

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

24-OPD-1183

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> PRIVATE PROPERTY		<input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> OTHER		LOCAL INFORMATION REPORTING AGENCY NAME * Oxford Police Department		NCIC * 00907		HIT/SKIP 1 - SOLVED 2 - UNSOLVED		NUMBER OF UNITS 2		UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN	
COUNTY* 9		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1		LOCATION: CITY, VILLAGE, TOWNSHIP* Oxford		CRASH DATE / TIME* 12/23/2024 07:58		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 2							
ROUTE TYPE US		ROUTE NUMBER 27		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME College Corner		ROAD TYPE PJ		LATITUDE DECIMAL DEGREES 39.516748		LONGITUDE DECIMAL DEGREES -84.756663			
ROUTE TYPE US		ROUTE NUMBER 27		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 5173		ROAD TYPE PJ							
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 3		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 3		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 0.00		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS 2		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		ROADWAY <input type="checkbox"/> 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 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 1				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 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN 1					
<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 4 - SLAG, GRAVEL, STONE 5 - DIRT 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 1				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 1				LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 1		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 1					
NARRATIVE Unit #2 was traveling south on College Corner Pike near 5173 College Corner Pike, State Line Auto Body, when Unit #1 (pedestrian) intentionally stepped into the roadway in front of unit #2 with the intent to harm herself. Unit #2 then struck Unit #1 causing injury.															
CRASH REPORTED DATE / TIME 12/23/2024 07:58			DISPATCH DATE / TIME 12/23/2024 07:58			ARRIVAL DATE / TIME 12/23/2024 08:09			SCENE CLEARED DATE / TIME 12/23/2024 08:28			REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST			
TOTAL TIME ROADWAY CLOSED 19		OTHER INVESTIGATION TIME		TOTAL MINUTES 30		OFFICER'S NAME* Campbell, Jeffrey			CHECKED BY OFFICER'S NAME* Jones, John			<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPs)			
				OFFICER'S BADGE NUMBER* 52				CHECKED BY OFFICER'S BADGE NUMBER* 1							

UNIT # 1	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) IRWIN, KIMBERLY, ANN	OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER)
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 5032 COLLEGE CORNER PIKE APT 8 , OXFORD, OH, 450561137		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

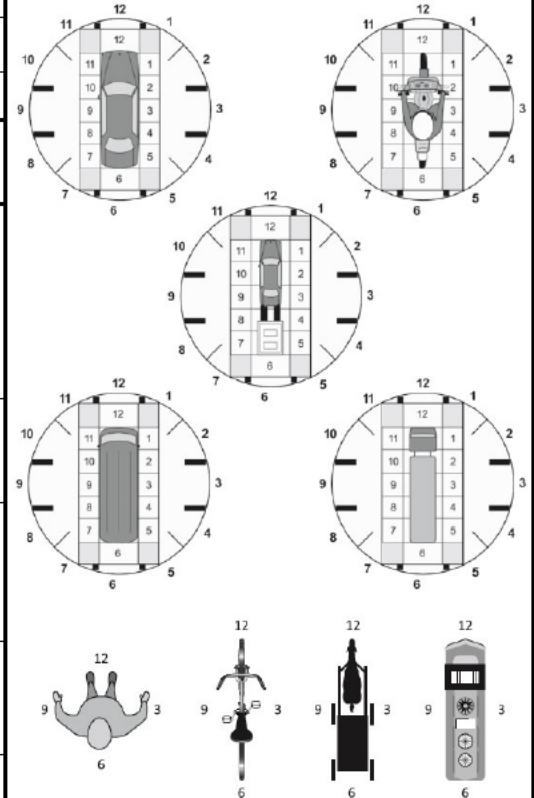
DAMAGE

DAMAGE SCALE

1 - NONE	3 - FUNCTIONAL DAMAGE
4 - 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]

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE																														
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL																														
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 CLASS # PLACARD ID #																															
VEHICLE WEIGHT GVWR/GCWR																																		
1 - ≤ 10K LBS.																																		
2 - 10,001 - 26K LBS.																																		
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WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?																																		
1 - YES 2 - NO 9 - OTHER / UNKNOWN		0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - OTHER/UNKNOWN																																
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		2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION																																
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INITIAL POINT OF CONTACT

