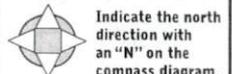




## TRAFFIC CRASH REPORT

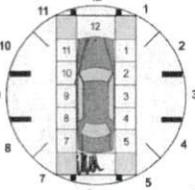
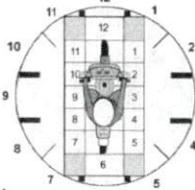
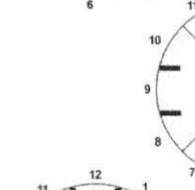
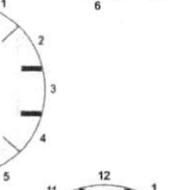
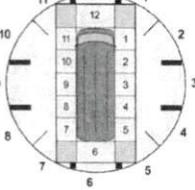
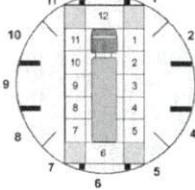
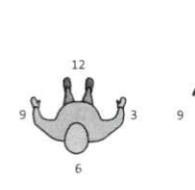
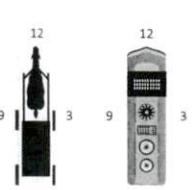
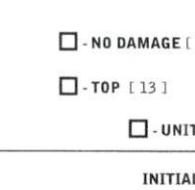
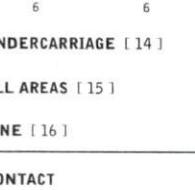
\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN		<input type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION		LOCAL REPORT NUMBER*			
<input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*	HIT/SKIP	NUMBER OF UNITS	
				Fairfield Police Department		00901	1 1-SOLVED	0 1	
							2-UNRESOLVED		
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*						CRASH DATE / TIME*	
0 9	1-CITY 1-2-VILLAGE 3-TOWNSHIP	City of Fairfield						08052022 1619	
ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME			ROAD TYPE	LATITUDE DECIMAL DEGREES		
S R	4						39 33 09 90		
ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)			ROAD TYPE	LONGITUDE DECIMAL DEGREES		
			5665				-84 52 03 90		
REFERENCE POINT	DIRECTION FROM REFERENCE	ROUTE TYPE		ROAD TYPE		INTERSECTION RELATED			
1-INTERSECTION 3 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		<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA <span style="float: right;">NUMBER OF APPROACHES</span> <span style="background-color: black; color: white; padding: 2px 10px;">ROADWAY</span> <input type="checkbox"/> ROADWAY DIVIDED			
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE								
	1-MILES 2-FEET 3-YARDS								
LOCATION OF FIRST HARMFUL EVENT			MANNER OF CRASH COLLISION/IMPACT			DIRECTION OF TRAVEL	MEDIAN TYPE		
0 6	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	5	1-NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT	4-REAR-TO-REAR 5-BACKING 6-ANGLE 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 9-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		
<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	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									
<p>On 8/5/22 at 4:19 P.M. Unit 1 was parked at 5665 Dixie Highway on private property inside of the Hyundai service garage. Unit 1 backed up into a hydrolic lift, causing minor cosmetic damage to the lift. Unit 1 left the scene in another vehicle without contacting authorities.</p> <p>Unit 1 was additionally cited with driving under suspended license (F.C.O. 335.072a)</p> <p>Owner of the hydrolic lift is Superior Hyundai at 5665 Dixie Highway Fairfield, OH 45014</p>									
CRASH REPORTED DATE / TIME			DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY
08052022 1619			08052022 1621		08052022 1623		08052022 1722		<input checked="" type="checkbox"/> POLICE AGENCY
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*		<input type="checkbox"/> MOTORIST	
0 0		3 7	9 8	N. Davis		D. Pohl		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)	
				OFFICER'S BADGE NUMBER*		130			
HSY7001 OH1 1/19 [760-0820]									



Indicate the north direction with an "N" on the compass diagram.

UNIT #	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 O. H.	LICENSE PLATE # MOMOF03	VEHICLE IDENTIFICATION # K M 8 J 3 3 A 4 8 H U 3 9 3 8 0 9	VEHICLE YEAR 2 0 1 7
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	VEHICLE MAKE Hyundai
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input checked="" type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input checked="" type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 0 1	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.
UNIT TYPE 0 3		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		CLASS # PLACARD ID #	
1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - PASSENGER VAN (MINIVAN)		12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)
7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE		13 - SNOWMOBILE	23 - PEDESTRIAN / SKATER
10 - MOPED OR MOTORIZED 11 - ALL TERRAIN VEHICLE (ATV / UTV)		14 - SINGLE UNIT TRUCK	19 - BUS (16+ PASSENGERS)
12 - BICYCLE		15 - SEMI-TRACTOR	20 - OTHER VEHICLE
16 - FARM EQUIPMENT		17 - MOTORHOME	21 - HEAVY EQUIPMENT
18 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE		19 - TRAIN	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE
20 - UNKNOWN OR HIT/SKIP		21 - BICYCLE	24 - WHEELCHAIR (ANY TYPE)
22 - TRAIN		23 - PEDESTRIAN / SKATER	25 - OTHER NON-MOTORIST
24 - WHEELCHAIR (ANY TYPE)		26 - BICYCLE	27 - TRAIN
25 - OTHER NON-MOTORIST		28 - ANIMAL DRAWN VEHICLE	99 - UNKNOWN
27 - TRAIN		29 - PEDESTRIAN / SKATER	
99 - UNKNOWN		30 - ANIMAL DRAWN VEHICLE	
# OF TRAILING UNITS 0		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2	
1 - YES 2 - NO 9 - OTHER / UNKNOWN		AUTONOMOUS MODE LEVEL 0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN
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 22 - AUTO TRANSPORTER 23 - GARBAGE/REFUSE 24 - OTHER / UNKNOWN
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 15 - OTHER / UNKNOWN
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
1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED 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 - STANDING 14 - OTHER NON-MOTORIST 15 - WORKING 16 - APPROACHING OR LEAVING VEHICLE 17 - ENTERING OR CROSSING SPECIFIED LOCATION 18 - LEAVING TRAFFIC LANE 19 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 22 - PUSHING VEHICLE 23 - APPROACHING OR LEAVING VEHICLE 24 - OTHER / UNKNOWN
1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN		1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOVATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - LEAVING TRAFFIC LANE 20 - APPROACHING OR LEAVING VEHICLE 21 - STANDING 22 - OTHER NON-MOTORIST 23 - WORKING 24 - OTHER / UNKNOWN
1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN		7 - FOLLOWING TOO CLOSE / ACDA 8 - IMPROPER LANE CHANGE 9 - IMPROPER PASSING 10 - DROVE OFF ROAD 11 - 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 24 - OTHER IMPROPER ACTION 25 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION 26 - STRUCK BY A MOTOR VEHICLE IN TRANSPORT 27 - STRUCK BY A OTHER MOVABLE OBJECT 28 - STRUCK BY A WALL 29 - STRUCK BY A BUILDING 30 - STRUCK BY A TUNNEL 31 - STRUCK BY A TREE 32 - STRUCK BY A OTHER FIXED OBJECT 33 - STRUCK BY A FIRE HYDRANT 34 - STRUCK BY A OTHER UNKNOWN
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 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 42 - CULVERT
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 42 - CULVERT	

LOCAL REPORT NUMBER 2 2 0 5 6 9 7 2	
DAMAGE 2 - NONE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL 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 1 - 12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC	
TRAFFIC FLOW 1 - ONE-WAY 2 - TWO-WAY 6	TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 5	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	

# MOTORIST / Non-MOTORIST

										LOCAL REPORT NUMBER											
										2 2 0 5 6 9 7 2			DATE OF BIRTH			AGE			GENDER		
<b>UNIT #</b> <b>NAME:</b> LAST, FIRST, MIDDLE 0 1 Johnson, Britney										0 6 0 3 1 9 9 3			2 9			F					
<b>ADDRESS:</b> STREET, CITY, STATE, ZIP 30 Pinebridge Dr. Amelia, OH 45102										CONTACT PHONE - INCLUDE AREA CODE											
MOTORIST / NON-MOTORIST	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	0 1	AIR BAG USAGE	1	EJECTION	1	TRAPPED
	OL STATE			OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	333.02b		OFFENSE DESCRIPTION		Willful or Wanton		CITATION NUMBER				255263	
MOTORIST / NON-MOTORIST	OL CLASS			ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3			DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION		ALCOHOL TEST		DRUG TEST(S)		RESULT SELECT UP TO 4				
	2			P S	0 3			1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1		1 1		1 1						
<b>UNIT #</b> <b>NAME:</b> LAST, FIRST, MIDDLE _____										DATE OF BIRTH			AGE			GENDER			0		
<b>ADDRESS:</b> STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE											
MOTORIST / NON-MOTORIST	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					
MOTORIST / NON-MOTORIST	OL CLASS			ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3			DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION		ALCOHOL TEST		DRUG TEST(S)		RESULT SELECT UP TO 4				
	2			P S	0 3			1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1		1 1		1 1						
<b>UNIT #</b> <b>NAME:</b> LAST, FIRST, MIDDLE _____										DATE OF BIRTH			AGE			GENDER			0		
<b>ADDRESS:</b> STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE											
MOTORIST / NON-MOTORIST	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					
MOTORIST / NON-MOTORIST	OL CLASS			ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3			DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION		ALCOHOL TEST		DRUG TEST(S)		RESULT SELECT UP TO 4				
	2			P S	0 3			1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1		1 1		1 1						
<b>INJURIES</b> <b>SEATING POSITION</b> <b>AIR BAG</b> <b>OL CLASS</b> <b>OL RESTRICTION(S)</b> <b>DRIVER DISTRACTION</b> <b>TEST STATUS</b>																					
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		3 - TEST GIVEN, RESULTS KNOWN									
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 UNKNOWN		4 - TEST GIVEN, RESULTS UNKNOWN									
5 - NO APPARENT INJURY		5 - SECOND - MIDDLE		5 - NOT APPLICABLE		5 - M/C MOVED ONLY		5 - EXCEPT CLASS A BUS		5 - TALKING ON HANDS-FREE COMMUNICATION DEVICE		5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE									
INJURED TAKEN BY		6 - SECOND - RIGHT SIDE		6 - DEPLOYMENT UNKNOWN		6 - NO VALID OL		6 - EXCEPT CLASS A & CLASS B BUS		6 - EXCEPT TRACTOR-TRAILER		6 - INTERMEDIATE LICENSE RESTRICTIONS		1 - NONE							
1 - NOT TRANSPORTED / TREATED AT SCENE		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		7 - NOT EJECTED		7 - HAZMAT		7 - LEARNER'S PERMIT RESTRICTIONS		7 - PARTIALLY EJECTED		7 - PARTIALLY EJECTED		2 - BLOOD							
2 - EMS		8 - THIRD - MIDDLE		8 - PARTIALLY EJECTED		8 - MOTORCYCLE		8 - LIMITED TO DAYLIGHT ONLY		8 - TOTALLY EJECTED		8 - TOTALLY EJECTED		3 - URINE							
3 - POLICE		9 - THIRD - RIGHT SIDE		9 - TOTALLY EJECTED		9 - PASSENGER		9 - LIMITED TO EMPLOYMENT		9 - FREED BY		9 - FREED BY		4 - BREATH							
9 - OTHER / UNKNOWN		10 - SLEEPER SECTION OF TRUCK CAB		4 - NOT APPLICABLE		N - TANKER		10 - LIMITED TO DAYLIGHT ONLY		NON-MECHANICAL MEANS		10 - LIMITED TO DAYLIGHT ONLY		5 - OTHER							
<b>SAFETY EQUIPMENT</b>																					
1 - NONE USED		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		1 - NOT TRAPPED		R - THREE-WHEEL MOTORCYCLE		11 - LIMITED TO DAYLIGHT ONLY		F - FEMALE		11 - LIMITED TO DAYLIGHT ONLY		1 - NONE							
2 - SHOULDER BELT ONLY USED		12 - PASSENGER IN UNENCLOSED CARGO AREA		2 - EXTRICATED BY MECHANICAL MEANS		S - SCHOOL BUS		12 - LIMITED - OTHER		M - MALE		12 - LIMITED - OTHER		2 - BLOOD							
3 - LAP BELT ONLY USED		13 - TRAILING UNIT		3 - FREED BY		T - DOUBLE & TRIPLE TRAILERS		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		U - OTHER / UNKNOWN		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		3 - URINE							
4 - SHOULDER & LAP BELT USED		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		4 - NOT APPLICABLE		X - TANKER / HAZMAT		14 - MILITARY VEHICLES ONLY		F - APPARENTLY NORMAL		14 - MILITARY VEHICLES ONLY		4 - OTHER							
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		15 - NON-MOTORIST		15 - NOT APPLICABLE		15 - MOTOR VEHICLES WITHOUT AIR BRAKES		15 - PHYSICAL IMPAIRMENT		M - PHYSICAL IMPAIRMENT		15 - MOTOR VEHICLES WITHOUT AIR BRAKES		5 - AMPHETAMINES							
6 - CHILD RESTRAINT SYSTEM - REAR FACING		99 - OTHER / UNKNOWN		16 - OUTSIDE MIRROR		16 - OUTSIDE MIRROR		16 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		U - OTHER / UNKNOWN		16 - OUTSIDE MIRROR		2 - BARBITURATES							
7 - BOOSTER SEAT		17 - PROSTHETIC AID		17 - PROSTHETIC AID		17 - PROSTHETIC AID		17 - PROSTHETIC AID		F - ILLNESS		17 - PROSTHETIC AID		3 - BENZODIAZEPINES							
8 - HELMET USED		18 - OTHER		18 - OTHER		18 - OTHER		18 - OTHER		G - FELL ASLEEP, FAINTED, FATIGUED, ETC.		18 - OTHER		4 - CANNABINOID							
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		19 - OTHER / UNKNOWN		19 - OTHER / UNKNOWN		19 - OTHER / UNKNOWN		19 - OTHER / UNKNOWN		H - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		19 - OTHER / UNKNOWN		5 - COCAINE							
10 - REFLECTIVE CLOTHING		20 - OTHER / UNKNOWN		20 - OTHER / UNKNOWN		20 - OTHER / UNKNOWN		20 - OTHER / UNKNOWN		I - OTHER / UNKNOWN		20 - OTHER / UNKNOWN		6 - OPIATES / OPIOIDS							
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		21 - OTHER / UNKNOWN		21 - OTHER / UNKNOWN		21 - OTHER / UNKNOWN		21 - OTHER / UNKNOWN		J - OTHER		21 - OTHER / UNKNOWN		7 - NEGATIVE RESULTS							
99 - OTHER / UNKNOWN		22 - OTHER / UNKNOWN		22 - OTHER / UNKNOWN		22 - OTHER / UNKNOWN		22 - OTHER / UNKNOWN		K - OTHER		22 - OTHER / UNKNOWN		8 - NEGATIVE RESULTS							



## OCCUPANT / WITNESS ADDENDUM

<b>OCCUPANT</b>	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
<b>INJURIES</b>		<b>SAFETY EQUIPMENT USED</b>		<b>SEATING POSITION</b>		<b>AIR BAG USAGE</b>			
1 - FATAL		1 - NONE USED - VEHICLE OCCUPANT		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED			
2 - SUSPECTED SERIOUS INJURY		2 - SHOULDER BELT ONLY USED		2 - FRONT - MIDDLE		2 - DEPLOYED FRONT			
3 - SUSPECTED MINOR INJURY		3 - LAP BELT ONLY USED		3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE			
4 - POSSIBLE INJURY		4 - SHOULDER & LAP BELT USED		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT/SIDE			
5 - NO APPARENT INJURY		5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		5 - SECOND - MIDDLE		5 - NOT APPLICABLE			
<b>INJURED TAKEN BY</b>		6 - CHILD RESTRAINT SYSTEM - REAR FACING		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN			
1 - NOT TRANSPORTED /TREATED AT SCENE		7 - BOOSTER SEAT		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		<b>EJECTION</b>			
2 - EMS		8 - HELMET USED		8 - THIRD - MIDDLE		1 - NOT EJECTED			
3 - POLICE		9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED			
9 - OTHER / UNKNOWN		10 - REFLECTIVE CLOTHING		10 - SLEEPER SECTION OF TRUCK CAB		3 - TOTALLY EJECTED			
<b>GENDER</b>		11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		4 - NOT APPLICABLE			
F - FEMALE		99 - OTHER / UNKNOWN		12 - PASSENGER IN UNENCLOSED CARGO AREA		<b>TRAPPED</b>			
M - MALE				13 - TRAILING UNIT		1 - NOT TRAPPED			
U - OTHER / UNKNOWN				14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		2 - EXTRICATED BY MECHANICAL MEANS			
				15 - NON-MOTORIST		3 - FREED BY NON-MECHANICAL MEANS			
				99 - OTHER / UNKNOWN					
<b>WITNESS</b>	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER	
	Govan, Shavonne					0 1 3 0 1 9 7 8	4 4	F	
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
404 Laurel Ave. Hamilton, OH 45015									
NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
Guenther, Jeremy Joel					0 2 2 2 1 9 7 3	4 9	M		
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
5665 Dixie Hwy. Fairfield, OH 45014									
NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
					0				
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				