



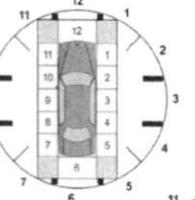
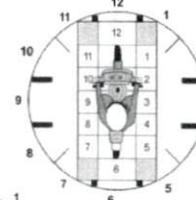
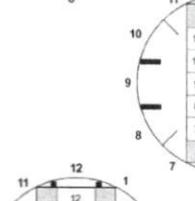
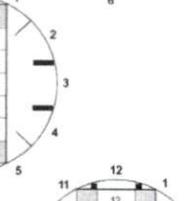
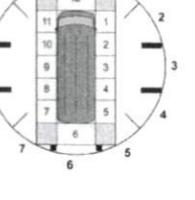
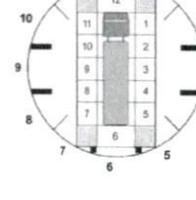
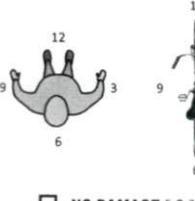
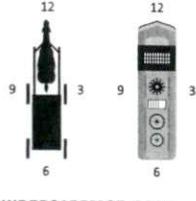
TRAFFIC CRASH REPORT

*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 | | | LOCAL REPORT NUMBER* | | |
| | | | REPORTING AGENCY NAME* Fairfield Police Department | | | NCIC* | 2 2 0 3 3 0 6 1 | |
| | | | | | | HIT/SKIP 1 - SOLVED 2 - UNSOLVED | NUMBER OF UNITS 0 1 | UNIT IN ERROR 98 - ANIMAL 0 1 99 - UNKNOWN |
| LOCATION COUNTY* 0 9 | LOCALITY* 1 - CITY 1 2 - VILLAGE 3 - TOWNSHIP | LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield | | | CRASH DATE / TIME* 05102022 2046 | | CRASH SEVERITY 5 | |
| ROUTE TYPE ROUTE NUMBER [] | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST [] | LOCATION ROAD NAME Groh | | | ROAD TYPE L N | LATITUDE DECIMAL DEGREES 39° 34' 00.77" | | |
| ROUTE TYPE ROUTE NUMBER [] | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST [] | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 5133 | | | ROAD TYPE [] | LONGITUDE DECIMAL DEGREES -84° 58' 52.43" | | |
| 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 | | | | |
| DISTANCE FROM REFERENCE [] | DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS [] | | | | NUMBER OF APPROACHES ROADWAY <input type="checkbox"/> ROADWAY DIVIDED | | | |
| LOCATION OF FIRST HARMFUL EVENT 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 [] | | | MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION 2 - MOTOR VEHICLES IN TRANSPORT 3 - REAR-END 4 - HEAD-ON [] | | | 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 | |
| <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 AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA [] | CONTOUR 1 [] | CONDITIONS 1 - DRY 2 - WET 3 - SNOW 4 - ICE 9 - OTHER/UNKNOWN | SURFACE 2 [] | | |
| 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 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN [] | | | | | | |
| NARRATIVE On 05/10/2022 at approximately 8:46 p.m. Unit 1 was traveling westbound in the parking lot of 5133 Groh Lane. Unit 1 drove through a fence. | | | | | | | | |
| Indicate the north direction with an "N" on the compass diagram. | | | | | | | | |
| SEE OH-2 | | | | | | | | |
| CRASH REPORTED DATE / TIME 05102022 2046 | | | DISPATCH DATE / TIME 05102022 2059 | ARRIVAL DATE / TIME 05102022 2105 | SCENE CLEARED DATE / TIME 05102022 2126 | 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) | | |
| TOTAL TIME ROADWAY CLOSED 0 0 | OTHER INVESTIGATION TIME 2 0 | TOTAL MINUTES 4 7 | OFFICER'S NAME* P.O. Wells | CHECKED BY OFFICER'S NAME* | | | | |
| | | | OFFICER'S BADGE NUMBER* 1 4 8 | CHECKED BY OFFICER'S BADGE NUMBER* | | | | |

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 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 | JSC8371 | 3N1AB61E08L683363 | 2008 Nissan | | |
| <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY | INSURANCE POLICY # | COLOR | | |
| | Safe Auto | OH01749443A-0 | White | | |
| TYPE OF USE | | US DOT # | TOWED BY: COMPANY NAME | | |
| <input type="checkbox"/> COMMERCIAL | <input type="checkbox"/> GOVERNMENT | <input type="checkbox"/> IN EMERGENCY RESPONSE | | | |
| <input type="checkbox"/> INTERLOCK EQUIPPED | <input type="checkbox"/> HIT/SKIP UNIT | # OCCUPANTS | VEHICLE WEIGHT GVWR/GCWR | | |
| | | 0 4 | 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 BICYCLE 11 - ALL-TERRAIN VEHICLE (ATV / UTV) | 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE-UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME | MATERIAL RELEASED PLACARD | | |
| 1 - PEDESTRIAN 2 - WHEELCHAIR (ANY TYPE) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP | 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? | | 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION | 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION | | |
| SPECIAL FUNCTION | | 0 | AUTONOMOUS MODE LEVEL | | |
| 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 | 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 - 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 | 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 4 6 | 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 | 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT |
| 2 | 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN | 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 | 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN |
| 3 | 1 - 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 |
| 4 | 1 - FIRST HARMFUL EVENT | 1 - MOST HARMFUL EVENT | | | |

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



MOTORIST / Non-MOTORIST

| MOTORIST / NON-MOTORIST | | | | | | DATE OF BIRTH | | AGE | | GENDER | | | | |
|--|--|--|--|--|--|--|--|--|--------------------------------------|--------------------|-----------------|--------------|---------------------------------------|--|
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | 0 1 1 6 2 0 0 4 | 1 8 | | F | | | | | |
| 0 1 | Earnhardt, Camryn | | | | | ADDRESS: STREET, CITY, STATE, ZIP 6383 Stonewall Ln. Fairfield, OH 45014 | | | | | | | | |
| 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 1 | | |
| OL STATE O H | | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | | LOCAL CODE | 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 1 | TYPE 1 | VALUE • | STATUS 1 | TYPE 1 | DRUG TEST(S) RESULT SELECT UP TO 4 | |
| UNIT # | | NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | | | | AGE 0 | | GENDER | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | |
| INJURIES | | INJURED TAKEN BY | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | |
| OL 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 <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | CONDITION | ALCOHOL TEST STATUS 1 | TYPE 1 | VALUE • | STATUS 1 | TYPE 1 | DRUG TEST(S) RESULT SELECT UP TO 4 | |
| UNIT # | | NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | | | | AGE 0 | | GENDER | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | |
| INJURIES | | INJURED TAKEN BY | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | |
| OL 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 <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | CONDITION | ALCOHOL TEST STATUS 1 | TYPE 1 | VALUE • | STATUS 1 | TYPE 1 | DRUG TEST(S) 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 | OL CLASS | | 1-CLASS A | 1-ALCOHOL INTERLOCK DEVICE | 1-NOT DISTRACTED | | 1-NONE GIVEN | | | | | |
| 2-SUSPECTED SERIOUS INJURY | 2-FRONT - MIDDLE | 2-DEPLOYED FRONT | OL CLASS | | 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 | OL CLASS | | 3-CLASS C | 3-CORRECTIVE LENSES | 3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE | | 3-TEST GIVEN, RESULTS UNKNOWN | | | | | |
| 4-POSSIBLE INJURY | 4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 4-DEPLOYED BOTH FRONT / SIDE | OL CLASS | | 4-REGULAR CLASS (OHIO=D) | 4-FARM WAIVER | 4-TALKING ON HAND-HELD COMMUNICATION DEVICE | | 4-TEST GIVEN, RESULTS UNKNOWN | | | | | |
| 5-NO APPARENT INJURY | 5-SECOND - MIDDLE | 5-NOT APPLICABLE | OL CLASS | | 5-M/C MOPED ONLY | 5-EXCEPT CLASS A BUS | 5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE | | 5-TEST GIVEN, RESULTS UNKNOWN | | | | | |
| 6-SECOND - RIGHT SIDE | 6-SECOND - MIDDLE | 6-DEPLOYMENT UNKNOWN | OL CLASS | | 6-NOT VALID OL | 6-EXCEPT CLASS A & CLASS B BUS | 6-PASSENGER | | 6-BLOOD | | | | | |
| 7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | 7-THIRD - MIDDLE | 7-THIRD - RIGHT SIDE | OL CLASS | | 7-EXCEPT TRACTOR-TRAILER | 7-OTHER DISTRACTION INSIDE THE VEHICLE | 7-URINE | | 7-URINE | | | | | |
| 8-THIRD - MIDDLE | 8-THIRD - MIDDLE | 8-THIRD - MIDDLE | OL CLASS | | 8-INTERMEDIATE LICENSE RESTRICTIONS | 8-OTHER DISTRACTION OUTSIDE THE VEHICLE | 8-BREATH | | 8-OTHER | | | | | |
| 9-OTHER / UNKNOWN | 9-THIRD - RIGHT SIDE | 9-THIRD - RIGHT SIDE | OL CLASS | | 9-LEARNER'S PERMIT RESTRICTIONS | 9-OTHER / UNKNOWN | 9-OTHER / UNKNOWN | | 9-OTHER / UNKNOWN | | | | | |
| 10-SLEEPER SECTION OF TRUCK CAB | 10-SLEEPER SECTION OF TRUCK CAB | 10-SLEEPER SECTION OF TRUCK CAB | OL CLASS | | 10-LIMITED TO DAYLIGHT ONLY | 10-MILITARY VEHICLES ONLY | 10-MILITARY VEHICLES ONLY | | 10-MILITARY VEHICLES ONLY | | | | | |
| 11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | OL CLASS | | 11-LIMITED TO EMPLOYMENT | 11-MOTOR VEHICLES WITHOUT AIR BRAKES | 11-MOTOR VEHICLES WITHOUT AIR BRAKES | | 11-MOTOR VEHICLES WITHOUT AIR BRAKES | | | | | |
| 12-PASSENGER IN UNENCLOSED CARGO AREA | 12-PASSENGER IN UNENCLOSED CARGO AREA | 12-PASSENGER IN UNENCLOSED CARGO AREA | OL CLASS | | 12-LIMITED - OTHER | 12-OUTSIDE MIRROR | 12-OUTSIDE MIRROR | | 12-OUTSIDE MIRROR | | | | | |
| 13-TRAILING UNIT | 13-TRAILING UNIT | 13-TRAILING UNIT | OL CLASS | | 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 13-PROSTHETIC AID | 13-PROSTHETIC AID | | 13-PROSTHETIC AID | | | | | |
| 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | OL CLASS | | 14-MILITARY VEHICLES ONLY | 14-OTHER | 14-OTHER | | 14-OTHER | | | | | |
| 15-NON-MOTORIST | 15-NON-MOTORIST | 15-NON-MOTORIST | OL CLASS | | 15-MOTOR VEHICLES WITHOUT AIR BRAKES | 15-OTHER | 15-OTHER | | 15-OTHER | | | | | |
| 99-OTHER / UNKNOWN | 99-OTHER / UNKNOWN | 99-OTHER / UNKNOWN | OL CLASS | | 16-OUTSIDE MIRROR | 16-OUTSIDE MIRROR | 16-OUTSIDE MIRROR | | 16-OUTSIDE MIRROR | | | | | |
| 17-BOOSTER SEAT | 17-BOOSTER SEAT | 17-BOOSTER SEAT | OL CLASS | | 17-PROSTHETIC AID | 17-PROSTHETIC AID | 17-PROSTHETIC AID | | 17-PROSTHETIC AID | | | | | |
| 8-HELMET USED | 8-HELMET USED | 8-HELMET USED | OL CLASS | | 18-OTHER | 18-OTHER | 18-OTHER | | 18-OTHER | | | | | |
| 9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | OL CLASS | | 19-OTHER | 19-OTHER | 19-OTHER | | 19-OTHER | | | | | |
| 10-REFLECTIVE CLOTHING | 10-REFLECTIVE CLOTHING | 10-REFLECTIVE CLOTHING | OL CLASS | | 20-OTHER | 20-OTHER | 20-OTHER | | 20-OTHER | | | | | |
| 11-LIGHTING - PEDESTRIAN / BICYCLE ONLY | 11-LIGHTING - PEDESTRIAN / BICYCLE ONLY | 11-LIGHTING - PEDESTRIAN / BICYCLE ONLY | OL CLASS | | 21-OTHER | 21-OTHER | 21-OTHER | | 21-OTHER | | | | | |
| 99-OTHER / UNKNOWN | 99-OTHER / UNKNOWN | 99-OTHER / UNKNOWN | OL CLASS | | 22-OTHER | 22-OTHER | 22-OTHER | | 22-OTHER | | | | | |
| INJURED TAKEN BY | | EJECTION | | OL ENDORSEMENT | | DRIVER DISTRACTION | | TEST STATUS | | | | | | |
| 1-NOT TRANSPORTED / TREATED AT SCENE | | 1-NOT EJECTED | | H - HAZMAT | | 1-NOT DISTRACTED | | 1-NONE GIVEN | | | | | | |
| 2-EMS | | 2-PARTIALLY EJECTED | | M - MOTORCYCLE | | 2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) | | 2-TEST REFUSED | | | | | | |
| 3-POLICE | | 3-TOTALLY EJECTED | | P - PASSENGER | | 3-CORRECTIVE LENSES | | 3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE | | | | | | |
| 9-OTHER / UNKNOWN | | 4-NOT APPLICABLE | | N - TANKER | | 4-FARM WAIVER | | 4-TEST GIVEN, RESULTS KNOWN | | | | | | |
| SAFETY EQUIPMENT | | TRAPPED | | Q - MOTOR SCOOTER | | 5-EXCEPT CLASS A BUS | | 5-TEST GIVEN, RESULTS UNKNOWN | | | | | | |
| 1-NONE USED | | 1-NOT TRAPPED | | R - THREE-WHEEL MOTORCYCLE | | 6-EXCEPT CLASS A & CLASS B BUS | | 6-TEST GIVEN, RESULTS UNKNOWN | | | | | | |
| 2-SHOULDER BELT ONLY USED | | 2-EXTRICATED BY MECHANICAL MEANS | | S - SCHOOL BUS | | 7-EXCEPT TRACTOR-TRAILER | | 7-TEST GIVEN, RESULTS UNKNOWN | | | | | | |
| 3-LAP BELT ONLY USED | | 3-FREED BY NON-MECHANICAL MEANS | | T - DOUBLE & TRIPLE TRAILERS | | 8-INTERMEDIATE LICENSE RESTRICTIONS | | 8-TEST GIVEN, RESULTS UNKNOWN | | | | | | |
| 4-SHOULDER & LAP BELT USED | | 13-TRAILING UNIT | | X - TANKER / HAZMAT | | 9-LEARNER'S PERMIT RESTRICTIONS | | 9-TEST GIVEN, RESULTS UNKNOWN | | | | | | |
| 5-CHILD RESTRAINT SYSTEM - FORWARD FACING | | 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | | 15-MOTOR VEHICLES WITHOUT AIR BRAKES | | 10-LIMITED TO DAYLIGHT ONLY | | 10-TEST GIVEN, RESULTS UNKNOWN | | | | | | |
| 6-CHILD RESTRAINT SYSTEM - REAR FACING | | 15-NON-MOTORIST | | 16-OUTSIDE MIRROR | | 11-LIMITED TO EMPLOYMENT | | 11-TEST GIVEN, RESULTS UNKNOWN | | | | | | |
| 7-BOOSTER SEAT | | 99-OTHER / UNKNOWN | | 17-PROSTHETIC AID | | 12-LIMITED - OTHER | | 12-TEST GIVEN, RESULTS UNKNOWN | | | | | | |
| 8-HELMET USED | | 17-BOOSTER SEAT | | 18-OTHER | | 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | | 13-TEST GIVEN, RESULTS UNKNOWN | | | | | | |
| 9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | 8-HELMET USED | | 19-OTHER | | 14-MILITARY VEHICLES ONLY | | 14-TEST GIVEN, RESULTS UNKNOWN | | | | | | |
| 10-REFLECTIVE CLOTHING | | 9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | 20-OTHER | | 15-OTHER | | 15-TEST GIVEN, RESULTS UNKNOWN | | | | | | |
| 11-LIGHTING - PEDESTRIAN / BICYCLE ONLY | | 10-REFLECTIVE CLOTHING | | 21-OTHER | | 16-OUTSIDE MIRROR | | 16-TEST GIVEN, RESULTS UNKNOWN | | | | | | |
| 99-OTHER / UNKNOWN | | 11-LIGHTING - PEDESTRIAN / BICYCLE ONLY | | 22-OTHER | | 17-PROSTHETIC AID | | 17-TEST GIVEN, RESULTS UNKNOWN | | | | | | |
| INJURIES | | SEATING POSITION | AIR BAG | OL CLASS | OL RESTRICTION(S) | DRIVER DISTRACTION | TEST STATUS | | | | | | | |
| 1-FATAL | | 1-FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | 1-NOT DEPLOYED | 1-CLASS A | 1-ALCOHOL INTERLOCK DEVICE | 1-NOT DISTRACTED | 1-NONE GIVEN | | | | | | | |
| 2-SUSPECTED SERIOUS INJURY | | 2-FRONT - MIDDLE | 2-DEPLOYED FRONT | 2-CLASS B | 2-CDL INTRASTATE ONLY | 2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) | 2-TEST REFUSED | | | | | | | |
| 3-SUSPECTED MINOR INJURY | | 3-FRONT - RIGHT SIDE | 3-DEPLOYED SIDE | 3-CLASS C | 3-CORRECTIVE LENSES | 3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE | 3-TEST GIVEN, RESULTS UNKNOWN | | | | | | | |
| 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 | 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-TEST GIVEN, RESULTS UNKNOWN | 5-TEST GIVEN, RESULTS UNKNOWN | | | | | | | |
| 6-SECOND - RIGHT SIDE | | 6-SECOND - MIDDLE | 6-DEPLOYMENT UNKNOWN | 6-NOT VALID OL | 6-EXCEPT CLASS A & CLASS B BUS | 6-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE | 6-TEST GIVEN, RESULTS UNKNOWN | | | | | | | |
| 7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | | 7-THIRD - MIDDLE | 7-THIRD - RIGHT SIDE | 7-EXCEPT TRACTOR-TRAILER | 7-OTHER DISTRACTION INSIDE THE VEHICLE | 7-URINE | 7-URINE | | | | | | | |
| 8-THIRD - MIDDLE | | 8-THIRD - MIDDLE | 8-THIRD - MIDDLE | 8-INTERMEDIATE LICENSE RESTRICTIONS | 8-OTHER DISTRACTION OUTSIDE THE VEHICLE | 8-BREATH | 8-BREATH | | | | | | | |
| 9-OTHER / UNKNOWN | | 9-THIRD - RIGHT SIDE | 9-THIRD - RIGHT SIDE | 9-LEARNER'S PERMIT RESTRICTIONS | 9-OTHER / UNKNOWN | 9-OTHER / UNKNOWN | 9-OTHER / UNKNOWN | | | | | | | |
| 10-SLEEPER SECTION OF TRUCK CAB | | 10-SLEEPER SECTION OF TRUCK CAB | 10-SLEEPER SECTION OF TRUCK CAB | 10-LIMITED TO DAYLIGHT ONLY | 10-MILITARY VEHICLES ONLY | 10-MILITARY VEHICLES ONLY | 10-MILITARY VEHICLES ONLY | | | | | | | |
| 11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | | 11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 11-LIMITED TO EMPLOYMENT | 11-MOTOR VEHICLES WITHOUT AIR BRAKES | 11-MOTOR VEHICLES WITHOUT AIR BRAKES | 11-MOTOR VEHICLES WITHOUT AIR BRAKES | | | | | | | |
| 12-PASSENGER IN UNENCLOSED CARGO AREA | | 12-PASSENGER IN UNENCLOSED CARGO AREA | 12-PASSENGER IN UNENCLOSED CARGO AREA | 12-LIMITED - OTHER | 12-OUTSIDE MIRROR | 12-OUTSIDE MIRROR | 12-OUTSIDE MIRROR | | | | | | | |
| 13-TRAILING UNIT | | 13-TRAILING UNIT | 13-TRAILING UNIT | 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 13-PROSTHETIC AID | 13-PROSTHETIC AID | 13-PROSTHETIC AID | | | | | | | |
| 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | | 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 14-MILITARY VEHICLES ONLY | 14-OTHER | 14-OTHER | 14-OTHER | | | | | | | |
| 15-NON-MOTORIST | | 15-NON-MOTORIST | 15-NON-MOTORIST | 15-MOTOR VEHICLES WITHOUT AIR BRAKES | 15-OTHER | 15-OTHER | 15-OTHER | | | | | | | |
| 99-OTHER / UNKNOWN | | 99-OTHER / UNKNOWN | 99-OTHER / UNKNOWN | 16-OUTSIDE MIRROR | 16-OUTSIDE MIRROR | 16-OUTSIDE MIRROR | 16-OUTSIDE MIRROR | | | | | | | |
| 17-BOOSTER SEAT | | 17-BOOSTER SEAT | 17-BOOSTER SEAT | 17-PROSTHETIC AID | 17-PROSTHETIC AID | 17-PROSTHETIC AID | 17-PROSTHETIC AID | | | | | | | |
| 8-HELMET USED | | 8-HELMET USED | 8-HELMET USED | 18-OTHER | 18-OTHER | 18-OTHER | 18-OTHER | | | | | | | |
| 9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | 9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 19-OTHER | 19-OTHER | 19-OTHER | 19-OTHER | | | | | | | |
| 10-REFLECTIVE CLOTHING | | 10-REFLECTIVE CLOTHING | 10-REFLECTIVE CLOTHING | 20-OTHER | 20-OTHER | 20-OTHER | 20-OTHER | | | | | | | |
| 11-LIGHTING - PEDESTRIAN / BICYCLE ONLY | | 11-LIGHTING - PEDESTRIAN / BICYCLE ONLY | 11-LIGHTING - PEDESTRIAN / BICYCLE ONLY | 21-OTHER | 21-OTHER | 21-OTHER | 21-OTHER | | | | | | | |
| 99-OTHER / UNKNOWN | | 99-OTHER / UNKNOWN | 99-OTHER / UNKNOWN | 22-OTHER | 22-OTHER | 22-OTHER | 22-OTHER | | | | | | | |
| INJURIES | | EJECTION | OL ENDORSEMENT | DRIVER DISTRACTION | TEST STATUS | | | | | | | | | |
| 1-NOT TRANSPORTED / TREATED AT SCENE | | 1-NOT EJECTED | H - HAZMAT | 1-NOT DISTRACTED | 1-NONE GIVEN | | | | | | | | | |
| 2-EMS | | 2-PARTIALLY EJECTED | M - MOTORCYCLE | 2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) | 2-TEST REFUSED | | | | | | | | | |
| 3-POLICE | | 3-TOTALLY EJECTED | P - PASSENGER | 3-CORRECTIVE LENSES | 3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE | | | | | | | | | |
| 9-OTHER / UNKNOWN | | 4-NOT APPLICABLE | N - TANKER | 4-FARM WAIVER | 4-TEST GIVEN, RESULTS KNOWN | | | | | | | | | |
| SAFETY EQUIPMENT | | TRAPPED | Q - MOTOR SCOOTER | 5-EXCEPT CLASS A BUS | 5-TEST GIVEN, RESULTS UNKNOWN | | | | | | | | | |
| 1-NONE USED | | 1-NOT TRAPPED | R - THREE-WHEEL MOTORCYCLE | 6-EXCEPT CLASS A & CLASS B BUS | 6-TEST GIVEN, RESULTS UNKNOWN | | | | | | | | | |
| 2-SHOULDER BELT ONLY USED | | 2-EXTRICATED BY MECHANICAL MEANS | S - SCHOOL BUS | 7-EXCEPT TRACTOR-TRAILER | 7-TEST GIVEN, RESULTS UNKNOWN | | | | | | | | | |
| 3-LAP BELT ONLY USED | | 3-FREED BY NON-MECHANICAL MEANS | T - DOUBLE & TRIPLE TRAILERS | 8-INTERMEDIATE LICENSE RESTRICTIONS | 8-TEST GIVEN, RESULTS UNKNOWN | | | | | | | | | |
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| 1-NOT TRANSPORTED / TREATED AT SCENE | | 1-NOT EJECTED | H - HAZMAT | 1-NOT DISTRACTED | 1-NONE GIVEN | | | | | | | | | |
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| 3-LAP BELT ONLY USED | | 3-FREED BY NON-MECHANICAL MEANS | T - DOUBLE & TRIPLE TRAILERS | 8-INTERMEDIATE LICENSE RESTRICTIONS | 8-TEST GIVEN, RESULTS UNKNOWN | | | | | | | | | |
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| INJURIES | | EJECTION | OL ENDORSEMENT | DRIVER DISTRACTION | TEST STATUS | | | | | | | | | |
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| INJURIES | | EJECTION | OL ENDORSEMENT | DRIVER DISTRACTION | TEST STATUS | | | | | | | | | |



OCCUPANT / WITNESS ADDENDUM

| | | LOCAL REPORT NUMBER | | | | | | | | | | | | | | | | |
|---|---------------|---|-------------------|---|--|--|--|-----------------------------------|-----|--------|------------------|---------------|----------|---------|-----|-----|---|---|
| | | 2 2 0 3 3 0 6 1 | | | | | | | | | | | | | | | | |
| OCCUPANT | UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | | DATE OF BIRTH | AGE | GENDER | | | | | | | | |
| | 1 | Madaffari, Jonathan | | | | | | 0 6 1 4 2 0 0 3 | 1 8 | M | | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | | | | | | | |
| 6298 Robert E Lee Dr. Fairfield, OH 45014 | | | | | | | | | | | | | | | | | | |
| INJURIES | | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET <table border="1"> <tr> <td>SEATING POSITION</td> <td>AIR BAG USAGE</td> <td>EJECTION</td> <td>TRAPPED</td> </tr> <tr> <td>0 3</td> <td>0 1</td> <td>1</td> <td>1</td> </tr> </table> | | | | | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | 0 3 | 0 1 | 1 | 1 |
| SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | | | | | | | | | | | | | | |
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| UNIT # | | NAME: LAST, FIRST, MIDDLE | | | | | | DATE OF BIRTH | | | AGE | GENDER | | | | | | |
| 1 | | Powell, Devan | | | | | | 0 7 1 1 2 0 0 4 | | | 1 7 | F | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | | | | | | | |
| 5154 Lamonte Dr. Fairfield, OH 45014 | | | | | | | | | | | | | | | | | | |
| INJURIES | | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET <table border="1"> <tr> <td>SEATING POSITION</td> <td>AIR BAG USAGE</td> <td>EJECTION</td> <td>TRAPPED</td> </tr> <tr> <td>0 4</td> <td>0 1</td> <td>1</td> <td>1</td> </tr> </table> | | | | | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | 0 4 | 0 1 | 1 | 1 |
| SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | | | | | | | | | | | | | | |
| 0 4 | 0 1 | 1 | 1 | | | | | | | | | | | | | | | |
| UNIT # | | NAME: LAST, FIRST, MIDDLE | | | | | | DATE OF BIRTH | | | AGE | GENDER | | | | | | |
| 1 | | Abner, Adreana | | | | | | 0 7 1 1 2 0 0 2 | | | 1 9 | F | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | | | | | | | |
| 550 Ross Ave. Hamilton, OH 45013 | | | | | | | | | | | | | | | | | | |
| INJURIES | | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET <table border="1"> <tr> <td>SEATING POSITION</td> <td>AIR BAG USAGE</td> <td>EJECTION</td> <td>TRAPPED</td> </tr> <tr> <td>0 4</td> <td>0 1</td> <td>1</td> <td>1</td> </tr> </table> | | | | | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | 0 4 | 0 1 | 1 | 1 |
| SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | | | | | | | | | | | | | | |
| 0 4 | 0 1 | 1 | 1 | | | | | | | | | | | | | | | |
| UNIT # | | NAME: LAST, FIRST, MIDDLE | | | | | | DATE OF BIRTH | | | AGE | GENDER | | | | | | |
| | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | |
| 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) | | | | | | | | | | | | | |
| 2 - EMS | | 8 - HELMET USED | | | 8 - THIRD - MIDDLE | | | | | | | | | | | | | |
| 3 - POLICE | | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | | 9 - THIRD - RIGHT SIDE | | | | | | | | | | | | | |
| 9 - OTHER / UNKNOWN | | 10 - REFLECTIVE CLOTHING | | | 10 - SLEEPER SECTION OF TRUCK CAB | | | | | | | | | | | | | |
| GENDER | | 11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY | | | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | | | | | | | | | | | | | |
| F - FEMALE | | 99 - OTHER / UNKNOWN | | | 12 - PASSENGER IN UNENCLOSED CARGO AREA | | | | | | | | | | | | | |
| M - MALE | | | | | 13 - TRAILING UNIT | | | | | | | | | | | | | |
| U - OTHER / UNKNOWN | | | | | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | | | | | | | | | | | | | |
| | | | | | 15 - NON-MOTORIST | | | | | | | | | | | | | |
| | | | | | 99 - OTHER / UNKNOWN | | | | | | | | | | | | | |
| WITNESS | | NAME: LAST, FIRST, MIDDLE | | | | | | DATE OF BIRTH | | | AGE | GENDER | | | | | | |
| | | | | | | | | 0 | | | | | | | | | | |
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| LOCAL REPORT NUMBER | 22-033061 | REPORTING AGENCY | Fairfield Police Department | DATE OF ACCIDENT |
| IN COUNTY OF | Butler | ACCIDENT LOCATION | 5133 Groh Lane in Fairfield, OH 45014 | 5/10/22 |

