


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL INFORMATION						LOCAL REPORT NUMBER*							
<input checked="" type="checkbox"/> PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> PRIVATE PROPERTY						REPORTING AGENCY NAME* Fairfield Police Department NCIC* 00901							
COUNTY* 09		LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP 1		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield		CRASH DATE / TIME* 09132022 0001		CRASH SEVERITY 5 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY					
ROUTE TYPE		ROUTE NUMBER		PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST		LOCATION ROAD NAME Providence		ROAD TYPE D R					
ROUTE TYPE		ROUTE NUMBER		PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 27		ROAD TYPE					
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE # 3		DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-WEST		ROUTE TYPE IR-INTERSTATE ROUTE(TP) US-FEDERAL US ROUTE SR-STATE ROUTE CR-NUMBERED COUNTY ROUTE TR-NUMBERED TOWNSHIP ROUTE		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 type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES					
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1-MILES 2-Feet 3-YARDS		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 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		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		DIRECTION OF TRAVEL 1-NORTH 2-SOUTH 3-EAST 4-WEST					
WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE <input type="checkbox"/>		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		CONDITIONS 1		SURFACE 2			
LIGHT CONDITION 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN		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		DIRECTION OF TRAVEL 1-NORTH 2-SOUTH 3-EAST 4-WEST		MEDIAN TYPE 1-DIVIDED FLUSH MEDIAN (<4 FEET) 2-DIVIDED FLUSH MEDIAN (>4 FEET) 3-DIVIDED, DEPRESSED MEDIAN 4-DIVIDED, RAISED MEDIAN (ANY TYPE) 9-OTHER/UNKNOWN		CONTOUR 1		CONDITIONS 1		SURFACE 2	
NARRATIVE On 09-13-22, at about 12:01 a.m. Unit 1 was traveling east through the parking lot of 27 Providence Dr when Unit 1 struck a large decorative rock. Unit 1 then continued straight, striking Unit 2, causing Unit 2 to strike Unit 3. Unit 1 left the area without leaving identifying information or notifying law enforcement. On 09-14-22, the driver of Unit 1 was identified. He was also cited for Driving Under Suspension.						 Indicate the north direction with an "N" on the compass diagram.							
CRASH REPORTED DATE / TIME 09132022 0929		DISPATCH DATE / TIME 09132022 0953		ARRIVAL DATE / TIME 09132022 1001		SCENE CLEARED DATE / TIME 09132022 1111		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 OOPS)					
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME* D. Setterstrom		CHECKED BY OFFICER'S NAME* S. J. Sprague		OFFICER'S BADGE NUMBER* 121		CHECKED BY OFFICER'S BADGE NUMBER* 84	

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)		
	01	Compton, Deanna L.	5138838183		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)				
	4 Kentwood Dr Franklin, OH 45005				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
	OH	HWH4336	1FTEW1E1G10J1C15237	2018	Ford
	INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
		Trexis	1134016240053	Gray	F150
	TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	
	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE				
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input checked="" type="checkbox"/> HIT/SKIP UNIT		VEHICLE WEIGHT GVWR/GCWR	HAZARDOUS MATERIAL	
			1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID #	
	#OCCUPANTS				
	01				
EVENT(S)	UNIT TYPE				
	04				
	# OF TRAILING UNITS				
	0				
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?				
	2				
	SPECIAL FUNCTION				
	01				
	CARGO BODY TYPE				
	01				
VEHICLE DEFECTS					
01					
NON-MOTORIST LOCATION AT IMPACT					
3					
ACTION					
01					
CONTRIBUTING CIRCUMSTANCES					
13					
SEQUENCE OF EVENTS					
199					
221					
3					
4					
5					
6					
1					
FIRST HARMFUL EVENT					
2 MOST HARMFUL EVENT					

LOCAL REPORT NUMBER	
22066499	
DAMAGE	
DAMAGE SCALE	
1 - NONE 3 - FUNCTIONAL DAMAGE	
2 - MINOR DAMAGE 4 - DISABLING DAMAGE	
9 - UNKNOWN	
DAMAGED AREA(S)	
INDICATE ALL THAT APPLY	
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14]	
<input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15]	
<input checked="" type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT	
0 - NO DAMAGE 14 - UNDERCARRIAGE	
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE	
13 - TOP 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN
2 - TWO-WAY	2 - SIGNAL 5 - YIELD SIGN
	3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
	1 - NOT INVOLVED
	2 - INVOLVED-ACTIVE CROSSING
	3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
1 - NORTH 5 - NORTHEAST	
2 - SOUTH 6 - NORTHWEST	
3 - EAST 7 - SOUTHEAST	
4 - WEST 8 - SOUTHWEST	
9 - OTHER / UNKNOWN	
UNIT SPEED	DETECTED SPEED
15	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
POSTED SPEED	3 - UNDETERMINED

OWNER

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)
02	Hand, Chanize N.	
OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)		
27 Providence Dr Apt 135 Fairfield, OH 45014		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

VEHICLE

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #		VEHICLE YEAR	VEHICLE MAKE
OH	JLK1167	1D7RV1GTXAS114629		2010	Dodge
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #		COLOR	VEHICLE MODEL
	Liberty Mutual	AOV2819455204011		Black	Ram
TYPE OF USE		US DOT #		TOWED BY: COMPANY NAME	
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE					
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS		HAZARDOUS MATERIAL	
		0		<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
VEHICLE WEIGHT GVWR/GCWR		CLASS # PLACARD ID #			
1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.					
UNIT TYPE		1 - PASSENGER CAR		23 - PEDESTRIAN / SKATER	
04		2 - PASSENGER VAN (MINIVAN)		24 - WHEELCHAIR (ANY TYPE)	
		3 - SPORT UTILITY VEHICLE		25 - OTHER NON-MOTORIST	
		4 - PICK UP		26 - BICYCLE	
		5 - CARGO VAN		27 - TRAIN	
		6 - VAN (9-15 SEATS)		99 - UNKNOWN OR HIT/SKIP	
# OF TRAILING UNITS		2			
0					
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION		3 - CONDITIONAL AUTOMATION	
2		1 - DRIVER ASSISTANCE		4 - HIGH AUTOMATION	
1-YES 2-NO 9-OTHER/UNKNOWN		2 - PARTIAL AUTOMATION		5 - FULL AUTOMATION	
AUTONOMOUS MODE LEVEL		0			
0					
SPECIAL FUNCTION		1 - NONE		21 - MAIL CARRIER	
		2 - TAXI		99 - OTHER / UNKNOWN	
		3 - ELECTRONIC RIDE SHARING			
		4 - SCHOOL TRANSPORT			
		5 - BUS - TRANSIT/COMMUTER			
CARGO BODY TYPE		1 - NO CARGO BODY TYPE / NOT APPLICABLE		12 - CONCRETE MIXER	
01		2 - BUS		13 - AUTO TRANSPORTER	
		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE		14 - GARBAGE/REFUSE	
		4 - LOGGING		99 - OTHER / UNKNOWN	
VEHICLE DEFECTS		1 - TURN SIGNALS		9 - MOTOR TROUBLE	
		2 - HEAD LAMPS		99 - OTHER / UNKNOWN	
		3 - TAIL LAMPS			

NON-MOTORIST LOCATION AT IMPACT	1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE
	2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	14 - UNDERCARRIAGE
	5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	9 - ENTERING TRAFFIC LANE	11 - SHARED USE PATHS OR TRAILS	15 - VEHICLE NOT AT SCENE DIAGRAM
ACTION	1 - NON-CONTACT	2 - BACKING	3 - CHANGING LANES	4 - ENTERING OR CROSSING SPECIFIED LOCATION	99 - OTHER / UNKNOWN
5	2 - NON-COLLISION	3 - OVERTAKING/PASSING	4 - MAKING RIGHT TURN	5 - MAKING LEFT TURN	
	3 - STRIKING	6 - MAKING LEFT TURN			
	4 - STRUCK				
	5 - BOTH STRIKING & STRUCK				
	9 - OTHER / UNKNOWN				

CONTRIBUTING CIRCUMSTANCES	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 - 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	12 - DOWNHILL RUNAWAY	17 - ANIMAL - FARM	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	13 - OTHER NON-COLLISION	18 - ANIMAL - DEER	24 - OTHER MOVABLE OBJECT
	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	14 - PEDESTRIAN	19 - ANIMAL - OTHER	
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	15 - PEDALCYCLE	20 - MOTOR VEHICLE IN TRANSPORT	
				21 - PARKED MOTOR VEHICLE	

COLLISION WITH FIXED OBJECT - STRUCK					
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
	27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES SUPPORT	45 - EMBANKMENT	52 - BUILDING
	28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER	40 - UTILITY POLE	46 - FENCE	53 - TUNNEL
	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
				49 - FIRE HYDRANT	

FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT	1
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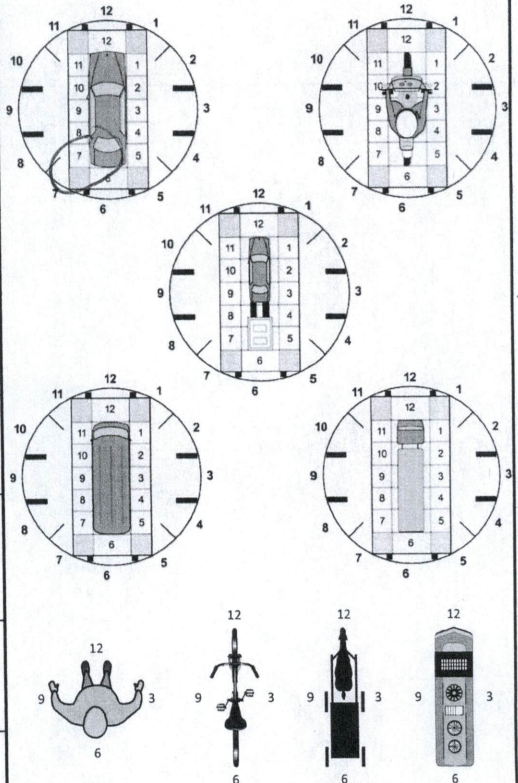
LOCAL REPORT NUMBER

2 2 0 6 6 4 9 9

DAMAGE

DAMAGE SCALE

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
13 - TOP	99 - UNKNOWN

TRAFFIC

TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN
2 - TWO-WAY	2 - SIGNAL 5 - YIELD SIGN
	3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
	1 - NOT INVOLVED
	2 - INVOLVED-ACTIVE CROSSING
	3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

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

UNIT SPEED

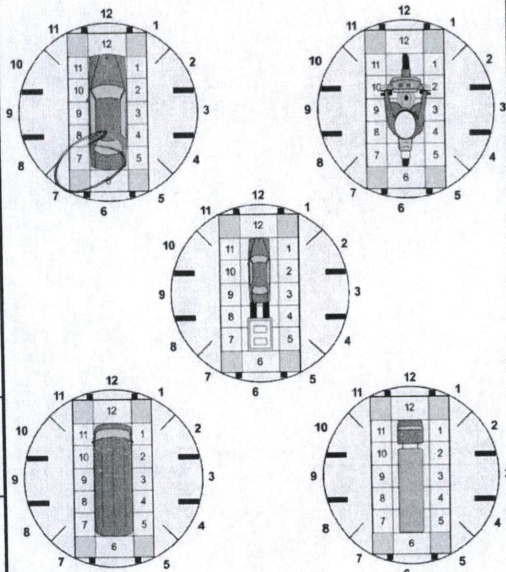
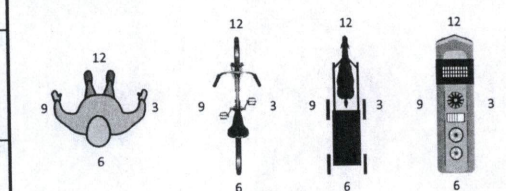
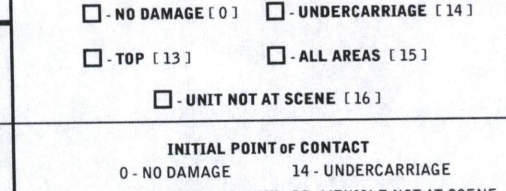
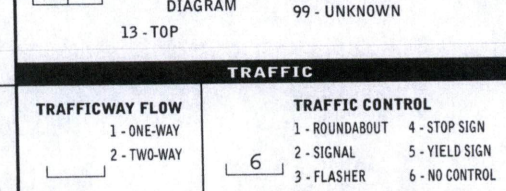
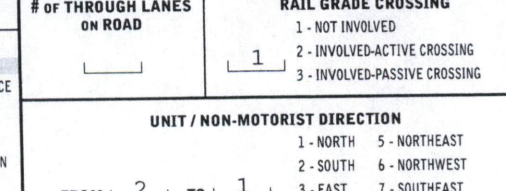
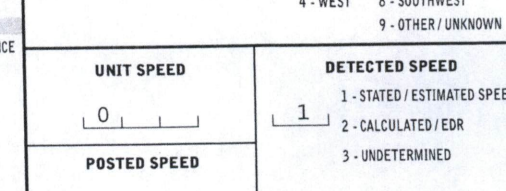
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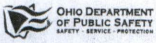
POSTED SPEED

DETECTED SPEED

1 - STATED / ESTIMATED SPEED
2 - CALCULATED / EDR
3 - UNDETERMINED

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)	OWNER PHONE: (INCLUDE AREA CODE) (☐ SAME AS ABOVE)
	013	Hand, Chanize N.	
VEHICLE	OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP	COMMERCIAL CARRIER PHONE: (INCLUDE AREA CODE)
	27 Providence Dr Apt 135 Fairfield, OH 45014		
EVENT(S)	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #
	OH	JNX7735	3LN6L5F94JR621100
VEHICLE	INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #
	☑	Liberty Mutual	AOV2819455204011
VEHICLE	TYPE OF USE	US DOT #	VEHICLE YEAR
	☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE		2018
VEHICLE	INTERLOCK DEVICE EQUIPPED	#OCCUPANTS	HAZARDOUS MATERIAL
	☐	0	☐ MATERIAL RELEASED CLASS # PLACARD ID # ☐ PLACARD
VEHICLE	UNIT TYPE	VEHICLE WEIGHT GVWR/GCWR	VEHICLE MAKE
	01	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV) 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME 18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP	Lincoln
VEHICLE	# OF TRAILING UNITS	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	HAZARDOUS MATERIAL
	0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN	☐ MATERIAL RELEASED CLASS # PLACARD ID # ☐ PLACARD
VEHICLE	SPECIAL FUNCTION	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER / UNKNOWN	HAZARDOUS MATERIAL
	01	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	HAZARDOUS MATERIAL
VEHICLE	CARGO BODY TYPE	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	HAZARDOUS MATERIAL
	01	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	HAZARDOUS MATERIAL
VEHICLE	VEHICLE DEFECTS	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	HAZARDOUS MATERIAL
	01	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	HAZARDOUS MATERIAL
VEHICLE	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	HAZARDOUS MATERIAL
	01	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	HAZARDOUS MATERIAL
VEHICLE	SEQUENCE OF EVENTS	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT	HAZARDOUS MATERIAL
	1	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 MOVABLE OBJECT	HAZARDOUS MATERIAL
VEHICLE	FIRST HARMFUL EVENT	1 - IMPACT ATTENUATOR / CRASH CUSHION 2 - 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 BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	HAZARDOUS MATERIAL
	1	1 - IMPACT ATTENUATOR / CRASH CUSHION 2 - 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 BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	HAZARDOUS MATERIAL

