

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION		LOCAL REPORT NUMBER* 2 2 0 5 0 3 4 0		
		REPORTING AGENCY NAME* Fairfield Police Department		NCIC*	HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 0 3
COUNTY* 0 9	LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield			CRASH DATE / TIME* 0 7 1 4 2 0 2 2 1 7 0 8	CRASH SEVERITY 3
REFERENCE LOCATION ROUTE TYPE S R	ROUTE NUMBER 4 B	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES 3 9 3 4 0 7 2 7	1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Symmes	ROAD TYPE R D	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	DIRECTION FROM REFERENCE 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	ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	INTERSECTION RELATED	
DISTANCE FROM REFERENCE 5 0 0	DISTANCE UNIT OF MEASURE 3	ROUTE TYPE 1 - MILES 2 - FEET 3 - YARDS	ROAD TYPE RD - ROAD ST - STREET TE - TERRACE TL - TRAIL WA - WAY		NUMBER OF APPROACHES	
LOCATION OF FIRST HARMFUL EVENT 0 1			MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION 2 - ON ROADWAY 3 - ON SHOULDER 4 - IN MEDIAN 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		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 SIGN 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 0 1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL	6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN	1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN
NARRATIVE On 07/14/22 at 5:08 P.M. Unit 1 was traveling north on SR-4 Bypass in the right most lane. Unit 1 failed to assure clear distance ahead and rear ended Unit 2. Unit 2 rear ended Unit 3 when they were struck by Unit 1.						
 Indicate the north direction with an "N" on the compass diagram.						
See OH-2						
CRASH REPORTED DATE / TIME 0 7 1 4 2 0 2 2 1 7 0 8		DISPATCH DATE / TIME 0 7 1 4 2 0 2 2 1 7 0 9		ARRIVAL DATE / TIME 0 7 1 4 2 0 2 2 1 7 1 3		SCENE CLEARED DATE / TIME 0 7 1 4 2 0 2 2 1 7 3 5
TOTAL TIME ROADWAY CLOSED 0	OTHER INVESTIGATION TIME 3 0	TOTAL MINUTES 5 6	OFFICER'S NAME* D. Miller		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
			CHECKED BY OFFICER'S NAME* <i>[Signature]</i>		SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)	
			OFFICER'S BADGE NUMBER* 1 6 7		CHECKED BY OFFICER'S BADGE NUMBER* <i>[Signature]</i>	

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER)	
	0 1	Farthing, Michael			
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER)					
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP				COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #		VEHICLE YEAR	VEHICLE MAKE
O H	GQC8247	1 C 3 C C C A B 8 F N 5 0 3 6 3 6		2 0 1 5	Chrysler
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #		COLOR	VEHICLE MODEL
	Progressive	932605593		Taupe	200
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 1	<input type="checkbox"/> MATERIAL RELEASED	CLASS #	PLACARD ID #
			<input type="checkbox"/> PLACARD		
VEHICLE WEIGHT GVWR/GCW					
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 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 1 2 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					
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					
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					
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					
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 - APPROACHING OR LEAVING VEHICLE 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 - DRIVING 23 - OPENING DOOR INTO ROADWAY 24 - LYING IN ROADWAY 25 - NOT DISCERNIBLE 26 - SWERVING TO AVOID SPILLING 27 - OTHER IMPROPER ACTION 99 - OTHER / UNKNOWN					
1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 6 - PRE-CRASH ACTIONS 7 - OVERTAKING/PASSING 8 - 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 - DRIVING 23 - OPENING DOOR INTO ROADWAY 24 - LYING IN ROADWAY 25 - NOT DISCERNIBLE 26 - SWERVING TO AVOID SPILLING 27 - OTHER IMPROPER ACTION 99 - OTHER / UNKNOWN					
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 SPILLING 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING 21 - WORK ZONE MAINTENANCE EQUIPMENT 22 - ANIMAL - FARM 23 - ANIMAL - DEER 24 - ANIMAL - OTHER 25 - MOTOR VEHICLE IN TRANSPORT 26 - PEDESTRIAN 27 - PEDALCYCLE 28 - RAILWAY VEHICLE 29 - DOWNHILL RUNAWAY 30 - OTHER NON-COLLISION 31 - OTHER PERSON 32 - OTHER VEHICLE 33 - OTHER EQUIPMENT 34 - OTHER PERSON 35 - OTHER VEHICLE 36 - OTHER EQUIPMENT 37 - OTHER PERSON 38 - OTHER VEHICLE 39 - OTHER EQUIPMENT 40 - OTHER PERSON 41 - OTHER VEHICLE 42 - OTHER EQUIPMENT 43 - OTHER PERSON 44 - OTHER VEHICLE 45 - OTHER EQUIPMENT 46 - OTHER PERSON 47 - OTHER VEHICLE 48 - OTHER EQUIPMENT 49 - OTHER PERSON 50 - OTHER VEHICLE 51 - OTHER EQUIPMENT 52 - OTHER PERSON 53 - OTHER VEHICLE 54 - OTHER EQUIPMENT 55 - OTHER PERSON 56 - OTHER VEHICLE 57 - OTHER EQUIPMENT 58 - OTHER PERSON 59 - OTHER VEHICLE 60 - OTHER EQUIPMENT 61 - OTHER PERSON 62 - OTHER VEHICLE 63 - OTHER EQUIPMENT 64 - OTHER PERSON 65 - OTHER VEHICLE 66 - OTHER EQUIPMENT 67 - OTHER PERSON 68 - OTHER VEHICLE 69 - OTHER EQUIPMENT 70 - OTHER PERSON 71 - OTHER VEHICLE 72 - OTHER EQUIPMENT 73 - OTHER PERSON 74 - OTHER VEHICLE 75 - OTHER EQUIPMENT 76 - OTHER PERSON 77 - OTHER VEHICLE 78 - OTHER EQUIPMENT 79 - OTHER PERSON 80 - OTHER VEHICLE 81 - OTHER EQUIPMENT 82 - OTHER PERSON 83 - OTHER VEHICLE 84 - OTHER EQUIPMENT 85 - OTHER PERSON 86 - OTHER VEHICLE 87 - OTHER EQUIPMENT 88 - OTHER PERSON 89 - OTHER VEHICLE 90 - OTHER EQUIPMENT 91 - OTHER PERSON 92 - OTHER VEHICLE 93 - OTHER EQUIPMENT 94 - OTHER PERSON 95 - OTHER VEHICLE 96 - OTHER EQUIPMENT 97 - OTHER PERSON 98 - OTHER VEHICLE 99 - OTHER EQUIPMENT					
SEQUENCE OF EVENTS					
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - IMPACT ATTENUATOR / CRASH CUSHION 7 - BRIDGE OVERHEAD STRUCTURE 8 - BRIDGE PIER OR ABUTMENT 9 - BRIDGE PARAPET 10 - BRIDGE RAIL 11 - GUARDRAIL FACE					
12 - GUARDRAIL END 13 - PORTABLE BARRIER 14 - MEDIAN CABLE BARRIER 15 - MEDIAN GUARDRAIL 16 - BARRIER 17 - MEDIAN CONCRETE BARRIER 18 - GUARDRAIL SUPPORT 19 - LIGHT / LUMINARIES SUPPORT 20 - UTILITY POLE 21 - OTHER POST, POLE OR SUPPORT 22 - CULVERT					
23 - DOWNHILL RUNAWAY 24 - OTHER PERSON 25 - OTHER VEHICLE 26 - PEDESTRIAN 27 - PEDALCYCLE 28 - RAILWAY VEHICLE 29 - ANIMAL - DEER 30 - ANIMAL - OTHER 31 - MOTOR VEHICLE IN TRANSPORT 32 - PEDESTRIAN 33 - PEDALCYCLE 34 - RAILWAY VEHICLE 35 - ANIMAL - FARM 36 - ANIMAL - OTHER 37 - PEDESTRIAN 38 - PEDALCYCLE 39 - RAILWAY VEHICLE 40 - ANIMAL - DEER 41 - ANIMAL - OTHER 42 - PEDESTRIAN 43 - PEDALCYCLE 44 - RAILWAY VEHICLE 45 - ANIMAL - FARM 46 - PEDESTRIAN 47 - PEDALCYCLE 48 - RAILWAY VEHICLE 49 - ANIMAL - DEER 50 - ANIMAL - OTHER 51 - PEDESTRIAN 52 - PEDALCYCLE 53 - RAILWAY VEHICLE 54 - ANIMAL - FARM 55 - PEDESTRIAN 56 - PEDALCYCLE 57 - RAILWAY VEHICLE 58 - ANIMAL - DEER 59 - ANIMAL - OTHER 60 - PEDESTRIAN 61 - PEDALCYCLE 62 - RAILWAY VEHICLE 63 - ANIMAL - FARM 64 - PEDESTRIAN 65 - PEDALCYCLE 66 - RAILWAY VEHICLE 67 - ANIMAL - DEER 68 - ANIMAL - OTHER 69 - PEDESTRIAN 70 - PEDALCYCLE 71 - RAILWAY VEHICLE 72 - ANIMAL - FARM 73 - PEDESTRIAN 74 - PEDALCYCLE 75 - RAILWAY VEHICLE 76 - ANIMAL - DEER 77 - ANIMAL - OTHER 78 - PEDESTRIAN 79 - PEDALCYCLE 80 - RAILWAY VEHICLE 81 - ANIMAL - FARM 82 - PEDESTRIAN 83 - PEDALCYCLE 84 - RAILWAY VEHICLE 85 - ANIMAL - DEER 86 - ANIMAL - OTHER 87 - PEDESTRIAN 88 - PEDALCYCLE 89 - RAILWAY VEHICLE 90 - ANIMAL - FARM 91 - PEDESTRIAN 92 - PEDALCYCLE 93 - RAILWAY VEHICLE 94 - ANIMAL - DEER 95 - ANIMAL - OTHER 96 - PEDESTRIAN 97 - PEDALCYCLE 98 - RAILWAY VEHICLE 99 - ANIMAL - FARM					
COLLISION WITH FIXED OBJECT - STRUCK					
1 - FIRST HARMFUL EVENT					
2 - MOST HARMFUL EVENT					

