



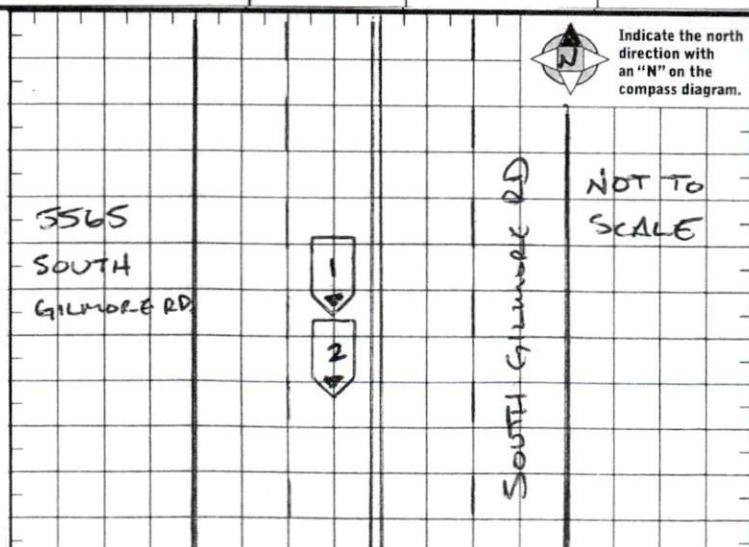
## TRAFFIC CRASH REPORT

\*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*			
		Fairfield Police Department			0 0 9 0 1			HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR
								1 - SOLVED	0 2	9 9 - 98-ANIMAL
								2 - UNSOLVED		9 9 - 99-UNKNOWN
COUNTY*		LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*			CRASH DATE / TIME*			CRASH SEVERITY	
0 9		1 - CITY 2 - VILLAGE 3 - TOWNSHIP	City of Fairfield			0 8 3 0 2 2 0 2 2 1 5 2 8			1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY	
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES			
					South Gilmore	R D	3 9 . 3 2 3 0 5 4			
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			
					5565		- 8 4 . 5 2 2 0 5 9			
REFERENCE POINT	DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED						
1 - INTERSECTION 3 - 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	<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH				
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE	ROUTE TYPE	ROAD TYPE	NUMBER OF APPROACHES						
	1 - MILES 2 - FEET 3 - YARDS									
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT			DIRECTION OF TRAVEL	MEDIAN TYPE		
0 1	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 - TWO MOTOR VEHICLES IN TRANSPORT 3 - REAR-END 4 - HEAD-ON	4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (24 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN				
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	1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	0 1	1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL	6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN						
NARRATIVE										
<p>Unit 2 Version: On 8/30/2022 Unit 1 was traveling south on South Gilmore Rd. at an unknown speed and when at 5565 South Gilmore Rd. failed to stop within the assured clear distance ahead and struck Unit 2 which was stopped in traffic at 5565 South Gilmore Rd.</p> <p>Unit 1 Version: On 8/30/2022 Unit 1 was traveling south on South Gilmore Rd. and did not strike Unit 2 which was stopped at 5565 South Gilmore Rd.</p> <p>There were no witnesses or evidence indicating the two vehicles collided.</p>										
CRASH REPORTED DATE / TIME			DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY	
0 8 3 0 2 0 2 2 1 5 2 8			0 8 3 0 2 0 2 2 1 5 3 0		0 8 3 0 2 0 2 2 1 5 3 3		0 8 3 0 2 0 2 2 1 6 2 5		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOSIS)	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*		
0 0 5		0 3 0		0 8 5		D. Gooch		D. Puth		
						OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*		
						1 6 0		1 3 0		



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

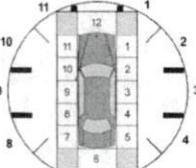
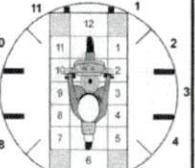
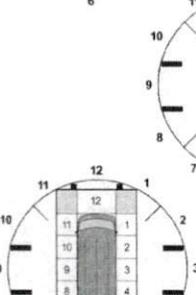
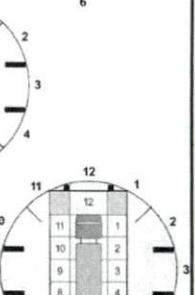
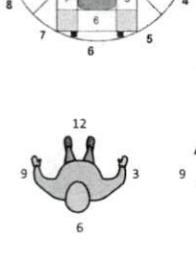
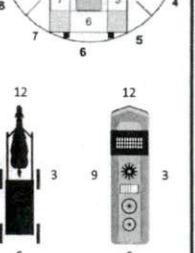
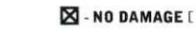




