

LOCAL REPORT NUMBER\*  
**24-OPD-0513**

HIT/SKIP: 1 - SOLVED, 2 - UNSOLVED  
 NUMBER OF UNITS: **01**  
 UNIT IN ERROR: 98 - ANIMAL, 99 - UNKNOWN

LOCAL INFORMATION

PHOTOS TAKEN  OH-2  OH-3  
 SECONDARY CRASH  OH-1P  OTHER  
 PRIVATE PROPERTY

REPORTING AGENCY NAME\* **Oxford PD** NCIC\* **0907**

COUNTY\* **09** LOCALITY\* **2** LOCATION: CITY, VILLAGE, TOWNSHIP\* **Oxford**

CRASH DATE / TIME\* **06032024 1700** CRASH SEVERITY **5**

ROUTE TYPE **US** ROUTE NUMBER **27** PREFIX **N** LOCATION ROAD NAME **LOCUST** ROAD TYPE **ST**

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) **College Corner** ROAD TYPE **PI**

REFERENCE POINT: 1 - INTERSECTION, 2 - MILE POST, 3 - HOUSE #  
 DIRECTION FROM REFERENCE: 1 - NORTH, 2 - SOUTH, 3 - EAST, 4 - WEST  
 DISTANCE FROM REFERENCE: 1 - MILES, 2 - FEET, 3 - YARDS

LATITUDE DECIMAL DEGREES **39.5132760**  
 LONGITUDE DECIMAL DEGREES **-84.7491601**

INTERSECTION RELATED  
 WITHIN INTERSECTION OR ON APPROACH  
 WITHIN INTERCHANGE AREA NUMBER OF APPROACHES

ROADWAY  
 ROADWAY DIVIDED

IR - INTERSTATE ROUTE (TP)  
 US - FEDERAL US ROUTE  
 SR - STATE ROUTE  
 CR - NUMBERED COUNTY ROUTE  
 TR - NUMBERED TOWNSHIP ROUTE

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

LOCATION OF FIRST HARMFUL EVENT: 1 - ON ROADWAY, 2 - ON SHOULDER, 3 - IN MEDIAN, 4 - ON ROADSIDE, 5 - ON GORE, 6 - OUTSIDE TRAFFIC WAY, 7 - ON RAMP, 8 - OFF RAMP, 9 - CROSSOVER, 10 - DRIVEWAY/ALLEY ACCESS, 11 - RAILWAY GRADE CROSSING, 12 - SHARED USE PATHS OR TRAILS, 13 - BIKE LANE, 14 - TOLL BOOTH, 99 - OTHER / UNKNOWN

MANNER OF CRASH COLLISION / IMPACT: 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT, 2 - REAR-END, 3 - HEAD-ON, 4 - REAR-TO-REAR, 5 - BACKING, 6 - ANGLE, 7 - SIDESWIPE, SAME DIRECTION, 8 - SIDESWIPE, OPPOSITE DIRECTION, 9 - OTHER / UNKNOWN

DIRECTION OF TRAVEL: 1 - NORTH, 2 - SOUTH, 3 - EAST, 4 - WEST

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 - STRAIGHT LEVEL, 2 - STRAIGHT GRADE, 3 - CURVE LEVEL, 4 - CURVE GRADE, 9 - OTHER/UNKNOWN

CONDITIONS: 1 - DRY, 2 - WET, 3 - SNOW, 4 - ICE, 5 - SAND, MUD, DIRT, OIL, GRAVEL, 6 - WATER (STANDING, MOVING), 7 - SLUSH, 9 - OTHER / UNKNOWN

SURFACE: 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

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

NARRATIVE: Both units #1 and #2 were traveling north on N. Locust St. They stopped at the stop light at College Corner Pike. Unit #2 failed to stop before striking unit #1. Police were not called to scene. Driver of unit #1 gave false information to driver of unit #2. I was able to later identify the true identification of unit #1.

US 27 College Corner Pike

Indicate the north direction with an "N" on the compass diagram. NOT TO SCALE

CRASH REPORTED DATE / TIME: **06032024 1708** DISPATCH DATE / TIME: **06032024 1712** ARRIVAL DATE / TIME: **06032024 1723** SCENE CLEARED DATE / TIME: **06032024 1736**

REPORT TAKEN BY:  POLICE AGENCY,  MOTORIST,  SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO THE OHIO DEPARTMENT OF PUBLIC SAFETY)

TOTAL TIME ROADWAY CLOSED: **0** OTHER INVESTIGATION TIME: **0** TOTAL MINUTES: **24**

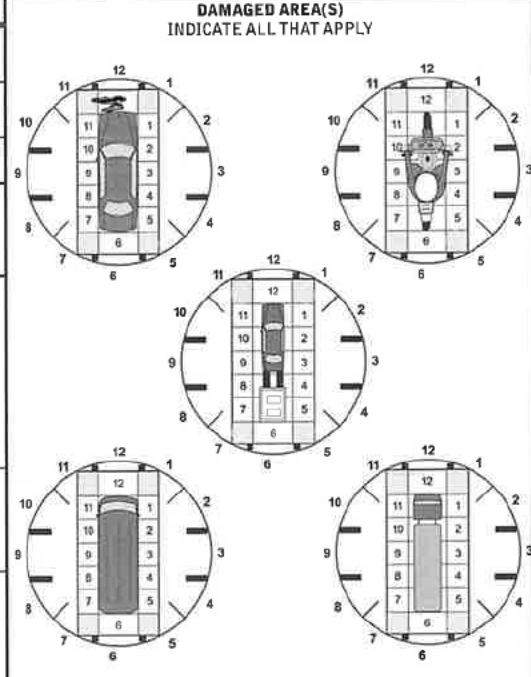
OFFICER'S NAME\*: **Officer S. Jillich** OFFICER'S BADGE NUMBER\*: **418**

CHECKED BY OFFICER'S NAME\*: **Sgt. Mc Hatfield** CHECKED BY OFFICER'S BADGE NUMBER\*: **35**

**OWNER**  
 UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (SAMEAS DRIVER) Hile, Candace  
 OWNER ADDRESS: STREET CITY STATE, ZIP (SAMEAS DRIVER) 190 Debbie Dr., Oxford, OH 45052  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP \_\_\_\_\_  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE \_\_\_\_\_

**DAMAGE**  
 DAMAGE SCALE  
2 1 - NONE 3 - FUNCTIONAL DAMAGE  
 2 - MINOR DAMAGE 4 - DISABLING DAMAGE  
 9 - UNKNOWN

**VEHICLE**  
 LP STATE OH LICENSE PLATE # KIAT767 VEHICLE IDENTIFICATION # ZC4RE1BG7ER255790 VEHICLE YEAR 2014 VEHICLE MAKE Chry  
 INSURANCE VERIFIED INSURANCE COMPANY NONE INSURANCE POLICY # \_\_\_\_\_ COLOR NAVY BLUE VEHICLE MODEL Town & Country  
 COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS 01 VEHICLE WEIGHT GVWR/GCWR  
 HAZARDOUS MATERIAL CLASS # PLACARD ID #  
 MATERIAL RELEASED  
 PLACARD



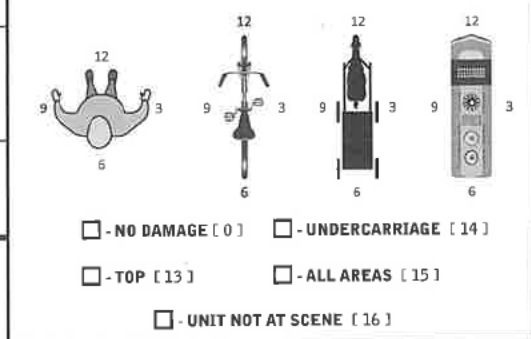
**UNIT TYPE**  
02 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER  
0 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - 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

**AUTONOMOUS MODE**  
 WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?  
2 1 - YES 2 - NO 9 - OTHER / UNKNOWN  
 AUTONOMOUS MODE LEVEL  
0 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION  
 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

**SPECIAL FUNCTION**  
01 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**  
01 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 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN  
 11 - DUMP

**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**  
3 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 - STRUCK PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE  
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN  
 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS

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

**CONTRIBUTING CIRCUMSTANCES**  
01 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY  
 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE  
 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/ SPILLING 23 - OPENING DOOR INTO ROADWAY  
 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION  
 5 - UNSAFE SPEED 11 - DROVE OFF ROAD  
 6 - IMPROPER TURN 12 - IMPROPER BACKING

**TRAFFIC**  
**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

**SEQUENCE OF EVENTS**  
20 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  
 6 - IMPROPER TURN 11 - DROVE OFF ROAD 12 - IMPROPER BACKING

**# OF THROUGH LANES ON ROAD**  
2  
**RAIL GRADE CROSSING**  
1 1 - NOT INVOLVED  
 2 - INVOLVED-ACTIVE CROSSING  
 3 - INVOLVED-PASSIVE CROSSING

**COLLISION WITH FIXED OBJECT - STRUCK**  
 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

**UNIT / NON-MOTORIST DIRECTION**  
 FROM 2 TO 1  
 1 - NORTH 5 - NORTHEAST  
 2 - SOUTH 6 - NORTHWEST  
 3 - EAST 7 - SOUTHEAST  
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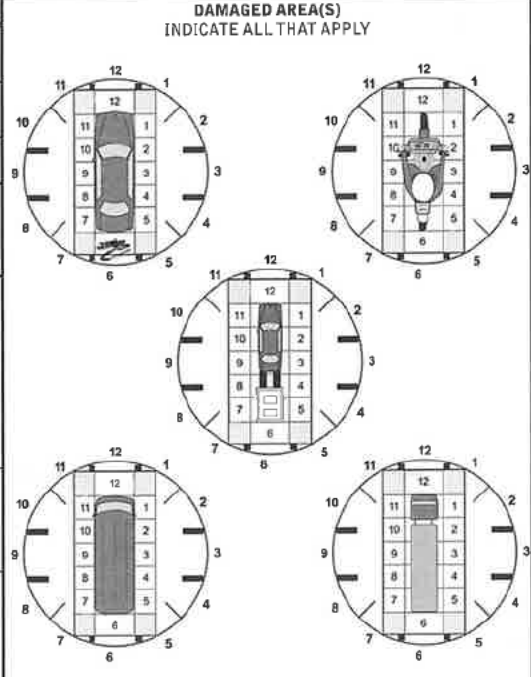
**FIRST HARMFUL EVENT** 1 **MOST HARMFUL EVENT** 1

**UNIT SPEED**  
 \_\_\_\_\_  
**POSTED SPEED**  
25  
**DETECTED SPEED**  
3 1 - STATED / ESTIMATED SPEED  
 2 - CALCULATED / EDR  
 3 - UNDETERMINED

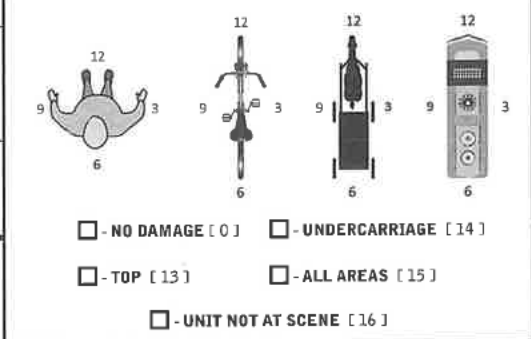
**OWNER**  
 UNIT # **02** OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) **Thompson, Andrew**  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)  
**2 Fox Run Ter, Ormond Beach FL 32174**  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**DAMAGE**  
**DAMAGE SCALE**  
**2** 1 - NONE 3 - FUNCTIONAL DAMAGE  
 2 - MINOR DAMAGE 4 - DISABLING DAMAGE  
 9 - UNKNOWN

**VEHICLE**  
 LP STATE **FL** LICENSE PLATE # **IGA 229** VEHICLE IDENTIFICATION # **417229339301288** VEHICLE YEAR **2019** VEHICLE MAKE **Huay**  
 INSURANCE VERIFIED INSURANCE COMPANY **Geico** INSURANCE POLICY # **417229339301288** COLOR **SL** VEHICLE MODEL **Tucson**  
 COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS **01** VEHICLE WEIGHT GVWR/GCWR  
 TOWED BY: COMPANY NAME HAZARDOUS MATERIAL CLASS # PLACARD ID #  
 MATERIAL RELEASED  PLACARD



**UNIT TYPE**  
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 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP  
 # OF TRAILING UNITS



**VEHICLE**  
 WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?  
**2** 1 - YES 2 - NO 9 - OTHER / UNKNOWN  
 AUTONOMOUS MODE LEVEL  
**01** 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION  
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**VEHICLE DEFECTS**  
**01** 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN  
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**NON-MOTORIST LOCATION AT IMPACT**  
**01** 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE  
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 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS

**INITIAL POINT OF CONTACT**  
**06** 0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 13 - TOP 99 - UNKNOWN

**CONTRIBUTING CIRCUMSTANCES**  
**01** 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY  
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 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY  
 6 - IMPROPER TURN 12 - IMPROPER BACKING

**TRAFFIC**  
**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

**EVENT(S)**  
**20** 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
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 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER  
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT  
 6 - IMPROPER TURN 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 21 - PARKED MOTOR VEHICLE

**# OF THROUGH LANES ON ROAD**  
**2**  
**RAIL GRADE CROSSING**  
 1 - NOT INVOLVED  
 2 - INVOLVED-ACTIVE CROSSING  
 3 - INVOLVED-PASSIVE CROSSING

**SEQUENCE OF EVENTS**  
**1** 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
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**UNIT / NON-MOTORIST DIRECTION**  
 FROM **2** TO **1**  
 1 - NORTH 5 - NORTHEAST  
 2 - SOUTH 6 - NORTHWEST  
 3 - EAST 7 - SOUTHEAST  
 4 - WEST 8 - SOUTHWEST  
 9 - OTHER / UNKNOWN

**COLLISION WITH FIXED OBJECT - STRUCK**  
 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

**UNIT SPEED**  
**25**  
**POSTED SPEED**  
**25**  
**DETECTED SPEED**  
**3** 1 - STATED / ESTIMATED SPEED  
 2 - CALCULATED / EDR  
 3 - UNDETERMINED



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
**24-OPD-0513**

<b>UNIT #</b> 01	<b>NAME: LAST, FIRST, MIDDLE</b> Hite, Candace	<b>DATE OF BIRTH</b> 03241992	<b>AGE</b> 32	<b>GENDER</b> F
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 190 Debbie Dr., Oxford OH 45056		<b>CONTACT PHONE - INCLUDE AREA CODE</b> [REDACTED]		
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 04
<b>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>	<b>OFFENSE CHARGED</b> 1.) ACDA 2.) Leaving Scene	<b>LOCAL CODE</b>	<b>OFFENSE DESCRIPTION</b> 1.) 4511.21 2.) 4549.02
<b>OL CLASS</b> D	<b>ENDORSEMENT</b>	<b>RESTRICTION</b>	<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG
		<b>ALCOHOL TEST</b>		<b>DRUG TEST(S)</b>
		<b>STATUS</b>	<b>TYPE</b>	<b>VALUE</b>
		<b>STATUS</b>	<b>TYPE</b>	<b>RESULT</b>

<b>UNIT #</b> 02	<b>NAME: LAST, FIRST, MIDDLE</b> Thompson, Andrew	<b>DATE OF BIRTH</b> 06261997	<b>AGE</b> 26	<b>GENDER</b> M
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 2 Fox Run Trl., Orman Beach, FL 32174		<b>CONTACT PHONE - INCLUDE AREA CODE</b> [REDACTED]		
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 99
<b>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>	<b>OFFENSE CHARGED</b>	<b>LOCAL CODE</b>	<b>OFFENSE DESCRIPTION</b>
<b>OL CLASS</b> E	<b>ENDORSEMENT</b>	<b>RESTRICTION</b>	<b>DRIVER DISTRACTED BY</b> 9	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG
		<b>ALCOHOL TEST</b>		<b>DRUG TEST(S)</b>
		<b>STATUS</b>	<b>TYPE</b>	<b>VALUE</b>
		<b>STATUS</b>	<b>TYPE</b>	<b>RESULT</b>

<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>	<b>DATE OF BIRTH</b>	<b>AGE</b>	<b>GENDER</b>
<b>ADDRESS: STREET, CITY, STATE, ZIP</b>		<b>CONTACT PHONE - INCLUDE AREA CODE</b>		
<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b>
<b>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>	<b>OFFENSE CHARGED</b>	<b>LOCAL CODE</b>	<b>OFFENSE DESCRIPTION</b>
<b>OL CLASS</b>	<b>ENDORSEMENT</b>	<b>RESTRICTION</b>	<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b>
		<b>ALCOHOL TEST</b>		<b>DRUG TEST(S)</b>
		<b>STATUS</b>	<b>TYPE</b>	<b>VALUE</b>
		<b>STATUS</b>	<b>TYPE</b>	<b>RESULT</b>

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