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

13 - TOP

CONTRIBUTING CIRCUMSTANCES	<table border="0"> <tr> <td>1 - NONE</td> <td>8 - FOLLOWING TOO CLOSE /ACDA</td> <td>13 - IMPROPER START FROM A PARKED POSITION</td> <td>18 - OPERATING DEFECTIVE EQUIPMENT</td> <td>23 - OPENING DOOR INTO ROADWAY</td> </tr> <tr> <td>2 - FAILURE TO YIELD</td> <td>9 - IMPROPER LANE CHANGE</td> <td>14 - STOPPED OR PARKED ILLEGALLY</td> <td>19 - LOAD SHIFTING /FALLING/SPILLING</td> <td>99 - OTHER IMPROPER ACTION</td> </tr> <tr> <td>3 - RAN RED LIGHT</td> <td>10 - IMPROPER PASSING</td> <td>15 - SWERVING TO AVOID</td> <td>20 - IMPROPER CROSSING</td> <td></td> </tr> <tr> <td>4 - RAN STOP SIGN</td> <td>11 - DROVE OFF ROAD</td> <td>16 - WRONG WAY</td> <td>21 - LYING IN ROADWAY</td> <td></td> </tr> <tr> <td>5 - UNSAFE SPEED</td> <td>12 - IMPROPER BACKING</td> <td>17 - VISION OBSTRUCTION</td> <td>22 - NOT DISCERNIBLE</td> <td></td> </tr> <tr> <td>6 - IMPROPER TURN</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>7 - LEFT OF CENTER</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				1 - NONE	8 - FOLLOWING TOO CLOSE /ACDA	13 - IMPROPER START FROM A PARKED POSITION	18 - OPERATING DEFECTIVE EQUIPMENT	23 - OPENING DOOR INTO ROADWAY	2 - FAILURE TO YIELD	9 - IMPROPER LANE CHANGE	14 - STOPPED OR PARKED ILLEGALLY	19 - LOAD SHIFTING /FALLING/SPILLING	99 - OTHER IMPROPER ACTION	3 - RAN RED LIGHT	10 - IMPROPER PASSING	15 - SWERVING TO AVOID	20 - IMPROPER CROSSING		4 - RAN STOP SIGN	11 - DROVE OFF ROAD	16 - WRONG WAY	21 - LYING IN ROADWAY		5 - UNSAFE SPEED	12 - IMPROPER BACKING	17 - VISION OBSTRUCTION	22 - NOT DISCERNIBLE		6 - IMPROPER TURN					7 - LEFT OF CENTER				
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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

SEQUENCE OF EVENTS	<table border="0"> <tr> <td>1 - OVERTURN/ROLLOVER</td> <td>7 - SEPARATION OF UNITS</td> <td>12 - DOWNHILL RUNAWAY</td> <td>19 - ANIMAL - OTHER</td> <td>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE</td> </tr> <tr> <td>2 - FIRE/EXPLOSION</td> <td>8 - RAN OFF ROAD RIGHT</td> <td>13 - OTHER NON-COLLISION</td> <td>20 - MOTOR VEHICLE IN TRANSPORT</td> <td>24 - OTHER MOVABLE OBJECT</td> </tr> <tr> <td>3 - IMMERSION</td> <td>9 - RAN OFF ROAD LEFT</td> <td>14 - PEDESTRIAN</td> <td>21 - PARKED MOTOR VEHICLE</td> <td></td> </tr> <tr> <td>4 - JACKKNIFE</td> <td>10 - CROSS MEDIAN</td> <td>15 - PEDALCYCLE</td> <td>22 - WORK ZONE MAINTENANCE EQUIPMENT</td> <td></td> </tr> <tr> <td>5 - CARGO / EQUIPMENT LOSS OR SHIFT</td> <td>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL</td> <td>16 - RAILWAY VEHICLE</td> <td></td> <td></td> </tr> <tr> <td>6 - EQUIPMENT FAILURE</td> <td></td> <td>17 - ANIMAL - FARM</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>18 - ANIMAL - DEER</td> <td></td> <td></td> </tr> </table>				1 - OVERTURN/ROLLOVER	7 - SEPARATION OF UNITS	12 - DOWNHILL RUNAWAY	19 - ANIMAL - OTHER	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE	2 - FIRE/EXPLOSION	8 - RAN OFF ROAD RIGHT	13 - OTHER NON-COLLISION	20 - MOTOR VEHICLE IN TRANSPORT	24 - OTHER MOVABLE OBJECT	3 - IMMERSION	9 - RAN OFF ROAD LEFT	14 - PEDESTRIAN	21 - PARKED MOTOR VEHICLE		4 - JACKKNIFE	10 - CROSS MEDIAN	15 - PEDALCYCLE	22 - WORK ZONE MAINTENANCE EQUIPMENT		5 - CARGO / EQUIPMENT LOSS OR SHIFT	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE			6 - EQUIPMENT FAILURE		17 - ANIMAL - FARM					18 - ANIMAL - DEER		
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# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	1 - NOT INVOLVED
	2 - INVOLVED-ACTIVE CROSSING
	3 - INVOLVED-PASSIVE CROSSING

