



TRAFFIC CRASH REPORT

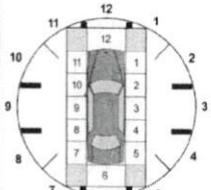
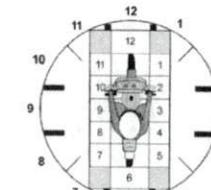
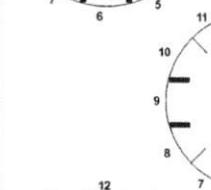
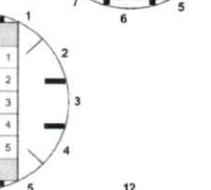
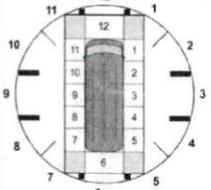
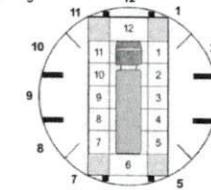
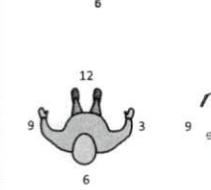
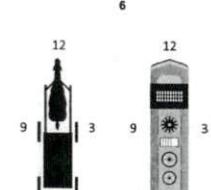
*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN		<input checked="" 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*			
				Fairfield Police Department		00901			
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*		City of Fairfield		HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR	
09	1-CITY 2-VILLAGE 3-TOWNSHIP					1-SOLVED	02	01 98-ANIMAL 99-UNKNOWN	
						2-UNSOLVED			
ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME		ROAD TYPE	CRASH DATE / TIME*			
			Resor		R D	08102022 1503			
ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)		ROAD TYPE	LATITUDE DECIMAL DEGREES			
			Pleasant		A V	39.322860			
REFERENCE POINT		DIRECTION FROM REFERENCE	ROUTE TYPE		ROAD TYPE	LONGITUDE DECIMAL DEGREES			
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	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	-84.561116			
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE	1-MILES 2-FEET 3-YARDS				INTERSECTION RELATED			
10	2					<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH			
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT		DIRECTION OF TRAVEL	NUMBER OF APPROACHES		
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	1- NOT COLLISION 2- BACKING 3- ANGLE 4- REAR-END 5- HEAD-ON	4- REAR-TO-REAR 5- SIDESWIPE, SAME DIRECTION 6- SIDESWIPE, OPPOSITE DIRECTION 7- OTHER / UNKNOWN	1-NORTH 2-SOUTH 3-EAST 4-WEST			4		
<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	2		
<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	01	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 08/10/2022 at about 3:03 PM, Unit 1 was traveling westbound on Resor Road and, when at Pleasant Ave, failed to stop within the assured clear distance ahead and collided with Unit 2, which was also westbound and was stopped for the red traffic signal at Pleasant Ave.</p> <p>See OH-2</p>									
CRASH REPORTED DATE / TIME			DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY
08102022 1503			08102022 1508		08102022 1508		08102022 1539		<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	
				J. Mitchell		D. Porte		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OGPS)	
				OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*			
0		30	61	171		130			



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

OWNER	UNIT # 0 1	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	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE								
	LP STATE O H	LICENSE PLATE # JMU2451	VEHICLE IDENTIFICATION # 1F M 5K 8D 84H G 35 47 21	VEHICLE YEAR 2017	VEHICLE MAKE Ford						
INSURANCE VERIFIED	INSURANCE COMPANY		INSURANCE POLICY #	COLOR Blue							
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #		TOWED BY: COMPANY NAME							
INTERLOCK EQUIPPED		#OCCUPANTS 0 1	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	CLASS # PLACARD ID #						
UNIT TYPE 0 3 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		#OCCUPANTS 0 1		VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.							
VEHICLE # OF TRAILING UNITS 0		VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 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 9 - UNKNOWN							
SPECIAL FUNCTION 0 1 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS TRANSIT/COMMUTER		VEHICLE DEFECTS 0 1 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		VEHICLE DEFECTS 0 1 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS							
NON-MOTORIST LOCATION AT IMPACT 0 1 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		NON-MOTORIST LOCATION AT IMPACT 0 1 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		VEHICLE DEFECTS 0 1 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS							
ACTION 0 3 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER/ UNKNOWN		CONTRIBUTING CIRCUMSTANCES 0 8 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN		SEQUENCE OF EVENTS							
SEQUENCE OF EVENTS 1 2 0 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 3 1 1 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 5 1 1 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 6 1 1 29 - BRIDGE RAIL 30 - GUARDRAIL FACE		NON-COLLISION 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER		COLLISION WITH FIXED OBJECT 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/ LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT		STRUCK 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT		UNIT SPEED 1 0		DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	
FIRST HARMFUL EVENT 1		MOST HARMFUL EVENT 1		UNIT SPEED 1 0		DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED					

LOCAL REPORT NUMBER 2 2 0 5 7 2 3 0	
DAMAGE	
DAMAGE SCALE	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN
3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE	
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 1 0 - REFER TO UNIT DIAGRAM 13 - TOP	
TRAFFIC	
TRAFFIC WAY FLOW 1 - ONE WAY 2 - TWO WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 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	
FROM 3 TO 4	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
UNIT SPEED 1 0	
DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	
POSTED SPEED 2 5	

OWNER

VEHICLE

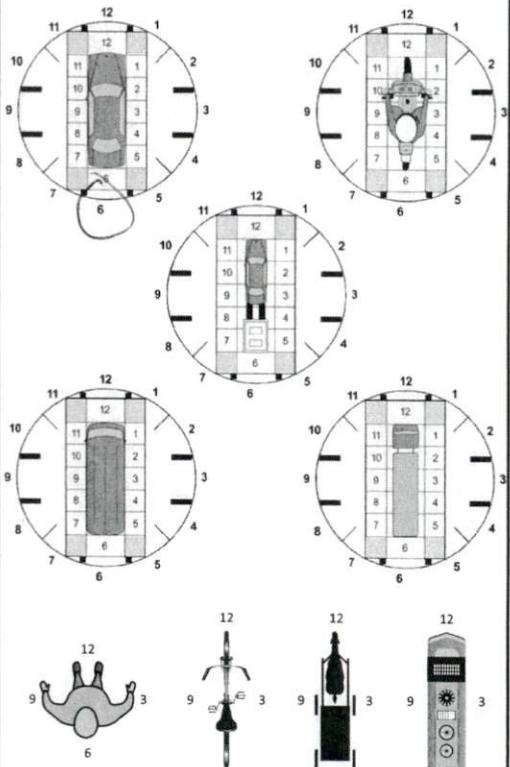
EVENT(S)

LOCAL REPORT NUMBER											
2	2	0	5	7	2	3	0				

DAMAGE											
DAMAGE SCALE											
2			1 - NONE	3 - FUNCTIONAL DAMAGE							
2			2 - MINOR 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 DIAGRAM	15 - VEHICLE NOT AT SCENE
	99 - UNKNOWN
13 - TOP	

TRAFFIC

TRAFFICWAY FLOW
1 - ONE-WAY
2 - TWO-WAY

TRAFFIC CONTROL
1 - ROUNDABOUT
2 - SIGNAL
3 - FLASHER
4 - STOP SIGN
5 - YIELD SIGN
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	5 - NORTHEAST
2 - SOUTH	6 - NORTHWEST
3 - EAST	7 - SOUTHEAST
4 - WEST	8 - SOUTHWEST
9 - OTHER / UNKNOWN	

UNIT SPEED

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

POSTED SPEED

2 5

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)
0 2				

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

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
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LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
O H	GQY1475	3 V V 2 B 7 A X 0 K M 1 3 7 7 2 4	2 0 1 9	Volkswagen

<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	Geico	4282258013	Blue	Tiguan

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 0 2	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD

UNIT TYPE	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED 11 - ALL TERRAIN VEHICLE (ATV / UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
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0 # OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - HIGH AUTOMATION 4 - FULL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
0 2	1 - YES 2 - NO 9 - OTHER / UNKNOWN			

SPECIAL FUNCTION	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
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CARGO BODY TYPE	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN
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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	99 - OTHER / UNKNOWN
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NON-MOTORIST LOCATION AT IMPACT	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN
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ACTION	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 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN
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CONTRIBUTING CIRCUMSTANCES	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION
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SEQUENCE OF EVENTS	NON-COLLISION				
1 2 0	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 3	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 21 - PARKED MOTOR VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVEABLE OBJECT 99 - OTHER / UNKNOWN

4	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 5 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 6 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 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	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
1	1 FIRST HARMFUL EVENT	1 MOST HARMFUL EVENT			



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER									
2 2 0 5 7 2 3 0									
DATE OF BIRTH					AGE	GENDER			
0 7 1 5 1 9 9 3					2 9	F			

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					CONTACT PHONE - INCLUDE AREA CODE							
	0 1	Smith, Sierra												
ADDRESS: STREET, CITY, STATE, ZIP										2585 Augusta Blvd, 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								1		<input type="checkbox"/>	0 1	1	1	1
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER					
O H				333.03A		X	ACDA		255232					
DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)				
4				1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	1	1	1	1	1	1
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								1		<input type="checkbox"/>	0 1	1	1	1
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER					
O H														
DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)				
4				1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	1	1	1	1	1	1
UNIT #	NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH	AGE	GENDER	
0 2	Geraci, Karen										0 6 0 1 1 9 7 4	4 8	F	
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE				
5879 Kingsmont Drive, 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								1		<input type="checkbox"/>	0 1	1	1	1
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER					
O H														
DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)				
4				1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	1	1	1	1	1	1
UNIT #	NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH	AGE	GENDER	
											0			
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE				
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
										<input type="checkbox"/>				
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER					
DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)				
				1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	1	1	1	1	1	1
INJURIES	SEATING POSITION		AIR BAG		DL CLASS		DL 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		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-EXCEPT CLASS A BUS		4-TEST GIVEN, RESULTS UNKNOWN			
5-NO APPARENT INJURY	5-SECOND - MIDDLE		5-NOT APPLICABLE		5-MIC MOPED ONLY		5-EXCEPT CLASS A & CLASS B BUS		5-EXCEPT CLASS A & CLASS B BUS		5-TEST GIVEN, RESULTS UNKNOWN			
INJURED TAKEN BY	6-SECOND - RIGHT SIDE		6-DEPLOYED UNKNOWN		6-NO VALID DL		6-NO VALID DL		6-NO VALID DL					
1-NOT TRANSPORTED /TREATED AT SCENE	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		7-NOT DEPLOYED		7-CLASS A		7-EXCEPT TRACTOR-TRAILER		7-EXCEPT TRACTOR-TRAILER		ALCOHOL TEST TYPE			
2-EMS	8-THIRD - MIDDLE		8-NOT DEPLOYED		8-CLASS B		8-INTERMEDIATE LICENSE RESTRICTIONS		8-INTERMEDIATE LICENSE RESTRICTIONS		1-NONE			
3-POLICE	9-THIRD - RIGHT SIDE		9-NOT DEPLOYED		9-CLASS C		9-LEARNER'S PERMIT RESTRICTIONS		9-LEARNER'S PERMIT RESTRICTIONS		2-BLOOD			
9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB		10-NOT DEPLOYED		10-REGULAR CLASS (OHIO = D)		10-LIMITED TO DAYLIGHT ONLY		10-LIMITED TO DAYLIGHT ONLY		3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE			
SAFETY EQUIPMENT	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		11-NOT DEPLOYED		11-REGULAR CLASS (OHIO = D)		11-LIMITED TO EMPLOYMENT		11-LIMITED TO EMPLOYMENT		4-TEST GIVEN, RESULTS KNOWN			
1-NONE USED	12-PASSENGER IN UNENCLOSED CARGO AREA		12-NOT DEPLOYED		12-EXTRICATED BY MECHANICAL MEANS		12-EXCEPT CLASS A & CLASS B BUS		12-EXCEPT CLASS A & CLASS B BUS		5-TEST GIVEN, RESULTS UNKNOWN			
2-SHOULDER BELT ONLY USED	13-TRAILING UNIT		13-NOT DEPLOYED		13-FREE BY NON-MECHANICAL MEANS		13-EXCEPT CLASS A & CLASS B BUS		13-EXCEPT CLASS A & CLASS B BUS		ALCOHOL TEST TYPE			
3-LAP BELT ONLY USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		14-NOT DEPLOYED		14-FREE BY NON-MECHANICAL MEANS		14-EXCEPT CLASS A & CLASS B BUS		14-EXCEPT CLASS A & CLASS B BUS		1-NONE			
4-SHOULDER & LAP BELT USED	15-NON-MOTORIST		15-NOT DEPLOYED		15-FREE BY NON-MECHANICAL MEANS		15-EXCEPT CLASS A & CLASS B BUS		15-EXCEPT CLASS A & CLASS B BUS		2-BLOOD			
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	99-OTHER / UNKNOWN		99-OTHER / UNKNOWN		99-OTHER / UNKNOWN		99-OTHER / UNKNOWN		99-OTHER / UNKNOWN		3-URINE			
6-CHILD RESTRAINT SYSTEM - REAR FACING											4-BREATH			
7-BOOSTER SEAT											5-OTHER			
8-HELMET USED											DRUG TEST TYPE			
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)											1-NONE			
10-REFLECTIVE CLOTHING											2-BLOOD			
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY											3-URINE			
99-OTHER / UNKNOWN											4-OTHER			
INJURIES	EJECTION		OL ENDORSEMENT		DL RESTRICTION(S)		DRIVER DISTRACTION		TEST STATUS					
1-FATAL	1-NOT EJECTED		H - HAZMAT		1-CLASS A		1-NOT DISTRACTED		1-NONE GIVEN					
2-SUSPECTED SERIOUS INJURY	2-PARTIALLY EJECTED		M - MOTORCYCLE		2-CLASS B		2-CDL INTRASTATE ONLY		2-TEST REFUSED					
3-SUSPECTED MINOR INJURY	3-TOTALLY EJECTED		P - PASSENGER		3-CLASS C		3-CORRECTIVE LENSES		3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE					
4-POSSIBLE INJURY	4-NOT APPLICABLE		N - TANKER		4-REGULAR CLASS (OHIO = D)		4-FARM WAIVER		4-TEST GIVEN, RESULTS KNOWN					
5-NO APPARENT INJURY	5-NOT APPLICABLE		Q - MOTOR SCOOTER		5-MIC MOPED ONLY		5-EXCEPT CLASS A BUS		5-TEST GIVEN, RESULTS UNKNOWN					
INJURED TAKEN BY	6-NOT APPLICABLE		R - THREE-WHEEL MOTORCYCLE		6-NO VALID DL		6-EXCEPT CLASS A & CLASS B BUS							
1-NOT TRANSPORTED /TREATED AT SCENE	7-NOT APPLICABLE		S - SCHOOL BUS		7-NO VALID DL		7-EXCEPT CLASS A & CLASS B BUS		ALCOHOL TEST TYPE					
2-EMS	8-NOT APPLICABLE		T - DOUBLE & TRIPLE TRAILERS		8-NO VALID DL		8-EXCEPT CLASS A & CLASS B BUS		1-NONE					
3-POLICE	9-NOT APPLICABLE		X - TANKER / HAZMAT		9-NO VALID DL		9-EXCEPT CLASS A & CLASS B BUS		2-BLOOD					
9-OTHER / UNKNOWN	10-NOT APPLICABLE		11-EXTRICATED BY MECHANICAL MEANS		11-NO VALID DL		11-EXCEPT CLASS A & CLASS B BUS		3-URINE					
SAFETY EQUIPMENT	TRAPPED		COND		DRIVER DISTRACTION		TEST STATUS		DRUG TEST TYPE					
1-NONE USED	1-NOT TRAPPED		F - FEMALE		1-CLASS A		1-NOT DISTRACTED		4-BREATH					
2-SHOULDER BELT ONLY USED	2-EXTRICATED BY MECHANICAL MEANS		M - MALE		2-CLASS B		2-CDL INTRASTATE ONLY		5-CANNABINOID					
3-LAP BELT ONLY USED	3-FREE BY NON-MECHANICAL MEANS		U - OTHER / UNKNOWN		3-CLASS C		3-CORRECTIVE LENSES		5-COCaine					
4-SHOULDER & LAP BELT USED	4-FREE BY NON-MECHANICAL MEANS		F - FEMALE		4-REGULAR CLASS (OHIO = D)		4-FARM WAIVER		6-OPIATES / OPIOIDS					
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	5-FREE BY NON-MECHANICAL MEANS		M - MALE		5-MIC MOPED ONLY		5-EXCEPT CLASS A BUS		7-OTHER					
6-CHILD RESTRAINT SYSTEM - REAR FACING	6-FREE BY NON-MECHANICAL MEANS		U - OTHER / UNKNOWN		6-NO VALID DL		6-EXCEPT CLASS A & CLASS B BUS		8-NEGATIVE RESULTS					
7-BOOSTER SEAT	7-FREE BY NON-MECHANICAL MEANS		F - FEMALE		7-NO VALID DL		7-EXCEPT CLASS A & CLASS B BUS							
8-HELMET USED	8-FREE BY NON-MECHANICAL MEANS		M - MALE		8-NO VALID DL		8-EXCEPT CLASS A & CLASS B BUS							
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9-FREE BY NON-MECHANICAL MEANS		U - OTHER / UNKNOWN		9-NO VALID DL		9-EXCEPT CLASS A & CLASS B BUS							
10-REFLECTIVE CLOTHING	10-FREE BY NON-MECHANICAL MEANS		F - FEMALE		10-NO VALID DL		10-EXCEPT CLASS A & CLASS B BUS							
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY	11-FREE BY NON-MECHANICAL MEANS		M - MALE		11-NO VALID DL		11-EXCEPT CLASS A & CLASS B BUS							
99-OTHER / UNKNOWN	99-FREE BY NON-MECHANICAL MEANS		U - OTHER / UNKNOWN		99-NO VALID DL		99-EXCEPT CLASS A & CLASS B BUS							
INJURIES	EJECTION		COND		DRIVER DISTRACTION		TEST STATUS		DRUG TEST RESULT(S)					
1-FATAL	1-NOT EJECTED		H - HAZMAT		1-CLASS A		1-NOT DISTRACTED		1-AMPHETAMINES					
2-SUSPECTED SERIOUS INJURY	2-PARTIALLY EJECTED		M - MOTORCYCLE		2-CLASS B		2-CDL INTRASTATE ONLY		2-BARBITURATES					
3-SUSPECTED MINOR INJURY	3-TOTALLY EJECTED		P - PASSENGER		3-CLASS C		3-CORRECTIVE LENSES		3-BENZODIAZEPINES					
4-POSSIBLE INJURY	4-NOT APPLICABLE		N - TANKER		4-REGULAR CLASS (OHIO = D)		4-FARM WAIVER		4-CANNABINOID					
5-NO APPARENT INJURY	5-NOT APPLICABLE		Q - MOTOR SCOOTER		5-MIC MOPED ONLY		5-EXCEPT CLASS A BUS		5-COCaine					
INJURED TAKEN BY	6-NOT APPLICABLE		R - THREE-WHEEL MOTORCYCLE		6-NO VALID DL		6-EXCEPT CLASS A & CLASS B BUS		6-OPIATES / OPIOIDS					
1-NOT TRANSPORTED /TREATED AT SCENE	7-NOT APPLICABLE		S - SCHOOL BUS		7-NO VALID DL		7-EXCEPT CLASS A & CLASS B BUS		7-OTHER					
2-EMS	8-NOT APPLICABLE		T - DOUBLE & TRIPLE TRAILERS		8-NO VALID DL		8-EXCEPT CLASS A & CLASS B BUS		8-NEGATIVE RESULTS					
3-POLICE	9-NOT APPLICABLE		X - TANKER / HAZMAT		9-NO VALID DL		9-EXCEPT CLASS A & CLASS B BUS							
9-OTHER / UNKNOWN	10-NOT APPLICABLE		11-EXTRICATED BY MECHANICAL MEANS		11-NO VALID DL		11-EXCEPT CLASS A & CLASS B BUS							
SAFETY EQUIPMENT	TRAPPED		COND		DRIVER DISTRACTION		TEST STATUS		DRUG TEST RESULT(S)					
1-NONE USED	1-NOT TRAPPED		F - FEMALE		1-CLASS A		1-NOT DISTRACTED		1-AMPHETAMINES					
2-SHOULDER BELT ONLY USED	2-EXTRICATED BY MECHANICAL MEANS		M - MALE		2-CLASS B		2-CDL INTRASTATE ONLY		2-BARBITURATES					
3-LAP BELT ONLY USED	3-FREE BY NON-MECHANICAL MEANS		U - OTHER / UNKNOWN		3-CLASS C		3-CORRECTIVE LENSES		3-BENZODIAZEPINES					
4-SHOULDER & LAP BELT USED	4-FREE BY NON-MECHANICAL MEANS		F - FEMALE		4-REGULAR CLASS (OHIO = D)		4-FARM WAIVER		4-CANNABINOID					
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	5-FREE BY NON-MECHANICAL MEANS		M - MALE		5-MIC MOPED ONLY		5-EXCEPT CLASS A BUS		5-COCaine					
6-CHILD RESTRAINT SYSTEM - REAR FACING	6-FREE BY NON-MECHANICAL MEANS		U - OTHER / UNKNOWN		6-NO VALID DL		6-EXCEPT CLASS A & CLASS B BUS		6-OPIATES / OPIOIDS					
7-BOOSTER SEAT	7-FREE BY NON-MECHANICAL MEANS		F - FEMALE		7-NO VALID DL		7-EXCEPT CLASS A & CLASS B BUS		7-OTHER					
8-HELMET USED	8-FREE BY NON-MECHANICAL MEANS		M - MALE		8-NO VALID DL		8-EXCEPT CLASS A & CLASS B BUS		8-NEGATIVE RESULTS					
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9-FREE BY NON-MECHANICAL MEANS		U - OTHER / UNKNOWN		9-NO VALID DL		9-EXCEPT CLASS A & CLASS B BUS							
10-REFLECTIVE CLOTHING	10-FREE BY NON-MECHANICAL MEANS		F - FEMALE		10-NO VALID DL		10-EXCEPT CLASS A & CLASS B BUS							
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY	11-FREE BY NON-MECHANICAL MEANS		M - MALE		11-NO VALID DL		11-EXCEPT CLASS A & CLASS B BUS							
99-OTHER / UNKNOWN	99-FREE BY NON-MECHANICAL MEANS		U - OTHER / UNKNOWN		99-NO VALID DL		99-EXCEPT CLASS A & CLASS B BUS							



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

2 2 0 5 7 2 3 0

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 2 Lightfield, Ian				DATE OF BIRTH	AGE	GENDER	
					1 1 2 2 2 0 1 0	1 1	M		
ADDRESS: STREET, CITY, STATE, ZIP 5879 Kingsmont Drive, 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 1	EJECTION 1	TRAPPED 1
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER	
						1 1 2 2 2 0 1 0	0		
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
INJURIES INJURED TAKEN BY EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED					<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER	
						1 1 2 2 2 0 1 0	0		
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
OCCUPANT	INJURIES INJURED TAKEN BY EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE	TRAPPED				
	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			EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE					
	GENDER F - FEMALE M - MALE U - OTHER / UNKNOWN			TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS					
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER		
					1 1 2 2 2 0 1 0	0			
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER		
					1 1 2 2 2 0 1 0	0			
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER		
					1 1 2 2 2 0 1 0	0			
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				

NUMBER PD-22-057230

IN COUNTY OF

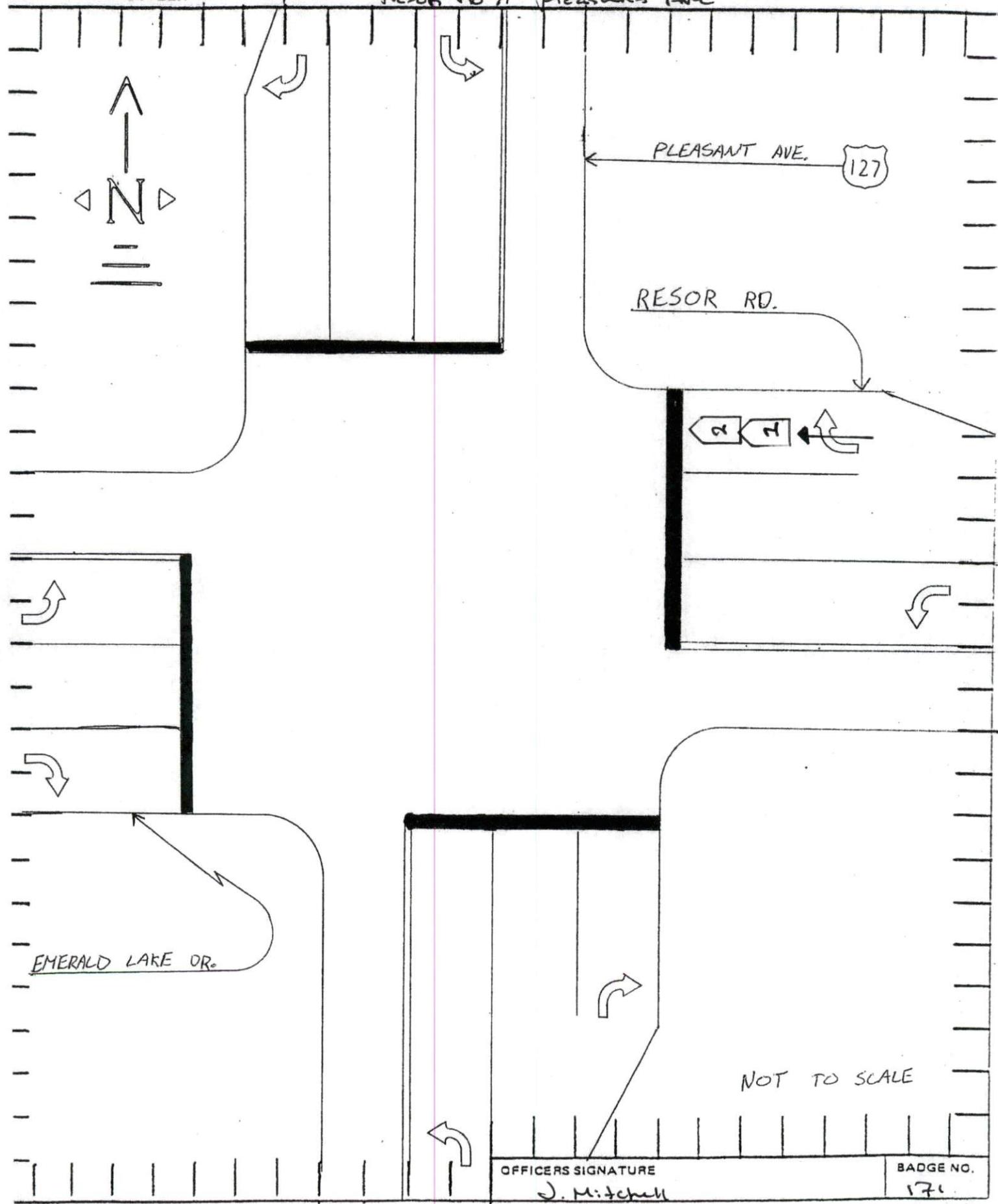
BUTLER

FAIRFIELD P.D. 00901

M 08 10 10 12 22

ACCIDENT
LOCATION

Resor Rd // Pleasant Ave



Y 0002

6066