## UNIT

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	Henwood, Tiffany			
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> 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
O_H	HWJ6786	1C4PJLCBXHW514151		2017	Jeep
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #		COLOR	VEHICLE MODEL
	Progressive	901630953		White	Cherokee
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME		
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE			
INTERLOCK DEVICE EQUIPPED		# OCCUPANTS	HAZARDOUS MATERIAL		
		0_1	VEHICLE WEIGHT GVWR/GCWR	MATERIAL RELEASED	CLASS # PLACARD ID #
			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 - AUTOCYLE 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
0_3					
0_0 # OF TRAILING UNITS					
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?				0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION
0_2		1 - YES 2 - NO 9 - OTHER / UNKNOWN	AUTONOMOUS MODE LEVEL		
0_1					
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	21 - MAIL CARRIER 99 - OTHER / UNKNOWN
0_1					
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
0_1					
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
0_1					
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
0_1					
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
0_9					
0_1					
CONTRIBUTING CIRCUMSTANCES		1 - RAN RED LIGHT 2 - RAN STOP SIGN 3 - UNSAFE SPEED 4 - 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
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SEQUENCE OF EVENTS					
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<b>OWNER</b>	<b>UNIT #</b> 0 1 2	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER	<b>OWNER PHONE:</b> INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER	
	<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER			
<b>VEHICLE</b>	<b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP		<b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE	
	<b>LP STATE</b> O H	<b>LICENSE PLATE #</b> 822ZDS	<b>VEHICLE IDENTIFICATION #</b> K N A F G 5 2 5 0 7 7 0 7 3 4 5 8	<b>VEHICLE YEAR</b> 2 0 0 7
<b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b> State Farm	<b>INSURANCE POLICY #</b> 2237186-SFP-35	<b>COLOR</b> Tan	<b>VEHICLE MODEL</b> Rondo
<b>TYPE OF USE</b> <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		<b>US DOT #</b>	<b>TOWED BY:</b> COMPANY NAME	
<b>INTERLOCK DEVICE EQUIPPED</b> <input type="checkbox"/> HIT/SKIP UNIT		<b>#OCCUPANTS</b>	<b>HAZARDOUS MATERIAL</b>	
			<input type="checkbox"/> MATERIAL RELEASED	CLASS #
			<input type="checkbox"/> PLACARD	PLACARD ID #
<b>UNIT TYPE</b> 0 3 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		<b>VEHICLE WEIGHT GVWR/GCWR</b> 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	<b>18 - LIMO (LIVERY VEHICLE)</b> 23 - PEDESTRIAN / SKATER <b>19 - BUS (16+ PASSENGERS)</b> 24 - WHEELCHAIR (ANY TYPE) <b>20 - OTHER VEHICLE</b> 25 - OTHER NON-MOTORIST <b>21 - HEAVY EQUIPMENT</b> 26 - BICYCLE <b>22 - ANIMAL WITH RIDER OR</b> 27 - TRAIN <b>23 - ANIMAL DRAWN VEHICLE</b> 99 - UNKNOWN OR HIT/SKIP	
<b>0 0 # OF TRAILING UNITS</b>				
