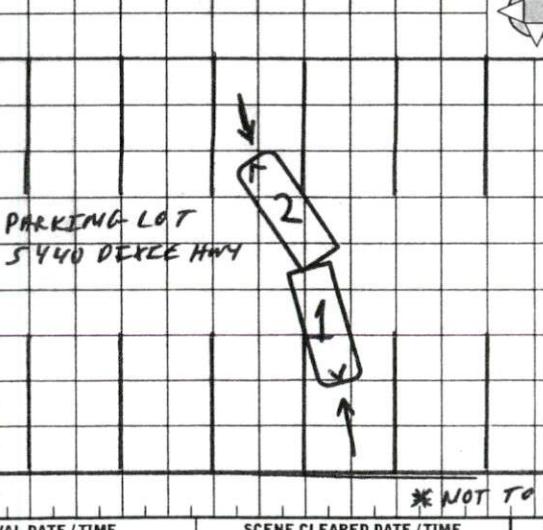


TRAFFIC CRASH REPORT

*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 | | | 2 2 0 5 4 0 3 5 | |
| | | REPORTING AGENCY NAME* NCIC* Fairfield Police Department 0 0 9 0 1 | | | HIT/SKIP NUMBER OF UNITS UNIT IN ERROR 2 1-SOLVED 0 2 0 1 2 2-UNRESOLVED 98-ANIMAL 99-UNKNOWN | |
| REFERENCE LOCATION COUNTY* | LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP 0 9 | LOCATION: CITY, VILLAGE, TOWNSHIP* # City of Fairfield | | | CRASH DATE / TIME* 0 7 2 8 2 0 2 2 1 1 3 5 | |
| ROUTE TYPE S R | ROUTE NUMBER 4 | PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST | LOCATION ROAD NAME | ROAD TYPE | LATITUDE DECIMAL DEGREES 3 9 0 3 3 5 9 2 0 | |
| ROUTE TYPE | ROUTE NUMBER | PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 5440 | ROAD TYPE | LONGITUDE DECIMAL DEGREES -8 4 0 5 2 5 8 8 6 | |
| REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE # 3 | DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-WEST 3 | ROUTE TYPE IR - INTERSTATE ROUTE(FTP) 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 HW - HIGHWAY LA - LANE MP - MILEPOST PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY | INTERSECTION RELATED | | |
| DISTANCE FROM REFERENCE | DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS | | | <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA | NUMBER OF APPROACHES | |
| LOCATION OF FIRST HARMFUL EVENT 1-ON ROADWAY 2-ON SHOULDER 3-IN MEDIAN 4-ON ROADSIDE 5-IN GORE 6-OUTSIDE TRAFFIC WAY 7-ON RAMP 8-OFF RAMP 0 6 | | | MANNER OF CRASH COLLISION/IMPACT 1- NOT COLLISION 2- REAR-TO-REAR 3- BACKING 4- ANGLE 5- TWO MOTOR VEHICLES IN TRANSPORT 6- SIDESWIPE, SAME DIRECTION 7- SIDESWIPE, OPPOSITE DIRECTION 8- REAR-END 9- HEAD-ON 10- OTHER / UNKNOWN 5 | 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 | |
| WORK ZONE RELATED <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 WARNING SIGN 2- ADVANCE WARNING AREA 3- TRANSITION AREA 4- ACTIVITY AREA 5- TERMINATION AREA | CONTOUR 1 | CONDITIONS 1- DRY 2- WET 3- SNOW 4- ICE 5- SAND, MUD, DIRT, OIL, GRAVEL 6- WATER (STANDING, MOVING) 7- SLUSH 9- OTHER/UNKNOWN | SURFACE 2- 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 1 | | WEATHER 1- CLEAR 2- CLOUDY 3- FOG, SMOG, SMOKE 4- RAIN 5- SLEET, HAIL 0 1 | | | | |
| <p>NARRATIVE</p> <p>On 07-28-22 at 11:35 a.m., Unit 1 and Unit 2 were both parked in the lot located at 5440 Dixie Hwy. Unit 1 was parked on the south side of isle 3 and Unit 2 was parked across isle 3 on the north side. Unit 2 was backing out of their parking spot when Unit 1 backed out of their spot and they struck each other in the rear. The driver of Unit 1 stated that she was going to park and left the area without exchanging information or waiting until the police arrived.</p> <p>Indicate the north direction with an "N" on the compass diagram.</p>  <p>* NOT TO SCALE *</p> | | | | | | |
| CRASH REPORTED DATE / TIME 0 7 2 8 2 0 2 2 1 1 3 6 | | DISPATCH DATE / TIME 0 7 2 8 2 0 2 2 1 1 3 9 | | ARRIVAL DATE / TIME 0 7 2 8 2 0 2 2 1 1 4 3 | SCENE CLEARED DATE / TIME 0 7 2 8 2 0 2 2 1 2 0 6 | REPORT TAKEN BY <input type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST |
| TOTAL TIME ROADWAY CLOSED 2 0 | | OTHER INVESTIGATION TIME 4 7 | TOTAL MINUTES 8 8 | OFFICER'S NAME* P.O. J.DRAKE | CHECKED BY OFFICER'S NAME* J.DRAKE | SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OEPS) 103 |
| | | | | OFFICER'S BADGE NUMBER* 8 8 | CHECKED BY OFFICER'S BADGE NUMBER* 103 | |

