

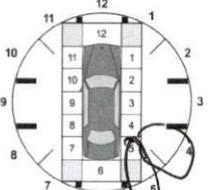
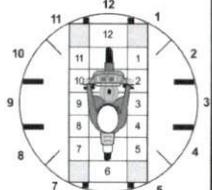
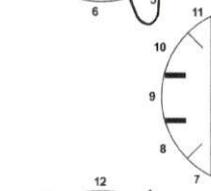
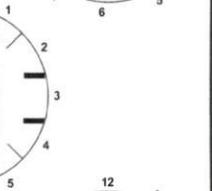
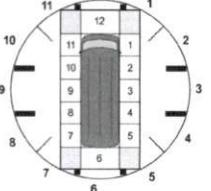
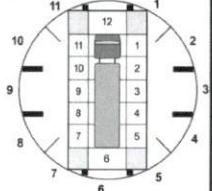
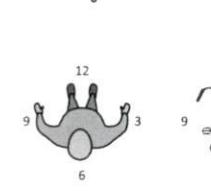
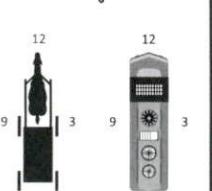


TRAFFIC CRASH REPORT

*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 | 2 2 0 2 6 8 3 1 | | | | |
| <input type="checkbox"/> SECONDARY CRASH | <input checked="" type="checkbox"/> OH-1P | <input type="checkbox"/> OTHER | HIT/SKIP | | | | |
| | | | NUMBER OF UNITS | | | | |
| | | | UNIT IN ERROR | | | | |
| | | | 1 | 1-SOLVED | 98-ANIMAL | | |
| | | | 2 | 2-UNRESOLVED | 99-UNKNOWN | | |
| COUNTY* | LOCALITY* | LOCATION: CITY, VILLAGE, TOWNSHIP* | CRASH DATE / TIME* | | | | |
| 0 9 | 1 - CITY 2 - VILLAGE 3 - TOWNSHIP | City of Fairfield | 0 4 1 6 2 0 2 2 1 7 0 1 | | | | |
| ROUTE TYPE | ROUTE NUMBER | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | LOCATION ROAD NAME | ROAD TYPE | LATITUDE DECIMAL DEGREES | | |
| | | | South Gilmore | R D | 3 9 . 3 1 8 3 4 5 | | |
| ROUTE TYPE | ROUTE NUMBER | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | ROAD TYPE | LONGITUDE DECIMAL DEGREES | | |
| | | | Resor | R D | 8 4 . 5 2 2 4 5 0 | | |
| REFERENCE POINT | DIRECTION FROM REFERENCE | ROUTE TYPE | ROAD TYPE | INTERSECTION RELATED | | | |
| 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE | AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS | HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE | RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY | <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA | |
| DISTANCE FROM REFERENCE | DISTANCE UNIT OF MEASURE | | | | | NUMBER OF APPROACHES 4 | |
| | 1 - MILES 2 - FEET 3 - YARDS | | | | | | |
| LOCATION OF FIRST HARMFUL EVENT | | | MANNER OF CRASH COLLISION/IMPACT | | | DIRECTION OF TRAVEL | MEDIAN TYPE |
| 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP | 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 | 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 | 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 | |
| <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 | 2 | 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 | 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 | | | | |
| NARRATIVE | | | | | | | |
| <p>On 04/16/22 at about 5:01 P.M. Unit 1 was making a left turn from northbound South Gilmore Rd. to westbound Resor Rd. In doing so, Unit 1 failed to yield right of way turning left and was struck by Unit 2, which was traveling southbound on South Gilmore Rd.</p> <p>Unit 1 left the scene without stopping</p> <p>The driver of Unit 1 was also cited for leaving the scene FCO 335.12a.</p> <p>The driver of Unit 2 was cited for driving without a license FCO 335.01a1</p> | | | | | | | |
| See OH-2 | | | | | | | |
| Indicate the north direction with an "N" on the compass diagram. | | | | | | | |
| CRASH REPORTED DATE / TIME | | DISPATCH DATE / TIME | | ARRIVAL DATE / TIME | | SCENE CLEARED DATE / TIME | |
| 0 4 1 6 2 0 2 2 1 7 0 1 | | 0 4 1 6 2 0 2 2 1 7 0 4 | | 0 4 1 6 2 0 2 2 1 7 1 2 | | 0 4 1 6 2 0 2 2 1 7 4 0 | |
| TOTAL TIME ROADWAY CLOSED | | OTHER INVESTIGATION TIME | | TOTAL MINUTES | | REPORT TAKEN BY | |
| 0 | | 3 0 | | 6 6 | | <input checked="" type="checkbox"/> POLICE AGENCY | |
| | | | | | | <input type="checkbox"/> MOTORIST | |
| | | | | | | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS) | |
| OFFICER'S NAME* | | | | | | CHECKED BY OFFICER'S NAME* | |
| D. Miller | | | | | | | |
| OFFICER'S BADGE NUMBER* | | | | | | CHECKED BY OFFICER'S BADGE NUMBER* | |
| 1 6 7 | | | | | | | |

