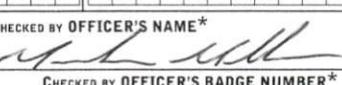
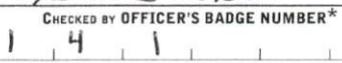




TRAFFIC CRASH REPORT

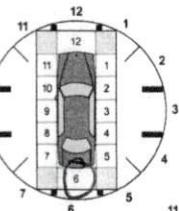
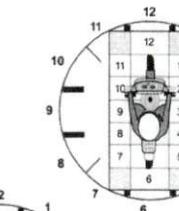
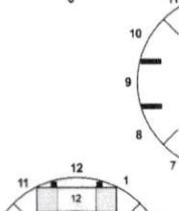
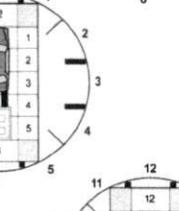
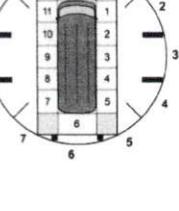
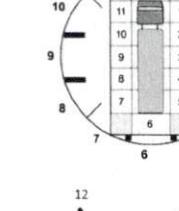
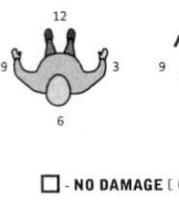
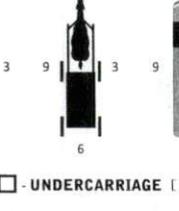
*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL INFORMATION				LOCAL REPORT NUMBER*					
<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> PRIVATE PROPERTY		REPORTING AGENCY NAME*		NCIC*					
		Fairfield Police Department		0 0 9 0 1					
COUNTY* 0 9		LOCALITY* 1-CITY 1 2-VILLAGE 3-TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP*					
				City of Fairfield					
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME Fairfield Business	ROAD TYPE D R	LATITUDE DECIMAL DEGREES 3 9 3 1 9 0 1 8			
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 6725	ROAD TYPE	LONGITUDE DECIMAL DEGREES -8 4 4 9 3 4 5 7			
REFERENCE POINT 3	DIRECTION FROM REFERENCE 1-INTERSECTION 2-MILE POST 3-HOUSE #	ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	ROUTE TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	RD - ROAD ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED			
DISTANCE FROM REFERENCE 0 6	DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS	CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	MANNER OF CRASH COLLISION/IMPACT 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			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	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	SURFACE 2	
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 0 1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL	WEATHER 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN			9 - OTHER/UNKNOWN	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	
NARRATIVE									
On 8-7-22 at about 3:29 A.M., Unit 1 and Unit 2 were both driving northeast in the parking lot of Woodspring Suites, located at 6725 Fairfield Business Dr. Unit 1 stopped and Unit 2 came to a stop behind Unit 1. The driver of Unit 1 put his vehicle in reverse and backed into Unit 2.									
Unit 2 was a K9 Police cruiser owned by the City of Fairfield Ohio. K9 Koda was in the police cruiser and uninjured.									
CRASH REPORTED DATE / TIME 0 8 0 7 2 0 2 2 0 3 2 9		DISPATCH DATE / TIME 0 8 0 7 2 0 2 2 0 3 3 1		ARRIVAL DATE / TIME 0 8 0 7 2 0 2 2 0 3 3 1		SCENE CLEARED DATE / TIME 0 8 0 7 2 0 2 2 0 4 2 6		REPORT TAKEN BY	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES 5 5		OFFICER'S NAME* Matthew Miller		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DOB)	
						OFFICER'S BADGE NUMBER* 1 4 1		<input checked="" type="checkbox"/> CHECKED BY OFFICER'S NAME*  <input checked="" type="checkbox"/> CHECKED BY OFFICER'S BADGE NUMBER* 	