LOCAL REPORT NUMBER	
2 2 0 5 0 3 4 0	
DAMAGE	
DAMAGE SCALE	
1 - NONE 3 - FUNCTIONAL DAMAGE	
2 - MINOR DAMAGE 4 - DISABLING DAMAGE	
9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<img alt="Diagram of a vehicle showing 12 numbered damage points: 1 (front left), 2 (front center), 3 (front right), 4 (side left), 5 (side center), 6 (side right), 7 (rear left),	

OWNER

LP STATE

O H

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER)
0 2		

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
O H	HYU3230	K N D C B 3 L C 1 9 K 5 2 6 5 5 8 4	2 0 1 9	Kia

<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	Geico	4302324001	White	Niro

TYPE OF USE	US DOT #	TOWED BY: COMPANY NAME
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		

INTERLOCK DEVICE EQUIPPED	HIT/SKIP UNIT	#OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR	MATERIAL RELEASED	CLASS #	PLACARD ID #
<input type="checkbox"/>	<input type="checkbox"/>	0 1	1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	<input type="checkbox"/>		
				<input type="checkbox"/>	PLACARD	

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
---	--	---	--

0 # 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
<input type="checkbox"/> 1 - YES <input type="checkbox"/> 2 - NO <input type="checkbox"/> 9 - OTHER / UNKNOWN	AUTONOMOUS MODE LEVEL		

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

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

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

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

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

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

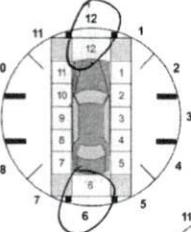
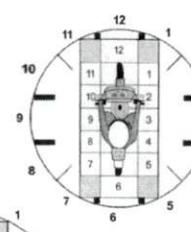
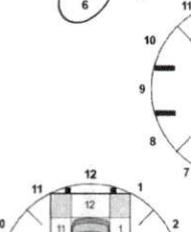
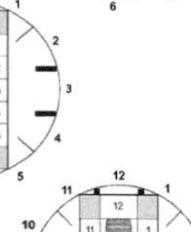
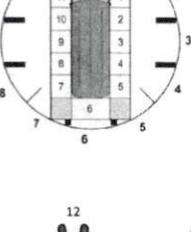
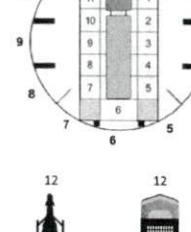
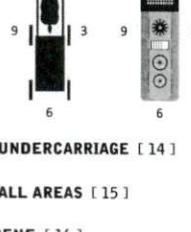
SEQUENCE OF EVENTS

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 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 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 2 MOST HARMFUL EVENT

LOCAL REPORT NUMBER	
2 2 0 5 0 3 4 0	
DAMAGE	
2	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 1 6	0 - NO DAMAGE 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN 13 - TOP
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
5	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 2 5	DETECTED SPEED
1	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	
5 0	



UNIT

OWNER #	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER)
0_3	McGurk, Sharon	
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER)		
500 Laketower Dr apartment 5, Lexington, KY 40502		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE K_Y	LICENSE PLATE # BOX931	VEHICLE IDENTIFICATION # KMHL1M4A93NU2519775	VEHICLE YEAR 2012	VEHICLE MAKE Hyundai
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY Travelers	INSURANCE POLICY # 9952803632031	COLOR Red	VEHICLE MODEL Elantra
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS 0_3	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
UNIT TYPE 0_1 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD		
10 - MOPED OR MOTORIZED BICYCLE 11 - ALL-TERRAIN VEHICLE (ATV / UTV)		CLASS # PLACARD ID #		

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 (ANYTYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN
1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		10 - MOPED OR MOTORIZED BICYCLE 11 - ALL-TERRAIN VEHICLE (ATV / UTV)	199 - UNKNOWN OR HIT/SKIP
# OF TRAILING UNITS 0		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER/ UNKNOWN	

0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION		3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
0_1 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/ COMMUTER		11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	16 - FARM 17 - MOVING 18 - SNOW/ REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL

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 - CARGOTANK 10 - FLAT BED 11 - DUMP	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/ REFUSE 99 - OTHER/ UNKNOWN
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

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

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

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 / ACOA 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

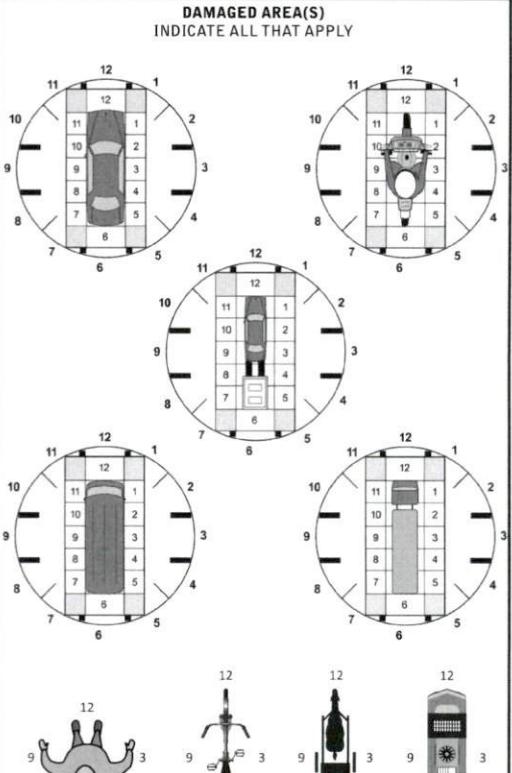
1_2_0 1 - OVERTURN/ ROLLOVER 2 - FIRE/ EXPLOSION 3 - IMMERSION		6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY VEHICLE 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
---	--	---	---	--	---

2_1_1 4 - JACKKNIFE 5 - CARGO/ EQUIPMENT LOSS OR SHIFT 25 - IMPACT ATTENUATOR /CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT BARRIER 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE		31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL SUPPORT 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 5 0 3 4 0

DAMAGE
DAMAGE SCALE
1 - NONE 3 - FUNCTIONAL DAMAGE
2 - MINOR 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
TRAFFICWAY FLOW
1 - ONE-WAY 6 - TWO-WAY
1 - 1
TRAFFIC CONTROL
1 - ROUNDABOUT 4 - STOP SIGN
2 - SIGNAL 5 - YIELD SIGN
3 - FLASHER 6 - NO CONTROL

OF THROUGH LANES ON ROAD
3
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
0_1
DETECTED SPEED
1 - STATED/ ESTIMATED SPEED
2 - CALCULATED/ EDR
3 - UNDETERMINED
POSTED SPEED
5_0

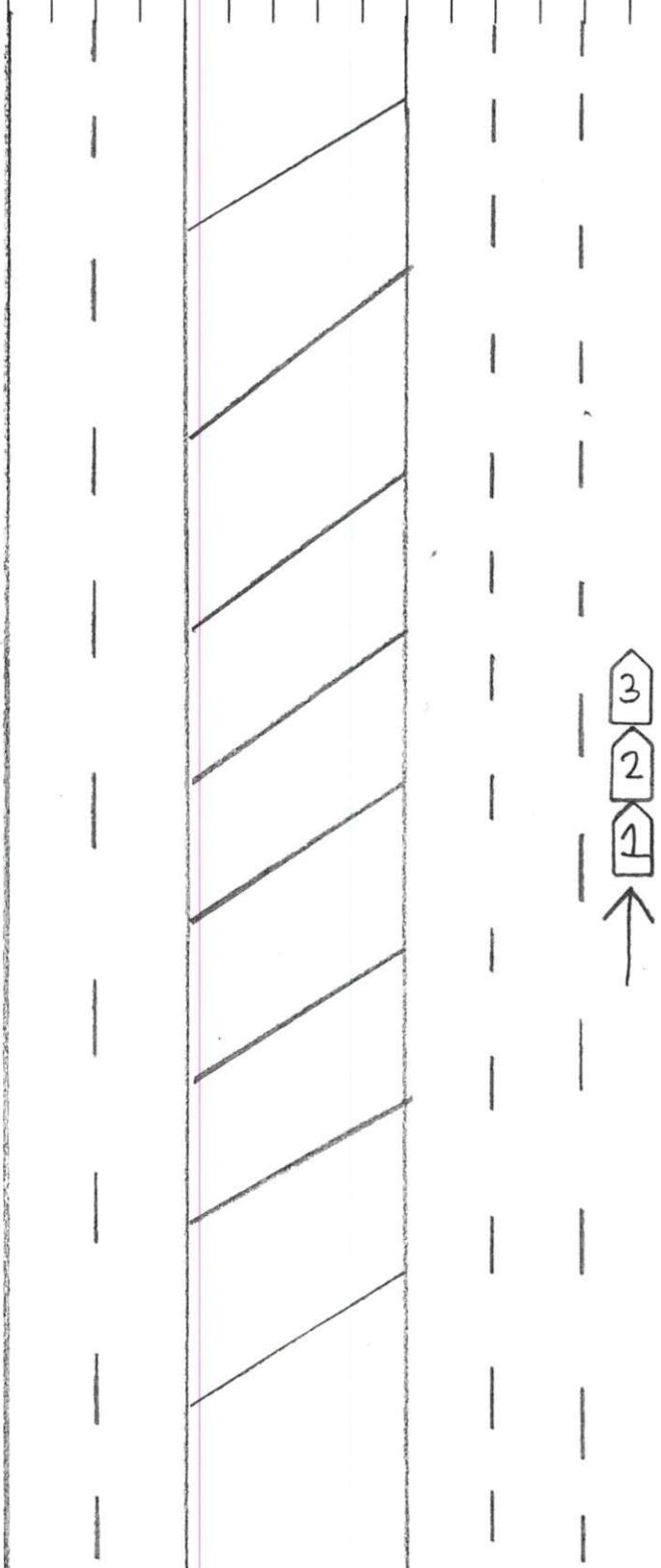
MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	LOCAL REPORT NUMBER																																																																																																																											
	2 2 0 5 0 3 4 0					DATE OF BIRTH		AGE	GENDER																																																																																																																			
UNIT #	NAME: LAST, FIRST, MIDDLE																																																																																																																											
	0 1	Farthing, Macy																																																																																																																										
ADDRESS: STREET, CITY, STATE, ZIP																																																																																																																												
6034 Creekside Way, Fairfield Twp., OH 45011																																																																																																																												
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET				SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED																																																																																																														
5						0 4	<input type="checkbox"/>				0 1	1	1	1																																																																																																														
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION				CITATION NUMBER																																																																																																																	
O H				333.03 A			ACDA				251756																																																																																																																	
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	1	1	1	1	1	1	RESULT SELECT UP TO 4																																																																																																															
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																																																																																																																	
O H																																																																																																																												
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	1	1	1	1	1	1	RESULT SELECT UP TO 4																																																																																																															
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																																																																																																																	
O H																																																																																																																												
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	1	1	1	1	1	1	RESULT SELECT UP TO 4																																																																																																															
ADDRESS: STREET, CITY, STATE, ZIP																																																																																																																												
275 Stillpass Way. Monroe, OH 45050																																																																																																																												
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																																																																																																																	
O H																																																																																																																												
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	1	1	1	1	1	1	RESULT SELECT UP TO 4																																																																																																															
INJURIES		SEATING POSITION		AIR BAG		OL CLASS	OL RESTRICTION(S)		DRIVER DISTRACTION		TEST STATUS																																																																																																																	
1-FATAL	1-FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	2-FRONT - MIDDLE	3-FRONT - RIGHT SIDE	4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	5-SECOND - MIDDLE	6-SECOND - RIGHT SIDE	1-NOT DEPLOYED	2-DEPLOYED FRONT	3-DEPLOYED SIDE	4-DEPLOYED BOTH FRONT / SIDE	5-NOT APPLICABLE	6-DEPLOYMENT UNKNOWN	1-CLASS A	2-CLASS B	3-CLASS C	4-REGULAR CLASS (OHIO = D)	5-M/C MOPED ONLY	6-NO VALID OL	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	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	1-NOT DISTRACTED	2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	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	1-NONE GIVEN	2-TEST REFUSED	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	4-TEST GIVEN, RESULTS KNOWN	5-TEST GIVEN, RESULTS UNKNOWN	1-NONE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	1-NONE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	1-NONE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	1-NONE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	1-ALCOHOL TEST TYPE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	1-ALCOHOL TEST TYPE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	1-ALCOHOL TEST TYPE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	1-DRUG TEST TYPE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	1-DRUG TEST TYPE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	1-DRUG TEST RESULT(S)	2-AMPHETAMINES	3-BARBITURATES	4-BENZODIAZEPINES	5-CANNABINOID	6-COCAIN	7-OPIATES / OPIOIDS	8-NEGATIVE RESULTS
INJURED TAKEN BY		EJECTION		OL ENDORSEMENT		COND		DRIVER DISTRACTION		TEST STATUS																																																																																																																		
1-NOT TRANSPORTED / TREATED AT SCENE	1-NOT EJECTED	2-PARTIALLY EJECTED	3-TOTALLY EJECTED	4-NOT APPLICABLE	H-HAZMAT	M-MOTORCYCLE	P-PASSENGER	N-TANKER	Q-MOTOR SCOOTER	R-THREE-WHEEL MOTORCYCLE	S-SCHOOL BUS	T-T-DOUBLE & TRIPLE TRAILERS	X-X-TANKER / HAZMAT	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	1-NOT DISTRACTED	2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	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	1-NONE GIVEN	2-TEST REFUSED	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	4-TEST GIVEN, RESULTS KNOWN	5-TEST GIVEN, RESULTS UNKNOWN	1-NONE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	1-ALCOHOL TEST TYPE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	1-ALCOHOL TEST TYPE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	1-ALCOHOL TEST TYPE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	1-DRUG TEST TYPE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	1-DRUG TEST RESULT(S)	2-AMPHETAMINES	3-BARBITURATES	4-BENZODIAZEPINES	5-CANNABINOID	6-COCAIN	7-OPIATES / OPIOIDS	8-NEGATIVE RESULTS																																																
SAFETY EQUIPMENT		TRAPPED		GENDER		COND		DRIVER DISTRACTION		TEST STATUS																																																																																																																		
1-NONE USED	1-NOT TRAPPED	2-EXTRICATED BY MECHANICAL MEANS	3-FREED BY NON-MECHANICAL MEANS	F-FEMALE	M-MALE	U-OTHER / UNKNOWN	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	1-NOT DISTRACTED	2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	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	1-NONE GIVEN	2-TEST REFUSED	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	4-TEST GIVEN, RESULTS KNOWN	5-TEST GIVEN, RESULTS UNKNOWN	1-NONE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	1-ALCOHOL TEST TYPE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	1-ALCOHOL TEST TYPE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	1-ALCOHOL TEST TYPE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	1-DRUG TEST RESULT(S)	2-AMPHETAMINES	3-BARBITURATES	4-BENZODIAZEPINES	5-CANNABINOID	6-COCAIN	7-OPIATES / OPIOIDS	8-NEGATIVE RESULTS																																																												
2-SHOULDER BELT ONLY USED	2-EXTRICATED BY MECHANICAL MEANS	3-FREED BY NON-MECHANICAL MEANS	F-FEMALE	M-MALE	U-OTHER / UNKNOWN	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	1-NOT DISTRACTED	2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	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	1-NONE GIVEN	2-TEST REFUSED	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	4-TEST GIVEN, RESULTS KNOWN	5-TEST GIVEN, RESULTS UNKNOWN	1-NONE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	1-ALCOHOL TEST TYPE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	1-ALCOHOL TEST TYPE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	1-ALCOHOL TEST TYPE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	1-DRUG TEST RESULT(S)	2-AMPHETAMINES	3-BARBITURATES	4-BENZODIAZEPINES	5-CANNABINOID	6-COCAIN	7-OPIATES / OPIOIDS	8-NEGATIVE RESULTS																																																													
3-LAP BELT ONLY USED	3-FREED BY NON-MECHANICAL MEANS	F-FEMALE	M-MALE	U-OTHER / UNKNOWN	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	1-NOT DISTRACTED	2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	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	1-NONE GIVEN	2-TEST REFUSED	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	4-TEST GIVEN, RESULTS KNOWN	5-TEST GIVEN, RESULTS UNKNOWN	1-NONE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	1-ALCOHOL TEST TYPE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	1-ALCOHOL TEST TYPE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	1-ALCOHOL TEST TYPE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	1-DRUG TEST RESULT(S)	2-AMPHETAMINES	3-BARBITURATES	4-BENZODIAZEPINES	5-CANNABINOID	6-COCAIN	7-OPIATES / OPIOIDS	8-NEGATIVE RESULTS																																																														
4-SHOULDER & LAP BELT USED	4-EXTRICATED BY MECHANICAL MEANS	F-FEMALE	M-MALE	U-OTHER / UNKNOWN	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	1-NOT DISTRACTED	2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	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	1-NONE GIVEN	2-TEST REFUSED	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	4-TEST GIVEN, RESULTS KNOWN	5-TEST GIVEN, RESULTS UNKNOWN	1-NONE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	1-ALCOHOL TEST TYPE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	1-ALCOHOL TEST TYPE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	1-ALCOHOL TEST TYPE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	1-DRUG TEST RESULT(S)	2-AMPHETAMINES	3-BARBITURATES	4-BENZODIAZEPINES	5-CANNABINOID	6-COCAIN	7-OPIATES / OPIOIDS	8-NEGATIVE RESULTS																																																														
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	5-FREED BY NON-MECHANICAL MEANS	F-FEMALE	M-MALE	U-OTHER / UNKNOWN	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	1-NOT DISTRACTED	2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	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	1-NONE GIVEN	2-TEST REFUSED	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	4-TEST GIVEN, RESULTS KNOWN	5-TEST GIVEN, RESULTS UNKNOWN	1-NONE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	1-ALCOHOL TEST TYPE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	1-ALCOHOL TEST TYPE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	1-ALCOHOL TEST TYPE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	1-DRUG TEST RESULT(S)	2-AMPHETAMINES	3-BARBITURATES	4-BENZODIAZEPINES	5-CANNABINOID	6-COCAIN	7-OPIATES / OPIOIDS	8-NEGATIVE RESULTS																																																														
6-CHILD RESTRAINT SYSTEM - REAR FACING	6-FREED BY NON-MECHANICAL MEANS	F-FEMALE	M-MALE	U-OTHER / UNKNOWN	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	1-NOT DISTRACTED	2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	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	1-NONE GIVEN	2-TEST REFUSED	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	4-TEST GIVEN, RESULTS KNOWN	5-TEST GIVEN, RESULTS UNKNOWN	1-NONE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	1-ALCOHOL TEST TYPE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	1-ALCOHOL TEST TYPE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	1-ALCOHOL TEST TYPE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	1-DRUG TEST RESULT(S)	2-AMPHETAMINES	3-BARBITURATES	4-BENZODIAZEPINES	5-CANNABINOID	6-COCAIN	7-OPIATES / OPIOIDS	8-NEGATIVE RESULTS																																																														
7-BOOSTER SEAT	7-FREED BY NON-MECHANICAL MEANS	F-FEMALE	M-MALE	U-OTHER / UNKNOWN	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	1-NOT DISTRACTED	2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	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	1-NONE GIVEN	2-TEST REFUSED	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	4-TEST GIVEN, RESULTS KNOWN	5-TEST GIVEN, RESULTS UNKNOWN	1-NONE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	1-ALCOHOL TEST TYPE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	1-ALCOHOL TEST TYPE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	1-ALCOHOL TEST TYPE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	1-DRUG TEST RESULT(S)	2-AMPHETAMINES	3-BARBITURATES	4-BENZODIAZEPINES	5-CANNABINOID	6-COCAIN	7-OPIATES / OPIOIDS	8-NEGATIVE RESULTS																																																														
8-HELMET USED	8-FREED BY NON-MECHANICAL MEANS	F-FEMALE	M-MALE	U-OTHER / UNKNOWN	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	1-NOT DISTRACTED	2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	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																																																																																																					



OCCUPANT / WITNESS ADDENDUM

OCCUPANT						LOCAL REPORT NUMBER			
	UNIT #	NAME: LAST, FIRST, MIDDLE	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DATE OF BIRTH	AGE	GENDER		
	3 McGurk, Sharon		0 4	0 4 2 6 1 9 3 9	8 3	F			
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE							
	500 Laketower Dr apartment 5, Lexington, KY 40502								
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DATE OF BIRTH	AGE	GENDER	
	5				0 4	0 2 2 8 1 9 3 9	8 3	F	
	UNIT #	NAME: LAST, FIRST, MIDDLE							
	3 McGurk, Linda								
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE							
	275 Stillpass Way, Monroe, OH 45050								
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DATE OF BIRTH	AGE	GENDER	
	3	2 FFD		Bethesda Butler	0 4	0 2 2 8 1 9 6 3	5 9	F	
	UNIT #	NAME: LAST, FIRST, MIDDLE							
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE							
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DATE OF BIRTH	AGE	GENDER	
	UNIT #	NAME: LAST, FIRST, MIDDLE							
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE							
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	SEATING POSITION	DATE OF BIRTH	AGE	GENDER
	INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE	DATE OF BIRTH	AGE	GENDER		
	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	6 - 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	EJECTION					
	3 - POLICE	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE	1 - NOT EJECTED					
	9 - OTHER / UNKNOWN	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	2 - PARTIALLY EJECTED					
	GENDER	11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	3 - TOTALLY EJECTED					
	F - FEMALE	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	4 - NOT APPLICABLE					
	M - MALE		13 - TRAILING UNIT	TRAPPED					
	U - OTHER / UNKNOWN		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	1 - NOT TRAPPED					
			15 - NON-MOTORIST	2 - EXTRICATED BY MECHANICAL MEANS					
			99 - OTHER / UNKNOWN	3 - FREED BY NON-MECHANICAL MEANS					
	NAME: LAST, FIRST, MIDDLE								
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE							
	NAME: LAST, FIRST, MIDDLE								
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE							
	NAME: LAST, FIRST, MIDDLE								
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE							
	NAME: LAST, FIRST, MIDDLE								
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE							

LOCAL REPORT NUMBER	PD-22-050340	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	7/14/22
IN COUNTY OF	Butler	ACCIDENT LOCATION	SR-4 Bypass		
					
OFFICER'S SIGNATURE					
D. Miller					
BADGE NO					
167					