



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL REPORT NUMBER*				
				2 2 0 4 9 3 0 1				
<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				
<input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> PRIVATE PROPERTY		REPORTING AGENCY NAME* NCIC*				
				Fairfield Police Department 0 0 9 0 1				
COUNTY* 0 9		LOCALITY* 1-CITY 1 2-VILLAGE 2 3-TOWNSHIP 3		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield				
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME Billy	ROAD TYPE C R	LATITUDE DECIMAL DEGREES 39 3 4 1 4 8 6		
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 2	ROAD TYPE	LONGITUDE DECIMAL DEGREES -84 5 2 6 9 5 7		
REFERENCE POINT 3	DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-WEST	ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE 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	INTERSECTION RELATED			
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS	ROUTE TYPE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY		NUMBER OF APPROACHES			
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 10-DRIVEWAY/ALLEY ACCESS 11-RAILWAY GRADE CROSSING 12-SHARED USE PATHS OR TRAILS 13-BIKE LANE 14-TOLL BOOTH 99-OTHER / UNKNOWN				MANNER OF CRASH COLLISION/IMPACT 1-NOT COLLISION 2-BETWEEN 3-TWO MOTOR VEHICLES IN TRANSPORT 4-REAR-END 5-BACKING 6-ANGLE 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 9-HEAD-ON 10-OTHER / UNKNOWN	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
<input type="checkbox"/> 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				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
NARRATIVE				On July 10, 2022 at about 11:38 p.m. Unit 1 was traveling eastbound on Billy Circle. Unit 1 went off the roadway left, struck the post of a carport, and then struck Unit 2, pushing Unit 2 into Unit 3. The 14 year old driver of Unit 1 was issued a citation for Failure to Control and No Drivers License. The carport is owned by Cindy Cescato (2 Billy Circle, Fairfield, OH 45014;				
				 Indicate the north direction with an "N" on the compass diagram.				
CRASH REPORTED DATE / TIME 0 7 1 0 2 0 2 2 2 3 3 8		DISPATCH DATE / TIME 0 7 1 0 2 0 2 2 2 3 3 9		ARRIVAL DATE / TIME 0 7 1 0 2 0 2 2 2 3 4 6		SCENE CLEARED DATE / TIME 0 7 1 1 2 0 2 2 0 0 4 4		REPORT TAKEN BY
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 0		TOTAL MINUTES 6 5		OFFICER'S NAME* P.O. Cockfield		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OGPS)
						CHECKED BY OFFICER'S NAME* 1 4 1		
						OFFICER'S BADGE NUMBER* 1 2 9		
						CHECKED BY OFFICER'S BADGE NUMBER* 1 4 1		



UNIT

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: <input type="checkbox"/> SAME AS DRIVER
	0_1	Merlos, Jose Luis		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER)		1 Billy Circle, Fairfield, OH 45014	
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	PMQ9945	1N6MD27T61C392951	2001	Nissan
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
			Red	Frontier
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	HAZARDOUS MATERIAL	
0_4		0_2	<input type="checkbox"/> MATERIAL RELEASED	CLASS #
			<input type="checkbox"/> PLACARD	PLACARD ID #
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
# 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
2	1 - YES 2 - NO 9 - OTHER / UNKNOWN	AUTONOMOUS MODE LEVEL		
SPECIAL FUNCTION				
0_1	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
CARGO BODY TYPE				
0_1	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
VEHICLE DEFECTS				
1	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
NON-MOTORIST LOCATION AT IMPACT				
1	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
ACTION				
3	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
CONTRIBUTING CIRCUMSTANCES				
9_9	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
SEQUENCE OF EVENTS				
1_0_9	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE
NON-COLLISION				
4_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 42 - CULVERT	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT
COLLISION WITH FIXED OBJECT - STRUCK				
5_1	26 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT	50 - WORK ZONE MAINTENANCE EQUIPMENT		
6_1	55 - OTHER UNKNOWN	99 - OTHER / UNKNOWN		
2	FIRST HARMFUL EVENT	3	MOST HARMFUL EVENT	

LOCAL REPORT NUMBER	
2 2 0 4 9 3 0 1	
DAMAGE	
3	DAMAGE SCALE 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	
1_2	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP
14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC	
2	TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY
6	TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
2	# OF THROUGH LANES ON ROAD
1	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
4	UNIT / NON-MOTORIST DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
3	FROM 4 TO 3
3_0	UNIT SPEED
1	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
2	POSTED SPEED