| | | | | |
|---|--|--|--|--|
| 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) | |
| OWNER OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER) | | | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE | | |
| LP STATE | LICENSE PLATE # | VEHICLE IDENTIFICATION # | VEHICLE YEAR | |
| O H | JNX8241 | 1HGCIM61554A097558 | 2004 | |
| <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY | INSURANCE POLICY # | COLOR | |
| | Geico | 6101518576 | White | |
| TYPE OF USE | | US DOT # | TOWED BY: COMPANY NAME | |
| <input type="checkbox"/> COMMERCIAL | <input type="checkbox"/> GOVERNMENT | <input type="checkbox"/> IN EMERGENCY RESPONSE | | |
| INTERLOCK DEVICE EQUIPPED | <input checked="" type="checkbox"/> HIT/SKIP UNIT | #OCCUPANTS | VEHICLE WEIGHT GVWR/GCWR | |
| | | 0 1 | 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. | |
| UNIT TYPE | HAZARDOUS MATERIAL | | | |
| 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 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 | |
| 0 1 | 0 | 0 | # OF TRAILING UNITS | |
| 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 | |
| 2 | 1 - YES 2 - NO 9 - OTHER/UNKNOWN | 0 | AUTONOMOUS MODE LEVEL | |
| SPECIAL FUNCTION | | 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER | | |
| CARGO BODY TYPE | | 6 - BUS - CHARTERTOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - ANBULANCE | | |
| VEHICLE DEFECTS | | 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TONING 20 - SAFETY SERVICE PATROL | | |
| NON-MOTORIST LOCATION AT IMPACT | | 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS | | |
| ACTION | | 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT | | |
| CONTRIBUTING CIRCUMSTANCES | | 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT | | |
| SEQUENCE OF EVENTS | | 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - TRAFFIC LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN | | |
| EVENT(S) | | 1 - INTERSECTION - OTHER 2 - MIDBLOCK - MARKED CROSSWALK 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN & STRUCK 6 - MAKING LEFT TURN 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE/ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING | | |
| COLLISION WITH FIXED OBJECT - STRUCK | | 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY | | |
| FIRST HARMFUL EVENT | | 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING | | |
| LAST HARMFUL EVENT | | 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 24 - OTHER IMPROPER ACTION | | |

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

| | | |
|--|--|---|
| 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 | Reyes, Guadalupe, Maltos | |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) | | |

| | | |
|---|--|---|
| 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 | HRP3944 | 3 M Y D L B Y V 8 K Y 5 0 5 2 3 4 | 2 0 1 9 | Toyota |
| <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY | INSURANCE POLICY # | COLOR | VEHICLE MODEL |
| | Allstate | 826115416 | Cream | Yaris |
| 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 (ANYTYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP |
|------------------|---|--|---|---|

| | | | | |
|-----------------------|---|----------------------------|--|---|
| 0 # OF TRAILING UNITS | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER/UNKNOWN | AUTONOMOUS MODE LEVEL 0 | 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION | 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN |
|-----------------------|---|----------------------------|--|---|

| | | | | |
|-------------------------|---|---|---|--|
| 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 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL |
|-------------------------|---|---|---|--|

| | | | | | |
|------------------------|---|---|--|---|---|
| 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 - CARGOTANK 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 |
|---------------------------------|--|---|---|---|--|

| | | | | | |
|---------------|---|---|--|---|---|
| ACTION 0 3 | 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER/UNKNOWN | 0 1 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 |
|---------------|---|---|--|---|---|

| | | | | | |
|-----------------------------------|---|--|--|--|---|
| 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 |
|-----------------------------------|---|--|--|--|---|

| | | | | | |
|--------------------|--|--|---|---|---|
| SEQUENCE OF EVENTS | NON-COLLISION | | | | |
| 1 2 0 | 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 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 |

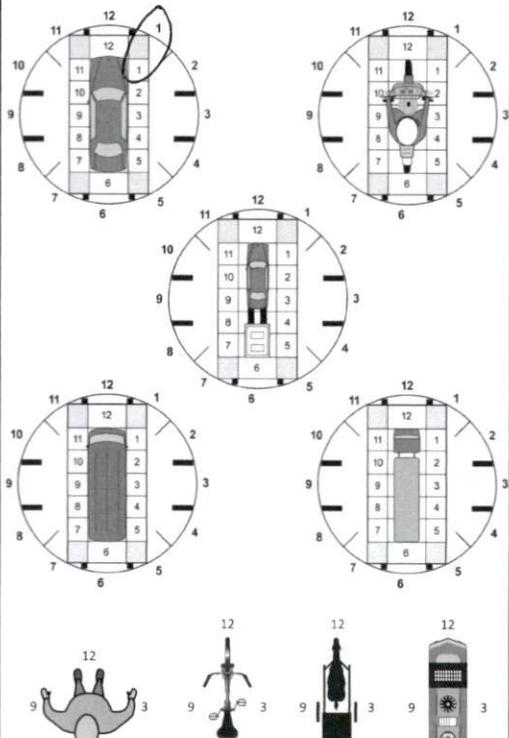
| | | | | | |
|-------|---|--|---|--|--|
| 4 1 1 | 25 - IMPACT ATTENUATOR /CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE | 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 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 | FIRST HARMFUL EVENT | 1 | MOST HARMFUL EVENT |
|---|---------------------|---|--------------------|

| | |
|---------------------|--|
| LOCAL REPORT NUMBER | |
| 2 2 0 2 6 8 3 1 | |

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

| | |
|--|--|
| 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 |
| 13 - TOP | 99 - UNKNOWN |

| | |
|--|---|
| TRAFFIC WAY FLOW 1 - ONE WAY 2 - TWO WAY | TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL |
|--|---|

| | |
|---------------------------------|--|
| # OF THROUGH LANES ON ROAD 3 | 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 | |

