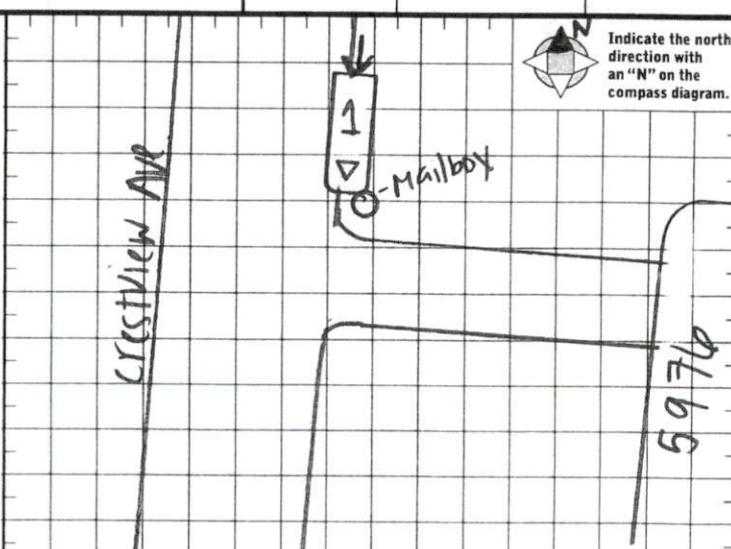


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

| | | | | | | | | | | | | | | | | |
|---|---|--|--|--|---|---|---|---|---|---|--------------|--|---|--|--|-----------|
| <input checked="" type="checkbox"/> PHOTOS TAKEN | | <input type="checkbox"/> OH-2 | <input type="checkbox"/> OH-3 | LOCAL INFORMATION | | | LOCAL REPORT NUMBER* | | | | | | | | | |
| <input type="checkbox"/> SECONDARY CRASH | | <input type="checkbox"/> OH-1P | <input type="checkbox"/> OTHER | REPORTING AGENCY NAME* | | | NCIC* | HIT/SKIP | NUMBER OF UNITS | UNIT IN ERROR | | | | | | |
| | | Fairfield Police Department | | | 009,01 | | 2 1 | 1 - SOLVED 2 - UNSOLVED | 0 1 | 0 1 98 - ANIMAL 99 - UNKNOWN | | | | | | |
| COUNTY* | LOCALITY* | LOCATION: CITY, VILLAGE, TOWNSHIP* | | | City of Fairfield | | | CRASH DATE / TIME* | | CRASH SEVERITY | | | | | | |
| 0 9 | 1 2 - VILLAGE 3 - TOWNSHIP | | | | | | | 0 6 0 2 2 2 0 2 2 2 3 1 5 | | 1 - FATAL 5 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY | | | | | | |
| ROUTE TYPE | ROUTE NUMBER | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | LOCATION ROAD NAME | | | ROAD TYPE | LATITUDE DECIMAL DEGREES | | REFERENCE | | | | | | | |
| | | | Crestview | | | A V | 3 9 3 1 4 6 6 | ROUTE TYPE | | | ROUTE NUMBER | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | | | ROAD TYPE |
| | | | 5976 | | | | 8 4 5 2 9 7 1 | | | | | | | | | |
| 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 CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP 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 | RD - ROAD SO - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY | <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA | NUMBER OF APPROACHES | ROADWAY | ROADWAY DIVIDED | MEDIAN TYPE | | | | | | |
| DISTANCE FROM REFERENCE | DISTANCE UNIT OF MEASURE | | | | | | | | 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 | | | MANNER OF CRASH COLLISION/IMPACT | | | DIRECTION OF TRAVEL | | | | | | | | | | |
| 0 4 | 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 | 1 - NOT COLLISION 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN TRANSPORT 4 - REAR-END 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - HEAD-ON 10 - OTHER / UNKNOWN | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | | | | | | | | | | | | |
| <input type="checkbox"/> WORK ZONE RELATED | WORK ZONE TYPE | | LOCATION OF CRASH IN WORK ZONE | | | CONTOUR | CONDITIONS | SURFACE | | | | | | | | |
| <input type="checkbox"/> WORKERS PRESENT | 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER | | 1 - BEFORE THE 1ST WORK ZONE 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA | | | 1 | 1 | 2 | | | | | | | | |
| <input type="checkbox"/> LAW ENFORCEMENT PRESENT | | | | | | 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN | 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN | 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN | | | | | | | | |
| <input type="checkbox"/> ACTIVE SCHOOL ZONE | | | | | | | | | | | | | | | | |
| LIGHT CONDITION | | | WEATHER | | | | | | | | | | | | | |
| 4 | 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN | 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 | | | | | | | | | | | | |
| <p>NARRATIVE</p> <p>On 06/02/22 at around 11:15 p.m., Unit 1 was traveling southbound on Crestview Ave. When at 5976 Crestview Ave., Unit 1 ran off of the road left and collided with a mailbox. Unit 1 then left the scene of the accident.</p> <p>The mailbox belongs to Ray Ballinger at 5976 Crestview Ave., Fairfield, OH 45014,</p>  | | | | | | | | | | | | | | | | |
| CRASH REPORTED DATE / TIME | | DISPATCH DATE / TIME | | ARRIVAL DATE / TIME | | SCENE CLEARED DATE / TIME | | REPORT TAKEN BY | | | | | | | | |
| 0 6 0 2 2 0 2 2 2 3 1 5 | | 0 6 0 2 2 0 2 2 2 3 2 1 | | 0 6 0 2 2 0 2 2 2 3 2 3 | | 0 6 0 2 2 0 2 2 2 3 4 2 | | <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 | | 2 1 | O. Eckstein | | | Sgt. K HARRINGTON | | | | | | | | | | |
| | | | OFFICER'S BADGE NUMBER* | | | CHECKED BY OFFICER'S BADGE NUMBER* | | | | | | | | | | |
| | | | 1 6 5 | | | | 1 1 2 | | | | | | | | | |

| | | |
|--------|--|---|
| 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 | | |

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

| | | |
|---|--|---|
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE |
|---|--|---|

| | | | | |
|----------|-----------------|--------------------------|--------------|--------------|
| LP STATE | LICENSE PLATE # | VEHICLE IDENTIFICATION # | VEHICLE YEAR | VEHICLE MAKE |
| | | | | Mazda |

| | | | | |
|---|-------------------|--------------------|-------|---------------|
| <input type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY | INSURANCE POLICY # | COLOR | VEHICLE MODEL |
| | | | Black | 3 |

| | | | | |
|---|--|------------|---|--|
| TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | | US DOT # | TOWED BY: COMPANY NAME | |
| | | | | |
| <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input checked="" type="checkbox"/> HIT/SKIP UNIT | | #OCCUPANTS | VEHICLE WEIGHT GVWR/GCWR | HAZARDOUS MATERIAL |
| | | | 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 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 |
|---|--|---|--|

0 1 # OF TRAILING UNITS

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

| | | | | |
|---|---|---|--|---|
| 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 | 21 - MAIL CARRIER 99 - OTHER / UNKNOWN |
|---|---|---|--|---|

| | | | | |
|--|---|--|--|---|
| 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 |
|--|---|--|--|---|

| | | | | |
|---|--|--|--|----------------------|
| 9 9 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 |
|---|--|--|--|----------------------|

| | | | | |
|--|---|---|---|--|
| 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 |
|--|---|---|---|--|

| | | | | |
|---|--|--|---|---|
| 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 |
|---|--|--|---|---|

| | | | | |
|---|---|--|--|---|
| 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 0 9 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE | 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE | 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT |
|--|--|---|---|---|

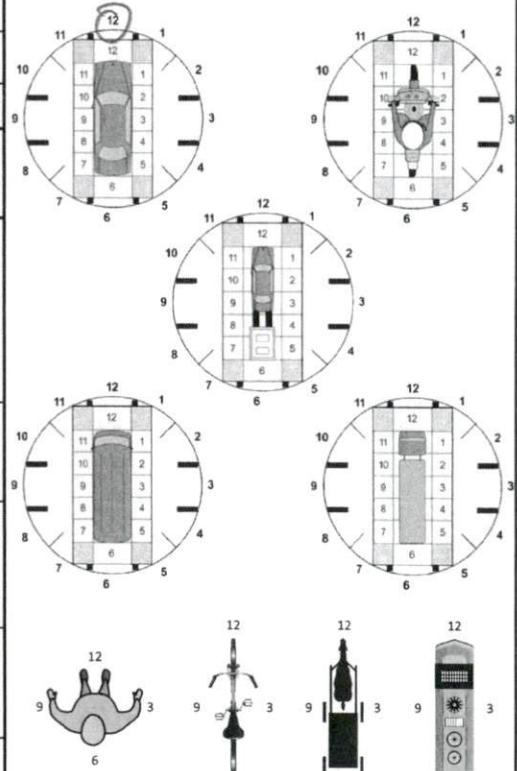
| | | | | |
|--|--|---|--|--|
| 4 1 7 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE | 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE 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 |
|--|--|---|--|--|

