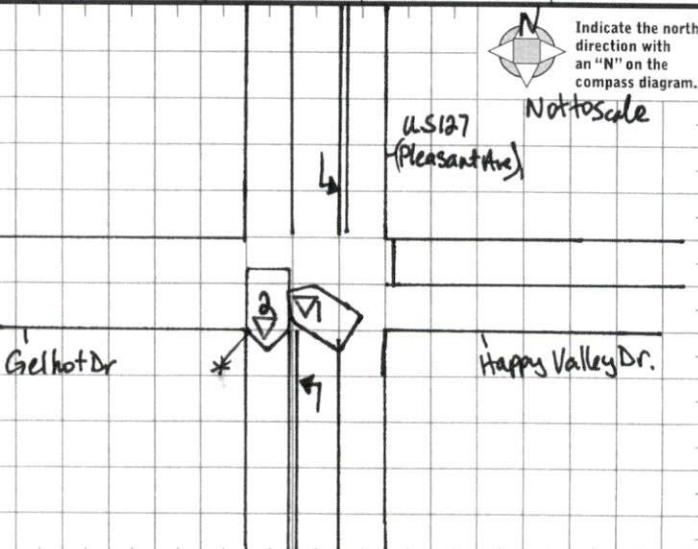


TRAFFIC CRASH REPORT

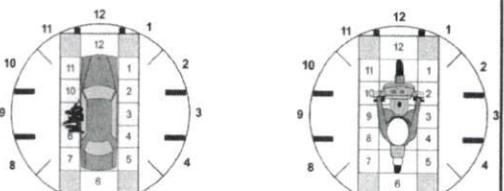
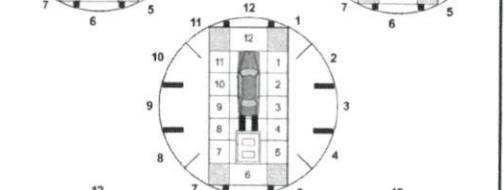
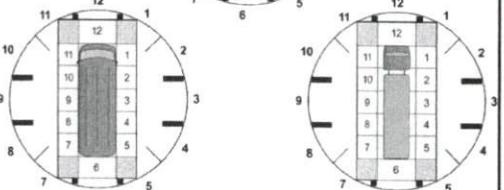
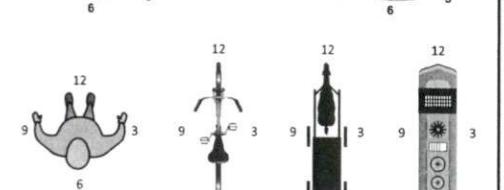
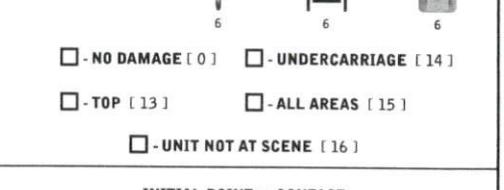
*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL REPORT NUMBER*				
<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION REPORTING AGENCY NAME* NCIC* Fairfield Police Department 00901				2 2 0 2 4 9 9 9		
						HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR
						1 1-SOLVED 2-UNRESOLVED	0 2	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* 04082022 2221
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME Gelhot	ROAD TYPE D R	LATITUDE DECIMAL DEGREES 39.314945		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 127	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Pleasant	ROAD TYPE A V	LONGITUDE DECIMAL DEGREES -84.561963		
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE #	DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-WEST	ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	HW - HIGHWAY LA - LANE MP - MILEPOST 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		
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 1-MILES 2- FEET 3-YARDS					NUMBER OF APPROACHES 4		
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 9-ON ROADWAY 10-DRIVEWAY/ALLEY ACCESS 11-RAILWAY GRADE CROSSING 12-SHARED USE PATHS OR TRAILS 13-BIKE LANE 14-TOLL BOOTH 99-OTHER / UNKNOWN				MANNER OF CRASH COLLISION/IMPACT 6 1- NOT COLLISION 2- TWO MOTOR VEHICLES IN TRANSPORT 3- REAR-END 4- HEAD-ON	4- REAR-TO-REAR 5- BACKING 6- ANGLE 7- SIDESWIPE, SAME DIRECTION 8- SIDESWIPE, OPPOSITE DIRECTION 9- OTHER / UNKNOWN	DIRECTION OF TRAVEL 1-NORTH 2-SOUTH 3-EAST 4-WEST	MEDIAN TYPE 1-DIVIDED FLUSH MEDIAN (<4 FEET) 2-DIVIDED FLUSH MEDIAN (≥4 FEET) 3-DIVIDED, DEPRESSED MEDIAN 4-DIVIDED, RAISED MEDIAN (ANY TYPE) 9- OTHER/UNKNOWN	
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1-LANE CLOSURE 2-LANE SHIFT/CROSSOVER 3-WORK ON SHOULDER OR MEDIAN 4-INTERMITTENT OR MOVING WORK 5-OTHER		LOCATION OF CRASH IN WORK ZONE 1-BEFORE THE 1ST WORK ZONE 2-ADVANCE WARNING SIGN 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA		CONTOUR 2	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		WEATHER 0 1 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL		6-SNOW 7-SEVERE CROSSWINDS 8-BLOWING SAND, SOIL, DIRT, SNOW 9-FREEZING RAIN OR FREEZING DRIZZLE 99- OTHER / UNKNOWN		1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9- OTHER/UNKNOWN	1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9- OTHER/UNKNOWN	1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9- OTHER/UNKNOWN