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

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2 2 0 2 6 8 3 1

| MOTORIST / NON-MOTORIST | UNIT # | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | | AGE | GENDER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | 0 1 | Key, Aaliyah | | | | 0 7 2 4 2 0 0 3 | | 1 8 | F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 8332 Cypress Ln. Apt B West Chester, OH 45044 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INJURIES 5 INJURED TAKEN BY EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED 0 4 <input type="checkbox"/> DOT-COMPLIANT MC HELMET SEATING POSITION 0 1 AIR BAG USAGE 1 EJECTION 1 TRAPPED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OL STATE O H OPERATOR LICENSE NUMBER OFFENSE CHARGED 331.17 a LOCAL CODE <input checked="" type="checkbox"/> OFFENSE DESCRIPTION Failure to Yeild CITATION NUMBER 251158 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 STATUS 1 TYPE 1 RESULT SELECT UP TO 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNIT # 0 2 NAME: LAST, FIRST, MIDDLE Valdes, Alexis, Maltos DATE OF BIRTH 0 7 2 6 2 0 0 1 AGE 2 0 GENDER M | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 5917 North Turtle Creek Dr. Fairfield, OH 45014 CONTACT PHONE - INCLUDE AREA CODE - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| UNIT # NAME: LAST, FIRST, MIDDLE DATE OF BIRTH AGE GENDER 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <table border="1"> <thead> <tr> <th>INJURIES</th> <th>SEATING POSITION</th> <th>AIR BAG</th> <th>OL CLASS</th> <th>OL RESTRICTION(S)</th> <th>DRIVER DISTRACTION</th> <th>TEST STATUS</th> </tr> </thead> <tbody> <tr> <td>1-FATAL</td> <td>1-FRONT-LEFT SIDE (MOTORCYCLE DRIVER)</td> <td>1-NOT DEPLOYED</td> <td>1-CLASS A</td> <td>1-ALCOHOL INTERLOCK DEVICE</td> <td>1-NOT DISTRACTED</td> <td>1-NONE GIVEN</td> </tr> <tr> <td>2-SUSPECTED SERIOUS INJURY</td> <td>2-FRONT- MIDDLE</td> <td>2-DEPLOYED FRONT</td> <td>2-CLASS B</td> <td>2-COL INTRASTATE ONLY</td> <td>2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)</td> <td>2-TEST REFUSED</td> </tr> <tr> <td>3-SUSPECTED MINOR INJURY</td> <td>3-FRONT- RIGHT SIDE</td> <td>3-DEPLOYED SIDE</td> <td>3-CLASS C</td> <td>3-CORRECTIVE LENSES</td> <td>3-TEST GIVEN, CONTAMINATED SAMPLE /UNUSABLE</td> </tr> <tr> <td>4-POSSIBLE INJURY</td> <td>4-SECOND- LEFT SIDE (MOTORCYCLE PASSENGER)</td> <td>4-DEPLOYED BOTH FRONT / SIDE</td> <td>4-REGULAR CLASS (OHIO =D)</td> <td>4-FARM WAIVER</td> <td>4-TEST GIVEN, RESULTS KNOWN</td> </tr> <tr> <td>5-NO APPARENT INJURY</td> <td>5-SECOND- MIDDLE</td> <td>5-NOT APPLICABLE</td> <td>5-M/C MOPE ONLY</td> <td>5-EXCEPT CLASS A BUS</td> <td>5-TEST GIVEN, RESULTS UNKNOWN</td> </tr> <tr> <td colspan="4">6-SECOND- RIGHT SIDE</td> <td>6-DEPLOYMENT UNKNOWN</td> <td>6-NO VALID OL</td> <td>6-EXCEPT CLASS A & CLASS B BUS</td> </tr> <tr> <td colspan="4">7-THIRD- LEFT SIDE (MOTORCYCLE SIDE CAR)</td> <td>7-EXCEPT TRACTOR-TRAILER</td> <td>7-EXTRACTING ON HANDS-FREE COMMUNICATION DEVICE</td> </tr> <tr> <td colspan="4">8-THIRD- MIDDLE</td> <td>8-INTERMEDIATE LICENSE RESTRICTIONS</td> <td>8-TALKING ON HAND-HELD COMMUNICATION DEVICE</td> </tr> <tr> <td colspan="4">9-THIRD- RIGHT SIDE</td> <td>9-LEARNER'S PERMIT RESTRICTIONS</td> <td>9-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE</td> </tr> <tr> <td colspan="4">10-SLEEPER SECTION OF TRUCK CAB</td> <td>10-LIMITED TO DAYLIGHT ONLY</td> <td>6-PASSENGER</td> </tr> <tr> <td colspan="4">11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)</td> <td>11-LIMITED TO EMPLOYMENT</td> <td>7-OTHER DISTRACTION INSIDE THE VEHICLE</td> </tr> <tr> <td colspan="4">12-PASSENGER IN UNENCLOSED CARGO AREA</td> <td>12-LIMITED- OTHER</td> <td>8-OTHER DISTRACTION OUTSIDE THE VEHICLE</td> </tr> <tr> <td colspan="4">13-TRAILING UNIT</td> <td>13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)</td> <td>9-OTHER / UNKNOWN</td> </tr> <tr> <td colspan="4">14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)</td> <td>14-MILITARY