OWNER UNIT #	OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> SAME AS DRIVER 0 1 2 Cescato, Hannah, D.	OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER
OWNER ADDRESS: STREET, CITY, STATE, ZIP <input type="checkbox"/> SAME AS DRIVER 2 Billy Circle, Fairfield OH 45014		
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	HVU6881	1G1J1C6SH12G4142525		2016	Chevy																														
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #		COLOR	VEHICLE MODEL																														
	Geico	6110704167		White	Sonic																														
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 0	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD																																
<table border="0"> <tr> <td>1 - PASSENGER CAR</td> <td>7 - MOTORCYCLE 2-WHEELED</td> <td>12 - GOLF CART</td> <td>18 - LIMO (LIVERY VEHICLE)</td> <td>23 - PEDESTRIAN / SKATER</td> </tr> <tr> <td>2 - PASSENGER VAN (MINIVAN)</td> <td>8 - MOTORCYCLE 3-WHEELED</td> <td>13 - SNOWMOBILE</td> <td>19 - BUS (16+ PASSENGERS)</td> <td>24 - WHEELCHAIR (ANY TYPE)</td> </tr> <tr> <td>3 - SPORT UTILITY VEHICLE</td> <td>9 - AUTOCYCLE</td> <td>14 - SINGLE UNIT TRUCK</td> <td>20 - OTHER VEHICLE</td> <td>25 - OTHER NON-MOTORIST</td> </tr> <tr> <td>4 - PICK UP</td> <td>10 - MOPED OR MOTORIZED BICYCLE</td> <td>15 - SEMI-TRACTOR</td> <td>21 - HEAVY EQUIPMENT</td> <td>26 - BICYCLE</td> </tr> <tr> <td>5 - CARGO VAN</td> <td>11 - ALL TERRAIN VEHICLE (ATV / UTV)</td> <td>16 - FARM EQUIPMENT</td> <td>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE</td> <td>27 - TRAIN</td> </tr> <tr> <td>6 - VAN (9-15 SEATS)</td> <td></td> <td>17 - MOTORHOME</td> <td></td> <td>99 - UNKNOWN OR HIT/SKIP</td> </tr> </table>						1 - PASSENGER CAR	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 (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 BICYCLE	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE	5 - CARGO VAN	11 - ALL TERRAIN VEHICLE (ATV / UTV)	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN	6 - VAN (9-15 SEATS)		17 - MOTORHOME		99 - UNKNOWN OR HIT/SKIP
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# OF TRAILING UNITS						
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION 1 - YES 2 - NO 9 - OTHER / UNKNOWN	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - 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 20 - SAFETY SERVICE PATROL	21 - MAIL CARRIER 99 - OTHER / UNKNOWN
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
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 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
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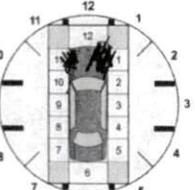
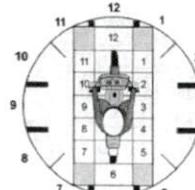
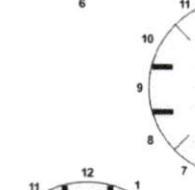
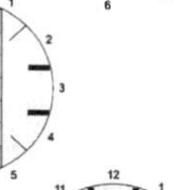
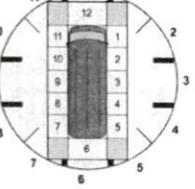
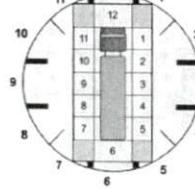
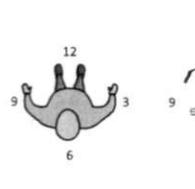
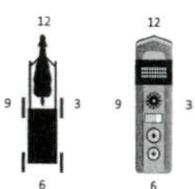
ACTION		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - 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
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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
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SEQUENCE OF EVENTS		NON-COLLISION			
1 2 0	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

COLLISION WITH FIXED OBJECT - STRUCK					
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 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
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LOCAL REPORT NUMBER		
2 2 0 4 9 3 0 1		
DAMAGE		
DAMAGE SCALE		
3	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		
1 2	0 - NO DAMAGE 1 -2 - REFER TO UNIT 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
TRAFFIC		
TRAFFIC WAY FLOW	TRAFFIC CONTROL	
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	
2	1	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION		
FROM 1 TO 2	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 9 - OTHER / UNKNOWN	
UNIT SPEED		
0	DETECTED SPEED	
1	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	
POSTED SPEED		
1		



UNIT

OWNER UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE
0 3	Mike Albert Short Term Rental		
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER)			
10340 Evendale Drive, Cincinnati, OH 45241			
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #		VEHICLE YEAR	VEHICLE MAKE
0 H	JMC5933	5 Y J 3 E 1 E A 0 M F 9 6 9 0 6 6		2021	Tesla
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #		COLOR	VEHICLE MODEL
	Pacific Ins Co	21YRSOH8154		Black	Model 3
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME		
<input checked="" 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	HAZARDOUS MATERIAL		
		0	<input type="checkbox"/> MATERIAL RELEASED	CLASS #	PLACARD ID #
			<input type="checkbox"/> PLACARD		
VEHICLE WEIGHT GVWR/GCWR					
1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.					

