



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

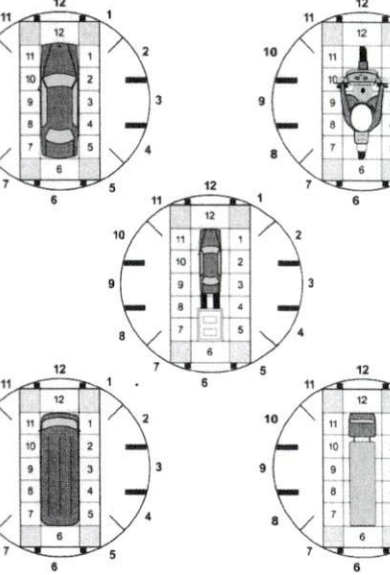
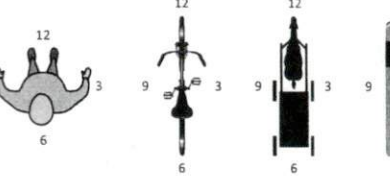
<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION		2 2 0 6 2 8 3 9					
REPORTING AGENCY NAME* Fairfield Police Department				NCIC* 0 0 9 0 1		HIT/SKIP 1 - SOLVED 2 - UNSOLVED		NUMBER OF UNITS 0 2		UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN	
COUNTY* 0 9		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield				CRASH DATE / TIME* 0 8 3 0 2 0 2 2 2 0 0 7		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY	
ROUTE TYPE LOCATION		ROUTE NUMBER		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME River		ROAD TYPE R D		LATITUDE DECIMAL DEGREES 3 9 . 3 6 0 1 0 9	
ROUTE TYPE REFERENCE		ROUTE NUMBER		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Joe Nuxhall		ROAD TYPE W A		LONGITUDE DECIMAL DEGREES - 8 4 . 5 6 2 0 4 1	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 1		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 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		INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 4			
DISTANCE FROM REFERENCE 2 5		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS 2		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 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		ROADWAY <input type="checkbox"/> ROADWAY DIVIDED			
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 6				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	
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		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 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 1 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 2		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 1									
NARRATIVE On 08/30/22 at 8:07 P.M. Unit 1 was traveling east on Joe Nuxhall Way. and entered the intersection to turn north on River Rd. Unit 2 was traveling south on River Rd. and entered the intersection to turn east on St. Clair Ave. Both units collided in the intersection.  The at-fault party was unable to be determined.  See OH-2											
CRASH REPORTED DATE / TIME 0 8 3 0 2 0 2 2 2 0 0 7		DISPATCH DATE / TIME 0 8 3 0 2 0 2 2 2 0 0 9		ARRIVAL DATE / TIME 0 8 3 0 2 0 2 2 2 0 1 0		SCENE CLEARED DATE / TIME 0 8 3 0 2 0 2 2 2 1 0 5		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 I&PS)			
TOTAL TIME ROADWAY CLOSED 5 0		OTHER INVESTIGATION TIME 3 0		TOTAL MINUTES 8 6		OFFICER'S NAME* D. Miller		CHECKED BY OFFICER'S NAME* D. Pott			
				OFFICER'S BADGE NUMBER* 1 6 7		CHECKED BY OFFICER'S BADGE NUMBER* 1 3 0					



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

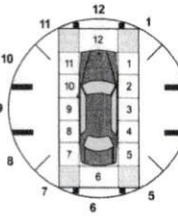
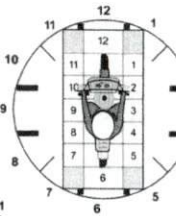
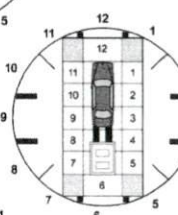
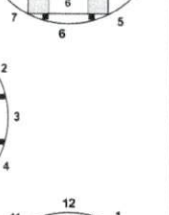
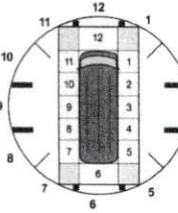
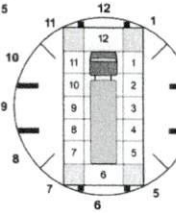
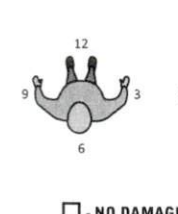
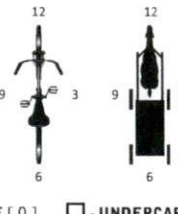
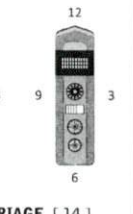
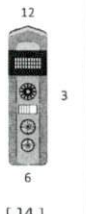


<b>OWNER</b>	<b>UNIT #</b>	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER		<b>OWNER PHONE:</b> INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER		
	<div><div>0</div><div>1</div></div>					
<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER						
<b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP				<b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE		
<b>VEHICLE</b>	<b>LP STATE</b>	<b>LICENSE PLATE #</b>	<b>VEHICLE IDENTIFICATION #</b>		<b>VEHICLE YEAR</b>	
	<div><div>0</div><div>H</div></div>	FRW5562	2FMDK4A1C0ABA08882		<div><div>2</div><div>0</div><div>1</div><div>0</div></div>	
	<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b>	<b>INSURANCE POLICY #</b>		<b>COLOR</b>	
		Grange	4607509		Red	
	<b>TYPE OF USE</b>		<b>US DOT #</b>		<b>TOWED BY:</b> COMPANY NAME	
	<input type="checkbox"/> <b>COMMERCIAL</b>	<input type="checkbox"/> <b>GOVERNMENT</b>	<input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>		Fox	
	<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>	<input type="checkbox"/> <b>HIT/SKIP UNIT</b>	<b>#OCCUPANTS</b>	<b>VEHICLE WEIGHT GVWR/GCWR</b>	<b>HAZARDOUS MATERIAL</b>	
			<div><div>0</div><div>3</div></div>	1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	<input type="checkbox"/> <b>MATERIAL RELEASED</b> <input type="checkbox"/> <b>PLACARD</b>	
	<b>UNIT TYPE</b>		<b>CLASS # PLACARD ID #</b>			
	<div><div>0</div><div>3</div></div>					
<div> <div>1 - PASSENGER CAR</div> <div>2 - PASSENGER VAN (MINIVAN)</div> <div>3 - SPORT UTILITY VEHICLE</div> <div>4 - PICK UP</div> <div>5 - CARGO VAN</div> <div>6 - VAN (9-15 SEATS)</div> <div>7 - MOTORCYCLE 2-WHEELED</div> <div>8 - MOTORCYCLE 3-WHEELED</div> <div>9 - AUTOCYCLE</div> <div>10 - MOPED OR MOTORIZED BICYCLE</div> <div>11 - ALL TERRAIN VEHICLE (ATV / UTV)</div> <div>12 - GOLF CART</div> <div>13 - SNOWMOBILE</div> <div>14 - SINGLE UNIT TRUCK</div> <div>15 - SEMI-TRACTOR</div> <div>16 - FARM EQUIPMENT</div> <div>17 - MOTORHOME</div> <div>18 - LIMO (LIVERY VEHICLE)</div> <div>19 - BUS (16+ PASSENGERS)</div> <div>20 - OTHER VEHICLE</div> <div>21 - HEAVY EQUIPMENT</div> <div>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE</div> <div>23 - PEDESTRIAN / SKATER</div> <div>24 - WHEELCHAIR (ANY TYPE)</div> <div>25 - OTHER NON-MOTORIST</div> <div>26 - BICYCLE</div> <div>27 - TRAIN</div> <div>99 - UNKNOWN OR HIT/SKIP</div> </div>						
<b># OF TRAILING UNITS</b>						
<div><div>0</div></div>						
<div> <div> <b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b>  <div><div>2</div></div> 1 - YES 2 - NO 9 - OTHER / UNKNOWN </div> <div> <b>AUTONOMOUS MODE LEVEL</b>  <div><div>0</div></div> 0 - NO AUTOMATION  1 - DRIVER ASSISTANCE  2 - PARTIAL AUTOMATION </div> <div> 3 - CONDITIONAL AUTOMATION  4 - HIGH AUTOMATION  5 - FULL AUTOMATION </div> <div> 9 - UNKNOWN </div> </div>						
<b>SPECIAL FUNCTION</b>	<div> <div><div>0</div><div>1</div></div> <div> 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER </div> <div> 6 - BUS - CHARTER/TOUR 7 - BUS - INTER-CITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE </div> <div> 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT </div> <div> 16 - FARM 17 - MOWING 18 - SNOW/REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL </div> <div> 21 - MAIL CARRIER 99 - OTHER / UNKNOWN </div> </div>					
	<div> <div><div>0</div><div>1</div></div> <div> 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS </div> <div> 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING </div> <div> 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL </div> <div> 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP </div> <div> 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN </div> </div>					
	<div> <div><div>0</div><div>1</div></div> <div> 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS </div> <div> 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT </div> <div> 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE </div> <div> 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN </div> </div>					
	<div> <div><div>0</div><div>1</div></div> <div> 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK </div> <div> 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION </div> <div> 6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK </div> <div> 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS </div> <div> 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN </div> </div>					
<b>ACTION</b>	<div> <div><div>4</div></div> <div> 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING &amp; STRUCK 9 - OTHER / UNKNOWN </div> <div> <div><div>0</div><div>6</div></div> 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN </div> <div> 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS </div> <div> 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE </div> <div> 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN </div> </div>					
	<div> <div><div>2</div><div>2</div></div> <div> 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN </div> <div> 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACD 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING </div> <div> 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY </div> <div> 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/ SPILLING 20 - IMPROPER CROSSING </div> <div> 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER / IMPROPER ACTION </div> </div>					
	<b>SEQUENCE OF EVENTS</b>					
	<div> <div><div>1</div><div>2</div><div>0</div></div> <div> 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT </div> <div> 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN </div> <div> 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE </div> <div> 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE </div> <div> 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT </div> </div>					
<b>CONTRIBUTING CIRCUMSTANCES</b>						
<div> <div><div>2</div><div>2</div></div> <div> 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN </div> <div> 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACD 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING </div> <div> 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY </div> <div> 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/ SPILLING 20 - IMPROPER CROSSING </div> <div> 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER / IMPROPER ACTION </div> </div>						
<b>EVENTS</b>	<b>SEQUENCE OF EVENTS</b>					
	<b>NON-COLLISION</b>					
	<div> <div><div></div></div></div>					

<b>LOCAL REPORT NUMBER</b>	
<div style="display: flex; justify-content: space-around; font-family: monospace; font-size: 1.2em;"> <span>2</span><span>2</span><span>0</span><span>6</span><span>2</span><span>8</span><span>3</span><span>9</span> </div>	
<b>DAMAGE</b>	
<b>DAMAGE SCALE</b> <div style="display: flex; justify-content: space-between;"> <div>             1 - NONE              2 - MINOR DAMAGE              9 - UNKNOWN           </div> <div>             3 - FUNCTIONAL DAMAGE              4 - DISABLING DAMAGE           </div> </div>	
<input type="text" value="4"/>	
<b>DAMAGED AREA(S)</b>	
INDICATE ALL THAT APPLY	
	
	
<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> NO DAMAGE [ 0 ]         <input type="checkbox"/> UNDERCARRIAGE [ 14 ]       </div> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> TOP [ 13 ]         <input type="checkbox"/> ALL AREAS [ 15 ]       </div> <div style="text-align: center; margin-top: 5px;"> <input type="checkbox"/> UNIT NOT AT SCENE [ 16 ]       </div>	
<b>INITIAL POINT OF CONTACT</b>	
<div style="display: flex; justify-content: space-between;"> <div>             0 - NO DAMAGE              1-12 - REFER TO UNIT DIAGRAM              13 - TOP           </div> <div>             14 - UNDERCARRIAGE              15 - VEHICLE NOT AT SCENE              99 - UNKNOWN           </div> </div>	
<b>TRAFFIC</b>	
<b>TRAFFICWAY FLOW</b> 1 - ONE-WAY 2 - TWO-WAY  <input type="text" value="2"/>	<b>TRAFFIC CONTROL</b> 1 - ROUNDABOUT    4 - STOP SIGN 2 - SIGNAL            5 - YIELD SIGN 3 - FLASHER         6 - NO CONTROL
<b># OF THROUGH LANES ON ROAD</b>  <input type="text" value="2"/>	<b>RAIL GRADE CROSSING</b> 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
<b>UNIT / NON-MOTORIST DIRECTION</b>	
<div style="display: flex; justify-content: space-between;"> <div>FROM <input type="text" value="4"/></div> <div>TO <input type="text" value="1"/></div> </div> <div style="margin-top: 10px;">             1 - NORTH      5 - NORTHEAST              2 - SOUTH     6 - NORTHWEST              3 - EAST       7 - SOUTHEAST              4 - WEST      8 - SOUTHWEST              9 - OTHER/UNKNOWN           </div>	
<b>UNIT SPEED</b>  <input type="text" value="2"/> <input type="text" value="5"/>	<b>DETECTED SPEED</b> 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
<b>POSTED SPEED</b>  <input type="text" value="2"/> <input type="text" value="5"/>	



<b>OWNER</b>	<b>UNIT #</b>	<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)		
	02						
<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER)							
<b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP					<b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE		
<b>LP STATE</b>		<b>LICENSE PLATE #</b>	<b>VEHICLE IDENTIFICATION #</b>			<b>VEHICLE YEAR</b>	<b>VEHICLE MAKE</b>
OH		DOV8504	1D7H7W42K35S156168			2004	Dodge
<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b>		<b>INSURANCE POLICY #</b>		<b>COLOR</b>	<b>VEHICLE MODEL</b>	
	Progressive		58106060		Blue	Dakota	
<input type="checkbox"/> <b>COMMERCIAL</b> <input type="checkbox"/> <b>GOVERNMENT</b> <input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>			<b>US DOT #</b>		<b>TOWED BY:</b> COMPANY NAME		
<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b> <input type="checkbox"/> <b>HIT/SKIP UNIT</b>			<b>#OCCUPANTS</b>		<b>HAZARDOUS MATERIAL</b>		
			01		<input type="checkbox"/> <b>MATERIAL RELEASED</b> <input type="checkbox"/> <b>PLACARD</b>		
			<b>VEHICLE WEIGHT GVWR/GCWR</b>		<b>CLASS #</b> <b>PLACARD ID #</b>		
			1 - <10K LBS.				
			2 - 10,001 - 26K LBS.				
			3 - >26K LBS.				
04		<b>UNIT TYPE</b>					
		1 - PASSENGER CAR		7 - MOTORCYCLE 2-WHEELED		12 - GOLF CART	
		2 - PASSENGER VAN (MINIVAN)		8 - MOTORCYCLE 3-WHEELED		13 - SNOWMOBILE	
		3 - SPORT UTILITY VEHICLE		9 - AUTOCYCLE		14 - SINGLE UNIT TRUCK	
		4 - PICK UP		10 - MOPED OR MOTORIZED BICYCLE		15 - SEMI-TRACTOR	
		5 - CARGO VAN		11 - ALL TERRAIN VEHICLE (ATV / UTV)		16 - FARM EQUIPMENT	
		6 - VAN (9-15 SEATS)				17 - MOTORHOME	
0		<b># OF TRAILING UNITS</b>					
<b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b>				<b>0</b> <b>AUTONOMOUS MODE LEVEL</b>			
2				1 - YES 2 - NO 9 - OTHER / UNKNOWN			
				0 - NO AUTOMATION		3 - CONDITIONAL AUTOMATION	
				1 - DRIVER ASSISTANCE		4 - HIGH AUTOMATION	
				2 - PARTIAL AUTOMATION		5 - FULL AUTOMATION	
01		<b>SPECIAL FUNCTION</b>					
		1 - NONE		6 - BUS - CHARTER / TOUR		11 - FIRE	
		2 - TAXI		7 - BUS - INTERCITY		12 - MILITARY	
		3 - ELECTRONIC RIDE SHARING		8 - BUS - SHUTTLE		13 - POLICE	
		4 - SCHOOL TRANSPORT		9 - BUS - OTHER		14 - PUBLIC UTILITY	
		5 - BUS - TRANSIT / COMMUTER		10 - AMBULANCE		15 - CONSTRUCTION EQUIPMENT	
						16 - FARM	
						17 - MOWING	
						18 - SNOW / REMOVAL	
						19 - TOWING	
						20 - SAFETY SERVICE PATROL	
01		<b>CARGO BODY TYPE</b>					
		1 - NO CARGO BODY TYPE / NOT APPLICABLE		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE		5 - INTERMODAL CONTAINER CHASSIS	
		2 - BUS		4 - LOGGING		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	
VEHICLE DEFECTS							
		1 - TURN SIGNALS		4 - BRAKES		7 - WORN OR SLICK TIRES	
		2 - HEAD LAMPS		5 - STEERING		8 - TRAILER EQUIPMENT DEFECTIVE	
		3 - TAIL LAMPS		6 - TIRE BLOWOUT		9 - MOTOR TROUBLE	
						10 - DISABLED FROM PRIOR ACCIDENT	
						99 - OTHER / UNKNOWN	
NON-MOTORIST LOCATION AT IMPACT							
		1 - INTERSECTION - MARKED CROSSWALK		3 - INTERSECTION - OTHER		6 - BICYCLE LANE	
		2 - INTERSECTION - UNMARKED CROSSWALK		4 - MIDBLOCK - MARKED CROSSWALK		7 - SHOULDER / ROADSIDE	
				5 - TRAVEL LANE - OTHER LOCATION		8 - SIDEWALK	
						9 - MEDIAN / CROSSING ISLAND	
						10 - DRIVEWAY ACCESS	
						11 - SHARED USE PATHS OR TRAILS	
3		<b>ACTION</b>					
		1 - NON-CONTACT		1 - STRAIGHT AHEAD		7 - MAKING U-TURN	
		2 - NON-COLLISION		2 - BACKING		8 - ENTERING TRAFFIC LANE	
		3 - STRIKING		3 - CHANGING LANES		9 - LEAVING TRAFFIC LANE	
		4 - STRUCK		4 - OVERTAKING / PASSING		10 - PARKED	
		5 - BOTH STR					

<b>LOCAL REPORT NUMBER</b> <div style="display: flex; justify-content: space-around; font-family: monospace; font-size: 1.2em;"> <span>2</span><span>2</span><span>0</span><span>6</span><span>2</span><span>8</span><span>3</span><span>9</span> </div>			
<b>DAMAGE</b> <b>DAMAGE SCALE</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 - NONE  2 - MINOR DAMAGE  9 - UNKNOWN </div> <div style="width: 45%;"> 3 - FUNCTIONAL DAMAGE  4 - DISABLING DAMAGE </div> </div>			
<b>DAMAGED AREA(S)</b> INDICATE ALL THAT APPLY			
<div style="display: grid; grid-template-columns: 1fr 1fr; gap: 20px;">           </div>			
<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> NO DAMAGE [ 0 ] <input type="checkbox"/> UNDERCARRIAGE [ 14 ] </div> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> TOP [ 13 ] <input type="checkbox"/> ALL AREAS [ 15 ] </div> <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> UNIT NOT AT SCENE [ 16 ] </div>			
<b>INITIAL POINT OF CONTACT</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 0 - NO DAMAGE  1-12 - REFER TO UNIT DIAGRAM  13 - TOP </div> <div style="width: 45%;"> 14 - UNDERCARRIAGE  15 - VEHICLE NOT AT SCENE  99 - UNKNOWN </div> </div>			
<b>TRAFFIC</b>			
<b>TRAFFICWAY FLOW</b> 1 - ONE-WAY 2 - TWO-WAY <div style="border: 1px solid black; display: inline-block; padding: 2px 10px; margin-top: 5px;">2</div>	<b>TRAFFIC CONTROL</b> 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL <div style="border: 1px solid black; display: inline-block; padding: 2px 10px; margin-top: 5px;">2</div>		
<b># OF THROUGH LANES ON ROAD</b> <div style="border: 1px solid black; display: inline-block; padding: 2px 10px; margin-top: 5px;">2</div>	<b>RAIL GRADE CROSSING</b> 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING <div style="border: 1px solid black; display: inline-block; padding: 2px 10px; margin-top: 5px;">1</div>		
<b>UNIT / NON-MOTORIST DIRECTION</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> FROM <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">1</div> TO <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">3</div> </div> <div style="width: 45%;"> 1 - NORTH  2 - SOUTH  3 - EAST  4 - WEST  5 - NORTHEAST  6 - NORTHWEST  7 - SOUTHEAST  8 - SOUTHWEST  9 - OTHER / UNKNOWN </div> </div>			
<b>UNIT SPEED</b> <div style="border: 1px solid black; display: inline-block; padding: 2px 10px; margin-top: 5px;">20</div>	<b>DETECTED SPEED</b> 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED <div style="border: 1px solid black; display: inline-block; padding: 2px 10px; margin-top: 5px;">1</div>		
<b>POSTED SPEED</b> <div style="border: 1px solid black; display: inline-block; padding: 2px 10px; margin-top: 5px;">35</div>			





# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 2 0 6 2 8 3 9

MOTORIST / NON-MOTORIST	UNIT # 0 1	NAME: LAST, FIRST, MIDDLE Broz, Nicole				DATE OF BIRTH 0 4 1 9 1 9 9 1				AGE 3 1	GENDER F																																																																																																																																				
	ADDRESS: STREET, CITY, STATE, ZIP 7887 Hamilton Scipio Rd., Okeana, OH 45053					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	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER																																																																																																																																							
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 TYPE VALUE 1 1 .		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1																																																																																																																																					
MOTORIST / NON-MOTORIST	UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Frasure, Kenny				DATE OF BIRTH 0 9 0 2 1 9 6 0				AGE 6 1	GENDER M																																																																																																																																				
	ADDRESS: STREET, CITY, STATE, ZIP 5458 Yosmite Dr., Fairfield, OH 45014					CONTACT PHONE - INCLUDE AREA CODE																																																																																																																																									
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1																																																																																																																																					
	OL STATE O H	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER																																																																																																																																							
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 TYPE VALUE 1 1 .		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1																																																																																																																																					
MOTORIST / NON-MOTORIST	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																																																																																																																																					
<table border="1"><thead><tr><th>INJURIES</th><th>SEATING POSITION</th><th>AIR BAG</th><th>OL CLASS</th><th>OL RESTRICTION(S)</th><th>DRIVER DISTRACTION</th><th>TEST STATUS</th></tr></thead><tbody><tr><td>1 - FATAL</td><td>1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)</td><td>1 - NOT DEPLOYED</td><td>1 - CLASS A</td><td>1 - ALCOHOL INTERLOCK DEVICE</td><td>1 - NOT DISTRACTED</td><td>1 - NONE GIVEN</td></tr><tr><td>2 - SUSPECTED SERIOUS INJURY</td><td>2 - FRONT - MIDDLE</td><td>2 - DEPLOYED FRONT</td><td>2 - CLASS B</td><td>2 - CDL INTRASTATE ONLY</td><td>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)</td><td>2 - TEST REFUSED</td></tr><tr><td>3 - SUSPECTED MINOR INJURY</td><td>3 - FRONT - RIGHT SIDE</td><td>3 - DEPLOYED SIDE</td><td>3 - CLASS C</td><td>3 - CORRECTIVE LENSES</td><td>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE</td><td>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE</td></tr><tr><td>4 - POSSIBLE INJURY</td><td>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)</td><td>4 - DEPLOYED BOTH FRONT / SIDE</td><td>4 - REGULAR CLASS (OHIO = D)</td><td>4 - FARM WAIVER</td><td>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE</td><td>4 - TEST GIVEN, RESULTS KNOWN</td></tr><tr><td>5 - NO APPARENT INJURY</td><td>5 - SECOND - MIDDLE</td><td>5 - NOT APPLICABLE</td><td>5 - MC MOPED ONLY</td><td>5 - EXCEPT CLASS A BUS</td><td>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE</td><td>5 - TEST GIVEN, RESULTS UNKNOWN</td></tr><tr><td></td><td>6 - SECOND - RIGHT SIDE</td><td>9 - DEPLOYMENT UNKNOWN</td><td>6 - NO VALID OL</td><td>6 - EXCEPT CLASS A &amp; CLASS B BUS</td><td>6 - PASSENGER</td><td></td></tr><tr><td></td><td>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</td><td></td><td></td><td>7 - EXCEPT TRACTOR-TRAILER</td><td>7 - OTHER DISTRACTION INSIDE THE VEHICLE</td><td></td></tr><tr><td></td><td>8 - THIRD - MIDDLE</td><td></td><td></td><td>8 - INTERMEDIATE LICENSE RESTRICTIONS</td><td>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE</td><td></td></tr><tr><td></td><td>9 - THIRD - RIGHT SIDE</td><td></td><td></td><td>9 - LEARNER'S PERMIT RESTRICTIONS</td><td>9 - OTHER / UNKNOWN</td><td></td></tr><tr><td></td><td>10 - SLEEPER SECTION OF TRUCK CAB</td><td></td><td></td><td>10 - LIMITED TO DAYLIGHT ONLY</td><td></td><td></td></tr><tr><td></td><td>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)</td><td></td><td></td><td>11 - LIMITED TO EMPLOYMENT</td><td></td><td></td></tr><tr><td></td><td>12 - PASSENGER IN UNENCLOSED CARGO AREA</td><td></td><td></td><td>12 - LIMITED - OTHER</td><td></td><td></td></tr><tr><td></td><td>13 - TRAILING UNIT</td><td></td><td></td><td>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)</td><td></td><td></td></tr><tr><td></td><td>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)</td><td></td><td></td><td>14 - MILITARY VEHICLES ONLY</td><td></td><td></td></tr><tr><td></td><td>15 - NON-MOTORIST</td><td></td><td></td><td>15 - MOTOR VEHICLES WITHOUT AIR BRAKES</td><td></td><td></td></tr><tr><td></td><td>99 - OTHER / UNKNOWN</td><td></td><td></td><td>16 - OUTSIDE MIRROR</td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td>17 - PROSTHETIC AID</td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td>18 - OTHER</td><td></td><td></td></tr></tbody></table>											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 - MC MOPED ONLY	5 - EXCEPT CLASS A BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN		6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	6 - PASSENGER			7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE			8 - THIRD - MIDDLE			8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE			9 - THIRD - RIGHT SIDE			9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN			10 - SLEEPER SECTION OF TRUCK CAB			10 - LIMITED TO DAYLIGHT ONLY				11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)			11 - LIMITED TO EMPLOYMENT				12 - PASSENGER IN UNENCLOSED CARGO AREA			12 - LIMITED - OTHER				13 - TRAILING UNIT			13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)				14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			14 - MILITARY VEHICLES ONLY				15 - NON-MOTORIST			15 - MOTOR VEHICLES WITHOUT AIR BRAKES				99 - OTHER / UNKNOWN			16 - OUTSIDE MIRROR							17 - PROSTHETIC AID							18 - OTHER		
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 - MC MOPED ONLY	5 - EXCEPT CLASS A BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN																																																																																																																																									
	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	6 - PASSENGER																																																																																																																																										
	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE																																																																																																																																										
	8 - THIRD - MIDDLE			8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE																																																																																																																																										
	9 - THIRD - RIGHT SIDE			9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN																																																																																																																																										
	10 - SLEEPER SECTION OF TRUCK CAB			10 - LIMITED TO DAYLIGHT ONLY																																																																																																																																											
	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)			11 - LIMITED TO EMPLOYMENT																																																																																																																																											
	12 - PASSENGER IN UNENCLOSED CARGO AREA			12 - LIMITED - OTHER																																																																																																																																											
	13 - TRAILING UNIT			13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)																																																																																																																																											
	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			14 - MILITARY VEHICLES ONLY																																																																																																																																											
	15 - NON-MOTORIST			15 - MOTOR VEHICLES WITHOUT AIR BRAKES																																																																																																																																											
	99 - OTHER / UNKNOWN			16 - OUTSIDE MIRROR																																																																																																																																											
				17 - PROSTHETIC AID																																																																																																																																											
				18 - OTHER																																																																																																																																											
<table border="1"><thead><tr><th>INJURED TAKEN BY</th><th>EJECTION</th><th>OL ENDORSEMENT</th><th>TRAPPED</th><th>GENDER</th><th>CONDITION</th><th>DRUG TEST TYPE</th></tr></thead><tbody><tr><td>1 - NOT TRANSPORTED / TREATED AT SCENE</td><td>1 - NOT EJECTED</td><td>H - HAZMAT</td><td>1 - NOT TRAPPED</td><td>F - FEMALE</td><td>1 - APPARENTLY NORMAL</td><td>1 - NONE</td></tr><tr><td>2 - EMS</td><td>2 - PARTIALLY EJECTED</td><td>M - MOTORCYCLE</td><td>2 - EXTRICATED BY MECHANICAL MEANS</td><td>M - MALE</td><td>2 - PHYSICAL IMPAIRMENT</td><td>2 - BLOOD</td></tr><tr><td>3 - POLICE</td><td>3 - TOTALLY EJECTED</td><td>P - PASSENGER</td><td>3 - FREED BY NON-MECHANICAL MEANS</td><td>U - OTHER / UNKNOWN</td><td>3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)</td><td>3 - URINE</td></tr><tr><td>9 - OTHER / UNKNOWN</td><td>4 - NOT APPLICABLE</td><td>N - TANKER</td><td></td><td></td><td>4 - ILLNESS</td><td>4 - BREATH</td></tr><tr><td></td><td></td><td>Q - MOTOR SCOOTER</td><td></td><td></td><td>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.</td><td>5 - OTHER</td></tr><tr><td></td><td></td><td>R - THREE-WHEEL MOTORCYCLE</td><td></td><td></td><td>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL</td><td></td></tr><tr><td></td><td></td><td>S - SCHOOL BUS</td><td></td><td></td><td>9 - OTHER / UNKNOWN</td><td></td></tr><tr><td></td><td></td><td>T - DOUBLE &amp; TRIPLE TRAILERS</td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td>X - TANKER / HAZMAT</td><td></td><td></td><td></td><td></td></tr></tbody></table>											INJURED TAKEN BY	EJECTION	OL ENDORSEMENT	TRAPPED	GENDER	CONDITION	DRUG TEST TYPE	1 - NOT TRANSPORTED / TREATED AT SCENE	1 - NOT EJECTED	H - HAZMAT	1 - NOT TRAPPED	F - FEMALE	1 - APPARENTLY NORMAL	1 - NONE	2 - EMS	2 - PARTIALLY EJECTED	M - MOTORCYCLE	2 - EXTRICATED BY MECHANICAL MEANS	M - MALE	2 - PHYSICAL IMPAIRMENT	2 - BLOOD	3 - POLICE	3 - TOTALLY EJECTED	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	N - TANKER			4 - ILLNESS	4 - BREATH			Q - MOTOR SCOOTER			5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	5 - OTHER			R - THREE-WHEEL MOTORCYCLE			6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL				S - SCHOOL BUS			9 - OTHER / UNKNOWN				T - DOUBLE & TRIPLE TRAILERS							X - TANKER / HAZMAT																																																																			
INJURED TAKEN BY	EJECTION	OL ENDORSEMENT	TRAPPED	GENDER	CONDITION	DRUG TEST TYPE																																																																																																																																									
1 - NOT TRANSPORTED / TREATED AT SCENE	1 - NOT EJECTED	H - HAZMAT	1 - NOT TRAPPED	F - FEMALE	1 - APPARENTLY NORMAL	1 - NONE																																																																																																																																									
2 - EMS	2 - PARTIALLY EJECTED	M - MOTORCYCLE	2 - EXTRICATED BY MECHANICAL MEANS	M - MALE	2 - PHYSICAL IMPAIRMENT	2 - BLOOD																																																																																																																																									
3 - POLICE	3 - TOTALLY EJECTED	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	N - TANKER			4 - ILLNESS	4 - BREATH																																																																																																																																									
		Q - MOTOR SCOOTER			5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	5 - OTHER																																																																																																																																									
		R - THREE-WHEEL MOTORCYCLE			6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL																																																																																																																																										
		S - SCHOOL BUS			9 - OTHER / UNKNOWN																																																																																																																																										
		T - DOUBLE & TRIPLE TRAILERS																																																																																																																																													
		X - TANKER / HAZMAT																																																																																																																																													
<table border="1"><thead><tr><th>SAFETY EQUIPMENT</th><th>DRUG TEST RESULT(S)</th></tr></thead><tbody><tr><td>1 - NONE USED</td><td>1 - AMPHETAMINES</td></tr><tr><td>2 - SHOULDER BELT ONLY USED</td><td>2 - BARBITURATES</td></tr><tr><td>3 - LAP BELT ONLY USED</td><td>3 - BENZODIAZEPINES</td></tr><tr><td>4 - SHOULDER &amp; LAP BELT USED</td><td>4 - CANNABINOIDS</td></tr><tr><td>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING</td><td>5 - COCAINE</td></tr><tr><td>6 - CHILD RESTRAINT SYSTEM - REAR FACING</td><td>6 - OPIATES / OPIOIDS</td></tr><tr><td>7 - BOOSTER SEAT</td><td>7 - OTHER</td></tr><tr><td>8 - HELMET USED</td><td>8 - NEGATIVE RESULTS</td></tr><tr><td>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)</td><td></td></tr><tr><td>10 - REFLECTIVE CLOTHING</td><td></td></tr><tr><td>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY</td><td></td></tr><tr><td>99 - OTHER / UNKNOWN</td><td></td></tr></tbody></table>											SAFETY EQUIPMENT	DRUG TEST RESULT(S)	1 - NONE USED	1 - AMPHETAMINES	2 - SHOULDER BELT ONLY USED	2 - BARBITURATES	3 - LAP BELT ONLY USED	3 - BENZODIAZEPINES	4 - SHOULDER & LAP BELT USED	4 - CANNABINOIDS	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	5 - COCAINE	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - OPIATES / OPIOIDS	7 - BOOSTER SEAT	7 - OTHER	8 - HELMET USED	8 - NEGATIVE RESULTS	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		10 - REFLECTIVE CLOTHING		11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		99 - OTHER / UNKNOWN																																																																																																												
SAFETY EQUIPMENT	DRUG TEST RESULT(S)																																																																																																																																														
1 - NONE USED	1 - AMPHETAMINES																																																																																																																																														
2 - SHOULDER BELT ONLY USED	2 - BARBITURATES																																																																																																																																														
3 - LAP BELT ONLY USED	3 - BENZODIAZEPINES																																																																																																																																														
4 - SHOULDER & LAP BELT USED	4 - CANNABINOIDS																																																																																																																																														
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	5 - COCAINE																																																																																																																																														
6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - OPIATES / OPIOIDS																																																																																																																																														
7 - BOOSTER SEAT	7 - OTHER																																																																																																																																														
8 - HELMET USED	8 - NEGATIVE RESULTS																																																																																																																																														
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)																																																																																																																																															
10 - REFLECTIVE CLOTHING																																																																																																																																															
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY																																																																																																																																															
99 - OTHER / UNKNOWN																																																																																																																																															





# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER									
2	2	0	6	2	8	3	9		

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH				AGE	GENDER		
	1	Broz, Jase				1 0 0 5 2 0 1 4				7	M		
	ADDRESS: STREET, CITY, STATE, ZIP												
7887 Hamilton Scipio Rd., Okeana, OH 45053										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	
5						0 7			0 4	1	1	1	

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH				AGE	GENDER		
	1	Broz, Jett				0 7 2 2 2 0 2 2				0	M		
	ADDRESS: STREET, CITY, STATE, ZIP												
7887 Hamilton Scipio Rd., Okeana, OH 45053										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	
4		1	Fairfield			0 6			0 6	0 1	1	1	

OCCUPANT	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	

OCCUPANT	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	

INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE
4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE
5 - NO APPARENT INJURY	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	5 - SECOND - MIDDLE	5 - NOT APPLICABLE
	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	
	8 - HELMET USED	8 - THIRD - MIDDLE	
	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE	
	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	
	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	
	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	
		13 - TRAILING UNIT	
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	
		15 - NON-MOTORIST	
		99 - OTHER / UNKNOWN	

INJURED TAKEN BY	
1 - NOT TRANSPORTED / TREATED AT SCENE	
2 - EMS	
3 - POLICE	
9 - OTHER / UNKNOWN	

GENDER	
F - FEMALE	
M - MALE	
U - OTHER / UNKNOWN	

EJECTION	
1 - NOT EJECTED	
2 - PARTIALLY EJECTED	
3 - TOTALLY EJECTED	
4 - NOT APPLICABLE	

TRAPPED	
1 - NOT TRAPPED	
2 - EXTRICATED BY MECHANICAL MEANS	
3 - FREED BY NON-MECHANICAL MEANS	

WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH				AGE	GENDER			
									0				
	ADDRESS: STREET, CITY, STATE, ZIP												
										CONTACT PHONE - INCLUDE AREA CODE			

WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH				AGE	GENDER			
									0				
	ADDRESS: STREET, CITY, STATE, ZIP												
										CONTACT PHONE - INCLUDE AREA CODE			

WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH				AGE	GENDER			
									0				
	ADDRESS: STREET, CITY, STATE, ZIP												
										CONTACT PHONE - INCLUDE AREA CODE			

## OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER PD-22-062839	REPORTING AGENCY FAIRFIELD. P.D.	DATE OF CRASH M 8 - 10 30 11 2022
IN COUNTY OF BUTLER	CRASH LOCATION River Rd. // Joe Nuxhall way	

