



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

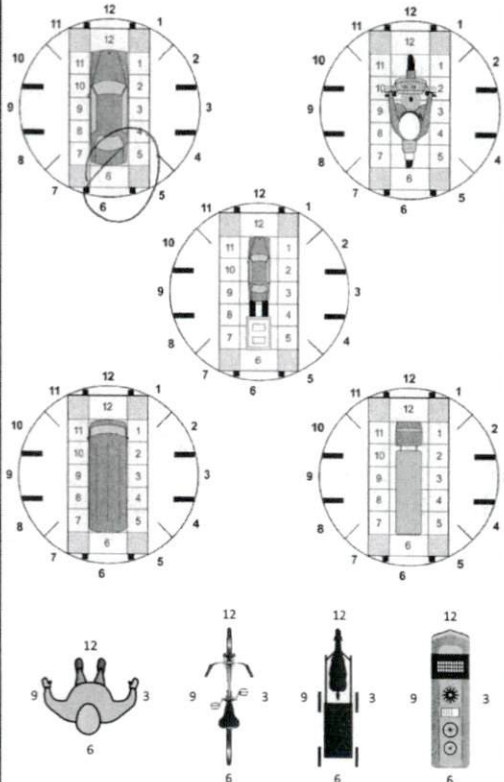
LOCAL REPORT NUMBER*

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY	LOCAL INFORMATION REPORTING AGENCY NAME* Fairfield Police Department		NCIC* 00901	22049676	
COUNTY* 09	LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP 1	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield		CRASH DATE / TIME* 07122022 0945		CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY 3	
ROUTE TYPE US	ROUTE NUMBER 127	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME HUNTER	ROAD TYPE RD	LATITUDE DECIMAL DEGREES 39.316580	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES	
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE # 1	DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-WEST 2	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 PL-PLACE HW-HIGHWAY LA-LANE MP-MILEPOST OV-OVAL PK-PARKWAY PI-PIKE WA-WAY RD-ROAD SQ-SQUARE ST-STREET TE-TERRACE TL-TRAIL WA-WAY	LONGITUDE DECIMAL DEGREES -84.561610		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 01		MANNER OF CRASH COLLISION/IMPACT 1-NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2-REAR-END 3-HEAD-ON 4-REAR-TO-REAR 5-BACKING 6-ANGLE 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 9-OTHER / UNKNOWN 2		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 (ANY TYPE) 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 1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 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 1		WEATHER 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL 6-SNOW 7-SEVERE CROSSWINDS 8-BLOWING SAND, SOIL, DIRT, SNOW 9-FREEZING RAIN OR FREEZING DRIZZLE 99-OTHER / UNKNOWN 01		CONDITIONS 1 1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN		SURFACE 2 1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN	
NARRATIVE On July 12, 2022 at about 9:45 A.M. Unit 2 was stopped in traffic on Pleasant Ave. Unit 1 failed to maintain an assured clear distance ahead and struck Unit 2 in the rear. The driver of Unit 1 was cited for ACDA.							
<p>Indicate the north direction with an "N" on the compass diagram.</p> <p>PLEASANT AVE</p> <p>NOT TO SCALE</p>							
CRASH REPORTED DATE / TIME 07122022 0947		DISPATCH DATE / TIME 07122022 0948		ARRIVAL DATE / TIME 07122022 0948		SCENE CLEARED DATE / TIME 07122022 1037	
TOTAL TIME ROADWAY CLOSED 20		OTHER INVESTIGATION TIME 69		OFFICER'S NAME* R. CORNER		CHECKED BY OFFICER'S NAME* S. J. Sprague	
TOTAL MINUTES 69		OFFICER'S BADGE NUMBER* 85		CHECKED BY OFFICER'S BADGE NUMBER* 84		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)	

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) HENRY, RANDALL J	OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 3934 FREEMAN AVE HAMILTON, OH 45015		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
VEHICLE	LP STATE OH	LICENSE PLATE # HSU4378	VEHICLE IDENTIFICATION # 1FADP3J20F1L208102	VEHICLE YEAR 2015	VEHICLE MAKE FORD
	INSURANCE VERIFIED	INSURANCE COMPANY STATE FARM	INSURANCE POLICY # 8212394A28351	COLOR BLACK	VEHICLE MODEL FUSION
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME WAYNE'S	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS 01	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.				
	UNIT TYPE 01				
	# OF TRAILING UNITS 0				
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN		AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN		
	SPECIAL FUNCTION 01				
	CARGO BODY TYPE 01				
VEHICLE DEFECTS					
NON-MOTORIST LOCATION AT IMPACT					
ACTION					
CONTRIBUTING CIRCUMSTANCES					
SEQUENCE OF EVENTS					
NON-COLLISION					
COLLISION WITH FIXED OBJECT - STRUCK					
FIRST HARMFUL EVENT		MOST HARMFUL EVENT			

LOCAL REPORT NUMBER 22049676	
DAMAGE DAMAGE SCALE 4 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<input type="checkbox"/> NO DAMAGE [0] <input type="checkbox"/> UNDERCARRIAGE [14] <input type="checkbox"/> TOP [13] <input type="checkbox"/> ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT 0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN	
TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 6 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 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM 2 TO 1 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 25	DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 40	

OWNER	UNIT # 02	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) BALL, JOHN	OWNER PHONE: INCLUDE AREA CODE (☐ TRUNK AND NUMBER) _____		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER) _____				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP _____		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE _____			
VEHICLE	LP STATE OH	LICENSE PLATE # HIR5560	VEHICLE IDENTIFICATION # 1C4RJFA1G2D1C542241	VEHICLE YEAR 2013	VEHICLE MAKE JEEP
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY STATE FARM	INSURANCE POLICY # 7583270C1435D	COLOR BLACK	VEHICLE MODEL GRAND CH
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT # _____	TOWED BY: COMPANY NAME _____	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 01	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
	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
	# OF TRAILING UNITS 0		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN		
	AUTONOMOUS MODE LEVEL _____		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN		
	SPECIAL FUNCTION 01		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 01		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		
EVENT(S)	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 4		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 01		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 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		25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN		
	FIRST HARMFUL EVENT 1		MOST HARMFUL EVENT 1		

LOCAL REPORT NUMBER 2 2 0 4 9 6 7 6	
DAMAGE DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
	
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT 0 - NO DAMAGE 1 - 12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
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# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM 2 TO 1 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 0	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 4 0	

OHIO DEPARTMENT
OF PUBLIC SAFETY
DOT - RENEW PROGRAM

Motorist / Non-Motorist

LOCAL REPORT NUMBER											
2 2 0 4 9 6 7 6											
UNIT #	NAME: LAST, FIRST, MIDDLE										
0 1	LUNSFORD, MACAYLA LOISANN										
ADDRESS: STREET, CITY, STATE, ZIP											
5466 CAMELOT DR APT 23 FAIRFIELD, OH 45014											
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	
3	2	CFFD		MERCY	0 4	<input type="checkbox"/>	0 1	2	1	1	
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER			
0 H			333.03A		<input checked="" type="checkbox"/>	ACDA		248193			
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)	
4				1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	STATUS	TYPE	VALUE	STATUS
								1	1		1
UNIT #	NAME: LAST, FIRST, MIDDLE										
0 2	BALL, DEBRA SUE										
ADDRESS: STREET, CITY, STATE, ZIP											
1830 BRIARROSE CT CINCINNATI, OH 45231											
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO:	MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
5					0 4	<input type="checkbox"/>	0 1	1	1	1	
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER			
M I					<input type="checkbox"/>						
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)	
4				1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	STATUS	TYPE	VALUE	STATUS
								1	1		1
UNIT #	NAME: LAST, FIRST, MIDDLE										
ADDRESS: STREET, CITY, STATE, ZIP											
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO:	MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
						<input type="checkbox"/>					
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER			
					<input type="checkbox"/>						
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)	
					<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			STATUS	TYPE	VALUE	STATUS
INJURIES											
1 - FATAL											
2 - SUSPECTED SERIOUS INJURY											
3 - SUSPECTED MINOR INJURY											
4 - POSSIBLE INJURY											
5 - NO APPARENT INJURY											
SEATING POSITION											
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											
AIR BAG											
1 - NOT DEPLOYED											
2 - DEPLOYED FRONT											
3 - DEPLOYED SIDE											
4 - DEPLOYED BOTH FRONT / SIDE											
5 - NOT APPLICABLE											
9 - DEPLOYMENT UNKNOWN											
OL CLASS											
1 - CLASS A											
2 - CLASS B											
3 - CLASS C											
4 - REGULAR CLASS (OHIO = D)											
5 - MC MOPED ONLY											
6 - NO VALID OL											
OL RESTRICTION(S)											
1 - ALCOHOL INTERLOCK DEVICE											
2 - CDL INTRASTATE ONLY											
3 - CORRECTIVE LENSES											
4 - FARM WAIVER											
5 - EXCEPT CLASS A BUS											
6 - EXCEPT CLASS A & CLASS B BUS											
7 - EXCEPT TRACTOR-TRAILER											
8 - INTERMEDIATE LICENSE RESTRICTIONS											
9 - LEARNER'S PERMIT RESTRICTIONS											
10 - LIMITED TO DAYLIGHT ONLY											
11 - LIMITED TO EMPLOYMENT											
12 - LIMITED - OTHER											
13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)											
14 - MILITARY VEHICLES ONLY											
15 - MOTOR VEHICLES WITHOUT AIR BRAKES											
16 - OUTSIDE MIRROR											
17 - PROSTHETIC AID											
18 - OTHER											
DRIVER DISTRACTION											
1 - NOT DISTRACTED											
2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)											
3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE											
4 - TALKING ON HAND-HELD COMMUNICATION DEVICE											
5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE											
6 - PASSENGER											
7 - OTHER DISTRACTION INSIDE THE VEHICLE											
8 - OTHER DISTRACTION OUTSIDE THE VEHICLE											
9 - OTHER / UNKNOWN											
TEST STATUS											
1 - NONE GIVEN											
2 - TEST REFUSED											
3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE											
4 - TEST GIVEN, RESULTS KNOWN											
5 - TEST GIVEN, RESULTS UNKNOWN											
ALCOHOL TEST TYPE											
1 - NONE											
2 - BLOOD											
3 - URINE											
4 - BREATH											
5 - OTHER											
DRUG TEST TYPE											
1 - NONE											
2 - BLOOD											
3 - URINE											
4 - OTHER											
CONDITION											
1 - APPARENTLY NORMAL											
2 - PHYSICAL IMPAIRMENT											
3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)											
4 - ILLNESS											
5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.											
6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL											
9 - OTHER / UNKNOWN											
DRUG TEST RESULT(S)											
1 - AMPHETAMINES											
2 - BARBITURATES											
3 - BENZODIAZEPINES											
4 - CANNABINOIDS											
5 - COCAINE											
6 - OPIATES / OPIOIDS											
7 - OTHER											
8 - NEGATIVE RESULTS											