LIGHT CONDITION 4 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9- OTHER / UNKNOWN				WEATHER 0 1 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL		NARRATIVE		
On April 08, 2022 at about 10:21p.m. Unit 1 was traveling northbound on US 127 (Pleasant Ave) while Unit 2 was traveling southbound on Pleasant Ave. While attempting to turn left onto Gelhot Dr., Unit 1 turned left into Unit 2, striking the driver's side. Unit 1 left the scene without stopping to exchange information, or to contact the Fairfield Police to report the accident.							Indicate the north direction with an "N" on the compass diagram. US127 (Pleasant Ave)	
CRASH REPORTED DATE / TIME 04082022 2221		DISPATCH DATE / TIME 04082022 2226		ARRIVAL DATE / TIME 04082022 2229		SCENE CLEARED DATE / TIME 04082022 2308		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 OODP)
TOTAL TIME ROADWAY CLOSED 1 0		OTHER INVESTIGATION TIME 3 0		TOTAL MINUTES 7 2		OFFICER'S NAME* P.O. Cockfield OFFICER'S BADGE NUMBER* 1 2 9		CHECKED BY OFFICER'S NAME* SGT. K. HARRINGTON CHECKED BY OFFICER'S BADGE NUMBER* 1 1 2

2 2 0 2 4 9 9 9

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	Hinson, David, L.				
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER)		1630 Gelhot Drive, #8, Fairfield, OH 45014			
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	HKA3862	3 G N C A 2 3 B 1 9 S 5 1 5 1 3 6		2 0 0 9	CHEVY	
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #		COLOR	VEHICLE MODEL	
Statefarm		8061819-C29-35M		Blue	HHR	
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 checked="" type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	HAZARDOUS MATERIAL			
		0 1	<input type="checkbox"/> MATERIAL RELEASED	CLASS #	PLACARD ID #	
			<input type="checkbox"/> PLACARD			
VEHICLE WEIGHT GVWR/GCWR						
1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.						
UNIT TYPE						
0 3	1 - PASSENGER CAR	7 - 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 (ANY TYPE)	
	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	
	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?						
2	1 - YES	2 - NO	9 - OTHER / UNKNOWN	0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	
				1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION	
				2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION	
AUTONOMOUS MODE LEVEL						
SPECIAL FUNCTION						
0 1	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	
	3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	18 - SNOW REMOVAL		
	4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	19 - TOWING		
	5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL		
CARGO BODY TYPE						
0 1	1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER	
	2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	9 - CARGO TANK	13 - AUTO TRANSPORTER	
			7 - GRAIN/CHIPS/GRAVEL	10 - FLAT BED	14 - GARBAGE/REFUSE	
				11 - DUMP	99 - OTHER / UNKNOWN	
VEHICLE DEFECTS						
1	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE	99 - OTHER / UNKNOWN	
2	2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	10 - DISABLED FROM PRIOR ACCIDENT		
3	3 - TAIL LAMPS	6 - TIRE BLOWOUT				
NON-MOTORIST LOCATION AT IMPACT						
1	1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER	
2	2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	AT INCIDENT SCENE	
	5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	99 - OTHER / UNKNOWN		
ACTION						
3	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE	
	2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19 - STANDING	
	3 - STRIKING	0 6 - 3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	10 - PARKED	20 - OTHER NON-MOTORIST	
	4 - STRUCK	4 - OVERTAKING/PASSING	11 - SLOWING OR STOPPED IN TRAFFIC	15 - WALKING, RUNNING, JOGGING, PLAYING	21 - STANDING OUTSIDE DISABLED VEHICLE	
	5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	12 - DRIVERLESS	16 - WORKING	17 - PUSHING VEHICLE	
	9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN			99 - OTHER / UNKNOWN	
CONTRIBUTING CIRCUMSTANCES						
0 2	1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY	
	2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / ACDA	14 - STOPPED OR PARKED ILLEGALLY	18 - OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE	
	3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	15 - SWERVING TO AVOID	19 - LOAD SHIFTING/FALLING/SPILLING	23 - OPENING DOOR INTO ROADWAY	
	4 - RAN STOP SIGN	10 - IMPROPER PASSING	16 - WRONG WAY	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION	
	5 - UNSAFE SPEED	11 - DROVE OFF ROAD				
	6 - IMPROPER TURN	12 - IMPROPER BACKING				
SEQUENCE OF EVENTS						
1 2 0	NON-COLLISION					
1	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT	
2	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	12 - DOWNHILL RUNAWAY	17 - ANIMAL - FARM	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION	
3	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	13 - OTHER NON-COLLISION	18 - ANIMAL - DEER	24 - BY A MOTOR VEHICLE	
4	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	14 - PEDESTRIAN	19 - ANIMAL - OTHER	25 - WORKING	
5	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	15 - PEDALCYCLE	20 - MOTOR VEHICLE IN TRANSPORT	26 - OTHER MOBILE OBJECT	
6				21 - PARKED MOTOR VEHICLE		
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OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> SAME AS DRIVER	OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER	
	0 2	Linville, Bryonna, S.		
OWNER ADDRESS: STREET, CITY, STATE, ZIP <input type="checkbox"/> SAME AS DRIVER		4146 Glen Este Withamsville Road, Cincinnati, OH 45245		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
0_H	JCV1019	J M 1 B L 1 S F 3 A 1 2 7 6 8 5 4	2 0 1 0	Mazda
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
			Silver	3
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME Fox Towing	
<input type="checkbox"/> INTERLOCK EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 0 2	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <input type="checkbox"/> PLACARD ID # <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)		VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	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
UNIT TYPE	# OF TRAILING UNITS			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN		AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN	
SPECIAL FUNCTION	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER			
CARGO BODY TYPE	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE			
VEHICLE DEFECTS	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT			
NON-MOTORIST LOCATION AT IMPACT	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL			
ACTION	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS			
CONTRIBUTING CIRCUMSTANCES	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT			
1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT	