1 - PASSENGER CAR	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 (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 ANIMAL-DRAWN VEHICLE	27 - TRAIN
6 - VAN (9-15 SEATS)	11 - ALL-TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE)	99 - UNKNOWN OR HIT/SKIP

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

1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM	21 - MAIL CARRIER
2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	17 - MOWING	99 - OTHER / UNKNOWN
3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	18 - SNOW REMOVAL	
4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	19 - TOWING	
5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL	

1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER
2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	9 - CARGO TANK	13 - AUTO TRANSPORTER
		7 - GRAIN/CHIPS/GRAVEL	10 - FLAT BED	14 - GARBAGE/REFUSE
			11 - DUMP	99 - OTHER / UNKNOWN

1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE	99 - OTHER / UNKNOWN
2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	10 - DISABLED FROM PRIOR ACCIDENT	
3 - TAIL LAMPS	6 - TIRE BLOWOUT			

1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE
2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	
	5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	99 - OTHER / UNKNOWN

1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE
2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19 - STANDING
3 - STRIKING	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	10 - PARKED	20 - OTHER NON-MOTORIST
4 - STRUCK PRE-CRASH ACTIONS	4 - OVERTAKING/PASSING	11 - SLOWING OR STOPPED IN TRAFFIC	15 - WALKING, RUNNING, JOGGING, PLAYING	21 - STANDING OUTSIDE DISABLED VEHICLE
5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	12 - DRIVERLESS	16 - WORKING	17 - PUSHING VEHICLE
9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN			99 - OTHER / UNKNOWN

1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY
2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / ACDA	14 - STOPPED OR PARKED ILLEGALLY	18 - OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE
3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	15 - SWERVING TO AVOID	19 - LOAD SHIFTING/FALLING/SPILLING	23 - OPENING DOOR INTO ROADWAY
4 - RAN STOP SIGN	10 - IMPROPER PASSING	16 - WRONG WAY	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION
5 - UNSAFE SPEED	11 - DROVE OFF ROAD			
6 - IMPROPER TURN	12 - IMPROPER BACKING			

SEQUENCE OF EVENTS

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

COLLISION WITH FIXED OBJECT - STRUCK					
4	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT
	26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH	51 - WALL
5	27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES SUPPORT	45 - EMBANKMENT	52 - BUILDING
	28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL	40 - UTILITY POLE	46 - FENCE	53 - TUNNEL
6	29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX	54 - OTHER FIXED OBJECT
	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	48 - TREE	99 - OTHER / UNKNOWN

1	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT
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LOCAL REPORT NUMBER	
2 2 0 4 9 3 0 1	
DAMAGE	
DAMAGE SCALE	
3	1 - NONE 3 - FUNCTIONAL DAMAGE
	2 - MINOR DAMAGE 4 - DISABLING DAMAGE
	9 - UNKNOWN
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<img alt="Diagram of	



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

2 2 0 4 9 3 0 1

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE 0 1 Gonzalez-Medina, Alajandro										DATE OF BIRTH	AGE	GENDER	
											0 9 1 1 2 0 0 7	1 4	M		
MOTORIST / NON-MOTORIST	ADDRESS: STREET, CITY, STATE, ZIP 85 Billy Circle, 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	DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED 4511.202A	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION Failure To Control
MOTORIST / NON-MOTORIST	OL CLASS 6	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	ALCOHOL TEST STATUS 1	TYPE 1	VALUE .	DRUG TEST(S) STATUS 1	TYPE 1	RESULT SELECT UP TO 4	DATE OF BIRTH	AGE	GENDER 0
	UNIT #	NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH	AGE	GENDER	
MOTORIST / NON-MOTORIST	ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES 1	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 <input type="checkbox"/>	OFFENSE DESCRIPTION
MOTORIST / NON-MOTORIST	OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST STATUS 1	TYPE 1	VALUE .	DRUG TEST(S) STATUS 1	TYPE 1	RESULT SELECT UP TO 4	DATE OF BIRTH	AGE	GENDER 0
	UNIT #	NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH	AGE	GENDER	
MOTORIST / NON-MOTORIST	ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES 1	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 <input type="checkbox"/>	OFFENSE DESCRIPTION
MOTORIST / NON-MOTORIST	OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST STATUS 1	TYPE 1	VALUE .	DRUG TEST(S) STATUS 1	TYPE 1	RESULT SELECT UP TO 4	DATE OF BIRTH	AGE	GENDER
	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, RESULTS KNOWN									
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 UNKNOWN	4-TEST GIVEN, RESULTS UNKNOWN									
5-NO APPARENT INJURY	5-SECOND-MIDDLE	5-NOT APPLICABLE	5-M/C MOPED ONLY	5-EXCEPT CLASS A BUS	5-TALKING ON HANDS-FREE COMMUNICATION 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-TALKING ON HAND-HELD COMMUNICATION DEVICE	6-TEST GIVEN, RESULTS UNKNOWN									
1-NOT TRANSPORTED / TREATED AT SCENE	7-THIRD-LEFT SIDE (MOTORCYCLE SIDE CAR)			7-EXCEPT TRACTOR-TRAILER	7-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	7-TEST GIVEN, RESULTS UNKNOWN									
2-EMS	8-THIRD-MIDDLE			8-INTERMEDIATE LICENSE RESTRICTIONS	8-TEST GIVEN, RESULTS UNKNOWN	8-TEST GIVEN, RESULTS UNKNOWN									
3-POLICE	9-THIRD-RIGHT SIDE			9-LEARNER'S PERMIT RESTRICTIONS	9-TEST GIVEN, RESULTS UNKNOWN	9-TEST GIVEN, RESULTS UNKNOWN									
9-OTHER/UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB			10-LIMITED TO DAYLIGHT ONLY	10-TEST GIVEN, RESULTS UNKNOWN	10-TEST GIVEN, RESULTS UNKNOWN									
SAFETY EQUIPMENT	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)			11-LIMITED TO EMPLOYMENT	11-TEST GIVEN, RESULTS UNKNOWN	11-TEST GIVEN, RESULTS UNKNOWN									
1-NONE USED	12-PASSENGER IN UNENCLOSED CARGO AREA			12-LIMITED-OTHER	12-TEST GIVEN, RESULTS UNKNOWN	12-TEST GIVEN, RESULTS UNKNOWN									
2-SHOULDER BELT ONLY USED	13-TRAILING UNIT			13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13-TEST GIVEN, RESULTS UNKNOWN	13-TEST GIVEN, RESULTS UNKNOWN									
3-LAP BELT ONLY USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			14-MILITARY VEHICLES ONLY	14-TEST GIVEN, RESULTS UNKNOWN	14-TEST GIVEN, RESULTS UNKNOWN									
4-SHOULDER & LAP BELT USED	15-NON-MOTORIST			15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-TEST GIVEN, RESULTS UNKNOWN	15-TEST GIVEN, RESULTS UNKNOWN									
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	99-OTHER / UNKNOWN			16-OUTSIDE MIRROR	16-TEST GIVEN, RESULTS UNKNOWN	16-TEST GIVEN, RESULTS UNKNOWN									
6-CHILD RESTRAINT SYSTEM - REAR FACING				17-PROSTHETIC AID	17-TEST GIVEN, RESULTS UNKNOWN	17-TEST GIVEN, RESULTS UNKNOWN									
7-BOOSTER SEAT				18-OTHER	18-TEST GIVEN, RESULTS UNKNOWN	18-TEST GIVEN, RESULTS UNKNOWN									
8-HELMET USED															
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)															
10-REFLECTIVE CLOTHING															
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY															
99-OTHER / UNKNOWN															



OCCUPANT / WITNESS ADDENDUM

OCCUPANT	LOCAL REPORT NUMBER									
	2 2 0 4 9 3 0 1					DATE OF BIRTH	AGE	GENDER		
UNIT #	NAME: LAST, FIRST, MIDDLE					0 4 1 3 2 0 0 7	1 5	M		
1	Guilbert, Wilker, J.									
ADDRESS:	STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
3 Merlin Drive, C, 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					
5				0 4	0 3 0 1 1 1					
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
1						0	0			
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					
1					0 3 0 1 1 1					
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
1						0	0			
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					
1					0 3 0 1 1 1					
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
1						0	0			
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					
1					0 3 0 1 1 1					
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
1						0	0			
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					
1					0 3 0 1 1 1					
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
1						0	0			
ADDRESS:	STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
INJURIES			SAFETY EQUIPMENT USED		SEATING POSITION			AIR BAG USAGE		
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY			1 - NONE USED - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN			1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN		
INJURED TAKEN BY								EJECTION		
1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN								1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE		
GENDER								TRAPPED		
F - FEMALE M - MALE U - OTHER / UNKNOWN								1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS		
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
						0	0			
ADDRESS:	STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
						0	0			
ADDRESS:	STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
						0	0			
ADDRESS:	STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				