



Traffic Crash Report

Local Report Number *	Crash Severity	HIV/Skip
1 6 0 5 9 4 6 3	3 1 - Fatal 2 - Injury 3 - PDO	2 1 - Solved 2 - Unsolved

Local Information	Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
	0 0 9 0 1	Fairfield Police Department	0 2	0 1 98 - Animal 99 - Unknown

County *	City *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
0 9		Fairfield	0 8 1 6 2 0 1 6	1 2 1 0	T U E

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
0 / /	0 / /	3 9 3 0 6 8 7 8	7 8 4 4 8 7 2 4 1

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost ²
<input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided	<input type="checkbox"/> N - Northbound E - Eastbound <input type="checkbox"/> S - Southbound W - Westbound	0 2	AL - Alley CR - Circle HE - Heights MP - Milepost PL - Place ST - Street WA - Way AV - Avenue CT - Court HW - Highway PK - Parkway RD - Road TE - Terrace BL - Boulevard DR - Drive LA - Lane PI - Pike SQ - Square TL - Trail

Location Route Type ¹	Location Route Number	Loc Prefix N,S,E,W	Location Road Name	Location Road Type ²	Route Types ¹
S R	4		Dixie	H W	IR - Interstate Route (inc. turnpike) US - US Route SR - State Route CR - Numbered County Route TR - Numbered Township Route

Distance From Reference	Dir From Ref	Reference Route Type ¹	Reference Route Number	Ref Prefix N,S,E,W	Reference Name (Road, Milepost, House #)	Reference Road Type ²
<input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards	<input type="checkbox"/> N,S,E,W				7311	

Reference Point Used	Crash Location	Intersection Related	Location of First Harmful Event
3 1 - Intersection 2 - Mile Post 3 - House Number	0 1 01 - Not an Intersection 02 - Four-way Intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle/Roundabout 06 - Five-point, or more 07 - On Ramp 08 - Off Ramp 09 - Crossover 10 - Driveway/Alley Access 11 - Railway Grade Crossing 12 - Shared-Use Paths or Trails 99 - Unknown	<input type="checkbox"/>	6 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown

Road Contour	Road Conditions	01 - Dry	05 - Sand, Mud, Dirt, Oil, Gravel	09 - Rut, Holes, Bumps, Uneven Pavement*
1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	0 2	02 - Wet 03 - Snow 04 - Ice	06 - Water (Standing, Moving) 07 - Slush 08 - Debris*	10 - Other 99 - Unknown

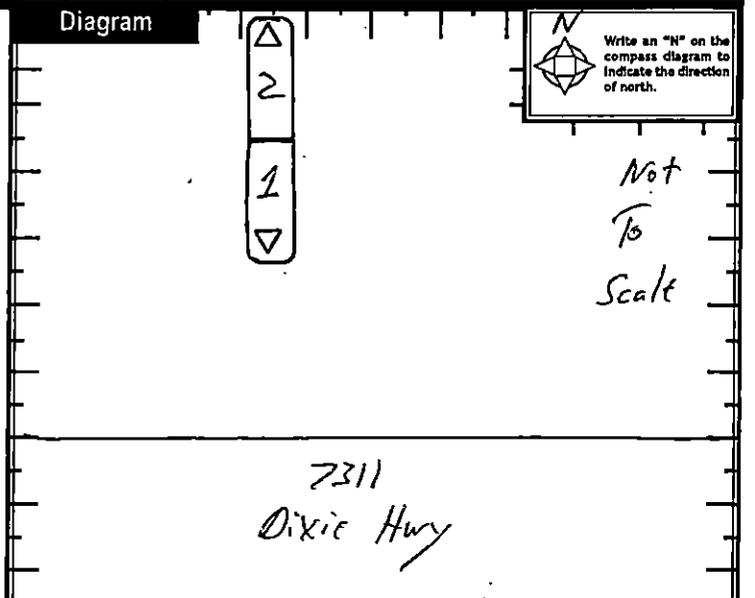
Manner of Crash Collision/Impact	Weather
5 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown	2 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, Hail 6 - Snow 7 - Severe Crosswinds 8 - Blowing Sand, Soil, Dirt, Snow 9 - Other/Unknown

Road Surface	Light Conditions	School Bus Related
2 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	1 Primary Secondary 1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway	<input type="checkbox"/> School Zone Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved

Work Zone Related	Workers Present	Law Enforcement Present (Officer/Vehicle)	Law Enforcement Present (Vehicle Only)	Type of Work Zone	Location of Crash in Work Zone
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 - Lane Closure 2 - Lane Shift/Crossover 3 - Work on Shoulder or Median 4 - Intermittent or Moving Work 5 - Other	1 - Before the First Work Zone Warning Sign 2 - Advance Warning Area 3 - Transition Area 4 - Activity Area 5 - Termination Area

Narrative

On 08-16-16 at approximately 12:10 p.m. Unit #2 was parked, facing the north, in the lot of 7311 Dixie Hwy. Unit #1 was parked, facing the south, behind Unit #2 in the parking lot of 7311 Dixie Hwy. Unit #1 backed up and struck Unit #2 in the rear and then left the incident location.



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to GDPS)					
<input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist	<input type="checkbox"/>					
Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
0 8 1 6 2 0 1 6	1 7 4 6	1 7 4 8	1 8 0 3	1 8 2 4	1 0	3 1

Officer's Name *	Officer's Badge Number	Checked By	Page 1 of 4
P.O. T. Chenoweth	124	Sgt. J Sprague # 84	



Unit

Local Report Number
 1 6 0 5 9 4 6 3

Unit Number: **01** Owner Name: Last, First, Middle (Same As Driver)
Grasscor Lawn and Landscapes LLC

Owner Phone Number - Inc. area code (Same As Driver)
(513) 271-5296

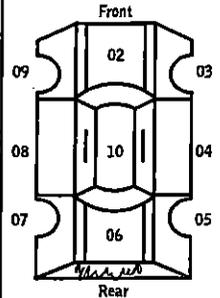
Owner Address: City, State, Zip (Same As Driver)
8915 Blue Ash Rd. Cincinnati, OH 45242

LP State: **OH** License Plate Number: **PIT8650** Vehicle Identification Number: **3D6WU7EL8BG510180** # Occupants: **01**

Vehicle Year: **2011** Vehicle Make: **Dodge** Vehicle Model: **Truck** Vehicle Color: **White**

Proof of Insurance Shown Insurance Company: _____ Policy Number: _____ Towed By: _____

Carrier Name, Address, City, State, Zip: _____ Carrier Phone- include area code: _____



US DOT: _____ Vehicle Weight GVWR/GCWR: 1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs. 3 - More Than 26,000 Lbs.

HM Placard ID No.: _____ HM Class Number: _____ Hazardous Material Released

Cargo Body Type: **01**
 01 - No Cargo Body Type/Not Applicable 09 - Pole
 02 - Bus/Van (9-15 Seats, Inc Driver) 10 - Cargo Tank
 03 - Bus (16+ Seats, Inc Driver) 11 - Flat Bed
 04 - Vehicle Towing Another Vehicle 12 - Dump
 05 - Logging 13 - Concrete Mixer
 06 - Intermodal Container Chassis 14 - Auto Transporter
 07 - Cargo Van/Enclosed Box 15 - Garbage/Refuse
 08 - Grain, Chips, Gravel 99 - Other/Unknown

Trafficway Description: **1**
 1 - Two-Way, Not Divided
 2 - Two-Way, Not Divided, Continuous Left Turn Lane
 3 - Two-Way, Divided, Unprotected (Painted or Grass > 4 Ft) Median
 4 - Two-Way, Divided, Positive Median Barrier
 5 - One-Way Trafficway

Hit / Skip Unit

Non-Motorist Location Prior to Impact: **01**
 01 - Intersection - Marked Crosswalk
 02 - Intersection - No Crosswalk
 03 - Intersection - Other
 04 - Midblock - Marked Crosswalk
 05 - Travel Lane - Other Location
 06 - Bicycle Lane
 07 - Shoulder/Roadside
 08 - Sidewalk
 09 - Median/Crossing Island
 10 - Driveway Access
 11 - Shared-Use Path or Trail
 12 - Non-Trafficway Area
 99 - Other/Unknown

Type of Use: **2**
 1 - Personal
 2 - Commercial
 3 - Government
 In Emergency Response

Unit Type: **07**
 99 - Unknown or Hit / Skip

Passenger Vehicles (less than 9 passengers):
 01 - Sub-Compact
 02 - Compact
 03 - Mid Size
 04 - Full Size
 05 - Minivan
 06 - Sport Utility Vehicle
 07 - Pickup
 08 - Van
 09 - Motorcycle
 10 - Motorized Bicycle
 11 - Snowmobile/ATV
 12 - Other Passenger Vehicle

Med/Heavy Trucks or Combo Units > 10k lbs:
 13 - Single Unit Truck or Van 2axle, 6 tires
 14 - Single Unit Truck; 3+ axles
 15 - Single Unit Truck / Trailer
 16 - Truck/Tractor (Bobtail)
 17 - Tractor/Semi-Trailer
 18 - Tractor/Double
 19 - Tractor/Triples
 20 - Other Med/Heavy Vehicle

Bus/Van/Limo (9 or More Including Driver):
 21 - Bus/Van (9-15 Seats, Inc Driver)
 22 - Bus (16+ Seats, Inc Driver)

Non-Motorist:
 23 - Animal with Rider
 24 - Animal with Buggy, Wagon, Surrey
 25 - Bicycle/Pedacyclist
 26 - Pedestrian/Skater
 27 - Other Non-Motorist

Has HM Placard

Special Function: **01**
 01 - None
 02 - Taxi
 03 - Rental Truck (over 10k Lbs)
 04 - Bus - School (Public or Private)
 05 - Bus - Transit
 06 - Bus - Charter
 07 - Bus - Shuttle
 08 - Bus - Other
 09 - Ambulance
 10 - Fire
 11 - Highway/Maintenance
 12 - Military
 13 - Police
 14 - Public Utility
 15 - Other Government
 16 - Construction Equip.
 17 - Farm Vehicle
 18 - Farm Equipment
 19 - Motorhome
 20 - Golf Cart
 21 - Train
 22 - Other (Explain in Narrative)

Most Damaged Area: **06**
 01 - None
 02 - Center Front
 03 - Right Front
 04 - Right Side
 05 - Right Rear
 06 - Rear Center
 07 - Left Rear
 08 - Left Side
 09 - Left Front
 10 - Top and Windows
 11 - Undercarriage
 12 - Load/Trailer
 13 - Total(All Areas)
 14 - Other
 99 - Unknown

Action: **3**
 1 - Non-Contact
 2 - Non-Collision
 3 - Striking
 4 - Struck
 5 - Striking/Struck
 9 - Unknown

Pre-Crash Actions: **02**
 Motorist:
 01 - Straight Ahead
 02 - Backing
 03 - Changing Lanes
 04 - Overtaking/Passing
 05 - Making Right Turn
 06 - Making Left Turn
 07 - Making U-Turn
 08 - Entering Traffic Lane
 09 - Leaving Traffic Lane
 10 - Parked
 11 - Slowing or Stopped In Traffic
 12 - Driverless
 13 - Negotiating a Curve
 14 - Other Motorist Action

Non-Motorist:
 15 - Entering or Crossing Specified Location
 16 - Walking, Running, Jogging, Playing, Cycling
 17 - Working
 18 - Pushing Vehicle
 19 - Approaching or Leaving Vehicle
 20 - Standing
 21 - Other Non-Motorist Action

Contributing Circumstances:
 Primary: **11**
 Motorist:
 01 - None
 02 - Failure to Yield
 03 - Ran Red Light
 04 - Ran Stop Sign
 05 - Exceeded Speed Limit
 06 - Unsafe Speed
 07 - Improper Turn
 08 - Left of Center
 09 - Followed Too Closely/ACDA
 10 - Improper Lane Change /Passing/Off Road
 11 - Improper Backing
 12 - Improper Start From Parked Position
 13 - Stopped or Parked Illegally
 14 - Operating Vehicle in Negligent Manner
 15 - Swerving to Avoid (Due to External Conditions)
 16 - Wrong Side/Wrong Way
 17 - Failure to Control
 18 - Vision Obstruction
 19 - Operating Defective Equipment
 20 - Load Shifting/Falling/Spilling
 21 - Other Improper Action

Non-Motorist:
 22 - None
 23 - Improper Crossing
 24 - Darting
 25 - Lying and/or Illegally in Roadway
 26 - Failure to Yield Right of Way
 27 - Not Visible (Dark Clothing)
 28 - Inattentive
 29 - Failure to Obey Traffic Signs /Signals/Officer
 30 - Wrong Side of the Road
 31 - Other Non-Motorist Action

Vehicle Defects: **01**
 01 - Turn Signals
 02 - Head Lamps
 03 - Tail Lamps
 04 - Brakes
 05 - Steering
 06 - Tire Blowout
 07 - Worn or Slick tires
 08 - Trailer Equipment Defective
 09 - Motor Trouble
 10 - Disabled From Prior Accident
 11 - Other Defects

Sequence of Events:
 1 **21** 2 **00** 3 **00** 4 **00** 5 **00** 6 **00**
 First Harmful Event: **1** Most Harmful Event: **1** 99 - Unknown

Non-Collision Events:
 01 - Overturn/Rollover
 02 - Fire/Explosion
 03 - Immersion
 04 - Jackknife
 05 - Cargo/Equipment Loss or Shift
 06 - Equipment Failure (Blown Tire, Brake Failure, etc)
 07 - Separation of Units
 08 - Ran Off Road Right
 09 - Ran Off Road Left
 10 - Cross Median
 11 - Cross Center Line
 12 - Downhill Runaway
 13 - Other Non-Collision

Collision with Person, Vehicle or Object Not Fixed:
 14 - Pedestrian
 15 - Pedalcycle
 16 - Railway Vehicle (Train, Engine)
 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

Collision With Fixed Object:
 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, Building, Tunnel
 52 - Other Fixed Object

Unit Speed: **4** Posted Speed: _____ Traffic Control: **12**
 01 - No Controls
 02 - Stop Sign
 03 - Yield Sign
 04 - Traffic Signal
 05 - Traffic Flashers
 06 - School Zone
 07 - Railroad Crossbucks
 08 - Railroad Flashers
 09 - Railroad Gates
 10 - Construction Barricade
 11 - Person (Flagger, Officer)
 12 - Pavement Markings
 13 - Crosswalk Lines
 14 - Walk/Don't Walk
 15 - Other
 16 - Not Reported

Unit Direction: From **2** To **1**
 1 - North
 2 - South
 3 - East
 4 - West
 5 - Northeast
 6 - Northwest
 7 - Southeast
 8 - Southwest
 9 - Unknown



Unit

Local Report Number
1 6 0 5 9 4 6 3

Unit Number 02	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) Coover, Barbara R.	Owner Phone Number - Inc. area code (<input type="checkbox"/> Same As Driver) (513) 293-2071	Damage Scale 2	Damaged Area Front Rear
Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver) 5280 Camelot Dr. Fairfield, OH 45014			1 - None 2 - Minor 3 - Functional 4 - Disabling 9 - Unknown	
LP State OH	License Plate Number AQX2107	Vehicle Identification Number 2G2WP522251216062	# Occupants 0	
Vehicle Year 2005	Vehicle Make Pontiac	Vehicle Model Grand Prix	Vehicle Color Maroon	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company Landmark Insurance	Policy Number K2059487	Towed By	
Carrier Name, Address, City, State, Zip			Carrier Phone- Include area code	

US DOT	Vehicle Weight GVWR/GCWR 1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs. 3 - More Than 26,000 Lbs.	Cargo Body Type 01 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van (9-15 Seats, Inc Driver) 03 - Bus (16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel	09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	Trafficway Description 1 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Painted or Grass > 4 Ft.) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released	<input type="checkbox"/> Hit / Skip Unit		

Non-Motorist Location Prior to Impact 01 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown	Type of Use 1 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type 04 99 - Unknown or Hit / Skip	Passenger Vehicles (less than 9 passengers) 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sport Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle	Med/Heavy Trucks or Combo Units > 10k lbs 13 - Single Unit Truck or Van 2axle, 6 tires 14 - Single Unit Truck 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Bobtail) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle	Bus/Van/Limo (9 or More Including Driver) 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - Bus (16+ Seats, Inc Driver) Non-Motorist 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist
<input type="checkbox"/> Has HM Placard					

Special Function 01 01 - None 02 - Taxi 03 - Rental Truck (Over 10k Lbs) 04 - Bus - School (Public or Private) 05 - Bus - Transit 06 - Bus - Charter 07 - Bus - Shuttle 08 - Bus - Other	09 - Ambulance 10 - Fire 11 - Highway/Maintenance 12 - Military 13 - Police 14 - Public Utility 15 - Other Government 16 - Construction Equip.	17 - Farm Vehicle 18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative)	Most Damaged Area 06 01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear	08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total(All Areas) 14 - Other	Action 4 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions 10 Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn 99 - Unknown	07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Stowing or Stopped In Traffic 12 - Driverless	13 - Negotiating a Curve 14 - Other Motorist Action	Non-Motorist 15 - Entering or Crossing Specified Location 16 - Walking, Running, Jogging, Playing, Cycling 17 - Working 18 - Pushing Vehicle 19 - Approaching or Leaving Vehicle 20 - Standing 21 - Other Non-Motorist Action
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Contributing Circumstances Primary 01 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change /Passing/Off Road	Motorist 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change /Passing/Off Road	11 - Improper Backing 12 - Improper Start From Parked Position 13 - Stopped or Parked Illegally 14 - Operating Vehicle In Negligent Manner 15 - Swerving to Avoid (Due to External Conditions) 16 - Wrong Side/Wrong Way 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Load Shifting/Falling/Spilling 21 - Other Improper Action	Non-Motorist 22 - None 23 - Improper Crossing 24 - Darting 25 - Lying and/or Illegally In Roadway 26 - Failure to Yield Right of Way 27 - Not Visible (Dark Clothing) 28 - Inattentive 29 - Failure to Obey Traffic Signs /Signals/Officer 30 - Wrong Side of the Road 31 - Other Non-Motorist Action	Vehicle Defects 01 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects
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Sequence of Events 1 20 2 00 3 00 4 00 5 00 6 00 First Harmful Event 1 Most Harmful Event 1 99 - Unknown	Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (Blow Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left 10 - Cross Median 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision	Collision With Fixed Object 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, Building, Tunnel 52 - Other Fixed Object
Collision with Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle (Train, Engine) 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		

Unit Speed 0	Posted Speed 0	Traffic Control 12 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone 07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings 13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported	Unit Direction From 2 To 1 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
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Motorist / Non-Motorist / Occupant

Local Report Number
1 6 0 5 9 4 6 3

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender F - Female M - Male
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Address, City, State, Zip	Contact Phone- Include area code
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Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
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OL State	Operator License Number	OL Class	No Valid OL	M/C End.	Condition	Alcohol/Drug Suspected	Alcohol Test Status	Alcohol Test Type	Alcohol Test Value	Drug Test Status	Drug Test Type
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Offense Charged (Local Code)	Offense Description	Citation Number	Hands-Free Device Used	Driver Distracted By
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Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender F - Female M - Male
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Address, City, State, Zip	Contact Phone- Include area code
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Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
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OL State	Operator License Number	OL Class	No Valid OL	M/C End.	Condition	Alcohol/Drug Suspected	Alcohol Test Status	Alcohol Test Type	Alcohol Test Value	Drug Test Status	Drug Test Type
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Offense Charged (Local Code)	Offense Description	Citation Number	Hands-Free Device Used	Driver Distracted By
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Injuries 1 - No Injury / None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal	Injured Taken By 1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown	Safety Equipment Used 01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder and Lap Belt Used	99 - Unknown Safety Equipment 05 - Child Restraint System-Forward Facing 06 - Child Restraint System- Rear Facing 07 - Booster Seat 08 - Helmet Used	Non-Motorist 09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows, Knees, Etc)	12 - Reflective Clothing 13 - Lighting 14 - Other
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Seating Position 01 - Front - Left Side (Motorcycle Driver) 02 - Front - Middle 03 - Front - Right Side 04 - Second - Left Side (Motorcycle Passenger) 05 - Second - Middle 06 - Second - Right Side	07 - Third - Left Side (Motorcycle Side Car) 08 - Third - Middle 09 - Third - Right Side 10 - Sleeper Section of Cab (Truck) 11 - Passenger in Other Enclosed Cargo Area (Non-Trailing Unit Such as a Bus, Pickup with Cap)	12 - Passenger in Unenclosed Cargo Area 13 - Trailing Unit 14 - Riding on Vehicle Exterior (Non-Trailing Unit) 15 - Non-Motorist 16 - Other 99 - Unknown	Air Bag Usage 1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown
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Ejection 1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable	Trapped 1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means	Operator License Class 1 - Class A 2 - Class B 3 - Class C 4 - Regular Class (Ohio is "D") 5 - MC/Moped Only	Condition 1 - Apparently Normal 2 - Physical Impairment 3 - Emotional (Depressed, Angry, Disturbed) 4 - Illness	5 - Fell Asleep, Fainted, Fatigued 6 - Under The Influence of Medications, Drugs, Alcohol 7 - Other	Alcohol/Drug Suspected 1 - None 2 - Yes - Alcohol Suspected 3 - Yes - HBD Not Impaired 4 - Yes - Drugs Suspected 5 - Yes - Alcohol and Drugs Suspected
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Alcohol Test Status 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	Alcohol Test Type 1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other	Drug Test Status 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	Drug Test Type 1 - None 2 - Blood 3 - Urine 4 - Other	Driver Distracted By 1 - No Distraction Reported 2 - Phone 3 - Texting/E-mailing 4 - Electronic Communication Device 5 - Other Electronic Device (Navigation Device, Radio, DVD) 6 - Other Inside the Vehicle 7 - External Distraction
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Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender F - Female M - Male
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Address, City, State, Zip	Contact Phone- Include area code
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Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
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Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender F - Female M - Male
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Address, City, State, Zip	Contact Phone- Include area code
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Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
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