



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

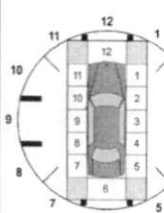
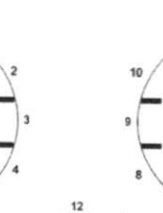
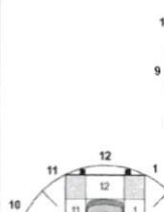
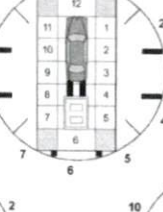
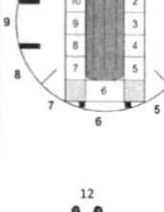
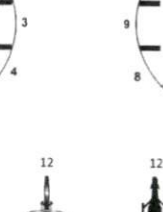
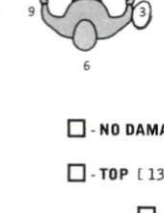

LOCAL REPORT NUMBER*

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input checked="" type="checkbox"/> PRIVATE PROPERTY	LOCAL INFORMATION		2 2 0 4 0 8 2 9				
COUNTY* 09		LOCALITY* 1 CITY		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield		HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 02	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN	
CRASH DATE/TIME* 06092022 1354		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY		LATITUDE DECIMAL DEGREES 39.31301		LONGITUDE DECIMAL DEGREES -84.51807		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA	
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME Mack		ROAD TYPE R D		ROADWAY <input type="checkbox"/> ROADWAY DIVIDED		NUMBER OF APPROACHES	
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 OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY		ROADWAY	
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS		MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN		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 WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN		CONDITIONS 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN
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 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 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					
CRASH REPORTED DATE/TIME 06092022 1354		DISPATCH DATE/TIME 06092022 1356		ARRIVAL DATE/TIME 06092022 1401		SCENE CLEARED DATE/TIME 06092022 1506		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	
OFFICER'S BADGE NUMBER* 65		OFFICER'S BADGE NUMBER* 84		SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)					

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE () SAME AS DRIVER Seymore, Alberta	OWNER PHONE: INCLUDE AREA CODE () CAMP AS DRIVER 5336 #4 Southgate Blvd, #4 Fairfield, OH. 45014		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP () SAME AS DRIVER 5336 #4 Southgate Blvd, #4 Fairfield, OH. 45014		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
VEHICLE	LP STATE OH	LICENSE PLATE # JBC9281	VEHICLE IDENTIFICATION # KMHD714L1F7J165194931	VEHICLE YEAR 2018	VEHICLE MAKE Hyun
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY Geico	INSURANCE POLICY # 6047961880	COLOR Gray	VEHICLE MODEL Elantra
	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 type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 01	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		VEHICLE YEAR 2018		
	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		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		
	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		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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	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		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		
EVENT(S)	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN 2		AUTONOMOUS MODE LEVEL 0		
	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER		11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT		
	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS		16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL		
	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN		
	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION		9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN		
	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN		13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE		
	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN		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		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		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		18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN		