2 FIRST HARMFUL EVENT 2 MOST HARMFUL EVENT

| | |
|---------------------|-----------------|
| LOCAL REPORT NUMBER | 2 2 0 3 9 2 5 6 |
|---------------------|-----------------|

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

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

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



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

2 2 0 3 9 2 5 6

| | | | | | | | | | | |
|--|--|--------------------------------------|--|--|--|--|---------------|----------|-----------------------|--|
| MOTORIST / NON-MOTORIST | UNIT # | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | AGE | GENDER | | |
| | 0 1 | | | | | 0 | U | | | |
| 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 | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | |
| 5 | | | | 9 9 | <input type="checkbox"/> | 0 1 | 9 | 1 | 1 | |
| 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 | CONDITION | ALCOHOL TEST | DRUG TEST(S) | | | |
| | | | 9 | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | 9 | 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 | 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 | CONDITION | ALCOHOL TEST | DRUG TEST(S) | | | |
| | | | | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | 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 | 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 | CONDITION | ALCOHOL TEST | DRUG TEST(S) | | | |
| | | | | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | 1 1 | 1 | 1 | 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 | 3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE | 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 | 4-TEST GIVEN, RESULTS KNOWN | | | | |
| 5-NO APPARENT INJURY | 5-SECOND - MIDDLE | 5-NOT APPLICABLE | 5-M/C MOPED ONLY | 5-EXCEPT CLASS A BUS | 5-TEST GIVEN, RESULTS UNKNOWN | 5-TEST GIVEN, RESULTS UNKNOWN | | | | |
| 6-SECOND - RIGHT SIDE | 6-SECOND - MIDDLE | 9-DEPLOYMENT UNKNOWN | 6-NO VALID OL | 6-EXCEPT CLASS A & CLASS B BUS | 6-TALKING ON HAND-HELD COMMUNICATION DEVICE | 6-TALKING ON HAND-HELD COMMUNICATION DEVICE | | | | |
| 7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | 7-THIRD - MIDDLE | 7-EXTRICATED BY MECHANICAL MEANS | 7-EXCEPT TRACTOR-TRAILER | 7-INTERMEDIATE LICENSE RESTRICTIONS | 7-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE | 7-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE | | | | |
| 8-EMS | 8-THIRD - RIGHT SIDE | 8-FREEDED BY NON-MECHANICAL MEANS | 8-PASSENGER | 8-PASSENGER | 8-PASSENGER | 8-PASSENGER | | | | |
| 9-POLICE | 9-OTHER / UNKNOWN | 9-NOT APPLICABLE | 9-N-TANKER | 9-N-TANKER | 9-OTHER / UNKNOWN | 9-OTHER / UNKNOWN | | | | |
| INJURED TAKEN BY | EJECTION | OL ENDORSEMENT | DRIVER DISTRACTION | TEST STATUS | ALCOHOL TEST TYPE | DRUG TEST TYPE | | | | |
| 1-NOT TRANSPORTED / TREATED AT SCENE | 1-NOT EJECTED | H - HAZMAT | 1-NOT DISTRACTED | 1-NONE GIVEN | 1-NONE | 1-NONE | | | | |
| 2-EMS | 2-PARTIALLY EJECTED | M - MOTORCYCLE | 2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) | 2-TEST REFUSED | 2-BLOOD | 2-BLOOD | | | | |
| 3-POLICE | 3-TOTALLY EJECTED | P - PASSENGER | 3-CORRECTIVE LENSES | 3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE | 3-URINE | 3-URINE | | | | |
| 9-OTHER / UNKNOWN | 4-NOT APPLICABLE | N - TANKER | 4-REGULAR CLASS (OHIO=D) | 4-TEST GIVEN, RESULTS KNOWN | 4-BREATH | 4-BREATH | | | | |
| SAFETY EQUIPMENT | TRAPPED | Q - MOTOR SCOOTER | 5-EXCEPT CLASS A BUS | 5-TEST GIVEN, RESULTS UNKNOWN | 5-OTHER | 5-OTHER | | | | |
| 1-NONE USED | 11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | R - THREE-WHEEL MOTORCYCLE | 6-EXCEPT TRACTOR-TRAILER | 6-TEST GIVEN, RESULTS UNKNOWN | 6-TEST GIVEN, RESULTS UNKNOWN | 6-TEST GIVEN, RESULTS UNKNOWN | | | | |
| 2-SHOULDER BELT ONLY USED | 12-PASSENGER IN UNENCLOSED CARGO AREA | S - SCHOOL BUS | 7-INTERMEDIATE LICENSE RESTRICTIONS | 7-TEST GIVEN, RESULTS UNKNOWN | 7-TEST GIVEN, RESULTS UNKNOWN | 7-TEST GIVEN, RESULTS UNKNOWN | | | | |
| 3-LAP BELT ONLY USED | 13-TRAILING UNIT | T - DOUBLE & TRIPLE TRAILERS | 8-PASSENGER | 8-PASSENGER | 8-PASSENGER | 8-PASSENGER | | | | |
| 4-SHOULDER & LAP BELT USED | 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | X - TANKER / HAZMAT | 9-LEARNER'S PERMIT RESTRICTIONS | 9-LEARNER'S PERMIT RESTRICTIONS | 9-LEARNER'S PERMIT RESTRICTIONS | 9-LEARNER'S PERMIT RESTRICTIONS | | | | |
| 5-CHILD RESTRAINT SYSTEM - FORWARD FACING | 15-NON-MOTORIST | 14-MILITARY VEHICLES ONLY | 10-LIMITED TO DAYLIGHT ONLY | 10-LIMITED TO DAYLIGHT ONLY | 10-LIMITED TO DAYLIGHT ONLY | 10-LIMITED TO DAYLIGHT ONLY | | | | |
| 6-CHILD RESTRAINT SYSTEM - REAR FACING | 99-OTHER / UNKNOWN | 15-MOTOR VEHICLES WITHOUT AIR BRAKES | 11-LIMITED TO EMPLOYMENT | 11-LIMITED TO EMPLOYMENT | 11-LIMITED TO EMPLOYMENT | 11-LIMITED TO EMPLOYMENT | | | | |
| 7-BOOSTER SEAT | | 16-OUTSIDE MIRROR | 12-LIMITED - OTHER | 12-LIMITED - OTHER | 12-LIMITED - OTHER | 12-LIMITED - OTHER | | | | |
| 8-HELMET USED | | 17-PROSTHETIC AID | 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) | | | | |
| 9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | 18-OTHER | 14-MILITARY VEHICLES ONLY | 14-MILITARY VEHICLES ONLY | 14-MILITARY VEHICLES ONLY | 14-MILITARY VEHICLES ONLY | | | | |
| 10-REFLECTIVE CLOTHING | | | 15-MOTOR VEHICLES WITHOUT AIR BRAKES | 15-MOTOR VEHICLES WITHOUT AIR BRAKES | 15-MOTOR VEHICLES WITHOUT AIR BRAKES | 15-MOTOR VEHICLES WITHOUT AIR BRAKES | | | | |
| 11-LIGHTING - PEDESTRIAN / BICYCLE ONLY | | | 16-OUTSIDE MIRROR | 16-OUTSIDE MIRROR | 16-OUTSIDE MIRROR | 16-OUTSIDE MIRROR | | | | |
| 99-OTHER / UNKNOWN | | | 17-PROSTHETIC AID | 17-PROSTHETIC AID | 17-PROSTHETIC AID | 17-PROSTHETIC AID | | | | |
| | | | 18-OTHER | 18-OTHER | 18-OTHER | 18-OTHER | | | | |
| CONDITION | DRUG TEST RESULT(S) | | | | | | | | | |
| 1-APPARENTLY NORMAL | 1-AMPHETAMINES | | | | | | | | | |
| 2-PHYSICAL IMPAIRMENT | 2-BARBITURATES | | | | | | | | | |
| 3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) | 3-BENZODIAZEPINES | | | | | | | | | |
| 4-ILLNESS | 4-CANNABINOID | | | | | | | | | |
| 5-FELL ASLEEP FAINTED, FATIGUED, ETC. | 5-COCAIN | | | | | | | | | |
| 6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL | 6-OPIATES / OPIOIDS | | | | | | | | | |
| 9-OTHER / UNKNOWN | 7-OTHER | | | | | | | | | |
| | 8-Negative RESULTS | | | | | | | | | |