



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN		<input 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*				2 2 0 2 1 0 1 5		
		Fairfield Police Department 0 0 9 0 1				HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR		
						1 - SOLVED	0 2	98 - ANIMAL 0 1 99 - UNKNOWN		
						2 - UNSOLVED				
COUNTY* 0 9		LOCALITY* 1 - CITY 1 2 - VILLAGE 3 - TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield				CRASH DATE / TIME* 0 3 2 3 2 0 2 2 1 8 1 1		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY
LOCATION ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME Fairfield		ROAD TYPE	LATITUDE DECIMAL DEGREES 3 9 3 4 6 4 7 1			
				REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Walter		ROAD TYPE	LONGITUDE DECIMAL DEGREES - 8 4 5 5 0 3 8 7			
REFERENCE ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		ROUTE TYPE		ROAD TYPE	INTERSECTION RELATED			
				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 checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		ROUTE TYPE		ROAD TYPE	NUMBER OF APPROACHES 0 4			
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS		ROUTE TYPE		ROAD TYPE	ROADWAY			
LOCATION OF FIRST HARMFUL EVENT 0 1		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		MANNER OF CRASH COLLISION/IMPACT 6		DIRECTION OF TRAVEL	MEDIAN TYPE			
1 - WORK ZONE RELATED 2 - WORKERS PRESENT 3 - LAW ENFORCEMENT PRESENT 4 - ACTIVE SCHOOL ZONE		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		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			
LIGHT CONDITION 1		WEATHER 0 1		CONTOUR 1		CONDITIONS 1	SURFACE 2			
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		LOCATION OF CRASH IN WORK ZONE 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - 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 03/23/2022 at about 6:11 p.m. Unit 1 was traveling north on Fairfield Ave. at about 20 m.p.h. and when at Walter Ave. failed to stop at the stop sign and in so doing collided with Unit 2 which was traveling west on Walter Ave. at about 25 m.p.h.										
<p>DRAWING NOT TO SCALE</p> <p>WALTER AVE</p> <p>FAIRFIELD AVE</p>										
DRA		NOT TO SCALE						Indicate the north direction with an "N" on the compass diagram.		
CRASH REPORTED DATE / TIME 0 3 2 3 2 0 2 2 1 8 1 1		DISPATCH DATE / TIME 0 3 2 3 2 0 2 2 1 8 1 2		ARRIVAL DATE / TIME 0 3 2 3 2 0 2 2 1 8 2 6		SCENE CLEARED DATE / TIME 0 3 2 3 2 0 2 2 1 8 5 8		REPORT TAKEN BY		
TOTAL TIME ROADWAY CLOSED 0 0 0		OTHER INVESTIGATION TIME 0 3 0		TOTAL MINUTES 0 7 6		OFFICER'S NAME* D. Gooch		<input checked="" type="checkbox"/> POLICE AGENCY		
						CHECKED BY OFFICER'S NAME* Sgt. Aaron Meyer		<input type="checkbox"/> MOTORIST		
						OFFICER'S BADGE NUMBER* 1 6 0		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP)		
						CHECKED BY OFFICER'S BADGE NUMBER* 1 3 2				

OWNER

UNIT # <u>01</u>	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER)		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 <u>O H</u>	LICENSE PLATE # <u>JHW6600</u>	VEHICLE IDENTIFICATION # <u>2H KYF18554H573783</u>	VEHICLE YEAR <u>2004</u> VEHICLE MAKE <u>Honda</u>																														
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR <u>Maroon</u> VEHICLE MODEL <u>Pilot</u>																														
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 <u>0 3</u>	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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# OF TRAILING UNITS <u>0 0</u>																																	
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>0 2</u>																																	
AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION																																	
SPECIAL FUNCTION 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER																																	
1 - FIRE 2 - MILITARY 3 - POLICE 4 - PUBLIC UTILITY 5 - TOWING 6 - CONSTRUCTION EQUIPMENT 7 - MAIL CARRIER 8 - AUTO TRANSPORTER 9 - GARBAGE/REFUSE 10 - FLAT BED 11 - DUMP																																	
1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS																																	
3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - CARGO VAN/ENCLOSED BOX 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 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL																																	
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 - SIDEWALK 12 - BICYCLE LANE 13 - MEDIAN/CROSSING ISLAND 14 - SHOULDER / ROADSIDE 15 - TRAIL																																	
16 - FIRST RESPONDER AT INCIDENT SCENE 17 - DRIVEWAY ACCESS 18 - SHARED USE PATHS OR TRAILS																																	
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25 - PEDESTRIAN 26 - CYCLIST 27 - ANIMAL 28 - OTHER																																	
29 - OTHER UNKNOWN																																	
30 - NO DAMAGE 31 - UNDERCARRIAGE 32 - TOP 33 - ALL AREAS 34 - UNIT NOT AT SCENE																																	
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UNIT

OWNER	UNIT # 0 1	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER)	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 O H	LICENSE PLATE # JNH5165	VEHICLE IDENTIFICATION # 1FTRX12V79FA39826	VEHICLE YEAR 2009
INSURANCE VERIFIED <input checked="" type="checkbox"/>	INSURANCE COMPANY SafeCo	INSURANCE POLICY # K3781605	VEHICLE MAKE Ford
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	COLOR Blue
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>	# OCCUPANTS 0 3	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	VEHICLE MODEL F150
TOWED BY: COMPANY NAME		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
UNIT TYPE 0 4 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - CARGO VAN 5 - VAN (9-15 SEATS)	
# OF TRAILING UNITS 0 1		7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOVED OR MOTORIZED 11 - ALL-TERRAIN VEHICLE (ATV/UTV)	
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 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
AUTONOMOUS MODE LEVEL		1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	
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
1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER		16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	21 - MAIL CARRIER 99 - OTHER/ UNKNOWN
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
1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP
1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER/ UNKNOWN
1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED 5 - TRAVEL LANE - OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK
1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		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 & STRUCK		1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - OTHER UNKNOWN	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS
1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK		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
1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN		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 2 0	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
2 1 1	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE 36 - MEDIAN OTHER BARRIER	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT
3 1 1	28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN
COLLISION WITH FIXED OBJECT - STRUCK		1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT	

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



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER											
2 2 0 2 1 0 1 5											
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER		
	0 1	Isgro, Megan, Alma				0 4 1 7 1 9 7 9		4 2	F		
	ADDRESS: STREET, CITY, STATE, ZIP 651 Wyoming Ave., Fairfield, OH, 45014										
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET			
	5						0 4	0 1			
	OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	SEATING POSITION			
	O H				331.19a		<input checked="" type="checkbox"/>	AIR BAG USAGE			
	OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	EJECTION		
	4		0 3		1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1		
						<input type="checkbox"/> OTHER DRUG			TRAPPED		
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER			
0 2	Fluegeman, Michael, D				0 8 2 0 1 9 7 1		5 0	M			
ADDRESS: STREET, CITY, STATE, ZIP 4721 Dry Ridge Rd., Cincinnati, OH, 45252											
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET				
5						0 4	0 1				
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	SEATING POSITION				
O H						<input checked="" type="checkbox"/>	AIR BAG USAGE				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	EJECTION			
4		0 3		1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1			
					<input type="checkbox"/> OTHER DRUG			TRAPPED			
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER			
					0						
ADDRESS: STREET, CITY, STATE, ZIP											
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET				
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	SEATING POSITION				
						<input checked="" type="checkbox"/>					
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	AIR BAG USAGE			
					<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1			
					<input type="checkbox"/> OTHER DRUG			TRAPPED			
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-HELD COMMUNICATION DEVICE		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 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		5 - TEST GIVEN, RESULTS UNKNOWN		
	6 - SECOND - RIGHT SIDE		6 - DEPLOYMENT UNKNOWN		6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	6 - PASSENGER		1 - NONE		
	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		7 - NOT DEPLOYED		7 - EXCEPT TRACTOR-TRAILER	7 - LIMITED TO DAYLIGHT ONLY	7 - OTHER DISTRACTION INSIDE THE VEHICLE		2 - BLOOD		
	8 - THIRD - MIDDLE		8 - PARTIALLY DEPLOYED		8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - LIMITED TO EMPLOYMENT	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE		3 - URINE		
	9 - THIRD - RIGHT SIDE		9 - TOTALLY DEPLOYED		9 - LEARNER'S PERMIT RESTRICTIONS	9 - LIMITED TO OTHER	9 - OTHER / UNKNOWN		4 - BREATH		
	10 - SLEEPER SECTION OF TRUCK CAB		10 - NOT APPLICABLE		10 - MOTOR SCOOTER	10 - LIMITED TO OTHER			5 - OTHER		
	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		11 - NOT TRAPPED		11 - THREE-WHEEL MOTORCYCLE	11 - LIMITED TO OTHER					
	12 - PASSENGER IN UNENCLOSED CARGO AREA		12 - EXTRICATED BY MECHANICAL MEANS		12 - SCHOOL BUS	12 - LIMITED - OTHER					
	13 - TRAILING UNIT		13 - FREED BY NON-MECHANICAL MEANS		13 - DOUBLE & TRIPLE TRAILERS	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)					
	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		14 - NOT EJECTED		14 - TANKER / HAZMAT	14 - MILITARY VEHICLES ONLY					
	15 - NON-MOTORIST		15 - PARTIALLY EJECTED		15 - MOTOR VEHICLES WITHOUT AIR BRAKES	15 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)					
	99 - OTHER / UNKNOWN		16 - TOTALLY EJECTED		16 - OUTSIDE MIRROR	16 - ILLNESS					
			17 - FREED BY MECHANICAL MEANS		17 - PROSTHETIC AID	17 - FELL ASLEEP, FAINTED, FATIGUED, ETC.					
			18 - NOT APPLICABLE		18 - OTHER	18 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL					
			F - FEMALE		F - OTHER / UNKNOWN	19 - OTHER / UNKNOWN					
			M - MALE		M - OTHER / UNKNOWN	20 - OTHER / UNKNOWN					
			U - OTHER / UNKNOWN		U - OTHER / UNKNOWN	21 - OTHER / UNKNOWN					
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OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

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OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 1 Lawson, Carmela				DATE OF BIRTH	AGE	GENDER																																																																				
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OCCUPANT	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																																																																		
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