COLLISION WITH FIXED OBJECT - STRUCK

25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	38 - OVERHEAD SIGN POST	45 - EMBANKMENT	52 - BUILDING
26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	39 - LIGHT / LUMINARIES SUPPORT	46 - FENCE	53 - TUNNEL
27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	40 - UTILITY POLE	47 - MAILBOX	54 - OTHER FIXED OBJECT
28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER	41 - OTHER POST, POLE OR SUPPORT	48 - TREE	99 - OTHER / UNKNOWN
29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	42 - CULVERT	49 - FIRE HYDRANT	
30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT	
	37 - TRAFFIC SIGN POST	44 - DITCH	51 - WALL	

UNIT / NON-MOTORIST DIRECTION

FROM 8 TO 5

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

FIRST HARMFUL EVENT 1 **MOST HARMFUL EVENT** 1

UNIT SPEED	DETECTED SPEED
	1 - STATED / ESTIMATED SPEED
POSTED SPEED	3 2 - CALCULATED / EDR
	3 - UNDETERMINED

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
24-OPD-1183

UNIT # 1	NAME: LAST, FIRST, MIDDLE IRWIN, KIMBERLY, ANN				DATE OF BIRTH 10/07/1987		AGE 37	GENDER F				
ADDRESS: STREET, CITY, STATE, ZIP 5032 COLLEGE CORNER PIKE APT 8 , OXFORD, OH, 450561137					CONTACT PHONE - INCLUDE AREA CODE							
INJURIES 2	INJURED TAKEN BY [2]	EMS AGENCY (NAME) Oxford Fire / UC Aircare	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) University of Cincinnati		SAFETY EQUIPMENT USED 1	<input type="checkbox"/> DOT-COMPLIANT <input checked="" type="checkbox"/> MC HELMET	SEATING POSITION 15	AIR BAG USAGE	EJECTION	TRAPPED		
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 4511.48		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION RIGHT OF WAY YIELDED BY PEDESTRIA			CITATION NUMBER 392219			
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 3	ALCOHOL TEST		DRUG TEST(S)			
							STATUS 1	TYPE 1	VALUE	STATUS 1	TYPE 1	RESULTS SELECT UP TO 4

UNIT # 2	NAME: LAST, FIRST, MIDDLE PRINCELL, KRISTIN, KARIN				DATE OF BIRTH 01/08/1964		AGE 60	GENDER F				
ADDRESS: STREET, CITY, STATE, ZIP 1337 DANA DR , OXFORD, OH, 450562566					CONTACT PHONE - INCLUDE AREA CODE							
INJURIES 5	INJURED TAKEN BY [1]	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT <input checked="" type="checkbox"/> MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER			
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST		DRUG TEST(S)			
							STATUS 1	TYPE 1	VALUE	STATUS 1	TYPE 1	RESULTS SELECT UP TO 4

UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	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	<input type="checkbox"/> DOT-COMPLIANT <input checked="" type="checkbox"/> MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER			
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST		DRUG TEST(S)			
							STATUS 1	TYPE 1	VALUE	STATUS 1	TYPE 1	RESULTS 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 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	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M/C MOPEO 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 CONDITION 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 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 TYPE 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
INJURIES TAKEN BY 1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN			OL ENDORSEMENT 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			
SAFETY EQUIPMENT 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 (ELBOWS, KNEES, ETC) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN			GENDER F - FEMALE M - MALE U - OTHER / UNKNOWN			

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
24-OPD-1183

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED

INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - NONE USED - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
INJURED TAKEN BY			EJECTION
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
GENDER			TRAPPED
F - FEMALE M - MALE U - OTHER / UNKNOWN			1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS

WITNESS	NAME: LAST, FIRST, MIDDLE MARCUM, KRISTINA	DATE OF BIRTH 04/25/1978	AGE 46	GENDER F
	ADDRESS: STREET, CITY, STATE, ZIP 1002 WOODBINE RD, HAMILTON, OH, 450134322	CONTACT PHONE - INCLUDE AREA CODE		
NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE			
NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE			