

## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY	LOCAL INFORMATION REPORTING AGENCY NAME* Fairfield Police Department		NCIC* 0 0 9 0 1	2 2 0 5 8 3 1 7			
COUNTY* 0 9	LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP 1	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield		CRASH DATE / TIME* 08142022 1938		CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY			
ROUTE TYPE 1-NORTH 2-SOUTH 3-EAST 4-WEST	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME Ross	ROAD TYPE R D	LATITUDE DECIMAL DEGREES 39.313902	INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 4 ROADWAY <input type="checkbox"/> ROADWAY DIVIDED			
ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 6082	ROAD TYPE	LONGITUDE DECIMAL DEGREES -84.504218				
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	ROUTE TYPE AL-ALLEY AV-AVENUE BL-BOULEVARD CR-CIRCLE CT-COURT DR-DRIVE HE-HEIGHTS PL-PLACE	ROAD TYPE HW-HIGHWAY LA-LANE MP-MILEPOST ST-STREET TE-TERRACE TL-TRAIL WA-WAY	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 (ANY TYPE) 4-DIVIDED, RAISED MEDIAN (ANY TYPE) 9-OTHER/UNKNOWN	
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 0 1		MANNER OF CRASH COLLISION/IMPACT 1-NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2-REAR-END 3-HEAD-ON 4-REAR-TO-REAR 5-BACKING 6-ANGLE 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 9-OTHER / UNKNOWN 1		LOCATION OF CRASH IN WORK ZONE 1-BEFORE THE 1ST WORK ZONE WARNING SIGN 2-ADVANCE WARNING AREA 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA		CONTOUR 1 1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-OTHER/UNKNOWN		CONDITIONS 2 1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN	SURFACE 2 1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN
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 6-SNOW 7-SEVERE CROSSWINDS 8-BLOWING SAND, SOIL, DIRT, SNOW 9-FREEZING RAIN OR FREEZING DRIZZLE 99-OTHER / UNKNOWN 0 2		NARRATIVE On August 14, 2022, at around 7:38 P.M., Unit 1 turned left from Mack Road onto Ross Road, traveling northbound. Unit 1 lost control of the vehicle after making the turn and went off the road right into the front yard of 6082 Ross Road striking a brick landscape wall.  Property Owner: James O'Connell  See OH-2					
CRASH REPORTED DATE / TIME 08142022 1938		DISPATCH DATE / TIME 08142022 1940		ARRIVAL DATE / TIME 08142022 1947		SCENE CLEARED DATE / TIME 08142022 2026		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DPS)	
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME* J. Mitchell	CHECKED BY OFFICER'S NAME* SA Aaron Meyer		OFFICER'S BADGE NUMBER* 1 7 1		CHECKED BY OFFICER'S BADGE NUMBER* 1 3 2	



OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE ( ) SAME AS DRIVER White, Sandra	OWNER PHONE: INCLUDE AREA CODE ( ) SAME AS DRIVER		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP ( ) SAME AS DRIVER 4933 Rivercrest Drive, Harrison, OH 45030				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE OH	LICENSE PLATE # JSD3800	VEHICLE IDENTIFICATION # 1GKIDT13S652320015	VEHICLE YEAR 2005	VEHICLE MAKE GMC
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY Progressive	INSURANCE POLICY # 941888369	COLOR Gray	VEHICLE MODEL Envoy
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	TOWED BY: COMPANY NAME	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 01	HAZARDOUS MATERIAL CLASS # PLACARD ID #	
	TYPE OF USE		US DOT #	VEHICLE WEIGHT GVWR/GCWR	
	<input type="checkbox"/> PASSENGER CAR		1 - <10K LBS.	1 - LIMO (LIVERY VEHICLE)	
	<input type="checkbox"/> PASSENGER VAN (MINIVAN)		2 - 10,001 - 26K LBS.	2 - BUS (16+ PASSENGERS)	