UNIT

OWNER	UNIT # <u>0 1</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>JCE3393</u>	VEHICLE IDENTIFICATION # <u>W V W S R 7 A N 9 M E 0 0 3 7 1 6</u>	VEHICLE YEAR <u>2 0 2 1</u>	VEHICLE MAKE <u>Volkswagen</u>
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>Geico</u>	INSURANCE POLICY # <u>6028682554</u>	COLOR <u>Black</u>	VEHICLE MODEL <u>Arteon</u>
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 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.	
UNIT TYPE <u>0 1</u>		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD		
4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - BICYCLE 11 - ALL-TERRAIN VEHICLE (ATV/UTV)		
10 - MOPED OR MOTORIZED		7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - SEMI-TRACTOR 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME		
11 - SEMI-TRACTOR		12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE		
12 - GOLF CART		18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP		
# OF TRAILING UNITS				
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 9 - UNKNOWN	
SPECIAL FUNCTION <u>0 1</u> 3 - ELECTRONIC RIDE SHARING 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 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 - CARGO TANK 10 - FLAT BED 11 - DUMP		
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		
NON-MOTORIST LOCATION AT IMPACT <u>1 1</u>		1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - SIDEWALK 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SHARED USE PATHS OR TRAILS 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - FIRST RESPONDER AT INCIDENT SCENE 12 - STANDING OUTSIDE DISABLED VEHICLE		
ACTION <u>3</u> 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER/UNKNOWN		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - PRE-CRASH 5 - OVERTAKING/PASSING 6 - MAKING RIGHT TURN 7 - MAKING LEFT TURN 8 - BACKING 9 - CHANGING LANES 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVINGLESS 13 - MAKING U-TURN 14 - ENTERING TRAFFIC LANE 15 - LEAVING TRAFFIC LANE 16 - WORKING 17 - NEGOTIATING A CURVE 18 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - LEAVING TRAFFIC LANE 20 - PARKED 21 - SLOWING OR STOPPED IN TRAFFIC 22 - DRIVINGLESS 23 - MAKING LEFT TURN 24 - DRIVINGLESS 25 - MAKING RIGHT TURN 26 - DRIVINGLESS 27 - DRIVINGLESS 28 - DRIVINGLESS 29 - DRIVINGLESS 30 - DRIVINGLESS		
CONTRIBUTING CIRCUMSTANCES <u>1 2</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 - SWERVING TO AVOID 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - OPERATING DEFECTIVE EQUIPMENT 23 - OPENING DOOR INTO ROADWAY 24 - OTHER IMPROPER ACTION		
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 - IMPACT ATTENUATOR / CRASH CUSHION 7 - BRIDGE OVERHEAD STRUCTURE 8 - BRIDGE PIER OR ABUTMENT 9 - BRIDGE PARAPET 10 - BRIDGE RAIL 11 - GUARDRAIL FACE 12 - SEPARATION OF UNITS 13 - RAN OFF ROAD RIGHT 14 - RAN OFF ROAD LEFT 15 - CROSS MEDIAN 16 - GUARDRAIL END 17 - PORTABLE BARRIER 18 - MEDIAN CABLE BARRIER 19 - MEDIAN GUARDRAIL 20 - BARRIER 21 - MEDIAN CONCRETE BARRIER 22 - GUARDRAIL SUPPORT 23 - LIGHT / LUMINARIES SUPPORT 24 - UTILITY POLE 25 - OTHER POST, POLE OR SUPPORT 26 - CULVERT 27 - WORK ZONE MAINTENANCE EQUIPMENT 28 - DITCH 29 - EMBANKMENT 30 - FENCE 31 - MAILBOX 32 - TREE 33 - OTHER FIXED OBJECT 34 - FIRE HYDRANT		
COLLISION WITH FIXED OBJECT <u>4 5 6</u>		1 - STRUCK 2 - HIT/SKIP 3 - HIT 4 - HIT 5 - HIT 6 - HIT 7 - HIT 8 - HIT 9 - HIT 10 - HIT 11 - HIT 12 - HIT 13 - HIT 14 - HIT 15 - HIT 16 - HIT 17 - HIT 18 - HIT 19 - HIT 20 - HIT 21 - HIT 22 - HIT 23 - HIT 24 - HIT 25 - HIT 26 - HIT 27 - HIT 28 - HIT 29 - HIT 30 - HIT 31 - HIT 32 - HIT 33 - HIT 34 - HIT 35 - HIT 36 - HIT 37 - HIT 38 - HIT 39 - HIT 40 - HIT 41 - HIT 42 - HIT		
FIRST HARMFUL EVENT <u>1</u>		1 - MOST HARMFUL EVENT <u>1</u>		

