

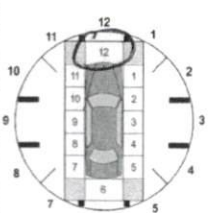
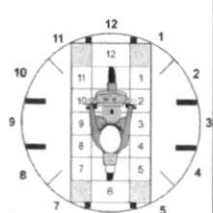
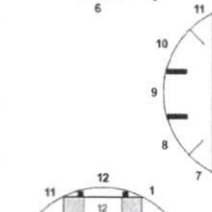
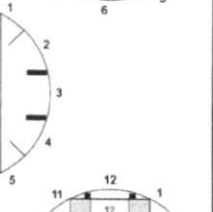
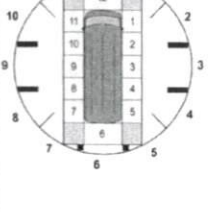
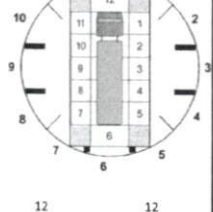
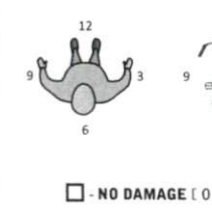
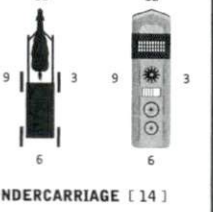


# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL INFORMATION						LOCAL REPORT NUMBER*			
<input checked="" type="checkbox"/> PHOTOS TAKEN	<input checked="" type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	REPORTING AGENCY NAME*			NCIC*			
<input type="checkbox"/> SECONDARY CRASH	<input checked="" type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	Fairfield Police Department			0 0 9 0 1			
<input type="checkbox"/> PRIVATE PROPERTY	LOCATION: CITY, VILLAGE, TOWNSHIP*					CRASH DATE / TIME*			
COUNTY* 0 9	LOCALITY* 1	City of Fairfield				0 4 1 5 2 0 2 2 1 6 0 7			
ROUTE TYPE	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES				
		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	South Gilmore	R D	3 9 . 3 1 8 2 8 4				
ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES				
		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	Annandale	D R	- 8 4 . 5 2 2 3 2 7				
REFERENCE POINT	DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED					
1 - INTERSECTION	1 - NORTH	IR - INTERSTATE ROUTE(TP)	AL - ALLEY	<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH					
2 - MILE POST	2 - SOUTH	US - FEDERAL US ROUTE	AV - AVENUE	<input type="checkbox"/> WITHIN INTERCHANGE AREA					
3 - HOUSE #	3 - EAST	SR - STATE ROUTE	BL - BOULEVARD	NUMBER OF APPROACHES 0 4					
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE	CR - NUMBERED COUNTY ROUTE	CR - CIRCLE	ROADWAY					
	1 - MILES	TR - NUMBERED TOWNSHIP ROUTE	CT - COURT	<input type="checkbox"/> ROADWAY DIVIDED					
	2 - FEET		DR - DRIVE						
	3 - YARDS		HE - HEIGHTS						
			PL - PLACE						
LOCATION OF FIRST HARMFUL EVENT			MANNER OF CRASH COLLISION/IMPACT		DIRECTION OF TRAVEL		MEDIAN TYPE		
1 - ON ROADWAY			1 - NOT COLLISION		1 - NORTH		1 - DIVIDED FLUSH MEDIAN (<4 FEET)		
2 - ON SHOULDER			4 - REAR-TO-REAR		2 - SOUTH		2 - DIVIDED FLUSH MEDIAN (≥4 FEET)		
3 - IN MEDIAN			BETWEEN TWO MOTOR VEHICLES IN TRANSPORT		3 - EAST		3 - DIVIDED, DEPRESSED MEDIAN		
4 - ON ROADSIDE			5 - BACKING		4 - WEST		4 - DIVIDED, RAISED MEDIAN (ANY TYPE)		
5 - ON GORE			6 - ANGLE				9 - OTHER/UNKNOWN		
6 - OUTSIDE TRAFFIC WAY			7 - SIDESWIPE, SAME DIRECTION						
7 - ON RAMP			8 - SIDESWIPE, OPPOSITE DIRECTION						
8 - OFF RAMP			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									
WORK ZONE RELATED			WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE		CONTOUR		
<input type="checkbox"/> WORKERS PRESENT			1 - LANE CLOSURE		1 - BEFORE THE 1ST WORK ZONE WARNING SIGN		1		
<input type="checkbox"/> LAW ENFORCEMENT PRESENT			2 - LANE SHIFT/CROSSOVER		2 - ADVANCE WARNING AREA		1		
<input type="checkbox"/> ACTIVE SCHOOL ZONE			3 - WORK ON SHOULDER OR MEDIAN		3 - TRANSITION AREA		2		
			4 - INTERMITTENT OR MOVING WORK		4 - ACTIVITY AREA				
			5 - OTHER		5 - TERMINATION AREA				
LIGHT CONDITION			WEATHER		CONDITIONS		SURFACE		
1 - DAYLIGHT			1 - CLEAR		1 - DRY		1 - CONCRETE		
2 - DAWN/DUSK			2 - CLOUDY		2 - WET		2 - BLACKTOP, BITUMINOUS, ASPHALT		
3 - DARK - LIGHTED ROADWAY			3 - FOG, SMOG, SMOKE		3 - SNOW		3 - BRICK/BLOCK		
4 - DARK - ROADWAY NOT LIGHTED			4 - RAIN		4 - ICE		4 - SLAG, GRAVEL, STONE		
5 - DARK - UNKNOWN ROADWAY LIGHTING			5 - SLEET, HAIL		5 - SAND, MUD, DIRT, OIL, GRAVEL		5 - DIRT		
9 - OTHER / UNKNOWN					6 - WATER (STANDING, MOVING)		9 - OTHER/UNKNOWN		
					7 - SLUSH				
					9 - OTHER/UNKNOWN				
NARRATIVE					Indicate the north direction with an "N" on the compass diagram.				
ON 4/15/2022 at about 4:07 p.m. Unit 1 was traveling north on South Gilmore Rd. and when at Annandale Dr. failed to obey the red traffic signal and in so doing collided with Unit 2 which was traveling south on South Gilmore Rd. making a left turn onto Annandale Dr.					See OH-2				
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY	
0 4 1 5 2 0 2 2 1 6 0 7		0 4 1 5 2 0 2 2 1 6 0 8		0 4 1 5 2 0 2 2 1 6 1 0		0 4 1 5 2 0 2 2 1 7 2 3		<input checked="" type="checkbox"/> POLICE AGENCY	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		<input type="checkbox"/> MOTORIST	
0 3 0		0 3 0		1 0 5		D. Gooch		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OHS)	
						OFFICER'S BADGE NUMBER*			
						1 6 0			
						CHECKED BY OFFICER'S NAME*			
						Setel			
						CHECKED BY OFFICER'S BADGE NUMBER*			
						8 7			

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )	OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )
	01	Crawford, Kandra	
VEHICLE	OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER )	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP	
EVENT(S)	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #
	OH	HRM4625	1LNHL9DRXAG603601
VEHICLE	INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #
	<input checked="" type="checkbox"/>	Founders	ITFR161095
VEHICLE	TYPE OF USE	US DOT #	VEHICLE YEAR
	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		2010
VEHICLE	INTERLOCK DEVICE EQUIPPED	HIT/SKIP UNIT	HAZARDOUS MATERIAL
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD
VEHICLE	#OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR	CLASS # PLACARD ID #
	01	1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
VEHICLE	UNIT TYPE	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
	00	# OF TRAILING UNITS	
VEHICLE	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN	
	02	1 - YES 2 - NO 9 - OTHER / UNKNOWN	
VEHICLE	SPECIAL FUNCTION	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	
	01		
VEHICLE	CARGO BODY TYPE	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	
	01		
VEHICLE	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	
	01		
VEHICLE	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	
	01		
VEHICLE	ACTION	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	
	03		
VEHICLE	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 99 - OTHER IMPROPER ACTION	
	03		
VEHICLE	SEQUENCE OF EVENTS	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 MOVABLE OBJECT	
	20		
VEHICLE	COLLISION WITH FIXED OBJECT - STRUCK	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	
	1		
VEHICLE	FIRST HARMFUL EVENT	MOST HARMFUL EVENT	
	1	1	

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



OWNER	UNIT # 012	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)	OWNER PHONE: (INCLUDE AREA CODE) (X SAME AS DRIVER)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: (INCLUDE AREA CODE)			
VEHICLE	LP STATE OH	LICENSE PLATE # HWH7954	VEHICLE IDENTIFICATION # JN8A51MW2AM856952	VEHICLE YEAR 2010	VEHICLE MAKE INFINITI
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY ALLSTATE	INSURANCE POLICY # 826342904	COLOR GRAY	VEHICLE MODEL FX35
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 06	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
	TYPE OF USE		TOWED BY: COMPANY NAME WAYNE'S TOWING		
	<input type="checkbox"/> PASSENGER CAR		HAZARDOUS MATERIAL		
	<input type="checkbox"/> PASSENGER VAN (MINIVAN)		<input type="checkbox"/> MATERIAL RELEASED		
	<input type="checkbox"/> SPORT UTILITY VEHICLE		<input type="checkbox"/> PLACARD		
	<input type="checkbox"/> PICK UP		CLASS # PLACARD ID #		
	<input type="checkbox"/> CARGO VAN		1 - LIMO (LIVERY VEHICLE)		
<input type="checkbox"/> VAN (9-15 SEATS)		2 - PEDESTRIAN / SKATER			
# OF TRAILING UNITS 00		3 - BUS (16+ PASSENGERS)			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		4 - OTHER VEHICLE			
1 - YES 2 - NO 9 - OTHER / UNKNOWN		5 - HEAVY EQUIPMENT			
AUTONOMOUS MODE LEVEL		6 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE			
1 - NONE		7 - UNKNOWN OR HIT/SKIP			
2 - TAXI		8 - LIMO (LIVERY VEHICLE)			
3 - ELECTRONIC RIDE SHARING		9 - BUS (16+ PASSENGERS)			
4 - SCHOOL TRANSPORT		10 - OTHER VEHICLE			
5 - BUS - TRANSIT/COMMUTER		11 - HEAVY EQUIPMENT			
6 - BUS - CHARTER/TOUR		12 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE			
7 - BUS - INTERCITY		13 - PEDESTRIAN / SKATER			
8 - BUS - SHUTTLE		14 - WHEELCHAIR (ANY TYPE)			
9 - BUS - OTHER		15 - OTHER NON-MOTORIST			
10 - AMBULANCE		16 - BICYCLE			
11 - FIRE		17 - TRAIN			
12 - MILITARY		18 - UNKNOWN OR HIT/SKIP			
13 - POLICE		19 - LIMO (LIVERY VEHICLE)			
14 - PUBLIC UTILITY		20 - PEDESTRIAN / SKATER			
15 - CONSTRUCTION EQUIPMENT		21 - WHEELCHAIR (ANY TYPE)			
16 - FARM		22 - OTHER NON-MOTORIST			
17 - MOWING		23 - BICYCLE			
18 - SNOW REMOVAL		24 - TRAIN			
19 - TOWING		25 - UNKNOWN OR HIT/SKIP			
20 - SAFETY SERVICE PATROL		26 - LIMO (LIVERY VEHICLE)			
21 - MAIL CARRIER		27 - PEDESTRIAN / SKATER			
22 - CONCRETE MIXER		28 - WHEELCHAIR (ANY TYPE)			
23 - AUTO TRANSPORTER		29 - OTHER NON-MOTORIST			
24 - GARBAGE/REFUSE		30 - BICYCLE			
25 - OTHER / UNKNOWN		31 - TRAIN			
26 - LIMO (LIVERY VEHICLE)		32 - UNKNOWN OR HIT/SKIP			
27 - PEDESTRIAN / SKATER		33 - WHEELCHAIR (ANY TYPE)			
28 - WHEELCHAIR (ANY TYPE)		34 - OTHER NON-MOTORIST			
29 - OTHER NON-MOTORIST		35 - BICYCLE			
30 - BICYCLE		36 - TRAIN			
31 - TRAIN		37 - UNKNOWN OR HIT/SKIP			
32 - UNKNOWN OR HIT/SKIP		38 - LIMO (LIVERY VEHICLE)			
33 - WHEELCHAIR (ANY TYPE)		39 - PEDESTRIAN / SKATER			
34 - OTHER NON-MOTORIST		40 - WHEELCHAIR (ANY TYPE)			
35 - BICYCLE		41 - OTHER NON-MOTORIST			
36 - TRAIN		42 - BICYCLE			
37 - UNKNOWN OR HIT/SKIP		43 - TRAIN			
38 - LIMO (LIVERY VEHICLE)		44 - PEDESTRIAN / SKATER			
39 - PEDESTRIAN / SKATER		45 - WHEELCHAIR (ANY TYPE)			
40 - WHEELCHAIR (ANY TYPE)		46 - OTHER NON-MOTORIST			
41 - OTHER NON-MOTORIST		47 - BICYCLE			
42 - BICYCLE		48 - TRAIN			
43 - TRAIN		49 - UNKNOWN OR HIT/SKIP			
44 - PEDESTRIAN / SKATER		50 - WHEELCHAIR (ANY TYPE)			
45 - WHEELCHAIR (ANY TYPE)		51 - OTHER NON-MOTORIST			
46 - OTHER NON-MOTORIST		52 - BICYCLE			
47 - BICYCLE		53 - TRAIN			
48 - TRAIN		54 - UNKNOWN OR HIT/SKIP			
49 - UNKNOWN OR HIT/SKIP		55 - LIMO (LIVERY VEHICLE)			
50 - WHEELCHAIR (ANY TYPE)		56 - PEDESTRIAN / SKATER			
51 - OTHER NON-MOTORIST		57 - WHEELCHAIR (ANY TYPE)			
52 - BICYCLE		58 - OTHER NON-MOTORIST			
53 - TRAIN		59 - BICYCLE			
54 - UNKNOWN OR HIT/SKIP		60 - TRAIN			
55 - LIMO (LIVERY VEHICLE)		61 - PEDESTRIAN / SKATER			
56 - PEDESTRIAN / SKATER		62 - WHEELCHAIR (ANY TYPE)			
57 - WHEELCHAIR (ANY TYPE)		63 - OTHER NON-MOTORIST			
58 - OTHER NON-MOTORIST		64 - BICYCLE			
59 - BICYCLE		65 - TRAIN			
60 - TRAIN		66 - UNKNOWN OR HIT/SKIP			
61 - PEDESTRIAN / SKATER		67 - WHEELCHAIR (ANY TYPE)			
62 - WHEELCHAIR (ANY TYPE)		68 - OTHER NON-MOTORIST			
63 - OTHER NON-MOTORIST		69 - BICYCLE			
64 - BICYCLE		70 - TRAIN			
65 - TRAIN		71 - UNKNOWN OR HIT/SKIP			
66 - UNKNOWN OR HIT/SKIP		72 - LIMO (LIVERY VEHICLE)			
67 - WHEELCHAIR (ANY TYPE)		73 - PEDESTRIAN / SKATER			
68 - OTHER NON-MOTORIST		74 - WHEELCHAIR (ANY TYPE)			
69 - BICYCLE		75 - OTHER NON-MOTORIST			
70 - TRAIN		76 - BICYCLE			
71 - UNKNOWN OR HIT/SKIP		77 - TRAIN			
72 - LIMO (LIVERY VEHICLE)		78 - PEDESTRIAN / SKATER			
73 - PEDESTRIAN / SKATER		79 - WHEELCHAIR (ANY TYPE)			
74 - WHEELCHAIR (ANY TYPE)		80 - OTHER NON-MOTORIST			
75 - OTHER NON-MOTORIST		81 - BICYCLE			
76 - BICYCLE		82 - TRAIN			
77 - TRAIN		83 - UNKNOWN OR HIT/SKIP			
78 - PEDESTRIAN / SKATER		84 - WHEELCHAIR (ANY TYPE)			
79 - WHEELCHAIR (ANY TYPE)		85 - OTHER NON-MOTORIST			
80 - OTHER NON-MOTORIST		86 - BICYCLE			
81 - BICYCLE		87 - TRAIN			
82 - TRAIN		88 - UNKNOWN OR HIT/SKIP			
83 - UNKNOWN OR HIT/SKIP		89 - LIMO (LIVERY VEHICLE)			
84 - WHEELCHAIR (ANY TYPE)		90 - PEDESTRIAN / SKATER			
85 - OTHER NON-MOTORIST		91 - WHEELCHAIR (ANY TYPE)			
86 - BICYCLE		92 - OTHER NON-MOTORIST			
87 - TRAIN		93 - BICYCLE			