	<input type="checkbox"/> SPORT UTILITY VEHICLE		3 - >26K LBS.	3 - PEDESTRIAN / SKATER	
	<input type="checkbox"/> PICK UP			4 - WHEELCHAIR (ANY TYPE)	
	<input type="checkbox"/> CARGO VAN			5 - OTHER NON-MOTORIST	
<input type="checkbox"/> VAN (9-15 SEATS)			6 - BICYCLE		
# OF TRAILING UNITS 0			7 - TRAIN		
			99 - UNKNOWN OR HIT/SKIP		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		AUTONOMOUS MODE LEVEL			
<input type="checkbox"/> 1 - YES		<input type="checkbox"/> 0 - NO AUTOMATION			
<input type="checkbox"/> 2 - NO		<input type="checkbox"/> 1 - DRIVER ASSISTANCE			
<input type="checkbox"/> 9 - OTHER / UNKNOWN		<input type="checkbox"/> 2 - PARTIAL AUTOMATION			
		<input type="checkbox"/> 3 - CONDITIONAL AUTOMATION			
		<input type="checkbox"/> 4 - HIGH AUTOMATION			
		<input type="checkbox"/> 5 - FULL AUTOMATION			
		<input type="checkbox"/> 9 - UNKNOWN			
SPECIAL FUNCTION		VEHICLE TYPE			
<input type="checkbox"/> 1 - NONE		<input type="checkbox"/> 6 - BUS - CHARTER/TOUR			
<input type="checkbox"/> 2 - TAXI		<input type="checkbox"/> 7 - BUS - INTERCITY			
<input type="checkbox"/> 3 - ELECTRONIC RIDE SHARING		<input type="checkbox"/> 8 - BUS - SHUTTLE			
<input type="checkbox"/> 4 - SCHOOL TRANSPORT		<input type="checkbox"/> 9 - BUS - OTHER			
<input type="checkbox"/> 5 - BUS - TRANSIT/COMMUTER		<input type="checkbox"/> 10 - AMBULANCE			
		<input type="checkbox"/> 11 - FIRE			
		<input type="checkbox"/> 12 - MILITARY			
		<input type="checkbox"/> 13 - POLICE			
		<input type="checkbox"/> 14 - PUBLIC UTILITY			
		<input type="checkbox"/> 15 - CONSTRUCTION EQUIPMENT			
		<input type="checkbox"/> 20 - SAFETY SERVICE PATROL			
CARGO BODY TYPE		VEHICLE TOWING ANOTHER MOTOR VEHICLE			
<input type="checkbox"/> 1 - NO CARGO BODY TYPE / NOT APPLICABLE		<input type="checkbox"/> 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE			
<input type="checkbox"/> 2 - BUS		<input type="checkbox"/> 4 - LOGGING			
		<input type="checkbox"/> 5 - INTERMODAL CONTAINER CHASSIS			
		<input type="checkbox"/> 6 - CARGO VAN/ENCLOSED BOX			
		<input type="checkbox"/> 7 - GRAIN/CHIPS/GRAVEL			
		<input type="checkbox"/> 8 - POLE			
		<input type="checkbox"/> 9 - CARGO TANK			
		<input type="checkbox"/> 10 - FLAT BED			
		<input type="checkbox"/> 11 - DUMP			
		<input type="checkbox"/> 12 - CONCRETE MIXER			
		<input type="checkbox"/> 13 - AUTO TRANSPORTER			
		<input type="checkbox"/> 14 - GARBAGE/REFUSE			
		<input type="checkbox"/> 99 - OTHER / UNKNOWN			
VEHICLE DEFECTS		VEHICLE TROUBLE			
<input type="checkbox"/> 1 - TURN SIGNALS		<input type="checkbox"/> 2 - MOTOR TROUBLE			
<input type="checkbox"/> 2 - HEAD LAMPS		<input type="checkbox"/> 99 - OTHER / UNKNOWN			
<input type="checkbox"/> 3 - TAIL LAMPS		<input type="checkbox"/> 10 - DISABLED FROM PRIOR ACCIDENT			
		<input type="checkbox"/> 6 - TIRE BLOWOUT			
		<input type="checkbox"/> 7 - WORN OR SLICK TIRES			
		<input type="checkbox"/> 8 - TRAILER EQUIPMENT DEFECTIVE			
		<input type="checkbox"/> 9 - MOTOR TROUBLE			
		<input type="checkbox"/> 99 - OTHER / UNKNOWN			
NON-MOTORIST LOCATION AT IMPACT		NON-MOTORIST LOCATION			
<input type="checkbox"/> 1 - INTERSECTION - MARKED CROSSWALK		<input type="checkbox"/> 3 - INTERSECTION - OTHER			
<input type="checkbox"/> 2 - INTERSECTION - UNMARKED CROSSWALK		<input type="checkbox"/> 4 - MIDDLEBLOCK - MARKED CROSSWALK			
		<input type="checkbox"/> 5 - TRAVEL LANE - OTHER LOCATION			
		<input type="checkbox"/> 6 - BICYCLE LANE			
		<input type="checkbox"/> 7 - SHOULDER / ROADSIDE			
		<input type="checkbox"/> 8 - SIDEWALK			
		<input type="checkbox"/> 9 - MEDIAN/CROSSING ISLAND AT INCIDENT SCENE			
		<input type="checkbox"/> 10 - DRIVEWAY ACCESS			
		<input type="checkbox"/> 11 - SHARED USE PATHS OR TRAILS			
		<input type="checkbox"/> 12 - FIRST RESPONDER			
		<input type="checkbox"/> 13 - TOP			
		<input type="checkbox"/> 14 - UNDERCARRIAGE			
		<input type="checkbox"/> 15 - VEHICLE NOT AT SCENE			
		<input type="checkbox"/> 99 - UNKNOWN			
ACTION		PRE-CRASH ACTIONS			
<input type="checkbox"/> 1 - NON-CONTACT		<input type="checkbox"/> 1 - STRAIGHT AHEAD			
<input type="checkbox"/> 2 - NON-COLLISION		<input type="checkbox"/> 2 - BACKING			
<input type="checkbox"/> 3 - STRIKING		<input type="checkbox"/> 3 - CHANGING LANES			
<input type="checkbox"/> 4 - STRUCK		<input type="checkbox"/> 4 - OVERTAKING/PASSING			
<input type="checkbox"/> 5 - BOTH STRIKING & STRUCK		<input type="checkbox"/> 5 - MAKING RIGHT TURN			
<input type="checkbox"/> 9 - OTHER / UNKNOWN		<input type="checkbox"/> 6 - MAKING LEFT TURN			
		<input type="checkbox"/> 7 - MAKING U-TURN			
		<input type="checkbox"/> 8 - ENTERING TRAFFIC LANE			
		<input type="checkbox"/> 9 - LEAVING TRAFFIC LANE			
		<input type="checkbox"/> 10 - PARKED			
		<input type="checkbox"/> 11 - SLOWING OR STOPPED IN TRAFFIC			
		<input type="checkbox"/> 12 - DRIVERLESS			
		<input type="checkbox"/> 13 - NEGOTIATING A CURVE			
		<input type="checkbox"/> 14 - ENTERING OR CROSSING SPECIFIED LOCATION			
		<input type="checkbox"/> 15 - WALKING, RUNNING, JOGGING, PLAYING			
		<input type="checkbox"/> 16 - WORKING			
		<input type="checkbox"/> 17 - PUSHING VEHICLE			
		<input type="checkbox"/> 18 - APPROACHING OR LEAVING VEHICLE			
		<input type="checkbox"/> 19 - STANDING			
		<input type="checkbox"/> 20 - OTHER NON-MOTORIST			
		<input type="checkbox"/> 21 - STANDING OUTSIDE DISABLED VEHICLE			
		<input type="checkbox"/> 99 - OTHER / UNKNOWN			
CONTRIBUTING CIRCUMSTANCES		VEHICLE TYPE			
<input type="checkbox"/> 1 - NONE		<input type="checkbox"/> 7 - LEFT OF CENTER			
<input type="checkbox"/> 2 - FAILURE TO YIELD		<input type="checkbox"/> 8 - FOLLOWING TOO CLOSE / ACDA			
<input type="checkbox"/> 3 - RAN RED LIGHT		<input type="checkbox"/> 9 - IMPROPER LANE CHANGE			
<input type="checkbox"/> 4 - RAN STOP SIGN		<input type="checkbox"/> 10 - IMPROPER PASSING			
<input type="checkbox"/> 5 - UNSAFE SPEED		<input type="checkbox"/> 11 - DROVE OFF ROAD			
<input type="checkbox"/> 6 - IMPROPER TURN		<input type="checkbox"/> 12 - IMPROPER BACKING			
		<input type="checkbox"/> 13 - IMPROPER START FROM A PARKED POSITION			
		<input type="checkbox"/> 14 - STOPPED OR PARKED ILLEGALLY			
		<input type="checkbox"/> 15 - SWERVING TO AVOID			
		<input type="checkbox"/> 16 - WRONG WAY			
		<input type="checkbox"/> 17 - VISION OBSTRUCTION			
		<input type="checkbox"/> 18 - OPERATING DEFECTIVE EQUIPMENT			
		<input type="checkbox"/> 19 - LOAD SHIFTING/FALLING/ SPILLING			
		<input type="checkbox"/> 20 - IMPROPER CROSSING			
		<input type="checkbox"/> 21 - LYING IN ROADWAY			
		<input type="checkbox"/> 22 - NOT DISCERNIBLE			
		<input type="checkbox"/> 23 - OPENING DOOR INTO ROADWAY			
		<input type="checkbox"/> 99 - OTHER IMPROPER ACTION			
SEQUENCE OF EVENTS		NON-COLLISION			
<input type="checkbox"/> 1 - OVERTURN/ROLLOVER		<input type="checkbox"/> 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL			
<input type="checkbox"/> 2 - FIRE/EXPLOSION		<input type="checkbox"/> 12 - DOWNHILL RUNAWAY			
<input type="checkbox"/> 3 - IMMERSION		<input type="checkbox"/> 13 - OTHER NON-COLLISION			
<input type="checkbox"/> 4 - JACKKNIFE		<input type="checkbox"/> 14 - PEDESTRIAN			
<input type="checkbox"/> 5 - CARGO / EQUIPMENT LOSS OR SHIFT		<input type="checkbox"/> 15 - PEDALCYCLE			
		<input type="checkbox"/> 16 - RAILWAY VEHICLE			
		<input type="checkbox"/> 17 - ANIMAL - FARM			
		<input type="checkbox"/> 18 - ANIMAL - DEER			
		<input type="checkbox"/> 19 - ANIMAL - OTHER			
		<input type="checkbox"/> 20 - MOTOR VEHICLE IN TRANSPORT			
		<input type="checkbox"/> 21 - PARKED MOTOR VEHICLE			
		<input type="checkbox"/> 22 - WORK ZONE MAINTENANCE EQUIPMENT			
		<input type="checkbox"/> 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE			
		<input type="checkbox"/> 24 - OTHER MOVABLE OBJECT			
		<input type="checkbox"/> 25 - IMPACT ATTENUATOR / CRASH CUSHION			
		<input type="checkbox"/> 31 - GUARDRAIL END			
		<input type="checkbox"/> 32 - PORTABLE BARRIER			
		<input type="checkbox"/> 33 - MEDIAN CABLE BARRIER			
		<input type="checkbox"/> 34 - MEDIAN GUARDRAIL BARRIER			
		<input type="checkbox"/> 35 - MEDIAN CONCRETE BARRIER			
		<input type="checkbox"/> 36 - MEDIAN OTHER BARRIER			
		<input type="checkbox"/> 37 - TRAFFIC SIGN POST			
		<input type="checkbox"/> 38 - OVERHEAD SIGN POST			
		<input type="checkbox"/> 39 - LIGHT / LUMINARIES SUPPORT			
		<input type="checkbox"/> 40 - UTILITY POLE			
		<input type="checkbox"/> 41 - OTHER POST, POLE OR SUPPORT			
		<input type="checkbox"/> 42 - CULVERT			
		<input type="checkbox"/> 43 - CURB			
		<input type="checkbox"/> 44 - DITCH			
		<input type="checkbox"/> 45 - EMBANKMENT			
		<input type="checkbox"/> 46 - FENCE			
		<input type="checkbox"/> 47 - MAILBOX			
		<input type="checkbox"/> 48 - TREE			
		<input type="checkbox"/> 49 - FIRE HYDRANT			
		<input type="checkbox"/> 50 - WORK ZONE MAINTENANCE EQUIPMENT			
		<input type="checkbox"/> 51 - WALL			
		<input type="checkbox"/> 52 - BUILDING			
		<input type="checkbox"/> 53 - TUNNEL			
		<input type="checkbox"/> 54 - OTHER FIXED OBJECT			
		<input type="checkbox"/> 99 - OTHER / UNKNOWN			
FIRST HARMFUL EVENT		MOST HARMFUL EVENT			

LOCAL REPORT NUMBER 2 2 0 5 8 3 1 7	
DAMAGE	
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	
0 - NO DAMAGE 14 - UNDERCARRIAGE	
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE	
13 - TOP 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN
2 - TWO-WAY	2 - SIGNAL 5 - YIELD SIGN
	3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	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
25	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED
POSTED SPEED	
25	





# MOTORIST / Non-MOTORIST

										LOCAL REPORT NUMBER									
										2 2 0 5 8 3 1 7									
UNIT # 0 1		NAME: LAST, FIRST, MIDDLE Vogt, Avery								DATE OF BIRTH 1 2 0 8 2 0 0 3		AGE 1 8	GENDER M						
ADDRESS: STREET, CITY, STATE, ZIP 642 Ridgeview Drive, Harrison, OH 45030										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 1		AIR BAG USAGE 1		EJECTION 1		TRAPPED 1	
OL STATE O H		OPERATOR LICENSE NUMBER				OFFENSE CHARGED 333.08A		LOCAL CODE <input checked="" type="checkbox"/>		OFFENSE DESCRIPTION Reasonable Control				CITATION NUMBER 255235					
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		DRUG TEST(S) STATUS 1 TYPE 1 RESULT					
UNIT #		NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH		AGE 0	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	
OL STATE		OPERATOR LICENSE NUMBER				OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>		OFFENSE DESCRIPTION				CITATION NUMBER					
OL CLASS		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY		ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION		ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4					
UNIT #		NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH		AGE 0	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	
OL STATE		OPERATOR LICENSE NUMBER				OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>		OFFENSE DESCRIPTION				CITATION NUMBER					
OL CLASS		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY		ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION		ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4					
INJURIES		SEATING POSITION		AIR BAG		OL CLASS		OL RESTRICTION(S)		DRIVER DISTRACTION		TEST STATUS							
1 - FATAL		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED		1 - CLASS A		1 - ALCOHOL INTERLOCK DEVICE		1 - NOT DISTRACTED		1 - NONE GIVEN							
2 - SUSPECTED SERIOUS INJURY		2 - FRONT - MIDDLE		2 - DEPLOYED FRONT		2 - CLASS B		2 - CDL INTRASTATE ONLY		2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)		2 - TEST REFUSED							
3 - SUSPECTED MINOR INJURY		3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE		3 - CLASS C		3 - CORRECTIVE LENSES		3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE		3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE							
4 - POSSIBLE INJURY		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT / SIDE		4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER		4 - TALKING ON HAND-HELD COMMUNICATION DEVICE		4 - TEST GIVEN, RESULTS KNOWN							
5 - NO APPARENT INJURY		5 - SECOND - MIDDLE		5 - NOT APPLICABLE		5 - M/C MOPED ONLY		5 - EXCEPT CLASS A BUS		5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		5 - TEST GIVEN, RESULTS UNKNOWN							
INJURED TAKEN BY		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN		6 - NO VALID OL		6 - EXCEPT CLASS A & CLASS B BUS		6 - PASSENGER		ALCOHOL TEST TYPE							
1 - NOT TRANSPORTED / TREATED AT SCENE		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)						7 - EXCEPT TRACTOR-TRAILER		7 - OTHER DISTRACTION INSIDE THE VEHICLE		1 - NONE							
2 - EMS		8 - THIRD - MIDDLE						8 - INTERMEDIATE LICENSE RESTRICTIONS		8 - OTHER DISTRACTION OUTSIDE THE VEHICLE		2 - BLOOD							
3 - POLICE		9 - THIRD - RIGHT SIDE						9 - LEARNER'S PERMIT RESTRICTIONS		9 - OTHER / UNKNOWN		3 - URINE							
9 - OTHER / UNKNOWN		10 - SLEEPER SECTION OF TRUCK CAB						10 - LIMITED TO DAYLIGHT ONLY				4 - BREATH							
SAFETY EQUIPMENT		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)						11 - LIMITED TO EMPLOYMENT				5 - OTHER							
1 - NONE USED		12 - PASSENGER IN UNENCLOSED CARGO AREA						12 - LIMITED - OTHER				DRUG TEST TYPE							
2 - SHOULDER BELT ONLY USED		13 - TRAILING UNIT						13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)				1 - NONE							
3 - LAP BELT ONLY USED		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)						14 - MILITARY VEHICLES ONLY				2 - BLOOD							
4 - SHOULDER & LAP BELT USED		15 - NON-MOTORIST						15 - MOTOR VEHICLES WITHOUT AIR BRAKES				3 - URINE							
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		99 - OTHER / UNKNOWN						16 - OUTSIDE MIRROR				4 - OTHER							
6 - CHILD RESTRAINT SYSTEM - REAR FACING								17 - PROSTHETIC AID				DRUG TEST RESULT(S)							
7 - BOOSTER SEAT								18 - OTHER				1 - AMPHETAMINES							
8 - HELMET USED												2 - BARBITURATES							
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)												3 - BENZODIAZEPINES							
10 - REFLECTIVE CLOTHING												4 - CANNABINOIDS							
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY												5 - COCAINE							
99 - OTHER / UNKNOWN												6 - OPIATES / OPIOIDS							
												7 - OTHER							
												8 - NEGATIVE RESULTS							

LOCAL REPORT NUMBER	PD-22-058317	REPORTING AGENCY	Fairfield City	DATE OF CRASH	M 8 1014 Y 22
IN COUNTY OF		CRASH LOCATION	6082 Ross Rd		

