



## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN		<input checked="" type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION		LOCAL REPORT NUMBER*			
<input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*	2 2 0 6 3 0 6 3		
				Fairfield Police Department		0 0 9 0 1	HIT/SKIP	NUMBER OF UNITS	
							1 - SOLVED	0 3	
							2 - UNSOLVED		
COUNTY*		LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*		City of Fairfield		CRASH DATE / TIME*		
0 9		1 - CITY 2 - VILLAGE 3 - TOWNSHIP					0 8 3 1 2 0 2 2 1 7 0 8		
REFERENCE		ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES		
					Port Union	R D	3 9 3 3 4 4 4 0		
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		
					3350		- 8 4 5 1 0 5 2 2		
REFERENCE POINT		DIRECTION FROM REFERENCE		ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED			
3		1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		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					<input type="checkbox"/> WITHIN INTERCHANGE AREA		
		1 - MILES 2 - FEET 3 - YARDS					NUMBER OF APPROACHES		
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT	DIRECTION OF TRAVEL	MEDIAN TYPE			
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 - BETWEEN 3 - TWO MOTOR VEHICLES IN TRANSPORT 4 - REAR-END 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - HEAD-ON 10 - OTHER / UNKNOWN	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (>4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN			
<input type="checkbox"/> WORK ZONE RELATED		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 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 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL		6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN					
NARRATIVE									
<p>On 08/31/22 at Unit 2 was traveling southwest on Port Union Rd. near 3350 and was slowing/stopped for traffic. Unit 3 was traveling northeast on Port Union. Unit 1 was traveling behind Unit 2. Unit 1 failed to maintain assured clear distance ahead. Unit 1 swerved left of center to avoid hitting Unit 2. Unit 1 hit Unit 2 on the rear driver's side, and then hit head on with Unit 3.</p> <p>See OH-2</p>									
 <p>Indicate the north direction with an "N" on the compass diagram.</p>									
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY	
0 8 3 1 2 0 2 2 1 7 0 8		0 8 3 1 2 0 2 2 1 7 1 0		0 8 3 1 2 0 2 2 1 7 1 1		0 8 3 1 2 0 2 2 1 8 1 2		<input checked="" type="checkbox"/> POLICE AGENCY	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		<input type="checkbox"/> MOTORIST	
5 0		3 0		9 2		D. Miller			
OFFICER'S BADGE NUMBER*		1 6 7		CHECKED BY OFFICER'S NAME*		D. Miller		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)	

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

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

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

Mejia Cleaning Service, 3849 Woodridge Blvd. Fairfield, OH 45014

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
0 H	HLM2964	1 H G C P 2 F 7 1 B A 0 7 1 4 9 0	2 0 1 1	Honda

<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	Progressive	937369088	Black	Accord

TYPE OF USE  
COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

INTERLOCK EQUIPPED	DEVICE EQUIPPED	#OCCUPANTS	US DOT #	TOWED BY: COMPANY NAME
<input type="checkbox"/>	<input type="checkbox"/>	0 1		Wayne's
			VEHICLE WEIGHT GVWR/GCWR	HAZARDOUS MATERIAL
			1 - ≤10K LBS.	<input type="checkbox"/> MATERIAL RELEASED
			2 - 10,001 - 26K LBS.	CLASS #
			3 - >26K LBS.	PLACARD ID #
				<input type="checkbox"/> PLACARD

1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER
2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED	13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)
3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14 - SINGLE UNIT TRUCK	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST
4 - PICK UP	10 - MOPED OR MOTORIZED	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE
5 - CARGO VAN	BICYCLE	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR	27 - TRAIN
6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	ANIMAL-DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP

0 # OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN
1 - YES	1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION	
2 - NO	2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION	

1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM	21 - MAIL CARRIER
2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	17 - MOWING	99 - OTHER / UNKNOWN
3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	18 - SNOW REMOVAL	
4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	19 - TOWING	
5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL	

1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER
2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	9 - CARGO TANK	13 - AUTO TRANSPORTER
		7 - GRAIN/CHIPS/GRAVEL	10 - FLAT BED	14 - GARBAGE/REFUSE
			11 - DUMP	99 - OTHER / UNKNOWN

1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE	99 - OTHER / UNKNOWN
2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	10 - DISABLED FROM PRIOR ACCIDENT	
3 - TAIL LAMPS	6 - TIRE BLOWOUT			