LOCAL REPORT NUMBER	
2 2 0 6 6 4 9 9	
DAMAGE	
DAMAGE SCALE	
3 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL 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 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
1	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM 2 TO 1	
1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED	DETECTED SPEED
0	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER									
2	2	0	6	6	4	9	9		

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
01	Crosley, Brian E.	04161969	53	M

ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
8838 Cam Dr. Carlisle, OH 45005	

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				04	<input type="checkbox"/>	01	1	1	1		
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER						
OH		335.13a	<input checked="" type="checkbox"/>	Leaving the Scene	251737						
OL CLASS	ENDORSEMENT	RESTRICTION	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	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT
						1	1		1	1	

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
			0	

ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE

INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
					<input type="checkbox"/>						
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER						
			<input type="checkbox"/>								
OL CLASS	ENDORSEMENT	RESTRICTION	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST		DRUG TEST(S)			
				<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		STATUS	TYPE	VALUE	STATUS	TYPE	RESULT

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
			0	

ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE

INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
					<input type="checkbox"/>						
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER						
			<input type="checkbox"/>								
OL CLASS	ENDORSEMENT	RESTRICTION	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST		DRUG TEST(S)			
				<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		STATUS	TYPE	VALUE	STATUS	TYPE	RESULT

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED	1 - CLASS A	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED	1 - NONE GIVEN
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B	2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2 - TEST REFUSED
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C	3 - CORRECTIVE LENSES	3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE	4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER	4 - TALKING ON HAND-HELD COMMUNICATION DEVICE	4 - TEST GIVEN, RESULTS KNOWN
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M/C MOPED ONLY	5 - EXCEPT CLASS A BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN
INJURED TAKEN BY	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	6 - PASSENGER	ALCOHOL TEST TYPE
1 - NOT TRANSPORTED / TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION	OL ENDORSEMENT	7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE	1 - NONE
2 - EMS	8 - THIRD - MIDDLE	1 - NOT EJECTED	H - HAZMAT	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	2 - BLOOD
3 - POLICE	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED	M - MOTORCYCLE	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	3 - URINE
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED	P - PASSENGER	10 - LIMITED TO DAYLIGHT ONLY	CONDITION	4 - BREATH
SAFETY EQUIPMENT	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE	N - TANKER	11 - LIMITED TO EMPLOYMENT	1 - APPARENTLY NORMAL	5 - OTHER
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED	Q - MOTOR SCOOTER	12 - LIMITED - OTHER	2 - PHYSICAL IMPAIRMENT	DRUG TEST TYPE
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT	1 - NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	1 - NONE
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	14 - MILITARY VEHICLES ONLY	4 - ILLNESS	2 - BLOOD
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	3 - URINE
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN	GENDER	X - TANKER / HAZMAT	16 - OUTSIDE MIRROR	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	4 - OTHER
6 - CHILD RESTRAINT SYSTEM - REAR FACING		F - FEMALE		17 - PROSTHETIC AID	9 - OTHER / UNKNOWN	DRUG TEST RESULT(S)
7 - BOOSTER SEAT		M - MALE		18 - OTHER		1 - AMPHETAMINES
8 - HELMET USED		U - OTHER / UNKNOWN				2 - BARBITURATES
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						3 - BENZODIAZEPINES
10 - REFLECTIVE CLOTHING						4 - CANNABINOIDS
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						5 - COCAINE
99 - OTHER / UNKNOWN						6 - OPIATES / OPIOIDS
						7 - OTHER
						8 - NEGATIVE RESULTS