<b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b> 0 2 1 - YES 2 - NO 9 - OTHER/UNKNOWN		<b>0 - NO AUTOMATION</b> 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	<b>3 - CONDITIONAL AUTOMATION</b> 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
<b>0 1 SPECIAL FUNCTION</b> 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS TRANSIT/COMMUTER		<b>6 - BUS - CHARTER/TOUR</b> 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	<b>11 - FIRE</b> 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	<b>16 - FARM</b> 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL
<b>0 1 CARGO BODY TYPE</b> 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS		<b>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE</b> 4 - LOGGING	<b>5 - INTERMODAL CONTAINER CHASSIS</b> 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	<b>8 - POLE</b> 9 - CARGO TANK 10 - FLAT BED 11 - DUMP
<b>0 1 VEHICLE DEFECTS</b> 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		<b>4 - BRAKES</b> 5 - STEERING 6 - TIRE BLOWOUT	<b>7 - WORN OR SLICK TIRES</b> 8 - TRAILER EQUIPMENT DEFECTIVE	<b>9 - MOTOR TROUBLE</b> 10 - DISABLED FROM PRIOR ACCIDENT
<b>0 1 NON-MOTORIST LOCATION AT IMPACT</b> 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		<b>3 - INTERSECTION - OTHER</b> 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	<b>6 - BICYCLE LANE</b> 7 - SHOULDER / ROADSIDE 8 - SIDEWALK	<b>9 - MEDIAN/CROSSING ISLAND</b> 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS
<b>0 9 ACTION</b> 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 6 - ACTION 7 - PRE-CRASH 8 - OVERTAKING/PASSING 9 - OTHER / UNKNOWN		<b>1 - STRAIGHT AHEAD</b> 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	<b>7 - MAKING U-TURN</b> 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	<b>13 - NEGOTIATING A CURVE</b> 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE
<b>0 1 CONTRIBUTING CIRCUMSTANCES</b> 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN		<b>7 - LEFT OF CENTER</b> 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	<b>13 - IMPROPER START FROM A PARKED POSITION</b> 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	<b>17 - VISION OBSTRUCTION</b> 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING
<b>SEQUENCE OF EVENTS</b>		<b>NON-COLLISION</b>		
<b>1 2 0</b> 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		<b>6 - EQUIPMENT FAILURE</b> 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	<b>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL</b> 12 - DOWNSHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	<b>16 - RAILWAY VEHICLE</b> 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE
<b>4 1 1</b> 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE		<b>31 - GUARDRAIL END</b> 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	<b>37 - TRAFFIC SIGN POST</b> 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT	<b>43 - CURB</b> 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT
<b>5 1 1</b> 20 - GUARDRAIL		<b>50 - WORK ZONE MAINTENANCE EQUIPMENT</b> 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT	<b>55 - OTHER UNKNOWN</b>	
<b>6 1 1</b> 1 - FIRST HARMFUL EVENT		<b>1 - MOST HARMFUL EVENT</b>		

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



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER													
2 2 0 6 2 7 8 3													
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER			
	0 1	Henwood, Jade, Berry					0 1 1 0 2 0 0 1		2 1	F			
	ADDRESS: STREET, CITY, STATE, ZIP											CONTACT PHONE - INCLUDE AREA CODE	
	8507 Ethan Ct., Fairfield, OH, 45014												
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET		SEATING POSITION	AIR BAG USAGE	EJECTION	
	5						0 4	<input type="checkbox"/>		0 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 <input type="checkbox"/> OTHER DRUG		1	1	1	1	1	RESULT SELECT UP TO 4
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER				
0 2	Saturn, Jamey					0 6 3 0 1 9 5 6		6 6	M				
ADDRESS: STREET, CITY, STATE, ZIP											CONTACT PHONE - INCLUDE AREA CODE		
513 1/2 South 3rd St. Uppr, Cincinnati, OH, 45215													
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET		SEATING POSITION	AIR BAG USAGE	EJECTION		
4	1					0 4	<input type="checkbox"/>		0 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		0 3		1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	1	1	1	1	RESULT SELECT UP TO 4	
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	DOT-COMPLIANT MC HELMET		SEATING POSITION	AIR BAG USAGE	EJECTION		
							<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 <input type="checkbox"/> OTHER DRUG		1	1	1	1	1	RESULT SELECT UP TO 4	
<b>INJURIES</b>	<b>SEATING POSITION</b>		<b>AIR BAG</b>		<b>DL CLASS</b>		<b>DL RESTRICTION(S)</b>		<b>DRIVER DISTRACTION</b>		<b>TEST STATUS</b>		
1 - FATAL	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED		1 - CLASS A		1 - ALCOHOL INTERLOCK DEVICE		1 - NOT DISTRACTED		1 - NONE GIVEN		
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE		2 - DEPLOYED FRONT		2 - CLASS B		2 - CDL INTRASTATE ONLY		2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)		2 - TEST REFUSED		
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE		3 - CLASS C		3 - CORRECTIVE LENSES		3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE		3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE		
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE		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		
	6 - SECOND - RIGHT SIDE		6 - DEPLOYMENT UNKNOWN		6 - NO VALID DL		6 - EXCEPT CLASS A & CLASS B BUS		6 - PASSENGER		6 - BLOOD		
	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		7 - NOT EJECTED		7 - H - HAZMAT		7 - LEARNER'S PERMIT RESTRICTIONS		7 - OTHER DISTRACTION INSIDE THE VEHICLE		7 - URINE		
	8 - THIRD - MIDDLE		8 - PARTIALLY EJECTED		8 - M - MOTORCYCLE		8 - OTHER DISTRACTION OUTSIDE THE VEHICLE		8 - BREATH		8 - OTHER		
	9 - THIRD - RIGHT SIDE		9 - TOTALLY EJECTED		9 - P - PASSENGER		9 - Q - MOTOR SCOOTER		9 - OTHER / UNKNOWN		9 - DRUG TEST TYPE		
	10 - SLEEPER SECTION OF TRUCK CAB		10 - NOT APPLICABLE		10 - R - THREE-WHEEL MOTORCYCLE		10 - S - SCHOOL BUS		10 - DRUG TEST TYPE		10 - DRUG TEST TYPE		
<b>INJURED TAKEN BY</b>	<b>EJECTION</b>		<b>DL ENDORSEMENT</b>		<b>TRAPPED</b>		<b>GENDER</b>		<b>CONDITION</b>		<b>DRUG TEST RESULT(S)</b>		
1 - NOT TRANSPORTED / TREATED AT SCENE	1 - NOT EJECTED		1 - H - HAZMAT		1 - NOT TRAPPED		F - FEMALE		1 - APPARENTLY NORMAL		1 - NONE		
2 - EMS	2 - PARTIALLY EJECTED		2 - M - MOTORCYCLE		2 - EXTRICATED BY MECHANICAL MEANS		M - MALE		2 - PHYSICAL IMPAIRMENT		2 - BLOOD		
3 - POLICE	3 - TOTALLY EJECTED		3 - P - PASSENGER		3 - FREED BY NON-MECHANICAL MEANS		U - OTHER / UNKNOWN		3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)		3 - URINE		
9 - OTHER / UNKNOWN	4 - NOT APPLICABLE		4 - N - TANKER						4 - ILLNESS		4 - OTHER		
									5 - F - TANKER / HAZMAT		5 - DRUG TEST RESULT(S)		
<b>SAFETY EQUIPMENT</b>	<b>TRAPPED</b>		<b>GENDER</b>		<b>CONDITION</b>		<b>DRUG TEST RESULT(S)</b>						
1 - NONE USED	1 - NOT TRAPPED		F - FEMALE		1 - APPARENTLY NORMAL		1 - AMPHETAMINES						
2 - SHOULDER BELT ONLY USED	2 - EXTRICATED BY MECHANICAL MEANS		M - MALE		2 - PHYSICAL IMPAIRMENT		2 - BARBITURATES						
3 - LAP BELT ONLY USED	3 - FREED BY NON-MECHANICAL MEANS		U - OTHER / UNKNOWN		3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)		3 - BENZODIAZEPINES						
4 - SHOULDER & LAP BELT USED					4 - ILLNESS		4 - CANNABINOIDS						
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	12 - PASSENGER IN UNENCLOSED CARGO AREA				5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		5 - COCAINE						
6 - CHILD RESTRAINT SYSTEM - REAR FACING	13 - TRAILING UNIT				6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		6 - OPIATES / OPIOIDS						
7 - BOOSTER SEAT	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				9 - OTHER / UNKNOWN		7 - OTHER						
8 - HELMET USED	15 - NON-MOTORIST								8 - NEGATIVE RESULTS				
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	99 - OTHER / UNKNOWN												
10 - REFLECTIVE CLOTHING													
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY													
99 - OTHER / UNKNOWN													