



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* Fairfield Police Department		NCIC*	HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 0 2
COUNTY* 0 9 LOCALITY* 1 - CITY 1 2 - VILLAGE 3 - TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield		CRASH DATE / TIME* 0 7 2 7 2 0 2 2 1 4 0 6		UNIT IN ERROR 0 1 98 - ANIMAL 99 - UNKNOWN
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME SOUTH GILMORE	ROAD TYPE R D	LATITUDE DECIMAL DEGREES 3 9 3 0 5 3 7 8
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) KOLB	ROAD TYPE D R	LONGITUDE DECIMAL DEGREES - 8 4 5 2 3 4 9 3
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1	DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	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	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA
DISTANCE FROM REFERENCE 5 0	DISTANCE UNIT OF MEASURE 2 - FEET 2					NUMBER OF APPROACHES
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 0 1				MANNER OF CRASH COLLISION/IMPACT 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 2	DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (>4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 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 0 1	LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	CONTOUR 1	CONDITIONS 1 - DRY 2 - WET 3 - SNOW 4 - ICE 9 - OTHER/UNKNOWN	SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN	
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 0 1	6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN			
NARRATIVE On July 27, 2022 Unit 2 stopped in traffic on South Gilmore Rd while traveling northbound. Unit 1 failed to maintain an assured clear distance ahead and struck Unit 2 in the rear. The driver of Unit 1 was cited for ACDA.						Indicate the north direction with an "N" on the compass diagram.
CRASH REPORTED DATE / TIME 0 7 2 7 2 0 2 2 1 4 0 8		DISPATCH DATE / TIME 0 7 2 7 2 0 2 2 1 4 1 1		ARRIVAL DATE / TIME 0 7 2 7 2 0 2 2 1 4 2 1	SCENE CLEARED DATE / TIME 0 7 2 7 2 0 2 2 1 5 0 6	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 3 0		TOTAL MINUTES 8 5		OFFICER'S NAME* R. CORNER OFFICER'S BADGE NUMBER* 8 5
						CHECKED BY OFFICER'S NAME* S J CHECKED BY OFFICER'S BADGE NUMBER* 1 0 3
SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP)						

OWNER	UNIT # 0 1 OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) HERSHNER, NEIL JR			OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER)
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER)				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP				COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
LP STATE O H	LICENSE PLATE # HZK2606	VEHICLE IDENTIFICATION # 1FA6P0H70E51372591		VEHICLE YEAR 2014
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY GEICO	INSURANCE POLICY # 6073621077		COLOR GRAY
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #		VEHICLE MAKE FORD
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS 0 1	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	TOWED BY: COMPANY NAME WAYNE'S HAZARDOUS MATERIAL
UNIT TYPE 0 1 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		1 - ALL TERRAIN VEHICLE (ATV / UTV)		<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD
1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE		7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE	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
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
1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING		6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 21 - MAIL CARRIER 99 - OTHER / UNKNOWN
4 - SCHOOL TRANSPORT		9 - BUS - OTHER	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL
5 - BUS - TRANSIT/COMMUTER		10 - AMBULANCE		
1 - NO CARGO BODY TYPE / NOT APPLICABLE		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE 9 - CARGO TANK
2 - BUS		4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	10 - FLAT BED 11 - DUMP
3 - CARGO BODY TYPE		7 - GRAIN/CHIPS/GRAVEL		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
1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		3 - INTERSECTION - OTHER CROSSWALK 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
1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK		1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE	12 - FIRST RESPONDER AT INCIDENT SCENE 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION
5 - BOTH STRIKING & STRUCK		5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE
9 - OTHER / UNKNOWN			12 - DRIVERLESS	99 - OTHER / UNKNOWN
1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN		7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE	13 - IMPROPER START FROM A PARKED POSITION	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE
5 - 4- RAN STOP SIGN		10 - IMPROPER PASSING	14 - STOPPED OR PARKED ILLEGALLY	23 - OPENING DOOR INTO ROADWAY
5 - UNSAFE SPEED		11 - DROVE OFF ROAD	15 - SWERVING TO AVOID	99 - OTHER IMPROPER ACTION
6 - IMPROPER TURN		12 - IMPROPER BACKING	16 - WRONG WAY	20 - IMPROPER CROSSING
SEQUENCE OF EVENTS				NON-COLLISION
1 - 2 - 0 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION				11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL
4 - JACKKNIFE				12 - DOWNHILL RUNAWAY
5 - CARGO / EQUIPMENT LOSS OR SHIFT				13 - OTHER NON-COLLISION
31 - GUARDRAIL END				14 - PEDESTRIAN
32 - PORTABLE BARRIER				15 - PEDALCYCLE
33 - MEDIAN CABLE BARRIER				16 - RAILWAY VEHICLE
34 - MEDIAN GUARDRAIL				17 - ANIMAL - FARM
35 - MEDIAN CONCRETE BARRIER				18 - ANIMAL - DEER
36 - MEDIAN OTHER BARRIER				19 - ANIMAL - OTHER
43 - CURB				20 - MOTOR VEHICLE IN TRANSPORT
44 - DITCH				21 - PARKED MOTOR VEHICLE
45 - EMBANKMENT				22 - WORK ZONE MAINTENANCE EQUIPMENT
46 - FENCE				23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
47 - MAILBOX				24 - OTHER MOBILE OBJECT
48 - TREE				50 - WORK ZONE MAINTENANCE EQUIPMENT
49 - FIRE HYDRANT				51 - WALL
52 - BUILDING				53 - TUNNEL
54 - OTHER FIXED OBJECT				55 - OTHER / UNKNOWN
56 - OTHER / UNKNOWN				
COLLISION WITH FIXED OBJECT - STRUCK				
41 - OTHER POST, POLE OR SUPPORT				40 - UTILITY POLE
42 - CULVERT				37 - TRAFFIC SIGN POST
43 - CURB				38 - OVERHEAD SIGN POST
44 - DITCH				39 - LIGHT / LUMINARIES
45 - EMBANKMENT				40 - SUPPORT
46 - FENCE				41 - OTHER POST, POLE OR SUPPORT
47 - MAILBOX				42 - CULVERT
48 - TREE				43 - CURB
49 - FIRE HYDRANT				44 - DITCH
50 - WORK ZONE MAINTENANCE EQUIPMENT				45 - EMBANKMENT
51 - WALL				46 - FENCE
52 - BUILDING				47 - MAILBOX
53 - TUNNEL				48 - TREE
54 - OTHER FIXED OBJECT				49 - FIRE HYDRANT
55 - OTHER / UNKNOWN				
1 - FIRST HARMFUL EVENT				1 - MOST HARMFUL EVENT

LOCAL REPORT NUMBER											
2	2	0	5	3	7	1	6				
DAMAGE											
DAMAGE SCALE											
<u>4</u>		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 damage to the front left corner (area 11) and the rear left corner											

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

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
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LP STATE <u>O H</u>	LICENSE PLATE # <u>GZD8664</u>	VEHICLE IDENTIFICATION # <u>J M 3 K E 2 C Y 5 G 0 8 5 6 5 5 0</u>	VEHICLE YEAR <u>2 0 1 6</u>	VEHICLE MAKE <u>MAZDA</u>
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<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>FARMER'S</u>	INSURANCE POLICY # <u>A7993210710</u>	COLOR <u>BLACK</u>	VEHICLE MODEL <u>CX5</u>
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<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	TOWED BY: COMPANY NAME		
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<input type="checkbox"/> INTERLOCK EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS <u>0 1</u>	VEHICLE WEIGHT GVWR/GCWR	HAZARDOUS MATERIAL	
		1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	<input type="checkbox"/> MATERIAL RELEASED	CLASS # <u>1</u> PLACARD ID # <u>1</u>
			<input type="checkbox"/> PLACARD	

UNIT TYPE <u>0 3</u>	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
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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
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SPECIAL FUNCTION <u>0 1</u>	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
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CARGO BODY TYPE <u>0 1</u>	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
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VEHICLE DEFECTS	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT	99 - OTHER / UNKNOWN
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NON-MOTORIST LOCATION AT IMPACT	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN
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ACTION <u>4</u>	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING <u>1 1</u> 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 8 - ENTERING OR CROSSING SPECIFIED LOCATION 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	18 - APPROACHING OR LEAVING VEHICLE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE
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CONTRIBUTING CIRCUMSTANCES <u>0 1</u>	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION
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SEQUENCE OF EVENTS

<u>1 2 0</u>	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	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT
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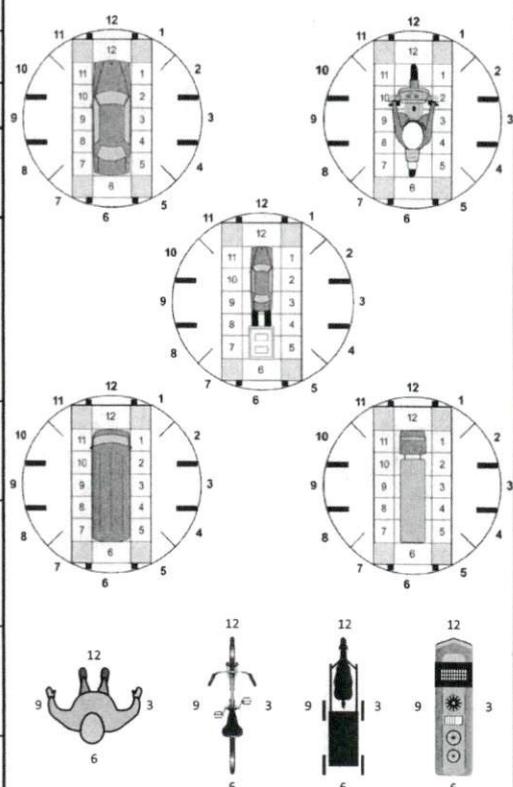
<u>4 5 6</u>	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN
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1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER
2 2 0 5 3 7 1 6

DAMAGE	
DAMAGE SCALE	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN
2	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE

DAMAGED AREA(S)
INDICATE ALL THAT APPLY



INITIAL POINT OF CONTACT	
0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

TRAFFIC	
TRAFFIC WAY FLOW <u>2</u>	TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD <u>6</u>	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION	
FROM <u>2</u> TO <u>1</u>	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN

UNIT SPEED <u>0</u>	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED <u>3</u>	
3 5	



MOTORIST / Non-MOTORIST

										LOCAL REPORT NUMBER					
										2 2 0 5 3 7 1 6			DATE OF BIRTH		
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE HERSHNER, NATHANIEL EDWARD CONNOR									0 7 3 0 2 0 0 3	1 9	M		
	ADDRESS: STREET, CITY, STATE, ZIP 4887 CASTLETON DR FAIRFIELD, OH 45014									CONTACT PHONE - INCLUDE AREA CODE					
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			
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	<input checked="" type="checkbox"/>	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)				
4				1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	1	1	1	1			
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	<input checked="" type="checkbox"/>	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)				
4				1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	1	1	1	1			
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE WATSON, CORY MICHAEL									1 2 1 2 1 9 8 8	3 3	M		
ADDRESS: STREET, CITY, STATE, ZIP 2499 EAST HIGHWOOD DR FAIRFIELD, OH 45014									CONTACT PHONE - INCLUDE AREA CODE						
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			
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	<input checked="" type="checkbox"/>	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)				
4				1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	1	1	1	1			
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE									1 2 1 2 1 9 8 8	3 3	M		
ADDRESS: STREET, CITY, STATE, ZIP									CONTACT PHONE - INCLUDE AREA CODE						
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED		<input type="checkbox"/> DOT-Compliant MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	<input checked="" type="checkbox"/>	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)				
4				1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	1	1	1	1			
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 - 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 OL	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 - NOT DEPLOYED	7 - EXCEPT TRACTOR-TRAILER	7 - TALKING ON HAND-Held COMMUNICATION DEVICE	7 - ALCOHOL TEST TYPE										
2 - EMS	8 - THIRD - MIDDLE	8 - PARTIALLY EJECTED	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	1 - NONE										
3 - POLICE	9 - THIRD - RIGHT SIDE	9 - TOTALLY EJECTED	9 - LEARNER'S PERMIT RESTRICTIONS	6 - PASSENGER	2 - BLOOD										
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT APPLICABLE	10 - LIMITED TO DAYLIGHT ONLY	7 - OTHER DISTRACTION INSIDE THE VEHICLE	3 - URINE										
SAFETY EQUIPMENT	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11 - NOT TRAPPED	11 - LIMITED TO EMPLOYMENT	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	4 - BREATH										
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	12 - EXTRICATED BY MECHANICAL MEANS	12 - LIMITED - OTHER	9 - OTHER / UNKNOWN	5 - OTHER										
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT	13 - FREED BY NON-MECHANICAL MEANS	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	14 - MILITARY VEHICLES ONLY	1 - DRUG TEST TYPE										
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		15 - MOTOR VEHICLES WITHOUT AIR BRAKES	15 - APPARENTLY NORMAL	1 - NONE										
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST		16 - OUTSIDE MIRROR	2 - PHYSICAL IMPAIRMENT	2 - BLOOD										
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN		17 - PROSTHETIC AID	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3 - URINE										
6 - CHILD RESTRAINT SYSTEM - REAR FACING			18 - OTHER	4 - ILLNESS	4 - OTHER										
7 - BOOSTER SEAT				5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	5 - BARBITURATES										
8 - HELMET USED				6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	3 - BENZODIAZEPINES										
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)				7 - OTHER / UNKNOWN	4 - CANNABINOIDS										
10 - REFLECTIVE CLOTHING					5 - COCAINE										
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY					6 - OPIATES / OPIOIDS										
99 - OTHER / UNKNOWN					7 - OTHER										
					8 - NEGATIVE RESULTS										