LOCAL REPORT NUMBER <u>2 2 0 5 6 4 0 7</u>	
DAMAGE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGE SCALE 1 - NO DAMAGE 2 - TOP 3 - UNDERCARRIAGE 4 - ALL AREAS 5 - UNIT NOT AT SCENE	
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 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 - ONE-WAY 2 - TWO-WAY <u>6</u>
# OF THROUGH LANES ON ROAD <u>2</u>	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING <u>1</u>
UNIT / NON-MOTORIST DIRECTION FROM <u>5</u> TO <u>8</u>	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER/UNKNOWN
UNIT SPEED <u>5</u>	DETECTED SPEED 1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED <u>1</u>
POSTED SPEED	

OWNER

UNIT # 0_2 **OWNER NAME:** LAST, FIRST, MIDDLE (SAME AS DRIVER) **OWNER PHONE:** INCLUDE AREA CODE (SAME AS DRIVER)

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

5350 Pleasant Ave. Fairfield, OH 45014

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

LP STATE 720 **LICENSE PLATE #** 1F M 5K 8AB X LG B 673 74 **VEHICLE IDENTIFICATION #** 1F M 5K 8AB X LG B 673 74 **VEHICLE YEAR** 2020 **VEHICLE MAKE** Ford

INSURANCE VERIFIED **INSURANCE COMPANY** MVRMA **INSURANCE POLICY #** **COLOR** Whi/Bl **VEHICLE MODEL** Explorer

TYPE OF USE COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE **US DOT #** **TOWED BY:** COMPANY NAME

INTERLOCK DEVICE EQUIPPED **HIT/SKIP UNIT** **#OCCUPANTS** 0_1

VEHICLE WEIGHT GWR/GCW
 1 - <10K LBS.
 2 - 10,001 - 26K LBS.
 3 - >26K LBS.

HAZARDOUS MATERIAL
 MATERIAL RELEASED **CLASS #** **PLACARD ID #**
 PLACARD

UNIT TYPE 0_3 **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 (ANY TYPE)**
3-SPORT UTILITY VEHICLE **9-AUTOCYCLE** **14-SINGLE UNIT TRUCK** **20-OTHER VEHICLE** **25-OTHER NON-MOTORIST**
4-PICK UP **10-MOPED OR MOTORIZED** **15-SEMI-TRACTOR** **21-HEAVY EQUIPMENT** **26-BICYCLE**
5-CARGO VAN **11-BICYCLE** **16-FARM EQUIPMENT** **22-ANIMAL WITH RIDER OR** **27-TRAIN**
6-VAN (9-15 SEATS) **11-ALL TERRAIN VEHICLE (ATV / UTV)** **17-MOTORHOME** **ANIMAL-DRAWN VEHICLE** **99-UNKNOWN OR HIT/SKIP**

OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 **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 1_3 **1-NONE** **6-BUS-CHARTER/TOUR** **11-FIRE** **16-FARM** **21-MAIL CARRIER**
2-TAXI **7-BUS-INTERCITY** **12-MILITARY** **17-MOVING** **99-OTHER/UNKNOWN**
3-ELECTRONIC RIDE SHARING **8-BUS-SHUTTLE** **13-POLICE** **18-SNOW/RENTAL**
4-SCHOOL TRANSPORT **9-BUS-OTHER** **14-PUBLIC UTILITY** **19-TOWING**
5-BUS-TRANSIT/COMMUTER **10-AMBULANCE** **15-CONSTRUCTION EQUIPMENT** **20-SAFETY SERVICE PATROL**

CARGO BODY TYPE 0_1 **1-NO CARGO BODY TYPE / NOT APPLICABLE** **3-VEHICLE TOWING ANOTHER MOTOR VEHICLE** **5-INTERMODAL CONTAINER CHASSIS** **8-POLE** **12-CONCRETE MIXER**
2-BUS **4-LOGGING** **6-CARGO VAN/ENCLOSED BOX** **9-CARGOTANK** **13-AUTOTRPORTER**
7-GRAIN/CHIPS/GRAVEL **10-FLAT BED** **11-DUMP** **14-GARBAGE/REFUSE**
11-OTHER/UNKNOWN

VEHICLE DEFECTS **1-TURN SIGNALS** **4-BRAKES** **7-WORN OR SLICK TIRES** **9-MOTOR TROUBLE** **99-OTHER/UNKNOWN**
2-HEAD LAMPS **5-STEERING** **8-TRAILER EQUIPMENT DEFECTIVE** **10-DISABLED FROM PRIOR ACCIDENT**

NON-MOTORIST LOCATION AT IMPACT **1-INTERSECTION-MARKED CROSSWALK** **3-INTERSECTION-OTHER** **6-BICYCLE LANE** **9-MEDIAN/CROSSING ISLAND** **12-FIRST RESPONDER**
2-INTERSECTION-UNMARKED CROSSWALK **4-MIDBLOCK-MARKED CROSSWALK** **7-SHOULDER / ROADSIDE** **10-DRIVeway ACCESS** **AT INCIDENT SCENE**
5-TRAVEL LANE- OTHER LOCATION **8-SIDEWALK** **11-SHARED USE PATHS OR TRAILS** **99-OTHER/UNKNOWN**

ACTION 0_4 **1-NON-CONTACT** **1-STRAIGHT AHEAD** **7-MAKING U-TURN** **13-NEGOTIATING A CURVE** **18-APPROACHING OR LEAVING VEHICLE**
2-NON-COLLISION **2-BACKING** **8-ENTERING TRAFFIC LANE** **14-ENTERING OR CROSSING SPECIFIED LOCATION** **19-STANDING**
3-STRIKING 1_1 **3-CHANGING LANES** **9-LEAVING TRAFFIC LANE** **15-WALKING, RUNNING, JOGGING, PLAYING** **20-OTHER NON-MOTORIST**
4-STRIKING PRE-CRASH ACTIONS **4-OVERTAKING/PASSING** **10-PARKED** **11-SLOWING OR STOPPED IN TRAFFIC** **21-STANDING OUTSIDE DISABLED VEHICLE**
5-BOTH STRIKING & STRUCK **5-MAKING RIGHT TURN** **12-MAKING LEFT TURN** **16-WORKING** **17-PUSHING VEHICLE**
9-OTHER/UNKNOWN **12-DRIVERLESS**

CONTRIBUTING CIRCUMSTANCES 0_1 **1-NONE** **7-LEFT OF CENTER** **13-IMPROPER START FROM A PARKED POSITION** **17-VISION OBSTRUCTION** **21-LYING IN ROADWAY**
2-FAILURE TO YIELD **8-FOLLOWING TOO CLOSE / ACDA** **14-STOPPED OR PARKED ILLEGALLY** **18-OPERATING DEFECTIVE EQUIPMENT** **22-NOT DISCERNIBLE**
3-RAN RED LIGHT **9-IMPROPER LANE CHANGE** **15-SWERVING TO AVOID** **19-LOAD SHIFTING/FALLING/SPILLING** **23-OPENING DOOR INTO ROADWAY**
4-RAN STOP SIGN **10-IMPROPER PASSING** **16-WRONG WAY** **20-IMPROPER CROSSING** **99-OTHER IMPROPER ACTION**

SEQUENCE OF EVENTS

1_2_0 **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** **18-ANIMAL - DEER** **23-STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION**
3-IMMERSION **8-RAN OFF ROAD RIGHT** **13-OTHER NON-COLLISION** **19-ANIMAL - OTHER** **20-MOTOR VEHICLE IN TRANSPORT** **24-OTHER MOVEABLE OBJECT**
4-JACKKNIFE **9-RAN OFF ROAD LEFT** **10-CROSS MEDIAN** **14-PEDESTRIAN** **15-PEDALCYCLE** **21-PARKED MOTOR VEHICLE**

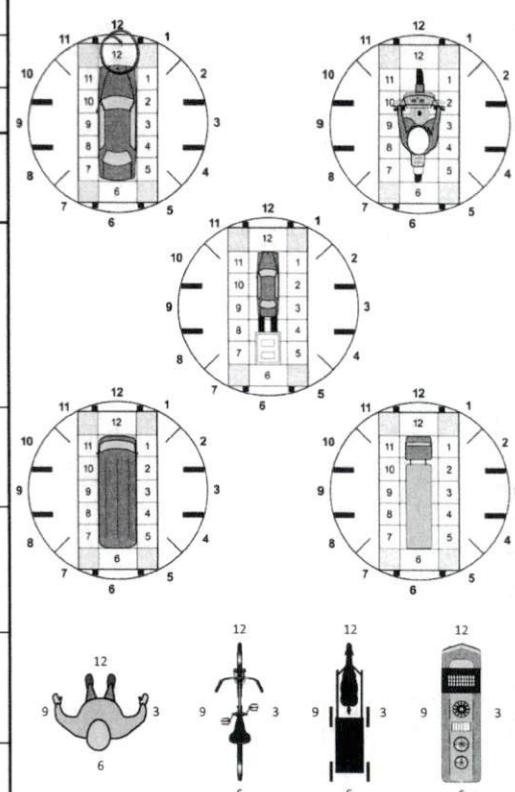
4_1 **25-IMPACT ATTENUATOR / CRASH CUSHION** **31-GUARDRAIL END** **37-TRAFFIC SIGN POST** **43-CURB** **50-WORK ZONE MAINTENANCE EQUIPMENT**
26-BRIDGE OVERHEAD STRUCTURE **32-PORTABLE BARRIER** **38-OVERHEAD SIGN POST** **44-DITCH** **51-WALL** **52-BUILDING**
5_1 **27-BRIDGE PIER OR ABUTMENT** **33-MEDIAN CABLE BARRIER** **39-LIGHT / LUMINARIES** **45-EMBANKMENT** **53-TUNNEL**
28-BRIDGE PARAPET **34-MEDIAN GUARDRAIL** **SUPPORT** **46-FENCE** **54-TREE** **55-OTHER FIXED OBJECT**
6_1 **29-BRIDGE RAIL** **35-MEDIAN CONCRETE BARRIER** **40-UTILITY POLE** **47-MAILBOX** **56-FIRE HYDRANT** **99-OTHER/UNKNOWN**
30-GUARDRAIL FACE **36-MEDIAN OTHER BARRIER** **41-OTHER POST, POLE OR SUPPORT** **48-TREE**

1 **FIRST HARMFUL EVENT** **1** **MOST HARMFUL EVENT**

LOCAL REPORT NUMBER
 2 2 0 5 6 4 0 7

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

DAMAGED AREA(S)
 INDICATE ALL THAT APPLY



NO DAMAGE 0 **UNDERCARRIAGE** 14

TOP 13 **ALL AREAS** 15

UNIT NOT AT SCENE 16

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

TRAFFIC
TRAFFICWAY FLOW 2 **TRAFFIC CONTROL**
 1 - ONE WAY 4 - STOP SIGN
 2 - TWO WAY 5 - YIELD SIGN
 6 - NO CONTROL

OF THROUGH LANES ON ROAD 2 **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

UNIT SPEED 0 **DETECTED SPEED**
 1 - STATED/ESTIMATED SPEED
 2 - CALCULATED / EDR
 3 - UNDETERMINED

POSTED SPEED



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

2 2 0 5 6 4 0 7

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER	
	0 1	Etchinson, D'Arco, Lavell					0 8 3 0 1 9 9 9	2 2	M	
ADDRESS: STREET, CITY, STATE, ZIP 807 Ashokan Rd. Englewood, OH 45322										
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	0 4	<input type="checkbox"/> DOT-Compliant MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
5							0 1	1	1	1
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE		OFFENSE DESCRIPTION			CITATION NUMBER	
O H										
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	8	ALCOHOL / DRUG SUSPECTED	1	ALCOHOL TEST	DRUG TEST(S)		
4					<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		STATUS 1 1	TYPE 1 1	RESULT SELECT UP TO 4	
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
0 2	Vinskey, John					0 8 1 6 1 9 8 5	3 6	M		
ADDRESS: STREET, CITY, STATE, ZIP 5230 Pleasant Ave., Fairfield, OH 45014										
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	0 4	<input type="checkbox"/> DOT-Compliant MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
5							0 1	1	1	1
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE		OFFENSE DESCRIPTION			CITATION NUMBER	
O H										
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	1	ALCOHOL / DRUG SUSPECTED	1	ALCOHOL TEST	DRUG TEST(S)		
4					<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		STATUS 1 1	TYPE 1 1	RESULT SELECT UP TO 4	
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
						0				
ADDRESS: STREET, CITY, STATE, ZIP										
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		ALCOHOL / DRUG SUSPECTED	1	ALCOHOL TEST	DRUG TEST(S)		
					<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		STATUS 1 1	TYPE 1 1	RESULT SELECT UP TO 4	
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	EJECTION	OL ENDORSEMENT	TEST STATUS							
1-NOT TRANSPORTED / TREATED AT SCENE	1-NOT EJECTED	H - HAZMAT	1-NONE							
2-EMS	2-PARTIALLY EJECTED	M - MOTORCYCLE	2-BLOOD							
3-POLICE	3-TOTALLY EJECTED	P - PASSENGER	3-URINE							
9-OTHER / UNKNOWN	4-NOT APPLICABLE	N - TANKER	4-BREATH							
SAFETY EQUIPMENT	TRAPPED	Q - MOTOR SCOOTER	5-OTHER							
1-NONE USED	1-NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE								
2-SHOULDER BELT ONLY USED	2-EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS								
3-LAP BELT ONLY USED	3-FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS								
4-SHOULDER & LAP BELT USED		X - TANKER / HAZMAT								
5-CHILD RESTRAINT SYSTEM - FORWARD FACING										
6-CHILD RESTRAINT SYSTEM - REAR FACING										
7-BOOSTER SEAT										
8-HELMET USED										
9-PROTECTIVE PAWS USED (ELBOW, KNEES, ETC.)										
10-REFLECTIVE CLOTHING										
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY										
99-OTHER / UNKNOWN										
CONDITION	DRUG TEST TYPE									
1-APPARENTLY NORMAL	1-NONE									
2-PHYSICAL IMPAIRMENT	2-BLOOD									
3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3-URINE									
4-ILLNESS	4-BREATH									
5-FELL ASLEEP, FAINTED, FATIGUED, ETC.	5-OTHER									
6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL										
9-OTHER / UNKNOWN										
DRUG TEST RESULT(S)										
1-AMPHETAMINES										
2-BARBITURATES										
3-BENZODIAZEPINES										
4-CANNABINOID										
5-COCAIN										
6-OPIATES / OPIOIDS										
7-OTHER										
8-NEGATIVE RESULTS										



OCCUPANT / WITNESS ADDENDUM

		LOCAL REPORT NUMBER										
		2 2 0 5 6 4 0 7										
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 1 Hickman-Feihinger, Renee					DATE OF BIRTH		AGE	GENDER		
							0 2 1 6 1 9 7 6	46		F		
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE										
613 Franklin St. Hamilton, OH 45013												
OCCUPANT	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		
	5				0 4	0 3	1	1	1			
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER			
								0				
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE										
613 Franklin St. Hamilton, OH 45013												
OCCUPANT	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			
								0				
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE										
613 Franklin St. Hamilton, OH 45013												
OCCUPANT	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			
								0				
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE										
613 Franklin St. Hamilton, OH 45013												
WITNESS	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		EJECTION		1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE			TRAPPED					
1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS								
GENDER												
F - FEMALE M - MALE U - OTHER / UNKNOWN												
NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER							
				0								
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE										
613 Franklin St. Hamilton, OH 45013												
WITNESS	NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER						
					0							
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE										
613 Franklin St. Hamilton, OH 45013												
WITNESS	NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER						
					0							
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE										
613 Franklin St. Hamilton, OH 45013												
WITNESS	NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER						
					0							
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE										
613 Franklin St. Hamilton, OH 45013												