

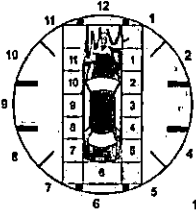
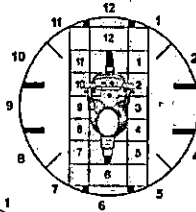
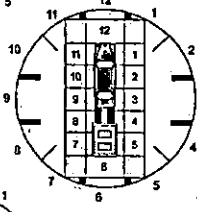
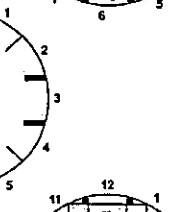
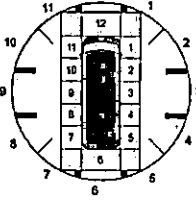
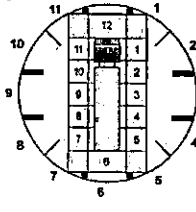
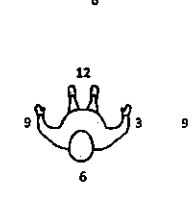
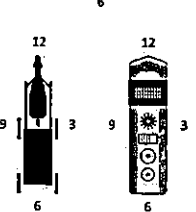
TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

☒ PHOTOS TAKEN ☐ SECONDARY CRASH		☒ OH-2 ☐ OH-3 ☒ OH-1P ☐ OTHER ☐ PRIVATE PROPERTY	LOCAL INFORMATION REPORTING AGENCY NAME* Fairfield Police Department		NCIC* 0,0,9,0,1	2,2,0,7,7,2,6,8	
COUNTY* 0,9	LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP 1	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield		CRASH DATE / TIME* 1,0,2,1,2,0,2,2,2,0,3,3		CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY 5	
ROUTE TYPE S, R	ROUTE NUMBER 4	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST 4	LOCATION ROAD NAME Diversion	ROAD TYPE R, D	LATITUDE DECIMAL DEGREES 39,3,2,4,2,6,6	LONGITUDE DECIMAL DEGREES 84,5,0,6,4,8,1	
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 ☒ WITHIN INTERSECTION OR ON APPROACH ☐ WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 3 ROADWAY ☐ 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 2		DIRECTION OF TRAVEL 1-NORTH 2-SOUTH 3-EAST 4-WEST 1		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	
☐ WORK ZONE RELATED ☐ WORKERS PRESENT ☐ LAW ENFORCEMENT PRESENT ☐ 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	
LIGHT CONDITION 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN 3		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		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	
NARRATIVE On 10/21/22 at 8:33 P.M. Unit 1 was traveling westbound on Diversion Road approaching Dixie Highway in the right turn lane. Unit 2 was stopped at the Diversion Road and Dixie Highway intersection in the right turn lane. Unit 1 failed to maintain assured a cleared distance ahead and struck the rear of Unit 2.				SEE OH-2			
CRASH REPORTED DATE / TIME 1,0,2,1,2,0,2,2,2,0,3,3		DISPATCH DATE / TIME 1,0,2,1,2,0,2,2,2,0,3,5		ARRIVAL DATE / TIME 1,0,2,1,2,0,2,2,2,0,3,5		SCENE CLEARED DATE / TIME 1,0,2,1,2,0,2,2,2,0,5,7	
TOTAL TIME ROADWAY CLOSED 0,0	OTHER INVESTIGATION TIME 2,0	TOTAL MINUTES 4,2	OFFICER'S NAME* N. Davis	CHECKED BY OFFICER'S NAME* D. POHL	REPORT TAKEN BY ☒ POLICE AGENCY ☐ MOTORIST ☐ SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO COPS)		
OFFICER'S BADGE NUMBER* 1,6,9		CHECKED BY OFFICER'S BADGE NUMBER* 1,3,0					

UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)
OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
LP STATE OH	LICENSE PLATE # JAE4974	VEHICLE IDENTIFICATION # 3K1PA215AD21L1E2171922
INSURANCE VERIFIED	INSURANCE COMPANY Safe Auto	INSURANCE POLICY # HUGOH6813594270
TYPE OF USE ☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE	US DOT #	TOWED BY: COMPANY NAME
INTERLOCK DEVICE EQUIPPED	HIT/SKIP UNIT	#OCCUPANTS 01
VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		
HAZARDOUS MATERIAL ☐ MATERIAL RELEASED ☐ PLACARD		
UNIT TYPE 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		
# OF TRAILING UNITS 0		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL 0		
SPECIAL FUNCTION 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		
CARGO BODY TYPE 01 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAINCHIPS/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 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 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 3 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN 01 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		
CONTRIBUTING CIRCUMSTANCES 08 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 120 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 - PEDAL CYCLE 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 MOTORVEHICLE 24 - OTHER MOVABLE OBJECT		
COLLISION WITH FIXED OBJECT, STRUCK 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 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		
FIRST HARMFUL EVENT 1		
MOST HARMFUL EVENT 1		

LOCAL REPORT NUMBER 2, 2, 0, 7, 7, 2, 6, 8	
DAMAGE DAMAGE SCALE 2 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	
TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 2 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 0	RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM 3 TO 1 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 10	DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EOR 3 - UNDETERMINED
POSTED SPEED 35	

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)		
	012					
VEHICLE	OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)					
EVENT(S)	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE	
	OH	FVQ1210	1N4AL121E181C12017494	2008	Nissan	
	☒ INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL	
		State Farm	C848171-E0635V	Blue	Altima	
	☐ COMMERCIAL	☐ GOVERNMENT	☐ IN EMERGENCY RESPONSE	TOWED BY: COMPANY NAME		
	☐ INTERLOCK DEVICE EQUIPPED	☐ HIT/SKIP UNIT	#OCCUPANTS	HAZARDOUS MATERIAL		
			02	☐ MATERIAL RELEASED ☐ PLACARD		
	UNIT TYPE	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 BICYCLE 15-SEMI-TRACTOR 21-HEAVY EQUIPMENT 26-BICYCLE 5-CARGO VAN 11-ALL TERRAIN VEHICLE (ATV/UTV) 16-FARM EQUIPMENT 22-ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27-TRAIN 6-VAN (9-15 SEATS) 17-MOTORHOME 99-UNKNOWN OR HIT/SKIP				
	# OF TRAILING UNITS	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0-NO AUTOMATION 3-CONDITIONAL AUTOMATION 9-UNKNOWN 1-YES 2-NO 9-OTHER / UNKNOWN 1-DRIVER ASSISTANCE 4-HIGH AUTOMATION 5-FULL AUTOMATION				
	SPECIAL FUNCTION	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				
CARGO BODY TYPE	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-GRAINCHIPS/GRAVEL 10-FLAT BED 14-GARBAGE/REFUSE 99-OTHER / UNKNOWN					
VEHICLE DEFECTS	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					
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 99-OTHER / UNKNOWN 5-TRAVEL LANE - OTHER LOCATION 8-SIDEWALK 11-SHARED USE PATHS OR TRAILS					
ACTION	1-NON-CONTACT 1-STRAIGHT AHEAD 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 3-CHANGING LANES 9-LEAVING TRAFFIC LANE 15-WALKING, RUNNING, JOGGING, PLAYING 20-OTHER NON-MOTORIST 4-STUCK PRE-CRASH ACTIONS 10-PARKED 16-WORKING 21-STANDING OUTSIDE DISABLED VEHICLE 5-BOTH STRIKING & STRUCK 6-MAKING RIGHT TURN 11-SLOWING OR STOPPED IN TRAFFIC 17-PUSHING VEHICLE 99-OTHER / UNKNOWN 9-OTHER / UNKNOWN 6-MAKING LEFT TURN 12-DRIVERLESS					
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 / ACD 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 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 20-MOTOR VEHICLE IN TRANSPORT 5-CARGO / EQUIPMENT LOSS OR SHIFT 10-CROSS MEDIAN 15-PEDALCYCLE 21-PARKED MOTOR VEHICLE 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	MOST HARMFUL EVENT					

LOCAL REPORT NUMBER	
2, 2, 0, 7, 7, 2, 6, 8	
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	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
0	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
0	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	
3 5	



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2 2 0 7 7 2 6 8

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE Hunter, Jhevahnni Yyatonnaye	DATE OF BIRTH 0 4 1 6 1 9 9 6		AGE 2 6	GENDER F					
ADDRESS: STREET, CITY, STATE, ZIP 11779 Rose Ln. Apt. E Springdale, OH 45246		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	☐ 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 333.03A	LOCAL CODE ☒	OFFENSE DESCRIPTION ACDA		CITATION NUMBER 252268			
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3 0 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED ☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4	

UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Lockard, Samantha Jane	DATE OF BIRTH 0 4 2 6 1 9 6 7		AGE 5 5	GENDER F					
ADDRESS: STREET, CITY, STATE, ZIP 14 Raleigh Ct. Apt. 306 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	☐ 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 ☐	OFFENSE DESCRIPTION		CITATION NUMBER			
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3 0 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED ☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4	

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	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE ☐	OFFENSE DESCRIPTION		CITATION NUMBER			
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED ☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4	

INJURIES		SEATING POSITION		AIR BAG		OL CLASS		OL RESTRICTION(S)		DRIVER DISTRACTION		TEST STATUS	
1-FATAL 2-SUSPECTED SERIOUS INJURY 3-SUSPECTED MINOR INJURY 4-POSSIBLE INJURY 5-NO APPARENT INJURY		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		1-CLASS A 2-CLASS B 3-CLASS C 4-REGULAR CLASS (OHIO = D) 5-M/C MOPED ONLY 6-NO VALID OL		1-ALCOHOL INTERLOCK DEVICE 2-CDL INTRASTATE ONLY 3-CORRECTIVE LENSES 4-FARM WAIVER 5-EXCEPT CLASS A BUS 6-EXCEPT CLASS A & CLASS B BUS 7-EXCEPT TRACTOR-TRAILER 8-INTERMEDIATE LICENSE RESTRICTIONS 9-LEARNER'S PERMIT RESTRICTIONS 10-LIMITED TO DAYLIGHT ONLY 11-LIMITED TO EMPLOYMENT 12-LIMITED-OTHER 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14-MILITARY VEHICLES ONLY 15-MOTOR VEHICLES WITHOUT AIR BRAKES 16-OUTSIDE MIRROR 17-PROSTHETIC AID 18-OTHER		1-NOT DISTRACTED 2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3-TALKING ON HANDS-FREE COMMUNICATION DEVICE 4-TALKING ON HAND-HELD COMMUNICATION DEVICE 5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6-PASSENGER 7-OTHER DISTRACTION INSIDE THE VEHICLE 8-OTHER DISTRACTION OUTSIDE THE VEHICLE 9-OTHER/UNKNOWN		1-NONE GIVEN 2-TEST REFUSED 3-TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4-TEST GIVEN, RESULTS KNOWN 5-TEST GIVEN, RESULTS UNKNOWN	
INJURED TAKEN BY		EJECTION		TRAPPED		OL ENDORSEMENT		CONDITION		DRUG TEST TYPE		DRUG TEST RESULT(S)	
1-NOT TRANSPORTED / TREATED AT SCENE 2-EMS 3-POLICE 9-OTHER/UNKNOWN		1-NOT EJECTED 2-PARTIALLY EJECTED 3-TOTALLY EJECTED 4-NOT APPLICABLE		1-NOT TRAPPED 2-EXTRICATED BY MECHANICAL MEANS 3-FREED BY NON-MECHANICAL MEANS		H-HAZMAT M-MOTORCYCLE P-PASSENGER N-TANKER Q-MOTOR SCOOTER R-THREE-WHEEL MOTORCYCLE S-SCHOOL BUS T-DOUBLE & TRIPLE TRAILERS X-TANKER/HAZMAT		1-APPARENTLY NORMAL 2-PHYSICAL IMPAIRMENT 3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4-ILLNESS 5-FELL ASLEEP, FAINTED, FATIGUED, ETC. 6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9-OTHER/UNKNOWN		1-NONE 2-BLOOD 3-URINE 4-BREATH 5-OTHER		1-AMPHETAMINES 2-BARBITURATES 3-BENZODIAZEPINES 4-CANNABINOIDS 5-COCAINE 6-OPiates / OPIOIDS 7-OTHER 8-NEGATIVE RESULTS	
SAFETY EQUIPMENT		GENDER											
1-NONE USED 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		F-FEMALE M-MALE U-OTHER/UNKNOWN											



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER									
2	2	0	7	7	2	6	8		

UNIT # 2	NAME: LAST, FIRST, MIDDLE Lockard, Edward			
ADDRESS: STREET, CITY, STATE, ZIP 14 Raleigh Ct. Apt. 306 Fairfield, OH 45014				
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4

DATE OF BIRTH		AGE	GENDER
0	4	0	3
1	9	9	7
CONTACT PHONE - INCLUDE AREA CODE		2	5
			M
☐ DOT-COMPLIANT MC HELMET			
SEATING POSITION 0 3		AIR BAG USAGE 0 1	EJECTION 1
			TRAPPED 1

UNIT #	NAME: LAST, FIRST, MIDDLE			
ADDRESS: STREET, CITY, STATE, ZIP				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED

DATE OF BIRTH		AGE	GENDER
		0	
CONTACT PHONE - INCLUDE AREA CODE			
☐ DOT-COMPLIANT MC HELMET			
SEATING POSITION		AIR BAG USAGE	EJECTION
			TRAPPED

UNIT #	NAME: LAST, FIRST, MIDDLE			
ADDRESS: STREET, CITY, STATE, ZIP				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED

DATE OF BIRTH		AGE	GENDER
		0	
CONTACT PHONE - INCLUDE AREA CODE			
☐ DOT-COMPLIANT MC HELMET			
SEATING POSITION		AIR BAG USAGE	EJECTION
			TRAPPED

UNIT #	NAME: LAST, FIRST, MIDDLE			
ADDRESS: STREET, CITY, STATE, ZIP				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED

DATE OF BIRTH		AGE	GENDER
		0	
CONTACT PHONE - INCLUDE AREA CODE			
☐ 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

NAME: LAST, FIRST, MIDDLE
ADDRESS: STREET, CITY, STATE, ZIP
NAME: LAST, FIRST, MIDDLE
ADDRESS: STREET, CITY, STATE, ZIP
NAME: LAST, FIRST, MIDDLE
ADDRESS: STREET, CITY, STATE, ZIP

DATE OF BIRTH	AGE	GENDER
	0	
CONTACT PHONE - INCLUDE AREA CODE		
DATE OF BIRTH	AGE	GENDER
	0	
CONTACT PHONE - INCLUDE AREA CODE		
DATE OF BIRTH	AGE	GENDER
	0	
CONTACT PHONE - INCLUDE AREA CODE		

