



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*	2 2 0 2 6 3 1 4	
				Fairfield Police Department		0 0 9 0 1	HIT/SKIP	NUMBER OF UNITS
						1 1-SOLVED 2-UNSOLVED	0 3	UNIT IN ERROR 0 1 98-ANIMAL 99-UNKNOWN
COUNTY*		LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*		CRASH DATE / TIME*		CRASH SEVERITY	
0 9		1-CITY 1-2-VILLAGE 3-TOWNSHIP	City of Fairfield		0 4 1 4 2 0 2 2 1 3 5 1		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	ROAD TYPE	LATITUDE DECIMAL DEGREES 3 9 3 3 2 4 9 9		
	U S	1, 2, 7				-8.4 5 5 8 8 6 8		
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		
				5370				
REFERENCE POINT		DIRECTION FROM REFERENCE		ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED		
1-INTERSECTION 3-2-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
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE					NUMBER OF APPROACHES	
		1-MILES 2-FEET 3-YARDS						
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT		DIRECTION OF TRAVEL	ROADWAY	
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 4-TRANSPORT 5-BACKING 6-ANGLE 7-SIDESWIPE, SAME DIRECTION 8-REAR-END 9-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				8				
<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		4	1	2
<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	1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN
<input type="checkbox"/> ACTIVE SCHOOL ZONE								
LIGHT CONDITION				WEATHER				
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		6-SNOW 7-SEVERE CROSSWINDS 8-BLOWING SAND, SOIL, DIRT, SNOW 9-FREEZING RAIN OR FREEZING DRIZZLE 99-OTHER / UNKNOWN		
0 1				0 1				
NARRATIVE								
Unit #2 was southbound on US 127 in the curb lane changing lanes to the inside lane. Unit #3 was behind Unit #2 in the inside lane. Unit #1 was northbound in the only lane of traffic, crossed the double yellow line and was partially in the southbound curb lane. Unit #2 swerved to the left to avoid a collision and was sideswiped by Unit #1. Unit #1 continued northbound but was stopped a short time later and found to be having a diabetic episode. The tire and/or debris from Unit #1 struck Unit #3.								
SEE OH-2								
 <p>Indicate the north direction with an "N" on the compass diagram.</p>								
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY
0 4 1 4 2 0 2 2 1 3 5 1		0 4 1 4 2 0 2 2 1 3 5 1		0 4 1 4 2 0 2 2 1 3 5 2		0 4 1 4 2 0 2 2 1 4 2 3		<input checked="" type="checkbox"/> POLICE AGENCY
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		<input type="checkbox"/> MOTORIST
						Sgt. J. Sprague		
						OFFICER'S BADGE NUMBER*		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODMR)
				3 1		8 4		
						8 4		

UNIT # <u>0 1</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)
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OWNER ADDRESS: STREET, CITY, STATE, ZIP 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>JLN3571</u>	VEHICLE IDENTIFICATION # <u>1F1TYR44U92PA74394</u>	VEHICLE YEAR <u>2002</u>	VEHICLE MAKE <u>FORD</u>
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<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR <u>WHITE</u>	VEHICLE MODEL <u>RANGER</u>
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME <u>WAYNE'S</u>	
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <u>0 1</u>		VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	

UNIT TYPE <u>0 4</u>	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 UNITTRUCK 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
# OF TRAILING UNITS <u>0</u>				

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>2</u>	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
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SPECIAL FUNCTION <u>0 1</u>	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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CARGO BODY TYPE <u>0 1</u>	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - STEERING 6 - TIRE BLOWOUT	5 - INTERMODAL CONTAINER CHASSIS 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 99 - OTHER/UNKNOWN
VEHICLE DEFECTS	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT	99 - OTHER/UNKNOWN

NON-MOTORIST LOCATION AT IMPACT	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER/UNKNOWN
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ACTION <u>3</u>	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER/UNKNOWN	PRE-CRASH ACTIONS <u>0 1</u> 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER/UNKNOWN
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CONTRIBUTING CIRCUMSTANCES <u>0 7</u>	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION
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SEQUENCE OF EVENTS

<u>1 1</u>	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION
<u>2 0</u>	4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	9 - RAN OFF ROAD LEFT	10 - CROSS MEDIAN	14 - PEDESTRIAN 15 - PEDALCYCLE	20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE

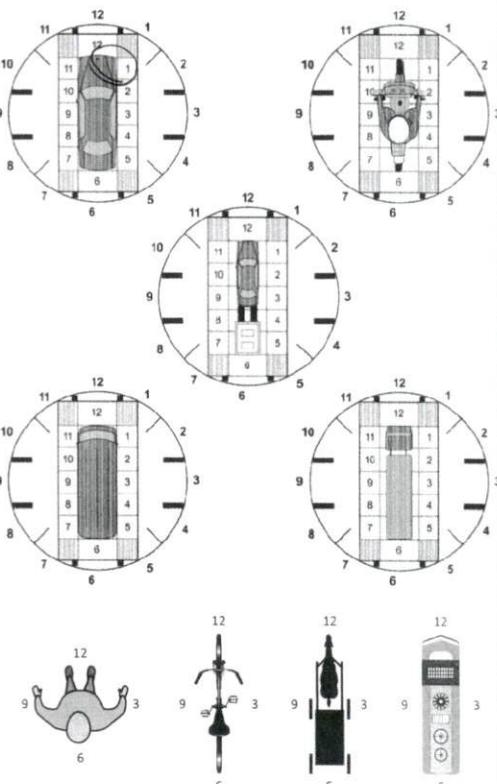
<u>4 1</u>	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER/UNKNOWN
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2 FIRST HARMFUL EVENT 2 MOST HARMFUL EVENT

LOCAL REPORT NUMBER
2 2 0 2 6 3 1 4

DAMAGE
4
DAMAGE SCALE
1 - NONE 3 - FUNCTIONAL DAMAGE
2 - MINOR DAMAGE 4 - DISABLING DAMAGE
9 - UNKNOWN

DAMAGED AREA(S)
INDICATE ALL THAT APPLY



- NO DAMAGE 0 - UNDERCARRIAGE 14

- TOP 13 - ALL AREAS 15

- UNIT NOT AT SCENE 16

INITIAL POINT OF CONTACT
0 - NO DAMAGE 14 - UNDERCARRIAGE
1 - 12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE
DIAGRAM 99 - UNKNOWN
13 - TOP

TRAFFIC
TRAFFIC WAY FLOW
1 - ONE-WAY 2 2 - TWO-WAY 6
OF THROUGH LANES ON ROAD
3 1
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 2 TO 1

UNIT SPEED
3 5
DETECTED SPEED
1
1 - STATED/ESTIMATED SPEED
2 - CALCULATED/EDR
3 - UNDETERMINED
POSTED SPEED
3 5



UNIT

OWNER

UNIT # **TJ Williams Electric Co**
 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
 7925 New Haven Rd., Harrison, OH 45030

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE O H	LICENSE PLATE # PKJ9924	VEHICLE IDENTIFICATION # 1 G C Z G H F G 0 J 1 3 4 1 6 6 0		VEHICLE YEAR 2018	VEHICLE MAKE CHEVROLET
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY ENCOVE	INSURANCE POLICY # 5000134006		COLOR WHITE	VEHICLE MODEL EXPRESS
TYPE OF USE <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME Marcell's		
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS 0 1	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL MATERIAL RELEASED <input type="checkbox"/> PLACARD <input type="checkbox"/>	

UNIT TYPE
 1 - PASSENGER CAR
 2 - PASSENGER VAN (MINIVAN)
 3 - SPORT UTILITY VEHICLE
 4 - PICK UP
 5 - CARGO VAN
 6 - VAN (9-15 SEATS)
 0 5
 7 - MOTORCYCLE 2-WHEELED
 8 - MOTORCYCLE 3-WHEELED
 9 - AUTOCYCLE
 10 - MOPED OR MOTORIZED
 11 - ALL TERRAIN VEHICLE (ATV / UTV)
 12 - GOLF CART
 13 - SNOWMOBILE
 14 - SINGLE UNITTRUCK
 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
 23 - PEDESTRIAN / SKATER
 24 - WHEELCHAIR (ANY TYPE)
 25 - OTHER NON-MOTORIST
 26 - BICYCLE
 27 - TRAIN
 28 - ANIMAL-DRAWN VEHICLE
 99 - UNKNOWN OR HIT/SKIP

OF TRAILING UNITS
 1 - YES 2 - NO 9 - OTHER/UNKNOWN

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?
 0 2
 1 - NO AUTOMATION
 2 - DRIVER ASSISTANCE
 3 - PARTIAL 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
 0 1
 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 - DRIVING
 18 - SNOW/REMOVAL
 19 - TOWING
 20 - SAFETY SERVICE PATROL

CARGO BODY TYPE
 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 - CARGOTANK
 10 - FLAT BED
 11 - DUMP
 12 - CONCRETE MIXER
 13 - AUTO TRANSPORTER
 14 - GARBAGE/REFUSE
 15 - OTHER/UNKNOWN

VEHICLE DEFECTS
 1 - TURN SIGNALS
 2 - HEAD LAMPS
 3 - TAIL LAMPS
 4 - BRAKES
 5 - STEERING
 6 - TIRE BLOWOUT
 7 - WORN OR SLICK TIRES
 8 - TRAILER EQUIPMENT DEFECTIVE
 9 - MOTOR TROUBLE
 10 - DISABLED FROM PRIOR ACCIDENT
 99 - OTHER/UNKNOWN

NON-MOTORIST LOCATION AT IMPACT
 1 - INTERSECTION - MARKED CROSSWALK
 2 - INTERSECTION - UNMARKED CROSSWALK
 3 - SIDEWALK
 4 - BICYCLE LANE
 5 - SHOULDER / ROADSIDE
 6 - SHARED USE PATHS OR TRAILS
 7 - MEDIAN/CROSSING ISLAND
 8 - DRIVEWAY ACCESS AT INCIDENT SCENE
 9 - SHARED USE PATHS OR TRAILS
 10 - FIRST RESPONDER
 11 - OTHER/UNKNOWN

ACTION & STRIKING
 1 - NON-CONTACT
 2 - NON-COLLISION
 3 - STRIKING
 4 - STRUCK
 5 - BOTH STRIKING & STRUCK
 9 - OTHER/UNKNOWN
 0 3
 1 - STRAIGHT AHEAD
 2 - BACKING
 3 - CHANGING LANES
 4 - OVERTAKING/PASSING
 5 - MAKING RIGHT TURN
 6 - MAKING LEFT TURN
 7 - MAKING U-TURN
 8 - ENTERING TRAFFIC LANE
 9 - LEAVING TRAFFIC LANE
 10 - PARKED
 11 - SLOWING OR STOPPED IN TRAFFIC
 12 - DRIVERLESS
 13 - NEGOTIATING A CURVE
 14 - ENTERING OR CROSSING SPECIFIED LOCATION
 15 - WALKING, RUNNING, JOGGING, PLAYING
 16 - WORKING
 17 - PUSHING VEHICLE
 18 - APPROACHING OR LEAVING VEHICLE
 19 - STANDING
 20 - OTHER NON-MOTORIST
 21 - STANDING OUTSIDE DISABLED VEHICLE
 22 - APPROACHING
 23 - OPENING DOOR INTO ROADWAY
 24 - OTHER/UNKNOWN

CONTRIBUTING CIRCUMSTANCES
 1 - NONE
 2 - FAILURE TO YIELD
 3 - RAN RED LIGHT
 4 - RAN STOP SIGN
 5 - UNSAFE SPEED
 6 - IMPROPER TURN
 7 - LEFT OF CENTER
 8 - FOLLOWING TOO CLOSE / ACDA
 9 - IMPROPER LANE CHANGE
 10 - IMPROPER PASSING
 11 - DROVE OFF ROAD
 12 - IMPROPER BACKING
 13 - IMPROPER START FROM A PARKED POSITION
 14 - STOPPED OR PARKED ILLEGALLY
 15 - SWERVING TO AVOID
 16 - WRONG WAY
 17 - VISION OBSTRUCTION
 18 - OPERATING DEFECTIVE EQUIPMENT
 19 - LOAD SHIFTING/FALLING/SPILLING
 20 - IMPROPER CROSSING
 21 - LYING IN ROADWAY
 22 - NOT DISCERNIBLE
 23 - OPENING DOOR INTO ROADWAY
 24 - OTHER IMPROPER ACTION

SEQUENCE OF EVENTS

1 2 0
 1 - OVERTURN/ROLLOVER
 2 - FIRE/EXPLOSION
 3 - IMMERSION
 2 1
 4 - JACKKNIFE
 5 - CARGO / EQUIPMENT LOSS OR SHIFT
 3 1
 25 - IMPACT ATTENUATOR / CRASH CUSHION
 26 - BRIDGE OVERHEAD STRUCTURE
 27 - BRIDGE PIER OR ABUTMENT
 28 - BRIDGE PARAPET
 29 - BRIDGE RAIL
 30 - GUARDRAIL FACE
 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
 24 - OTHER MOVABLE OBJECT

COLLISION WITH FIXED OBJECT - STRUCK

31 - GUARDRAIL END
 32 - PORTABLE BARRIER
 33 - MEDIAN CABLE BARRIER
 34 - MEDIAN GUARDRAIL
 35 - MEDIAN CONCRETE BARRIER
 36 - MEDIAN OTHER BARRIER
 37 - TRAFFIC SIGN POST
 38 - OVERHEAD SIGN POST
 39 - LIGHT / LUMINARIES
 40 - UTILITY POLE
 41 - OTHER POST, POLE OR SUPPORT
 42 - CULVERT
 43 - CURB
 44 - DITCH
 45 - EMBANKMENT
 46 - FENCE
 47 - MAILBOX
 48 - TREE
 49 - FIRE HYDRANT
 50 - WORK ZONE MAINTENANCE EQUIPMENT
 51 - WALL
 52 - BUILDING
 53 - TUNNEL
 54 - OTHER FIXED OBJECT
 99 - OTHER / UNKNOWN

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER

2 2 0 2 6 3 1 4

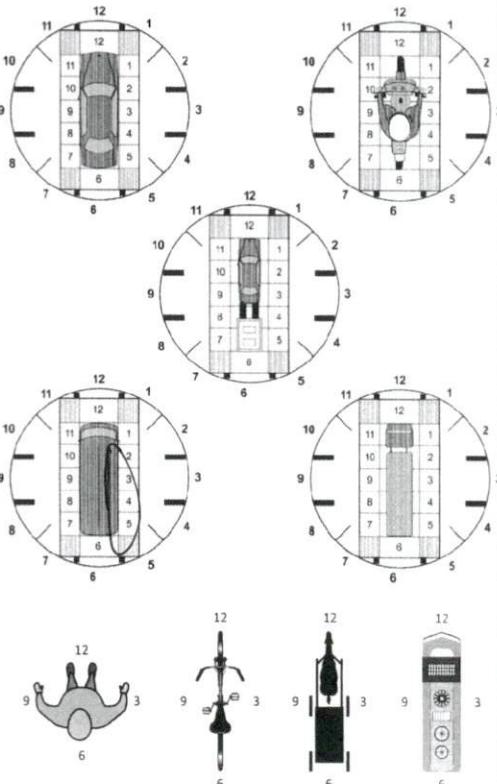
DAMAGE

DAMAGE SCALE

4	1 - NONE	3 - FUNCTIONAL DAMAGE
	2 - MINOR DAMAGE	4 - DISABLING DAMAGE
	9 - UNKNOWN	

DAMAGED AREA(S)

INDICATE ALL THAT APPLY



INITIAL POINT OF CONTACT

0 1 2	0 - NO DAMAGE	14 - UNDERCARRIAGE
	1 - 12 REFER TO UNIT DIAGRAM	15 - VEHICLE NOT AT SCENE
		99 - UNKNOWN
	13 - TOP	

TRAFFIC

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

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 3		

OWNER ADDRESS: STREET, CITY, STATE, ZIP SAME AS DRIVER)

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LOCAL REPORT NUMBER
2 2 0 2 6 3 1 4

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
O H	JKB4544	2 T 3 Z F R E V 1 J W 4 3 4 9 7 3	2 0 1 8	TOYOTA
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	GEICO	6015467845	GRAY	RAV4
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT #OCCUPANTS 0 1		VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID #	

UNIT TYPE 0 1	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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OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2	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
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SPECIAL FUNCTION 0 1	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 - MOING 18 - SNOW/REMOVAL 19 - TOWING 20 - SAFETY/SERVICE PATROL	21 - MAIL CARRIER 99 - OTHER/UNKNOWN
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CARGO BODY TYPE 0 1	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	8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN
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VEHICLE DEFECTS	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT	99 - OTHER/UNKNOWN
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NON-MOTORIST LOCATION AT IMPACT	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER/UNKNOWN
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ACTION 4	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER/UNKNOWN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER/UNKNOWN
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CONTRIBUTING CIRCUMSTANCES 0 1	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION
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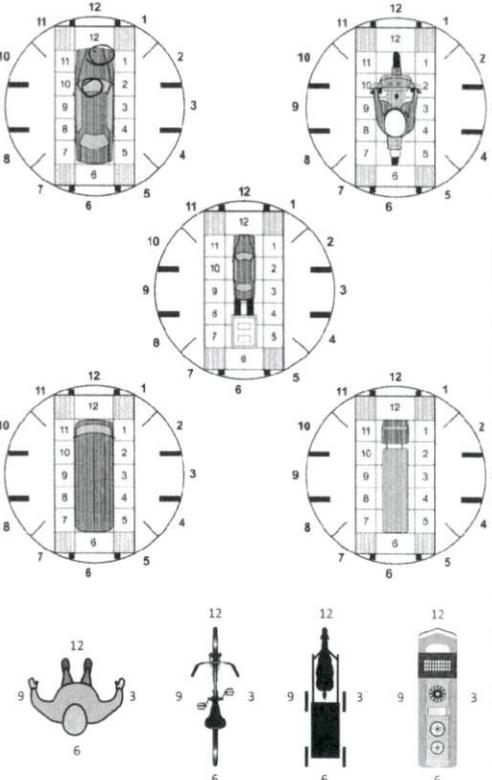
SEQUENCE OF EVENTS

1 2 4	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 MOVEABLE OBJECT
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4 5 6	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER/UNKNOWN
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1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

DAMAGE	
4	DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN
3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	

DAMAGED AREA(S)
INDICATE ALL THAT APPLY - NO DAMAGE [0] - UNDERCARRIAGE [14] - TOP [13] - ALL AREAS [15] - UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT	
1 1 3	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP
14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	

TRAFFIC	
TRAFFICWAY FLOW 2	TRAFFIC CONTROL 6
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - NO CONTROL
# OF THROUGH LANES ON ROAD 3	
RAIL GRADE CROSSING 1	
1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION	
FROM 1 TO 2	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 9 - OTHER/UNKNOWN

UNIT SPEED	
3 5	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 3 5	

MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	LOCAL REPORT NUMBER													
	2 2 0 2 6 3 1 4													
	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER					
	0 1	Baker Jr., Thomas				0 7 2 2 1 9 7 0		5 1	M					
	ADDRESS: STREET, CITY, STATE, ZIP													
	3840 Tappan Ave., Cincinnati, OH 45223													
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	SEATING POSITION			AIR BAG USAGE	EJECTION	TRAPPED	
	2						0 1	0 1			5	1	1	
	OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER			
	O H				331.07 A		☒	Left of Center			247661			
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)			
				1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		9	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4	
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER					
	0 2	Volmer, Jacob				0 4 0 1 2 0 0 3		1 9	M					
	ADDRESS: STREET, CITY, STATE, ZIP													
	992 Martini Rd., Cincinnati, OH 45233													
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	SEATING POSITION			AIR BAG USAGE	EJECTION	TRAPPED	
	5						0 4	0 1			4	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	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)		
	4				1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	1	1	1	1	RESULT SELECT UP TO 4	
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER					
	0 3	Clancy III, Dondald D.				0 3 0 6 1 9 9 9		2 3	M					
	ADDRESS: STREET, CITY, STATE, ZIP													
	1251 Nilles Rd. #15, Fairfield, OH 45014													
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	SEATING POSITION			AIR BAG USAGE	EJECTION	TRAPPED	
	5						0 4	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	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)		
	4				1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	1	1	1	1	RESULT SELECT UP TO 4	
MOTORIST / NON-MOTORIST	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 2-DEPLOYED FRONT 3-DEPLOYED SIDE 4-DEPLOYED BOTH FRONT / SIDE 5-NOT APPLICABLE 9-DEPLOYMENT UNKNOWN		1-CLASS A 2-CLASS B 3-CLASS C 4-REGULAR CLASS (OHIO=D) 5-M/C MOPED ONLY 6-NO VALID OL	1-ALCOHOL INTERLOCK DEVICE 2-CDL INTRASTATE ONLY 3-CORRECTIVE LENSES 4-FARM WAIVER 5-EXCEPT CLASS A BUS 6-EXCEPT CLASS A & CLASS B BUS 7-EXCEPT TRACTOR-TRAILER 8-INTERMEDIATE LICENSE RESTRICTIONS 9-LEARNER'S PERMIT RESTRICTIONS 10-LIMITED TO DAYLIGHT ONLY 11-LIMITED TO EMPLOYMENT 12-LIMITED - OTHER 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14-MILITARY VEHICLES ONLY 15-MOTOR VEHICLES WITHOUT AIR BRAKES 16-OUTSIDE MIRROR 17-PROSTHETIC AID 18-OTHER	1-NOT DISTRACTED 2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3-TALKING ON HANDS-FREE COMMUNICATION DEVICE 4-TALKING ON HAND-HELD COMMUNICATION DEVICE 5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6-PASSENGER 7-OTHER DISTRACTION INSIDE THE VEHICLE 8-OTHER DISTRACTION OUTSIDE THE VEHICLE 9-OTHER / UNKNOWN	1-NONE GIVEN 2-TEST REFUSED 3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4-TEST GIVEN, RESULTS KNOWN 5-TEST GIVEN, RESULTS UNKNOWN						
	2-SUSPECTED SERIOUS INJURY	2-FRONT - MIDDLE	2-SECOND - LEFT SIDE		2-SECOND - MIDDLE	2-SECOND - RIGHT SIDE	2-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION	OL ENDORSEMENT	DRUG TEST TYPE				
	3-SUSPECTED MINOR INJURY	3-FRONT - RIGHT SIDE	3-SECOND - LEFT SIDE		3-SECOND - MIDDLE	3-SECOND - RIGHT SIDE	3-THIRD - MIDDLE	1-NOT EJECTED 2-PARTIALLY EJECTED 3-TOTALLY EJECTED 4-NOT APPLICABLE	H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT	1-NONE 2-BLOOD 3-URINE 4-BREATH 5-OTHER				
	4-POSSIBLE INJURY	4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4-SECOND - MIDDLE		5-NO APPARENT INJURY	5-SECOND - MIDDLE	5-THIRD - RIGHT SIDE	5-NOT APPLICABLE	F - FEMALE M - MALE U - OTHER / UNKNOWN					
	5-NO APPARENT INJURY	6-SECOND - MIDDLE	6-SECOND - RIGHT SIDE		7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD - MIDDLE	7-THIRD - RIGHT SIDE	7-NOT APPLICABLE	1-NOT APPLICABLE 2-PARTIALLY APPLICABLE 3-TOTALLY APPLICABLE 4-NOT APPLICABLE					
	INJURED TAKEN BY	8-THIRD - MIDDLE	8-THIRD - RIGHT SIDE		9-THIRD - LEFT SIDE	9-THIRD - MIDDLE	9-THIRD - RIGHT SIDE	9-NOT APPLICABLE	1-NOT APPLICABLE 2-PARTIALLY APPLICABLE 3-TOTALLY APPLICABLE 4-NOT APPLICABLE					
	1-NOT TRANSPORTED / TREATED AT SCENE	10-SLEEPER SECTION OF TRUCK CAB	10-SECOND - LEFT SIDE		11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11-SECOND - MIDDLE	11-SECOND - RIGHT SIDE	11-NOT APPLICABLE	1-NOT APPLICABLE 2-PARTIALLY APPLICABLE 3-TOTALLY APPLICABLE 4-NOT APPLICABLE					
	2-EMS	12-PASSENGER IN UNENCLOSED CARGO AREA	12-SECOND - LEFT SIDE		13-TRAILING UNIT	12-SECOND - MIDDLE	12-SECOND - RIGHT SIDE	12-NOT APPLICABLE	1-NOT APPLICABLE 2-PARTIALLY APPLICABLE 3-TOTALLY APPLICABLE 4-NOT APPLICABLE					
	3-POLICE	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14-SECOND - LEFT SIDE		15-NON-MOTORIST	14-SECOND - MIDDLE	14-SECOND - RIGHT SIDE	15-NOT APPLICABLE	1-NOT APPLICABLE 2-PARTIALLY APPLICABLE 3-TOTALLY APPLICABLE 4-NOT APPLICABLE					
9-OTHER / UNKNOWN	16-OUTSIDE MIRROR	16-SECOND - LEFT SIDE		99-OTHER / UNKNOWN	16-SECOND - MIDDLE	16-SECOND - RIGHT SIDE	16-NOT APPLICABLE	1-NOT APPLICABLE 2-PARTIALLY APPLICABLE 3-TOTALLY APPLICABLE 4-NOT APPLICABLE						
SAFETY EQUIPMENT	17-PROSTHETIC AID	17-SECOND - LEFT SIDE			17-SECOND - MIDDLE	17-SECOND - RIGHT SIDE	17-NOT APPLICABLE	1-NOT APPLICABLE 2-PARTIALLY APPLICABLE 3-TOTALLY APPLICABLE 4-NOT APPLICABLE						
1-NONE USED	18-OTHER	18-SECOND - LEFT SIDE			18-SECOND - MIDDLE	18-SECOND - RIGHT SIDE	18-NOT APPLICABLE	1-NOT APPLICABLE 2-PARTIALLY APPLICABLE 3-TOTALLY APPLICABLE 4-NOT APPLICABLE						
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														
ALCOHOL TEST TYPE														
DRUG TEST TYPE														
DRUG TEST RESULT(S)														

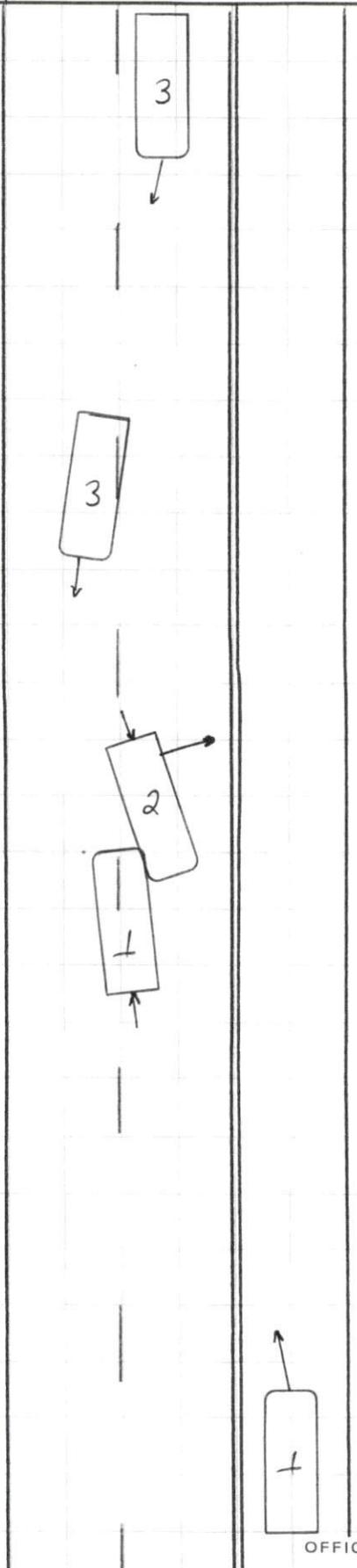


OCCUPANT / WITNESS ADDENDUM

					LOCAL REPORT NUMBER				
					2 2 0 2 6 3 1 4				
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER	
								0	
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
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	
	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER	
							0		
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
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	
	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER	
							0		
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
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	
	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER	
							0		
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
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	
	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			9 - DEPLOYMENT UNKNOWN		
	1 - NOT TRANSPORTED /TREATED AT SCENE	7 - BOOSTER SEAT			7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			EJECTION	
	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			4 - NOT APPLICABLE		
	F - FEMALE	99 - OTHER / UNKNOWN			11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)			TRAPPED	
	M - MALE				12 - PASSENGER IN UNENCLOSED CARGO AREA			1 - NOT TRAPPED	
	U - OTHER / UNKNOWN				13 - TRAILING UNIT			2 - EXTRICATED BY MECHANICAL MEANS	
					14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			3 - FREED BY NON-MECHANICAL MEANS	
					15 - NON-MOTORIST				
					99 - OTHER / UNKNOWN				
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER
	Byrd-Smith, Kelli					0 9 0 4 1 9 8 0	4 1	F	
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
6279 Glenmont Dr., Hamilton, OH 45011									
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER
								0	
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER
								0	
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				

OHIO TRAFFIC ACCIDENT – DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER	22-026314	REPORTING AGENCY	Fairfield PD	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	US 127 @ 5370	M 4 14 1982
				
OFFICERS SIGNATURE				BADGE NO.
				84