HSY7001 OH1 1/19 [760-0820]

PAGE 1 OF 5

| | | | | | | | | | | | |
|---|--|--|--|---|---------------|---|---|--|---|--|--|
| OWNER | UNIT # <u>0 1</u> OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) | | | 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 | LICENSE PLATE # | VEHICLE IDENTIFICATION # | | VEHICLE YEAR | VEHICLE MAKE | | | | | | |
| <input type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY | INSURANCE POLICY # | | COLOR | VEHICLE MODEL | | | | | | |
| 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 checked="" type="checkbox"/> HIT/SKIP UNIT | #OCCUPANTS <u>0 1</u> | VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. | HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <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 BICYCLE 11 - ALL-TERRAIN VEHICLE (ATV / UTV) | | 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME | | | | | | | |
| UNIT TYPE <u>0 1</u> | # OF TRAILING UNITS <u>0</u> | | 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 | | | | | | | | |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>9</u> 1 - YES 2 - NO 9 - OTHER / UNKNOWN | | AUTONOMOUS MODE LEVEL <u>9</u> | 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION | | | | | | | | |
| SPECIAL FUNCTION 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER | | 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 | | | | | | | |
| CARGO BODY TYPE <u>0 1</u> | | 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 | | | | | | | |
| VEHICLE DEFECTS <u>9 9</u> 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS | | 16 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP | | 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN | | | | | | | |
| NON-MOTORIST LOCATION AT IMPACT <u>0 1</u> | | 17 - FIRE 18 - MILITARY 19 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT | | 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN | | | | | | | |
| ACTION <u>5</u> 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 6 - OTHER / UNKNOWN | | 17 - TURN SIGNALS 18 - HEAD LAMPS 19 - TAIL LAMPS | | 21 - MAIL CARRIER 99 - OTHER / UNKNOWN | | | | | | | |
| CONTRIBUTING CIRCUMSTANCES <u>1 2</u> 1 - FAILURE TO YIELD 2 - RAN RED LIGHT 3 - RAN STOP SIGN 4 - UNSAFE SPEED 5 - IMPROPER TURN | | 22 - CROSSWALK 23 - ROADWAY 24 - OTHER MOVABLE OBJECT | | 21 - MAIL CARRIER 99 - OTHER / UNKNOWN | | | | | | | |
| SEQUENCE OF EVENTS | | | | | | | | | | | |
| NON-COLLISION | | | | | | | | | | | |
| <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 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 | | | | | | 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE | 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE | 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER | 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT | 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT | 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN |
| FIRST HARMFUL EVENT <u>1</u> | | | | | | MOST HARMFUL EVENT <u>1</u> | | | | | |

