



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL REPORT NUMBER*			
<input checked="" type="checkbox"/> PHOTOS TAKEN		□ OH-2	□ OH-3	2 2 0 6 0 2 8 9			
<input type="checkbox"/> SECONDARY CRASH		□ OH-1P	□ OTHER	HIT/SKIP			
		<input checked="" type="checkbox"/> PRIVATE PROPERTY		NUMBER OF UNITS			
REPORTING AGENCY NAME* Fairfield Police Department				NCIC* 0 0 9 0 1			
COUNTY* 0 9		LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield			
CRASH DATE / TIME* 0 8 2 0 2 0 2 2 1 7 3 0		CRASH SEVERITY 5					
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME Brittany	ROAD TYPE L A	LATITUDE DECIMAL DEGREES 3 9 3 2 0 2 5 0	
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 85	ROAD TYPE	LONGITUDE DECIMAL DEGREES -8 4 5 0 7 1 8 7	
REFERENCE POINT 3		DIRECTION FROM REFERENCE 1-INTERSECTION 2-MILE POST 3-HOUSE #	ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	INTERSECTION RELATED □ WITHIN INTERSECTION OR ON APPROACH □ WITHIN INTERCHANGE AREA	
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS				NUMBER OF APPROACHES	
ROADWAY				ROADWAY DIVIDED			
LOCATION OF FIRST HARMFUL EVENT 0 6				MANNER OF CRASH COLLISION/IMPACT 9	DIRECTION OF TRAVEL 1-NORTH 2-SOUTH 3-EAST 4-WEST	MEDIAN TYPE 1-DIVIDED FLUSH MEDIAN (<4 FEET) 2-DIVIDED FLUSH MEDIAN (>4 FEET) 3-DIVIDED, DEPRESSED MEDIAN 4-DIVIDED, RAISED MEDIAN (ANY TYPE) 9-OTHER/UNKNOWN	
WORK ZONE RELATED		WORK ZONE TYPE 1-LANE CLOSURE 2-LANE SHIFT/CROSSOVER 3-WORK ON SHOULDER OR MEDIAN 4-INTERMITTENT OR MOVING WORK 5-OTHER		LOCATION OF CRASH IN WORK ZONE 1-BEFORE THE 1ST WORK ZONE 2-ADVANCE WARNING SIGN 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA	CONTOUR 2	CONDITIONS 1	SURFACE 2
WORKERS 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
LAW ENFORCEMENT PRESENT							
ACTIVE SCHOOL ZONE							
LIGHT CONDITION 9			WEATHER 9 9				
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							
Between 08-20-22 at 5:30 P.M. and 08-21-22 at 11:30 A.M. Unit 2 was parked in the parking lot of 85 Brittany Ln. Unit 1 struck Unit 2. After striking unit 2, Unit 1 drove away as a hit/skip unit.							
There was no evidence or debris left at the scene to indicate what kind of car Unit 1 was. There were no cameras in the area where the crash occurred.							
CRASH REPORTED DATE / TIME 0 8 2 1 2 0 2 2 1 2 0 8		DISPATCH DATE / TIME 0 8 2 1 2 0 2 2 1 2 1 1		ARRIVAL DATE / TIME 0 8 2 1 2 0 2 2 1 2 2 7		SCENE CLEARED DATE / TIME 0 8 2 1 2 0 2 2 1 2 4 4	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES 3 3		REPORT TAKEN BY □ POLICE AGENCY □ MOTORIST	
		OFFICER'S NAME* P.O. Gregg Lamb		CHECKED BY OFFICER'S NAME* S. J. Sonogol		SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)	
		OFFICER'S BADGE NUMBER* 6 5		CHECKED BY OFFICER'S BADGE NUMBER* 8 4			



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

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER)
0 1		

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

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE

INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL

TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	TOWED BY: COMPANY NAME		
INTERLOCK DEVICE EQUIPPED	# OCCUPANTS <input checked="" type="checkbox"/> HIT/SKIP UNIT	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 #

1 - PASSENGER CAR 9 9 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 UNITTRUCK 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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OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 9 1 - YES 2 - NO 9 - OTHER / UNKNOWN	AUTONOMOUS MODE LEVEL 9 1 - NO AUTOMATION 2 - DRIVER ASSISTANCE 3 - PARTIAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN
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1 - NONE 9 9 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 21 - MAIL CARRIER 99 - OTHER / UNKNOWN
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1 - NO CARGO BODY TYPE /NOT APPLICABLE 9 9 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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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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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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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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1 - NONE 9 9 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