LOCAL REPORT NUMBER 2 2 0 4 0 8 2 9	
DAMAGE DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
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 1 - 12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM 3 TO 4	
UNIT SPEED 1 0	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER)	
	012				
VEHICLE	OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input 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	VEHICLE MAKE
	<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
	TYPE OF USE		TOWED BY: COMPANY NAME		
	<input type="checkbox"/> PASSENGER CAR		HAZARDOUS MATERIAL		
	<input type="checkbox"/> PASSENGER VAN (MINIVAN)		<input type="checkbox"/> MATERIAL RELEASED		
<input type="checkbox"/> SPORT UTILITY VEHICLE		<input type="checkbox"/> PLACARD			
<input type="checkbox"/> PICK UP		CLASS # PLACARD ID #			
<input type="checkbox"/> CARGO VAN					
<input type="checkbox"/> VAN (9-15 SEATS)					
# 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			
SPECIAL FUNCTION		VEHICLE WEIGHT GVWR/GCWR			
1 - NONE		1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.			
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					
CARGO BODY TYPE		VEHICLE TOWING ANOTHER MOTOR VEHICLE			
1 - NO CARGO BODY TYPE / NOT APPLICABLE		5 - INTERMODAL CONTAINER CHASSIS			
2 - BUS		6 - CARGO VAN/ENCLOSED BOX			
3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE		7 - GRAIN/CHIPS/GRAVEL			
4 - LOGGING		8 - POLE			
5 - TURN SIGNALS		9 - CARGO TANK			
6 - HEAD LAMPS		10 - FLAT BED			
7 - TAIL LAMPS		11 - DUMP			
8 - BRAKES		12 - CONCRETE MIXER			
9 - STEERING		13 - AUTO TRANSPORTER			
10 - TIRE BLOWOUT		14 - GARBAGE/REFUSE			
11 - WORN OR SLICK TIRES		99 - OTHER / UNKNOWN			
12 - TRAILER EQUIPMENT DEFECTIVE					
13 - MOTOR TROUBLE					
14 - DISABLED FROM PRIOR ACCIDENT					
99 - OTHER / UNKNOWN					
VEHICLE DEFECTS		VEHICLE TOWING ANOTHER MOTOR VEHICLE			
1 - TURN SIGNALS		5 - INTERMODAL CONTAINER CHASSIS			
2 - HEAD LAMPS		6 - CARGO VAN/ENCLOSED BOX			
3 - TAIL LAMPS		7 - GRAIN/CHIPS/GRAVEL			
4 - BRAKES		8 - POLE			
5 - STEERING		9 - CARGO TANK			
6 - TIRE BLOWOUT		10 - FLAT BED			
7 - WORN OR SLICK TIRES		11 - DUMP			
8 - TRAILER EQUIPMENT DEFECTIVE		12 - CONCRETE MIXER			
9 - MOTOR TROUBLE		13 - AUTO TRANSPORTER			
10 - DISABLED FROM PRIOR ACCIDENT		14 - GARBAGE/REFUSE			
99 - OTHER / UNKNOWN		99 - OTHER / UNKNOWN			
NON-MOTORIST LOCATION AT IMPACT		VEHICLE TOWING ANOTHER MOTOR VEHICLE			
1 - INTERSECTION - MARKED CROSSWALK		5 - INTERMODAL CONTAINER CHASSIS			
2 - INTERSECTION - UNMARKED CROSSWALK		6 - CARGO VAN/ENCLOSED BOX			
3 - INTERSECTION - OTHER		7 - GRAIN/CHIPS/GRAVEL			
4 - MIDBLOCK - MARKED CROSSWALK		8 - POLE			
5 - TRAVEL LANE - OTHER LOCATION		9 - CARGO TANK			
6 - BICYCLE LANE		10 - FLAT BED			
7 - SHOULDER / ROADSIDE		11 - DUMP			
8 - SIDEWALK		12 - CONCRETE MIXER			
9 - MEDIAN/CROSSING ISLAND		13 - AUTO TRANSPORTER			
10 - DRIVEWAY ACCESS		14 - GARBAGE/REFUSE			
11 - SHARED USE PATHS OR TRAILS		99 - OTHER / UNKNOWN			
12 - FIRST RESPONDER AT INCIDENT SCENE					
99 - OTHER / UNKNOWN					
ACTION		VEHICLE TOWING ANOTHER MOTOR VEHICLE			
1 - NON-CONTACT		5 - INTERMODAL CONTAINER CHASSIS			
2 - NON-COLLISION		6 - CARGO VAN/ENCLOSED BOX			
3 - STRIKING		7 - GRAIN/CHIPS/GRAVEL			
4 - STRUCK		8 - POLE			
5 - BOTH STRIKING & STRUCK		9 - CARGO TANK			
9 - OTHER / UNKNOWN		10 - FLAT BED			
1 - STRAIGHT AHEAD		11 - DUMP			
2 - BACKING		12 - CONCRETE MIXER			
3 - CHANGING LANES		13 - AUTO TRANSPORTER			
4 - OVERTAKING/PASSING		14 - GARBAGE/REFUSE			
5 - MAKING RIGHT TURN		99 - OTHER / UNKNOWN			
6 - MAKING LEFT TURN					
7 - MAKING U-TURN					
8 - ENTERING OR CROSSING SPECIFIED LOCATION					
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		VEHICLE TOWING ANOTHER MOTOR VEHICLE			
1 - NONE		5 - INTERMODAL CONTAINER CHASSIS			
2 - FAILURE TO YIELD		6 - CARGO VAN/ENCLOSED BOX			
3 - RAN RED LIGHT		7 - GRAIN/CHIPS/GRAVEL			
4 - RAN STOP SIGN		8 - POLE			
5 - UNSAFE SPEED		9 - CARGO TANK			
6 - IMPROPER TURN		10 - FLAT BED			
7 - LEFT OF CENTER		11 - DUMP			
8 - FOLLOWING TOO CLOSE / ACDA		12 - CONCRETE MIXER			
9 - IMPROPER LANE CHANGE		13 - AUTO TRANSPORTER			
10 - IMPROPER PASSING		14 - GARBAGE/REFUSE			
11 - DROVE OFF ROAD		99 - OTHER / UNKNOWN			
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		VEHICLE TOWING ANOTHER MOTOR VEHICLE			
1 - OVERTURN/ROLLOVER		5 - INTERMODAL CONTAINER CHASSIS			
2 - FIRE/EXPLOSION		6 - CARGO VAN/ENCLOSED BOX			
3 - IMMERSION		7 - GRAIN/CHIPS/GRAVEL			
4 - JACKKNIFE		8 - POLE			
5 - CARGO / EQUIPMENT LOSS OR SHIFT		9 - CARGO TANK			
6 - EQUIPMENT FAILURE		10 - FLAT BED			
7 - SEPARATION OF UNITS		11 - DUMP			
8 - RAN OFF ROAD RIGHT		12 - CONCRETE MIXER			
9 - RAN OFF ROAD LEFT		13 - AUTO TRANSPORTER			
10 - CROSS MEDIAN		14 - GARBAGE/REFUSE			
11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL		99 - OTHER / UNKNOWN			
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 MOVABLE OBJECT					
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 BARRIER					
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					
FIRST HARMFUL EVENT		MOST HARMFUL EVENT			
1		1			