OWNER

UNIT #

OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)
SOTO-RODRIGUEZ, ALEXANDER

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)

COMMERCIAL CARRIER:

NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE

O H

LICENSE PLATE #

GZD3315

VEHICLE IDENTIFICATION #

5 F N Y F 4 8 1 5 7 9 B 0 0 5 8 4 8

VEHICLE YEAR

2 0 0 9

VEHICLE MAKE

HONDA

INSURANCE
VERIFIED

PROGRESSIVE

INSURANCE COMPANY

PROGRESSIVE

INSURANCE POLICY #

948262426

COLOR

MAROON

VEHICLE MODEL

PILOT

TYPE OF USE
 COMMERCIAL GOVERNMENT IN EMERGENCY
RESPONSE

US DOT #

TOWED BY: COMPANY NAME

INTERLOCK
DEVICE
EQUIPPED

HIT/SKIP UNIT

#OCCUPANTS

0 2

VEHICLE WEIGHT GVWR/GCWR

1 - <10K LBS.
2 - 10,001 - 26K LBS.
3 - >26K LBS.

HAZARDOUS MATERIAL

MATERIAL
RELEASED
 PLACARD
CLASS # PLACARD ID #

UNIT TYPE

0 3

3 - SPORT UTILITY VEHICLE

4 - PICK UP

5 - CARGO VAN

6 - VAN (9-15 SEATS)

1 - PASSENGER CAR

2 - PASSENGER VAN (MINIVAN)

3 - SPORT UTILITY VEHICLE

4 - PICK UP

5 - CARGO VAN

6 - VAN (9-15 SEATS)

2 - MOTORCYCLE 3-WHEELED

3 - MOTORCYCLE 3-WHEELED

4 - AUTOCYCLE

5 - MOPED OR MOTORIZED

6 - BICYCLE

7 - ALL TERRAIN VEHICLE
(ATV / UTV)

8 - GOLF CART

9 - SNOWMOBILE

10 - SINGLE UNIT TRUCK

11 - SEMI-TRACTOR

12 - FARM EQUIPMENT

13 - MOTORHOME

14 - LIMO (LIVERY VEHICLE)

15 - BUS (16+ PASSENGERS)

16 - OTHER VEHICLE

17 - HEAVY EQUIPMENT

18 - ANIMAL WITH RIDER OR

19 - ANIMAL-DRAWN VEHICLE

20 - PEDESTRIAN / SKATER

21 - WHEELCHAIR (ANY TYPE)

22 - OTHER NON-MOTORIST

23 - BICYCLE

24 - TRAIN

25 - UNKNOWN OR HIT/SKIP

0 0

OF TRAILING UNITS

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

0 1

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

0 1

1 - NO CARGO BODY TYPE

2 - NOT APPLICABLE

3 - 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

15 - OTHER / UNKNOWN

0 1

1 - TURN SIGNALS

2 - HEAD LAMPS

3 - TAIL LAMPS

4 - BRAKES

5 - STEERING

6 - TIRE BLOWOUT

7 - WORN OR SLICK TIRES

8 - TRAILER EQUIPMENT

9 - DEFECTIVE

10 - MOTOR TROUBLE

11 - DISABLED FROM PRIOR
ACCIDENT

12 - OTHER / UNKNOWN

0 1

1 - INTERSECTION - MARKED
CROSSWALK

2 - INTERSECTION - UNMARKED
CROSSWALK

3 - TRAVEL LANE - OTHER
LOCATION

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
AT INCIDENT SCENE

11 - SHARED USE PATHS OR
TRAILS

12 - FIRST RESPONDER
AT INCIDENT SCENE

0 1

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 - DRIVING LESS

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 - WORKING

23 - LYING IN ROADWAY

24 - NOT DISCERNIBLE

25 - OPENING DOOR INTO
ROADWAY

26 - LOAD SHIFTING/FALLING/
SPILLING

27 - OTHER IMPROPER ACTION

0 1

1 - LEFT OF CENTER

2 - FOLLOWING TOO CLOSE /
ACDA

3 - RAN RED LIGHT

4 - 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 - SWERVING TO AVOID

20 - LOAD SHIFTING/FALLING/
SPILLING

21 - IMPROPER CROSSING

22 - LYING IN ROADWAY

23 - NOT DISCERNIBLE

24 - OPENING DOOR INTO
ROADWAY

25 - LOAD SHIFTING/FALLING/
SPILLING

26 - OTHER IMPROPER ACTION

0 1

1 - SEQUENCE OF EVENTS

2 - NON-COLLISION

3 - IMPACT ATTENUATOR
/ CRASH CUSHION

4 - BRIDGE OVERHEAD
STRUCTURE

5 - BRIDGE PIER OR ABUTMENT

6 - BRIDGE PARAPET

7 - BRIDGE RAIL

8 - GUARDRAIL FACE

11 - CROSS CENTERLINE -
OPPOSITE DIRECTION OF
TRAVEL

12 - DOWNHILL RUNAWAY

13 - OTHER NON-COLLISION

14 - PEDESTRIAN

15 - PEDALCYCLE

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

LOCAL REPORT NUMBER

2 2 0 5 4 0 3 5

DAMAGE

DAMAGE SCALE

3
2 - NONE
1 - MINOR DAMAGE

4 - DISABLING DAMAGE

9 - UNKNOWN

DAMAGED AREA(S)

INDICATE ALL THAT APPLY

1
2 - HIT/SKIP UNIT

3 - PERSONAL VEHICLE

4 - COMMERCIAL VEHICLE

5 - MOTORCYCLE

6 - AUTOMOBILE

7 - TRAILER

8 - BUS

9 - AIRCRAFT

10 - HELICOPTER

11 - BOAT

12 - RAILROAD VEHICLE

13 - AIRPLANE

14 - AUTOMOBILE

15 - PERSONAL VEHICLE

16 - COMMERCIAL VEHICLE

17 - TRAILER

18 - BUS

19 - AIRCRAFT

20 - HELICOPTER

21 - BOAT

22 - RAILROAD VEHICLE



MOTORIST / Non-MOTORIST

| MOTORIST / NON-MOTORIST | | | | | | | | | | LOCAL REPORT NUMBER | | | | | |
|---|--|---|------------------------------|---|--|---|--|--|------------------|-----------------------------------|----------------------------------|---|--|--------------------|-------------|
| | | | | | | | | | | 2 2 0 5 4 0 3 5 | | DATE OF BIRTH | AGE | GENDER | |
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | | | | | 0 | 1 | 0 | F | | |
| 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 | 0 9 | <input type="checkbox"/> DOT-Compliant MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | | |
| DL STATE | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | | LOCAL CODE | | OFFENSE DESCRIPTION | | | CITATION NUMBER | | | | |
| DL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY | 9 | ALCOHOL / DRUG SUSPECTED | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | CONDITION | 1 | 1 | 1 | 1 | ALCOHOL TEST DRUG TEST(S) | | |
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | | | | | DATE OF BIRTH | AGE | GENDER | | | |
| 0 2 | SOTO-RIVERA, NASHALY KRISTAL | | | | | | | | | 0 4 2 3 1 9 9 7 | 2 5 | F | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| 17 HARRISON ST MIDDLETOWN, OHIO 45042 | | | | | | | | | | | | | | | |
| 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 | | | |
| DL STATE | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | | LOCAL CODE | | OFFENSE DESCRIPTION | | | CITATION NUMBER | | | | |
| DL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY | 1 | ALCOHOL / DRUG SUSPECTED | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | CONDITION | 1 | 1 | 1 | 1 | ALCOHOL TEST DRUG TEST(S) | | |
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | | | | | DATE OF BIRTH | AGE | GENDER | | | |
| 0 | | | | | | | | | | 0 | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| 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 | | | |
| DL STATE | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | | LOCAL CODE | | OFFENSE DESCRIPTION | | | CITATION NUMBER | | | | |
| DL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY | | ALCOHOL / DRUG SUSPECTED | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | CONDITION | | | | | ALCOHOL TEST DRUG TEST(S) | | |
| INJURIES | | | | | | | | | | SEATING POSITION | AIR BAG | DL CLASS | DL 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 MOVED ONLY | 5 - EXCEPT CLASS A BUS | 5 - TEST GIVEN, RESULTS UNKNOWN | | | | | | | | | | |
| INJURED TAKEN BY | | | | | | | | | | 6 - NO VALID DL | 6 - EXCEPT CLASS A & CLASS B BUS | 6 - TALKING ON HAND-HELD COMMUNICATION DEVICE | 6 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE | | |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | 6 - SECOND - RIGHT SIDE | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | 7 - NOT VALID DL | 7 - EXCEPT TRACTOR-TRAILER | 7 - OTHER DISTRACTION INSIDE THE VEHICLE | 7 - OTHER DISTRACTION OUTSIDE THE VEHICLE | 7 - OTHER / UNKNOWN | | | | | | | | |
| 2 - EMS | 7 - THIRD - MIDDLE | 8 - THIRD - RIGHT SIDE | 8 - NOT VALID DL | 8 - INTERMEDIATE LICENSE RESTRICTIONS | 8 - OTHER DISTRACTION INSIDE THE VEHICLE | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE | 8 - OTHER / UNKNOWN | | | | | | | | |
| 3 - POLICE | 9 - THIRD - RIGHT SIDE | 10 - SLEEPER SECTION OF TRUCK CAB | 9 - NOT VALID DL | 9 - LEARNER'S PERMIT RESTRICTIONS | 9 - OTHER / UNKNOWN | 9 - OTHER / UNKNOWN | 9 - OTHER / UNKNOWN | | | | | | | | |
| 9 - OTHER / UNKNOWN | | | | 10 - LIMITED TO DAYLIGHT ONLY | | | | | | | | | | | |
| SAFETY EQUIPMENT | | | | | | | | | | 11 - LIMITED TO DAYLIGHT ONLY | 11 - LIMITED TO DAYLIGHT ONLY | 11 - LIMITED TO DAYLIGHT ONLY | 11 - LIMITED TO DAYLIGHT ONLY | | |
| 1 - NONE USED | 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 - MILITARY VEHICLES ONLY | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES | 16 - OUTSIDE MIRROR | 17 - PROSTHETIC AID | 18 - OTHER | | | | | | | |
| 2 - SHOULDER BELT ONLY USED | 12 - EXTRICATED BY MECHANICAL MEANS | 13 - FREED BY NON-MECHANICAL MEANS | | | | | | | | | | | | | |
| 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 | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 15 - NON-MOTORIST | 16 - OUTSIDE MIRROR | 17 - PROSTHETIC AID | 18 - OTHER | | | | | | | | | | |
| 8 - HELMET USED | 15 - NON-MOTORIST | 99 - OTHER / UNKNOWN | | | | | | | | | | | | | |
| 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | | | | | | | | | | | | | | |
| 10 - REFLECTIVE CLOTHING | | | | | | | | | | | | | | | |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | | | | | | | | | | | | | | | |
| 99 - OTHER / UNKNOWN | | | | | | | | | | | | | | | |
| ALCOHOL TEST TYPE | | | | | | | | | | 1 - NONE | | | | | |
| DRUG TEST TYPE | | | | | | | | | | 2 - BLOOD | | | | | |
| CONDITION | | | | | | | | | | 3 - URINE | | | | | |
| TEST STATUS | | | | | | | | | | 4 - BREATH | | | | | |
| DRUG TEST RESULT(S) | | | | | | | | | | 5 - OTHER | | | | | |
| TEST STATUS | | | | | | | | | | 1 - NONE | | | | | |
| DRUG TEST TYPE | | | | | | | | | | 2 - BLOOD | | | | | |
| CONDITION | | | | | | | | | | 3 - URINE | | | | | |
| TEST STATUS | | | | | | | | | | 4 - OTHER | | | | | |
| DRUG TEST RESULT(S) | | | | | | | | | | 1 - AMPHETAMINES | | | | | |
| TEST STATUS | | | | | | | | | | 2 - BARBITURATES | | | | | |
| DRUG TEST TYPE | | | | | | | | | | 3 - BENZODIAZEPINES | | | | | |
| CONDITION | | | | | | | | | | 4 - CANNABINOID | | | | | |
| TEST STATUS | | | | | | | | | | 5 - COCAINE | | | | | |
| DRUG TEST RESULT(S) | | | | | | | | | | 6 - OPIATES / OPIOIDS | | | | | |
| TEST STATUS | | | | | | | | | | 7 - OTHER | | | | | |
| DRUG TEST TYPE | | | | | | | | | | 8 - NEGATIVE RESULTS | | | | | |



OCCUPANT / WITNESS ADDENDUM

| OCCUPANT | LOCAL REPORT NUMBER | | | | | | | | | |
|---|--|--|---|--|---------------------------------|---|-------------------------|----------------------|---------------|--------------|
| | 2 2 0 5 4 0 3 5 | | | | | DATE OF BIRTH | AGE | GENDER | | |
| UNIT # 2 | NAME: LAST, FIRST, MIDDLE SOTO, ANAHIA | | | | | 1 1 2 4 2 0 1 7 | 4 | F | | |
| ADDRESS: 17 HARRISON ST MIDDLETOWN, OHIO 45042 | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | |
| INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO | MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 0 5 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0 4 | AIR BAG USAGE 0 5 | EJECTION 1 | TRAPPED 1 |
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | AGE | GENDER | | |
| 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 |
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | AGE | GENDER | | |
| 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 |
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | AGE | GENDER | | |
| 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 |
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | AGE | GENDER | | |
| ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | |
| 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) | EJECTION | | | | | | | |
| 2 - EMS | 8 - HELMET USED | 8 - THIRD - MIDDLE | 1 - NOT EJECTED | | | | | | | |
| 3 - POLICE | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT SIDE | 2 - PARTIALLY EJECTED | | | | | | | |
| 9 - OTHER / UNKNOWN | 10 - REFLECTIVE CLOTHING | 10 - SLEEPER SECTION OF TRUCK CAB | 3 - TOTALLY EJECTED | | | | | | | |
| GENDER | | | 11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE | | | | | |
| F - FEMALE | 12 - PASSENGER IN UNENCLOSED CARGO AREA | TRAPPED | | | | | | | | |
| M - MALE | 13 - TRAILING UNIT | 1 - NOT TRAPPED | | | | | | | | |
| U - OTHER / UNKNOWN | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 2 - EXTRICATED BY MECHANICAL MEANS | | | | | | | | |
| | 15 - NON-MOTORIST | 3 - FREED BY NON-MECHANICAL MEANS | | | | | | | | |
| | 99 - OTHER / UNKNOWN | | | | | | | | | |
| NAME: LAST, FIRST, MIDDLE FASSNACHT, DIANA R | DATE OF BIRTH 0 2 0 5 1 9 4 1 | AGE 8 1 | GENDER F | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 5494 ALERT NEW LONDON RD HAMILTON OH 45013 | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | |
| NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | |
| NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | |