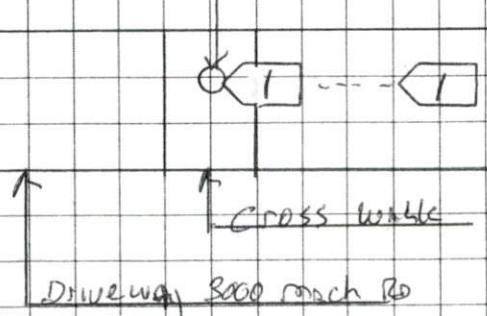




## TRAFFIC CRASH REPORT

\*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"/> OH-1P <input type="checkbox"/> OTHER		LOCAL INFORMATION		LOCAL REPORT NUMBER* 2 2 0 4 0 8 2 9		
<input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> PRIVATE PROPERTY		REPORTING AGENCY NAME* Fairfield Police Department		NCIC* 0 0 9 0 1		HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 0 2	UNIT IN ERROR 0 1 98 - ANIMAL 99 - UNKNOWN
COUNTY* 0 9	LOCALITY* 1 - CITY 1 2 - VILLAGE 3 - TOWNSHIP	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield		CRASH DATE / TIME* 0 6 0 9 2 0 2 2 1 3 5 4		CRASH SEVERITY 2 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY		
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME Mack	ROAD TYPE R D	LATITUDE DECIMAL DEGREES 3 9 . 3 1 3 0 1		
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 3000	ROAD TYPE	LONGITUDE DECIMAL DEGREES - 8 4 . 5 1 8 0 7		
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	ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL 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>		
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS					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 - REAR-END 3 - 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	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	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	
NARRATIVE On 06/09/22 at 1:54 P.M. Unit 1 was traveling west bound in the main driveway of 3000 Mack Rd. (Mercy Hospital). Unit 2 (a pedestrian) was walking across a crosswalk that crosses the main driveway. Unit 1 struck Unit 2. The witness's to the crash said they saw Unit 2 crossing the cross walk when Unit 1 drove into the cross walk and struck Unit 2						<div style="text-align: right;">  <span style="font-size: small;">Indicate the north direction with an "N" on the compass diagram.</span>   <span style="font-size: small;">UNIT 2</span>   <span style="font-size: small;">NOT TO SCALE</span> </div> <div style="text-align: center; margin-top: 10px;">  </div>		
CRASH REPORTED DATE / TIME 0 6 0 9 2 0 2 2 1 3 5 4		DISPATCH DATE / TIME 0 6 0 9 2 0 2 2 1 3 5 6		ARRIVAL DATE / TIME 0 6 0 9 2 0 2 2 1 4 0 1		SCENE CLEARED DATE / TIME 0 6 0 9 2 0 2 2 1 5 0 6		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME* P.O. Gregg Lamb	CHECKED BY OFFICER'S NAME* Sgt. J. Sprague	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)
						OFFICER'S BADGE NUMBER* 6 5	CHECKED BY OFFICER'S BADGE NUMBER* 8 4	



UNIT

OWNER	UNIT # <u>0_1</u> OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER)
	Seymore, Alberta	
	OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER)	
	5336 #4 Southgate Blvd, #4 Fairfield, OH. 45014	
	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP	COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE <u>O H</u>	LICENSE PLATE # <u>JBC9281</u>	VEHICLE IDENTIFICATION # <u>KMHD74LF7JU659493</u>	VEHICLE YEAR <u>2018</u>	VEHICLE MAKE <u>Hyun</u>
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>Geico</u>	INSURANCE POLICY # <u>6047961880</u>	COLOR <u>Gray</u>	VEHICLE MODEL <u>Elantra</u>
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS <u>0_1</u>	VEHICLE WEIGHT GWR/GCW 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD

UNIT TYPE <u>0_1</u>	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
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# OF TRAILING UNITS 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>2</u>	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN
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SPECIAL FUNCTION <u>0_1</u>	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
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CARGO BODY TYPE <u>0_1</u>	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 - CARGOTANK 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 13 - APPROACHING OR LEAVING VEHICLE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE
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ACTION <u>0_3</u>	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
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CONTRIBUTING CIRCUMSTANCES <u>0_2</u>	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
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SEQUENCE OF EVENTS

<u>1_1_4</u>	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
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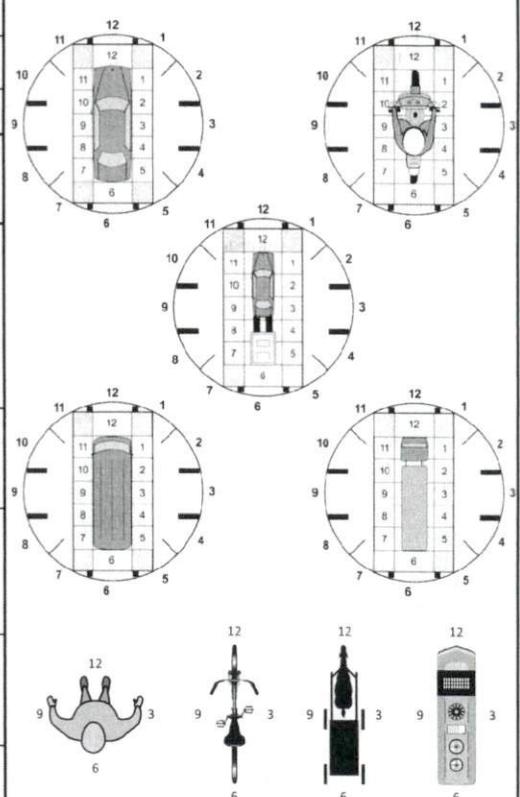
<u>4_5_6</u>	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES 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
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1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER  
2 2 0 4 0 8 2 9

