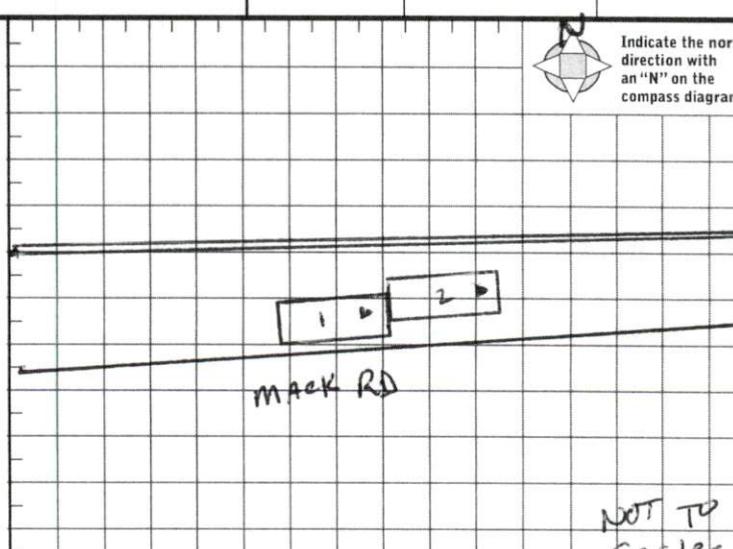




TRAFFIC CRASH REPORT

*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 type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*	2 2 0 5 7 4 3 0		
				Fairfield Police Department		0 0 9 0 1	HIT/SKIP	NUMBER OF UNITS	
						1 - SOLVED	0 2	UNIT IN ERROR	
						2 - UNSOLVED		0 1 98 - ANIMAL	
								0 1 99 - UNKNOWN	
COUNTY*		LOCALITY*		LOCATION: CITY, VILLAGE, TOWNSHIP*				CRASH DATE / TIME*	CRASH SEVERITY
0 9		1 - CITY 1 3 - TOWNSHIP		City of Fairfield				0 8 1 1 2 0 2 2 0 7 3 0	1 - FATAL
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DECIMAL DEGREES		3
				Mack		R D	3 9 3 1 1 4 4 6		
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)		ROAD TYPE	LONGITUDE DECIMAL DEGREES		
				3051			8 4 5 1 5 9 5 3		
REFERENCE POINT		DIRECTION FROM REFERENCE		ROUTE TYPE	ROAD TYPE		INTERSECTION RELATED		
3 - 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		<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA		
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE			RD - ROAD LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE		NUMBER OF APPROACHES		
1 - MILES 2 - FEET 3 - YARDS		1 - MILES 2 - FEET 3 - YARDS		ST - STREET TE - TERRACE TL - TRAIL WA - WAY					
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT			ROADWAY		ROADWAY DIVIDED
1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP				1 - NOT COLLISION 2 - TWO MOTOR VEHICLES IN TRANSPORT 3 - REAR-END 4 - HEAD-ON			1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		MEDIAN TYPE
9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN				4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN					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		LOCATION OF CRASH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE
<input type="checkbox"/> ACTIVE SCHOOL ZONE						1 - BEFORE THE 1ST WORK ZONE 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	2	2	2
LIGHT CONDITION				WEATHER					
1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN				1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN					
NARRATIVE									
<p>At about 7:30 a.m. on 8-11-22 unit 2 was stopped on Mack Road when it was struck from behind by unit 1. The vehicles were traveling into the sunrise and unit 1 did not see the stopped traffic.</p>  <p>NOT TO Scale</p>									
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY	
0 8 1 1 2 0 2 2 0 7 3 3		0 8 1 1 2 0 2 2 0 7 3 5		0 8 1 1 2 0 2 2 0 7 5 4		0 8 1 1 2 0 2 2 0 8 2 2		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DODS)	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*	
0		0		4 7		T. Lucas		<i>61</i>	
						OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*	
						6 3		1 0 3	

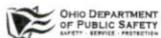


OWNER	UNIT # <u>0 1</u> OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER)			OWNER PHONE: INCLUDE AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER)	
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER)					
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
LP STATE <u>O H</u>	LICENSE PLATE # GES 8763	VEHICLE IDENTIFICATION # 2 M E F M 7 1 4 W X Y X 7 4 3 0 7 2		VEHICLE YEAR 2 0 0 0	VEHICLE MAKE Mercury
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY State Farm	INSURANCE POLICY # 4122668D2835F		COLOR Maroon	VEHICLE MODEL Marquis
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #		TOWED BY: COMPANY NAME Fox	
INTERLOCK 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.	HAZARDOUS MATERIAL MATERIAL RELEASED <input type="checkbox"/> PLACARD <input type="checkbox"/>	
UNIT TYPE <u>0 1</u>	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 BICYCLE 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
# OF TRAILING UNITS <u>0</u>					
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>2</u>			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> 4 - SCHOOL TRANSPORT 3 - ELECTRONIC RIDE SHARING 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					
21 - MAIL CARRIER 99 - OTHER / UNKNOWN					
1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS					
3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - CARGO VAN/ENCLOSED BOX 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					
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 99 - OTHER / UNKNOWN					
1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING <u>0 1</u> 4 - STRUCK 5 - BOTH STRIKING ACTIONS 6 - 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					
21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION					
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					
SEQUENCE OF EVENTS					
NON-COLLISION					
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT					
6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE					
16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 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 MOBILE OBJECT					
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 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES 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 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT					

LOCAL REPORT NUMBER											
2	2	0	5	7	4	3	0				
DAMAGE											
DAMAGE SCALE											
<u>4</u>	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					
<u>1</u>	<u>2</u>	1-12 - REFER TO UNIT DIAGRAM				15 - VEHICLE NOT AT SCENE					
13 - TOP						99 - UNKNOWN					
TRAFFIC											
TRAFFICWAY FLOW						TRAFFIC CONTROL					
1 - ONE-WAY			2 - TWO-WAY			<u>6</u>			1 - ROUNDABOUT		
<u>2</u>									4 - STOP SIGN		
# OF THROUGH LANES ON ROAD						2 - SIGNAL					
<u>2</u>						<u>1</u>			5 - YIELD SIGN		
						3 - FLASHER					
						6 - NO CONTROL					
RAIL GRADE CROSSING											
1 - NOT INVOLVED						2 - INVOLVED-ACTIVE CROSSING					
<u>1</u>						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>4</u> TO <u>3</u>											
UNIT SPEED						DETECTED SPEED					
<u>2</u> <u>5</u>						<u>1</u>			1 - STATED/ESTIMATED SPEED		
									2 - CALCULATED/EDR		
									3 - UNDETERMINED		
POSTED SPEED											
<u>2</u> <u>5</u>											

OWNER UNIT # 0_2	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) Rece, Gregory			OWNER PHONE: INCLUDE AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER)	
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 1556 Hazelgrove Drive Cincinnati, Ohio 45240			COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP	
LP STATE O_H	LICENSE PLATE # 245ALM	VEHICLE IDENTIFICATION # 2G1F1C1E39D9242316		VEHICLE YEAR 2013	VEHICLE MAKE Chevrolet
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY Progressive	INSURANCE POLICY # 939094077		COLOR Black	VEHICLE MODEL Camaro
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #		TOWED BY: COMPANY NAME Marcell's	
INTERLOCK DEVICE 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	
UNIT TYPE 0_1 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 10 - MOVED OR MOTORIZED BICYCLE 11 - ALL-TERRAIN VEHICLE (ATV / UTV)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 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
# OF TRAILING UNITS 0_0		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 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 4 - SCHOOL TRANSPORT		1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 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 0_1		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 0_1		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 0_1		1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS
ACTION 0_1 4 - STRIKING 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 1_1 4 - STRUCK PRE-CRASH 5 - BOTH STRIKING ACTIONS	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE
CONTRIBUTING CIRCUMSTANCES 0_1 4 - RAN RED LIGHT 5 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN		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
SEQUENCE OF EVENTS					
NON-COLLISION					
1_2_0_1					
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION					
6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT					
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 MOBILE OBJECT					
COLLISION WITH FIXED OBJECT - STRUCK					
4_1_1_1					
25 - IMPACT ATTENUATOR / CRASH CUSHION					
31 - GUARDRAIL END 32 - PORTABLE BARRIER					
38 - OVERHEAD SIGN POST					
39 - LIGHT / LUMINARIES					
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					

LOCAL REPORT NUMBER											
2	2	0	5	7	4	3	0				
DAMAGE											
DAMAGE SCALE											
<u>4</u>	1 - NONE	3 - FUNCTIONAL DAMAGE									
	2 - MINOR DAMAGE	4 - DISABLING DAMAGE									
	9 - UNKNOWN										
DAMAGED AREA(S) INDICATE ALL THAT APPLY											
<img alt="Diagram of a vehicle showing damaged areas 1 through 12. Areas 1, 2,											



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER									
2 2 0 5 7 4 3 0									

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH			AGE	GENDER	
	0 1	Rinderle, Christina					0 4	1 4	1 9	8 4	3 8	F
	ADDRESS: STREET, CITY, STATE, ZIP 551 Fairview Avenue Hamilton, Ohio 45011					CONTACT PHONE - INCLUDE AREA CODE						
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								<input checked="" type="checkbox"/>	0 1	2	1	1
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER			
O H				333.03A	<input checked="" type="checkbox"/>	ACDA			251948			
OL 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 <input type="checkbox"/> OTHER DRUG	1	1	1	1	1	1	1	
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH			AGE	GENDER		
0 2	Burden, Leslie D					0 9	1 1	1 9	6 9	5 2	F	
ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE											
57 S. Riverview Drive Hamilton, Ohio 45011												
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
3	1							<input checked="" type="checkbox"/>	0 1	1	1	1
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER			
O H					<input checked="" type="checkbox"/>							
OL 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 <input type="checkbox"/> OTHER DRUG	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											
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 checked="" type="checkbox"/>				
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER			
					<input checked="" type="checkbox"/>							
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST			DRUG TEST(S)			
				<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG								
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-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-DEPLOYED SIDE	3-CLASS C	3-CORRECTIVE LENSES	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE								
4-POSSIBLE INJURY	4-DEPLOYED BOTH FRONT / SIDE	4-REGULAR CLASS (OHIO = D)	4-FARM WAIVER	4-TEST GIVEN, RESULTS KNOWN								
5-NO APPARENT INJURY	5-NOT APPLICABLE	5-M/C MOVED ONLY	5-EXCEPT CLASS A BUS	5-TEST GIVEN, RESULTS UNKNOWN								
	5-SECOND- MIDDLE	9-DEPLOYMENT UNKNOWN	6-EXCEPT CLASS A & CLASS B BUS									
	6-SECOND- RIGHT SIDE		7-EXCEPT TRACTOR-TRAILER									
	7-THIRD- LEFT SIDE (MOTORCYCLE SIDE CAR)		8-INTERMEDIATE LICENSE RESTRICTIONS									
	8-THIRD- MIDDLE		9-LEARNER'S PERMIT RESTRICTIONS									
	9-THIRD- RIGHT SIDE		10-LIMITED TO DAYLIGHT ONLY									
	10-SLEEPER SECTION OF TRUCK CAB		11-LIMITED TO EMPLOYMENT									
INJURED TAKEN BY	EJECTION	OL ENDORSEMENT	12-LIMITED- OTHER									
1-NOT TRANSPORTED / TREATED AT SCENE	1-NOT EJECTED	H-HAZMAT	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)									
2-EMS	2-PARTIALLY EJECTED	M-MOTORCYCLE	14-MILITARY VEHICLES ONLY									
3-POLICE	3-TOTALLY EJECTED	P-PASSENGER	15-MOTOR VEHICLES WITHOUT AIR BRAKES									
9-OTHER / UNKNOWN	4-NOT APPLICABLE	N-TANKER	16-OUTSIDE MIRROR									
SAFETY EQUIPMENT	TRAPPED	Q-MOTOR SCOOTER	17-PROSTHETIC AID									
1-NONE USED	1-NOT TRAPPED	R-THREE-WHEEL MOTORCYCLE	18-OTHER									
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 PADS USED (ELBOW, KNEES, ETC.)												
10-REFLECTIVE CLOTHING												
11-LIGHTING- PEDESTRIAN / BICYCLE ONLY												
99-OTHER / UNKNOWN												
GENDER	CONDITION	DRUG TEST TYPE										
F-FEMALE	1-APPARENTLY NORMAL	1-NONE										
M-MALE	2-PHYSICAL IMPAIRMENT	2-BLOOD										
U-OTHER / UNKNOWN	3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3-URINE										
	4-ILLNESS	4-OTHER										
	5-FELL ASLEEP, FAINTED, FATIGUED, ETC.											
	6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL											
	9-OTHER / UNKNOWN											
	7-OTHER											
	8-Negative RESULTS											
DRUG TEST RESULT(S)												
1-AMPHETAMINES												
2-BARBITURATES												
3-BENZODIAZEPINES												
4-CANNABINOIDS												
5-COCAIN												
6-OPIATES / OPIOIDS												
7-OTHER												
8-Negative RESULTS												