



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY			LOCAL INFORMATION			LOCAL REPORT NUMBER*		
			REPORTING AGENCY NAME* NCIC* Fairfield Police Department 00901			HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR
						1-SOLVED	0 2	01 98-ANIMAL 01 99-UNKNOWN
						2-UNSOLVED		
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*			CRASH DATE / TIME*			CRASH SEVERITY
0 9	1 1-CITY 2-VILLAGE 3-TOWNSHIP	City of Fairfield			07302022 1408			1-FATAL 5 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES		
				HOLIDAY	D R	39.343919		
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		
				OBERLIN	D R	-84.541814		
REFERENCE POINT		DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED			
1	1-INTERSECTION 2-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	<input checked="" 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			3			
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT	DIRECTION OF TRAVEL		ROADWAY	
0 1	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	6	1-NOT COLLISION BETWEEN 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		MEDIAN TYPE
WORK ZONE RELATED		WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE		CONTOUR	CONDITIONS	SURFACE
<input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		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 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		1	1	2
LIGHT CONDITION		WEATHER				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
1	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								
On July 30, 2022 at approximately 2:08 PM, Unit 2 was traveling northwest on Holiday Drive approaching Oberlin Drive. Unit 1 was traveling northeast on Oberlin Drive approaching Holiday Drive. Unit 1 came to a stop at the stop sign then initiated a left turn onto Holiday Drive. Unit 1 failed to yield to Unit 2 and struck it.								
CRASH REPORTED DATE / TIME			DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME	
07302022 1408			07302022 1409		07302022 1414		07302022 1456	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME* A. ROUSH		REPORT TAKEN BY
0		3 0		7 7		CHECKED BY OFFICER'S NAME* Larsh, Sam		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
						OFFICER'S BADGE NUMBER* 1 7 0		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OIPS)
						CHECKED BY OFFICER'S BADGE NUMBER* 1 3 4		

OWNER

VEHICLE

EVENT(S)

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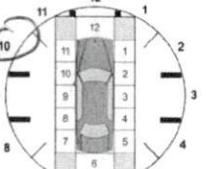
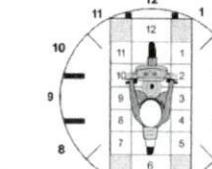
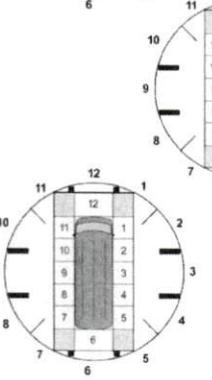
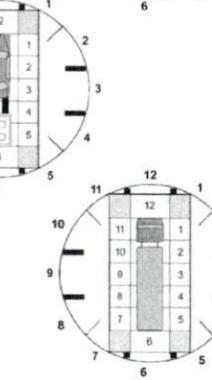
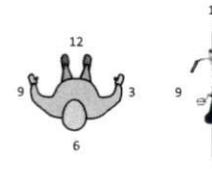
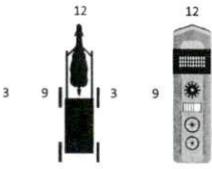
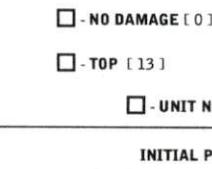
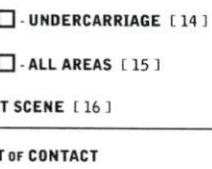
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OWNER	UNIT # <u>012</u>	OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER)																																																																		
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 <u>O H</u>	LICENSE PLATE # <u>JNH5398</u>	VEHICLE IDENTIFICATION # <u>1N1XBR32EX6Z741505</u>	VEHICLE YEAR <u>2006</u>																																																																		
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY STATE FARM	INSURANCE POLICY # <u>2834345C2835L</u>	VEHICLE MAKE TOYOTA																																																																		
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME WAYNE'S TOWING																																																																		
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT #OCCUPANTS <u>0 2</u>		VEHICLE WEIGHT GVWR/GCWR <u>1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.</u>	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # <u>PLACARD ID #</u>																																																																		
UNIT TYPE <u>0 1</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 - MOVED OR MOTORIZED 11 - ALL TERRAIN VEHICLE (ATV / UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNITTRUCK 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																																																																	
VEHICLE # OF TRAILING UNITS <u>0 0</u>	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>0 2</u> 1 - YES 2 - NO 9 - OTHER / UNKNOWN			0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN																																																																	
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																																																																		
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																																																																	
VEHICLE DEFECTS <u>0 1</u>	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																																																																	
NON-MOTORIST LOCATION AT IMPACT <u>0 1</u>	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK	9 - MEDIAN / CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 13 - NECESSITATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 22 - DRIVING 23 - OPENING DOOR INTO ROADWAY 24 - OTHER UNKNOWN																																																																	
ACTION <u>0 4</u>	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING <u>0 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 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 22 - DRIVING 23 - OPENING DOOR INTO ROADWAY 24 - OTHER UNKNOWN																																																																	
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																																																																	
SEQUENCE OF EVENTS	<table border="1"> <thead> <tr> <th colspan="2">NON-COLLISION</th> <th colspan="2">COLLISION WITH FIXED OBJECT</th> <th>STRUCK</th> </tr> </thead> <tbody> <tr> <td>1 - OVERTURN / ROLLOVER</td> <td>6 - EQUIPMENT FAILURE</td> <td>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL</td> <td>16 - RAILWAY VEHICLE</td> <td>22 - WORK ZONE MAINTENANCE EQUIPMENT</td> </tr> <tr> <td>2 - FIRE / EXPLOSION</td> <td>7 - SEPARATION OF UNITS</td> <td>12 - DOWNHILL RUNAWAY</td> <td>17 - ANIMAL - FARM</td> <td>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE</td> </tr> <tr> <td>3 - IMMERSION</td> <td>8 - RAN OFF ROAD RIGHT</td> <td>13 - OTHER NON-COLLISION</td> <td>18 - ANIMAL - OTHER</td> <td>24 - OTHER MOVABLE OBJECT</td> </tr> <tr> <td>4 - JACKKNIFE</td> <td>9 - RAN OFF ROAD LEFT</td> <td>14 - PEDESTRIAN</td> <td>19 - MOTOR VEHICLE IN TRANSPORT</td> <td></td> </tr> <tr> <td>5 - CARGO / EQUIPMENT LOSS OR SHIFT</td> <td>10 - CROSS MEDIAN</td> <td>15 - PEDALCYCLE</td> <td>20 - PARKED MOTOR VEHICLE</td> <td></td> </tr> <tr> <td>25 - IMPACT ATTENUATOR / CRASH CUSHION</td> <td>31 - GUARDRAIL END</td> <td>37 - TRAFFIC SIGN POST</td> <td>43 - CURB</td> <td>50 - WORK ZONE MAINTENANCE EQUIPMENT</td> </tr> <tr> <td>26 - BRIDGE OVERHEAD STRUCTURE</td> <td>32 - PORTABLE BARRIER</td> <td>38 - OVERHEAD SIGN POST</td> <td>44 - DITCH</td> <td>51 - WALL</td> </tr> <tr> <td>27 - BRIDGE PIER OR ABUTMENT</td> <td>33 - MEDIAN CABLE BARRIER</td> <td>39 - LIGHT / LUMINARIES SUPPORT</td> <td>45 - EMBANKMENT</td> <td>52 - BUILDING</td> </tr> <tr> <td>28 - BRIDGE PARAPET</td> <td>34 - MEDIAN GUARDRAIL</td> <td>40 - UTILITY POLE</td> <td>46 - FENCE</td> <td>53 - TUNNEL</td> </tr> <tr> <td>29 - BRIDGE RAIL</td> <td>35 - MEDIAN CONCRETE BARRIER</td> <td>41 - OTHER POST, POLE OR SUPPORT</td> <td>47 - MAILBOX</td> <td>54 - OTHER FIXED OBJECT</td> </tr> <tr> <td>30 - GUARDRAIL FACE</td> <td>36 - MEDIAN OTHER BARRIER</td> <td>42 - CULVERT</td> <td>48 - TREE</td> <td>99 - OTHER / UNKNOWN</td> </tr> <tr> <td>41 - FIRST HARMFUL EVENT</td> <td>1 - MOST HARMFUL EVENT</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NON-COLLISION		COLLISION WITH FIXED OBJECT		STRUCK	1 - OVERTURN / ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT	2 - FIRE / EXPLOSION	7 - SEPARATION OF UNITS	12 - DOWNHILL RUNAWAY	17 - ANIMAL - FARM	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	13 - OTHER NON-COLLISION	18 - ANIMAL - OTHER	24 - OTHER MOVABLE OBJECT	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	14 - PEDESTRIAN	19 - MOTOR VEHICLE IN TRANSPORT		5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	15 - PEDALCYCLE	20 - PARKED MOTOR VEHICLE		25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT	26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH	51 - WALL	27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES SUPPORT	45 - EMBANKMENT	52 - BUILDING	28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL	40 - UTILITY POLE	46 - FENCE	53 - TUNNEL	29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX	54 - OTHER FIXED OBJECT	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	48 - TREE	99 - OTHER / UNKNOWN	41 - FIRST HARMFUL EVENT	1 - MOST HARMFUL EVENT			
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LOCAL REPORT NUMBER <u>2 2 0 5 4 5 9 5</u>	
DAMAGE DAMAGE SCALE	
3	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN
3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
       	
<input type="checkbox"/> NO DAMAGE <u>0 0</u> <input type="checkbox"/> UNDERCARRIAGE <u>14</u> <input type="checkbox"/> TOP <u>13</u> <input type="checkbox"/> ALL AREAS <u>15</u> <input type="checkbox"/> UNIT NOT AT SCENE <u>16</u>	
INITIAL POINT OF CONTACT	
0 - NO DAMAGE <u>1 0</u>	14 - UNDERCARRIAGE
1-12 - REFER TO UNIT DIAGRAM	15 - VEHICLE NOT AT SCENE
13 - TOP	99 - UNKNOWN
TRAFFIC	
TRAFFICWAY FLOW <u>2</u>	TRAFFIC CONTROL <u>6</u>
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD <u>2</u>	RAIL GRADE CROSSING <u>1</u>
1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	
UNIT / NON-MOTORIST DIRECTION	
1 - NORTH <u>5</u>	5 - NORTHEAST
2 - SOUTH <u>6</u>	6 - NORTHWEST
3 - EAST <u>7</u>	7 - SOUTHEAST
4 - WEST <u>8</u>	8 - SOUTHWEST
9 - OTHER / UNKNOWN	
UNIT SPEED <u>2 5</u>	DETECTED SPEED <u>1</u>
1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	
POSTED SPEED <u>2 5</u>	



MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	LOCAL REPORT NUMBER														
	2 2 0 5 4 5 9 5					DATE OF BIRTH		AGE	GENDER						
UNIT #	NAME: LAST, FIRST, MIDDLE														
0 1	PERKINS, EMILY CAITLIN														
ADDRESS: STREET, CITY, STATE, ZIP															
5589 AZALEA WAY APTR 822, WEST CHESTER, OH 45069															
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO	MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET			SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
5							0 4	<input type="checkbox"/>			0 1	1	1	1	
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER					
F L				331.19a		<input checked="" type="checkbox"/>	STOP SIGN VIOLATION			252016					
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	<input type="checkbox"/> STATUS	<input type="checkbox"/> TYPE	<input type="checkbox"/> VALUE	<input type="checkbox"/> STATUS	<input type="checkbox"/> TYPE	<input type="checkbox"/> RESULT		
UNIT #	NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH		AGE	GENDER	
0 2	WALKER, SARAH LYNNE										0 3 1 7 1 9 9 4		2 8	F	
ADDRESS: STREET, CITY, STATE, ZIP											CONTACT PHONE - INCLUDE AREA CODE				
4759 SLADE DR, FAIRFIELD, OH 45014															
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO	MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET			SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
5							0 4	<input type="checkbox"/>			0 1	1	1	1	
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER					
O H						<input type="checkbox"/>									
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	<input type="checkbox"/> STATUS	<input type="checkbox"/> TYPE	<input type="checkbox"/> VALUE	<input type="checkbox"/> STATUS	<input type="checkbox"/> TYPE	<input type="checkbox"/> RESULT		
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	
								<input type="checkbox"/>							
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER					
						<input type="checkbox"/>									
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)				
				1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	<input type="checkbox"/> STATUS	<input type="checkbox"/> TYPE	<input type="checkbox"/> VALUE	<input type="checkbox"/> STATUS	<input type="checkbox"/> TYPE	<input type="checkbox"/> RESULT		
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-EXCEPT CLASS A BUS		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-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 CLASS A & CLASS B BUS		5-TEST GIVEN, RESULTS UNKNOWN					
			9-DEPLOYMENT UNKNOWN		9-NO VALID OL	6-EXCEPT CLASS A & CLASS B BUS		6-EXCEPT CLASS A & CLASS B BUS							
					7-NO VALID OL	7-EXCEPT TRACTOR-TRAILER		7-EXCEPT TRACTOR-TRAILER							
						8-INTERMEDIATE LICENSE RESTRICTIONS		8-INTERMEDIATE LICENSE RESTRICTIONS		1-NONE					
						9-LEARNER'S PERMIT RESTRICTIONS		9-LEARNER'S PERMIT RESTRICTIONS		2-BLOOD					
						10-LIMITED TO DAYLIGHT ONLY		10-LIMITED TO DAYLIGHT ONLY		3-URINE					
						11-LIMITED TO EMPLOYMENT		11-LIMITED TO EMPLOYMENT		4-BREATH					
						12-LIMITED - OTHER		12-LIMITED - OTHER		5-OTHER					
						13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)							
						14-MILITARY VEHICLES ONLY		14-MILITARY VEHICLES ONLY							
						15-MOTOR VEHICLES WITHOUT AIR BRAKES		15-MOTOR VEHICLES WITHOUT AIR BRAKES							
						16-OUTSIDE MIRROR		16-OUTSIDE MIRROR							
						17-PROSTHETIC AID		17-PROSTHETIC AID							
						18-OTHER		18-OTHER							
INJURED TAKEN BY	EJECTION		OL ENDORSEMENT		COND	DRUG TEST TYPE		DRUG TEST RESULT(S)							
1-NOT TRANSPORTED /TREATED AT SCENE	1-NOT EJECTED		H-HAZMAT		1-APPARENTLY NORMAL	1-NONE		1-AMPHETAMINES							
2-EMS	2-PARTIALLY EJECTED		M-MOTORCYCLE		2-PHYSICAL IMPAIRMENT	2-BLOOD		2-BARBITURATES							
3-POLICE	3-TOTALLY EJECTED		P-PASSENGER		3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3-URINE		3-BENZODIAZEPINES							
9-OTHER /UNKNOWN	4-NOT APPLICABLE		N-TANKER		4-ILLNESS	4-OOTHER		4-CANNABINOID							
			Q-MOTOR SCOOTER		5-FELL ASLEEP FAINTED, FATIGUED, ETC.			5-COCAIN							
			R-THREE-WHEEL MOTORCYCLE		6-UNDER THE INFLUENCE OF MEDICATIONS/DRUGS /ALCOHOL			6-OPIATES /OPIOIDS							
			S-SCHOOL BUS		9-OTHER /UNKNOWN			7-OTHER							
			T-DOUBLE & TRIPLE TRAILERS					8-NEGATIVE RESULTS							
			X-TANKER /HAZMAT												
SAFETY EQUIPMENT	TRAPPED		GENDER		COND	DRUG TEST TYPE		DRUG TEST RESULT(S)							
1-NONE USED	1-NOT TRAPPED		F-FEMALE		1-APPARENTLY NORMAL	1-NONE		1-AMPHETAMINES							
2-SHOULDER BELT ONLY USED	2-EXTRICATED BY MECHANICAL MEANS		M-MALE		2-PHYSICAL IMPAIRMENT	2-BLOOD		2-BARBITURATES							
3-LAP BELT ONLY USED	3-FREED BY NON-MECHANICAL MEANS		U-OTHER /UNKNOWN		3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3-URINE		3-BENZODIAZEPINES							
4-SHOULDER & LAP BELT USED					4-ILLNESS			4-CANNABINOID							
5-CHILD RESTRAINT SYSTEM - FORWARD FACING					5-FELL ASLEEP FAINTED, FATIGUED, ETC.			5-COCAIN							
6-CHILD RESTRAINT SYSTEM - REAR FACING					6-UNDER THE INFLUENCE OF MEDICATIONS/DRUGS /ALCOHOL			6-OPIATES /OPIOIDS							
7-BOOSTER SEAT	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				9-OTHER /UNKNOWN			7-OTHER							
8-HELMET USED	15-NON-MOTORIST							8-NEGATIVE RESULTS							
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	99-OTHER /UNKNOWN														
10-REFLECTIVE CLOTHING															
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY															
99-OTHER /UNKNOWN															



