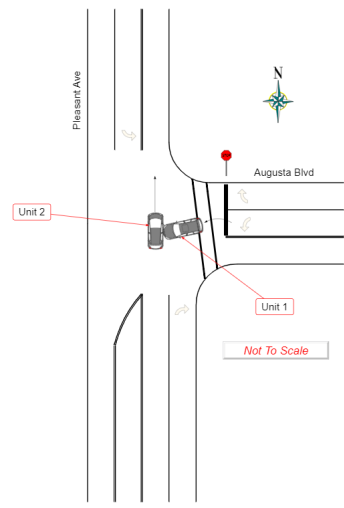


TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY	LOCAL INFORMATION		IR26-000068			
REPORTING AGENCY NAME* Fairfield Police Department			NCIC* 00901		HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 2		
UNIT IN ERROR 1 98 - ANIMAL 99 - UNKNOWN								
COUNTY* 09	LOCALITY* 1 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1	LOCATION: CITY, VILLAGE, TOWNSHIP* Fairfield			CRASH DATE/TIME* 01/05/2026 15:12			
CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 5								
ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME Pleasant		ROAD TYPE AV	LATITUDE 39.310682		
ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Augusta		ROAD TYPE BL	LONGITUDE -84.562049		
REFERENCE POINT 1 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1	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 3		
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS	ROADWAY <input type="checkbox"/> ROADWAY DIVIDED						
LOCATION OF FIRST HARMFUL EVENT 1 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER/UNKNOWN 1		MANNER OF CRASH COLLISION/IMPACT 6 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		MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (< 4 FEET) 2 - DIVIDED FLUSH MEDIAN (>= 4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISE MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN		
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/ UNKNOWN	CONDITIONS 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK, STONE 5 - DIRT 9 - OTHER/ UNKNOWN
LIGHT CONDITION 1 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER/UNKNOWN		WEATHER 1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER/UNKNOWN						
NARRATIVE On January 5, 2026, at about 3:12pm Unit 1 was traveling west on Augusta Blvd. and when at the stop sign at Pleasant Ave. and Augusta Blvd. they attempted to turn left to travel south and in so doing, failed to yield the right of way to oncoming traffic and collided with Unit 2 which was traveling north on Pleasant Ave.				DIAGRAM 				
CRASH REPORTED DATE/TIME 01/05/2026 15:12		DISPATCH DATE/TIME 01/05/2026 15:14		ARRIVAL DATE/TIME 01/05/2026 15:21		SCENE CLEARED DATE/TIME 01/05/2026 16:02		
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 30		TOTAL MINUTES 78		OFFICER'S NAME* Roberts, Camron		
				CHECKED BY OFFICER'S NAME* Roush, Alexander		REPORT TAKEN BY <input type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST		
				OFFICER'S BADGE NUMBER* 182		CHECKED BY OFFICER'S BADGE NUMBER* 170		
						<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)		

IR26-000068

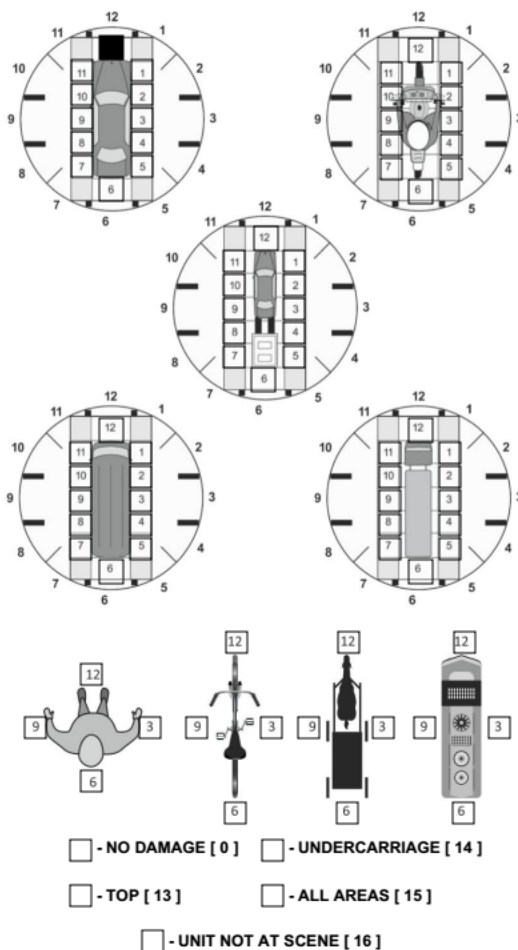
UNIT # 1	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) POSEY, DOMINIQUE	OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 77 DAMON RD, CINCINNATI, OH 45218		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
LP STATE OH	LICENSE PLATE # JBA5936	VEHICLE IDENTIFICATION # 5XYKTD14BG018786
VEHICLE YEAR 2011	VEHICLE MAKE Kia	
INSURANCE VERIFIED	INSURANCE COMPANY FIRST ACCEPTANCE INS	INSURANCE POLICY # OHFB11942
COLOR Silver	VEHICLE MODEL Sorento	
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		
US DOT #		
VEHICLE WEIGHT GVWR/GCWR 1 - <= 10K LBS. 2 - 10,001 - 26K LBS. 3 - >= 26K LBS.		
TOWED BY: COMPANY NAME		
HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID #		
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <input type="checkbox"/>		
# OCCUPANTS 5		
UNIT TYPE 3		
# 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 1		
CARGO BODY TYPE 1		
VEHICLE DEFECTS 1		
NON-MOTORIST LOCATION AT IMPACT 1		
ACTION 3		
CONTRIBUTING CIRCUMSTANCES 2		
SEQUENCE OF EVENTS 1		
EVENTS 1		
COLLISION WITH FIXED OBJECT - STRUCK 1		
FIRST HARMFUL EVENT 1		
MOST HARMFUL EVENT 1		

DAMAGE

DAMAGE SCALE

2 1 - NONE 3 - FUNCTIONAL DAMAGE
2 - MINOR DAMAGE 4 - DISABLING DAMAGE

9 - UNKNOWN

DAMAGED AREA(S)
INDICATE ALL THAT APPLY

INITIAL POINT OF CONTACT

12 0 - NO DAMAGE 14 - UNDERCARRIAGE
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
13 - TOP 99 - UNKNOWN

TRAFFIC

TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 4 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM 3 TO 2	
UNIT SPEED 10	DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED
POSTED SPEED 35	

UNIT # 2	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) OUAZZOU, RACHID AIT		OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER	
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 1775 GARRETT HOUSE LN, FAIRFIELD, OH 45014			
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE OH	LICENSE PLATE # JNY7201	VEHICLE IDENTIFICATION # 3FA6P0G75ER326351	VEHICLE YEAR 2014	VEHICLE MAKE Ford
INSURANCE VERIFIED	INSURANCE COMPANY GRANGE INSURANCE CO.	INSURANCE POLICY # PA35671415-00	COLOR Maroon	VEHICLE MODEL Fusion
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME WAYNES TOWING	
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>		HIT/SKIP UNIT <input type="checkbox"/>	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD <input type="checkbox"/>	
# OCCUPANTS 1		VEHICLE WEIGHT GVWR/GCWR 1 - <= 10K LBS. 2 - 10,001 - 26K LBS. 3 - >= 26K LBS.	CLASS # PLACARD ID #	
UNIT TYPE 1		23 - PEDESTRIAN/ SKATER		
0		24 - WHEELCHAIR (ANY TYPE)		
# OF TRAILING UNITS		25 - OTHER NON- MOTORIST		
2		26 - BICYCLE		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		27 - TRAIN		
1 - YES 2 - NO 9 - OTHER/UNKNOWN		99 - UNKNOWN OR HIT/SKIP		
0		AUTONOMOUS MODE LEVEL		
1		0 - NO AUTOMATION		
SPECIAL FUNCTION		1 - DRIVER ASSISTANCE		
1		2 - PARTIAL AUTOMATION		
3		3 - CONDITIONAL AUTOMATION		
4		4 - HIGH AUTOMATION		
5		5 - FULL AUTOMATION		
1		1 - NONE		
CARGO BODY TYPE		6 - BUS - CHARTER/TOUR		
1		2 - TAXI		
3		3 - ELECTRONIC RIDE SHARING		
4		4 - SCHOOL TRANSPORT		
5		5 - BUS - TRANSIT /COMMUTER		
6		6 - BUS - CHARTER/TOUR		
7		7 - BUS - INTERCITY		
8		8 - BUS - SHUTTLE		
9		9 - BUS - OTHER		
10		10 - AMBULANCE		
11		11 - FIRE		
12		12 - MILITARY		
13		13 - POLICE		
14		14 - PUBLIC UTILITY		
15		15 - CONSTRUCTION EQUIPMENT		
16		16 - FARM		
17		17 - MOWING		
18		18 - SNOW REMOVAL		
19		19 - TOWING		
20		20 - SAFETY SERVICE PATROL		
21		21 - MAIL CARRIER		
22		99 - OTHER/UNKNOWN		
1		1 - NO CARGO BODY TYPE / NOT APPLICABLE		
2		2 - BUS		
3		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE		
4		4 - LOGGING		
5		5 - INTERMODAL CONTAINER CHASSIS		
6		6 - CARGO VAN/ ENCLOSED BOX		
7		7 - GRAIN/CHIPS/GRAVEL		
8		8 - POLE		
9		9 - CARGO TANK		
10		10 - FLAT BED		
11		11 - DUMP		
12		12 - CONCRETE MIXER		
13		13 - AUTO TRANSPORTER		
14		14 - GARBAGE/REFUSE		
15		99 - OTHER/UNKNOWN		
1		1 - TURN SIGNALS		
2		2 - HEAD LAMPS		
3		3 - TAIL LAMPS		
4		4 - BRAKES		
5		5 - STEERING		
6		6 - TIRE BLOWOUT		
7		7 - WORN OR SLICK TIRES		
8		8 - TRAILER EQUIPMENT DEFECTIVE		
9		9 - MOTOR TROUBLE		
10		10 - DISABLED FROM PRIOR ACCIDENT		
11		99 - OTHER/UNKNOWN		
1		1 - INTERSECTION - MARKED CROSSWALK		
2		2 - INTERSECTION - UNMARKED CROSSWALK		
3		3 - INTERSECTION - OTHER		
4		4 - MIDBLOCK - MARKED CROSSWALK		
5		5 - TRAVEL LANE - OTHER LOCATION		
6		6 - BICYCLE LANE		
7		7 - SHOULDER/ ROADSIDE		
8		8 - SIDEWALK		
9		9 - MEDIAN/CROSSING ISLAND		
10		10 - DRIVEWAY ACCESS		
11		11 - SHARED USE PATHS OR TRAILS		
12		12 - FIRST RESPONDER AT INCIDENT SCENE		
13		99 - OTHER/UNKNOWN		
1		1 - NON-CONTACT		
2		2 - NON-COLLISION		
3		3 - STRIKING		
4		4 - STRUCK		
5		5 - BOTH		
6		6 - STRIKING PRE-CRASHES & STRUCK ACTIONS		
7		7 - MAKING RIGHT TURN		
8		8 - MAKING LEFT TURN		
9		9 - MAKING U-TURN		
10		10 - ENTERING TRAFFIC LANE		
11		11 - LEAVING TRAFFIC LANE		
12		12 - ENTERING OR CROSSING SPECIFIED LOCATION		
13		13 - WALKING, RUNNING, JOGGING, PLAYING		
14		14 - WORKING		
15		15 - PUSHING VEHICLE		
16		16 - APPROACHING OR LEAVING VEHICLE		
17		17 - STANDING		
18		18 - OTHER NON- MOTORIST		
19		19 - STANDING OUTSIDE DISABLED VEHICLE		
20		99 - OTHER/UNKNOWN		
1		1 - NONE		
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2		2 - FAILURE TO YIELD		
3		3 - RAN RED LIGHT		
4		4 - RAN STOP SIGN		
5		5 - UNSAFE SPEED		
6		6 - IMPROPER TURN		
7		7 - LEFT OF CENTER		
8		8 - FOLLOWING TOO CLOSE/ACDA		
9		9 - IMPROPER LANE CHANGE		
10		10 - IMPROPER PASSING		
11		11 - DROVE OFF ROAD		
12		12 - IMPROPER BACKING		
13		13 - IMPROPER START FROM A PARKED POSITION		
14		14 - STOPPED OR PARKED ILLEGALLY		
15		15 - SWERVING TO AVOID		
16		16 - WRONG WAY		
17		17 - VISION OBSTRUCTION		
18		18 - OPERATING DEFECTIVE EQUIPMENT		
19		19 - LOAD SHIFTING/ FALLING/SPILLING		
20		20 - IMPROPER CROSSING		
21		21 - LYING IN ROADWAY		
22		22 - NOT DISCERNIBLE		
23		23 - OPENING DOOR INTO ROADWAY		
24		99 - OTHER IMPROPER ACTION		
1		1 - NONE		
2		2 - FAILURE TO YIELD		
3		3 - RAN RED LIGHT		
4		4 - RAN STOP SIGN		
5		5 - UNSAFE SPEED		
6		6 - IMPROPER TURN		
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8		8 - FOLLOWING TOO CLOSE/ACDA		
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17		17 - VISION OBSTRUCTION		
18		18 - OPERATING DEFECTIVE EQUIPMENT		
19		19 - LOAD SHIFTING/ FALLING/SPILLING		
20		20 - IMPROPER CROSSING		
21		21 - LYING IN ROADWAY		
22		22 - NOT DISCERNIBLE		
23		2		



LOCAL REPORT NUMBER*													
UNIT #		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER				
1		POSEY, JESSICA R				04/20/1993		32	F				
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE							
10913 BIRCHRIDGE DR, CINCINNATI, OH 45240													
MOTORIST / NON-MOTORIST	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					4		1	1	1	1		
	OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER					
	OH			331.17a		Right of Way When Turning Left		2600005401					
MOTORIST / NON-MOTORIST	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	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4
									1	1	.	1	1
UNIT #		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER				
2		OUAZZOU, RACHID AIT				08/13/1973		52	M				
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE							
1775 GARRETT HOUSE LN, FAIRFIELD, OH 45014													
MOTORIST / NON-MOTORIST	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					4		1	1	1	1		
	OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER					
	OH												
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ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE							
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MOTORIST / NON-MOTORIST	OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	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 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 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		OL ENDORSEMENT						ALCOHOL TEST TYPE	
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		H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT						1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	
SAFETY EQUIPMENT				TRAPPED		GENDER				CONDITION		DRUG TEST TYPE	
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				1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS		F - FEMALE M - MALE U - OTHER / UNKNOWN				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 - OTHER	
												DRUG TEST RESULT(S)	
												1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS	

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER*

IR26-000068

OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE POSEY, BROOKLYNN			DATE OF BIRTH 06/01/2013		AGE 12	GENDER F																																																																					
	ADDRESS: STREET, CITY, STATE, ZIP 200 KNOLLRIDGE CT APT 204, 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 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 3	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1																																																																			
OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE ASH, AMIR			DATE OF BIRTH 12/29/2016		AGE 9	GENDER M																																																																					
	ADDRESS: STREET, CITY, STATE, ZIP 200 KNOLLRIDGE CT APT 204, FAIRFIELD, OH 45014				CONTACT PHONE - INCLUDE AREA CODE																																																																								
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OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE ASH, AMIYAH			DATE OF BIRTH 04/24/2018		AGE 7	GENDER F																																																																					
	ADDRESS: STREET, CITY, STATE, ZIP 200 KNOLLRIDGE CT APT 204, FAIRFIELD, OH 45014				CONTACT PHONE - INCLUDE AREA CODE																																																																								
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OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE ASH, AMONT			DATE OF BIRTH 10/14/2019		AGE 6	GENDER M																																																																					
	ADDRESS: STREET, CITY, STATE, ZIP 200 KNOLLRIDGE CT APT 204, FAIRFIELD, OH 45014				CONTACT PHONE - INCLUDE AREA CODE																																																																								
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