING, JOGGING, PLAYING	20 - OTHER NON-MOTORIST
	11 - RAN STOP SIGN	12 - IMPROPER BACKING	13 - MAKING RIGHT TURN	16 - WORKING	21 - STANDING OUTSIDE DISABLED VEHICLE
COLLISION WITH FIXED OBJECT - STRUCK	12 - UNSAFE SPEED	13 - IMPROPER TURN	14 - DRIVING ON THE WRONG SIDE	17 - PUSHING VEHICLE	22 - OTHER / UNKNOWN
	13 - IMPROPER TURN	14 - IMPROPER BACKING	15 - DRIVING ON THE WRONG SIDE	16 - DRIVING ON THE WRONG SIDE	17 - DRIVING ON THE WRONG SIDE

LOCAL REPORT NUMBER	
2 2 0 2 0 9 4 8	
DAMAGE	
DAMAGE SCALE	
2	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 showing 12 numbered damage areas: 1 (front headlight), 2 (front bumper), 3 (front wheel), 4 (side door), 5 (



MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	LOCAL REPORT NUMBER													
	2 2 0 2 0 9 4 8						DATE OF BIRTH		AGE	GENDER				
UNIT #	NAME: LAST, FIRST, MIDDLE													
0 1	Tiwari, Lachi													
ADDRESS: STREET, CITY, STATE, ZIP														
5145 Pleasant Ave. Apt 109 Fairfield, Oh 45014														
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED	0 4	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
5										0 1	1	1	1	
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE	☒	OFFENSE DESCRIPTION			CITATION NUMBER		
O H				331.08a1					Marked Lanes			250926		
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	1	ALCOHOL / DRUG SUSPECTED			CONDITION	ALCOHOL TEST	DRUG TEST(S)			
4					1	☐ ALCOHOL	☐ MARIJUANA		1	1	1	1	RESULT SELECT UP TO 4	
☐ OTHER DRUG														
UNIT #	NAME: LAST, FIRST, MIDDLE													
0 2	Khatiwada, Jeewan													
ADDRESS: STREET, CITY, STATE, ZIP														
12117 Doe Run Ct. Cincinnati Oh 45240														
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED	0 4	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
5										0 1	1	1	1	
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE	☒	OFFENSE DESCRIPTION			CITATION NUMBER		
O H														
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	1	ALCOHOL / DRUG SUSPECTED			CONDITION	ALCOHOL TEST	DRUG TEST(S)			
4					1	☐ ALCOHOL	☐ MARIJUANA		1	1	1	1	RESULT SELECT UP TO 4	
☐ OTHER DRUG														
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	
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	1	ALCOHOL / DRUG SUSPECTED			CONDITION	ALCOHOL TEST	DRUG TEST(S)			
					1	☐ ALCOHOL	☐ MARIJUANA		1	1	1	1	RESULT SELECT UP TO 4	
☐ 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 UNKNOWN				
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-FREE COMMUNICATION DEVICE		4- TEST GIVEN, RESULTS UNKNOWN				
5-NO APPARENT INJURY	5-SECOND - MIDDLE		5-NOT APPLICABLE		5-M/C MOVED ONLY	5- EXCEPT CLASS A BUS		5- OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		5- TEST GIVEN, RESULTS UNKNOWN				
	6-SECOND - RIGHT SIDE		9-DEPLOYMENT UNKNOWN		6-NO VALID OL	6- EXCEPT CLASS A & CLASS B BUS		6- PASSENGER		6- OTHER				
	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		7-NOT DEPLOYED		7-EXCEPT TRACTOR-TRAILER	7- OTHER DISTRACTION INSIDE THE VEHICLE		7- OTHER DISTRACTION OUTSIDE THE VEHICLE		7- OTHER				
	8-THIRD - MIDDLE		8-PARTIALLY DEPLOYED		8-INTERMEDIATE LICENSE RESTRICTIONS	8- OTHER DISTRACTION INSIDE THE VEHICLE		8- OTHER DISTRACTION OUTSIDE THE VEHICLE		8- OTHER				
	9-THIRD - RIGHT SIDE		9-TOTALLY DEPLOYED		9-LEARNER'S PERMIT RESTRICTIONS	9- OTHER / UNKNOWN		9- OTHER / UNKNOWN		9- OTHER / UNKNOWN				
	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 APPLICABLE		11-LIMITED TO EMPLOYMENT	11- LIMITED TO EMPLOYMENT		11- LIMITED TO EMPLOYMENT		11- LIMITED TO EMPLOYMENT				
	12-PASSENGER IN UNENCLOSED CARGO AREA		12-EXTRICATED BY MECHANICAL MEANS		12-LIMITED - OTHER	12- LIMITED - OTHER		12- LIMITED - OTHER		12- LIMITED - OTHER				
	13-TRAILING UNIT		13-FREED BY NON-MECHANICAL MEANS		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-FREED BY NON-MECHANICAL MEANS		15-MOTOR VEHICLES WITHOUT AIR BRAKES	15- MOTOR VEHICLES WITHOUT AIR BRAKES		15- MOTOR VEHICLES WITHOUT AIR BRAKES		15- MOTOR VEHICLES WITHOUT AIR BRAKES				
	16-OUTSIDE MIRROR		16-FREED BY NON-MECHANICAL MEANS		16-OUTSIDE MIRROR	16- OUTSIDE MIRROR		16- OUTSIDE MIRROR		16- OUTSIDE MIRROR				
	17-PROSTHETIC AID		17-FREED BY NON-MECHANICAL MEANS		17-PROSTHETIC AID	17- PROSTHETIC AID		17- PROSTHETIC AID		17- PROSTHETIC AID				
	18-OTHER		18-FREED BY NON-MECHANICAL MEANS		18-OTHER	18- OTHER		18- OTHER		18- OTHER				
	F-FEMALE		F-FEMALE		F-FEMALE	F-FEMALE		F-FEMALE		F-FEMALE				
	M-MALE		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		U-OTHER/UNKNOWN				
	GENDER		GENDER		GENDER	GENDER		GENDER		GENDER				
	CONDITION		CONDITION		CONDITION	CONDITION		CONDITION		CONDITION				
	1-APPARENTLY NORMAL		1-APPARENTLY NORMAL		1- APPARENTLY NORMAL	1- APPARENTLY NORMAL		1- APPARENTLY NORMAL		1- APPARENTLY NORMAL				
	2-PHYSICAL IMPAIRMENT		2-PHYSICAL IMPAIRMENT		2- PHYSICAL IMPAIRMENT	2- PHYSICAL IMPAIRMENT		2- PHYSICAL IMPAIRMENT		2- PHYSICAL IMPAIRMENT				
	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)		3- EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)				
	4-ILLNESS		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.		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		6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL				
	9-OTHER / UNKNOWN		9-OTHER / UNKNOWN		9- OTHER / UNKNOWN	9- OTHER / UNKNOWN		9- OTHER / UNKNOWN		9- OTHER / UNKNOWN				
	DRUG TEST TYPE		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		1- NONE				
	2-BLOOD		2-BLOOD		2- BLOOD	2- BLOOD		2- BLOOD		2- BLOOD				
	3-URINE		3-URINE		3- URINE	3- URINE		3- URINE		3- URINE				
	4-BREATH		4-BREATH		4- BREATH	4- BREATH		4- BREATH		4- BREATH				
	5-OTHER		5-OTHER		5- OTHER	5- OTHER		5- OTHER		5- OTHER				
	DRUG TEST RESULT(S)		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		1- AMPHETAMINES				
	2-BARBITURATES		2-BARBITURATES		2- BARBITURATES	2- BARBITURATES		2- BARBITURATES		2- BARBITURATES				
	3-BENZODIAZEPINES		3-BENZODIAZEPINES		3- BENZODIAZEPINES	3- BENZODIAZEPINES		3- BENZODIAZEPINES		3- BENZODIAZEPINES				
	4-CANNABINOIDS		4-CANNABINOIDS		4- CANNABINOIDS	4- CANNABINOIDS		4- CANNABINOIDS		4- CANNABINOIDS				
	5-COCAININE		5-COCAININE		5- COCAINE	5- COCAINE		5- COCAINE		5- COCAINE				
	6-OPIATES / OPIOIDS		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		7- OTHER				
	8-NEGATIVE RESULTS		8-NEGATIVE RESULTS		8- NEGATIVE RESULTS	8- NEGATIVE RESULTS		8- NEGATIVE RESULTS		8- NEGATIVE RESULTS				



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

2 2 0 2 0 9 4 8

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 2 Bista, Harka			DATE OF BIRTH	AGE	GENDER
				0 1 2 6 1 9 8 6	3 6	M	
ADDRESS: STREET, CITY, STATE, ZIP 4054 s 146th st. Tukwila, Wa 98168							
INJURIES INJURED TAKEN BY EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED <input type="checkbox"/> 0 4 <input type="checkbox"/> DOT-Compliant MC HELMET SEATING POSITION 0 3 AIR BAG USAGE 0 1 EJECTION 1 TRAPPED 1							
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER
						0	
ADDRESS: STREET, CITY, STATE, ZIP							
OCCUPANT	INJURIES INJURED TAKEN BY EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED <input type="checkbox"/> <input type="checkbox"/> DOT-Compliant MC HELMET SEATING POSITION AIR BAG USAGE EJECTION TRAPPED	DATE OF BIRTH	AGE	GENDER			
			0				
ADDRESS: STREET, CITY, STATE, ZIP							
OCCUPANT	INJURIES INJURED TAKEN BY EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED <input type="checkbox"/> <input type="checkbox"/> DOT-Compliant MC HELMET SEATING POSITION AIR BAG USAGE EJECTION TRAPPED	DATE OF BIRTH	AGE	GENDER			
			0				
ADDRESS: STREET, CITY, STATE, ZIP							
OCCUPANT	INJURIES INJURED TAKEN BY EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED <input type="checkbox"/> <input type="checkbox"/> DOT-Compliant MC HELMET SEATING POSITION AIR BAG USAGE EJECTION TRAPPED	DATE OF BIRTH	AGE	GENDER			
			0				
ADDRESS: STREET, CITY, STATE, ZIP							
INJURIES		SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE			
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY		1 - NONE USED - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY 99 - OTHER / UNKNOWN	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN			
INJURED TAKEN BY		EJECTION					
1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE					
GENDER		TRAPPED					
F - FEMALE M - MALE U - OTHER / UNKNOWN		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS					
WITNESS	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER	
					0		
ADDRESS: STREET, CITY, STATE, ZIP							
WITNESS	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER	
					0		
ADDRESS: STREET, CITY, STATE, ZIP							
WITNESS	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER	
					0		
ADDRESS: STREET, CITY, STATE, ZIP							

REPORT NUMBER 22-020948

FAIRFIELD P.D. 00901

M 3 10 23 1Y 22

IN COUNTY OF

BUTLER

ACCIDENT LOCATION

HOLDEN // PORT UNION