VEHICLES ONLY</td> <td>ALCOHOL TEST TYPE</td> </tr> <tr> <td colspan="4">15-NON-MOTORIST</td> <td>15-MOTOR VEHICLES WITHOUT AIR BRAKES</td> <td>1-NONE</td> </tr> <tr> <td colspan="4">99-OTHER / UNKNOWN</td> <td>16-OUTSIDE MIRROR</td> <td>2-BLOOD</td> </tr> <tr> <td colspan="4"></td> <td>17-PROSTHETIC AID</td> <td>3-URINE</td> </tr> <tr> <td colspan="4"></td> <td>18- OTHER</td> <td>4-BREATH</td> </tr> <tr> <td colspan="4"></td> <td>GENDER</td> <td>5-OTHER</td> </tr> <tr> <td colspan="4">F-FEMALE</td> <td>DRUG TEST TYPE</td> </tr> <tr> <td colspan="4">M-MALE</td> <td>1-AMPHETAMINES</td> </tr> <tr> <td colspan="4">U-OTHER / UNKNOWN</td> <td>2-BARBITURATES</td> </tr> <tr> <td colspan="4"></td> <td>3-BENZODIAZEPINES</td> </tr> <tr> <td colspan="4"></td> <td>4-CANNABINOID</td> </tr> <tr> <td colspan="4"></td> <td>5-COCAIN</td> </tr> <tr> <td colspan="4"></td> <td>6-OPIATES / OPIOIDS</td> </tr> <tr> <td colspan="4"></td> <td>7-OTHER</td> </tr> <tr> <td colspan="4"></td> <td>8-Negative results</td> </tr> </tbody> </table> | | | | | | | | | | 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-COL 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 | 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 | 5-NO APPARENT INJURY | 5-SECOND- MIDDLE | 5-NOT APPLICABLE | 5-M/C MOPE ONLY | 5-EXCEPT CLASS A BUS | 5-TEST GIVEN, RESULTS UNKNOWN | 6-SECOND- RIGHT SIDE | | | | 6-DEPLOYMENT UNKNOWN | 6-NO VALID OL | 6-EXCEPT CLASS A & CLASS B BUS | 7-THIRD- LEFT SIDE (MOTORCYCLE SIDE CAR) | | | | 7-EXCEPT TRACTOR-TRAILER | 7-EXTRACTING ON HANDS-FREE COMMUNICATION DEVICE | 8-THIRD- MIDDLE | | | | 8-INTERMEDIATE LICENSE RESTRICTIONS | 8-TALKING ON HAND-HELD COMMUNICATION DEVICE | 9-THIRD- RIGHT SIDE | | | | 9-LEARNER'S PERMIT RESTRICTIONS | 9-OTHER 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4-CANNABINOID | | | | | 5-COCAIN | | | | | 6-OPIATES / OPIOIDS | | | | | 7-OTHER | | | | | 8-Negative results |
| 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-COL 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5-NO APPARENT INJURY | 5-SECOND- MIDDLE | 5-NOT APPLICABLE | 5-M/C MOPE ONLY | 5-EXCEPT CLASS A BUS | 5-TEST GIVEN, RESULTS UNKNOWN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6-SECOND- RIGHT SIDE | | | | 6-DEPLOYMENT UNKNOWN | 6-NO VALID OL | 6-EXCEPT CLASS A & CLASS B BUS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7-THIRD- LEFT SIDE (MOTORCYCLE SIDE CAR) | | | | 7-EXCEPT TRACTOR-TRAILER | 7-EXTRACTING ON HANDS-FREE COMMUNICATION DEVICE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8-THIRD- MIDDLE | | | | 8-INTERMEDIATE LICENSE RESTRICTIONS | 8-TALKING ON HAND-HELD COMMUNICATION DEVICE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9-THIRD- RIGHT SIDE | | | | 9-LEARNER'S PERMIT RESTRICTIONS | 9-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10-SLEEPER SECTION OF TRUCK CAB | | | | 10-LIMITED TO DAYLIGHT ONLY | 6-PASSENGER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | | | | 11-LIMITED TO EMPLOYMENT | 7-OTHER DISTRACTION INSIDE THE VEHICLE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12-PASSENGER IN UNENCLOSED CARGO AREA | | | | 12-LIMITED- OTHER | 8-OTHER DISTRACTION OUTSIDE THE VEHICLE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13-TRAILING UNIT | | | | 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 9-OTHER / UNKNOWN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 15-NON-MOTORIST | | | | 15-MOTOR VEHICLES WITHOUT AIR BRAKES | 1-NONE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <table border="1"> <tbody> <tr> <td>1-NONE USED</td> <td>11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)</td> <td>1-NOT EJECTED</td> <td>H-HAZMAT</td> <td>1-APPARENTLY NORMAL</td> </tr> <tr> <td>2-SHOULDER BELT ONLY USED</td> <td>12-PASSENGER IN UNENCLOSED CARGO AREA</td> <td>2-PARTIALLY EJECTED</td> <td>M-MOTORCYCLE</td> <td>2-PHYSICAL IMPAIRMENT</td> </tr> <tr> <td>3-LAP BELT ONLY USED</td> <td>13-TRAILING UNIT</td> <td>3-TOTALLY EJECTED</td> <td>P-PASSENGER</td> <td>3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)</td> </tr> <tr> <td>4-SHOULDER & LAP BELT USED</td> <td>14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)</td> <td>4-NOT APPLICABLE</td> <td>N-TANKER</td> <td>4-ILLNESS</td> </tr> <tr> <td>5-CHILD RESTRAINT SYSTEM- FORWARD FACING</td> <td>15-NON-MOTORIST</td> <td>5-NOT TRAPPED</td> <td>Q-MOTOR SCOOTER</td> <td>5-FELL ASLEEP, FAINTED, FATIGUED, ETC.