1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE
4 - MIDBLOCK - MARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	
2 - INTERSECTION - UNMARKED CROSSWALK	5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	99 - OTHER / UNKNOWN

1 - NON-CONTACT	1 - STRAIGHTAHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE
2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19 - STANDING
3 - STRIKING 0 1	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	10 - PARKED	20 - OTHER NON-MOTORIST
4 - STRUCK PRE-CRASH ACTIONS	4 - OVERTAKING/PASSING	11 - SLOWING OR STOPPED IN TRAFFIC	15 - WALKING, RUNNING, JOGGING, PLAYING	21 - STANDING OUTSIDE DISABLED VEHICLE
5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	12 - MAKING LEFT TURN	16 - WORKING	
9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	17 - DRIVERLESS	18 - PUSHING VEHICLE	99 - OTHER / UNKNOWN

1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY
2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / ACDA	14 - STOPPED OR PARKED ILLEGALLY	18 - OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE
3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	15 - SWERVING TO AVOID	19 - LOAD SHIFTING/FALLING/SPILLING	23 - OPENING DOOR INTO ROADWAY
4 - RAN STOP SIGN	10 - IMPROPER PASSING	16 - WRONG WAY	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION
5 - UNSAFE SPEED	11 - DROVE OFF ROAD			
6 - IMPROPER TURN	12 - IMPROPER BACKING			

SEQUENCE OF EVENTS

1 2 0	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT
	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	17 - ANIMAL - FARM	18 - ANIMAL - DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	12 - DOWNHILL RUNAWAY	19 - ANIMAL - OTHER	20 - MOTOR VEHICLE IN TRANSPORT
2 2 0	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	13 - OTHER NON-COLLISION	21 - PARKED MOTOR VEHICLE	24 - OTHER MOBILE OBJECT
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	14 - PEDESTRIAN		
			15 - PEDALCYCLE		

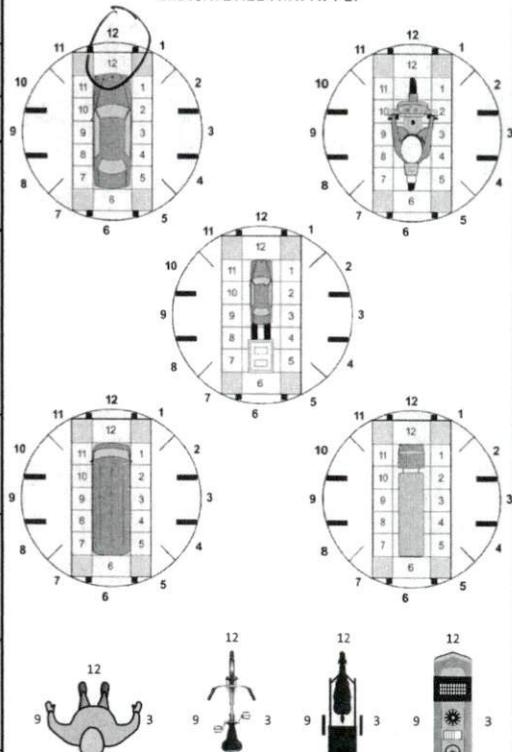
4	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT
	26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH	51 - WALL
5	27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES	45 - EMBANKMENT	52 - BUILDING
	28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL	40 - SUPPORT	46 - FENCE	53 - TUNNEL
6	29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX	54 - OTHER FIXED OBJECT
	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	48 - TREE	99 - OTHER / UNKNOWN

1 FIRST HARMFUL EVENT 2 MOST HARMFUL EVENT

LOCAL REPORT NUMBER	
2 2 0 6 3 0 6 3	

DAMAGE		
DAMAGE SCALE		
4	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
1 - 12 - REFER TO UNIT DIAGRAM	15 - VEHICLE NOT AT SCENE
99 - UNKNOWN	
13 - TOP	