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 MOVEABLE OBJECT
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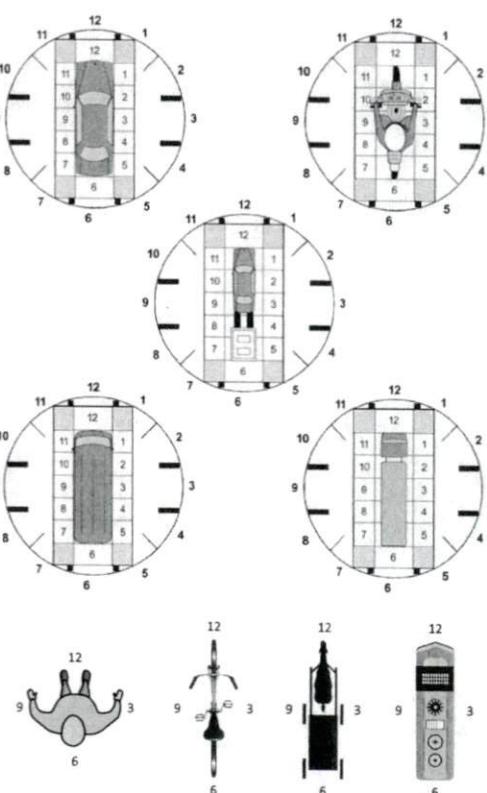
25 - IMPACT ATTENUATOR /CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	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
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1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER
2 2 0 6 0 2 8 9

DAMAGE
DAMAGE SCALE
9 1 - NONE 3 - FUNCTIONAL DAMAGE
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
9 9 1 - 12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE
13 - TOP 99 - UNKNOWN

TRAFFIC
TRAFFIC WAY FLOW
1 - ONE-WAY
2 - TWO-WAY
6
OF THROUGH LANES ON ROAD
1
TRAFFIC CONTROL
1 - ROUNDABOUT 4 - STOP SIGN
2 - SIGNAL 5 - YIELD SIGN
3 - FLASHER 6 - NO CONTROL

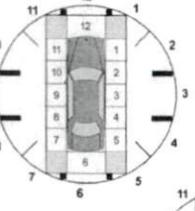
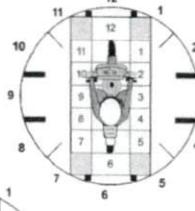
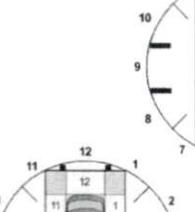
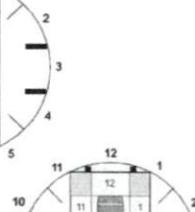
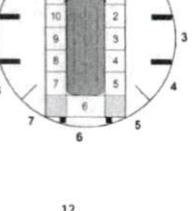
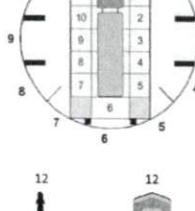
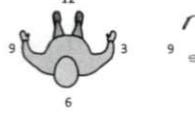
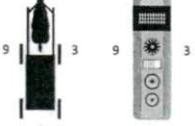
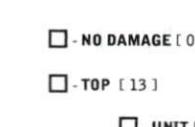
RAIL GRADE CROSSING
1 - NOT INVOLVED
2 - INVOLVED-ACTIVE CROSSING
3 - INVOLVED-PASSIVE CROSSING

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
1 - STATED / ESTIMATED SPEED
3
POSTED SPEED

DETECTED SPEED
1 - CALCULATED / EDR
3 - UNDETERMINED

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER)
	0_1	Smith, Vanessa O		
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER)		85 Brittany Ln. Fairfield, OH. 45014		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
OH	HMG 4344	5N1PE24AF2FH182029	2015	Hyun
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	Progressive Ins.	940258421	Blk	Sonata
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	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> CLASS # <input type="checkbox"/> PLACARD ID # <input type="checkbox"/> PLACARD	
			1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
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 (6+ 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				
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <input type="checkbox"/> 1 - YES <input type="checkbox"/> 2 - NO <input type="checkbox"/> 9 - OTHER / UNKNOWN		0 - NO AUTOMATION <input type="checkbox"/> 1 - DRIVER ASSISTANCE <input type="checkbox"/> 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION <input type="checkbox"/> 4 - HIGH AUTOMATION <input type="checkbox"/> 5 - FULL AUTOMATION	9 - UNKNOWN
AUTONOMOUS MODE LEVEL				
SPECIAL FUNCTION <input type="checkbox"/> 1 - ELECTRONIC RIDE SHARING <input type="checkbox"/> 2 - SCHOOL TRANSPORT <input type="checkbox"/> 3 - BUS - TRANSIT / COMMUTER				
1 - NONE 2 - TAXI 3 - BUS - SHUTTLE 4 - PUBLIC UTILITY 5 - AMBULANCE				
1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS				
1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS				
1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS				
1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK				
1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN				
1 - PRE-CRASH 2 - OVERTAKING / PASSING 3 - CHANGING LANES 4 - MAKING RIGHT TURN 5 - MAKING LEFT TURN				
1 - LEFT OF CENTER 2 - FOLLOWING TOO CLOSE / ACD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN				
1 - OVERTURN / ROLLOVER 2 - FIRE / EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT				
1 - IMPACT ATTENUATOR / CRASH CUSHION 2 - BRIDGE OVERHEAD STRUCTURE 3 - BRIDGE PIER OR ABUTMENT 4 - BRIDGE PARAPET 5 - BRIDGE RAIL 6 - GUARDRAIL FACE				
1 - SEPARATION OF UNITS 2 - RAN OFF ROAD RIGHT 3 - RAN OFF ROAD LEFT 4 - CROSS MEDIAN 5 - DOWNHILL RUNAWAY 6 - OTHER NON-COLLISION 7 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 8 - LIGHT / LUMINARIES 9 - GUARDRAIL END 10 - PORTABLE BARRIER 11 - MEDIAN CABLE BARRIER 12 - MEDIAN GUARDRAIL SUPPORT 13 - GUARDRAIL BARRIER 14 - MEDIAN CONCRETE BARRIER 15 - MEDIAN OTHER BARRIER 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 25 - CURB 26 - DITCH 27 - FENCE 28 - MAILBOX 29 - TREE 30 - TUNNEL 31 - TUNNEL 32 - TUNNEL 33 - TUNNEL 34 - TUNNEL 35 - TUNNEL 36 - TUNNEL 37 - TUNNEL 38 - TUNNEL 39 - TUNNEL 40 - TUNNEL 41 - TUNNEL 42 - TUNNEL 43 - TUNNEL 44 - TUNNEL 45 - TUNNEL 46 - TUNNEL 47 - TUNNEL 48 - TUNNEL 49 - TUNNEL				
SEQUENCE OF EVENTS				
1 - 2 - 1				
1 - FIRST HARMFUL EVENT				
1 - MOST HARMFUL EVENT				

LOCAL REPORT NUMBER	
2 2 0 6 0 2 8 9	
DAMAGE	
DAMAGE SCALE	
3	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN
3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
         	
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14]	
<input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15]	
<input type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT	
0 - NO DAMAGE 14 - UNDERCARRIAGE	
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE	
99 - UNKNOWN	
13 - TOP	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
<input type="checkbox"/> 1 - ONE WAY	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER
<input type="checkbox"/> 2 - TWO WAY	4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
<input type="checkbox"/> 1	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
FROM <input type="checkbox"/> 1	TO <input type="checkbox"/> 2
UNIT SPEED	
<input type="checkbox"/> 0	DETECTED SPEED
<input type="checkbox"/> 1	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	
<input type="checkbox"/> 1	

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER				
2 2 0 6 0 2 8 9				
DATE OF BIRTH			AGE	GENDER
0				
CONTACT PHONE - INCLUDE AREA CODE				

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE				INJURIES		INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	9 9	<input type="checkbox"/> DOT-Compliant MC HELMET	SEATING POSITION	9 9	AIR BAG USAGE	9	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	9	ALCOHOL / DRUG SUSPECTED		<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	1	1	<input type="checkbox"/> ALCOHOL TEST	STATUS	TYPE	VALUE	1	1	DRUG TEST(S)	RESULT SELECT UP TO 4	
	UNIT #	NAME: LAST, FIRST, MIDDLE				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	DATE OF BIRTH		AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP											<input type="checkbox"/> CONTACT PHONE - INCLUDE AREA CODE									
	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	9	ALCOHOL / DRUG SUSPECTED		<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	1	1	<input type="checkbox"/> ALCOHOL TEST	STATUS	TYPE	VALUE	1	1	DRUG TEST(S)	RESULT SELECT UP TO 4	
	UNIT #	NAME: LAST, FIRST, MIDDLE				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	DATE OF BIRTH		AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP											<input type="checkbox"/> CONTACT PHONE - INCLUDE AREA CODE									
	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	9	ALCOHOL / DRUG SUSPECTED		<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	1	1	<input type="checkbox"/> ALCOHOL TEST	STATUS	TYPE	VALUE	1	1	DRUG TEST(S)	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-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-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-TEST GIVEN, RESULTS UNKNOWN																
6-SECOND - RIGHT SIDE	6-SECOND - RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-M/C VALID OL	6-EXCEPT CLASS A & CLASS B BUS																	
7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD - MIDDLE	7-NO VALID OL	7-EXCEPT TRACTOR-TRAILER																	
8-THIRD - MIDDLE	8-THIRD - MIDDLE	8-THIRD - RIGHT SIDE	8-INTERMEDIATE LICENSE RESTRICTIONS	8-INTERMEDIATE LICENSE RESTRICTIONS	1-NONE																
9-OTHER / UNKNOWN	9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB	9-LEARNER'S PERMIT RESTRICTIONS	9-LEARNER'S PERMIT RESTRICTIONS	2-BLOOD																
SAFETY EQUIPMENT	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11-NOT TRAPPED	10-N-TANKER	10-LIMITED TO DAYLIGHT ONLY	3-URINE																
1-NONE USED	12-PASSENGER IN UNENCLOSED CARGO AREA	12-EXTRICATED BY MECHANICAL MEANS	11-Q-MOTOR SCOOTER	11-LIMITED TO EMPLOYMENT	4-BREATH																
2-SHOULDER BELT ONLY USED	13-TRAILING UNIT	13-FREED BY NON-MECHANICAL MEANS	12-R-THREE-WHEEL MOTORCYCLE	12-LIMITED - OTHER	5-OTHER																
3-LAP BELT ONLY USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14-MOTOR VEHICLES ONLY	13-S-SCHOOL BUS	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)																	
4-SHOULDER & LAP BELT USED	15-NON-MOTORIST	15-MOTOR VEHICLES WITHOUT AIR BRAKES	14-T-DOUBLE & TRIPLE TRAILERS	14-MILITARY VEHICLES ONLY																	
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	99-OTHER / UNKNOWN	16-OUTSIDE MIRROR	15-U-TANKER / HAZMAT	15-PROSTHETIC AID																	
6-CHILD RESTRAINT SYSTEM - REAR FACING		17-OTHER	16-U-OTHER / UNKNOWN	16-OTHER																	
7-BOOSTER SEAT		18-OTHER																			
8-HELMET USED																					
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)																					
10-REFLECTIVE CLOTHING																					
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY																					
12-OTHER / UNKNOWN																					
INJURED TAKEN BY	EJECTION	OL ENDORSEMENT	CONDITION	ALCOHOL TEST TYPE																	
1-NOT TRANSPORTED / TREATED AT SCENE	1-NOT EJECTED	H-HAZMAT	1-APPARENTLY NORMAL	1-NONE																	
2-EMS	2-PARTIALLY EJECTED	M-MOTORCYCLE	2-PHYSICAL IMPAIRMENT	2-BLOOD																	
3-POLICE	3-TOTALLY EJECTED	P-PASSENGER	3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3-URINE																	
9-OTHER / UNKNOWN	4-NOT APPLICABLE	N-TANKER	4-ILLNESS	4-OTHER																	
SAFETY EQUIPMENT	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11-NOT TRAPPED	5-FELL ASLEEP, FAINTED, FATIGUED, ETC.	5-AMPHETAMINES																	
1-NONE USED	12-PASSENGER IN UNENCLOSED CARGO AREA	12-EXTRICATED BY MECHANICAL MEANS	6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	2-BARBITURATES																	
2-SHOULDER BELT ONLY USED	13-TRAILING UNIT	13-FREED BY NON-MECHANICAL MEANS	7-OTHER	3-BENZODIAZEPINES																	
3-LAP BELT ONLY USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14-MOTOR VEHICLES ONLY	8-CANNABINOID																		
4-SHOULDER & LAP BELT USED	15-NON-MOTORIST	15-MOTOR VEHICLES WITHOUT AIR BRAKES	9-COCAIN																		
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	99-OTHER / UNKNOWN	16-OUTSIDE MIRROR	6-OPIATES / OPIOIDS																		
6-CHILD RESTRAINT SYSTEM - REAR FACING		17-PROSTHETIC AID	7-OTHER																		
7-BOOSTER SEAT		18-OTHER	8-NEGATIVE RESULTS																		
8-HELMET USED																					
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)																					
10-REFLECTIVE CLOTHING																					
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY																					
12-OTHER / UNKNOWN																					
INJURED TAKEN BY	EJECTION	OL ENDORSEMENT	CONDITION	DRUG TEST TYPE																	
1-NOT TRANSPORTED / TREATED AT SCENE	1-NOT EJECTED	H-HAZMAT	1-APPARENTLY NORMAL	1-NONE																	
2-EMS	2-PARTIALLY EJECTED	M-MOTORCYCLE	2-PHYSICAL IMPAIRMENT	2-BLOOD																	
3-POLICE	3-TOTALLY EJECTED	P-PASSENGER	3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3-URINE																	
9-OTHER / UNKNOWN	4-NOT APPLICABLE	N-TANKER	4-ILLNESS	4-OTHER																	
SAFETY EQUIPMENT	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11-NOT TRAPPED	5-FELL ASLEEP, FAINTED, FATIGUED, ETC.	5-AMPHETAMINES																	
1-NONE USED	12-PASSENGER IN UNENCLOSED CARGO AREA	12-EXTRICATED BY MECHANICAL MEANS	6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	2-BARBITURATES																	
2-SHOULDER BELT ONLY USED	13-TRAILING UNIT	13-FREED BY NON-MECHANICAL MEANS	7-OTHER	3-BENZODIAZEPINES																	
3-LAP BELT ONLY USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14-MOTOR VEHICLES ONLY	8-CANNABINOID																		
4-SHOULDER & LAP BELT USED	15-NON-MOTORIST	15-MOTOR VEHICLES WITHOUT AIR BRAKES	9-COCAIN																		
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	99-OTHER / UNKNOWN	16-OUTSIDE MIRROR	6-OPIATES / OPIOIDS																		
6-CHILD RESTRAINT SYSTEM - REAR FACING		17-PROSTHETIC AID	7-OTHER																		
7-BOOSTER SEAT		18-OTHER	8-NEGATIVE RESULTS																		
8-HELMET USED																					
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)																					
10-REFLECTIVE CLOTHING																					
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY																					
12-OTHER / UNKNOWN																					
INJURED TAKEN BY	EJECTION	OL ENDORSEMENT	CONDITION	DRUG TEST RESULT(S)																	
1-NOT TRANSPORTED / TREATED AT SCENE	1-NOT EJECTED	H-HAZMAT	1-APPARENTLY NORMAL	1-AMPHETAMINES																	
2-EMS	2-PARTIALLY EJECTED	M-MOTORCYCLE	2-PHYSICAL IMPAIRMENT	2-BARBITURATES																	
3-POLICE	3-TOTALLY EJECTED	P-PASSENGER	3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3-BENZODIAZEPINES																	
9-OTHER / UNKNOWN	4-NOT APPLICABLE	N-TANKER	4-ILLNESS	4-CANNABINOID																	
SAFETY EQUIPMENT	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11-NOT TRAPPED	5-FELL ASLEEP, FAINTED, FATIGUED, ETC.	5-COCAIN																	
1-NONE USED	12-PASSENGER IN UNENCLOSED CARGO AREA	12-EXTRICATED BY MECHANICAL MEANS	6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6-OPIATES / OPIOIDS																	
2-SHOULDER BELT ONLY USED	13-TRAILING UNIT	13-FREED BY NON-MECHANICAL MEANS	7-OTHER	7-OTHER																	
3-LAP BELT ONLY USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14-MOTOR VEHICLES ONLY	8-OTHER / UNKNOWN	8-NEGATIVE RESULTS																	
4-SHOULDER & LAP BELT USED	15-NON-MOTORIST	15-MOTOR VEHICLES WITHOUT AIR BRAKES																			
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	99-OTHER / UNKNOWN	16-OUTSIDE MIRROR																			
6-CHILD RESTRAINT SYSTEM - REAR FACING		17-PROSTHETIC AID																			
7-BOOSTER SEAT		18-OTHER																			
8-HELMET USED																					
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)																					
10-REFLECTIVE CLOTHING																					
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY																					
12-OTHER / UNKNOWN																					