



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	LOCAL INFORMATION		LOCAL REPORT NUMBER*			
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*	2 2 0 5 0 4 1 9		
				Fairfield Police Department		0 0 9 0 1	HIT/SKIP	NUMBER OF UNITS	
							1 - SOLVED	0 1	
							2 - UNSOLVED		
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*					CRASH DATE / TIME*		
0 9	1 - CITY 2 - VILLAGE 3 - TOWNSHIP	City of Fairfield					0 7 1 4 2 0 2 2 2 2 1 7		
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DECIMAL DEGREES		
	S R	4		Dixie		H W	3 9 . 3 6 2 1 6		
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)		ROAD TYPE	LONGITUDE DECIMAL DEGREES		
				3256			- 8 4 . 5 4 2 0 5		
REFERENCE POINT	DIRECTION FROM REFERENCE	ROUTE TYPE		ROAD TYPE		INTERSECTION RELATED			
3	1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE		AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS		<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES			
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE	CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE		ROADWAY			
	1 - MILES 2 - FEET 3 - YARDS					<input type="checkbox"/> ROADWAY DIVIDED			
LOCATION OF FIRST HARMFUL EVENT			MANNER OF CRASH COLLISION/IMPACT			DIRECTION OF TRAVEL	MEDIAN TYPE		
1 0	1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP	9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN	1	1 - NOT COLLISION 2 - 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	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	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	WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE			CONTOUR	CONDITIONS	SURFACE	
<input type="checkbox"/> WORKERS PRESENT	1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA			1	1	2	
<input type="checkbox"/> LAW ENFORCEMENT PRESENT						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	
<input type="checkbox"/> ACTIVE SCHOOL ZONE									
LIGHT CONDITION			WEATHER						
3	1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	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					
NARRATIVE									
<p>Unit 1 was eastbound driving through the parking lot attempting to park when it struck the roof of the building. Unit 1 struck the roof because unit 1 was too tall for the actual over hang of the roof.</p> <p>The roof belonged to the Capri Motel located at 3256 Dixie Hwy. Faifield, OH. 45014. Their telephone number is</p> <p>The driver of unit 1 fled from the vehicle and I was unable to locate him.</p> <p style="text-align: right;">Private Property</p>									
CRASH REPORTED DATE / TIME			DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY
0 7 1 4 2 0 2 2 2 2 1 7			0 7 1 4 2 0 2 2 2 2 1		0 7 1 4 2 0 2 2 2 2 3 5		0 7 1 5 2 0 2 2 0 0 1 1		<input checked="" type="checkbox"/> POLICE AGENCY
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*		<input type="checkbox"/> MOTORIST	
				PO Greg Bailes				<input type="checkbox"/> SUPPLEMENT (CORRECTION or ADDITION TO AN EXISTING REPORT SENT TO ODP)	
				OFFICER'S BADGE NUMBER*					
				1 2 2					



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

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> SAME AS DRIVER	OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER
0_1	Uhaul	
OWNER ADDRESS: STREET, CITY, STATE, ZIP <input type="checkbox"/> SAME AS DRIVER		
2727 North Central Ave Phoenix, AZ. 85004		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE A_Z	LICENSE PLATE # AH01120	VEHICLE IDENTIFICATION # 1F1DNF6C1YXG1DB01313814	VEHICLE YEAR 20116	VEHICLE MAKE Ford																														
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY REP West	INSURANCE POLICY # S012	COLOR White	VEHICLE MODEL F650																														
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	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <input type="checkbox"/> PLACARD ID # <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 - MOVED OR MOTORIZED</td> <td>15 - SEMI-TRACTOR</td> <td>21 - HEAVY EQUIPMENT</td> <td>26 - BICYCLE</td> </tr> <tr> <td>5 - CARGO VAN</td> <td>BICYCLE</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>11 - ALL-TERRAIN VEHICLE (ATV / UTV)</td> <td>17 - MOTORHOME</td> <td>99 - UNKNOWN OR HIT/SKIP</td> <td></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 - MOVED OR MOTORIZED	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE	5 - CARGO VAN	BICYCLE	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN	6 - VAN (9-15 SEATS)	11 - ALL-TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	99 - UNKNOWN OR HIT/SKIP	
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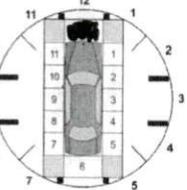
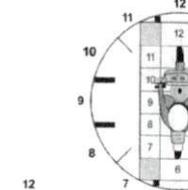
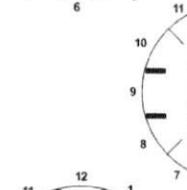
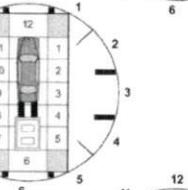
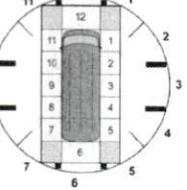
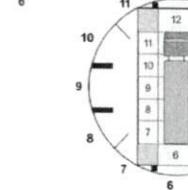
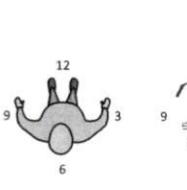
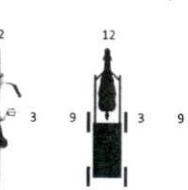
OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION <input type="checkbox"/>	3 - CONDITIONAL AUTOMATION <input type="checkbox"/>	9 - UNKNOWN <input type="checkbox"/>																									
1 - YES 2 - NO 9 - OTHER / UNKNOWN		1 - DRIVER ASSISTANCE <input type="checkbox"/>	4 - HIGH AUTOMATION <input type="checkbox"/>	5 - FULL AUTOMATION <input type="checkbox"/>																									
AUTONOMOUS MODE LEVEL		2 - PARTIAL AUTOMATION																											
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CARGO BODY TYPE		1 - NO CARGO BODY TYPE / NOT APPLICABLE <input type="checkbox"/>	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE <input type="checkbox"/>	5 - INTERMODAL CONTAINER CHASSIS <input type="checkbox"/>	8 - POLE <input type="checkbox"/>	12 - CONCRETE MIXER <input type="checkbox"/>																							
CARGO BODY TYPE		2 - BUS <input type="checkbox"/>	4 - LOGGING <input type="checkbox"/>	6 - CARGO VAN/ENCLOSED BOX <input type="checkbox"/>	9 - CARGO TANK <input type="checkbox"/>	13 - AUTO TRANSPORTER <input type="checkbox"/>																							
CARGO BODY TYPE				7 - GRAIN/CHIPS/GRAVEL <input type="checkbox"/>	10 - FLAT BED <input type="checkbox"/>	14 - GARBAGE/REFUSE <input type="checkbox"/>																							
CARGO BODY TYPE					11 - DUMP <input type="checkbox"/>	99 - OTHER / UNKNOWN <input type="checkbox"/>																							
VEHICLE DEFECTS		1 - TURN SIGNALS <input type="checkbox"/>	4 - BRAKES <input type="checkbox"/>	7 - WORN OR SLICK TIRES <input type="checkbox"/>	9 - MOTOR TROUBLE <input type="checkbox"/>	99 - OTHER / UNKNOWN <input type="checkbox"/>																							
VEHICLE DEFECTS		2 - HEAD LAMPS <input type="checkbox"/>	5 - STEERING <input type="checkbox"/>	8 - TRAILER EQUIPMENT DEFECTIVE <input type="checkbox"/>	10 - DISABLED FROM PRIOR ACCIDENT <input type="checkbox"/>																								

NON-MOTORIST LOCATION AT IMPACT		1 - INTERSECTION - MARKED CROSSWALK <input type="checkbox"/>	3 - INTERSECTION - OTHER <input type="checkbox"/>	6 - BICYCLE LANE <input type="checkbox"/>	9 - MEDIAN/CROSSING ISLAND <input type="checkbox"/>	12 - FIRST RESPONDER AT INCIDENT SCENE <input type="checkbox"/>
		4 - MIDBLOCK - MARKED CROSSWALK <input type="checkbox"/>	7 - SHOULDER / ROADSIDE <input type="checkbox"/>	10 - DRIVEWAY ACCESS <input type="checkbox"/>	11 - SHARED USE PATHS OR TRAILS <input type="checkbox"/>	99 - OTHER / UNKNOWN <input type="checkbox"/>
ACTION		1 - NON-CONTACT <input type="checkbox"/>	1 - STRAIGHT AHEAD <input type="checkbox"/>	7 - MAKING U-TURN <input type="checkbox"/>	13 - NEGOTIATING A CURVE <input type="checkbox"/>	18 - APPROACHING OR LEAVING VEHICLE <input type="checkbox"/>
ACTION		2 - NON-COLLISION <input type="checkbox"/>	2 - BACKING <input type="checkbox"/>	8 - ENTERING TRAFFIC LANE <input type="checkbox"/>	14 - ENTERING OR CROSSING SPECIFIED LOCATION <input type="checkbox"/>	19 - STANDING <input type="checkbox"/>
ACTION		3 - STRIKING <input type="checkbox"/>	3 - CHANGING LANES <input type="checkbox"/>	9 - LEAVING TRAFFIC LANE <input type="checkbox"/>	10 - PARKED <input type="checkbox"/>	15 - WALKING, RUNNING, JOGGING, PLAYING <input type="checkbox"/>
ACTION		4 - STRUCK <input type="checkbox"/>	4 - OVERTAKING/PASSING <input type="checkbox"/>	11 - SLOWING OR STOPPED IN TRAFFIC <input type="checkbox"/>	16 - WORKING <input type="checkbox"/>	20 - STANDING OUTSIDE DISABLED VEHICLE <input type="checkbox"/>
ACTION		5 - BOTH STRIKING & STRUCK <input type="checkbox"/>	5 - MAKING RIGHT TURN <input type="checkbox"/>	12 - MAKING LEFT TURN <input type="checkbox"/>	17 - PUSHING VEHICLE <input type="checkbox"/>	99 - OTHER / UNKNOWN <input type="checkbox"/>
CONTRIBUTING CIRCUMSTANCES		1 - NONE <input type="checkbox"/>	7 - LEFT OF CENTER <input type="checkbox"/>	13 - IMPROPER START FROM A PARKED POSITION <input type="checkbox"/>	17 - VISION OBSTRUCTION <input type="checkbox"/>	21 - LYING IN ROADWAY <input type="checkbox"/>
CONTRIBUTING CIRCUMSTANCES		2 - FAILURE TO YIELD <input type="checkbox"/>	8 - FOLLOWING TOO CLOSE / ACDA <input type="checkbox"/>	14 - STOPPED OR PARKED ILLEGALLY <input type="checkbox"/>	18 - OPERATING DEFECTIVE EQUIPMENT <input type="checkbox"/>	22 - NOT DISCERNIBLE <input type="checkbox"/>
CONTRIBUTING CIRCUMSTANCES		3 - RAN RED LIGHT <input type="checkbox"/>	9 - IMPROPER LANE CHANGE <input type="checkbox"/>	15 - SWERVING TO AVOID <input type="checkbox"/>	19 - LOAD SHIFTING/FALLING/SPILLING <input type="checkbox"/>	23 - OPENING DOOR INTO ROADWAY <input type="checkbox"/>
CONTRIBUTING CIRCUMSTANCES		4 - RAN STOP SIGN <input type="checkbox"/>	10 - IMPROPER PASSING <input type="checkbox"/>	16 - WRONG WAY <input type="checkbox"/>	20 - IMPROPER CROSSING <input type="checkbox"/>	99 - OTHER IMPROPER ACTION <input type="checkbox"/>

SEQUENCE OF EVENTS		NON-COLLISION					
1_5_2		1 - OVERTURN/ROLLOVER <input type="checkbox"/>	6 - EQUIPMENT FAILURE <input type="checkbox"/>	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL <input type="checkbox"/>	16 - RAILWAY VEHICLE <input type="checkbox"/>	22 - WORK ZONE MAINTENANCE EQUIPMENT <input type="checkbox"/>	
2_		2 - FIRE/EXPLOSION <input type="checkbox"/>	7 - SEPARATION OF UNITS <input type="checkbox"/>	12 - DOWNHILL RUNAWAY <input type="checkbox"/>	17 - ANIMAL - FARM <input type="checkbox"/>	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION <input type="checkbox"/>	
3_		3 - IMMERSION <input type="checkbox"/>	8 - RAN OFF ROAD RIGHT <input type="checkbox"/>	13 - OTHER NON-COLLISION <input type="checkbox"/>	18 - ANIMAL - OTHER <input type="checkbox"/>	24 - OTHER MOVABLE OBJECT <input type="checkbox"/>	
4_		4 - JACKKNIFE <input type="checkbox"/>	9 - RAN OFF ROAD LEFT <input type="checkbox"/>	14 - PEDESTRIAN <input type="checkbox"/>	19 - MOTOR VEHICLE IN TRANSPORT <input type="checkbox"/>	25 - BUILDING <input type="checkbox"/>	
5_		5 - CARGO / EQUIPMENT LOSS OR SHIFT <input type="checkbox"/>	10 - CROSS MEDIAN <input type="checkbox"/>	15 - PEDALCYCLE <input type="checkbox"/>	20 - PARKED MOTOR VEHICLE <input type="checkbox"/>	51 - WALL <input type="checkbox"/>	
6_		25 - IMPACT ATTENUATOR / CRASH CUSHION <input type="checkbox"/>	31 - GUARDRAIL END <input type="checkbox"/>	37 - TRAFFIC SIGN POST <input type="checkbox"/>	43 - CURB <input type="checkbox"/>	50 - WORK ZONE MAINTENANCE EQUIPMENT <input type="checkbox"/>	
7_		26 - BRIDGE OVERHEAD STRUCTURE <input type="checkbox"/>	32 - PORTABLE BARRIER <input type="checkbox"/>	38 - OVERHEAD SIGN POST <input type="checkbox"/>	44 - DITCH <input type="checkbox"/>	51 - TUNNEL <input type="checkbox"/>	
8_		27 - BRIDGE PIER OR ABUTMENT <input type="checkbox"/>	33 - MEDIAN CABLE BARRIER <input type="checkbox"/>	39 - LIGHT / LUMINARIES <input type="checkbox"/>	45 - EMBANKMENT <input type="checkbox"/>	52 - TREE <input type="checkbox"/>	
9_		28 - BRIDGE PARAPET <input type="checkbox"/>	34 - MEDIAN GUARDRAIL <input type="checkbox"/>	40 - UTILITY POLE <input type="checkbox"/>	46 - FENCE <input type="checkbox"/>	53 - OTHER FIXED OBJECT <input type="checkbox"/>	
10_		29 - BRIDGE RAIL <input type="checkbox"/>	35 - MEDIAN CONCRETE BARRIER <input type="checkbox"/>	41 - OTHER POST, POLE OR SUPPORT <input type="checkbox"/>	47 - MAILBOX <input type="checkbox"/>	54 - FIRE HYDRANT <input type="checkbox"/>	
11_		30 - GUARDRAIL FACE <input type="checkbox"/>	36 - MEDIAN OTHER BARRIER <input type="checkbox"/>	42 - CULVERT <input type="checkbox"/>	48 - TREE <input type="checkbox"/>	99 - OTHER / UNKNOWN <input type="checkbox"/>	

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER	
2 2 0 5 0 4 1 9	
DAMAGE	
DAMAGE SCALE	
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 - NO DAMAGE 14 - UNDERCARRIAGE	
1_2 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
13 - TOP	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	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 4 TO 3	
UNIT SPEED	
0 0 5	DETECTED SPEED
<input type="checkbox"/> - STATED / ESTIMATED SPEED [1] <input type="checkbox"/> - CALCULATED / EDR [2] <input type="checkbox"/> - UNDETERMINED [3]	
POSTED SPEED	
1 0	



MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	LOCAL REPORT NUMBER																
	UNIT #	NAME: LAST, FIRST, MIDDLE															
	0 1	Brown, Daniel Eugene															
	ADDRESS:	STREET, CITY, STATE, ZIP															
	LKA 1305 Parkamo Ave. Hamilton, OH. 45011																
	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 0 8 1 9 7 4			4 8	M				
	OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE		CONTACT PHONE - INCLUDE AREA CODE								