88 - UNKNOWN OR HIT/SKIP		94 - TRAIN			
89 - LIMO (LIVERY VEHICLE)		95 - PEDESTRIAN / SKATER			
90 - PEDESTRIAN / SKATER		96 - WHEELCHAIR (ANY TYPE)			
91 - WHEELCHAIR (ANY TYPE)		97 - OTHER NON-MOTORIST			
92 - OTHER NON-MOTORIST		98 - BICYCLE			
93 - BICYCLE		99 - TRAIN			
94 - TRAIN		100 - UNKNOWN OR HIT/SKIP			
95 - PEDESTRIAN / SKATER		101 - WHEELCHAIR (ANY TYPE)			
96 - WHEELCHAIR (ANY TYPE)		102 - OTHER NON-MOTORIST			
97 - OTHER NON-MOTORIST		103 - BICYCLE			
98 - BICYCLE		104 - TRAIN			
99 - TRAIN		105 - UNKNOWN OR HIT/SKIP			
100 - UNKNOWN OR HIT/SKIP		106 - LIMO (LIVERY VEHICLE)			
101 - WHEELCHAIR (ANY TYPE)		107 - PEDESTRIAN / SKATER			
102 - OTHER NON-MOTORIST		108 - WHEELCHAIR (ANY TYPE)			
103 - BICYCLE		109 - OTHER NON-MOTORIST			
104 - TRAIN		110 - BICYCLE			
105 - UNKNOWN OR HIT/SKIP		111 - TRAIN			
106 - LIMO (LIVERY VEHICLE)		112 - PEDESTRIAN / SKATER			
107 - PEDESTRIAN / SKATER		113 - WHEELCHAIR (ANY TYPE)			
108 - WHEELCHAIR (ANY TYPE)		114 - OTHER NON-MOTORIST			
109 - OTHER NON-MOTORIST		115 - BICYCLE			
110 - BICYCLE		116 - TRAIN			
111 - TRAIN		117 - UNKNOWN OR HIT/SKIP			
112 - PEDESTRIAN / SKATER		118 - WHEELCHAIR (ANY TYPE)			
113 - WHEELCHAIR (ANY TYPE)		119 - OTHER NON-MOTORIST			
114 - OTHER NON-MOTORIST		120 - BICYCLE			
115 - BICYCLE		121 - TRAIN			
116 - TRAIN		122 - UNKNOWN OR HIT/SKIP			
117 - UNKNOWN OR HIT/SKIP		123 - LIMO (LIVERY VEHICLE)			
118 - WHEELCHAIR (ANY TYPE)		124 - PEDESTRIAN / SKATER			
119 - OTHER NON-MOTORIST		125 - WHEELCHAIR (ANY TYPE)			
120 - BICYCLE		126 - OTHER NON-MOTORIST			
121 - TRAIN		127 - BICYCLE			
122 - UNKNOWN OR HIT/SKIP		128 - TRAIN			
123 - LIMO (LIVERY VEHICLE)		129 - PEDESTRIAN / SKATER			
124 - PEDESTRIAN / SKATER		130 - WHEELCHAIR (ANY TYPE)			
125 - WHEELCHAIR (ANY TYPE)		131 - OTHER NON-MOTORIST			
126 - OTHER NON-MOTORIST		132 - BICYCLE			
127 - BICYCLE		133 - TRAIN			
128 - TRAIN		134 - UNKNOWN OR HIT/SKIP			
129 - PEDESTRIAN / SKATER		135 - WHEELCHAIR (ANY TYPE)			
130 - WHEELCHAIR (ANY TYPE)		136 - OTHER NON-MOTORIST			
131 - OTHER NON-MOTORIST		137 - BICYCLE			
132 - BICYCLE		138 - TRAIN			
133 - TRAIN		139 - UNKNOWN OR HIT/SKIP			
134 - UNKNOWN OR HIT/SKIP		140 - LIMO (LIVERY VEHICLE)			
135 - WHEELCHAIR (ANY TYPE)		141 - PEDESTRIAN / SKATER			
136 - OTHER NON-MOTORIST		142 - WHEELCHAIR (ANY TYPE)			
137 - BICYCLE		143 - OTHER NON-MOTORIST			
138 - TRAIN		144 - BICYCLE			
139 - UNKNOWN OR HIT/SKIP		145 - TRAIN			
140 - LIMO (LIVERY VEHICLE)		146 - PEDESTRIAN / SKATER			
141 - PEDESTRIAN / SKATER		147 - WHEELCHAIR (ANY TYPE)			
142 - WHEELCHAIR (ANY TYPE)		148 - OTHER NON-MOTORIST			
143 - OTHER NON-MOTORIST		149 - BICYCLE			
144 - BICYCLE		150 - TRAIN			
145 - TRAIN		151 - UNKNOWN OR HIT/SKIP			
146 - UNKNOWN OR HIT/SKIP		152 - LIMO (LIVERY VEHICLE)			
147 - LIMO (LIVERY VEHICLE)		153 - PEDESTRIAN / SKATER			
148 - PEDESTRIAN / SKATER		154 - WHEELCHAIR (ANY TYPE)			
149 - WHEELCHAIR (ANY TYPE)		155 - OTHER NON-MOTORIST			
150 - OTHER NON-MOTORIST		156 - BICYCLE			
151 - BICYCLE		157 - TRAIN			
152 - TRAIN		158 - UNKNOWN OR HIT/SKIP			
153 - UNKNOWN OR HIT/SKIP		159 - LIMO (LIVERY VEHICLE)			
154 - LIMO (LIVERY VEHICLE)		160 - PEDESTRIAN / SKATER			
155 - PEDESTRIAN / SKATER		161 - WHEELCHAIR (ANY TYPE)			
156 - WHEELCHAIR (ANY TYPE)		162 - OTHER NON-MOTORIST			
157 - OTHER NON-MOTORIST		163 - BICYCLE			
158 - BICYCLE		164 - TRAIN			
159 - TRAIN		165 - UNKNOWN OR HIT/SKIP			
160 - UNKNOWN OR HIT/SKIP		166 - LIMO (LIVERY VEHICLE)			
161 - LIMO (LIVERY VEHICLE)		167 - PEDESTRIAN / SKATER			
162 - PEDESTRIAN / SKATER		168 - WHEELCHAIR (ANY TYPE)			
163 - WHEELCHAIR (ANY TYPE)		169 - OTHER NON-MOTORIST			
164 - OTHER NON-MOTORIST		170 - BICYCLE			
165 - BICYCLE		171 - TRAIN			
166 - TRAIN		172 - UNKNOWN OR HIT/SKIP			
167 - UNKNOWN OR HIT/SKIP		173 - LIMO (LIVERY VEHICLE)			
168 - LIMO (LIVERY VEHICLE)		174 - PEDESTRIAN / SKATER			
169 - PEDESTRIAN / SKATER		175 - WHEELCHAIR (ANY TYPE)			
170 - WHEELCHAIR (ANY TYPE)		176 - OTHER NON-MOTORIST			
171 - OTHER NON-MOTORIST		177 - BICYCLE			
172 - BICYCLE		178 - TRAIN			
173 - TRAIN		179 - UNKNOWN OR HIT/SKIP			
174 - UNKNOWN OR HIT/SKIP		180 - LIMO (LIVERY VEHICLE)			
175 - LIMO (LIVERY VEHICLE)		181 - PEDESTRIAN / SKATER			
176 - PEDESTRIAN / SKATER		182 - WHEELCHAIR (ANY TYPE)			
177 - WHEELCHAIR (ANY TYPE)		183 - OTHER NON-MOTORIST			
178 - OTHER NON-MOTORIST		184 - BICYCLE			
179 - BICYCLE		185 - TRAIN			
180 - TRAIN		186 - UNKNOWN OR HIT/SKIP			
181 - UNKNOWN OR HIT/SKIP		187 - LIMO (LIVERY VEHICLE)			
182 - LIMO (LIVERY VEHICLE)		188 - PEDESTRIAN / SKATER			
183 - PEDESTRIAN / SKATER		189 - WHEELCHAIR (ANY TYPE)			
184 - WHEELCHAIR (ANY TYPE)		190 - OTHER NON-MOTORIST			
185 - OTHER NON-MOTORIST		191 - BICYCLE			
186 - BICYCLE		192 - TRAIN			
187 - TRAIN		193 - UNKNOWN OR HIT/SKIP			
188 - UNKNOWN OR HIT/SKIP		194 - LIMO (LIVERY VEHICLE)			
189 - LIMO (LIVERY VEHICLE)		195 - PEDESTRIAN / SKATER			
190 - PEDESTRIAN / SKATER		196 - WHEELCHAIR (ANY TYPE)			
191 - WHEELCHAIR (ANY TYPE)		197 - OTHER NON-MOTORIST			
192 - OTHER NON-MOTORIST		198 - BICYCLE			
193 - BICYCLE		199 - TRAIN			
194 - TRAIN		200 - UNKNOWN OR HIT/SKIP			
195 - UNKNOWN OR HIT/SKIP		201 - LIMO (LIVERY VEHICLE)			
196 - LIMO (LIVERY VEHICLE)		202 - PEDESTRIAN / SKATER			
197 - PEDESTRIAN / SKATER		203 - WHEELCHAIR (ANY TYPE)			
198 - WHEELCHAIR (ANY TYPE)		204 - OTHER NON-MOTORIST			
199 - OTHER NON-MOTORIST		205 - BICYCLE			
200 - BICYCLE		206 - TRAIN			
201 - TRAIN		207 - UNKNOWN OR HIT/SKIP			
202 - UNKNOWN OR HIT/SKIP		208 - LIMO (LIVERY VEHICLE)			
203 - LIMO (LIVERY VEHICLE)		209 - PEDESTRIAN / SKATER			
204 - PEDESTRIAN / SKATER		210 - WHEELCHAIR (ANY TYPE)			
205 - WHEELCHAIR (ANY TYPE)		211 - OTHER NON-MOTORIST			
206 - OTHER NON-MOTORIST		212 - BICYCLE			
207 - BICYCLE		213 - TRAIN			
208 - TRAIN		214 - UNKNOWN OR HIT/SKIP			
209 - UNKNOWN OR HIT/SKIP		215 - LIMO (LIVERY VEHICLE)			
210 - LIMO (LIVERY VEHICLE)		216 - PEDESTRIAN / SKATER			
211 - PEDESTRIAN / SKATER		217 - WHEELCHAIR (ANY TYPE)			
212 - WHEELCHAIR (ANY TYPE)		218 - OTHER NON-MOTORIST			
213 - OTHER NON-MOTORIST		219 - BICYCLE			
214 - BICYCLE		220 - TRAIN			
215 - TRAIN		221 - UNKNOWN OR HIT/SKIP			
216 - UNKNOWN OR HIT/SKIP		222 - LIMO (LIVERY VEHICLE)			
217 - LIMO (LIVERY VEHICLE)		223 - PEDESTRIAN / SKATER			
218 - PEDESTRIAN / SKATER		224 - WHEELCHAIR (ANY TYPE)			
219 - WHEELCHAIR (ANY TYPE)		225 - OTHER NON-MOTORIST			
220 - OTHER NON-MOTORIST		226 - BICYCLE			
221 - BICYCLE		227 - TRAIN			
222 - TRAIN		228 - UNKNOWN OR HIT/SKIP			
223 - UNKNOWN OR HIT/SKIP		229 - LIMO (LIVERY VEHICLE)			
224 - LIMO (LIVERY VEHICLE)		230 - PEDESTRIAN / SKATER			
225 - PEDESTRIAN / SKATER		231 - WHEELCHAIR (ANY TYPE)			
226 - WHEELCHAIR (ANY TYPE)		232 - OTHER NON-MOTORIST			
227 - OTHER NON-MOTORIST		233 - BICYCLE			
228 - BICYCLE		234 - TRAIN			
229 - TRAIN		235 - UNKNOWN OR HIT/SKIP			
230 - UNKNOWN OR HIT/SKIP		236 - LIMO (LIVERY VEHICLE)			
231 - LIMO (LIVERY VEHICLE)		237 - PEDESTRIAN / SKATER			
232 - PEDESTRIAN / SKATER		238 - WHEELCHAIR (ANY TYPE)			
233 - WHEELCHAIR (ANY TYPE)		239 - OTHER NON-MOTORIST			
234 - OTHER NON-MOTORIST		240 - BICYCLE			
235 - BICYCLE		241 - TRAIN			
236 - TRAIN		242 - UNKNOWN OR HIT/SKIP			
237 - UNKNOWN OR HIT/SKIP		243 - LIMO (LIVERY VEHICLE)			
238 - LIMO (LIVERY VEHICLE)		244 - PEDESTRIAN / SKATER			
239 - PEDESTRIAN / SKATER		245 - WHEELCHAIR (ANY TYPE)			
240 - WHEELCHAIR (ANY TYPE)		246 - OTHER NON-MOTORIST			
241 - OTHER NON-MOTORIST		247 - BICYCLE			
242 - BICYCLE		248 - TRAIN			
243 - TRAIN		249 - UNKNOWN OR HIT/SKIP			
244 - UNKNOWN OR HIT/SKIP		250 - LIMO (LIVERY VEHICLE)			
245 - LIMO (LIVERY VEHICLE)		251 - PEDESTRIAN / SKATER			
246 - PEDESTRIAN / SKATER		252 - WHEELCHAIR (ANY TYPE)			
247 - WHEELCHAIR (ANY TYPE)		253 - OTHER NON-MOTORIST			
248 - OTHER NON-MOTORIST		254 - BICYCLE			
249 - BICYCLE		255 - TRAIN			
250 - TRAIN		256 - UNKNOWN OR HIT/SKIP			
251 - UNKNOWN OR HIT/SKIP		257 - LIMO (LIVERY VEHICLE)			
252 - LIMO (LIVERY VEHICLE)		258 - PEDESTRIAN / SKATER			
253 - PEDESTRIAN / SKATER		259 - WHEELCHAIR (ANY TYPE)			
254 - WHEELCHAIR (ANY TYPE)		260 - OTHER NON-MOTORIST			
255 - OTHER NON-MOTORIST		261 - BICYCLE			
256 - BICYCLE		262 - TRAIN			
257 - TRAIN		263 - UNKNOWN OR HIT/SKIP			
258 - UNKNOWN OR HIT/SKIP		264 - LIMO (LIVERY VEHICLE)			
259 - LIMO (LIVERY VEHICLE)		265 - PEDESTRIAN / SKATER			
260 - PEDESTRIAN / SKATER		266 - WHEELCHAIR (ANY TYPE)			
261 - WHEELCHAIR (ANY TYPE)		267 - OTHER NON-MOTORIST			
262 - OTHER NON-MOTORIST		268 - BICYCLE			
263 - BICYCLE		269 - TRAIN			
264 - TRAIN		270 - UNKNOWN OR HIT/SKIP			
265 - UNKNOWN OR HIT/SKIP		271 - LIMO (LIVERY VEHICLE)			
266 - LIMO (LIVERY VEHICLE)		272 - PEDESTRIAN / SKATER			
267 - PEDESTRIAN / SKATER		273 - WHEELCHAIR (ANY TYPE)			
268 - WHEELCHAIR (ANY TYPE)		274 - OTHER NON-MOTORIST			
269 - OTHER NON-MOTORIST		275 - BICYCLE			
270 - BICYCLE		276 - TRAIN			
271 - TRAIN		277 - UNKNOWN OR HIT/SKIP			
272 - UNKNOWN OR HIT/SKIP		278 - LIMO (LIVERY VEHICLE)			
273 - LIMO (LIVERY VEHICLE)		279 - PEDESTRIAN / SKATER			
274 - PEDESTRIAN / SKATER		280 - WHEELCHAIR (ANY TYPE)			
275 - WHEELCHAIR (ANY TYPE)		281 - OTHER NON-MOTORIST			
276 - OTHER NON-MOTORIST		282 - BICYCLE			
277 - BICYCLE		283 - TRAIN			
278 - TRAIN		284 - UNKNOWN OR HIT/SKIP			
279 - UNKNOWN OR HIT/SKIP		285 - LIMO (LIVERY VEHICLE)			
280 - LIMO (LIVERY VEHICLE)		286 - PEDESTRIAN / SKATER			
281 - PEDESTRIAN / SKATER		287 - WHEELCHAIR (ANY TYPE)			
282 - WHEELCHAIR (ANY TYPE)		288 - OTHER NON-MOTORIST			
283 - OTHER NON-MOTORIST		289 - BICYCLE			
284 - BICYCLE		290 - TRAIN			
285 - TRAIN		291 - UNKNOWN OR HIT/SKIP			
286 - UNKNOWN OR HIT/SKIP		292 - LIMO (LIVERY VEHICLE)			
287 - LIMO (LIVERY VEHICLE)		293 - PEDESTRIAN / SKATER			
288 - PEDESTRIAN / SKATER		294 - WHEELCHAIR (ANY TYPE)			
289 - WHEELCHAIR (ANY TYPE)		295 - OTHER NON-MOTORIST			
290 - OTHER NON-MOTORIST		296 - BICYCLE			
291 - BICYCLE		297 - TRAIN			
292 - TRAIN		298 - UNKNOWN OR HIT/SKIP			
293 - UNKNOWN OR HIT/SKIP		299 - LIMO (LIVERY VEHICLE)			
294 - LIMO (LIVERY VEHICLE)		300 - PEDESTRIAN / SKATER			
295 - PEDESTRIAN / SKATER		301 - WHEELCHAIR (ANY TYPE)			
296 - WHEELCHAIR (ANY TYPE)		302 - OTHER NON-MOTORIST			
297 - OTHER NON-MOTORIST		303 - BICYCLE			
298 - BICYCLE		304 - TRAIN			
299 - TRAIN		305 - UNKNOWN OR HIT/SKIP			
300 - UNKNOWN OR HIT/SKIP		306 - LIMO (LIVERY VEHICLE)			
301 - LIMO (LIVERY VEHICLE)		307 - PEDESTRIAN / SKATER			
302 - PEDESTRIAN / SKATER		308 - WHEELCHAIR (ANY TYPE)			
303 - WHEELCHAIR (ANY TYPE)		309 - OTHER NON-MOTORIST			
304 - OTHER NON-MOTORIST		310 - BICYCLE			
305 - BICYCLE		311 - TRAIN			





# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER									
2	2	0	2	6	5	9	6		

<b>UNIT #</b> 0 1		<b>NAME: LAST, FIRST, MIDDLE</b> Byrd, Bennie, Lee				<b>DATE OF BIRTH</b> 1 0 1 9 2 0 0 1		<b>AGE</b> 2 0	<b>GENDER</b> M		
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 1303 Anthony Ln, Mason, OH, 45040						<b>CONTACT PHONE - INCLUDE AREA CODE</b>					
<b>INJURIES</b> 4	<b>INJURED TAKEN BY</b> 1	<b>EMS AGENCY (NAME)</b> Fairfield EMS		<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>		<b>SAFETY EQUIPMENT USED</b> 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 0 1	<b>AIR BAG USAGE</b> 2	<b>EJECTION</b> 1	<b>TRAPPED</b> 1
<b>OL STATE</b> O H	<b>OPERATOR LICENSE NUMBER</b>		<b>OFFENSE CHARGED</b> 313.01a		<b>LOCAL CODE</b> <input checked="" type="checkbox"/>	<b>OFFENSE DESCRIPTION</b> Fail to obey traf cont		<b>CITATION NUMBER</b> 250692			
<b>OL CLASS</b> 4	<b>ENDORSEMENT SELECT UP TO 2</b>	<b>RESTRICTION SELECT UP TO 3</b>		<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b> STATUS: 1 TYPE: 1 VALUE: .		<b>DRUG TEST(S)</b> STATUS: 1 TYPE: 1 RESULT SELECT UP TO 4	

<b>UNIT #</b> 0 2		<b>NAME: LAST, FIRST, MIDDLE</b> Scott, Kendra Shanice				<b>DATE OF BIRTH</b> 0 8 0 2 1 9 8 9		<b>AGE</b> 3 2	<b>GENDER</b> F		
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 14 Overlook Ct, Fairfield, OH, 45014						<b>CONTACT PHONE - INCLUDE AREA CODE</b>					
<b>INJURIES</b> 4	<b>INJURED TAKEN BY</b> 2	<b>EMS AGENCY (NAME)</b> Fairfield EMS		<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> Liberty Childrens		<b>SAFETY EQUIPMENT USED</b> 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 0 1	<b>AIR BAG USAGE</b> 3	<b>EJECTION</b> 1	<b>TRAPPED</b> 1
<b>OL STATE</b> O H	<b>OPERATOR LICENSE NUMBER</b>		<b>OFFENSE CHARGED</b>		<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>		<b>CITATION NUMBER</b>			
<b>OL CLASS</b> 4	<b>ENDORSEMENT SELECT UP TO 2</b>	<b>RESTRICTION SELECT UP TO 3</b>		<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b> STATUS: 1 TYPE: 1 VALUE: .		<b>DRUG TEST(S)</b> STATUS: 1 TYPE: 1 RESULT SELECT UP TO 4	

<b>UNIT #</b>		<b>NAME: LAST, FIRST, MIDDLE</b>				<b>DATE OF BIRTH</b>		<b>AGE</b> 0	<b>GENDER</b>		
<b>ADDRESS: STREET, CITY, STATE, ZIP</b>						<b>CONTACT PHONE - INCLUDE AREA CODE</b>					
<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>		<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>		<b>SAFETY EQUIPMENT USED</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>
<b>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>		<b>OFFENSE CHARGED</b>		<b>LOCAL CODE</b>	<b>OFFENSE DESCRIPTION</b>		<b>CITATION NUMBER</b>			
<b>OL CLASS</b>	<b>ENDORSEMENT SELECT UP TO 2</b>	<b>RESTRICTION SELECT UP TO 3</b>		<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b>	<b>ALCOHOL TEST</b> STATUS TYPE VALUE		<b>DRUG TEST(S)</b> STATUS TYPE RESULT SELECT UP TO 4	

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 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	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 - TALKING ON HAND-HELD COMMUNICATION DEVICE	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 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN
<b>INJURED TAKEN BY</b>			<b>ALCOHOL TEST TYPE</b>			
1 - NOT TRANSPORTED / TREATED AT SCENE			1 - NONE			
2 - EMS			2 - BLOOD			
3 - POLICE			3 - URINE			
9 - OTHER / UNKNOWN			4 - BREATH			
<b>SAFETY EQUIPMENT</b>			<b>DRUG TEST TYPE</b>			
1 - NONE USED			1 - NONE			
2 - SHOULDER BELT ONLY USED			2 - BLOOD			
3 - LAP BELT ONLY USED			3 - URINE			
4 - SHOULDER & LAP BELT USED			4 - OTHER			
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING			<b>CONDITION</b>			
6 - CHILD RESTRAINT SYSTEM - REAR FACING			1 - APPARENTLY NORMAL			
7 - BOOSTER SEAT			2 - PHYSICAL IMPAIRMENT			
8 - HELMET USED			3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)			
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			4 - ILLNESS			
10 - REFLECTIVE CLOTHING			5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.			
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY			6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL			
99 - OTHER / UNKNOWN			9 - OTHER / UNKNOWN			
			<b>DRUG TEST RESULT(S)</b>			
			1 - AMPHETAMINES			
			2 - BARBITURATES			
			3 - BENZODIAZEPINES			
			4 - CANNABINOIDS			
			5 - COCAINE			
			6 - OPIATES / OPIOIDS			
			7 - OTHER			
			8 - NEGATIVE RESULTS			



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
2 2 0 2 6 5 9 6

<b>OCCUPANT</b>	<b>UNIT #</b> 2	<b>NAME: LAST, FIRST, MIDDLE</b> JAMISON, JAMES JR	<b>DATE OF BIRTH</b> 0 1 0 9 2 0 1 2		<b>AGE</b> 1 0	<b>GENDER</b> M
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 14 OVERLOOK CT, FAIRFIELD, OH 45014		<b>CONTACT PHONE - INCLUDE AREA CODE</b>			
<b>INJURIES</b> 3	<b>INJURED TAKEN BY</b> 1	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 0 3 <b>AIR BAG USAGE</b> 0 3 <b>EJECTION</b> 1 <b>TRAPPED</b> 1

<b>OCCUPANT</b>	<b>UNIT #</b> 2	<b>NAME: LAST, FIRST, MIDDLE</b> SCOTT, LONDON	<b>DATE OF BIRTH</b> 0 6 0 9 2 0 1 6		<b>AGE</b> 5	<b>GENDER</b> F
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 14 OVERLOOK CT, FAIRFIELD, OH 45014		<b>CONTACT PHONE - INCLUDE AREA CODE</b>			
<b>INJURIES</b> 3	<b>INJURED TAKEN BY</b> 2	<b>EMS AGENCY (NAME)</b> FAIRFIELD EMS	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> LIBERTY CHILDRENS	<b>SAFETY EQUIPMENT USED</b> 0 7	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 0 4 <b>AIR BAG USAGE</b> 0 3 <b>EJECTION</b> 1 <b>TRAPPED</b> 1

<b>OCCUPANT</b>	<b>UNIT #</b> 2	<b>NAME: LAST, FIRST, MIDDLE</b> JAMISON, SAVANNAH	<b>DATE OF BIRTH</b> 1 0 2 0 2 0 1 6		<b>AGE</b> 5	<b>GENDER</b> F
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 14 OVERLOOK CT, FAIRFIELD, OH 45014		<b>CONTACT PHONE - INCLUDE AREA CODE</b>			
<b>INJURIES</b> 3	<b>INJURED TAKEN BY</b> 2	<b>EMS AGENCY (NAME)</b> FAIRFIELD EMS	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> LIBERTY CHILDRENS	<b>SAFETY EQUIPMENT USED</b> 0 7	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 0 5 <b>AIR BAG USAGE</b> 0 3 <b>EJECTION</b> 1 <b>TRAPPED</b> 1

<b>OCCUPANT</b>	<b>UNIT #</b> 2	<b>NAME: LAST, FIRST, MIDDLE</b> JAMISON, EVA	<b>DATE OF BIRTH</b> 1 2 1 2 2 0 1 4		<b>AGE</b> 7	<b>GENDER</b> F
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 14 OVERLOOK CT, FAIRFIELD, OH 45014		<b>CONTACT PHONE - INCLUDE AREA CODE</b>			
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b> 1	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 0 5 <b>AIR BAG USAGE</b> 0 3 <b>EJECTION</b> 1 <b>TRAPPED</b> 1

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
<b>INJURED TAKEN BY</b>	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	
1 - NOT TRANSPORTED / TREATED AT SCENE	8 - HELMET USED	8 - THIRD - MIDDLE	<b>EJECTION</b>
2 - EMS	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE	1 - NOT EJECTED
3 - POLICE	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	2 - PARTIALLY EJECTED
9 - OTHER / UNKNOWN	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	3 - TOTALLY EJECTED
<b>GENDER</b>	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	4 - NOT APPLICABLE
F - FEMALE		13 - TRAILING UNIT	<b>TRAPPED</b>
M - MALE		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	1 - NOT TRAPPED
U - OTHER / UNKNOWN		15 - NON-MOTORIST	2 - EXTRICATED BY MECHANICAL MEANS
		99 - OTHER / UNKNOWN	3 - FREED BY NON-MECHANICAL MEANS

<b>WITNESS</b>	<b>NAME: LAST, FIRST, MIDDLE</b> Ferdelman, Neil, R	<b>DATE OF BIRTH</b> 0 3 1 6 1 9 5 6		<b>AGE</b> 6 6	<b>GENDER</b> M
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 11000 Winton Rd., Greenhills, OH, 45218		<b>CONTACT PHONE - INCLUDE AREA CODE</b>		

<b>WITNESS</b>	<b>NAME: LAST, FIRST, MIDDLE</b>	<b>DATE OF BIRTH</b>		<b>AGE</b> 0	<b>GENDER</b>
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b>		<b>CONTACT PHONE - INCLUDE AREA CODE</b>		

<b>WITNESS</b>	<b>NAME: LAST, FIRST, MIDDLE</b>	<b>DATE OF BIRTH</b>		<b>AGE</b> 0	<b>GENDER</b>
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b>		<b>CONTACT PHONE - INCLUDE AREA CODE</b>		





# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER											
2 2 0 2 6 5 9 6											
OCCUPANT	UNIT # 2	NAME: LAST, FIRST, MIDDLE JAMISON, JAVIER				DATE OF BIRTH 0 1 0 1 2 0 1 3		AGE 9	GENDER M		
	ADDRESS: STREET, CITY, STATE, ZIP 14 OVERLOOK CT, FAIRFIELD, OH 45014					CONTACT PHONE - INCLUDE AREA CODE					
	INJURIES 3	INJURED TAKEN BY 2	EMS AGENCY (NAME) FAIRFIELD EMS	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) LIBERTY CHILDRENS	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 6	AIR BAG USAGE 0 3	EJECTION 1	TRAPPED 1	
OCCUPANT	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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OCCUPANT	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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OCCUPANT	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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
<b>INJURIES</b>						<b>SAFETY EQUIPMENT USED</b>		<b>SEATING POSITION</b>		<b>AIR BAG USAGE</b>	
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	
<b>INJURED TAKEN BY</b>						6 - CHILD RESTRAINT SYSTEM - REAR FACING		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN	
1 - NOT TRANSPORTED / TREATED AT SCENE						7 - BOOSTER SEAT		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		<b>EJECTION</b>	
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	
<b>GENDER</b>						11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		4 - NOT APPLICABLE	
F - FEMALE						99 - OTHER / UNKNOWN		12 - PASSENGER IN UNENCLOSED CARGO AREA		<b>TRAPPED</b>	
M - MALE								13 - TRAILING UNIT		1 - NOT TRAPPED	
U - OTHER / UNKNOWN								14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		2 - EXTRICATED BY MECHANICAL MEANS	
								15 - NON-MOTORIST		3 - FREED BY NON-MECHANICAL MEANS	
								99 - OTHER / UNKNOWN			
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE 0	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE 0	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE 0	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					

DATE OF ACCIDENT  
M 4 | D 15 | Y 22

IN COUNTY OF BUTLER

ACCIDENT LOCATION SOUTH GILMORE RD + ANNANDALE DR

