

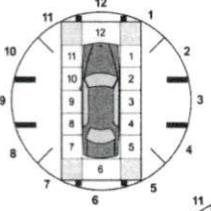
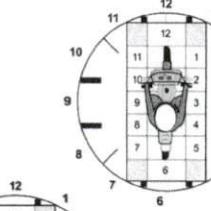
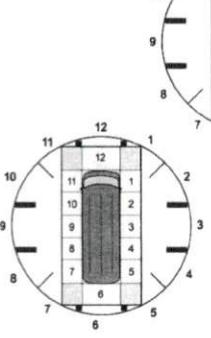
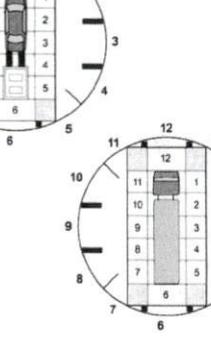
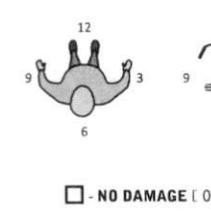
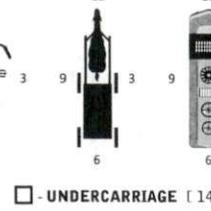


## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

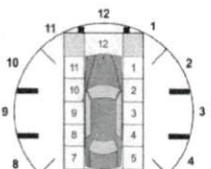
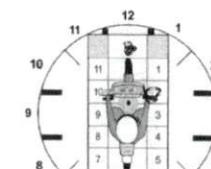
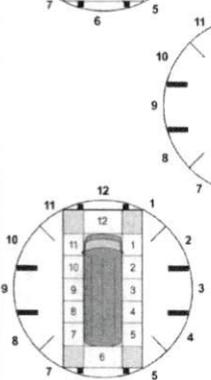
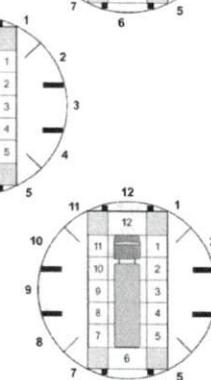
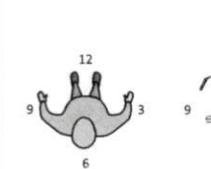
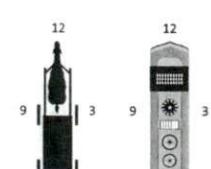
<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY			LOCAL INFORMATION			LOCAL REPORT NUMBER*		
			REPORTING AGENCY NAME* Fairfield Police Department			NCIC* 00901		
COUNTY* 09 LOCALITY* 1-CITY 1 2-VILLAGE 3-TOWNSHIP			LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield			CRASH DATE / TIME* 08072022 1135		
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME Chateau	ROAD TYPE W Y	LATITUDE DECIMAL DEGREES 39.332227		
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 5392	ROAD TYPE	LONGITUDE DECIMAL DEGREES -84.584957		
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE # 3	DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-WEST	ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA		
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS					NUMBER OF APPROACHES		
LOCATION OF FIRST HARMFUL EVENT 1-ON ROADWAY 2-ON SHOULDER 3-IN MEDIAN 4-ON ROADSIDE 5-ON GORE 6-OUTSIDE TRAFFIC WAY 7-ON RAMP 8-OFF RAMP 01			MANNER OF CRASH COLLISION/IMPACT 1-NOT COLLISION 2-BETWEEN 3-TWO MOTOR VEHICLES IN 4-TRANSPORT 5-REAR-END 6-SIDESWIPE, SAME DIRECTION 7-SIDESWIPE, OPPOSITE DIRECTION 8-HEAD-ON 9-OTHER / UNKNOWN 7			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 01	LOCATION OF CRASH IN WORK ZONE 1-BEFORE THE 1ST WORK ZONE 2-ADVANCE WARNING SIGN 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 1	WEATHER 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL 01	6-SNOW 7-SEVERE CROSSWINDS 8-BLOWING SAND, SOIL, DIRT, SNOW 9-FREEZING RAIN OR FREEZING DRIZZLE 99-OTHER / UNKNOWN	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			
NARRATIVE At about 11:35 a.m on 8-7-22 unit 2 was northbound on Chateau Way when unit 1 pulled away from its curb parking spot into the path of unit 2. Unit 2 struck unit 1.						Indicate the north direction with an "N" on the compass diagram.  Not to Scale		
CRASH REPORTED DATE / TIME 08072022 1137		DISPATCH DATE / TIME 08072022 1138		ARRIVAL DATE / TIME 08072022 1150		SCENE CLEARED DATE / TIME 08072022 1210		REPORT TAKEN BY
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 0		TOTAL MINUTES 32		OFFICER'S NAME* T. Lucas		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
						CHECKED BY OFFICER'S NAME* <i>[Signature]</i>		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)
						OFFICER'S BADGE NUMBER* 63		<input type="checkbox"/> CHECKED BY OFFICER'S BADGE NUMBER* <i>[Signature]</i>

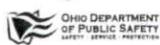
OWNER	UNIT # <u>0 1</u>	OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER)																														
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input checked="" type="checkbox"/> 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>JUC7993</u>	VEHICLE IDENTIFICATION # <u>2T1BR30E77C744352</u>	VEHICLE YEAR <u>2007</u> VEHICLE MAKE <u>Toyota</u>																														
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>Founder's</u>	INSURANCE POLICY # <u>OAOH178988</u>	COLOR <u>White</u> VEHICLE MODEL <u>Corolla</u>																														
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME																														
UNIT TYPE	INTERLOCK EQUIPPED <input type="checkbox"/> DEVICE EQUIPPED <input 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.																														
<table border="1"> <tr> <td colspan="2">HAZARDOUS MATERIAL</td> </tr> <tr> <td><input type="checkbox"/> MATERIAL RELEASED</td> <td>CLASS #</td> <td>PLACARD ID #</td> </tr> <tr> <td><input type="checkbox"/> PLACARD</td> <td></td> <td></td> </tr> </table>				HAZARDOUS MATERIAL		<input type="checkbox"/> MATERIAL RELEASED	CLASS #	PLACARD ID #	<input type="checkbox"/> PLACARD																								
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6 - VAN (9-15 SEATS)		17 - MOTORHOME		99 - UNKNOWN OR HIT/SKIP																													
VEHICLE	# OF TRAILING UNITS <u>0</u>																																
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN																													
<u>2</u> 1 - YES 2 - NO 9 - OTHER/UNKNOWN		1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION																														
		2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION																														
SPECIAL FUNCTION		1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE																													
<u>0 1</u> 2 - TAXI		7 - BUS - INTERCITY	12 - MILITARY	16 - FARM																													
3 - ELECTRONIC RIDE SHARING		8 - BUS - SHUTTLE	13 - POLICE	21 - MAIL CARRIER																													
4 - SCHOOL TRANSPORT		9 - BUS - OTHER	14 - PUBLIC UTILITY	17 - MOWING																													
5 - BUS - TRANSIT/COMMUTER		10 - AMBULANCE	18 - SNOW REMOVAL	19 - TOWING																													
CARGO BODY TYPE		1 - NO CARGO BODY TYPE / NOT APPLICABLE	2 - LOGGING	15 - CONSTRUCTION EQUIPMENT																													
<u>0 1</u> 2 - BUS		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	20 - SAFETY SERVICE PATROL																													
VEHICLE DEFECTS		4 - CHANGING LANES	6 - CARGO VAN/ENCLOSED BOX																														
<u>0 1</u> 2 - HEAD LAMPS		7 - TURN SIGNALS	7 - GRAIN/CHIPS/GRAVEL	8 - POLE																													
3 - TAIL LAMPS		8 - STEERING	9 - CARGOTANK	12 - CONCRETE MIXER																													
		9 - BRAKES	10 - FLAT BED	13 - AUTOTRPORTER																													
		6 - TIRE BLOWOUT	11 - DUMP	14 - GARBAGE/REFUSE																													
				99 - OTHER/UNKNOWN																													
NON-MOTORIST LOCATION AT IMPACT		1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER CROSSWALK	6 - BICYCLE LANE																													
<u>0 1</u> 2 - INTERSECTION - UNMARKED CROSSWALK		4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	9 - MEDIAN/CROSSING ISLAND																													
		5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	10 - DRIVEWAY ACCESS																													
				11 - SHARED USE PATHS OR TRAILS																													
ACTION		1 - NON-CONTACT	1 - STRAIGHT AHEAD	12 - FIRST RESPONDER																													
<u>4</u> 2 - NON-COLLISION		2 - BACKING	7 - ENTERING TRAFFIC LANE	13 - APPROACHING OR LEAVING VEHICLE																													
3 - STRIKING <u>0 8</u> 4 - STRUCK PRE-CRASH ACTIONS		3 - CHANGING LANES	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION																													
5 - BOTH STRIKING & STRUCK		4 - OVERTAKING/PASSING	9 - LEAVING TRAFFIC LANE	19 - STANDING																													
9 - OTHER/UNKNOWN		5 - MAKING RIGHT TURN	10 - PARKED	20 - OTHER NON-MOTORIST																													
		6 - MAKING LEFT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	21 - WALKING, RUNNING, JOGGING, PLAYING																													
			12 - DRIVERLESS	22 - WORKING																													
				17 - PUSHING VEHICLE																													
CONTRIBUTING CIRCUMSTANCES		1 - NONE	7 - LEFT OF CENTER	18 - OTHER UNKNOWN																													
<u>0 2</u> 2 - FAILURE TO YIELD		8 - FOLLOWING TOO CLOSE / ACDA	13 - IMPROPER START FROM A PARKED POSITION	21 - LYING IN ROADWAY																													
3 - RAN RED LIGHT		9 - IMPROPER LANE CHANGE	14 - STOPPED OR PARKED ILLEGALLY	22 - NOT DISCERNIBLE																													
4 - RAN STOP SIGN		10 - IMPROPER PASSING	15 - SWERVING TO AVOID	23 - OPENING DOOR INTO ROADWAY																													
5 - UNSAFE SPEED		11 - DROVE OFF ROAD	16 - WRONG WAY	19 - LOAD SHIFTING/FALLING/SPILLING																													
6 - IMPROPER TURN		12 - IMPROPER BACKING		20 - IMPROPER CROSSING																													
SEQUENCE OF EVENTS																																	
NON-COLLISION																																	
1 - OVERTURN/ROLLOVER				6 - EQUIPMENT FAILURE																													
2 - FIRE/EXPLOSION				7 - SEPARATION OF UNITS																													
3 - IMMERSION				8 - RAN OFF ROAD RIGHT																													
<u>2</u> 1 4 - JACKKNIFE				9 - RAN OFF ROAD LEFT																													
5 - CARGO / EQUIPMENT LOSS OR SHIFT				10 - CROSS MEDIAN																													
3 - IMPERSION				11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL																													
4 - JACKKNIFE				12 - DOWNHILL RUNAWAY																													
5 - CARGO / EQUIPMENT LOSS OR SHIFT				13 - OTHER NON-COLLISION																													
6 - IMPROPER TURN				14 - PEDESTRIAN																													
7 - SEPARATION OF UNITS				15 - PEDALCYCLE																													
8 - RAN OFF ROAD RIGHT				16 - RAILWAY VEHICLE																													
9 - RAN OFF ROAD LEFT				17 - ANIMAL - FARM																													
10 - CROSS MEDIAN				18 - ANIMAL - DEER																													
11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL				19 - ANIMAL - OTHER																													
12 - DOWNHILL RUNAWAY				20 - MOTOR VEHICLE IN TRANSPORT																													
13 - OTHER NON-COLLISION				21 - PARKED MOTOR VEHICLE																													
14 - PEDESTRIAN				22 - WORK ZONE MAINTENANCE EQUIPMENT																													
15 - PEDALCYCLE				23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE																													
16 - RAILWAY VEHICLE				24 - OTHER MOBILE OBJECT																													
17 - ANIMAL - FARM																																	
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23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE																																	
24 - OTHER MOBILE OBJECT																																	
25 - IMPACT ATTENUATOR / CRASH CUSHION				31 - GUARDRAIL END																													
26 - BRIDGE OVERHEAD STRUCTURE				32 - PORTABLE BARRIER																													
27 - BRIDGE PIER OR ABUTMENT				33 - MEDIAN CABLE BARRIER																													
28 - BRIDGE PARAPET				34 - MEDIAN GUARDRAIL																													
29 - BRIDGE RAIL				35 - MEDIAN CONCRETE BARRIER																													
30 - GUARDRAIL FACE				36 - MEDIAN OTHER BARRIER																													
31 - GUARDRAIL END				37 - TRAFFIC SIGN POST																													
32 - PORTABLE BARRIER				38 - OVERHEAD SIGN POST																													
33 - MEDIAN CABLE BARRIER				39 - LIGHT / LUMINARIES																													
34 - MEDIAN GUARDRAIL				40 - SUPPORT																													
35 - MEDIAN CONCRETE BARRIER				41 - OTHER POST, POLE OR SUPPORT																													
36 - MEDIAN OTHER BARRIER				42 - CULVERT																													
37 - TRAFFIC SIGN POST				43 - CURB																													
38 - OVERHEAD SIGN POST				44 - DITCH																													
39 - LIGHT / LUMINARIES				45 - EMBANKMENT																													
40 - SUPPORT				46 - FENCE																													
41 - OTHER POST, POLE OR SUPPORT				47 - MAILBOX																													
42 - CULVERT				48 - TREE																													
43 - CURB				49 - FIRE HYDRANT																													
44 - DITCH																																	
45 - EMBANKMENT																																	
46 - FENCE																																	
47 - MAILBOX																																	
48 - TREE																																	
49 - FIRE HYDRANT																																	
1 - FIRST HARMFUL EVENT				1 - MOST HARMFUL EVENT																													

LOCAL REPORT NUMBER	
2 2 0 5 6 4 5 3	
DAMAGE	
DAMAGE SCALE	
2	1 - 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	
1 - 12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE	
99 - UNKNOWN 13 - TOP	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
<u>2</u>	1 - ONE WAY 2 - TWO WAY <u>6</u>
1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL	
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
<u>2</u>	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>2</u> TO <u>1</u>	
UNIT SPEED	
1 - STATED / ESTIMATED SPEED <u>1 1 0 1</u> 2 - CALCULATED / EDR 3 - UNDETERMINED	
POSTED SPEED	
<u>2 5</u>	

OWNER

UNIT # <u>0 2</u>	OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER)																																																														
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>GPA93</u>	VEHICLE IDENTIFICATION # <u>JH2RC50446M201648</u>	VEHICLE YEAR <u>2006</u>	VEHICLE MAKE <u>Honda</u>																																																												
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>State Farm</u>	INSURANCE POLICY # <u>C508181C2435</u>	COLOR <u>Black</u>	VEHICLE MODEL <u>Shadow</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 EQUIPPED	<input 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.																																																													
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DAMAGE	
<u>2</u>	DAMAGE SCALE 1 - 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	
<u>0</u>	0 - NO DAMAGE 14 - UNDERCARRIAGE
<u>1-12</u>	1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
<u>13</u>	99 - UNKNOWN 13 - TOP
TRAFFIC	
TRAFFIC WAY FLOW <u>2</u>	TRAFFIC CONTROL 1 - ONE-WAY 6 - SIGNAL 2 - TWO-WAY 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD <u>2</u>	RAIL GRADE CROSSING 1 - NOT INVOLVED 1 - INVOLVED-ACTIVE CROSSING 2 - INVOLVED-PASSIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM <u>2</u> TO <u>1</u>	1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
UNIT SPEED <u>2 5</u>	
DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	
POSTED SPEED <u>2 5</u>	



# MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST

MOTORIST / NON-MOTORIST

MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER

2 2 0 5 6 4 5 3

UNIT #	NAME: LAST, FIRST, MIDDLE 0 1 Biederman, Nicholas C					DATE OF BIRTH	AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP 508 Elberon Avenue Cincinnati, Ohio 45205					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	DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE O H	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 331.13	LOCAL CODE X	OFFENSE DESCRIPTION Starting and backing		CITATION NUMBER 251947		
OL CLASS 4	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	ALCOHOL TEST STATUS 1 TYPE 1 VALUE 1	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4		
UNIT #	NAME: LAST, FIRST, MIDDLE 0 2 Penrod, Matthew P					DATE OF BIRTH	AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP 381 Providence Way Cincinnati, Ohio 45241					CONTACT PHONE - INCLUDE AREA CODE				
INJURIES 3	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 1	DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 5	EJECTION 1	TRAPPED 1
OL STATE O H	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE X	OFFENSE DESCRIPTION		CITATION NUMBER		
OL CLASS 4	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	ALCOHOL TEST STATUS 1 TYPE 1 VALUE 1	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4		
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	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE X	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	ALCOHOL TEST STATUS 1 TYPE 1 VALUE 1	DRUG TEST(S) TYPE 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	4-DEPLOYED BOTH FRONT / SIDE	4-REGULAR CLASS (OHIO=D)	4-FARM WAIVER	4-TEST GIVEN, RESULTS KNOWN				
5-NO APPARENT INJURY	5-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	5-NOT APPLICABLE	5-M/C MOPED ONLY	5-EXCEPT CLASS A BUS	5-TEST GIVEN, RESULTS UNKNOWN				
INJURED TAKEN BY		5-SECOND - MIDDLE	9-DEPLOYMENT UNKNOWN	6-NO VALID OL	6-EXCEPT CLASS A & CLASS B BUS				
1-NOT TRANSPORTED / TREATED AT SCENE	6-SECOND - RIGHT SIDE	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-NOT APPLICABLE	7-EXCEPT TRACTOR-TRAILER					
2-EMS	7-THIRD - MIDDLE	8-THIRD - RIGHT SIDE	8-NOT APPLICABLE	8-INTERMEDIATE LICENSE RESTRICTIONS					
3-POLICE	9-THIRD - RIGHT SIDE	10-SLEEPER SECTION OF TRUCK CAB	9-NOT APPLICABLE	9-LEARNER'S PERMIT RESTRICTIONS					
9-OTHER/UNKNOWN	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	12-PASSENGER IN UNENCLOSED CARGO AREA	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	10-LIMITED TO DAYLIGHT ONLY					
SAFETY EQUIPMENT		13-TRAILING UNIT	13-FREED BY NON-MECHANICAL MEANS	11-LIMITED TO EMPLOYMENT					
1-NONE USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	15-NON-MOTORIST	14-NOT TRAPPED	12-LIMITED - OTHER					
2-SHOULDER BELT ONLY USED	15-NON-MOTORIST	99-OTHER / UNKNOWN	2-EXTRICATED BY MECHANICAL MEANS	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)					
3-LAP BELT ONLY USED	16-OUTSIDE MIRROR	17-PROSTHETIC AID	3-FREED BY NON-MECHANICAL MEANS	14-MILITARY VEHICLES ONLY					
4-SHOULDER & LAP BELT USED	17-PROSTHETIC AID	18-OTHER	4-FREED BY NON-MECHANICAL MEANS						
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	18-OTHER	F-FEMALE	5-FREED BY NON-MECHANICAL MEANS						
6-CHILD RESTRAINT SYSTEM - REAR FACING	19-OTHER	M-MALE	6-OUTSIDE MIRROR						
7-BOOSTER SEAT	20-OTHER	U-OTHER / UNKNOWN	7-PROSTHETIC AID						
8-HELMET USED	21-OTHER		8-OTHER						
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	22-OTHER		9-OTHER / UNKNOWN						
10-REFLECTIVE CLOTHING	23-OTHER		10-OTHER						
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY	24-OTHER		11-OTHER						
99-OTHER / UNKNOWN	25-OTHER		12-OTHER						
TEST STATUS		ALCOHOL TEST TYPE		DRUG TEST TYPE					
1-NONE GIVEN		2-BLOOD		1-NONE					
2-TEST REFUSED		3-URINE		2-BLOOD					
3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE		4-BREATH		3-URINE					
4-TEST GIVEN, RESULTS KNOWN		5-OTHER		4-BREATH					
5-TEST GIVEN, RESULTS UNKNOWN		6-URINE		5-OTHER					
6-TEST GIVEN, RESULTS UNKNOWN		7-URINE		6-URINE					
7-TEST GIVEN, RESULTS UNKNOWN		8-URINE		7-URINE					
8-TEST GIVEN, RESULTS UNKNOWN		9-URINE		8-URINE					
9-TEST GIVEN, RESULTS UNKNOWN		10-URINE		9-URINE					
10-TEST GIVEN, RESULTS UNKNOWN		11-URINE		10-URINE					
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