



## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOSTAKEN		<input type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION		LOCAL REPORT NUMBER*				
		<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*				
		<input type="checkbox"/> PRIVATE PROPERTY	<input type="checkbox"/> FAIRFIELD POLICE DEPARTMENT	Fairfield Police Department		00901				
COUNTY*		LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*		CRASH DATE / TIME*		CRASH SEVERITY			
09		1-CITY 2-VILLAGE 3-TOWNSHIP	City of Fairfield		06022022 1206		5			
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX	1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES			
	U S	127					39 3 4 4 4 5 3			
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX	1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES			
					LAURYN MEADOWS	C T	-84 5 5 9 5 6 5			
REFERENCE POINT		DIRECTION FROM REFERENCE		ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED				
1-INTERSECTION 2-MILE POST 3-HOUSE #		1-NORTH 2-SOUTH 3-EAST 4-WEST		IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE	AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA			
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE		CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE			NUMBER OF APPROACHES			
50		1-MILES 2-FEET 3-YARDS					ROADWAY			
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT			DIRECTION OF TRAVEL		MEDIAN TYPE	
<input type="checkbox"/> 1-ON ROADWAY <input type="checkbox"/> 2-ON SHOULDER <input type="checkbox"/> 3-IN MEDIAN <input type="checkbox"/> 4-ON ROADSIDE <input type="checkbox"/> 5-ON GORE <input type="checkbox"/> 6-OUTSIDE TRAFFIC WAY <input type="checkbox"/> 7-ON RAMP <input type="checkbox"/> 8-OFF RAMP				<input type="checkbox"/> 9-CROSSOVER <input type="checkbox"/> 10-DRIVeway/ALLEY ACCESS <input type="checkbox"/> 11-RAILWAY GRADE CROSSING <input type="checkbox"/> 12-SHARED USE PATHS OR TRAILS <input type="checkbox"/> 13-BIKE LANE <input type="checkbox"/> 14-TOLL BOOTH <input type="checkbox"/> 99-OTHER/ UNKNOWN			<input type="checkbox"/> 1-NOT COLLISION <input type="checkbox"/> 2-BETWEEN <input type="checkbox"/> 3-TWO MOTOR VEHICLES IN TRANSPORT <input type="checkbox"/> 4-REAR-END <input type="checkbox"/> 5-BACKING <input type="checkbox"/> 6-ANGLE <input type="checkbox"/> 7-SIDESWIPE, SAME DIRECTION <input type="checkbox"/> 8-SIDESWIPE, OPPOSITE DIRECTION <input type="checkbox"/> 9-HEAD-ON <input type="checkbox"/> 9-OTHER/ UNKNOWN		<input type="checkbox"/> 1-NORTH <input type="checkbox"/> 2-SOUTH <input type="checkbox"/> 3-EAST <input type="checkbox"/> 4-WEST	<input type="checkbox"/> 1-DIVIDED FLUSH MEDIAN (<4 FEET) <input type="checkbox"/> 2-DIVIDED FLUSH MEDIAN (>4 FEET) <input type="checkbox"/> 3-DIVIDED, DEPRESSED MEDIAN <input type="checkbox"/> 4-DIVIDED, RAISED MEDIAN (ANY TYPE) <input type="checkbox"/> 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		LOCATION OF CRASH IN WORK ZONE			CONTOUR	CONDITIONS	SURFACE	