3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION		11 - MEDIAN/CROSSING ISLAND 12 - SHOULDER / ROADSIDE 13 - SIDEWALK	12 - FIRST RESPONDER AT INCIDENT SCENE 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS	
6 - BICYCLE LANE 7 - LEAVING TRAFFIC LANE 8 - LEAVING 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 - 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	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		7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACD / ACD 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		13 - 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	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION	
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	24 - OTHER MOVABLE OBJECT 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	
26 - WORK ZONE MAINTENANCE EQUIPMENT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN				
1 - STATE / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED				

LOCAL REPORT NUMBER 2 2 0 2 4 9 9 9	
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 99 - UNKNOWN 13 - TOP	
TRAFFIC	
TRAFFICWAY FLOW 2 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING 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	
FROM 1 TO 2	UNIT SPEED 3 5 POSTED SPEED 4 0
DETECTED SPEED 1 - STATE / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	

MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	LOCAL REPORT NUMBER														
	2 2 0 2 4 9 9 9					DATE OF BIRTH		AGE	GENDER						
UNIT #	NAME: LAST, FIRST, MIDDLE 0 1 Hinson, David, L.									0 4 2 6 1 9 5 7		6 4	M		
ADDRESS: STREET, CITY, STATE, ZIP 1630 Gelhot Drive, #8, Fairfield, OH 45014										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		DOT-COMPLIANT MC HELMET		SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE O H	OPERATOR LICENSE NUMBER			OFFENSE CHARGED 331.17A		LOCAL CODE X	OFFENSE DESCRIPTION Failure To Yield			CITATION NUMBER 251127					
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 6	ALCOHOL TEST STATUS 4		TYPE 4	VALUE 2 0 5	DRUG TEST(S) STATUS 1	TYPE 1	RESULT SELECT UP TO 4 1	
UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Matthews, Marviel, D.S.									DATE OF BIRTH 1 0 1 2 1 9 9 8		AGE 2 3	GENDER M		
ADDRESS: STREET, CITY, STATE, ZIP 251 Morris Avenue, 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		DOT-COMPLIANT MC HELMET		SEATING POSITION 0 1	AIR BAG USAGE 3	EJECTION 1	TRAPPED 1	
OL STATE O H	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE X	OFFENSE DESCRIPTION			CITATION NUMBER					
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 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 1		TYPE 1	VALUE 1	DRUG TEST(S) STATUS 1	TYPE 1	RESULT SELECT UP TO 4 1	
UNIT #	NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH		AGE 0	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED		DOT-COMPLIANT MC HELMET		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE X	OFFENSE DESCRIPTION			CITATION NUMBER					
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS 1		TYPE 1	VALUE 1	DRUG TEST(S) STATUS 1	TYPE 1	RESULT SELECT UP TO 4 1	
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, CONTAMINATED SAMPLE / UNUSABLE						
4-POSSIBLE INJURY	4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4-DEPLOYED BOTH FRONT / SIDE		4-REGULAR CLASS (OHIO = D)	4-FARM WAIVER	4-TEST GIVEN, RESULTS KNOWN		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	5-TEST GIVEN, RESULTS UNKNOWN		5-TEST GIVEN, RESULTS UNKNOWN						
INJURED TAKEN BY		6-SECOND - RIGHT SIDE		9-DEPLOYMENT UNKNOWN		6-NO VALID OL	6-EXCEPT CLASS A & CLASS B BUS	6-TALKING ON HAND-HELD COMMUNICATION DEVICE		6-TALKING ON HAND-HELD COMMUNICATION DEVICE					
1-NOT TRANSPORTED / TREATED AT SCENE		7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		7-NOT EJECTED		7-EXCEPT TRACTOR-TRAILER	7-EXCEPT TRACTOR-TRAILER	7-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		7-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE					
2-EMS		8-THIRD - MIDDLE		8-PARTIALLY EJECTED		8-INTERMEDIATE LICENSE RESTRICTIONS	8-INTERMEDIATE LICENSE RESTRICTIONS	8-PASSenger		8-PASSenger					
3-POLICE		9-THIRD - RIGHT SIDE		9-TOTALLY EJECTED		9-LEARNER'S PERMIT RESTRICTIONS	9-LEARNER'S PERMIT RESTRICTIONS	9-OTHER DISTRACTION INSIDE THE VEHICLE		9-OTHER DISTRACTION INSIDE THE VEHICLE					
9-OTHER / UNKNOWN		10-SLEEPER SECTION OF TRUCK CAB		4-NOT APPLICABLE		10-LIMITED TO DAYLIGHT ONLY	10-LIMITED TO DAYLIGHT ONLY	8-OTHER DISTRACTION OUTSIDE THE VEHICLE		8-OTHER DISTRACTION OUTSIDE THE VEHICLE					
SAFETY EQUIPMENT										TEST STATUS					
1-NONE USED										1-NONE GIVEN					
2-SHOULDER BELT ONLY USED										2-TEST REFUSED					
3-LAP BELT ONLY USED										3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE					
4-SHOULDER & LAP BELT USED										4-TEST GIVEN, RESULTS KNOWN					
5-CHILD RESTRAINT SYSTEM - FORWARD FACING										5-TEST GIVEN, RESULTS UNKNOWN					
6-CHILD RESTRAINT SYSTEM - REAR FACING										6-TEST GIVEN, RESULTS UNKNOWN					
7-BOOSTER SEAT										7-TEST GIVEN, RESULTS UNKNOWN					
8-HELMET USED										8-TEST GIVEN, RESULTS UNKNOWN					
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)										9-TEST GIVEN, RESULTS UNKNOWN					
10-REFLECTIVE CLOTHING										10-TEST GIVEN, RESULTS UNKNOWN					
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY										11-TEST GIVEN, RESULTS UNKNOWN					
99-OTHER / UNKNOWN										99-TEST GIVEN, RESULTS UNKNOWN					
EJECTION										OL ENDORSEMENT		ALCOHOL TEST TYPE			
1-NOT EJECTED										H - HAZMAT		1-NONE			
2-PARTIALLY EJECTED										M - MOTORCYCLE		2-BLOOD			
3-TOTALLY EJECTED										P - PASSENGER		3-URINE			
4-NOT APPLICABLE										N - TANKER		4-BREATH			
TRAPPED										Q - MOTOR SCOOTER		5-OTHER			
1-NOT TRAPPED										R - THREE-WHEEL MOTORCYCLE		ALCOHOL TEST TYPE			
2-EXTRICATED BY MECHANICAL MEANS										S - SCHOOL BUS		1-NONE			
3-FREED BY NON-MECHANICAL MEANS										T - DOUBLE & TRIPLE TRAILERS		2-BLOOD			
GENDER										X - TANKER / HAZMAT		3-URINE			
F - FEMALE										14 - MILITARY VEHICLES ONLY		4-BREATH			
M - MALE										15 - MOTOR VEHICLES WITHOUT AIR BRAKES		5-OTHER			
U - OTHER / UNKNOWN										16 - OUTSIDE MIRROR		1-AMPHETAMINES			
15 - NON-MOTORIST										17 - PROSTHETIC AID		2-BARBITURATES			
99 - OTHER / UNKNOWN										18 - OTHER		3-BENZODIAZEPINES			
CONDITION										1 - APPARENTLY NORMAL		4-CANNABINOIDs			
2 - PHYSICAL IMPAIRMENT										2 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		5-COCAINe			
3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)										6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		6-OPIATES / OPIOIDS			
4 - ILLNESS										7 - OTHER		7-OTHER			
5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.										9 - OTHER / UNKNOWN		8-NEGATIVE RESULTS			
DRUG TEST RESULT(S)															



OCCUPANT / WITNESS ADDENDUM

OCCUPANT	LOCAL REPORT NUMBER											
	2 2 0 2 4 9 9 9					DATE OF BIRTH	AGE	GENDER				
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH							
2	Linville, Bryonna, S.				1 1 1 2 2 0 0 0							
ADDRESS: STREET, CITY, STATE, ZIP	4164 Glen Este Withamsville Road, Cincinnati, OH 45245				AGE 21 GENDER F							
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	CONTACT PHONE - INCLUDE AREA CODE							
5				0 4								
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH							
					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	CONTACT PHONE - INCLUDE AREA CODE							
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH							
					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	CONTACT PHONE - INCLUDE AREA CODE							
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH							
					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	CONTACT PHONE - INCLUDE AREA CODE							
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH							
					0							
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
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				
			6 - CHILD RESTRAINT SYSTEM - REAR FACING		6 - SECOND - RIGHT SIDE			9 - DEPLOYMENT UNKNOWN				
			7 - BOOSTER SEAT		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)							
			8 - HELMET USED		8 - THIRD - MIDDLE							
			9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		9 - THIRD - RIGHT SIDE							
			10 - REFLECTIVE CLOTHING		10 - SLEEPER SECTION OF TRUCK CAB							
			11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)							
			99 - OTHER / UNKNOWN		12 - PASSENGER IN UNENCLOSED CARGO AREA							
					13 - TRAILING UNIT							
					14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)							
					15 - NON-MOTORIST							
					99 - OTHER / UNKNOWN							
INJURED TAKEN BY										EJECTION		
1 - NOT TRANSPORTED / TREATED AT SCENE										1 - NOT EJECTED		
2 - EMS										2 - PARTIALLY EJECTED		
3 - POLICE										3 - TOTALLY EJECTED		
9 - OTHER / UNKNOWN										4 - NOT APPLICABLE		
GENDER										TRAPPED		
F - FEMALE										1 - NOT TRAPPED		
M - MALE										2 - EXTRICATED BY MECHANICAL MEANS		
U - OTHER / UNKNOWN										3 - FREED BY NON-MECHANICAL MEANS		
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH					AGE	GENDER	
					0							
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE							
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH					AGE	GENDER	
					0							
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE							
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH					AGE	GENDER	
					0							
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE							