

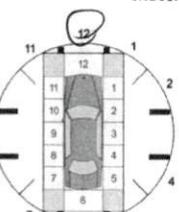
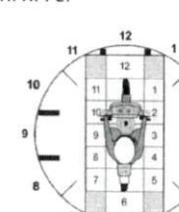
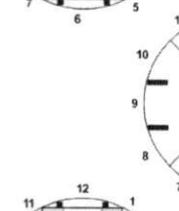
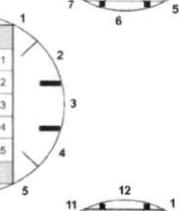
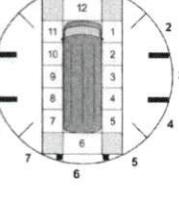
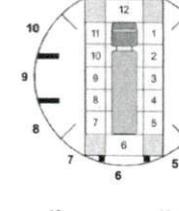
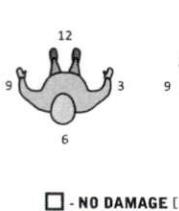
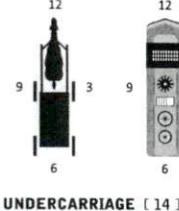


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input type="checkbox"/> PHOTOS TAKEN		<input type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION		LOCAL REPORT NUMBER*			
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*			
				Fairfield Police Department		00901			
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*		City of Fairfield		CRASH DATE / TIME*		CRASH SEVERITY	
09	1 2-VILLAGE 3-TOWNSHIP					08012022 1205		1-FATAL	
ROUTE TYPE		ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DECIMAL DEGREES		2-SERIOUS INJURY SUSPECTED
ROUTE TYPE		ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)		ROAD TYPE	LONGITUDE DECIMAL DEGREES		3-MINOR INJURY SUSPECTED
				WOODRIDGE		B L	39.307737		4-INJURY POSSIBLE
				3787			-84.497072		5-PROPERTY DAMAGE ONLY
REFERENCE POINT		DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE		INTERSECTION RELATED			
3 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 type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA			NUMBER OF APPROACHES
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE							ROADWAY
		1-MILES 2-FEET 3-YARDS							ROADWAY DIVIDED
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT			DIRECTION OF TRAVEL		MEDIAN TYPE
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				1-NOT COLLISION 2-BETWEEN 3-TWO MOTOR VEHICLES IN TRANSPORT 4-REAR-END 5-HEAD-ON			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
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				4-REAR-TO-REAR 5-BACKING 6-ANGLE 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 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	1	
<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 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN			1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL			1-SNOW 7-SEVERE CROSSWINDS 8-BLOWING SAND, SOIL, DIRT, SNOW 9-FREEZING RAIN OR FREEZING DRIZZLE 99-OTHER / UNKNOWN			
<p>NARRATIVE</p> <p>On August 1, 2022 at about 12:05 P.M. Unit 1 was westbound on Woodridge Blvd and lost control on the wet pavement due to a bald tire. Unit 1 then went off the right side of the road and struck a utility pole (46BT1033C). The driver was cited for failure to control.</p> <p>The utility pole is owned by Duke Energy 1199 Nilles Rd Fairfield, OH 45014</p> <p>UTILITY POLE</p> <p>WOODRIDGE BLVD</p> <p>NOT TO SCALE</p>									
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY	
08012022 1207		08012022 1209		08012022 1218		08012022 1247		<input checked="" type="checkbox"/> POLICE AGENCY	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		<input type="checkbox"/> MOTORIST	
						R. CORNER		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO (OIPS)	
						Sgt. J. Springer			
						8 4			
						CHECKED BY OFFICER'S BADGE NUMBER*			
						8 5			
						CHECKED BY OFFICER'S BADGE NUMBER*			

OWNER	UNIT # <u>0 1</u> OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) <u>HALL, DONEZ J VON</u>	OWNER PHONE: <u>419-524-1234</u>																																
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>JEC1420</u>	VEHICLE IDENTIFICATION # <u>4T1B1F3E1K8B0614316</u>	VEHICLE YEAR <u>2011</u>	VEHICLE MAKE <u>TOYOTA</u>																														
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>PROGRESSIVE</u>	INSURANCE POLICY # <u>953386057</u>	COLOR <u>SILVER</u>	VEHICLE MODEL <u>CAMRY</u>																														
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME <u>FOX</u>																															
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT #OCCUPANTS <u>0 2</u>		VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <u>1</u> PLACARD ID # <u>1</u> <input type="checkbox"/> PLACARD																															
UNIT TYPE <u>0 1</u>	<table border="0"> <tr> <td>1 - PASSENGER CAR</td> <td>7 - MOTORCYCLE 2-WHEELED</td> <td>12 - GOLF CART</td> <td>18 - LIMO (LIVERY VEHICLE)</td> <td>23 - PEDESTRIAN / SKATER</td> </tr> <tr> <td>2 - PASSENGER VAN (MINIVAN)</td> <td>8 - MOTORCYCLE 3-WHEELED</td> <td>13 - SNOWMOBILE</td> <td>19 - BUS (16+ PASSENGERS)</td> <td>24 - WHEELCHAIR (ANYTYPE)</td> </tr> <tr> <td>3 - SPORT UTILITY VEHICLE</td> <td>9 - AUTOCYCLE</td> <td>14 - SINGLE UNIT TRUCK</td> <td>20 - OTHER VEHICLE</td> <td>25 - OTHER NON-MOTORIST</td> </tr> <tr> <td>4 - PICK UP</td> <td>10 - MOVED OR MOTORIZED</td> <td>15 - SEMI-TRACTOR</td> <td>21 - HEAVY EQUIPMENT</td> <td>26 - BICYCLE</td> </tr> <tr> <td>5 - CARGO VAN</td> <td>BICYCLE</td> <td>16 - FARM EQUIPMENT</td> <td>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE</td> <td>27 - TRAIN</td> </tr> <tr> <td>6 - VAN (9-15 SEATS)</td> <td>11 - ALL-TERRAIN VEHICLE (ATV / UTV)</td> <td>17 - MOTORHOME</td> <td>18 - LIMO (LIVERY VEHICLE)</td> <td>99 - UNKNOWN OR HIT/SKIP</td> </tr> </table>				1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER	2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED	13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANYTYPE)	3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14 - SINGLE UNIT TRUCK	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST	4 - PICK UP	10 - MOVED OR MOTORIZED	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE	5 - CARGO VAN	BICYCLE	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN	6 - VAN (9-15 SEATS)	11 - ALL-TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE)	99 - UNKNOWN OR HIT/SKIP
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VEHICLE # OF TRAILING UNITS <u>0</u>																																		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>2</u> 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																																
SPECIAL FUNCTION <u>0 1</u> 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER		1 - NONE 2 - TAXI 3 - BUS - SHUTTLE 4 - LOGGING	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																													
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 - CARGOTANK 10 - FLAT BED 11 - DUMP																													
VEHICLE DEFECTS <u>0 7</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																													
NON-MOTORIST LOCATION AT IMPACT <u>1 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																													
ACTION <u>3</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																													
CONTRIBUTING CIRCUMSTANCES <u>1 1</u>		1 - FAILURE TO YIELD 2 - RAN RED LIGHT 3 - RAN STOP SIGN 4 - RAN OFF ROAD 5 - UNSAFE SPEED 6 - IMPROPER TURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDAA 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																													
SEQUENCE OF EVENTS		<table border="0"> <tr> <td colspan="2">NON-COLLISION</td> <td colspan="4">COLLISION WITH FIXED OBJECT - STRUCK</td> </tr> <tr> <td>1 0 8</td> <td>1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT</td> <td>6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN</td> <td>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE</td> <td>16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT</td> <td>22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT</td> </tr> <tr> <td>2 4 0</td> <td>25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE</td> <td>31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER</td> <td>37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT</td> <td>43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT</td> <td>50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN</td> </tr> </table>				NON-COLLISION		COLLISION WITH FIXED OBJECT - STRUCK				1 0 8	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 MOBILE OBJECT	2 4 0	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	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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FIRST HARMFUL EVENT <u>2</u>		MOST HARMFUL EVENT <u>2</u>																																

LOCAL REPORT NUMBER <u>2 2 0 5 5 0 8 4</u>	
DAMAGE DAMAGE SCALE 4 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
       	
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT 0 - NO DAMAGE 14 - UNDERCARRIAGE <u>1 2</u> 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN 13 - TOP	
TRAFFIC TRAFFIC WAY FLOW 1 - ONE-WAY <u>2</u> 2 - TWO-WAY <u>6</u>	
TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL	
# OF THROUGH LANES ON ROAD <u>2</u>	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
FROM <u>3</u> TO <u>4</u>	UNIT SPEED <u>2 0</u>
DETECTED SPEED 1 - STATED / ESTIMATED SPEED <u>1</u> 2 - CALCULATED / EDR 3 - UNDETERMINED	
POSTED SPEED <u>3 5</u>	



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

2 2 0 5 5 0 8 4

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE 0 1 HALL, TOREZ D VON					DATE OF BIRTH	AGE	GENDER
					0 1 1 2 2 0 0 0	22	M		
ADDRESS: STREET, CITY, STATE, ZIP 210 RAMBLEWOOD DR APT 2A FAIRFIELD, OH 45014					CONTACT PHONE - INCLUDE AREA CODE				
INJURIES 5	INJURED TAKEN BY O H	EMS AGENCY (NAME) OL STATE	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) OFFENSE CHARGED 331.34A	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 2	EJECTION 1	TRAPPED 1
OL CLASS 6	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	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION FAILURE TO CONTROL	CITATION NUMBER 255301		
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
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER	
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	<input type="checkbox"/> ALCOHOL TEST 1 1	<input type="checkbox"/> DRUG TEST(S) 1 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
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER	
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	<input type="checkbox"/> ALCOHOL TEST 1 1	<input type="checkbox"/> DRUG TEST(S) 1 1		
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	9-DEPLOYMENT UNKNOWN	6-NO VALID OL	6-EXCEPT CLASS A & CLASS B BUS					
1-NOT TRANSPORTED / TREATED AT SCENE	7-THIRD-LEFT SIDE (MOTORCYCLE SIDE CAR)		7-EXCEPT TRACTOR-TRAILER	7-TALKING ON HAND-HELD COMMUNICATION DEVICE					
2-EMS	8-THIRD-MIDDLE		8-INTERMEDIATE LICENSE RESTRICTIONS	8-TALKING ON HAND-HELD COMMUNICATION DEVICE					
3-POLICE	9-THIRD-RIGHT SIDE		9-LEARNER'S PERMIT RESTRICTIONS	9-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE					
9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB		10-LIMITED TO DAYLIGHT ONLY	6-PASSENGER					
SAFETY EQUIPMENT			11-LIMITED TO EMPLOYMENT	7-OTHER DISTRACTION INSIDE THE VEHICLE					
1-NONE USED	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		12-LIMITED - OTHER	8-OTHER DISTRACTION OUTSIDE THE VEHICLE					
2-SHOULDER BELT ONLY USED	12-PASSENGER IN UNENCLOSED CARGO AREA		13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	9-OTHER / UNKNOWN					
3-LAP BELT ONLY USED	13-TRAILING UNIT		14-MILITARY VEHICLES ONLY						
4-SHOULDER & LAP BELT USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		15-MOTOR VEHICLES WITHOUT AIR BRAKES						
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	15-NON-MOTORIST		16-OUTSIDE MIRROR						
6-CHILD RESTRAINT SYSTEM - REAR FACING	99-OTHER / UNKNOWN		17-PROSTHETIC AID						
7-BOOSTER SEAT			18-OTHER						
8-HELMET USED									
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)									
10-REFLECTIVE CLOTHING									
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY									
99-OTHER / UNKNOWN									



OCCUPANT / WITNESS ADDENDUM

OCCUPANT	LOCAL REPORT NUMBER														
	2 2 0 5 5 0 8 4					DATE OF BIRTH	AGE	GENDER							
UNIT # 1	NAME: LAST, FIRST, MIDDLE HALL, DONEZ J VON					0 1 1 2 2 0 0 0	22	M							
ADDRESS: 210 RAMBLEWOOD DR APT 2A FAIRFIELD, OH 45014	CONTACT PHONE - INCLUDE AREA CODE														
INJURIES 5	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 0 3	AIR BAG USAGE 0 2	EJECTION 1	TRAPPED 1		
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH					AGE 0	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 0	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 0	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE														
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							
INJURED TAKEN BY			1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		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 EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE							
GENDER			F - FEMALE M - MALE U - OTHER / UNKNOWN		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 TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS							
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH					AGE 0	GENDER			
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE									
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