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

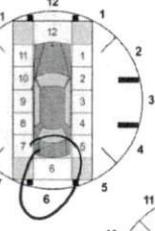
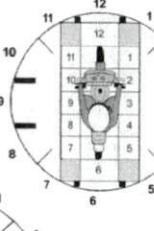
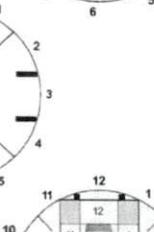
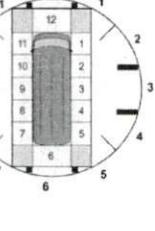
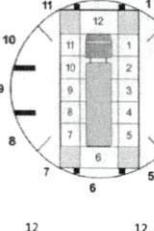
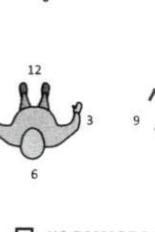
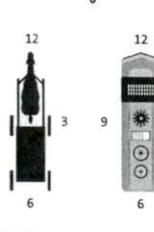
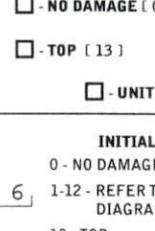
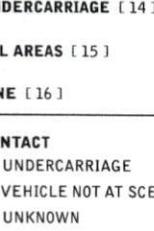
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	1 - NOT INVOLVED
	2 - INVOLVED-ACTIVE CROSSING
	3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION	
1 - NORTH	5 - NORTHEAST
2 - SOUTH	6 - NORTHWEST
3 - EAST	7 - SOUTHEAST
4 - WEST	8 - SOUTHWEST
9 - OTHER / UNKNOWN	

FROM 5 TO 8	UNIT SPEED	DETECTED SPEED
	3 0	1 - STATED / ESTIMATED SPEED
		2 - CALCULATED / EDR
		3 - UNDETERMINED

POSTED SPEED	
	3 5

OWNER	UNIT # <u>012</u>	OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER)				
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER)							
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE					
LP STATE <u>O H</u>	LICENSE PLATE # <u>HQV4550</u>	VEHICLE IDENTIFICATION # <u>J M 1 B J 2 4 5 0 3 1 2 0 5 4 6 7</u>	VEHICLE YEAR <u>2003</u> VEHICLE MAKE <u>Madza</u>				
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>Progressive</u>	INSURANCE POLICY # <u>926947075</u>	COLOR <u>Black</u> VEHICLE MODEL <u>Protege5</u>				
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 EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS <u>0 2</u>	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.				
UNIT TYPE <u>011</u>		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <u>1</u> PLACARD ID # <u>1</u> <input type="checkbox"/> PLACARD					
UNIT TYPE <u>010</u>		# OF TRAILING UNITS					
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>2</u> 1-YES 2-NO 9-OTHER/UNKNOWN		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN				
AUTONOMOUS MODE LEVEL <u>0</u>							
SPECIAL FUNCTION <u>011</u>		1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER		6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	21 - MAIL CARRIER 99 - OTHER/UNKNOWN
CARGO BODY TYPE <u>011</u>		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 - CARGOTANK 10 - FLAT BED 11 - DUMP	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN
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	99 - OTHER/UNKNOWN
NON-MOTORIST LOCATION AT IMPACT		1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		3 - INTERSECTION - OTHER CROSSWALK 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
ACTION <u>4</u>		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING <u>1 1</u> 3 - CHANGING LANES 4 - STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 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 12 - DRIVERLESS	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
CONTRIBUTING CIRCUMSTANCES <u>011</u>		1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN		7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE /ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION
SEQUENCE OF EVENTS							
<u>1 2 0</u>		1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION		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 - PEDESTRIAN	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT
<u>2</u>		4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		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 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
<u>3</u>		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 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
<u>4</u>		1 - FIRST HARMFUL EVENT		1 - MOST HARMFUL EVENT			

LOCAL REPORT NUMBER <u>2 2 0 6 3 0 6 3</u>	
DAMAGE	
DAMAGE SCALE 3 - NONE 2 - MINOR DAMAGE 1 - 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	
TRAFFIC WAY FLOW <u>2</u>	TRAFFIC CONTROL <u>6</u>
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - NO CONTROL
# OF THROUGH LANES ON ROAD <u>2</u>	RAIL GRADE CROSSING <u>1</u>
1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE 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	
FROM <u>5</u> TO <u>8</u>	
UNIT SPEED <u>1 0</u>	
DETECTED SPEED <u>1</u>	
1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	
POSTED SPEED <u>3 5</u>	

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER)
0 1 3		

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

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
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LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
O H	HYW8323	2CNA1LD1EW4A6331717310	20110	Chevy

<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	State Farm	2411052-SFF-05	Black	Equinox

TYPE OF USE	US DOT #	TOWED BY: COMPANY NAME		
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		FOX		

INTERLOCK DEVICE EQUIPPED	# OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR	HAZARDOUS MATERIAL	
<input type="checkbox"/>	0 1	1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	<input type="checkbox"/> MATERIAL RELEASED	CLASS #
			<input type="checkbox"/> PLACARD	PLACARD ID #

UNIT TYPE	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	2 - MOTORCYCLE 3-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 (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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10 # OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
1 - YES 2 - NO 9 - OTHER / UNKNOWN				

SPECIAL FUNCTION	0 - NO CARGO BODY TYPE / NOT APPLICABLE 1 - TAXI 2 - ELECTRONIC RIDE SHARING 3 - SCHOOL TRANSPORT 4 - BUS - TRANSIT/COMMUTER	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS - CHARTER/TOUR 3 - BUS - INTERCITY 4 - BUS - SHUTTLE 5 - BUS - OTHER	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - AMBULANCE	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - CONSTRUCTION EQUIPMENT	21 - MAIL CARRIER 99 - OTHER / UNKNOWN
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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	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN
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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	99 - OTHER / UNKNOWN
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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	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN
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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	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN
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CONTRIBUTING CIRCUMSTANCES	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION
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SEQUENCE OF EVENTS

1 2 0	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT
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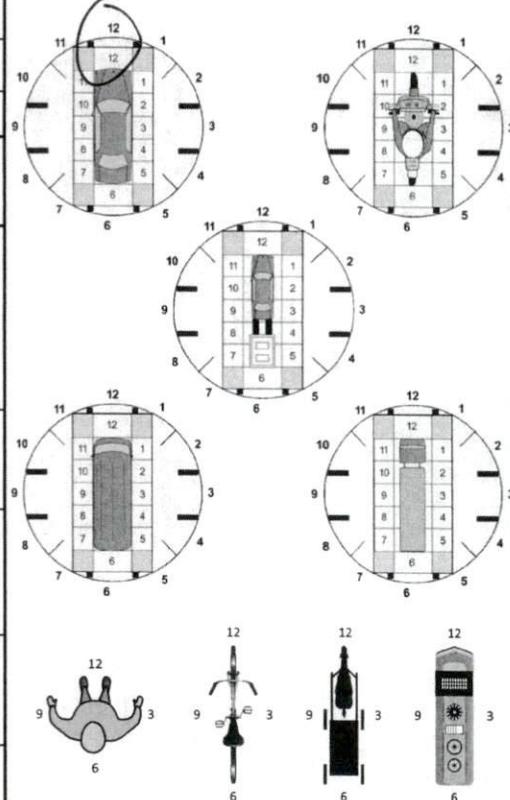
4 5 6	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES 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 3 0 6 3

DAMAGE SCALE  
4  
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  
1 2 1 - 12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE  
DIAGRAM 99 - UNKNOWN  
13 - TOP

TRAFFIC  
TRAFFIC WAY FLOW  
1 - ONE-WAY  [ 2 ] 4 - STOP SIGN  
2 - TWO-WAY  [ 6 ] 5 - YIELD SIGN  
3 - FLASHER 6 - NO CONTROL

# OF THROUGH LANES ON ROAD  
2  [ 1 ] 1 - NOT INVOLVED  
3 - INVOLVED-ACTIVE CROSSING  
4 - 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 8 TO 5

UNIT SPEED  
3 5  [ 1 ] 1 - STATED / ESTIMATED SPEED  
POSTED SPEED 3 - CALCULATED / EDR  
3 - UNDETERMINED  
3 5



## **MOTORIST / Non-MOTORIST**

MOTORIST / NON-MOTORIST							2 2 0 6 3 0 6 3			
UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH			
0 1	Mendez, Daniel						0 4 3 0 1 9 8 7	AGE 35		
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE			
3849 Woodridge Blvd. 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	TRAPPED	
5				0 4	<input type="checkbox"/>	0 1	1	1	1	
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER	
N M				333.03 a	<input checked="" type="checkbox"/>	ACDA			254881	
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST	DRUG TEST(S)			
4			1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	1	1 1	1	1	SELECT UP TO 4	
UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH		AGE	GENDER
0 2	Snow, Daniel						0 8 0 1 1 9 8 1	4 1	M	
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE			
3812 Mack Rd. Unit P, 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	TRAPPED	
3	1	Fairfield		0 4	<input type="checkbox"/>	0 1	1	1	1	
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER	
O H					<input type="checkbox"/>					
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST	DRUG TEST(S)			
4			1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	1	1 1	1	1	SELECT UP TO 4	
UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH		AGE	GENDER
0 3	Martin, Stanley						0 1 1 1 1 9 3 2	9 0	M	
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE			
8903 Eastwind Way, West Chester, OH 45069										
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	TRAPPED	
3	1	Fairfield			<input type="checkbox"/>	0 1	1	1	1	
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER	
O H					<input type="checkbox"/>					
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST	DRUG TEST(S)			
4			1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	1	1 1	1	1	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-COL 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	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	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	5-TEST GIVEN, RESULTS UNKNOWN				
	6-SECOND - RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-NO VALID OL	6-EXCEPT CLASS A & CLASS B BUS	6-TALKING ON HAND-HELD COMMUNICATION DEVICE	6-TALKING ON HAND-HELD COMMUNICATION DEVICE				
	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		7-EXCEPT TRACTOR-TRAILER	7-INTERMEDIATE LICENSE RESTRICTIONS	7-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	7-TEST REFUSED				
	8-THIRD - MIDDLE		8-LEARNER'S PERMIT RESTRICTIONS	8-PASSENGER	8-OTHER DISTRACTION INSIDE THE VEHICLE	8-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
	9-THIRD - RIGHT SIDE		9-OTHER RESTRICTIONS	9-OTHER / UNKNOWN	9-OTHER / UNKNOWN	9-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
	10-SLEEPER SECTION OF TRUCK CAB		10-LIMITED TO DAYLIGHT ONLY			10-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
INJURED TAKEN BY	EJECTION	OL ENDORSEMENT				ALCOHOL TEST TYPE				
1-NOT TRANSPORTED / TREATED AT SCENE	1-NOT EJECTED	H - HAZMAT				1-NONE				
2-EMS	2-PARTIALLY EJECTED	M - MOTORCYCLE				2-BLOOD				
3-POLICE	3-TOTALLY EJECTED	P - PASSENGER				3-URINE				
9-OTHER / UNKNOWN	4-NOT APPLICABLE	N - TANKER				4-BREATH				
		Q - MOTOR SCOOTER				5-OTHER				
		R - THREE-WHEEL MOTORCYCLE				5-TEST GIVEN, RESULTS UNKNOWN				
		S - SCHOOL BUS				6-TEST GIVEN, RESULTS KNOWN				
		T - DOUBLE & TRIPLE TRAILERS				6-TEST GIVEN, RESULTS KNOWN				
		X - TANKER / HAZMAT				7-TEST REFUSED				
SAFETY EQUIPMENT	TRAPPED					DRUG TEST TYPE				
1-NONE USED	1-NOT TRAPPED					1-NONE				
2-SHOULDER BELT ONLY USED	2-EXTRICATED BY MECHANICAL MEANS					2-BLOOD				
3-LAP BELT ONLY USED	3-FREED BY NON-MECHANICAL MEANS					3-URINE				
4-SHOULDER & LAP BELT USED						4-BREATH				
5-CHILD RESTRAINT SYSTEM- FORWARD FACING						5-OTHER				
6-CHILD RESTRAINT SYSTEM- REAR FACING						6-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
7-BOOSTER SEAT						7-TEST REFUSED				
8-Helmet USED						8-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						9-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
10-REFLECTIVE CLOTHING						10-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY						11-TEST REFUSED				
99-OTHER / UNKNOWN						12-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
CONDITION						13-TEST REFUSED				
						14-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						15-TEST REFUSED				
						16-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						17-TEST REFUSED				
						18-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
GENDER						19-TEST REFUSED				
	F - FEMALE					20-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
	M - MALE					21-TEST REFUSED				
	U - OTHER / UNKNOWN					22-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
DRUG TEST RESULT(S)						23-TEST REFUSED				
						24-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						25-TEST REFUSED				
						26-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						27-TEST REFUSED				
						28-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						29-TEST REFUSED				
						30-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						31-TEST REFUSED				
						32-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						33-TEST REFUSED				
						34-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						35-TEST REFUSED				
						36-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						37-TEST REFUSED				
						38-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						39-TEST REFUSED				
						40-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						41-TEST REFUSED				
						42-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						43-TEST REFUSED				
						44-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						45-TEST REFUSED				
						46-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						47-TEST REFUSED				
						48-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						49-TEST REFUSED				
						50-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						51-TEST REFUSED				
						52-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						53-TEST REFUSED				
						54-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						55-TEST REFUSED				
						56-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						57-TEST REFUSED				
						58-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						59-TEST REFUSED				
						60-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						61-TEST REFUSED				
						62-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						63-TEST REFUSED				
						64-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						65-TEST REFUSED				
						66-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						67-TEST REFUSED				
						68-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						69-TEST REFUSED				
						70-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						71-TEST REFUSED				
						72-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						73-TEST REFUSED				
						74-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						75-TEST REFUSED				
						76-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						77-TEST REFUSED				
						78-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						79-TEST REFUSED				
						80-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						81-TEST REFUSED				
						82-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						83-TEST REFUSED				
						84-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						85-TEST REFUSED				
						86-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						87-TEST REFUSED				
						88-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						89-TEST REFUSED				
						90-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						91-TEST REFUSED				
						92-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						93-TEST REFUSED				
						94-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						95-TEST REFUSED				
						96-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						97-TEST REFUSED				
						98-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						99-TEST REFUSED				
						100-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						101-TEST REFUSED				
						102-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						103-TEST REFUSED				
						104-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						105-TEST REFUSED				
						106-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						107-TEST REFUSED				
						108-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						109-TEST REFUSED				
						110-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						111-TEST REFUSED				
						112-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						113-TEST REFUSED				
						114-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						115-TEST REFUSED				
						116-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						117-TEST REFUSED				
						118-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						119-TEST REFUSED				
						120-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						121-TEST REFUSED				
						122-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						123-TEST REFUSED				
						124-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						125-TEST REFUSED				
						126-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						127-TEST REFUSED				
						128-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						129-TEST REFUSED				
						130-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						131-TEST REFUSED				
						132-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						133-TEST REFUSED				
						134-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						135-TEST REFUSED				
						136-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						137-TEST REFUSED				
						138-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						139-TEST REFUSED				
						140-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						141-TEST REFUSED				
						142-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						143-TEST REFUSED				
						144-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						145-TEST REFUSED				
						146-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						147-TEST REFUSED				
						148-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						149-TEST REFUSED				
						150-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						151-TEST REFUSED				
						152-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						153-TEST REFUSED				
						154-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						155-TEST REFUSED				
						156-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						157-TEST REFUSED				
						158-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						159-TEST REFUSED				
						160-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						161-TEST REFUSED				
						162-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						163-TEST REFUSED				
						164-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						165-TEST REFUSED				
						166-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						167-TEST REFUSED				
						168-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						169-TEST REFUSED				
						170-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						171-TEST REFUSED				
						172-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						173-TEST REFUSED				
						174-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						175-TEST REFUSED				
						176-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
						177-TEST REFUSED				