</td> </tr> <tr> <td>6-CHILD RESTRAINT SYSTEM- REAR FACING</td> <td>99-OTHER / UNKNOWN</td> <td>6-EXTRICATED BY MECHANICAL MEANS</td> <td>R-THREE-WHEEL MOTORCYCLE</td> <td>6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS /ALCOHOL</td> </tr> <tr> <td>7-BOOSTER SEAT</td> <td></td> <td>7-FREED BY NON-MECHANICAL MEANS</td> <td>S-SCHOOL BUS</td> <td>9-OTHER / UNKNOWN</td> </tr> <tr> <td>8-HELMET USED</td> <td></td> <td></td> <td>T-T-DOUBLE & TRIPLE TRAILERS</td> <td></td> </tr> <tr> <td>9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)</td> <td></td> <td></td> <td>X-X-TANKER / HAZMAT</td> <td></td> </tr> <tr> <td>10-REFLECTIVE CLOTHING</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>11-LIGHTING - PEDESTRIAN /BICYCLE ONLY</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>99-OTHER / UNKNOWN</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | | | | | | | 1-NONE USED | 11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 1-NOT EJECTED | H-HAZMAT | 1-APPARENTLY NORMAL | 2-SHOULDER BELT ONLY USED | 12-PASSENGER IN UNENCLOSED CARGO AREA | 2-PARTIALLY EJECTED | M-MOTORCYCLE | 2-PHYSICAL IMPAIRMENT | 3-LAP BELT ONLY USED | 13-TRAILING UNIT | 3-TOTALLY EJECTED | P-PASSENGER | 3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) | 4-SHOULDER & LAP BELT USED | 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 4-NOT APPLICABLE | N-TANKER | 4-ILLNESS | 5-CHILD RESTRAINT SYSTEM- FORWARD FACING | 15-NON-MOTORIST | 5-NOT TRAPPED | Q-MOTOR SCOOTER | 5-FELL ASLEEP, FAINTED, FATIGUED, ETC. | 6-CHILD RESTRAINT SYSTEM- REAR FACING | 99-OTHER / UNKNOWN | 6-EXTRICATED BY MECHANICAL MEANS | R-THREE-WHEEL MOTORCYCLE | 6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS /ALCOHOL | 7-BOOSTER SEAT | | 7-FREED BY NON-MECHANICAL MEANS | S-SCHOOL BUS | 9-OTHER / UNKNOWN | 8-HELMET USED | | | T-T-DOUBLE & TRIPLE TRAILERS | | 9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | | X-X-TANKER / HAZMAT | | 10-REFLECTIVE CLOTHING | | | | | 11-LIGHTING - PEDESTRIAN /BICYCLE ONLY | | | | | 99-OTHER / UNKNOWN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2-SHOULDER BELT ONLY USED | 12-PASSENGER IN UNENCLOSED CARGO AREA | 2-PARTIALLY EJECTED | M-MOTORCYCLE | 2-PHYSICAL IMPAIRMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3-LAP BELT ONLY USED | 13-TRAILING UNIT | 3-TOTALLY EJECTED | P-PASSENGER | 3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4-SHOULDER & LAP BELT USED | 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 4-NOT APPLICABLE | N-TANKER | 4-ILLNESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5-CHILD RESTRAINT SYSTEM- FORWARD FACING | 15-NON-MOTORIST | 5-NOT TRAPPED | Q-MOTOR SCOOTER | 5-FELL ASLEEP, FAINTED, FATIGUED, ETC. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6-CHILD RESTRAINT SYSTEM- REAR FACING | 99-OTHER / UNKNOWN | 6-EXTRICATED BY MECHANICAL MEANS | R-THREE-WHEEL MOTORCYCLE | 6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS /ALCOHOL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7-BOOSTER SEAT | | 7-FREED BY NON-MECHANICAL MEANS | S-SCHOOL BUS | 9-OTHER / UNKNOWN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8-HELMET USED | | | T-T-DOUBLE & TRIPLE TRAILERS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | | X-X-TANKER / HAZMAT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10-REFLECTIVE CLOTHING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11-LIGHTING - PEDESTRIAN /BICYCLE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99-OTHER / UNKNOWN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



