



## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		<input type="checkbox"/> LOCAL INFORMATION <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER				2 2 0 2 9 8 1 9					
<input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> PRIVATE PROPERTY		<b>REPORTING AGENCY NAME*</b> Fairfield Police Department		<b>NCIC*</b> 0 0 9 0 1		<b>HIT/SKIP</b> 1 - SOLVED 2 - UNSOLVED		<b>NUMBER OF UNITS</b> 0 2		<b>UNIT IN ERROR</b> 0 1	
<b>COUNTY*</b> 0 9		<b>LOCALITY*</b> 1 - CITY 2 - VILLAGE 3 - TOWNSHIP		<b>LOCATION: CITY, VILLAGE, TOWNSHIP*</b> City of Fairfield		<b>CRASH DATE / TIME*</b> 0 4 2 8 2 0 2 2 1 0 5 2		<b>CRASH SEVERITY</b> 3			
<b>ROUTE TYPE</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		<b>LOCATION ROAD NAME</b> REDWOOD		<b>ROAD TYPE</b> D R		<b>LATITUDE DECIMAL DEGREES</b> 3 9 . 3 4 5 3 8 0					
<b>ROUTE TYPE</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		<b>REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)</b> 4876		<b>ROAD TYPE</b>		<b>LONGITUDE DECIMAL DEGREES</b> 8 4 . 5 6 2 4 8 8					
<b>REFERENCE POINT</b> 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		<b>DIRECTION FROM REFERENCE</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		<b>ROUTE TYPE</b> IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		<b>ROAD TYPE</b> AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS		<b>INTERSECTION RELATED</b> <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA			
<b>DISTANCE FROM REFERENCE</b>		<b>DISTANCE UNIT OF MEASURE</b> 1 - MILES 2 - FEET 3 - YARDS						<b>NUMBER OF APPROACHES</b>			
<b>LOCATION OF FIRST HARMFUL EVENT</b> 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		<b>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       </b>		<b>MANNER OF CRASH COLLISION/IMPACT</b> 1 - NOT COLLISION 2 - REAR-TO-REAR 3 - BACKING 4 - ANGLE 5 - SIDESWIPE, SAME DIRECTION 6 - SIDESWIPE, OPPOSITE DIRECTION 7 - HEAD-ON 8 - OTHER / UNKNOWN		<b>DIRECTION OF TRAVEL</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		<b>MEDIAN TYPE</b> 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (>4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN			
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		<b>WORK ZONE TYPE</b> 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		<b>LOCATION OF CRASH IN WORK ZONE</b> 1 - BEFORE THE 1ST WORK ZONE 2 - ADVANCE WARNING SIGN 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		<b>CONTOUR</b> 1 2 - STRAIGHT LEVEL 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		<b>CONDITIONS</b> 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		<b>SURFACE</b> 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN	
<b>LIGHT CONDITION</b> 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		<b>WEATHER</b> 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL									
<b>NARRATIVE</b> <p>On 04-28-22 at 10:52 a.m., Unit 2 was parked facing north on Redwood Dr. on the east side of the street. Unit 1 was traveling south on Redwood Dr when Unit 1 drove into the driver side front of Unit 2 causing Unit 1 to flip over on its top.</p> <p>The driver of Unit 1 was also cited for Driving Under Suspension (335.072A ORC) and OVI 333.01A1A ORC).</p>											
 <p>Indicate the north direction with an "N" on the compass diagram.</p> <p>1 → REDWOOD DR</p> <p>1</p> <p>2</p> <p>NOT TO SCALE</p>											
<b>CRASH REPORTED DATE / TIME</b> 0 4 2 8 2 0 2 2 1 0 5 3		<b>DISPATCH DATE / TIME</b> 0 4 2 8 2 0 2 2 1 0 5 4		<b>ARRIVAL DATE / TIME</b> 0 4 2 8 2 0 2 2 1 0 5 9		<b>SCENE CLEARED DATE / TIME</b> 0 4 2 8 2 0 2 2 1 2 0 4		<b>REPORT TAKEN BY</b>			
<b>TOTAL TIME ROADWAY CLOSED</b> 5 0		<b>OTHER INVESTIGATION TIME</b> 3 0		<b>TOTAL MINUTES</b> 1 0 0		<b>OFFICER'S NAME*</b> P.O. J. DRAKE		<b>CHECKED BY OFFICER'S NAME*</b> P.O.C. more			
						<b>OFFICER'S BADGE NUMBER*</b> 8 8		<b>CHECKED BY OFFICER'S BADGE NUMBER*</b> 1 3 6			
<b>SUPPLEMENT</b> (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DOPS)											

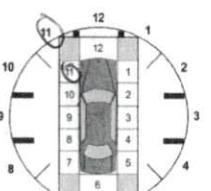
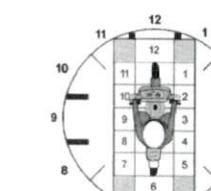
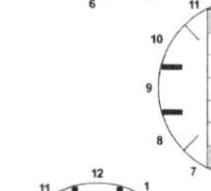
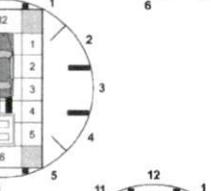
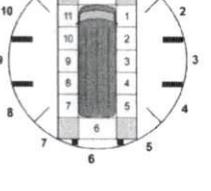
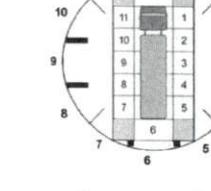
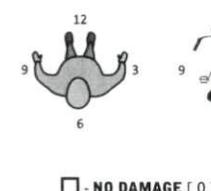
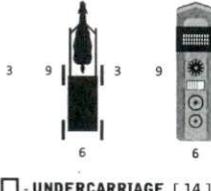


## UNIT

OWNER	UNIT # <b>0_1</b> OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER) <b>O' CONNER, DOROTHY</b>			OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER)		
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER) <b>407 VINNEDGE AVE FAIRFIELD, OHIO 45014</b>						
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
LP STATE <b>O_H</b>	LICENSE PLATE # <b>JJP9541</b>	VEHICLE IDENTIFICATION # <b>1HGEJ6676WT028579</b>		VEHICLE YEAR <b>1998</b> VEHICLE MAKE <b>HONDA</b>		
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <b>LIBERTY MUTUAL</b>	INSURANCE POLICY # <b>AOV281547313-70-10</b>		COLOR <b>BLACK</b> VEHICLE MODEL <b>CIVIC</b>		
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME <b>MARCELL'S</b>			
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		# OCCUPANTS <b>0_1</b>	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD			
1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		2 - MOTORCYCLE 3-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL-TERRAIN VEHICLE (ATV / UTV)	1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
UNIT TYPE <b>0_1</b>	# 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	9 - UNKNOWN	
<b>2</b>	1 - YES 2 - NO 9 - OTHER / UNKNOWN	AUTONOMOUS MODE LEVEL				
SPECIAL FUNCTION 4 - SCHOOL TRANSPORT 3 - ELECTRONIC RIDE SHARING 5 - BUS - TRANSIT/COMMUTER			1 - NONE 2 - TAXI 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 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
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	
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 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 - PRE-CRASH ACTIONS 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 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 / A/CDA 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
<b>1_2_1</b>	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 MOBILE OBJECT	
<b>4_1_1</b>	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	
<b>5_1_1</b>	COLLISION WITH FIXED OBJECT - STRUCK					
<b>6_1_1</b>	1 - FIRST HARMFUL EVENT	1 - MOST HARMFUL EVENT				

LOCAL REPORT NUMBER											
2	2	0	2	9	8	1	9				
DAMAGE											
DAMAGE SCALE											
1 - NONE				3 - FUNCTIONAL DAMAGE							
4				2 - MINOR DAMAGE				4 - DISABLING DAMAGE			
				9 - UNKNOWN							
DAMAGED AREA(S) INDICATE ALL THAT APPLY											
<img alt="Diagram of											

OWNER	UNIT # <u>012</u>	OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> SAME AS DRIVER EICHHOLD, JACOB	OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER																																																																																																																																																																																																																																																																																																													
	OWNER ADDRESS: STREET, CITY, STATE, ZIP <input type="checkbox"/> SAME AS DRIVER 527 SHARON LANE HAMILTON, OHIO 45013	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP																																																																																																																																																																																																																																																																																																														
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LP STATE <u>O_H</u>	LICENSE PLATE # <u>HTN8024</u>	VEHICLE IDENTIFICATION # <u>JTHBK1GG3G2221066</u>	VEHICLE YEAR <u>2016</u>	VEHICLE MAKE <u>LEXUS</u>																																																																																																																																																																																																																																																																																																												
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<u>1</u>	36 - MEDIAN OTHER BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX	47 - MAILBOX	51 - WALL																																																																																																																																																																																																																																																																																																											
<u>1</u>	37 - TRAFFIC SIGN POST	42 - CULVERT	48 - TREE	48 - TREE	52 - BUILDING																																																																																																																																																																																																																																																																																																											
<u>1</u>	38 - OVERHEAD SIGN POST	43 - CURB	49 - FIRE HYDRANT	49 - FIRE HYDRANT	53 - TUNNEL																																																																																																																																																																																																																																																																																																											
<u>1</u>	39 - LIGHT / LUMINARIES	44 - DITCH	50 - WORK ZONE MAINTENANCE EQUIPMENT	50 - WORK ZONE MAINTENANCE EQUIPMENT	54 - OTHER FIXED OBJECT																																																																																																																																																																																																																																																																																																											
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LOCAL REPORT NUMBER <u>2 2 0 2 9 8 1 9</u>													
DAMAGE 1 - NONE <u>4</u> 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN													
DAMAGED AREA(S) INDICATE ALL THAT APPLY													
       													
<input type="checkbox"/> NO DAMAGE [0] <input type="checkbox"/> UNDERCARRIAGE [14] <input type="checkbox"/> TOP [13] <input type="checkbox"/> ALL AREAS [15] <input type="checkbox"/> UNIT NOT AT SCENE [16]													
INITIAL POINT OF CONTACT													
<table border="0"> <tr> <td><u>1,1</u></td> <td>0 - NO DAMAGE</td> <td>14 - UNDERCARRIAGE</td> </tr> <tr> <td><u>1,1</u></td> <td>1-12 - REFERTO UNIT</td> <td>15 - VEHICLE NOT AT SCENE</td> </tr> <tr> <td><u>1,1</u></td> <td>DIAGRAM</td> <td>99 - UNKNOWN</td> </tr> <tr> <td><u>1,1</u></td> <td>13 - TOP</td> <td></td> </tr> </table>		<u>1,1</u>	0 - NO DAMAGE	14 - UNDERCARRIAGE	<u>1,1</u>	1-12 - REFERTO UNIT	15 - VEHICLE NOT AT SCENE	<u>1,1</u>	DIAGRAM	99 - UNKNOWN	<u>1,1</u>	13 - TOP	
<u>1,1</u>	0 - NO DAMAGE	14 - UNDERCARRIAGE											
<u>1,1</u>	1-12 - REFERTO UNIT	15 - VEHICLE NOT AT SCENE											
<u>1,1</u>	DIAGRAM	99 - UNKNOWN											
<u>1,1</u>	13 - TOP												
TRAFFIC													
TRAFFICWAY FLOW <u>2</u>	TRAFFIC CONTROL 1 - ROUNDABOUT 2 - TWO-WAY <u>6</u> 3 - FLASHER 4 - NO CONTROL												
# OF THROUGH LANES ON ROAD <u>2</u>	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING												
UNIT / NON-MOTORIST DIRECTION													
FROM <u>2</u> TO <u>1</u>	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN												
UNIT SPEED <u>0</u>													
DETECTED SPEED 1 - STATED / ESTIMATED SPEED <u>1</u> 2 - CALCULATED / EDR 3 - UNDETERMINED													
POSTED SPEED <u>2 5</u>													



# MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	LOCAL REPORT NUMBER										
	2 2 0 2 9 8 1 9					DATE OF BIRTH		AGE	GENDER		
UNIT #	NAME: LAST, FIRST, MIDDLE 0 1 JOSEPH, LUCINDA N										
ADDRESS: STREET, CITY, STATE, ZIP	226 LITTLEBROOK DR FAIRFIELD OH 45014										
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
3	2	FAIRFIELD SQUAD	UC WEST CHESTER		9 9	<input type="checkbox"/>		0 1	1	1	3
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER	
O H				331.34B		<input checked="" type="checkbox"/>	FAILURE TO CONTROL			250593	
DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)		
06			9	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	06	1	1	5	2	<input type="checkbox"/> OTHER DRUG
UNIT #	NAME: LAST, FIRST, MIDDLE										
ADDRESS: STREET, CITY, STATE, ZIP											
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER	
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				<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA		1	1	5	2	<input type="checkbox"/> OTHER DRUG
UNIT #	NAME: LAST, FIRST, MIDDLE										
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				<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA		1	1	5	2	<input type="checkbox"/> OTHER DRUG
<b>INJURIES</b>	<b>SEATING POSITION</b>	<b>AIR BAG</b>	<b>DL CLASS</b>	<b>DL RESTRICTION(S)</b>	<b>DRIVER DISTRACTION</b>	<b>TEST STATUS</b>					
1-FATAL	1-FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1-NOT DEPLOYED	1-CLASS A	1-ALCOHOL INTERLOCK DEVICE	1-NOT DISTRACTED	1-NONE GIVEN					
2-SUSPECTED SERIOUS INJURY	2-FRONT - MIDDLE	2-DEPLOYED FRONT	2-CLASS B	2-CDL INTRASTATE ONLY	2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2-TEST REFUSED					
3-SUSPECTED MINOR INJURY	3-FRONT - RIGHT SIDE	3-DEPLOYED SIDE	3-CLASS C	3-CORRECTIVE LENSES	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE						
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 MOPED ONLY	5-EXCEPT CLASS A BUS	5-TEST GIVEN, RESULTS UNKNOWN						
<b>INJURED TAKEN BY</b>	6-SECOND - RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-NO VALID DL	6-EXCEPT CLASS A & CLASS B BUS							
1-NOT TRANSPORTED / TREATED AT SCENE	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7-EXCEPT TRACTOR-TRAILER							
2-EMS	8-THIRD - MIDDLE	1-NOT EJECTED	H - HAZMAT	8-INTERMEDIATE LICENSE RESTRICTIONS							
3-POLICE	9-THIRD - RIGHT SIDE	2-PARTIALLY EJECTED	M - MOTORCYCLE	9-LEARNER'S PERMIT RESTRICTIONS							
9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB	3-TOTALLY EJECTED	P - PASSENGER	10-LIMITED TO DAYLIGHT ONLY							
<b>SAFETY EQUIPMENT</b>	4-NOT APPLICABLE		N - TANKER	11-LIMITED TO EMPLOYMENT							
1-NONE USED	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	TRAPPED	Q - MOTOR SCOOTER	12-LIMITED - OTHER							
2-SHOULDER BELT ONLY USED	12-PASSENGER IN UNENCLOSED CARGO AREA	1-NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)							
3-LAP BELT ONLY USED	13-TRAILING UNIT	2-EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	14-MILITARY VEHICLES ONLY							
4-SHOULDER & LAP BELT USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	3-FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	15-MOTOR VEHICLES WITHOUT AIR BRAKES							
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	15-NON-MOTORIST		X - TANKER / HAZMAT	16-OUTSIDE MIRROR							
6-CHILD RESTRAINT SYSTEM - REAR FACING	99-OTHER / UNKNOWN			17-PROSTHETIC AID							
7-BOOSTER SEAT				18-OTHER							
8-HELMET USED											
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)											
10-REFLECTIVE CLOTHING											
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY											
99-OTHER / UNKNOWN											
<b>EJECTION</b>	<b>OL ENDORSEMENT</b>	<b>CONDITION</b>	<b>DRUG TEST TYPE</b>								
H - HAZMAT	M - MOTORCYCLE	1-APPARENTLY NORMAL	1-NONE								
M - MOTORCYCLE	P - PASSENGER	2-PHYSICAL IMPAIRMENT	2-BLOOD								
P - PASSENGER	N - TANKER	3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3-URINE								
N - TANKER	Q - MOTOR SCOOTER	4-ILLNESS	4-BREATH								
Q - MOTOR SCOOTER	R - THREE-WHEEL MOTORCYCLE	5-FELL ASLEEP FAINTED, FATIGUED, ETC.	5-BARBITURATES								
R - THREE-WHEEL MOTORCYCLE	S - SCHOOL BUS	6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	3-BENZODIAZEPINES								
S - SCHOOL BUS	T - DOUBLE & TRIPLE TRAILERS	9-OTHER / UNKNOWN	4-CANNABINOID								
T - DOUBLE & TRIPLE TRAILERS	X - TANKER / HAZMAT		5-COCAIN								
X - TANKER / HAZMAT			6-OPIATES / OPIOIDS								
			7-OTHER								
			8-Negative results								
<b>GENDER</b>	<b>DRUG TEST RESULT(S)</b>										
F - FEMALE	1-AMPHETAMINES										
M - MALE	2-BARBITURATES										
U - OTHER / UNKNOWN	3-BENZODIAZEPINES										
	4-CANNABINOID										
	5-COCAIN										
	6-OPIATES / OPIOIDS										
	7-OTHER										
	8-Negative results										