	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 <input type="checkbox"/> OTHER DRUG		09	1 1			1 1	SELECT UP TO 4					
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH			AGE	GENDER	
															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		DOT-COMPLIANT MC HELMET			SEATING POSITION			AIR BAG USAGE	EJECTION	TRAPPED
	OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION			CITATION NUMBER					
	OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)			SELECT UP TO 4		
						<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG											
	MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH			AGE	GENDER
															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		DOT-COMPLIANT MC HELMET			SEATING POSITION			AIR BAG USAGE	EJECTION	TRAPPED
OL STATE		OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION			CITATION NUMBER					
OL CLASS		ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)			SELECT UP TO 4		
						<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG											
MOTORIST / NON-MOTORIST		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- FARM WAIVER		3- TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE						
	4- POSSIBLE INJURY	4- SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4- DEPLOYED BOTH FRONT / SIDE		4- REGULAR CLASS (OHIO = D)	4- EXCEPT CLASS A BUS		4- EXCEPT CLASS A & CLASS B BUS		4- TEST GIVEN, RESULTS KNOWN						
	5- NO APPARENT INJURY	5- SECOND - MIDDLE		5- NOT APPLICABLE		5- M/C MOPED ONLY	5- EXCEPT CLASS A & CLASS B BUS		5- EXCEPT TRACTOR-TRAILER		5- TEST GIVEN, RESULTS UNKNOWN						
	INJURED TAKEN BY	6- SECOND - RIGHT SIDE		6- DEPLOYED UNKNOWN		6- NO VALID OL	6- INTERMEDIATE LICENSE RESTRICTIONS		6- OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		ALCOHOL TEST TYPE						
	1- NOT TRANSPORTED / TREATED AT SCENE	7- THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		7- NOT EJECTED		7- H- HAZMAT	7- LEARNER'S PERMIT RESTRICTIONS		7- PASSENGER		1- NONE						
	2- EMS	8- THIRD - MIDDLE		8- PARTIALLY EJECTED		8- M- MOTORCYCLE	8- OTHER DISTRACTION INSIDE THE VEHICLE		8- OTHER DISTRACTION OUTSIDE THE VEHICLE		2- BLOOD						
	3- POLICE	9- THIRD - RIGHT SIDE		9- TOTALLY EJECTED		9- P- PASSENGER	9- OTHER / UNKNOWN		9- OTHER / UNKNOWN		3- URINE						
9- OTHER / UNKNOWN	10- SLEEPER SECTION OF TRUCK CAB		4- NOT APPLICABLE		10- N- TANKER	10- LIMITED TO DAYLIGHT ONLY		10- LIMITED TO DAYLIGHT ONLY		4- BREATH							
MOTORIST / NON-MOTORIST	SAFETY EQUIPMENT	TRAPPED		EJECTION		OL ENDORSEMENT	GENDER		CONDITION		DRUG TEST TYPE						
	1- NONE USED	11- PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		1- NOT TRAPPED		F- FEMALE	F- FEMALE		1- APPARENTLY NORMAL		1- NONE						
	2- SHOULDER BELT ONLY USED	12- PASSENGER IN UNENCLOSED CARGO AREA		2- EXTRICATED BY MECHANICAL MEANS		M- MALE	M- MALE		2- PHYSICAL IMPAIRMENT		2- BLOOD						
	3- LAP BELT ONLY USED	13- TRAILING UNIT		3- FREED BY NON-MECHANICAL MEANS		U- OTHER / UNKNOWN	U- OTHER / UNKNOWN		3- EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)		3- URINE						
	4- SHOULDER & LAP BELT USED	14- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				15- MOTOR VEHICLES WITHOUT AIR BRAKES			4- ILLNESS		4- OTHER						
	5- CHILD RESTRAINT SYSTEM - FORWARD FACING	15- NON-MOTORIST				16- OUTSIDE MIRROR			5- FELL ASLEEP, FAINTED, FATIGUED, ETC.		5- AMPHETAMINES						
