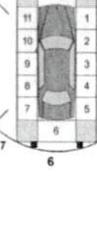
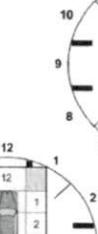
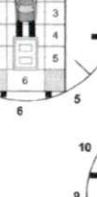
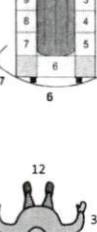
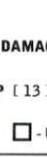
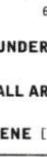




## TRAFFIC CRASH REPORT

\*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 checked="" type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*	HIT/SKIP	NUMBER OF UNITS
				Fairfield Police Department		00901	1 - SOLVED	0 2
						2 - UNSOLVED		UNIT IN ERROR
COUNTY*		LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*			CRASH DATE / TIME*		CRASH SEVERITY
0 9		1 - CITY 2 - VILLAGE 3 - TOWNSHIP	City of Fairfield			07242022 1125		1 - FATAL
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					39.362109	
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			-84.543050	
REFERENCE POINT		DIRECTION FROM REFERENCE	ROUTE TYPE		ROAD TYPE	INTERSECTION RELATED		
1 - INTERSECTION 3 - MILE POST 3 - HOUSE #		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE					NUMBER OF APPROACHES	
		1 - MILES 2 - FEET 3 - YARDS					ROADWAY	
							ROADWAY DIVIDED	
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT		DIRECTION OF TRAVEL	MEDIAN TYPE	
0 2		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 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT	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					
1 - DAYLIGHT 1 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN			0 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					
<p>NARRATIVE</p> <p>On July 24, 2022 at about 11:25 A.M. Unit #1 was traveling south on State Route 4 at approximately 8 m.p.h. and when at 3256 State Route 4 attempted to turn left to enter the parking lot of 3256 and in so doing failed to yield the right of way to oncoming traffic. Unit #2 was traveling north on State Route 4 and swerved to the right to avoid Unit #1, that entered the northbound traffic lanes, and in so doing struck the curb.</p> <p>Indicate the north direction with an "N" on the compass diagram.</p> <p>DRIVEWAY TO 3256</p> <p>NOT TO SCALE</p>								
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY
07242022 1127		07242022 1129		07242022 1132		07242022 1207		<input checked="" type="checkbox"/> POLICE AGENCY
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		<input type="checkbox"/> MOTORIST
						E. Knizner		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)
0		1 0		4 8		0 8 3		
<p>HSY7001 OH1 1/19 [760-0820]</p> <p>checked by OFFICER'S NAME* Sgt. J. Springer</p> <p>checked by OFFICER'S BADGE NUMBER* 84</p>								

LOCAL REPORT NUMBER												
2	2	0	5	2	9	2	9					
DAMAGE												
DAMAGE SCALE												
<u>1</u>	1 - NONE			3 - FUNCTIONAL DAMAGE								
	2 - MINOR DAMAGE			4 - DISABLING DAMAGE								
				9 - UNKNOWN								
DAMAGED AREA(S) INDICATE ALL THAT APPLY												
												
												
												
												
<input checked="" 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						
<u>0</u>	1-12 - REFER TO UNIT DIAGRAM			15 - VEHICLE NOT AT SCENE								
13 - TOP						99 - UNKNOWN						
TRAFFIC												
TRAFFICWAY FLOW						TRAFFIC CONTROL						
1 - ONE-WAY			4 - STOP SIGN									
<u>2</u>	2 - TWO-WAY			<u>6</u>	5 - YIELD SIGN							
3 - FLASHER			6 - NO CONTROL									
# OF THROUGH LANES ON ROAD						RAIL GRADE CROSSING						
<u>4</u>				<u>1</u>	1 - NOT INVOLVED							
2 - INVOLVED-ACTIVE CROSSING			3 - INVOLVED-PASSIVE CROSSING									
UNIT / NON-MOTORIST DIRECTION												
FROM <u>1</u> TO <u>3</u>						1 - NORTH 5 - NORTHEAST						
						2 - SOUTH 6 - NORTHWEST						
						3 - EAST 7 - SOUTHEAST						
						4 - WEST 8 - SOUTHWEST						
						9 - OTHER / UNKNOWN						
UNIT SPEED						DETECTED SPEED						
<u>8</u>				<u>1</u>	1 - STATED / ESTIMATED SPEED							
POSTED SPEED						2 - CALCULATED / EDR						
						3 - UNDETERMINED						
<u>3</u>	<u>5</u>											

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 <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
O H	JBZ8894	3N1A1B18B1V5L1Y216882	2020
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	VEHICLE MAKE
	Progressive Ins.	947068225	Nissan
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	VEHICLE WEIGHT GVWR/GCWR
0 1		0 1	1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.
UNIT TYPE			
1 - PASSENGER CAR	2 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)
2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED	13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)
3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14 - SINGLE UNIT TRUCK	20 - OTHER VEHICLE
4 - PICK UP	10 - MOPED OR MOTORIZED	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT
5 - CARGO VAN	BICYCLE	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE
6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	23 - PEDESTRIAN / SKATER
# 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
0 2	1 - YES 2 - NO 9 - OTHER / UNKNOWN	AUTONOMOUS MODE LEVEL	
SPECIAL FUNCTION			
1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM
2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	17 - MOWING
3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	18 - SNOW REMOVAL
4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	19 - TOWING
5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL
CARGO BODY TYPE			
0 1	1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS
	2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX
			7 - GRAIN/CHIPS/GRAVEL
VEHICLE DEFECTS			
0 1	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES
	2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE
	3 - TAIL LAMPS	6 - TIRE BLOWOUT	9 - MOTOR TROUBLE
NON-MOTORIST LOCATION AT IMPACT			
0 1	1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER	6 - BICYCLE LANE
	2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE
		5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK
ACTION			
0 1	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN
	2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE
	3 - STRIKING	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE
	4 - STRUCK PRE-CRASH ACTIONS	4 - OVERTAKING/PASSING	10 - PARKED
	5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC
	9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	12 - DRIVERLESS
CONTRIBUTING CIRCUMSTANCES			
0 1	1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION
	2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / ACDA	14 - STOPPED OR PARKED ILLEGALLY
	3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	15 - SWERVING TO AVOID
	4 - RAN STOP SIGN	10 - IMPROPER PASSING	16 - WRONG WAY
	5 - UNSAFE SPEED	11 - DROVE OFF ROAD	17 - VISION OBSTRUCTION
	6 - IMPROPER TURN	12 - IMPROPER BACKING	18 - OPERATING DEFECTIVE EQUIPMENT
SEQUENCE OF EVENTS			
0 8	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL
	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	16 - RAILWAY VEHICLE
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	17 - ANIMAL - FARM
4 3	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	18 - ANIMAL - DEER
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	12 - DOWNHILL RUNAWAY
3 1			13 - OTHER NON-COLLISION
4 1	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	14 - PEDESTRIAN
	26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	15 - PEDALCYCLE
	27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	37 - TRAFFIC SIGN POST
	28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL	38 - OVERHEAD SIGN POST
	29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	39 - LIGHT / LUMINARIES SUPPORT
	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	40 - UTILITY POLE
1	FIRST HARMFUL EVENT	2	MOST HARMFUL EVENT

LOCAL REPORT NUMBER	
2 2 0 5 2 9 2 9	
DAMAGE	
DAMAGE SCALE	
2	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 numbered damage areas 1-12. Areas 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 are numbered in a clockwise circle around the vehicle's perimeter. Below the vehicle, areas 1, 2, 3, 4, 5, 6, 7, 8, 9,	



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER												
2 2 0 5 2 9 2 9												
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER			
	0 1	Munoz, Abigail					0 4 1 1 1 9 9 1	3 1	F			
	ADDRESS: STREET, CITY, STATE, ZIP 44 Rockland Drive Fairborn, Ohio 45324											
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO	MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
	5								0 1	1	1	1
	DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE	<input checked="" type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER	
	O H				331.17A			Right of Way/Left Turn			251690	
	DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION		<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	<input type="checkbox"/> OTHER DRUG	<input type="checkbox"/> ALCOHOL TEST	<input type="checkbox"/> DRUG TEST(S)
	4			1	<input type="checkbox"/>	1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1
	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER			
0 2	Kautz, Sheila Kay					0 7 1 3 1 9 6 3	5 9	F				
ADDRESS: STREET, CITY, STATE, ZIP 1912 Edison Avenue Hamilton, Ohio 45011										CONTACT PHONE - INCLUDE AREA CODE		
MOTORIST / NON-MOTORIST	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO	MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
	5								0 1	1	1	1
	DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE	<input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER	
	O H											
	DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION		<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	<input type="checkbox"/> OTHER DRUG	<input type="checkbox"/> ALCOHOL TEST	<input type="checkbox"/> DRUG TEST(S)
	4			1	<input type="checkbox"/>	1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1
	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER			
							0					
	ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE	
	MOTORIST / NON-MOTORIST	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
5												
DL STATE		OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE	<input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER	
DL CLASS		ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION		<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	<input type="checkbox"/> OTHER DRUG	<input type="checkbox"/> ALCOHOL TEST	<input type="checkbox"/> DRUG TEST(S)
				1	<input type="checkbox"/>	1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1
INJURIES		SEATING POSITION	AIR BAG	DL CLASS	DL RESTRICTIONS	DRIVER DISTRACTION	TEST STATUS					
1 - FATAL		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED	1 - CLASS A	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED	1 - NONE GIVEN					
2 - SUSPECTED SERIOUS INJURY		2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B	2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2 - TEST REFUSED					
3 - SUSPECTED MINOR INJURY		3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C	3 - CORRECTIVE LENSES	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE						
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE	4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER	4 - TEST GIVEN, RESULTS KNOWN							
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M/C MOPED ONLY	5 - EXCEPT CLASS A BUS	5 - TEST GIVEN, RESULTS UNKNOWN							
INJURED TAKEN BY	6 - SECOND - RIGHT SIDE	6 - DEPLOYMENT UNKNOWN	6 - NO VALID DL	6 - EXCEPT CLASS A & CLASS B BUS	6 - TALKING ON HAND-HELD COMMUNICATION DEVICE							
1 - NOT TRANSPORTED / TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7 - THIRD - MIDDLE	7 - EXCEPT TRACTOR-TRAILER	7 - TALKING ON HAND-HELD COMMUNICATION DEVICE	7 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE							
2 - EMS	8 - THIRD - MIDDLE	8 - PARTIALLY EJECTED	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - PASSENGER	8 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE							
3 - POLICE	9 - THIRD - RIGHT SIDE	9 - TOTALLY EJECTED	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER DISTRACTION INSIDE THE VEHICLE	9 - OTHER DISTRACTION OUTSIDE THE VEHICLE							
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT APPLICABLE	10 - LIMITED TO DAYLIGHT ONLY	10 - LIMITED TO DAYLIGHT ONLY	10 - OTHER							
SAFETY EQUIPMENT										TEST STATUS		
1 - NONE USED	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOT EJECTED	H - HAZMAT	1 - APPARENTLY NORMAL	1 - NONE							
2 - SHOULDER BELT ONLY USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	2 - PARTIALLY EJECTED	M - MOTORCYCLE	2 - PHYSICAL IMPAIRMENT	2 - BLOOD							
3 - LAP BELT ONLY USED	13 - TRAILING UNIT	3 - TOTALLY EJECTED	P - PASSENGER	3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3 - URINE							
4 - SHOULDER & LAP BELT USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	4 - NOT APPLICABLE	N - TANKER	4 - ILLNESS	4 - BREATH							
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	15 - NON-MOTORIST	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT)	Q - MOTOR SCOOTER	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	5 - OTHER							
6 - CHILD RESTRAINT SYSTEM - REAR FACING	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	R - THREE-WHEEL MOTORCYCLE	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6 - OPIATES / OPIOIDS							
7 - BOOSTER SEAT	13 - TRAILING UNIT	13 - FREED BY NON-MECHANICAL MEANS	S - SCHOOL BUS	9 - OTHER / UNKNOWN	7 - OTHER							
8 - HELMET USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14 - NOT TRAPPED	T - DOUBLE & TRIPLE TRAILERS	8 - MOTOR VEHICLES WITHOUT AIR BRAKES	8 - NEGATIVE RESULTS							
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	15 - NON-MOTORIST	15 - EXTRICATED BY MECHANICAL MEANS	X - TANKER / HAZMAT	16 - OUTSIDE MIRROR								
10 - REFLECTIVE CLOTHING	99 - OTHER / UNKNOWN	16 - FREED BY NON-MECHANICAL MEANS		17 - PROSTHETIC AID								
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		17 - APPARENTLY NORMAL		18 - OTHER								
99 - OTHER / UNKNOWN												
EJECTION										DRUG TEST TYPE		
OL ENDORSEMENT										CONDITION		
TRAPPED										DRUG TEST RESULT(S)		
GENDER												
F - FEMALE										1 - AMPHETAMINES		
M - MALE										2 - BARBITURATES		
U - OTHER / UNKNOWN										3 - BENZODIAZEPINES		
1 - APPARENTLY NORMAL										4 - CANNABINOID		
2 - PHYSICAL IMPAIRMENT										5 - COCAINE		
3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)										6 - OPIATES / OPIOIDS		
4 - ILLNESS										7 - OTHER		
5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.										8 - NEGATIVE RESULTS		
6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL												
9 - OTHER / UNKNOWN												



# OCCUPANT / WITNESS ADDENDUM

OCCUPANT

OCCUPANT

OCCUPANT

WITNESS

WITNESS

WITNESS

LOCAL REPORT NUMBER

2 2 0 5 2 9 2 9

DATE OF BIRTH

0 9 2 5 1 9 8 5

AGE

3 6

GENDER

M

CONTACT PHONE - INCLUDE AREA CODE

UNIT #	NAME: LAST, FIRST, MIDDLE		
1	Garcia, Olivo		

CONTACT PHONE - INCLUDE AREA CODE

INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED
5				0 4

CONTACT PHONE - INCLUDE AREA CODE

UNIT #	NAME: LAST, FIRST, MIDDLE		
1	Anguiano, Adrian		

CONTACT PHONE - INCLUDE AREA CODE

INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED
5				0 4

CONTACT PHONE - INCLUDE AREA CODE

UNIT #	NAME: LAST, FIRST, MIDDLE		

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INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED

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UNIT #	NAME: LAST, FIRST, MIDDLE		

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INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED

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## INJURIES

## SAFETY EQUIPMENT USED

## SEATING POSITION

## AIR BAG USAGE

- 1 - FATAL
- 2 - SUSPECTED SERIOUS INJURY
- 3 - SUSPECTED MINOR INJURY
- 4 - POSSIBLE INJURY
- 5 - NO APPARENT INJURY

- 1 - NONE USED - VEHICLE OCCUPANT
- 2 - SHOULDER BELT ONLY USED
- 3 - LAP BELT ONLY USED
- 4 - SHOULDER & LAP BELT USED
- 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING
- 6 - CHILD RESTRAINT SYSTEM - REAR FACING
- 7 - BOOSTER SEAT
- 8 - HELMET USED
- 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)
- 10 - REFLECTIVE CLOTHING
- 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY
- 99 - OTHER / UNKNOWN

- 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)
- 2 - FRONT - MIDDLE
- 3 - FRONT - RIGHT SIDE
- 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)
- 5 - SECOND - MIDDLE
- 6 - SECOND - RIGHT SIDE
- 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)
- 8 - THIRD - MIDDLE
- 9 - THIRD - RIGHT SIDE
- 10 - SLEEPER SECTION OF TRUCK CAB
- 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)
- 12 - PASSENGER IN UNENCLOSED CARGO AREA
- 13 - TRAILING UNIT
- 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)
- 15 - NON-MOTORIST
- 99 - OTHER / UNKNOWN

- 1 - NOT DEPLOYED
- 2 - DEPLOYED FRONT
- 3 - DEPLOYED SIDE
- 4 - DEPLOYED BOTH FRONT/SIDE
- 5 - NOT APPLICABLE
- 9 - DEPLOYMENT UNKNOWN

## EJECTION

- 1 - NOT EJECTED
- 2 - PARTIALLY EJECTED
- 3 - TOTALLY EJECTED
- 4 - NOT APPLICABLE

## TRAPPED

- 1 - NOT TRAPPED
- 2 - EXTRICATED BY MECHANICAL MEANS
- 3 - FREED BY NON-MECHANICAL MEANS

NAME: LAST, FIRST, MIDDLE

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GENDER

ADDRESS: STREET, CITY, STATE, ZIP

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