



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"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY				LOCAL INFORMATION REPORTING AGENCY NAME* Fairfield Police Department NCIC* 00901				LOCAL REPORT NUMBER* 2 2 0 3 0 8 0 7							
COUNTY* 09 LOCALITY* 1-CITY 1 2-VILLAGE 1 3-TOWNSHIP 1				LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield				HIT/SKIP 1-SOLVED 0 2 2-UNSOLVED 0 1							
ROUTE TYPE U S ROUTE NUMBER 127				PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST				LOCATION ROAD NAME HUNTER							
ROUTE TYPE U S ROUTE NUMBER 127				PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST				ROAD TYPE R D							
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE #				DIRECTION FROM REFERENCE 1-NORTH 1 2-SOUTH 3-EAST 4-WEST				ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE				ROAD TYPE AL - ALLEY HW - HIGHWAY RD - ROAD AV - AVENUE LA - LANE SQ - SQUARE BL - BOULEVARD MP - MILEPOST ST - STREET CR - CIRCLE OV - OVAL TE - TERRACE CT - COURT PK - PARKWAY TL - TRAIL DR - DRIVE PI - PIKE WA - WAY HE - HEIGHTS PL - PLACE			
REFERENCE POINT 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				DISTANCE FROM REFERENCE 1-MILES 4 4 0 2-FEET 3-YARDS				MANNER OF CRASH COLLISION/IMPACT 1-NOT COLLISION 2-BETWEEN 3-TWO MOTOR VEHICLES IN 4-TRANSPORT 5-REAR-END 6-HEAD-ON 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 9-OTHER / UNKNOWN				INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH 4 <input type="checkbox"/> WITHIN INTERCHANGE AREA			
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE				WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER				LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE 2 - ADVANCE WARNING SIGN 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA				DIRECTION OF TRAVEL 1-NORTH 2-SOUTH 3-EAST 4-WEST			
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN				WEATHER 0 1 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL				CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN				CONDITIONS 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN			
SURFACE 2				2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN											
NARRATIVE <p>On May 1, 2022 at approximately 5:26 PM, Units 1 and 2 were traveling southbound on Pleasant Avenue approaching Hunter Road. Unit 2 was stopped in traffic. Unit 1 then rear-ended Unit 2.</p>												 Indicate the north direction with an "N" on the compass diagram. <p>Pleasant Ave.</p> <p>1</p> <p>2</p> <p>↓ Hunter Rd.</p> <p>Not to Scale</p> <p>100-000-0007</p>			
CRASH REPORTED DATE / TIME 05012022 1726				DISPATCH DATE / TIME 05012022 1731				ARRIVAL DATE / TIME 05012022 1742				SCENE CLEARED DATE / TIME 05012022 1819			
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 3 0		TOTAL MINUTES 138		OFFICER'S NAME* A. ROUSH		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OGPS)							
OFFICER'S BADGE NUMBER* 1 7 0		CHECKED BY OFFICER'S NAME* S. Roush						CHECKED BY OFFICER'S BADGE NUMBER* 87							

OWNER

UNIT # **0 1** OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)
LOVEBERRY, JEANETTA L

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

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

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE O H	LICENSE PLATE # HSS6995	VEHICLE IDENTIFICATION # 1B3C15FB2AN206159	VEHICLE YEAR 2010	VEHICLE MAKE DODGE
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR BLACK	VEHICLE MODEL AVENGER
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME WAYNE'S TOWING	
INTERLOCK EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS 0 2	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	

UNIT TYPE
0 1 2 - PASSENGER CAR
3 - PASSENGER VAN (MINIVAN)
4 - SPORT UTILITY VEHICLE
5 - CARGO VAN
6 - VAN (9-15 SEATS)
4 - PICK UP
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 0 # OF TRAILING UNITS

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

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 - LOGGING
4 - CARGO VAN/ENCLOSED BOX
5 - GRAIN/CHIPS/GRAVEL
6 - POLE
7 - CARGO TANK
8 - FLAT BED
9 - DUMP
10 - CONCRETE MIXER
11 - AUTO TRANSPORTER
12 - GARBAGE/REFUSE
13 - OTHER/UNKNOWN

VEHICLE DEFECTS
0 1 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
0 1 1 - INTERSECTION - MARKED CROSSWALK
2 - INTERSECTION - UNMARKED CROSSWALK
3 - TRAVEL LANE - OTHER LOCATION
4 - BICYCLE LANE
5 - SHOULDER / ROADSIDE
6 - SIDEWALK
7 - MEDIAN/CROSSING ISLAND
8 - TRAVEL LANE - OTHER LOCATION
9 - FIRST RESPONDER AT INCIDENT SCENE
10 - DRIVEWAY ACCESS
11 - SHARED USE PATHS OR TRAILS
12 - CONCRETE MIXER
13 - AUTO TRANSPORTER
14 - GARBAGE/REFUSE
15 - OTHER/UNKNOWN

ACTION
0 3 1 - NON-CONTACT
2 - NON-COLLISION
3 - STRIKING
4 - STRUCK
5 - BOTH STRIKING & STRUCK
6 - 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
22 - OTHER / UNKNOWN

CONTRIBUTING CIRCUMSTANCES
0 8 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

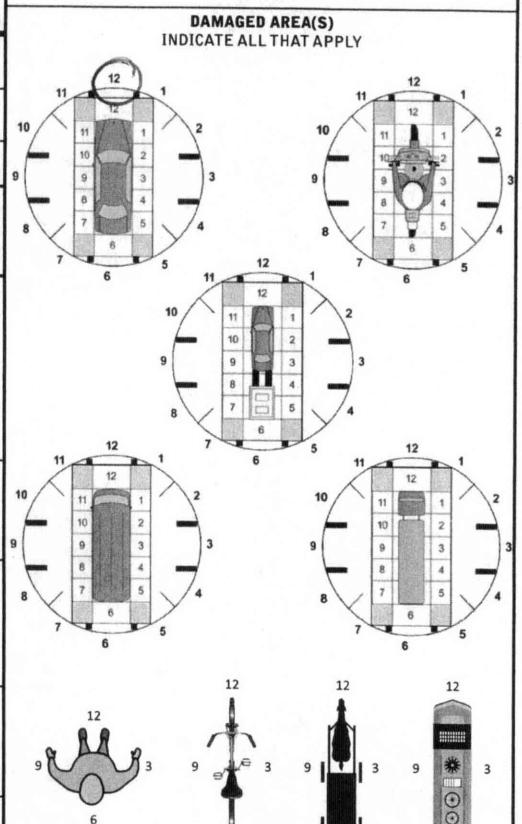
SEQUENCE OF EVENTS
1 2 0 1 - OVERTURN/ROLLOVER
2 - FIRE/EXPLOSION
3 - IMMERSION
4 - JACKKNIFE
5 - CARGO / EQUIPMENT LOSS OR SHIFT
6 - IMPROPER TURN
7 - SEPARATION OF UNITS
8 - RAN OFF ROAD RIGHT
9 - RAN OFF ROAD LEFT
10 - CROSS MEDIAN
11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL
12 - DOWNHILL 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

COLLISION WITH FIXED OBJECT - STRUCK
4 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
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 3 0 8 0 7

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



- NO DAMAGE [0] - UNDERCARRIAGE [14]

- TOP [13] - ALL AREAS [15]

- UNIT NOT AT SCENE [16]

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

TRAFFIC
TRAFFICWAY FLOW
1 - ONE-WAY 2 - TWO-WAY
OF THROUGH LANES ON ROAD
2

RAIL GRADE CROSSING
1 - NOT INVOLVED
2 - INVOLVED-ACTIVE CROSSING
3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION
1 - NORTH 5 - NORTHEAST
2 - SOUTH 6 - NORTHWEST
3 - EAST 7 - SOUTHEAST
4 - WEST 8 - SOUTHWEST
9 - OTHER / UNKNOWN
FROM **1** TO **2**

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

OWNER

UNIT #

OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)
0 2 KALOUS, SHERRY

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

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

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

VEHICLE

LP STATE LICENSE PLATE # EZB6022

VEHICLE IDENTIFICATION # 5TDRKEC3N5085511

VEHICLE YEAR 2022

VEHICLE MAKE TOYOTA

INSURANCE VERIFIED USA

INSURANCE COMPANY USAA INSURANCE POLICY # 034645850G

COLOR BROWN VEHICLE MODEL SIENNA

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

US DOT #

TOWED BY: COMPANY NAME MARCELL'S TOWING

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT

#OCCUPANTS 0 1

VEHICLE WEIGHT GVWR/GCWR
1 - <10K LBS.
2 - 10,001 - 26K LBS.
3 - >26K LBS.

HAZARDOUS MATERIAL
MATERIAL CLASS # PLACARD ID #
RELEASED
PLACARD

UNIT TYPE
0 2
4 - PICK UP
5 - CARGO VAN
6 - VAN (9-15 SEATS)

10 - MOPED OR MOTORIZED
BICYCLE
11 - ALL-TERRAIN VEHICLE
(ATV/UTV)

12 - GOLF CART
13 - SNOWMOBILE
14 - SINGLE UNITTRUCK
15 - SEMI-TRACTOR
16 - FARM EQUIPMENT
17 - MOTORHOME
18 - LIMO (LIVERY VEHICLE)
19 - BUS (6+ 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 0 # OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?