DAMAGE	
DAMAGE SCALE	
<u>2</u>	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 <u>1_2</u>	14 - UNDERCARRIAGE
1-12 - REFER TO UNIT DIAGRAM	15 - VEHICLE NOT AT SCENE
13 - TOP	99 - UNKNOWN

TRAFFIC	
TRAFFIC WAY FLOW <u>2</u>	TRAFFIC CONTROL <u>6</u>
# OF THROUGH LANES ON ROAD <u>2</u>	RAIL GRADE CROSSING <u>1</u>

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

UNIT SPEED <u>1_0</u>	DETECTED SPEED <u>1</u>
POSTED SPEED	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED

OWNER

VEHICLE

EVENT(S)

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# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

2 2 0 4 0 8 2 9

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE 0 1 Seymore, Natasha Anne.					DATE OF BIRTH	AGE	GENDER	
						0 3 1 8 1 9 9 2	3 0	F		
	ADDRESS: STREET, CITY, STATE, ZIP 4851 N. Damen Ave. #214 Chicago, Ill. 60625					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	DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
	OL STATE N Y	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 □ ALCOHOL □ MARIJUANA □ OTHER DRUG	CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE 1	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4		
	UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Melson, Peggy					DATE OF BIRTH 1 1 2 9 1 9 4 6	AGE 7 5	GENDER F	
	ADDRESS: STREET, CITY, STATE, ZIP 227 Ruskin Dr. Cincinnati, OH. 45246					CONTACT PHONE - INCLUDE AREA CODE -				
	INJURIES 2	INJURED TAKEN BY 2	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 1	DOT-COMPLIANT MC HELMET	SEATING POSITION 1 5	AIR BAG USAGE 5	EJECTION	TRAPPED
	OL STATE O H	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 □ ALCOHOL □ MARIJUANA □ OTHER DRUG	CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE 1	DRUG TEST(S) STATUS 1 TYPE 1 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	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 □ ALCOHOL □ MARIJUANA □ OTHER DRUG	CONDITION	ALCOHOL TEST STATUS 1 TYPE 1 VALUE 1	DRUG TEST(S) STATUS 1 TYPE 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	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	4 - 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			
	INJURED TAKEN BY	5 - 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			
	1 - NOT TRANSPORTED /TREATED AT SCENE	6 - SECOND - RIGHT SIDE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7 - EXCEPT TRACTOR-TRAILER	7 - EXCEPT TRACTOR-TRAILER	7 - EXCEPT TRACTOR-TRAILER	7 - EXCEPT TRACTOR-TRAILER			
	2 - EMS	7 - THIRD - MIDDLE	8 - THIRD - RIGHT SIDE	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - INTERMEDIATE LICENSE RESTRICTIONS			
	3 - POLICE	9 - THIRD - RIGHT SIDE	10 - SLEEPER SECTION OF TRUCK CAB	9 - LEARNER'S PERMIT RESTRICTIONS	9 - LEARNER'S PERMIT RESTRICTIONS	9 - LEARNER'S PERMIT RESTRICTIONS	9 - LEARNER'S PERMIT RESTRICTIONS			
	9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	10 - LIMITED TO DAYLIGHT ONLY	10 - LIMITED TO DAYLIGHT ONLY	10 - LIMITED TO DAYLIGHT ONLY	10 - LIMITED TO DAYLIGHT ONLY			
	SAFETY EQUIPMENT		12 - PASSENGER IN UNENCLOSED CARGO AREA	11 - LIMITED TO EMPLOYMENT	11 - LIMITED TO EMPLOYMENT	11 - LIMITED TO EMPLOYMENT	11 - LIMITED TO EMPLOYMENT			
	1 - NONE USED	13 - TRAILING UNIT	13 - TRAILING UNIT	12 - LIMITED - OTHER	12 - LIMITED - OTHER	12 - LIMITED - OTHER	12 - LIMITED - OTHER			
	2 - SHOULDER BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	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	15 - NON-MOTORIST	15 - NON-MOTORIST	14 - MILITARY VEHICLES ONLY	14 - MILITARY VEHICLES ONLY	14 - MILITARY VEHICLES ONLY	14 - MILITARY VEHICLES ONLY			
	4 - SHOULDER & LAP BELT USED	99 - OTHER / UNKNOWN	99 - OTHER / UNKNOWN	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			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									
	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)									
	10 - REFLECTIVE CLOTHING									
	11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY									
	99 - OTHER / UNKNOWN									
	TEST STATUS		EJECTION	OL ENDORSEMENT	DRUG TEST TYPE		TEST STATUS			
	ALCOHOL TEST TYPE		1 - NOT EJECTED	H - HAZMAT	1 - NONE	1 - NONE GIVEN	1 - NONE GIVEN			
	DRUG TEST TYPE		2 - PARTIALLY EJECTED	M - MOTORCYCLE	2 - BLOOD	2 - TEST REFUSED	2 - TEST REFUSED			
	TEST STATUS		3 - TOTALLY EJECTED	P - PASSENGER	3 - URINE	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE			
	ALCOHOL TEST TYPE		4 - NOT APPLICABLE	N - TANKER	4 - BREATH	4 - TEST GIVEN, RESULTS KNOWN	4 - TEST GIVEN, RESULTS KNOWN			
	DRUG TEST TYPE			Q - MOTOR SCOOTER	5 - OTHER	5 - TEST GIVEN, RESULTS UNKNOWN	5 - TEST GIVEN, RESULTS UNKNOWN			
	TEST STATUS			R - THREE-WHEEL MOTORCYCLE	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE			
	ALCOHOL TEST TYPE			S - SCHOOL BUS	6 - PASSENGER	6 - PASSENGER	6 - PASSENGER			
	DRUG TEST TYPE			T - DOUBLE & TRIPLE TRAILERS	7 - OTHER DISTRACTION INSIDE THE VEHICLE	7 - OTHER DISTRACTION INSIDE THE VEHICLE	7 - OTHER DISTRACTION INSIDE THE VEHICLE			
	TEST STATUS			X - TANKER / HAZMAT	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE			
	ALCOHOL TEST TYPE				9 - OTHER / UNKNOWN	9 - OTHER / UNKNOWN	9 - OTHER / UNKNOWN			
	DRUG TEST TYPE				CONDITION	1 - APPARENTLY NORMAL	1 - APPARENTLY NORMAL			
	TEST STATUS				2 - PHYSICAL IMPAIRMENT	2 - PHYSICAL IMPAIRMENT	2 - PHYSICAL IMPAIRMENT			
	ALCOHOL TEST TYPE				3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)			
	DRUG TEST TYPE				4 - ILLNESS	4 - ILLNESS	4 - ILLNESS			
	TEST STATUS				5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.			
	ALCOHOL TEST TYPE				6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL			
	DRUG TEST TYPE				7 - OTHER	7 - OTHER	7 - OTHER			
	TEST STATUS				8 - NEGATIVE RESULTS	8 - NEGATIVE RESULTS	8 - NEGATIVE RESULTS			

