



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN		<input checked="" type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION			LOCAL REPORT NUMBER*		
<input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*			NCIC*	2 2 0 4 8 1 0 6	
		Fairfield Police Department			0 0 9 0 1		HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR
							2 / 2 - SOLVED	0 2	0 1 98 - ANIMAL
							2 / 2 - UNSOLVED		0 1 99 - UNKNOWN
LOCATION	COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*			CRASH DATE / TIME*		CRASH SEVERITY	
	0 9	1 - CITY 2 - VILLAGE 3 - TOWNSHIP	City of Fairfield			0 7 0 6 2 0 2 2 1 5 1 4		1 - FATAL	
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME			ROAD TYPE	LATITUDE DECIMAL DEGREES	
	U S	1 2 7						3 9 3 4 6 4 3 1	
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)			ROAD TYPE	LONGITUDE DECIMAL DEGREES	
				MAGIE			A V	8 4 5 5 9 3 0 2	
REFERENCE POINT	DIRECTION FROM REFERENCE		ROUTE TYPE		ROAD TYPE		INTERSECTION RELATED		
1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	1	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 SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH		
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE						<input type="checkbox"/> WITHIN INTERCHANGE AREA	NUMBER OF APPROACHES	
1 8 1	1	2 - FEET 3 - YARDS							
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT			DIRECTION OF TRAVEL	ROADWAY	
0 1	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	2	1 - NOT COLLISION 2 - TWO MOTOR VEHICLES IN TRANSPORT 3 - REAR-END 4 - HEAD-ON	4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	<input type="checkbox"/> ROADWAY DIVIDED		
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 - ADVANCE WARNING AREA 2 - TRANSITION AREA 3 - ACTIVITY AREA 4 - TERMINATION AREA	1	1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	2	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"/> LAW ENFORCEMENT PRESENT									
<input type="checkbox"/> ACTIVE SCHOOL ZONE									
LIGHT CONDITION				WEATHER					
1	1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	0 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					
NARRATIVE									
<p>On July 6, 2022 at approximately 3:14 PM, Units 1 and 2 were traveling northbound on Pleasant Avenue north of Magie Avenue. Unit 2 slowed to make a left turn and was rear-ended by Unit 1. Unit 1 then fled the scene. No security footage was available from nearby buildings.</p>									
SEE OH-2									
CRASH REPORTED DATE / TIME			DISPATCH DATE / TIME			ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME	
0 7 0 6 2 0 2 2 1 5 1 4			0 7 0 6 2 0 2 2 1 5 1 7			0 7 0 6 2 0 2 2 1 5 2 6		0 7 0 6 2 0 2 2 1 5 3 7	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		REPORT TAKEN BY	
						A. ROUSH		<input checked="" type="checkbox"/> POLICE AGENCY	
						OFFICER'S BADGE NUMBER*		<input type="checkbox"/> MOTORIST	
0		3 0		5 0		1 7 0		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO (BOPS))	
1		3 2							



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

OWNER

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
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR BLUE	VEHICLE MODEL
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 0 1	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
			HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	

1 - PASSENGER CAR 0 1	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN/ SKATER
2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED	13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANYTYPE)
3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14 - SINGLE UNITTRUCK	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST
4 - PICK UP	10 - MOPED OR MOTORIZED	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE
5 - CARGO VAN	BICYCLE	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN
6 - VAN (9-15 SEATS)	11 - ALL-TERRAIN VEHICLE (ATV/ UTV)	17 - MOTORHOME		99 - UNKNOWN OR HIT/SKIP

0 0 # OF TRAILING UNITS

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

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 20 - SAFETY SERVICE PATROL	21 - MAIL CARRIER 99 - OTHER/ UNKNOWN
------------------	--	--	---	--	--

CARGO BODY TYPE	1 - NO CARGO BODY TYPE / NOT APPLICABLE 9, 9 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
-----------------	--	---	---	--	---

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 99 - OTHER/ UNKNOWN
---------------------------------	--	---	--	--	---

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
--------	--	---	--	---	--

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
----------------------------	---	---	--	--	---

SEQUENCE OF EVENTS

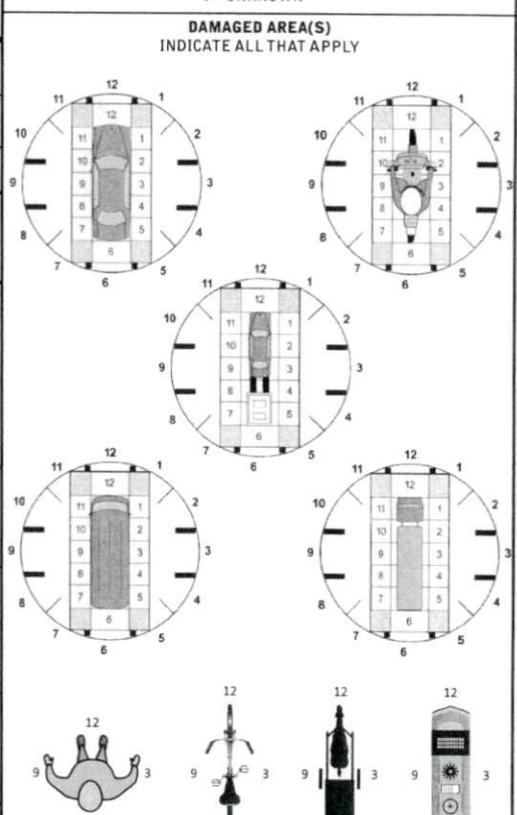
1 - OVERTURN/ ROLLOVER 2 - FIRE/ EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNSHILL RUNAWAY 13 - OTHER 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 - IMPACT ATTENUATOR / CRASH CUSHION 5 - BRIDGE OVERHEAD STRUCTURE 6 - BRIDGE PIER OR ABUTMENT 7 - BRIDGE PARAPET 8 - BRIDGE RAIL 9 - 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
--	--	---	--	---

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER
2 2 0 4 8 1 0 6

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



- NO DAMAGE [0] - UNDERCARRIAGE [14]
 - TOP [13] - ALL AREAS [15]
 - 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
99 - UNKNOWN
13 - TOP

TRAFFIC WAY FLOW
1 - ONE-WAY
2 - TWO-WAY
2

TRAFFIC CONTROL
1 - ROUNDABOUT 4 - STOP SIGN
2 - SIGNAL 5 - YIELD SIGN
3 - FLASHER 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
1 - NORTH 5 - NORTHEAST
2 - SOUTH 6 - NORTHWEST
3 - EAST 7 - SOUTHEAST
4 - WEST 8 - SOUTHWEST
9 - OTHER/ UNKNOWN

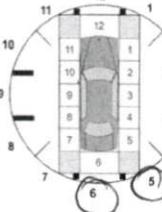
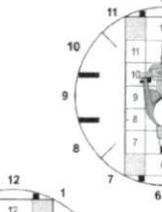
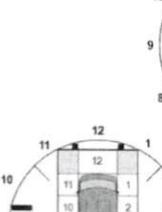
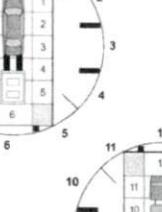
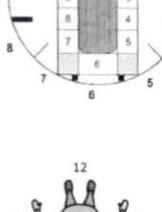
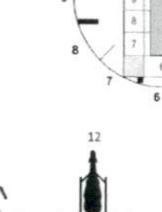
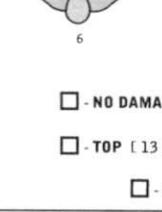
FROM 2 TO 1

UNIT SPEED
1 0

DETECTED SPEED
1 - STATED/ ESTIMATED SPEED
2 - CALCULATED/ EDR
3 - UNDETERMINED

POSTED SPEED
3 5

OWNER	UNIT # <u>012</u> OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) CHURCH OF JESUS CHRIST LDS		OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER)	
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 4610 N BEND RD, CINCINNATI, OH 45211			
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
LP STATE <u>O H</u>	LICENSE PLATE # <u>JHW7519</u>	VEHICLE IDENTIFICATION # <u>3 G N A X T E V 5 M S 1 3 2 0 8 4</u>	VEHICLE YEAR <u>2021</u>	VEHICLE MAKE CHEVROLET
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY NATIONAL UNION	INSURANCE POLICY # <u>AL6890216</u>	COLOR SILVER	VEHICLE MODEL EQUINOX
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 <u>0 2</u>		VEHICLE WEIGHT GVWR/GCWR 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 3</u> 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		# OCCUPANTS <u>0 2</u>	CLASS # PLACARD ID #	
1 - PASSENGER CAR 2 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST 4 - PICK UP 10 - MOPED OR MOTORIZED 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE 5 - CARGO VAN BICYCLE 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR 27 - TRAIN 6 - VAN (9-15 SEATS) 11 - ALL-TERRAIN VEHICLE (ATV / UTV) 17 - MOTORHOME 28 - ANIMAL-DRAWN VEHICLE 99 - UNKNOWN OR HIT/SKIP				
<u>0 0</u> # OF TRAILING UNITS				
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>0 2</u> 1 - YES 2 - NO 9 - OTHER / UNKNOWN		AUTONOMOUS MODE LEVEL <u>0</u>	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN	
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	
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 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 15 - DUMP 99 - OTHER / UNKNOWN	
VEHICLE DEFECTS <u>0 1</u> 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 <u>0 1</u> 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 - REFERRING TO UNIT 14 - VEHICLE NOT AT SCENE 15 - TOP 16 - NOT INVOLVED 17 - INVOLVED-ACTIVE CROSSING 18 - INVOLVED-PASSIVE CROSSING 19 - OTHER / UNKNOWN	
ACTION <u>0 4</u> 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING <u>1 1</u> 4 - STRUCK PRE-CRASH 4 - OVERTAKING/PASSING ACTIONS 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN		1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - MIDBLOCK - MARKED CROSSWALK 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 22 - LYING IN ROADWAY 23 - NOT DISCERNIBLE 24 - OTHER IMPROPER ACTION 25 - SWERVING TO AVOID 26 - DRIVING ON ROAD 27 - SWERVING TO AVOID 28 - DRIVING ON ROAD 29 - SWERVING TO AVOID 30 - SWERVING TO AVOID 31 - SWERVING TO AVOID 32 - SWERVING TO AVOID 33 - SWERVING TO AVOID 34 - SWERVING TO AVOID 35 - SWERVING TO AVOID 36 - SWERVING TO AVOID 37 - SWERVING TO AVOID 38 - SWERVING TO AVOID 39 - SWERVING TO AVOID 40 - SWERVING TO AVOID 41 - SWERVING TO AVOID 42 - SWERVING TO AVOID 43 - SWERVING TO AVOID 44 - SWERVING TO AVOID 45 - SWERVING TO AVOID 46 - SWERVING TO AVOID 47 - SWERVING TO AVOID 48 - SWERVING TO AVOID 49 - SWERVING TO AVOID 50 - SWERVING TO AVOID 51 - SWERVING TO AVOID 52 - SWERVING TO AVOID 53 - SWERVING TO AVOID 54 - SWERVING TO AVOID 55 - SWERVING TO AVOID 56 - SWERVING TO AVOID 57 - SWERVING TO AVOID 58 - SWERVING TO AVOID 59 - SWERVING TO AVOID 60 - SWERVING TO AVOID 61 - SWERVING TO AVOID 62 - SWERVING TO AVOID 63 - SWERVING TO AVOID 64 - SWERVING TO AVOID 65 - SWERVING TO AVOID 66 - SWERVING TO AVOID 67 - SWERVING TO AVOID 68 - SWERVING TO AVOID 69 - SWERVING TO AVOID 70 - SWERVING TO AVOID 71 - SWERVING TO AVOID 72 - SWERVING TO AVOID 73 - SWERVING TO AVOID 74 - SWERVING TO AVOID 75 - SWERVING TO AVOID 76 - SWERVING TO AVOID 77 - SWERVING TO AVOID 78 - SWERVING TO AVOID 79 - SWERVING TO AVOID 80 - SWERVING TO AVOID 81 - SWERVING TO AVOID 82 - SWERVING TO AVOID 83 - SWERVING TO AVOID 84 - SWERVING TO AVOID 85 - SWERVING TO AVOID 86 - SWERVING TO AVOID 87 - SWERVING TO AVOID 88 - SWERVING TO AVOID 89 - SWERVING TO AVOID 90 - SWERVING TO AVOID 91 - SWERVING TO AVOID 92 - SWERVING TO AVOID 93 - SWERVING TO AVOID 94 - SWERVING TO AVOID 95 - SWERVING TO AVOID 96 - SWERVING TO AVOID 97 - SWERVING TO AVOID 98 - SWERVING TO AVOID 99 - SWERVING TO AVOID	
CONTRIBUTING CIRCUMSTANCES <u>0 1</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 / ACCA 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 24 - OTHER IMPROPER ACTION 25 - SWERVING TO AVOID 26 - DRIVING ON ROAD 27 - SWERVING TO AVOID 28 - DRIVING ON ROAD 29 - SWERVING TO AVOID 30 - SWERVING TO AVOID 31 - SWERVING TO AVOID 32 - SWERVING TO AVOID 33 - SWERVING TO AVOID 34 - SWERVING TO AVOID 35 - SWERVING TO AVOID 36 - SWERVING TO AVOID 37 - SWERVING TO AVOID 38 - SWERVING TO AVOID 39 - SWERVING TO AVOID 40 - SWERVING TO AVOID 41 - SWERVING TO AVOID 42 - SWERVING TO AVOID 43 - SWERVING TO AVOID 44 - SWERVING TO AVOID 45 - SWERVING TO AVOID 46 - SWERVING TO AVOID 47 - SWERVING TO AVOID 48 - SWERVING TO AVOID 49 - SWERVING TO AVOID 50 - SWERVING TO AVOID 51 - SWERVING TO AVOID 52 - SWERVING TO AVOID 53 - SWERVING TO AVOID 54 - SWERVING TO AVOID 55 - SWERVING TO AVOID 56 - SWERVING TO AVOID 57 - SWERVING TO AVOID 58 - SWERVING TO AVOID 59 - SWERVING TO AVOID 60 - SWERVING TO AVOID 61 - SWERVING TO AVOID 62 - SWERVING TO AVOID 63 - SWERVING TO AVOID 64 - SWERVING TO AVOID 65 - SWERVING TO AVOID 66 - SWERVING TO AVOID 67 - SWERVING TO AVOID 68 - SWERVING TO AVOID 69 - SWERVING TO AVOID 70 - SWERVING TO AVOID 71 - SWERVING TO AVOID 72 - SWERVING TO AVOID 73 - SWERVING TO AVOID 74 - SWERVING TO AVOID 75 - SWERVING TO AVOID 76 - SWERVING TO AVOID 77 - SWERVING TO AVOID 78 - SWERVING TO AVOID 79 - SWERVING TO AVOID 80 - SWERVING TO AVOID 81 - SWERVING TO AVOID 82 - SWERVING TO AVOID 83 - SWERVING TO AVOID 84 - SWERVING TO AVOID 85 - SWERVING TO AVOID 86 - SWERVING TO AVOID 87 - SWERVING TO AVOID 88 - SWERVING TO AVOID 89 - SWERVING TO AVOID 90 - SWERVING TO AVOID 91 - SWERVING TO AVOID 92 - SWERVING TO AVOID 93 - SWERVING TO AVOID 94 - SWERVING TO AVOID 95 - SWERVING TO AVOID 96 - SWERVING TO AVOID 97 - SWERVING TO AVOID 98 - SWERVING TO AVOID 99 - SWERVING TO AVOID	
SEQUENCE OF EVENTS				
NON-COLLISION				
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - IMPACT ATTENUATOR / CRASH CUSHION 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 25 - WORK ZONE MAINTENANCE EQUIPMENT 26 - WALL 27 - BUILDING 28 - TUNNEL 29 - OTHER FIXED OBJECT 30 - OTHER / UNKNOWN				
COLLISION WITH FIXED OBJECT - STRUCK				
1 - IMPACT ATTENUATOR / CRASH CUSHION 2 - BRIDGE OVERHEAD STRUCTURE 3 - BRIDGE PIER OR ABUTMENT 4 - BRIDGE PARAPET 5 - BRIDGE RAIL 6 - GUARDRAIL FACE 7 - GUARDRAIL END 8 - PORTABLE BARRIER 9 - MEDIAN CABLE BARRIER 10 - MEDIAN GUARDRAIL BARRIER 11 - MEDIAN CONCRETE BARRIER 12 - MEDIAN OTHER BARRIER 13 - TRAFFIC SIGN POST 14 - OVERHEAD SIGN POST 15 - LIGHT / LUMINARIES SUPPORT 16 - UTILITY POLE 17 - MAILBOX 18 - TREE 19 - FIRE HYDRANT 20 - WORK ZONE MAINTENANCE EQUIPMENT 21 - WALL 22 - BUILDING 23 - TUNNEL 24 - OTHER FIXED OBJECT 25 - FIRE HYDRANT 26 - OTHER / UNKNOWN				
1 - FIRST HARMFUL EVENT 1 - MOST HARMFUL EVENT				

LOCAL REPORT NUMBER <u>2 2 0 4 8 1 0 6</u>	
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 14 - UNDERCARRIAGE 1-12 - REFERRING TO UNIT 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN	
TRAFFIC	
TRAFFIC WAY FLOW <u>2</u>	TRAFFIC CONTROL <u>6</u>
1 - ONE-WAY 2 - TWO-WAY	
1 - ROUNDABOUT 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL	
# OF THROUGH LANES ON ROAD <u>2</u>	
RAIL GRADE CROSSING <u>1</u>	
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	
FROM <u>2</u> TO <u>1</u>	
UNIT SPEED <u>0</u>	
DETECTED SPEED <u>1</u>	
1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	
POSTED SPEED <u>3 5</u>	



MOTORIST / Non-MOTORIST

UNIT #		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH			AGE	GENDER				
0 1									0	M				
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE				
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	9 9	<input type="checkbox"/> 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	9	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)			
						<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	9	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4
						<input type="checkbox"/> OTHER DRUG			1	1		1	1	
UNIT #	NAME: LAST, FIRST, MIDDLE 0 2 WARD, KAYLEE ANN										DATE OF BIRTH	AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP 5109 PLEASANT AVE APT 811, FAIRFIELD, OH 45014										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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
OL STATE I D	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		CONDITION	ALCOHOL TEST		DRUG TEST(S)			
						<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4
						<input type="checkbox"/> OTHER DRUG			1	1		1	1	
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		<input type="checkbox"/> 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		STATUS	TYPE	RESULT	STATUS	TYPE	RESULT SELECT UP TO 4
						<input type="checkbox"/> OTHER DRUG			1	1		1	1	
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-TEST REFUSED		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 - RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-NO VALID OL	6-EXCEPT CLASS A & CLASS B BUS	6-TALKING ON HANDS-FREE COMMUNICATION DEVICE		6-TALKING ON HANDS-FREE COMMUNICATION DEVICE							
7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD - MIDDLE			7-EXCEPT TRACTOR-TRAILER	7-TALKING ON HAND-HELD COMMUNICATION DEVICE		7-TALKING ON HAND-HELD COMMUNICATION DEVICE							
8-THIRD - RIGHT SIDE	9-THIRD - RIGHT SIDE			8-INTERMEDIATE LICENSE RESTRICTIONS	8-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		8-TEST GIVEN							
9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB			9-LEARNER'S PERMIT RESTRICTIONS	9-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE		9-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE							
INJURED TAKEN BY		EJECTION	OL ENDORSEMENT	OL RESTRICTION(S)		DRIVER DISTRACTION		TEST STATUS						
1-NOT TRANSPORTED / TREATED AT SCENE	1-NOT EJECTED	H - HAZMAT	1-NOT DISTRACTED	1-NONE GIVEN		1-NONE GIVEN								
2-EMS	2-PARTIALLY EJECTED	M - MOTORCYCLE	2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2-TEST REFUSED		2-TEST REFUSED								
3-POLICE	3-TOTALLY EJECTED	P - PASSENGER	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE		3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE								
4-OTHER / UNKNOWN	4-NOT APPLICABLE	N - TANKER	4-TEST GIVEN, RESULTS KNOWN	4-TEST GIVEN, RESULTS KNOWN		4-TEST GIVEN, RESULTS KNOWN								
SAFETY EQUIPMENT		TRAPPED	Q - MOTOR SCOOTER	4-TEST GIVEN, RESULTS UNKNOWN		4-TEST GIVEN, RESULTS UNKNOWN								
1-NONE USED	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAPI)	1-NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE	5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		5-TEST GIVEN								
2-SHOULDER BELT ONLY USED	12-PASSENGER IN UNENCLOSED CARGO AREA	2-EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	6-PASSENGER		6-TEST GIVEN								
3-LAP BELT ONLY USED	13-TRAILING UNIT	3-FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	7-OTHER DISTRACTION INSIDE THE VEHICLE		7-TEST GIVEN								
4-SHOULDER & LAP BELT USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		X - TANKER / HAZMAT	8-OTHER DISTRACTION OUTSIDE THE VEHICLE		8-TEST GIVEN								
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	15-NON-MOTORIST			9-OTHER / UNKNOWN		9-TEST GIVEN								
6-CHILD RESTRAINT SYSTEM - REAR FACING	99-OTHER / UNKNOWN			10-APPARENTLY NORMAL		10-TEST GIVEN								
7-BOOSTER SEAT				11-PHYSICAL IMPAIRMENT		11-TEST GIVEN								
8-HELMET USED				12-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)		12-TEST GIVEN								
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)				13-ILLNESS		13-TEST GIVEN								
10-REFLECTIVE CLOTHING				14-FELL ASLEEP, FAINTED, FATIGUED, ETC.		14-TEST GIVEN								
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY				15-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		15-TEST GIVEN								
99-OTHER / UNKNOWN				16-OTHER		16-TEST GIVEN								
CONDITION		GENDER		DRUG TEST TYPE		DRUG TEST RESULT(S)								
F - FEMALE		M - MALE		1-AMPHETAMINES		1-AMPHETAMINES								
M - MALE		U - OTHER / UNKNOWN		2-BARBITURATES		2-BARBITURATES								
U - OTHER / UNKNOWN				3-BENZODIAZEPINES		3-BENZODIAZEPINES								
				4-CANNABINOID		4-CANNABINOID								
				5-COCAIN		5-COCAIN								
				6-OPIATES / OPIOIDS		6-OPIATES / OPIOIDS								
				7-OTHER		7-OTHER								
				8-NEGATIVE RESULTS		8-NEGATIVE RESULTS								



OCCUPANT / WITNESS ADDENDUM

OCCUPANT	LOCAL REPORT NUMBER									
	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER		
2	JENSEN, JOY MARIE			0 5 1 6 2 0 0 2		20	F			
ADDRESS: STREET, CITY, STATE, ZIP 5109 PLEASANT AVE APT 811, FAIRFIELD, OH 45014										
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
5					0 4		0 3	0 1	1	1
UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER			
						0				
ADDRESS: STREET, CITY, STATE, ZIP										
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
UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER			
						0				
ADDRESS: STREET, CITY, STATE, ZIP										
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
UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER			
						0				
ADDRESS: STREET, CITY, STATE, ZIP										
OCCUPANT	INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
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)							
2 - EMS		8 - HELMET USED	8 - THIRD - MIDDLE							
3 - POLICE		9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE							
9 - OTHER / UNKNOWN		10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB							
GENDER		11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)							
F - FEMALE		99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA							
M - MALE			13 - TRAILING UNIT							
U - OTHER / UNKNOWN			14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)							
			15 - NON-MOTORIST							
			99 - OTHER / UNKNOWN							
WITNESS		NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER					
				0						
WITNESS		ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE							
WITNESS		NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER					
				0						
WITNESS		ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE							
WITNESS		NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER					
				0						
WITNESS		ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE							

LOCAL
REPORT
NUMBER

22048106

AGENCY

FAIRFIELD P.D. 00901

DATE OF ACCIDENT

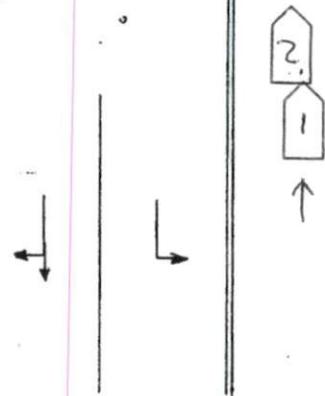
07 06 22

IN COUNTY OF

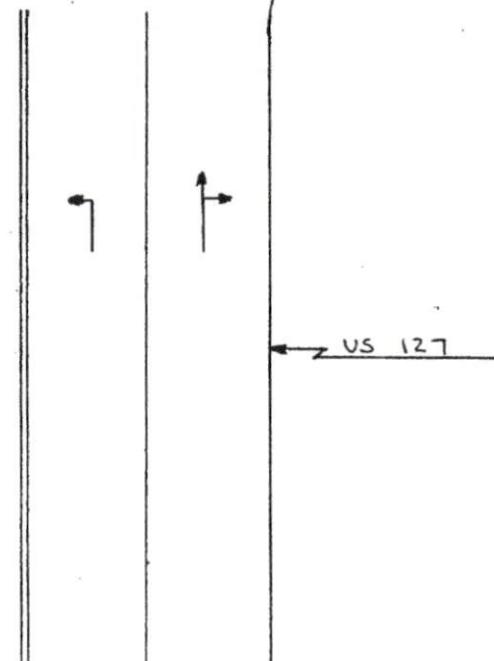
BUTLER

ACCIDENT
LOCATION

Pleasant Ave. / Magie Ave.



MAGIE AVE



OFFICERS SIGNATURE

A. Roush

BADGE NO.
170