0 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL

0 - NO AUTOMATION
1 - DRIVER ASSISTANCE
2 - PARTIAL AUTOMATION
3 - CONDITIONAL AUTOMATION
4 - HIGH AUTOMATION
5 - FULL AUTOMATION

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

0 1 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS

3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING

5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL
8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP
12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

0 1 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

0 1 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK

3 - CHANGING LANES 4 - MIDBLOCK - MARKED 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

0 4 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 1 1 4 - STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 5 - BOTH STRIKING & STRUCK 6 - MAKING LEFT TURN 9 - OTHER / UNKNOWN

1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - MIDBLOCK - MARKED 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

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

1 2 0 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT

6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN

11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE
16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE
22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVEABLE OBJECT

4 1 1 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT BARRIER

31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL

35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER
37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES 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

5 1 1 - FIRST HARMFUL EVENT

1 - MOST HARMFUL EVENT

LOCAL REPORT NUMBER

2 2 0 3 0 8 0 7

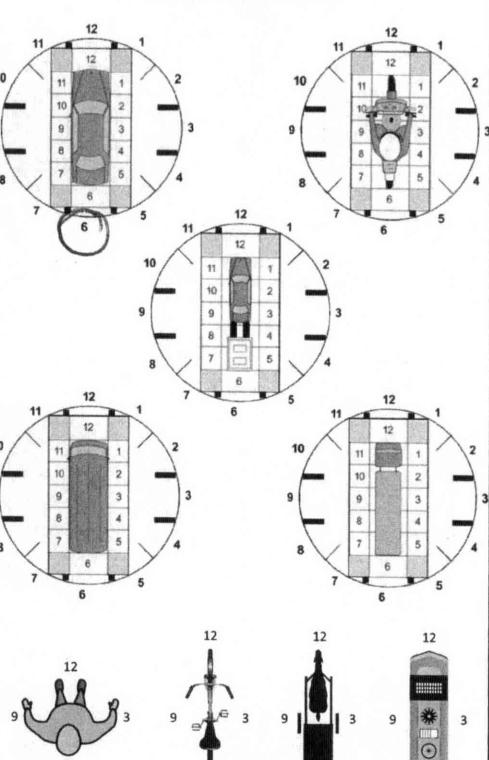
DAMAGE

DAMAGE SCALE

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

DAMAGED AREA(S)

INDICATE ALL THAT APPLY



- NO DAMAGE [0] - UNDERCARRIAGE [14]

- TOP [13] - ALL AREAS [15]

- UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT

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

TRAFFIC

TRAFFICWAY FLOW

1 - ONE-WAY
2 - TWO-WAY

TRAFFIC CONTROL

1 - ROUNDABOUT 4 - STOP SIGN
2 - SIGNAL 5 - YIELD SIGN
3 - FLASHER 6 - NO CONTROL

OF THROUGH LANES ON ROAD

2

RAIL GRADE CROSSING

1 - NOT INVOLVED
2 - INVOLVED-ACTIVE CROSSING
3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

1 - NORTH 5 - NORTHEAST
2 - SOUTH 6 - NORTHWEST
3 - EAST 7 - SOUTHEAST
4 - WEST 8 - SOUTHWEST
9 - OTHER / UNKNOWN

UNIT SPEED

0

DETECTED SPEED

1 - STATED / ESTIMATED SPEED
2 - CALCULATED / EDR
3 - UNDETERMINED

POSTED SPEED

3

MOTORIST / Non-MOTORIST

										LOCAL REPORT NUMBER										
										2 2 0 3 0 8 0 7			DATE OF BIRTH		AGE		GENDER			
UNIT # NAME: LAST, FIRST, MIDDLE 0 1 CHARLES, LASHAYE ALICE										0 7 1 7 2 0 0 5		1 6		F						
ADDRESS: STREET, CITY, STATE, ZIP 394 CREEKSIDE DR APT 304, FAIRFIELD, OH 45014										CONTACT PHONE - INCLUDE AREA CODE										
MOTORIST / NON-MOTORIST	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	2	EJECTION	1	TRAPPED				
	OL STATE O H	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	<input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER								
	OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	1	ALCOHOL / DRUG SUSPECTED		<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	1	ALCOHOL TEST	STATUS	TYPE	VALUE	DRUG TEST(S)	STATUS	TYPE	RESULT SELECT UP TO 4	
UNIT # NAME: LAST, FIRST, MIDDLE 0 2 KALOUS, CHARLES DUANE										0 3 0 7 1 9 4 9		7 3		M						
ADDRESS: STREET, CITY, STATE, ZIP 12130 REGENCY RUN CT APT 1, CINCINNATI, OH 45240										CONTACT PHONE - INCLUDE AREA CODE										
MOTORIST / NON-MOTORIST	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		LOCAL CODE	<input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER								
	OL CLASS 1	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	TYPE	VALUE	DRUG TEST(S)	STATUS	TYPE	RESULT SELECT UP TO 4	
UNIT # NAME: LAST, FIRST, MIDDLE 										0		0		M						
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE										
MOTORIST / NON-MOTORIST	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				
	OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	<input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER								
	OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	1	ALCOHOL / DRUG SUSPECTED		<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	1	ALCOHOL TEST	STATUS	TYPE	VALUE	DRUG TEST(S)	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		4-FARM WAIVER		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)	5-EXCEPT CLASS A BUS		5-EXCEPT CLASS A & CLASS B BUS		4- TEST GIVEN, RESULTS KNOWN											
5-NO APPARENT INJURY	5-SECOND - MIDDLE		5-NOT APPLICABLE	5-M/C MOPED ONLY	6-EXCEPT CLASS A & CLASS B BUS		7-EXCEPT TRACTOR-TRAILER		5- TEST GIVEN, RESULTS UNKNOWN											
INJURED TAKEN BY	6-SECOND - RIGHT SIDE		9-DEPLOYMENT UNKNOWN	6-NO VALID OL	8-INTERMEDIATE LICENSE RESTRICTIONS		8-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		1- NONE											
1-NOT TRANSPORTED /TREATED AT SCENE	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		7-NOT EJECTED	H - HAZMAT	9-LEARNER'S PERMIT RESTRICTIONS		6-PASSENGER		2- BLOOD											
2-EMS	8-THIRD - MIDDLE		2-PARTIALLY EJECTED	M - MOTORCYCLE	10-LIMITED TO DAYLIGHT ONLY		7-OTHER DISTRACTION INSIDE THE VEHICLE		3- URINE											
3-POLICE	9-THIRD - RIGHT SIDE		3-TOTALLY EJECTED	P - PASSENGER	11-LIMITED TO EMPLOYMENT		8-OTHER DISTRACTION OUTSIDE THE VEHICLE		4- BREATH											
9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB		4-NOT APPLICABLE	N - TANKER	12-LIMITED - OTHER		9-OTHER / UNKNOWN		5- OTHER											
SAFETY EQUIPMENT			TRAPPED	Q - MOTOR SCOOTER	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)				ALCOHOL TEST TYPE											
1-NONE USED	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		1-NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE	14-MILITARY VEHICLES ONLY		1-APPARENTLY NORMAL		1- NONE											
2-SHOULDER BELT ONLY USED	12-PASSENGER IN UNENCLOSED CARGO AREA		2-EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	15-MOTOR VEHICLES WITHOUT AIR BRAKES		2-PHYSICAL IMPAIRMENT		2- BLOOD											
3-LAP BELT ONLY USED	13-TRAILING UNIT		3-FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	16-OUTSIDE MIRROR		3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)		3- URINE											
4-SHOULDER & LAP BELT USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			X - TANKER / HAZMAT	17-PROSTHETIC AID		4-ILLNESS		4- OTHER											
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	15-NON-MOTORIST				18-OTHER		5-FELL ASLEEP, FAINTED, FATIGUED, ETC.		5- AMPHETAMINES											
6-CHILD RESTRAINT SYSTEM - REAR FACING	99-OTHER / UNKNOWN						6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		2- BARBITURATES											
7-BOOSTER SEAT							7- OTHER		3- BENZODIAZEPINES											
8-HELMET USED							8- OTHER / UNKNOWN		4- CANNABINOIDS											
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)									5- COCAINE											
10-REFLECTIVE CLOTHING									6- OPIATES / OPIOIDS											
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY									7- OTHER											
99-OTHER / UNKNOWN									8- NEGATIVE RESULTS											

OCCUPANT / WITNESS ADDENDUM

OCCUPANT							LOCAL REPORT NUMBER			
	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER		
	1	LOVEBERRY, TERRON NASIR			1 1 1 2 2 0 0 3		18	M		
	ADDRESS: STREET, CITY, STATE, ZIP 394 CREEKSIDE DR APT 304, FAIRFIELD, OH 45014						CONTACT PHONE - INCLUDE AREA CODE			
	INJURIES 5	INJURED TAKEN BY []	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 1	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 3	AIR BAG USAGE 0 2	EJECTION 1	TRAPPED 1
	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			
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							CONTACT PHONE - INCLUDE AREA CODE			
	INJURIES		SAFETY EQUIPMENT USED		SEATING POSITION		AIR BAG USAGE			
	1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY		1 - NONE USED - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN		1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN			
							EJECTION			
	1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN						1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE			
							TRAPPED			
	F - FEMALE M - MALE U - OTHER / UNKNOWN						1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS			
	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH		AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE			
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