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

2 2 0 6 3 0 6 3

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 2 Snow, Nathaniel				DATE OF BIRTH	AGE	GENDER	
					0 3 0 2 2 0 1 4	8	M		
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP 3812 Mack Rd. Unit P, 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 3	AIR BAG USAGE 1	EJECTION 1
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER	
						0			
OCCUPANT	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
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER	
						0			
OCCUPANT	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
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER	
						0			
OCCUPANT	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
INJURIES			SAFETY EQUIPMENT USED	SEATING POSITION			AIR BAG USAGE		
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY			1 - NONE USED - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY 99 - OTHER / UNKNOWN	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN			1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN		
INJURED TAKEN BY			1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN	8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN			1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE		
GENDER			F - FEMALE M - MALE U - OTHER / UNKNOWN	16 - NOT APPLICABLE 17 - EXTRICATED BY MECHANICAL MEANS 18 - FREED BY NON-MECHANICAL MEANS			1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS		
WITNESS	NAME: LAST, FIRST, MIDDLE Ryan, Curtis					DATE OF BIRTH	AGE	GENDER	
						0 8 2 7 1 9 9 4	28	M	
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP 525 Belle Ave., Hamilton, OH 45015					CONTACT PHONE - INCLUDE AREA CODE			
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER	
						0			
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE			
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER	
						0			
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE			

LOCAL REPORT NUMBER	PD-22-063063	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	3350 Port Union Rd. Fairfield, OH 45014	8/31/22



NOT TO  
SCALE

↑  
Port  
union Rd.

OFFICER'S SIGNATURE	D. Miller	BADGE NO
		167