	6- CHILD RESTRAINT SYSTEM - REAR FACING	99- OTHER / UNKNOWN				17- PROSTHETIC AID			6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		2- BARBITURATES						
	7- BOOSTER SEAT					18- OTHER			9- OTHER / UNKNOWN		3- BENZODIAZEPINES						
	8- HELMET USED										4- CANNABINOID						
	9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)										5- COCAINE						
10- REFLECTIVE CLOTHING										6- OPIATES / OPIOIDS							
11- LIGHTING - PEDESTRIAN / BICYCLE ONLY										7- OTHER							
99- OTHER / UNKNOWN										8- NEGATIVE RESULTS							



OCCUPANT / WITNESS ADDENDUM

		LOCAL REPORT NUMBER								
		2 2 0 5 0 4 1 9								
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 1 Brown, Betty				DATE OF BIRTH		AGE	GENDER	
			1 0 2 3 1 9 3 8	8 3	F					
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE								
LKA 1305 Parkamo Ave. Hamilton, OH. 45011										
OCCUPANT	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
	5				0 4	0 2	0 1	1	1	
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 1 Wood, Thomas				DATE OF BIRTH		AGE	GENDER	
			0 6 2 7 1 9 7 4	4 8	M					
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE								
LKA 1305 Parkamo Ave. Hamilton, OH 45014										
OCCUPANT	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
	5				0 4	0 3	0 1	1	1	
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
								0		
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE								
LKA 1305 Parkamo Ave. Hamilton, OH										
OCCUPANT	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
INJURIES		SAFETY EQUIPMENT USED		SEATING POSITION		AIR BAG USAGE				
1 - FATAL		1 - NONE USED - VEHICLE OCCUPANT		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED				
2 - SUSPECTED SERIOUS INJURY		2 - SHOULDER BELT ONLY USED		2 - FRONT - MIDDLE		2 - DEPLOYED FRONT				
3 - SUSPECTED MINOR INJURY		3 - LAP BELT ONLY USED		3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE				
4 - POSSIBLE INJURY		4 - SHOULDER & LAP BELT USED		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT/SIDE				
5 - NO APPARENT INJURY		5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		5 - SECOND - MIDDLE		5 - NOT APPLICABLE				
INJURED TAKEN BY		6 - CHILD RESTRAINT SYSTEM - REAR FACING		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN				
1 - NOT TRANSPORTED /TREATED AT SCENE		7 - BOOSTER SEAT		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)						
2 - EMS		8 - HELMET USED		8 - THIRD - MIDDLE						
3 - POLICE		9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		9 - THIRD - RIGHT SIDE						
9 - OTHER / UNKNOWN		10 - REFLECTIVE CLOTHING		10 - SLEEPER SECTION OF TRUCK CAB						
GENDER		11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)						
F - FEMALE		99 - OTHER / UNKNOWN		12 - PASSENGER IN UNENCLOSED CARGO AREA						
M - MALE				13 - TRAILING UNIT						
U - OTHER / UNKNOWN				14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)						
				15 - NON-MOTORIST						
				99 - OTHER / UNKNOWN						
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER	
						0				
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE								
LKA 1305 Parkamo Ave. Hamilton, OH										
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER	
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WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER	
						0				
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE								
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