OCCUPANT / WITNESS ADDENDUM

| OCCUPANT | UNIT # | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | AGE | 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 |
| | UNIT # | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | AGE | 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 |
| | UNIT # | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | AGE | 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 |
| | UNIT # | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | AGE | 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 |
| | UNIT # | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | AGE | 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 |
| | UNIT # | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | AGE | GENDER | | |
| | 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 | | | |
| | INJURED TAKEN BY | | 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) | | 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 | | 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 | | TRAPPED | | | |
| | 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 | | | | | |
| | NAME: LAST, FIRST, MIDDLE | | | | | | DATE OF BIRTH | AGE | GENDER | |
| | Chuwan, Arjun | | | | | | 0 9 1 3 1 9 8 7 | 3 4 | M | |
| | ADDRESS: STREET, CITY, STATE, ZIP | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| | 5632 Boehm Dr., Fairfield, OH 45014 | | | | | | | | | |
| | NAME: LAST, FIRST, MIDDLE | | | | | | DATE OF BIRTH | AGE | GENDER | |
| | NAME: LAST, FIRST, MIDDLE | | | | | | DATE OF BIRTH | AGE | GENDER | |
| | ADDRESS: STREET, CITY, STATE, ZIP | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
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| | NAME: LAST, FIRST, MIDDLE | | | | | | DATE OF BIRTH | AGE | GENDER | |
| | ADDRESS: STREET, CITY, STATE, ZIP | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |

LOCAL
REPORT
NUMBER 22-026831

REPORTING
AGENCY

FAIRFIELD P.D. 00901

DATE OF ACCIDENT
MOY 10 16 2022

IN COUNTY OF

BUTLER

ACCIDENT
LOCATION

S. Gilmore Rd. / Resor Rd.