OCCUPANT / WITNESS ADDENDUM

					LOCAL REPORT NUMBER				
					2 2 0 5 4 5 9 5				
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE BRAUCH, ROBERT WILLIAM			DATE OF BIRTH		AGE	GENDER	
		2				0 4 0 7 1 9 8 9	3 3	M	
ADDRESS: STREET, CITY, STATE, ZIP 4759 SLADE DR, FAIRFIELD, OH 45014					CONTACT PHONE - INCLUDE AREA CODE				
INJURIES <input type="checkbox"/> 5 INJURED TAKEN BY <input type="checkbox"/> EMS AGENCY (NAME) <input type="checkbox"/> INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) <input type="checkbox"/> SAFETY EQUIPMENT USED <input type="checkbox"/> 0 4					<input type="checkbox"/> DOT-COMPLIANT MC HELMET <input type="checkbox"/> SEATING POSITION 0 3 <input type="checkbox"/> AIR BAG USAGE 0 1 <input type="checkbox"/> EJECTION 1 <input type="checkbox"/> TRAPPED 1				
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER	
						0	0		
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
INJURIES <input type="checkbox"/> INJURED TAKEN BY <input type="checkbox"/> EMS AGENCY (NAME) <input type="checkbox"/> INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) <input type="checkbox"/> SAFETY EQUIPMENT USED <input type="checkbox"/>					<input type="checkbox"/> DOT-COMPLIANT MC HELMET <input type="checkbox"/> SEATING POSITION <input type="checkbox"/> AIR BAG USAGE <input type="checkbox"/> EJECTION <input type="checkbox"/> TRAPPED				
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER	
						0	0		
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
INJURIES <input type="checkbox"/> INJURED TAKEN BY <input type="checkbox"/> EMS AGENCY (NAME) <input type="checkbox"/> INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) <input type="checkbox"/> SAFETY EQUIPMENT USED <input type="checkbox"/>					<input type="checkbox"/> DOT-COMPLIANT MC HELMET <input type="checkbox"/> SEATING POSITION <input type="checkbox"/> AIR BAG USAGE <input type="checkbox"/> EJECTION <input type="checkbox"/> TRAPPED				
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER	
						0	0		
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
INJURIES 1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY					SAFETY EQUIPMENT USED 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				
INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN					SEATING POSITION 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				
GENDER F - FEMALE M - MALE U - OTHER / UNKNOWN					AIR BAG USAGE 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				
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER
						0	0		
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER
						0	0		
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER
						0	0		
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				