



## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL REPORT NUMBER*			
<input type="checkbox"/> PHOTOS TAKEN <input checked="" 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			2 2 0 3 2 0 2 7		
		REPORTING AGENCY NAME* NCIC* Fairfield Police Department 0 0 9 0 1			HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 0 1	
COUNTY* 0 9	LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield			CRASH DATE / TIME* 0 5 0 6 2 0 2 2 0 9 0 2		
ROUTE TYPE [ ]	ROUTE NUMBER [ ]	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME River	ROAD TYPE R D	LATITUDE DECIMAL DEGREES 3 9 3 1 9 4 6 7		
REFERENCE POINT 1 2 - MILE POST 3 - HOUSE # [ ]	ROUTE TYPE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) River Valley	ROAD TYPE C T	LONGITUDE DECIMAL DEGREES - 8 4 6 0 1 9 5 1			
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # [ ]	DIRECTION FROM REFERENCE 1 - NORTH 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 AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA <span style="float: right;">NUMBER OF APPROACHES</span> <span style="background-color: black; color: white; padding: 2px;">ROADWAY</span> <input type="checkbox"/> ROADWAY DIVIDED			
DISTANCE FROM REFERENCE 1 0 0	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS			DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	MEDIAN TYPE 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		
LOCATION OF FIRST HARMFUL EVENT 0 2 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	MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION 2 - TWO MOTOR VEHICLES IN TRANSPORT 3 - REAR-END 4 - HEAD-ON	1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	CONDITIONS 2 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 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN
WORK ZONE RELATED  WORKERS PRESENT  LAW ENFORCEMENT PRESENT  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				
LIGHT CONDITION 1 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		WEATHER 0 2 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 On 05/06/2022 at approximately 9:02 A.M. unit #1 was westbound on River Rd. The driver of unit #1 failed to maintain control of the vehicle and drove off of the right side of the road causing damage to the grass.  The grass is owned by the City of Fairfield at 5350 Pleasant Ave. Fairfield, Ohio 45014.							
 Indicate the north direction with an "N" on the compass diagram.							
See OH-2							
CRASH REPORTED DATE / TIME 0 5 0 6 2 0 2 2 0 9 0 2		DISPATCH DATE / TIME 0 5 0 6 2 0 2 2 0 9 0 3		ARRIVAL DATE / TIME 0 5 0 6 2 0 2 2 0 9 1 0		SCENE CLEARED DATE / TIME 0 5 0 6 2 0 2 2 0 9 4 2	
TOTAL TIME ROADWAY CLOSED		TOTAL MINUTES 3 9		OFFICER'S NAME* Doug Day		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 OOPS)	
OTHER INVESTIGATION TIME				OFFICER'S BADGE NUMBER* 7 6		CHECKED BY OFFICER'S NAME* P.O.C. moore	
						CHECKED BY OFFICER'S BADGE NUMBER* 1 3 6	



UNIT

OWNER

UNIT #  OWNER NAME: LAST, FIRST, MIDDLE ( SAME AS DRIVER)  
 0\_1 Groqan, Sarah

OWNER PHONE: INCLUDE AREA CODE ( SAME AS DRIVER)

OWNER ADDRESS: STREET, CITY, STATE, ZIP ( SAME AS DRIVER)  
 5235 Concord Mill Place Fairfield, Ohio 45014

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE  LICENSE PLATE # **K M H C N 4 6 C 5 8 U 1 8 6 5 1 4** VEHICLE IDENTIFICATION # **2 0 0 8** VEHICLE YEAR **Hyundai** VEHICLE MAKE

INSURANCE VERIFIED **National General** INSURANCE COMPANY INSURANCE POLICY # **2014475374** COLOR **blue** VEHICLE MODEL **Accent**

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS **0\_3** VEHICLE WEIGHT GVWR/GCWR  
 1 - <10K LBS.  
 2 - 10,001 - 26K LBS.  
 3 - >26K LBS.

**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)  
 1 - MOTORCYCLE 2-WHEELED  
 8 - MOTORCYCLE 3-WHEELED  
 9 - AUTOCYCLE  
 10 - MOPED OR MOTORIZED BICYCLE  
 11 - ALL-TERRAIN VEHICLE (ATV / UTV)  
 12 - GOLF CART  
 13 - SNOWMOBILE  
 14 - SINGLE UNIT TRUCK  
 15 - SEMI-TRACTOR  
 16 - FARM EQUIPMENT  
 17 - MOTORHOME  
 18 - LIMO (LIVERY VEHICLE)  
 19 - BUS (16+ PASSENGERS)  
 20 - OTHER VEHICLE  
 21 - HEAVY EQUIPMENT  
 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE  
 23 - PEDESTRIAN / SKATER  
 24 - WHEELCHAIR (ANY TYPE)  
 25 - OTHER NON-MOTORIST  
 26 - BICYCLE  
 27 - TRAIN  
 99 - UNKNOWN OR HIT/SKIP

**# OF TRAILING UNITS**  
 WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?  
 2\_1 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 - INTERMODAL CONTAINER CHASSIS  
 11 - CARGO VAN/ENCLOSED BOX  
 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 - TRAVEL LANE - OTHER LOCATION  
 4 - BICYCLE LANE  
 5 - SHOULDER / ROADSIDE  
 6 - SIDEWALK  
 7 - MEDIAN/CROSSING ISLAND  
 8 - DRIVEWAY ACCESS  
 9 - SHARED USE PATHS OR TRAILS  
 10 - FIRST RESPONDER AT INCIDENT SCENE  
 11 - OTHER / UNKNOWN

**ACTION**  
 2\_1 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 - LEAVING TRAFFIC LANE  
 8 - PARKED  
 9 - SLOWING OR STOPPED IN TRAFFIC  
 10 - MAKING U-TURN  
 11 - WALKING, RUNNING, JOGGING, PLAYING  
 12 - WORKING  
 13 - NEGOTIATING A CURVE  
 14 - ENTERING OR CROSSING SPECIFIED LOCATION  
 15 - DRIVING, DRIVING, DRIVING  
 16 - PUSHING VEHICLE  
 17 - APPROACHING OR LEAVING VEHICLE  
 18 - STANDING  
 19 - DRIVING, DRIVING, DRIVING  
 20 - STANDING OUTSIDE DISABLED VEHICLE  
 21 - DRIVING, DRIVING, DRIVING  
 22 - DRIVING, DRIVING, DRIVING  
 23 - DRIVING, DRIVING, DRIVING  
 24 - DRIVING, DRIVING, DRIVING

**CONTRIBUTING CIRCUMSTANCES**  
 1\_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 / ACCA  
 9 - IMPROPER LANE CHANGE  
 10 - IMPROPER PASSING  
 11 - DROVE OFF ROAD  
 12 - IMPROPER BACKING  
 13 - IMPROPER START FROM A PARKED POSITION  
 14 - STOPPED OR PARKED ILLEGALLY  
 15 - SWERVING TO AVOID  
 16 - WRONG WAY  
 17 - VISION OBSTRUCTION  
 18 - OPERATING DEFECTIVE EQUIPMENT  
 19 - LOAD SHIFTING/FALLING/SPILLING  
 20 - IMPROPER CROSSING  
 21 - LYING IN ROADWAY  
 22 - NOT DISCERNIBLE  
 23 - OPENING DOOR INTO ROADWAY  
 24 - OTHER IMPROPER ACTION

**SEQUENCE OF EVENTS**  
 1\_0\_8 1 - OVERTURN/ROLLOVER  
 2 - FIRE/EXPLOSION  
 3 - IMMERSION  
 2\_1 4 - JACKKNIFE  
 5 - CARGO / EQUIPMENT LOSS OR SHIFT  
 3\_1 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 EQUIPMENT  
 18 - ANIMAL - DEER  
 19 - ANIMAL - OTHER  
 20 - MOTOR VEHICLE IN TRANSPORT  
 21 - PARKED MOTOR VEHICLE  
 22 - WORK ZONE MAINTENANCE EQUIPMENT  
 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
 24 - OTHER MOVABLE OBJECT

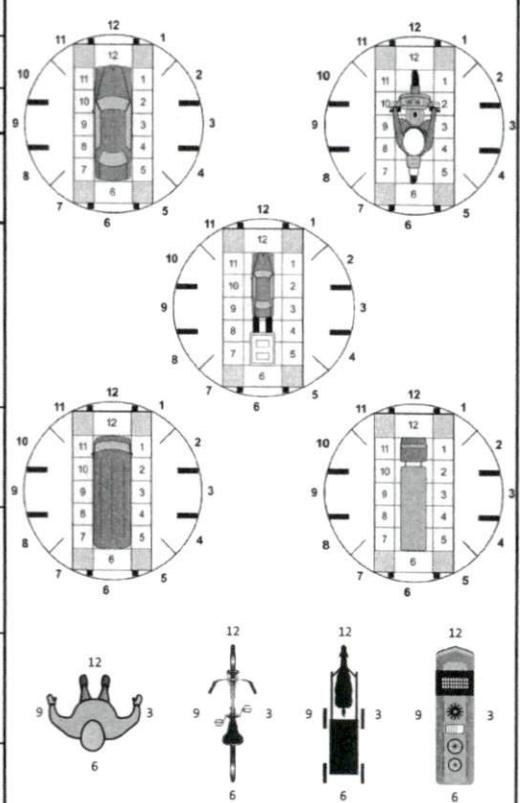
**COLLISION WITH FIXED OBJECT - STRUCK**  
 4\_1 25 - IMPACT ATTENUATOR / CRASH CUSHION  
 26 - BRIDGE OVERHEAD STRUCTURE  
 5\_1 27 - BRIDGE PIER OR ABUTMENT  
 28 - BRIDGE PARAPET  
 29 - BRIDGE RAIL  
 30 - GUARDRAIL FACE  
 31 - GUARDRAIL END  
 32 - PORTABLE BARRIER  
 33 - MEDIAN CABLE BARRIER  
 34 - MEDIAN GUARDRAIL  
 35 - MEDIAN CONCRETE  
 36 - MEDIAN OTHER BARRIER  
 37 - TRAFFIC SIGN POST  
 38 - OVERHEAD SIGN POST  
 39 - LIGHT / LUMINARIES  
 40 - UTILITY POLE  
 41 - OTHER POST, POLE OR SUPPORT  
 42 - CULVERT  
 43 - CURB  
 44 - DITCH  
 45 - EMBANKMENT  
 46 - FENCE  
 47 - MAILBOX  
 48 - TREE  
 49 - FIRE HYDRANT  
 50 - WORK ZONE MAINTENANCE EQUIPMENT  
 51 - WALL  
 52 - BUILDING  
 53 - TUNNEL  
 54 - OTHER FIXED OBJECT

**FIRST HARMFUL EVENT** **1** **MOST HARMFUL EVENT** **1**

LOCAL REPORT NUMBER  
 2 2 0 3 2 0 2 7

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

**DAMAGED AREA(S)**  
 INDICATE ALL THAT APPLY



- NO DAMAGE **0**  - UNDERCARRIAGE **[14]**

- TOP **[13]**  - ALL AREAS **[15]**

- UNIT NOT AT SCENE **[16]**

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

**TRAFFIC**  
**TRAFFICWAY 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**  
 2  
**RAIL GRADE CROSSING**  
 1 - NOT INVOLVED  
 2 - INVOLVED-ACTIVE CROSSING  
 3 - INVOLVED-PASSIVE CROSSING

**UNIT / NON-MOTORIST DIRECTION**  
 1 - NORTH  
 2 - SOUTH  
 3 - EAST  
 4 - WEST  
 5 - NORTHEAST  
 6 - NORTHWEST  
 7 - SOUTHEAST  
 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 3 2 0 2 7									
					DATE OF BIRTH		AGE	GENDER	
					0 1 2 6 2 0 0 5		1 7	M	

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE										
	0 1	Grogan, Alexander										
ADDRESS: STREET, CITY, STATE, ZIP	5235 Concord Mill Place Fairfield, Ohio 45014					CONTACT PHONE - INCLUDE AREA CODE						
INJURIES	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	AIR BAG USAGE	EJECTION	TRAPPED
DL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST	DRUG TEST(S)		
4						1	1	1	1	1	RESULT SELECT UP TO 4	
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
DL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST	DRUG TEST(S)		
4						1	1	1	1	1	RESULT SELECT UP TO 4	
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
DL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST	DRUG TEST(S)		
4						1	1	1	1	1	RESULT SELECT UP TO 4	
<b>INJURIES</b>	<b>SEATING POSITION</b>		<b>AIR BAG</b>		<b>OL CLASS</b>	<b>OL 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		3-TEST GIVEN, RESULTS KNOWN		
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 UNKNOWN		4-TEST GIVEN, RESULTS UNKNOWN		
5-NO APPARENT INJURY	5-SECOND - MIDDLE		5-NOT APPLICABLE		5-M/C MOPED ONLY	5-EXCEPT CLASS A BUS		5-EXCEPT CLASS A & CLASS B BUS		5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		
<b>INJURED TAKEN BY</b>	6-SECOND - RIGHT SIDE		6-DEPLOYMENT UNKNOWN		6-NO VALID OL	6-EXCEPT TRACTOR-TRAILER		6-INTERMEDIATE LICENSE RESTRICTIONS		6-PASSINGER		
1-NOT TRANSPORTED / TREATED AT SCENE	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		7-NOT APPLICABLE		7-EXCEPTTRACTOR-TRAILER	7-EXCEPTTRACTOR-TRAILER		7-OTHER DISTRACTION INSIDE THE VEHICLE		7-OTHER DISTRACTION OUTSIDE THE VEHICLE		
2-EMS	8-THIRD - MIDDLE		8-NOT APPLICABLE		8-INTERMEDIATE LICENSE RESTRICTIONS	8-INTERMEDIATE LICENSE RESTRICTIONS		8-OTHER DISTRACTION OUTSIDE THE VEHICLE		8-OTHER DISTRACTION OUTSIDE THE VEHICLE		
3-POLICE	9-THIRD - RIGHT SIDE		9-NOT APPLICABLE		9-LEARNER'S PERMIT RESTRICTIONS	9-LEARNER'S PERMIT RESTRICTIONS		9-OTHER / UNKNOWN		9-OTHER / UNKNOWN		
9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB		10-NOT APPLICABLE		10-LIMITED TO DAYLIGHT ONLY	10-LIMITED TO DAYLIGHT ONLY		10-LIMITED TO DAYLIGHT ONLY		10-LIMITED TO DAYLIGHT ONLY		
<b>SAFETY EQUIPMENT</b>	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		11-NOT APPLICABLE		11-LIMITED TO EMPLOYMENT	11-LIMITED TO EMPLOYMENT		11-LIMITED TO EMPLOYMENT		11-LIMITED TO EMPLOYMENT		
1-NONE USED	12-PASSENGER IN UNENCLOSED CARGO AREA		12-NOT APPLICABLE		12-LIMITED - OTHER	12-LIMITED - OTHER		12-LIMITED - OTHER		12-LIMITED - OTHER		
2-SHOULDER BELT ONLY USED	13-TRAILING UNIT		13-NOT APPLICABLE		13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		
3-LAP BELT ONLY USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		14-NOT APPLICABLE		14-MILITARY VEHICLES ONLY	14-MILITARY VEHICLES ONLY		14-MILITARY VEHICLES ONLY		14-MILITARY VEHICLES ONLY		
4-SHOULDER & LAP BELT USED	15-NON-MOTORIST		15-NOT APPLICABLE		15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-MOTOR VEHICLES WITHOUT AIR BRAKES		15-MOTOR VEHICLES WITHOUT AIR BRAKES		15-MOTOR VEHICLES WITHOUT AIR BRAKES		
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	99-OTHER / UNKNOWN		99-NOT APPLICABLE		16-OUTSIDE MIRROR	16-OUTSIDE MIRROR		16-OUTSIDE MIRROR		16-OUTSIDE MIRROR		
6-CHILD RESTRAINT SYSTEM - REAR FACING					17-PROSTHETIC AID	17-PROSTHETIC AID		17-PROSTHETIC AID		17-PROSTHETIC AID		
7-BOOSTER SEAT					18-OTHER	18-OTHER		18-OTHER		18-OTHER		
8-HELMET USED					<b>EJECTION</b>	<b>OL ENDORSEMENT</b>		<b>CONDITION</b>		<b>TEST STATUS</b>		
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)					1-NOT EJECTED	H - HAZMAT		1-APPARENTLY NORMAL		1-NONE		
10-REFLECTIVE CLOTHING					2-PARTIALLY EJECTED	M - MOTORCYCLE		2-PHYSICAL IMPAIRMENT		2-BLOOD		
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY					3-TOTALLY EJECTED	P - PASSENGER		3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		3-URINE		
12-PROTECTIVE HELMET USED					4-NOT APPLICABLE	N - TANKER		4-ILLNESS		4-BREATH		
13-PROTECTIVE GLOVES USED					<b>TRAPPED</b>	Q - MOTOR SCOOTER		5-FELL ASLEEP, FAINTED, FATIGUED, ETC.		5-OTHER		
14-PROTECTIVE SHIRT USED					1-NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE		6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		6-AMPHETAMINES		
15-PROTECTIVE PANTS USED					2-EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS		7-OTHER / UNKNOWN		2-BARBITURATES		
16-PROTECTIVE HELMET USED					3-FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS		8-OTHER / UNKNOWN		3-BENZODIAZEPINES		
17-PROTECTIVE GLOVES USED					<b>GENDER</b>	X - TANKER / HAZMAT		9-OTHER / UNKNOWN		4-CANNABINOID		
18-PROTECTIVE SHIRT USED					F - FEMALE			10-OTHER / UNKNOWN		5-COCAIN		
19-PROTECTIVE PANTS USED					M - MALE			11-OUTSIDE MIRROR		6-OPIATES / OPIOIDS		
20-PROTECTIVE HELMET USED					U - OTHER / UNKNOWN			12-PROSTHETIC AID		7-OTHER		
21-PROTECTIVE GLOVES USED								13-OTHER		8-NEGATIVE RESULTS		
22-PROTECTIVE SHIRT USED												
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# OCCUPANT / WITNESS ADDENDUM

		LOCAL REPORT NUMBER 2 2 0 3 2 0 2 7								
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 1 Abla, Jacob				DATE OF BIRTH 1 0 2 9 2 0 0 4	AGE 17	GENDER M		
	ADDRESS: STREET, CITY, STATE, ZIP 4016 Cypress Lane Ross, Ohio 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 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 3	AIR BAG USAGE 0 1	EJECTION 1	TRAPPED 1
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 1 Browning, Trevor				DATE OF BIRTH 0 4 1 8 2 0 0 5	AGE 17	GENDER M		
	ADDRESS: STREET, CITY, STATE, ZIP 4716 Pleasant Ave. Fairfield, Ohio 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 3	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 6	AIR BAG USAGE 0 1	EJECTION 1	TRAPPED 1
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE 0	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
INJURIES 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 4	AIR BAG USAGE 0 1	EJECTION 1	TRAPPED 1
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE 0	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
INJURIES 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 4	AIR BAG USAGE 0 1	EJECTION 1	TRAPPED 1
<b>INJURIES</b> 1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY		<b>SAFETY EQUIPMENT USED</b> 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 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN		<b>SEATING POSITION</b> 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		<b>AIR BAG USAGE</b> 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN				
<b>INJURED TAKEN BY</b> 1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN						<b>EJECTION</b> 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE				
<b>GENDER</b> F - FEMALE M - MALE U - OTHER / UNKNOWN						<b>TRAPPED</b> 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS				
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE 0	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE 0	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE 0	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				

OHIO TRAFFIC ACCIDENT - DIAGRAM / NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