# OCCUPANT / WITNESS ADDENDUM

OCCUPANT	UNIT # NAME: LAST, FIRST, MIDDLE					LOCAL REPORT NUMBER 2 2 0 4 0 8 2 9					
	ADDRESS: STREET, CITY, STATE, ZIP					DATE OF BIRTH		AGE	GENDER		
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		
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER	
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		
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER	
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		
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER	
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		
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER	
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		
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER	
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		
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER	
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		
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER	
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		
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER	
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)			EJECTION			
2 - EMS			8 - HELMET USED		8 - THIRD - MIDDLE			1 - NOT EJECTED			
3 - POLICE			9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		9 - THIRD - RIGHT SIDE			2 - PARTIALLY EJECTED			
9 - OTHER / UNKNOWN			10 - REFLECTIVE CLOTHING		10 - SLEEPER SECTION OF TRUCK CAB			3 - TOTALLY EJECTED			
GENDER			11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)			4 - NOT APPLICABLE			
F - FEMALE			99 - OTHER / UNKNOWN		12 - PASSENGER IN UNENCLOSED CARGO AREA			TRAPPED			
M - MALE					13 - TRAILING UNIT			1 - NOT TRAPPED			
U - OTHER / UNKNOWN					14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			2 - EXTRICATED BY MECHANICAL MEANS			
					15 - NON-MOTORIST			3 - FREED BY NON-MECHANICAL MEANS			
					99 - OTHER / UNKNOWN						
WITNESS	NAME: LAST, FIRST, MIDDLE Whitlock, Fay Nell					DATE OF BIRTH 0 7 0 5 1 9 5 5		AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP 10727 Mill Rd. Cincinnati, OH. 45240					CONTACT PHONE - INCLUDE AREA CODE					
WITNESS	NAME: LAST, FIRST, MIDDLE Mares Bajeca, Oscar					DATE OF BIRTH 0 1 1 2 1 9 7 4		AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP 5720 Horseshoe Bend Rd. Hamilton, OH. 45011					CONTACT PHONE - INCLUDE AREA CODE					
WITNESS	NAME: LAST, FIRST, MIDDLE 					DATE OF BIRTH 0		AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP 					CONTACT PHONE - INCLUDE AREA CODE					