

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL INFORMATION				LOCAL REPORT NUMBER*					
<input checked="" type="checkbox"/> PHOTOSTAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		REPORTING AGENCY NAME* NCIC*		2 2 0 4 3 5 8 3					
		Fairfield Police Department 0 0 9 0 1		HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR			
				1 - SOLVED 2 - UNSOLVED	0 2	98 - ANIMAL 0 1 99 - UNKNOWN			
COUNTY* 0 9		LOCALITY* 1 - CITY 1 2 - VILLAGE 3 - TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield					
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES 3 9 3 1 1 9 0 0			
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 7157	ROAD TYPE	LONGITUDE DECIMAL DEGREES - 8 4 4 8 7 9 6 0			
REFERENCE	REFERENCE POINT 3	DIRECTION FROM REFERENCE 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	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	CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY				
REFERENCE POINT 1 2				DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE TYPE DISTANCE FROM REFERENCE 1 - MILES 2 - FEET 3 - YARDS	ROAD TYPE DISTANCE UNIT OF MEASURE	INTERSECTION RELATED		
							<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH		
							<input type="checkbox"/> WITHIN INTERCHANGE AREA	NUMBER OF APPROACHES	
							ROADWAY		
							<input type="checkbox"/> ROADWAY DIVIDED		
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP				MANNER OF CRASH COLLISION/IMPACT 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	ROUTE TYPE 5	DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	MEDIAN TYPE		
				1 - NOT COLLISION 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN 4 - TRANSPORT	4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER/ UNKNOWN		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	CONDITIONS 1	SURFACE 2	
				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	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	
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					
NARRATIVE									
<p>On June 20, 2022 at about 4:12 PM Unit 1 was in the parking lot of 7157 S.R. 4 Dixie Highway, Fairfield Food Mart, facing westbound and started backing his motor vehicle in a unsafe manner eastbound, which caused Unit 1 to collided into Unit 2, who was parked near the gas pumps and facing northbound.</p> <p>Unit 1 was cited for: Judgment Suspension, F.C.O. 335.072A</p>									
CRASH REPORTED DATE / TIME 0 6 2 0 2 0 2 2 1 6 1 2		DISPATCH DATE / TIME 0 6 2 0 2 0 2 2 1 6 2 2		ARRIVAL DATE / TIME 0 6 2 0 2 0 2 2 1 6 3 4		SCENE CLEARED DATE / TIME 0 6 2 0 2 0 2 2 1 6 5 9		REPORT TAKEN BY	
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 0		TOTAL MINUTES 3 7		OFFICER'S NAME* P.O. J. TAYLOR		<input checked="" type="checkbox"/> POLICE AGENCY	
						CHECKED BY OFFICER'S NAME* S.A. Jason Meyer		<input type="checkbox"/> MOTORIST	
						OFFICER'S BADGE NUMBER* 1 5 7		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OEPS)	
						CHECKED BY OFFICER'S BADGE NUMBER* 1 3 2			

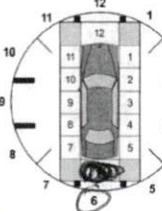
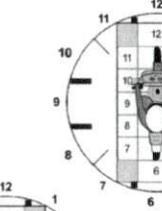
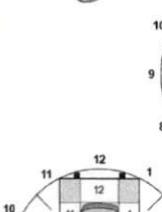
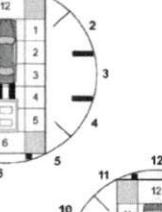
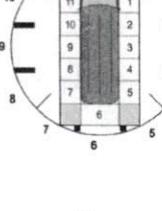
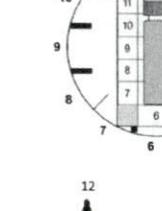
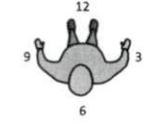
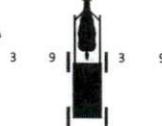
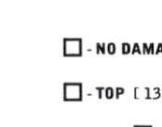
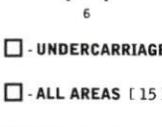


Indicate the north direction with an "N" on the compass diagram.



UNIT

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER)	
	0 1	DAVIS, EUGENIA			
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER)		3211 MIDWAY AVE. CINCINNATI, OHIO, 45238			
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE	
O H	JST3494	1 G N L V F E D 1 A S 1 0 6 7 9 1	2 0 1 0	CHEVY	
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL	
			WHITE	TRAVERSE	
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME		
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE			
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS			
0 1		0 1			
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 3					
UNIT TYPE	# OF TRAILING UNITS				
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN	
0 2	1 - YES 2 - NO 9 - OTHER / UNKNOWN	AUTONOMOUS MODE LEVEL			
SPECIAL FUNCTION		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 21 - MAIL CARRIER 99 - OTHER / UNKNOWN
0 1					
CARGO BODY TYPE	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN
0 1					
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
0 1					
NON-MOTORIST LOCATION AT IMPACT	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN
0 1					
ACTION	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN
0 1					
CONTRIBUTING CIRCUMSTANCES	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION
0 1					
SEQUENCE OF EVENTS	NON-COLLISION				
1 2 1	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 MOVABLE OBJECT
0 1					
4 1 1	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	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
0 1					
1	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT		

LOCAL REPORT NUMBER		
2 2 0 4 3 5 8 3		
DAMAGE		
DAMAGE SCALE		
2	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 1 6	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
TRAFFIC		
TRAFFICWAY FLOW	TRAFFIC CONTROL	
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	
1	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	
UNIT / NON-MOTORIST DIRECTION		
FROM 4 TO 3	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED		
5	DETECTED SPEED	
1	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	
POSTED SPEED		

LOCAL REPORT NUMBER											
2	2	0	4	3	5	8	3				
DAMAGE											
DAMAGE SCALE											
2				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					
0 <u>1</u> 7						15 - VEHICLE NOT AT SCENE					
1-12 - REFER TO UNIT DIAGRAM						99 - UNKNOWN					
13 - TOP											
TRAFFIC											
TRAFFICWAY FLOW						TRAFFIC CONTROL					
1 - ONE-WAY						1 - ROUNDABOUT					
2 - TWO-WAY						4 - STOP SIGN					
2						6					
2 - SIGNAL						5 - YIELD SIGN					
3 - FLASHER						6 - NO CONTROL					
# OF THROUGH LANES ON ROAD						RAIL GRADE CROSSING					
						1 - NOT INVOLVED					
						2 - INVOLVED-ACTIVE CROSSING					
						3 - INVOLVED-PASSIVE CROSSING					
UNIT / NON-MOTORIST DIRECTION											
FROM <u>2</u> TO <u>1</u>						1 - NORTH    5 - NORTHEAST					
						2 - SOUTH    6 - NORTHWEST					
						3 - EAST    7 - SOUTHEAST					
						4 - WEST    8 - SOUTHWEST					
						9 - OTHER/UNKNOWN					
UNIT SPEED						DETECTED SPEED					
						1 - STATED/ESTIMATED SPEED					
						2 - CALCULATED/EDR					
						3 - UNDETERMINED					
POSTED SPEED											

# MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	LOCAL REPORT NUMBER										
	2 2 0 4 3 5 8 3					DATE OF BIRTH		AGE	GENDER		
UNIT #	NAME: LAST, FIRST, MIDDLE										
0 1	DAVIS, RASHAWN, L										
ADDRESS: STREET, CITY, STATE, ZIP											
2000 WESTWOOD N BLVD. APT 124, CINCINNATI, OHIO, 45225											
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
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER	
O H											
DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED			CONDITION	ALCOHOL TEST		DRUG TEST(S)	
6			6	<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										
0 2	GURUNG, ANISHA										
ADDRESS: STREET, CITY, STATE, ZIP											
661 INNSBROOKE LANE, HAMILTON, OHIO, 45011											
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
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER	
O H											
DL 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	1	1	1	RESULT SELECT UP TO 4
UNIT #	NAME: LAST, FIRST, MIDDLE										
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
							<input type="checkbox"/>				
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER	
DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED			CONDITION	ALCOHOL TEST		DRUG TEST(S)	
			1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			1	1	1	1	RESULT SELECT UP TO 4
<b>INJURIES</b>	<b>SEATING POSITION</b>	<b>AIR BAG</b>	<b>DL CLASS</b>	<b>DL 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-COL 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-FAMILY WAIVER	4-TEST GIVEN, RESULTS KNOWN						
5-NO APPARENT INJURY	5-SECOND - MIDDLE	5-NOT APPLICABLE	5-EXCEPT CLASS A BUS	5-EXCEPT CLASS A & CLASS B BUS	5-TEST GIVEN, RESULTS UNKNOWN						
6-SECOND - RIGHT SIDE	6-SECOND - MIDDLE	9-DEPLOYMENT UNKNOWN	6-EXCEPT CLASS A & CLASS B BUS	6-EXCEPT CLASS A & CLASS B BUS							
7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD - MIDDLE	7-EXCEPT TRACTOR-TRAILER	7-EXCEPT TRACTOR-TRAILER	7-EXCEPT TRACTOR-TRAILER							
8-THIRD - MIDDLE	8-THIRD - RIGHT SIDE	8-INTERMEDIATE LICENSE RESTRICTIONS	8-INTERMEDIATE LICENSE RESTRICTIONS	8-INTERMEDIATE LICENSE RESTRICTIONS							
9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB	9-LEARNER'S PERMIT RESTRICTIONS	9-LEARNER'S PERMIT RESTRICTIONS	9-LEARNER'S PERMIT RESTRICTIONS							
<b>INJURED TAKEN BY</b>	<b>EJECTION</b>	<b>DL ENDORSEMENT</b>	<b>TEST STATUS</b>	<b>ALCOHOL TEST TYPE</b>							
1-NOT TRANSPORTED / TREATED AT SCENE	1-NOT EJECTED	H - HAZMAT	1-NONE	1-NONE							
2-EMS	2-PARTIALLY EJECTED	M - MOTORCYCLE	2-BLOOD	2-BLOOD							
3-POLICE	3-TOTALLY EJECTED	P - PASSENGER	3-URINE	3-URINE							
9-OTHER / UNKNOWN	4-NOT APPLICABLE	N - TANKER	4-BREATH	4-BREATH							
<b>SAFETY EQUIPMENT</b>	<b>TRAPPED</b>	Q - MOTOR SCOOTER	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-OTHER / UNKNOWN	6-OTHER / UNKNOWN							
2-SHOULDER BELT ONLY USED	12-PASSENGER IN UNENCLOSED CARGO AREA	S - SCHOOL BUS	7-OTHER / UNKNOWN	7-OTHER / UNKNOWN							
3-LAP BELT ONLY USED	13-TRAILING UNIT	T - DOUBLE & TRIPLE TRAILERS	8-OTHER / UNKNOWN	8-OTHER / UNKNOWN							
4-SHOULDER & LAP BELT USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	X - TANKER / HAZMAT	9-OTHER / UNKNOWN	9-OTHER / UNKNOWN							
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	15-NON-MOTORIST	14-MILITARY VEHICLES ONLY	10-APPARENTLY NORMAL	10-APPARENTLY NORMAL							
6-CHILD RESTRAINT SYSTEM - REAR FACING	99-OTHER / UNKNOWN	15-MOTOR VEHICLES WITHOUT AIR BRAKES	2-PHYSICAL IMPAIRMENT	2-PHYSICAL IMPAIRMENT							
7-BOOSTER SEAT		16-OUTSIDE MIRROR	3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)							
8-HELMET USED		17-PROSTHETIC AID	4-ILLNESS	4-ILLNESS							
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		18-OTHER	5-FELL ASLEEP, FAINTED, FATIGUED, ETC.	5-FELL ASLEEP, FAINTED, FATIGUED, ETC.							
10-REFLECTIVE CLOTHING			6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL							
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY			9-OTHER / UNKNOWN	9-OTHER / UNKNOWN							
99-OTHER / UNKNOWN			7-OTHER	7-OTHER							
			8-Negative RESULTS	8-Negative RESULTS							
<b>CONDITION</b>	<b>DRUG TEST TYPE</b>										
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										
<b>DRUG TEST RESULT(S)</b>											