		<input type="checkbox"/> 1-LANE CLOSURE <input type="checkbox"/> 2-LANE SHIFT/CROSSOVER <input type="checkbox"/> 3-WORK ON SHOULDER OR MEDIAN <input type="checkbox"/> 4-INTERMITTENT OR MOVING WORK <input type="checkbox"/> 5-OTHER		<input type="checkbox"/> 1-BEFORE THE 1ST WORK ZONE WARNING SIGN <input type="checkbox"/> 2-ADVANCE WARNING AREA <input type="checkbox"/> 3-TRANSITION AREA <input type="checkbox"/> 4-ACTIVITY AREA <input type="checkbox"/> 5-TERMINATION AREA			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9-OTHER/ UNKNOWN	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5-SAND, MUD, DIRT, OIL, GRAVEL <input type="checkbox"/> 6-WATER (STANDING, MOVING) <input type="checkbox"/> 7-SLUSH <input type="checkbox"/> 9-OTHER/ UNKNOWN	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5-DIRT <input type="checkbox"/> 6-BLACKTOP, BITUMINOUS, ASPHALT <input type="checkbox"/> 7-CONCRETE <input type="checkbox"/> 8-SLAG, GRAVEL, STONE <input type="checkbox"/> 9-OTHER/ UNKNOWN	
LIGHT CONDITION				WEATHER						
<input type="checkbox"/> 1-DAYLIGHT <input type="checkbox"/> 2-DAWN/DUSK <input type="checkbox"/> 3-DARK - LIGHTED ROADWAY <input type="checkbox"/> 4-DARK - ROADWAY NOT LIGHTED <input type="checkbox"/> 5-DARK - UNKNOWN ROADWAY LIGHTING <input type="checkbox"/> 9-OTHER / UNKNOWN				<input type="checkbox"/> 1-CLEAR <input type="checkbox"/> 2-CLOUDY <input type="checkbox"/> 3-FOG, SMOG, SMOKE <input type="checkbox"/> 4-RAIN <input type="checkbox"/> 5-SLEET, HAIL			<input type="checkbox"/> 6-SNOW <input type="checkbox"/> 7-SEVERE CROSSWINDS <input type="checkbox"/> 8-BLOWING SAND, SOIL, DIRT, SNOW <input type="checkbox"/> 9-FREEZING RAIN OR FREEZING DRIZZLE <input type="checkbox"/> 99-OTHER / UNKNOWN			
<p>NARRATIVE</p> <p>On June 2, 2022 at about 12:06 P.M. Units 1 and 2 were southbound on US 127. Unit 1 failed to maintain an assured clear distance ahead and struck Unit 2 in the rear. The driver of Unit 1 was cited for ACDA.</p>										
<p>PLATANUT ANG</p> <p>NOT TO SCALE</p>										
INDICATE THE NORTH DIRECTION WITH AN "N" ON THE COMPASS DIAGRAM.										
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY		
06022022 1207		06022022 1208		06022022 1213		06022022 1350		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OGPS)		
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*		
0		3 0		1 3 2		R. CORNER		Sgt. J. Sprengue		
						OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*		
						8 5		8 4		

OWNER

VEHICLE

EVENT(S)

COLLISION

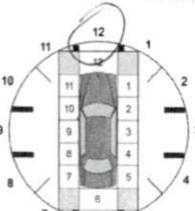
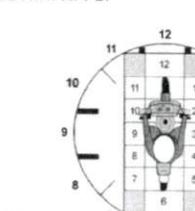
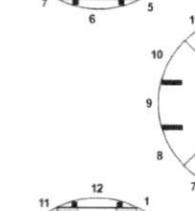
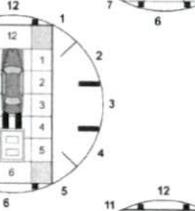
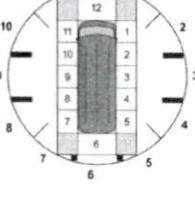
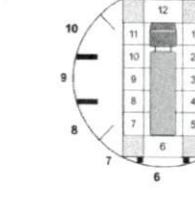
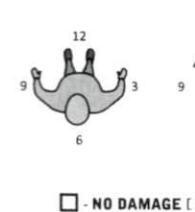
1

FIRST HARMFUL EVENT

1

MOST HARMFUL EVENT

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER)	
0   1	RUSSO TRANSPORT			
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER)				
2928 AUDUBON DR HAMILTON, OH 45011				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP SAME			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
0   H	PMA1568	1 N K Z X 4 T X 1 M J 4 2 7 6 4	2 0 2 1	KENWORTH
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	PEKING	005828844	AMETHY	T880
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	
<input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		2 5 9 3 2 3 2	BEVIS	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED		# OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR	HAZARDOUS MATERIAL
		0   1	1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	<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)		7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED 11 - ALL-TERRAIN VEHICLE (ATV / UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
UNIT TYPE		# OF TRAILING UNITS		
1   4		2		
2		# OF TRAILING UNITS		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		AUTONOMOUS MODE LEVEL		
1 - YES 2 - NO 9 - OTHER / UNKNOWN		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
1   5				
SPECIAL FUNCTION		1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER		
1   1		6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE		
CARGO BODY TYPE		11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - SNOW REMOVAL 18 - TOWING 19 - SAFETY SERVICE PATROL		
1   1				
1   1		1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS		
1   1		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - GRAIN/CHIPS/GRAVEL		
1   1		6 - POLE 7 - CARGO TANK 8 - FLAT BED 9 - DUMP		
1   1		10 - CONCRETE MIXER 11 - AUTO TRANSPORTER 12 - GARBAGE/REFUSE 13 - OTHER/UNKNOWN		
1   1		14 - CONSTRUCTION EQUIPMENT 15 - SAFETY SERVICE PATROL		
1   1				
1   1		1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		
1   1		4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT		
1   1		7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT 9 - DEFECTIVE		
1   1		10 - MOTOR TROUBLE 11 - DISABLED FROM PRIOR ACCIDENT		
1   1		12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 15 - OTHER/UNKNOWN		
1   1				
1   1		1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		
1   1		3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION		
1   1		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		
1   1		13 - TURN 14 - BACKING 15 - CHANGING LANES 16 - LEAVING TRAFFIC LANE 17 - PARKED 18 - ENTERING TRAFFIC LANE 19 - LEAVING TRAFFIC LANE 20 - WALKING, RUNNING, JOGGING, PLAYING 21 - STANDING OUTSIDE DISABLED VEHICLE 22 - WORKING 23 - PUSHING VEHICLE		
1   1		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN		
1   1		1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - LEAVING TRAFFIC LANE 5 - PARKED 6 - ENTERING TRAFFIC LANE 7 - LEAVING TRAFFIC LANE 8 - WALKING, RUNNING, JOGGING, PLAYING 9 - STANDING OUTSIDE DISABLED VEHICLE 10 - WORKING 11 - PUSHING VEHICLE		
1   1		1 - NON-CONTACT 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN		
1   1		7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING		
1   1		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		
1   1		1 - ONE-WAY 2 - TWO-WAY		
1   1		1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL		
1   1				
1   1		1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING		
1   1				
1   1		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN		
1   1				
1   1		1 - STATED / ESTIMATED SPEED 2 - CALCULATED / ED 3 - UNDETERMINED		
1   1				

LOCAL REPORT NUMBER	
2 2 0 3 9 1 1 1	
DAMAGE	
DAMAGE SCALE	
3	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN
3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
       	
<input type="checkbox"/> - NO DAMAGE [ 0 ] <input type="checkbox"/> - UNDERCARRIAGE [ 14 ]	
<input type="checkbox"/> - TOP [ 13 ] <input type="checkbox"/> - ALL AREAS [ 15 ]	
<input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ]	
INITIAL POINT OF CONTACT	
0 - NO DAMAGE 14 - UNDERCARRIAGE	
1   2 1 - 12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
13 - TOP	
TRAFFIC	
TRAFFIC FLOW	TRAFFIC CONTROL
1   2 1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	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	
1   0	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / ED 3 - UNDETERMINED
POSTED SPEED	
3   5	

UNIT # **0\_2** OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER) HOGAN TRUCK LEASING INC

OWNER PHONE: INCLUDE AREA CODE (  SAME AS DRIVER)

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER)  
2550 WESTBELT DR COLUMBUS, OH 43228

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

CONTRACT LUMBER 3701 SR 741 MASON, OH 45040

LOCAL REPORT NUMBER  
2 2 0 3 9 1 1 1

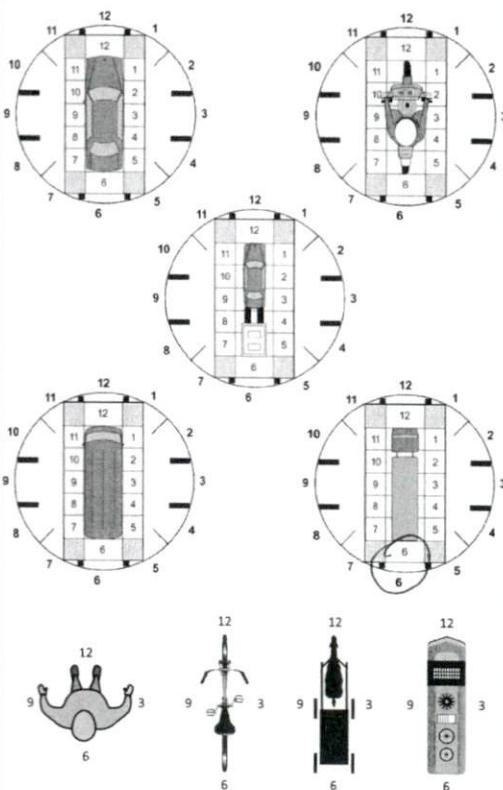
## DAMAGE

## 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 ]LP STATE **O\_H** LICENSE PLATE # **PWC7284** VEHICLE IDENTIFICATION # **1M1AW07Y5FM051509** VEHICLE YEAR **2018** VEHICLE MAKE **MACK**INSURANCE VERIFIED  INSURANCE COMPANY **WESTFIELD** INSURANCE POLICY # **CMM3674206** COLOR **BLUE** VEHICLE MODEL **Pinnacle**TYPE OF USE  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSEINTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT # OCCUPANTS **0\_1**UNIT TYPE **1\_5** 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER  
2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST  
4 - PICK UP 10 - MOPED OR MOTORIZED 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE  
5 - CARGO VAN BICYCLE 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR 27 - TRAIN  
6 - VAN (9-15 SEATS) 11 - ALL TERRAIN VEHICLE (ATV / UTV) 17 - MOTORHOME ANIMAL-DRAWN VEHICLE 99 - UNKNOWN OR HIT/SKIP# OF TRAILING UNITS **1**WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? **2** 1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL

SPECIAL FUNCTION **1\_5** 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN  
3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL  
4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING  
5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROLCARGO BODY TYPE **1\_0** 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER  
2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 9 - CARGO TANK 13 - AUTO TRANSPORTER  
10 - DUMPVEHICLE DEFECTS **1** 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN  
2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT  
3 - TAIL LAMPS 6 - TIRE BLOWOUTNON-MOTORIST LOCATION AT IMPACT **1** 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE  
2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWNACTION **4** 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE  
2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING  
3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 10 - PARKED 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST  
4 - STRUCK PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE  
5 - BOTH STRIKING & STRUCK 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWNCONTRIBUTING CIRCUMSTANCES **0\_1** 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY  
2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE  
3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY  
4 - RAN STOP SIGN 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTIONSEQUENCE OF EVENTS **1\_2\_0**1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 17 - ANIMAL - FARM 18 - ANIMAL - DEER 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION  
3 - IMMERSION 9 - RAN OFF ROAD LEFT 12 - DOWNHILL RUNAWAY 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT  
4 - JACKKNIFE 10 - CROSS MEDIAN 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 21 - PARKED MOTOR VEHICLE 24 - OTHER MOBILE OBJECT  
5 - CARGO / EQUIPMENT LOSS OR SHIFT 15 - PEDALCYCLE4 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  
26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL  
5 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER SUPPORT 39 - LIGHT / LUMINARIES 45 - EMBANKMENT 52 - BUILDING  
6 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL  
7 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER OR SUPPORT 41 - OTHER POST, POLE 47 - MAILBOX 54 - OTHER FIXED OBJECT  
8 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

TRAFFICWAY FLOW <b>2</b>	TRAFFIC CONTROL <b>6</b>
1 - ONE-WAY	2 - TWO-WAY
1 - NOT INVOLVED	2 - INVOLVED-ACTIVE CROSSING
2 - INVOLVED-PASSIVE CROSSING	3 - INVOLVED-PASSIVE CROSSING
# OF THROUGH LANES ON ROAD <b>2</b>	RAIL GRADE CROSSING <b>1</b>
1 - NOT INVOLVED	2 - INVOLVED-ACTIVE CROSSING
2 - INVOLVED-PASSIVE 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 <b>1</b> TO <b>2</b>	
UNIT SPEED <b>0</b>	DETECTED SPEED <b>1</b>
1 - STATED / ESTIMATED SPEED	2 - CALCULATED / EDR
2 - CALCULATED / EDR	3 - UNDETERMINED
POSTED SPEED <b>3</b>	
3 - 5	



## **MOTORIST / Non-MOTORIST**

MOTORIST / NON-MOTORIST	UNIT # <b>1</b> NAME: LAST, FIRST, MIDDLE <b>LAINHART, MICHAEL</b>					DATE OF BIRTH <b>0 4 3 0 1 9 6 0</b>			AGE <b>62</b>	GENDER <b>M</b>
	ADDRESS: STREET, CITY, STATE, ZIP <b>7439 MICHAEL RD UNIT B MIDDLETOWN, OH 45042</b>					CONTACT PHONE - INCLUDE AREA CODE <b>9 3 7 6 9 4 1 0 0 0</b>				
INJURIES <b>5</b>	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED <b>0 4</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION <b>0 1</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>	
OL STATE <b>O H</b>	OPERATOR LICENSE NUMBER <b>RJ325325</b>		OFFENSE CHARGED <b>333.03A</b>	LOCAL CODE <b>X</b>	OFFENSE DESCRIPTION <b>ACDA</b>		CITATION NUMBER <b>248179</b>			
OL CLASS <b>1</b>	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY <b>1</b>	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION <b>1</b>	ALCOHOL TEST STATUS <b>1</b> TYPE <b>1</b> VALUE <b>.</b>	DRUG TEST(S) STATUS <b>1</b> TYPE <b>1</b> RESULT SELECT UP TO 4			
UNIT # <b>2</b>	NAME: LAST, FIRST, MIDDLE <b>SPENCER, ERIC J</b>					DATE OF BIRTH <b>0 3 2 4 1 9 7 2</b>			AGE <b>50</b>	GENDER <b>M</b>
ADDRESS: STREET, CITY, STATE, ZIP <b>953 TIMOTHY AVE FRANKLIN, OH 45005</b>					CONTACT PHONE - INCLUDE AREA CODE <b>5 1 3 5 2 6 9 7 3 5</b>					
INJURIES <b>5</b>	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED <b>0 4</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION <b>0 1</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>	
OL STATE <b>O H</b>	OPERATOR LICENSE NUMBER <b>RU201909</b>		OFFENSE CHARGED	LOCAL CODE <b> </b>	OFFENSE DESCRIPTION		CITATION NUMBER			
OL CLASS <b>1</b>	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY <b>1</b>	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION <b>4</b>	ALCOHOL TEST STATUS <b>1</b> TYPE <b>1</b> VALUE <b>.</b>	DRUG TEST(S) STATUS <b>1</b> TYPE <b>1</b> RESULT SELECT UP TO 4			
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH			AGE <b>0</b>	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 <b> </b>	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 <b>1</b> TYPE <b>1</b> VALUE <b>.</b>	DRUG TEST(S) STATUS <b>1</b> TYPE <b>1</b> 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					
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						
	6 - SECOND - RIGHT SIDE	6 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS						
	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7 - EXCEPT TRACTOR-TRAILER						
	8 - THIRD - MIDDLE			8 - INTERMEDIATE LICENSE RESTRICTIONS						
	9 - THIRD - RIGHT SIDE			9 - LEARNER'S PERMIT RESTRICTIONS						
	10 - SLEEPER SECTION OF TRUCK CAB			10 - LIMITED TO DAYLIGHT ONLY						
<b>INJURED TAKEN BY</b>	<b>EJECTION</b>	<b>OL ENDORSEMENT</b>		11 - LIMITED TO EMPLOYMENT						
1 - NOT TRANSPORTED / TREATED AT SCENE	1 - NOT EJECTED	H - HAZMAT		12 - LIMITED - OTHER						
2 - EMS	2 - PARTIALLY EJECTED	M - MOTORCYCLE		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)						
3 - POLICE	3 - TOTALLY EJECTED	P - PASSENGER		14 - MILITARY VEHICLES ONLY						
9 - OTHER / UNKNOWN	4 - NOT APPLICABLE	N - TANKER		15 - MOTOR VEHICLES WITHOUT AIR BRAKES						
<b>SAFETY EQUIPMENT</b>	<b>TRAPPED</b>	R - THREE-WHEEL MOTORCYCLE		16 - OUTSIDE MIRROR						
1 - NONE USED	1 - NOT TRAPPED	S - SCHOOL BUS		17 - PROSTHETIC AID						
2 - SHOULDER BELT ONLY USED	2 - EXTRICATED BY MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS		18 - OTHER						
3 - LAP BELT ONLY USED	3 - FREED BY NON-MECHANICAL MEANS	X - TANKER / HAZMAT								
4 - SHOULDER & LAP BELT USED			<b>CONDITION</b>							
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING			1 - APPARENTLY NORMAL							
6 - CHILD RESTRAINT SYSTEM - REAR FACING			2 - PHYSICAL IMPAIRMENT							
7 - BOOSTER SEAT			3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)							
8 - HELMET USED			4 - ILLNESS							
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.							
10 - REFLECTIVE CLOTHING			6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL							
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY			7 - OTHER							
99 - OTHER / UNKNOWN			8 - NEGATIVE RESULTS							