LOCAL REPORT NUMBER	
2 2 0 4 0 8 2 9	
DAMAGE	
DAMAGE SCALE	
1 - NONE 3 - FUNCTIONAL DAMAGE	
2 - MINOR DAMAGE 4 - DISABLING DAMAGE	
9 - UNKNOWN	
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	
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE	
13 - TOP 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN
2 - TWO-WAY	2 - SIGNAL 5 - YIELD SIGN
	3 - FLASHER 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 5 - NORTHEAST	
2 - SOUTH 6 - NORTHWEST	
3 - EAST 7 - SOUTHEAST	
4 - WEST 8 - SOUTHWEST	
9 - OTHER / UNKNOWN	
UNIT SPEED	DETECTED SPEED
3	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED
POSTED SPEED	
1 0	



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER									
2 2 0 4 0 8 2 9									
DATE OF BIRTH					AGE	GENDER			
0 3 1 8 1 9 9 2					3 0	F			
CONTACT PHONE - INCLUDE AREA CODE									

UNIT #	NAME: LAST, FIRST, MIDDLE
0 1	Seymore, Natasha Anne.
ADDRESS: STREET, CITY, STATE, ZIP	
4851 N. Damen Ave. #214 Chicago, Ill. 60625	

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				0 4	<input type="checkbox"/>	0 1	1	1	1		
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER				
N Y				<input type="checkbox"/>							
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST		DRUG TEST(S)			
4			1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	1	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4
						1	1		1	1	

UNIT #	NAME: LAST, FIRST, MIDDLE
0 2	Melson, Peggy
ADDRESS: STREET, CITY, STATE, ZIP	
227 Ruskin Dr. Cincinnati, OH. 45246	

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		
2	2	Fairfield	Mercy	0 1	<input type="checkbox"/>	1 5	5				
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER				
O H				<input type="checkbox"/>							
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	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4
						1	1		1	1	

UNIT #	NAME: LAST, FIRST, MIDDLE
ADDRESS: STREET, CITY, STATE, ZIP	

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		
					<input type="checkbox"/>						
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER				
				<input type="checkbox"/>							
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		STATUS	TYPE	VALUE	STATUS	TYPE	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 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	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 - TALKING ON HAND-HELD COMMUNICATION DEVICE	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 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN
INJURED TAKEN BY	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	6 - PASSENGER	ALCOHOL TEST TYPE
1 - NOT TRANSPORTED / TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION	OL ENDORSEMENT	7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE	1 - NONE
2 - EMS	8 - THIRD - MIDDLE	1 - NOT EJECTED	H - HAZMAT	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	2 - BLOOD
3 - POLICE	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED	M - MOTORCYCLE	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	3 - URINE
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED	P - PASSENGER	10 - LIMITED TO DAYLIGHT ONLY	CONDITION	4 - BREATH
SAFETY EQUIPMENT	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE	N - TANKER	11 - LIMITED TO EMPLOYMENT	1 - APPARENTLY NORMAL	5 - OTHER
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED	Q - MOTOR SCOOTER	12 - LIMITED - OTHER	2 - PHYSICAL IMPAIRMENT	DRUG TEST TYPE
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT	1 - NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	1 - NONE
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	14 - MILITARY VEHICLES ONLY	4 - ILLNESS	2 - BLOOD
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	3 - URINE
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN		X - TANKER / HAZMAT	16 - OUTSIDE MIRROR	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	4 - OTHER
6 - CHILD RESTRAINT SYSTEM - REAR FACING			GENDER	17 - PROSTHETIC AID	9 - OTHER / UNKNOWN	DRUG TEST RESULT(S)
7 - BOOSTER SEAT			F - FEMALE	18 - OTHER		1 - AMPHETAMINES
8 - HELMET USED			M - MALE			2 - BARBITURATES
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			U - OTHER / UNKNOWN			3 - BENZODIAZEPINES
10 - REFLECTIVE CLOTHING						4 - CANNABINOIDS
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						5 - COCAINE
99 - OTHER / UNKNOWN						6 - OPIATES / OPIOIDS
						7 - OTHER
						8 - NEGATIVE RESULTS



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
2 2 0 4 0 8 2 9

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
OCCUPANT	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	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
OCCUPANT	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	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
OCCUPANT	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	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
OCCUPANT	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

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
	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	
	8 - HELMET USED	8 - THIRD - MIDDLE	
	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE	
	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	
	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	
	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	
		13 - TRAILING UNIT	
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	
		15 - NON-MOTORIST	
		99 - OTHER / UNKNOWN	

INJURED TAKEN BY	EJECTION
1 - NOT TRANSPORTED / TREATED AT SCENE	1 - NOT EJECTED
2 - EMS	2 - PARTIALLY EJECTED
3 - POLICE	3 - TOTALLY EJECTED
9 - OTHER / UNKNOWN	4 - NOT APPLICABLE

GENDER	TRAPPED
F - FEMALE	1 - NOT TRAPPED
M - MALE	2 - EXTRICATED BY MECHANICAL MEANS
U - OTHER / UNKNOWN	3 - FREED BY NON-MECHANICAL MEANS

WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER
	Whitlock, Fay Nell	0 7 0 5 1 9 5 5		6 6	F
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE			
	10727 Mill Rd. Cincinnati, OH. 45240				
WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER
	Mares Bajeca, Oscar	0 1 1 2 1 9 7 4		4 8	M
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE			
	5720 Horseshoe Bend Rd. Hamilton, OH. 45011				
WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER
				0	
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE			