

Count: Plea:

| | | | |
|---|-----------------------------|-----------------------------|-----------------------------|
| A | <input type="checkbox"/> GG | <input type="checkbox"/> NG | <input type="checkbox"/> NC |
| B | <input type="checkbox"/> GG | <input type="checkbox"/> NG | <input type="checkbox"/> NC |
| C | <input type="checkbox"/> GG | <input type="checkbox"/> NG | <input type="checkbox"/> NC |
| D | <input type="checkbox"/> GG | <input type="checkbox"/> NG | <input type="checkbox"/> NC |
| E | <input type="checkbox"/> GG | <input type="checkbox"/> NG | <input type="checkbox"/> NC |
| F | <input type="checkbox"/> GG | <input type="checkbox"/> NG | <input type="checkbox"/> NC |

Finding on No Contest Plea:

| | | | |
|---|-----------------------------|-----------------------------|------------------------------------|
| A | <input type="checkbox"/> GG | <input type="checkbox"/> NG | <input type="checkbox"/> DISMISSED |
| B | <input type="checkbox"/> GG | <input type="checkbox"/> NG | <input type="checkbox"/> DISMISSED |
| C | <input type="checkbox"/> GG | <input type="checkbox"/> NG | <input type="checkbox"/> DISMISSED |
| D | <input type="checkbox"/> GG | <input type="checkbox"/> NG | <input type="checkbox"/> DISMISSED |
| E | <input type="checkbox"/> GG | <input type="checkbox"/> NG | <input type="checkbox"/> DISMISSED |
| F | <input type="checkbox"/> GG | <input type="checkbox"/> NG | <input type="checkbox"/> DISMISSED |

MOTION FOR

WAIVER OF TRIAL TIME FILED

REQUEST FOR PRETRIAL HEARING FILED

ENTRY

| | | |
|------|-------|----------------|
| A \$ | _____ | BOND FORFEITED |
| B \$ | _____ | BOND FORFEITED |
| C \$ | _____ | BOND FORFEITED |
| D \$ | _____ | BOND FORFEITED |
| E \$ | _____ | BOND FORFEITED |
| F \$ | _____ | BOND FORFEITED |

BENCH WARRANT ORDERED; BOND SET AT \$_____

TRIAL BY COURT JURY

DEFT FOUND:

| | | | |
|---|-----------------------------|-----------------------------|------------------------------------|
| A | <input type="checkbox"/> GG | <input type="checkbox"/> NG | <input type="checkbox"/> DISMISSED |
| B | <input type="checkbox"/> GG | <input type="checkbox"/> NG | <input type="checkbox"/> DISMISSED |
| C | <input type="checkbox"/> GG | <input type="checkbox"/> NG | <input type="checkbox"/> DISMISSED |
| D | <input type="checkbox"/> GG | <input type="checkbox"/> NG | <input type="checkbox"/> DISMISSED |
| E | <input type="checkbox"/> GG | <input type="checkbox"/> NG | <input type="checkbox"/> DISMISSED |
| F | <input type="checkbox"/> GG | <input type="checkbox"/> NG | <input type="checkbox"/> DISMISSED |

 DEFENDANT HAVING PLEADED OR CHANGED PLEA TO: GUILTY NOT GUILTY AND FOUND _____ GUILTY NO CONTEST AND FOUND _____ GUILTY

THE COURT THEREFORE IMPOSES THE FOLLOWING SENTENCE:

FINE: COSTS:

| | | | | |
|---|----------|---|---|------------------------------------|
| A | \$ _____ | Y | N | <input type="checkbox"/> DISMISSED |
| B | \$ _____ | Y | N | <input type="checkbox"/> DISMISSED |
| C | \$ _____ | Y | N | <input type="checkbox"/> DISMISSED |
| D | \$ _____ | Y | N | <input type="checkbox"/> DISMISSED |
| E | \$ _____ | Y | N | <input type="checkbox"/> DISMISSED |
| F | \$ _____ | Y | N | <input type="checkbox"/> DISMISSED |

JAIL: _____

SUSPENSION OF DRIVING RIGHTS: _____

JUDGE

ENTRY MODIFYING SUSPENSION
NOTICE OF APPEALATTORNEY NAME AND ADDRESS:

Case No. 20TRC05730

Number of Counts 4

CLARK COUNTY
MUNICIPAL COURT
CLARK COUNTY, OHIO
THE STATE OF OHIO
THE CITY OF SPRINGFIELD
BY

1317 Penney St.
Springfield, OH 45509
D.O.B. 07/06/1984
S.S. NO. XXX-XX-7261

VIOLATION:

A 4511.1A1 ON/OFF
 B 4510.12A1 NO O.L.
 C 331.34A FAILURE TO CONTROL
 D 335.12A FAILURE TO STOP AFTER ACCIDENT
 E _____
 F _____

DATE OF ARRAIGNMENT: 07/27/20

ASSIGNMENT:

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____
- (6) _____
- (7) _____

INSURED? YES NOOL HELD? YES NOBOND POSTED - CASH-SURETY 0/1
AMOUNT

MUNICIPAL JUVENILE COURT CLARK COUNTY, OHIO

STATE OF OHIO

SPRINGFIELD

 City Village Township

TICKET # 299234

CASE # 20-29557

NAME DANIELLE R. DILLAVOU

STREET 1317 Peavy St.

CITY, STATE SPRINGFIELD, OH ZIP 45504

OPERATOR LICENSE STATE ID # None

BIRTH DATE

ISSUE DATE

STATE

SP327773 07/06/84 04/06/19 OH

CLASS EXPIRES ENDORSEMENT(S)/RESTRICTION(S) SS# (last 4 digits)

1 07/06/21 CDL MC Other 7261

SEX HEIGHT WEIGHT EYES HAIR RACE FINANCIAL RESPONSIBILITY PROOF?

F 502 195 Br Br Blk Yes No N/AIf no OH/State ID; REQUIRED documentation attached: Yes

TO DEFENDANT: COMPLAINT ON 07/26/2020 AT 0804 AM, YOU

Operated/Passenger/Parked/Walked a Passenger Motorcycle Bicycle Other Commercial DOT# >26,001 lbs <16 Pass. Bus >16 Pass. Bus Haz. Mat.

VEHICLE: YEAR 2006 MAKE DODGE MODEL CHARGER

COLOR RED LICENSE # JA16230 STATE OH

UPON A PUBLIC HIGHWAY, NAMELY 5. CENTER ST.

AT/NEAR 704 (M.P.)

IN THE CITY OF SPRINGFIELD IN CLARK

COUNTY (NO.), 12 STATE OF OHIO AND COMMITTED THE FOLLOWING OFFENSE(S).

| | |
|--|---|
| SPEED: MPH in MPH zone | <input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P. |
| <input type="checkbox"/> Over limits <input type="checkbox"/> Unsafe for conditions <input type="checkbox"/> ACDA | |
| <input type="checkbox"/> Radar <input type="checkbox"/> Air <input type="checkbox"/> VASCAR <input type="checkbox"/> Pace <input type="checkbox"/> Laser <input type="checkbox"/> Stationary <input type="checkbox"/> Moving | |

| | |
|---|--|
| X OVI: <input checked="" type="checkbox"/> Under the influence of alcohol/drug of abuse. | <input checked="" type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P. |
| <input type="checkbox"/> Prohibited blood alcohol concentration: BAC | |
| <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input checked="" type="checkbox"/> Refused | |

| | | |
|-------------------------------|----------------------|------------|
| Prior OVI's: # of prior OVI's | Years of prior OVI's | 4511.19A1A |
|-------------------------------|----------------------|------------|

| | |
|--|--|
| X DRIVER LICENSE: <input type="checkbox"/> None <input type="checkbox"/> Not on person <input type="checkbox"/> Revoked <input type="checkbox"/> Suspended | <input checked="" type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P. |
| EXPIRED: <input type="checkbox"/> <6 months <input type="checkbox"/> >6 months <input type="checkbox"/> Failure to Reinstate | |
| Suspension Type: NC O. L. | 4510.12A1 |

| | |
|---|---|
| SAFETY BELT: Failure to wear | <input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P. |
| <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Child Restraint <input type="checkbox"/> Booster Seat | |

| | |
|-------------------------------------|--|
| X OTHER OFFENSE: FAILURE TO CONTROL | <input type="checkbox"/> ORC <input checked="" type="checkbox"/> ORD <input type="checkbox"/> T.P. |
| | 337.39A |

| | |
|---|--|
| X OTHER OFFENSE: FAILURE TO STOP AFTER ACCIDENT | <input type="checkbox"/> ORC <input checked="" type="checkbox"/> ORD <input type="checkbox"/> T.P. |
| | 335.12A |

| | |
|---|--|
| <input type="checkbox"/> DRIVER LICENSE HELD <input type="checkbox"/> VEHICLE SEIZED <input type="checkbox"/> JUVENILE OFFENDER | |
|---|--|

| | | |
|--|------------|--|
| PAVEMENT: <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Icy | # of Lanes | <input type="checkbox"/> Construction Zone |
|--|------------|--|

| | | |
|---|--|--|
| VISIBILITY: <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Dusk <input type="checkbox"/> Night <input type="checkbox"/> Dawn | | |
|---|--|--|

| | | |
|---|--|--|
| WEATHER: <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> No Adverse | | |
|---|--|--|

| | | |
|--|--|--|
| TRAFFIC: <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> None | | |
|--|--|--|

| | | |
|---|--|--|
| AREA: <input type="checkbox"/> Business <input type="checkbox"/> Rural <input type="checkbox"/> Residential <input type="checkbox"/> Industry <input type="checkbox"/> School | | |
|---|--|--|

| | | |
|---|--|--|
| CRASH: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Almost Caused <input type="checkbox"/> Non-Injury <input type="checkbox"/> Injury <input type="checkbox"/> Fatal | | |
|---|--|--|

| | |
|----------------------|--|
| Crash Report Number: | |
|----------------------|--|

| | |
|---|--|
| REMARKS: Prison NO 6.6 07/26/15, 07/30/15, 03/16/16 | |
|---|--|

| | |
|--|--------------------|
| ACCOMPANYING CRIMINAL CHARGE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | TOTAL # OFFENSES 4 |
|--|--------------------|

| | |
|---|--|
| DEFENDANT: SUMMONS PERSONAL APPEARANCE REQUIRED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
|---|--|

| | |
|--|--|
| are summoned and ordered to appear on 07/27/2020 at 130 AM | |
|--|--|

| | |
|---|--|
| MUNICIPAL/JUVENILE Court, at 50 E. COLUMBIA / 101 E. COLUMBIA | |
|---|--|

| | |
|---|--|
| You fail to appear at this time and place you may be arrested or your license may be cancelled. | |
|---|--|

| | |
|--|--|
| summons served personally on the defendant on 07/26/2020 | |
|--|--|

| | |
|---|--|
| Issuing/charging law enforcement officer states under the penalties of perjury and falsification that | |
|---|--|

| | |
|--|--|
| he has read the above complaint and that it is true. | |
|--|--|

| | | | | |
|------------------------|------------|------|------|----------|
| <i>Officer Schmidt</i> | COURT CODE | UNIT | POST | DISTRICT |
|------------------------|------------|------|------|----------|

| | | | | |
|------------------------|------|---|---|--|
| <i>Officer Schmidt</i> | 1720 | 2 | 2 | |
|------------------------|------|---|---|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | | | |
|-------------------------|--|--|--|--|
| <i>Officer Holbrook</i> | | | | |
|-------------------------|--|--|--|--|

| | | |
|-------------------------|--|----|
| <i>Officer Holbrook</i> | | </ |
|-------------------------|--|----|



20-29557

OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLESREPORT OF LAW ENFORCEMENT OFFICER ADMINISTRATIVE LICENSE SUSPENSION /
NOTICE OF POSSIBLE CDL DISQUALIFICATION / IMMOBILIZATION / FORFEITURE

| | | | | |
|---|--|---|----------------------------------|-----------------------------|
| A. NAME Danielle R. Dillavou | | DRIVER LICENSE # SP327773 | CLASS I | STATE OH |
| CURRENT STREET ADDRESS (AS VERIFIED BY OFFICER) 1317 FERRY ST | | | | |
| CITY SPRINGFIELD | | OHIO COUNTY OF RESIDENCE CLARK | STATE OH | ZIP CODE 45504 |
| DATE OF BIRTH 07/06/1984 | | 4 DIGIT COURT CODE 1220 | COUNTY OF VIOLATION CLARK | |
| DATE OF VIOLATION 07/26/2020 | | PLACE OF TEST 130 N. FOUNTAIN AV | VIN 2B3KA43RX8H1153551 | |
| DATE OF REFUSAL OR TEST 07/26/2020 | | TIME OF REFUSAL OR TEST 0703 | YEAR 2003 | MAKE DODGE |
| VEHICLE OWNER'S NAME Jason A. Roberts | | DATE OF BIRTH 2/3/1976 | LICENSE PLATE # GTX 5514 | TYRE PLATE PASSENGER |
| CITY PIQUA | | STATE OH | ZIP CODE 45356 | STATE OH |
| VEHICLE STORED AT (STREET ADDRESS) 1717 E. PLEASANT ST. | | | CITY SPRINGFIELD | |

B. Officer to Complete for All OVI / Physical Control Arrests:

Circle arrest type: OVI Physical Control

The driver:

Refused to submit to test (s).
 Submitted to test (s) **0** % alcohol test result
 Circle test type for which results were reported:
 Whole Blood, Breath, Urine, Blood Serum, or Blood Plasma
 Was placed under an Administrative License Suspension (R.C. 4511.191)
 License was seized
 Offender was provided a copy of this form at the time of arrest.

I requested the driver, by reading advice on the back, to submit to a chemical test (s) for alcohol and / or for the presence of any controlled substance or metabolite. My reasonable grounds for OVI Physical Control arrest before test were: **SLURRED SPEECH. INVOLVED IN TRAFFIC ACCIDENT**

Subject tested for controlled substance or metabolite. Circle test type for which controlled substance or metabolite results were reported: Urine, Whole Blood, Blood Serum, or Blood Plasma.
 Specify controlled substance and / or metabolite results:
 Subject tested positive for prohibited level of marihuana metabolite _____ (specify amount) and was under the influence of alcohol and / or a drug of abuse.
 Alcohol, controlled substance or metabolite test result received on _____. Subject served with notice of Administrative License Suspension on _____.
 Reasonable means officer used to ensure offender submitted to a chemical test were: _____

C. Officer to Complete Applicable Vehicle Sanctions:

License plate(s) seized
 Vehicle seized under R.C. 4511.195 (OVI)

Vehicle seized under R.C. 4510.41 only (DUS or wrongful entrustment of a motor vehicle) If so, Do not mail this form to the BMV
 Vehicle subject to immobilization
 Vehicle subject to forfeiture

D. Officer to Complete if Offender is the holder of a commercial driver

license or was Operating a Commercial Vehicle:
 Read and showed advice to offender (R.C. 4506.17)
 Refused to submit to test(s)
 Submitted to test(s) **0** % alcohol test result
 (Circle One) Whole Blood, Breath, Urine, Blood Serum, or Blood Plasma
 Prohibited Alcohol Content without OVI charge

Prohibited Alcohol Content with OVI charge
 Commercial vehicle per definition (R.C. 4506.01(E))
 24-hour out-of-service order
 CDL to be disqualified
 CDL seized
 Hazardous material
 Operated a commercial vehicle under the influence of a controlled substance

E. The advice on the back of this form was read to me and I have received a copy of this form.

X
DRIVER'S SIGNATURE

REFUSED TO SIGN

F. Complete Below Only for an OVI Physical Control ARREST:

We, the undersigned, certify that the advice prescribed by the General Assembly (under R.C. 4511.191 and R.C. 4511.192), was shown to the person under arrest and read to him or her in the presence of the arresting officer and one other person.

X *Carter Schmidt* OFF. SCHMIDT

ARRESTING OFFICER'S SIGNATURE

X *Theresa K. Kitchen*

WITNESS'S SIGNATURE

SPRINGFIELD POLICE DIVISION

OHO

1202

N.C.I.C. #

ENFORCEMENT AGENCY

130 N. FOUNTAIN AV

OFFICER'S BUSINESS STREET ADDRESS

SPRINGFIELD

CITY

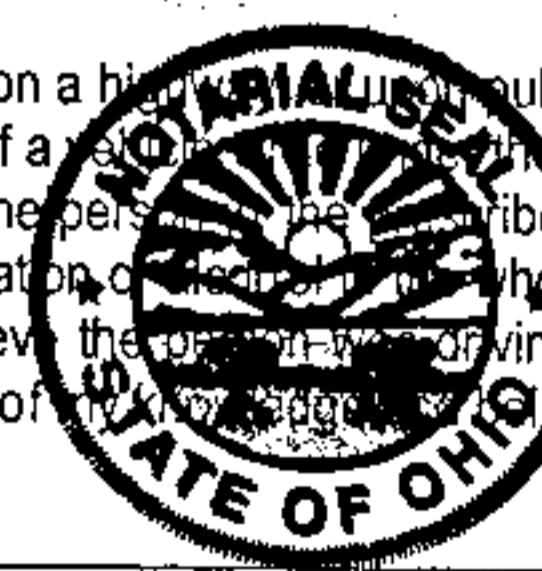
OH

45502

STATE ZIP CODE

COMPLETE BELOW ONLY ON OVI ARREST, PHYSICAL CONTROL ARREST, OR ARREST INVOLVING COMMERCIAL VEHICLE. AFFIDAVIT OF ARRESTING OFFICER:

I certify I arrested the person, having had reasonable grounds to believe the person was operating a vehicle upon a highway upon public or private property used by the public for vehicular travel or parking in the State of Ohio, under the influence of alcohol and / or drugs of abuse, in physical control of a vehicle and / or under the influence of alcohol and / or drugs of abuse, or with a prohibited concentration of alcohol in the whole blood, blood serum, blood plasma, breath, or urine. I advised the person in the described manner of the consequences of a refusal or a test. The person either refused the test, or was under arrest for OVI and took the test and had a prohibited concentration of alcohol in the whole blood, blood serum, blood plasma, breath, or urine (all as described above). In the case of a commercial vehicle (if applicable) I had reasonable grounds to believe the person was driving a commercial motor vehicle in the State of Ohio in violation of section 4506.15 of the Ohio Revised Code. The information contained on this form is true to the best of my knowledge and belief.



CASSIDY L. CANTRELL
Notary Public, State of Ohio
My Commission Expires: **4/5/23**

X
PEACE OFFICER SIGNATURE

X
NOTARY PUBLIC'S SIGNATURE

X
DEPUTY CLERK OF COURT'S SIGNATURE

City of _____

CONSEQUENCES OF TEST AND REFUSAL (R.C. 4511.192) (MUST BE READ TO OVI / PHYSICAL CONTROL OFFENDER)

"You now are under arrest for (specifically state the offense under state law or a substantially equivalent municipal ordinance for which the person was arrested) operating a vehicle under the influence of alcohol, a drug, or a combination of them; operating a vehicle while under the influence of a listed controlled substance or a listed metabolite of a controlled substance; operating a vehicle after underage alcohol consumption; or having physical control of a vehicle while under the influence. "If you refuse to take any chemical test required by law, your Ohio driving privileges will be suspended immediately, and you will have to pay a fee to have the privileges reinstated. If you have a commercial driver license and refuse to submit to the test or tests you will immediately be placed out-of-service for twenty-four hours; you will be disqualified from operating a commercial motor vehicle for a period of not less than one year; and you will be required to surrender your commercial driver license to me."

"If you have a prior conviction of OVI, OVIUAC, or operating a vehicle while under the influence of a listed controlled substance or a listed metabolite of a controlled substance under state or municipal law within the preceding twenty years, you now are under arrest for state OVI, and if you refuse to take a chemical test, you will face increased penalties if you subsequently are convicted of the state OVI."

"If you have previously pled guilty or been convicted of two or more OVI'S, OVIUAC's, or equivalent offenses in the previous ten years, or pled guilty or been convicted of five or more OVI'S, OVIUAC's, or equivalent offenses in the previous twenty years, or pled guilty or been convicted of a felony of any of the above violations, and you refuse to submit to a chemical test required by law, I am authorized to use whatever reasonable means are necessary to ensure that you submit to a chemical test."

(Read this part unless the person is under arrest for solely having physical control of a vehicle while under the influence.) "If you take any chemical test required by law and are found to be at or over the prohibited amount of alcohol, a controlled substance, or a metabolite of a controlled substance in your whole blood, blood serum or plasma, breath, or urine as set by law, your Ohio driving privileges will be suspended immediately, and you will have to pay a fee to have the privileges reinstated.

"If you take a chemical test, you may have an independent chemical test taken at your own expense."

CONSEQUENCES OF TEST AND REFUSAL – OUT-OF-SERVICE (R.C. 4506.17) (MUST BE READ IN ADDITION TO THE ABOVE TO AN OFFENDER WHO IS THE HOLDER OF A COMMERCIAL DRIVER LICENSE OR IS DRIVING A COMMERCIAL VEHICLE)

"I am a law enforcement officer; I have probable cause to stop or detain you. After investigating the circumstances, I have probable cause to believe you were operating a motor vehicle in violation of section 4506.15 of the Ohio Revised Code. I request that you submit to a test or tests of your blood, breath, or urine for the purpose of determining your alcohol concentration or the presence of any controlled substance. If you refuse to submit to the test or tests you will immediately be placed out-of-service for twenty-four hours; you will be disqualified from operating a commercial motor vehicle for a period of not less than one year; and you will be required to surrender your commercial driver license to me."

ADDITIONAL INFORMATION FOR OFFENDER

IMMobilization OR FORFEITURE UPON OVI ARREST (R.C. 4511.195)

If you have previously been convicted of operating a motor vehicle under the influence, OVI, (R.C. 4511.19), or similar municipal ordinance, the vehicle and its identification license plates may be seized. The vehicle may be towed and kept by the law enforcement agency or may be immobilized. The period of time for which the vehicle and license plates will be kept or immobilized may be at least until the initial appearance in court. At the initial appearance the court may order that the vehicle and license plates be returned or released to the vehicle owner until the disposition of the charge. If you are convicted of or plead guilty to OVI, the court may issue an order of immobilization of the vehicle and the impoundment of its license plates, or an order for the criminal forfeiture of the vehicle to the state. If you are not the vehicle owner you must immediately inform the owner that the vehicle and its license plates have been seized and that the owner may be able to obtain the return or release of the vehicle and plates at your initial appearance in court.

OFFENDERS ARRESTED FOR DRIVING UNDER SUSPENSION OR WRONGFUL ENTRUSTMENT OF A MOTOR VEHICLE (R.C. 4511.203)

If you are charged for driving under an OVI suspension, (R.C. 4510.14), or wrongful entrustment of a motor vehicle, (R.C. 4511.203), the vehicle and identification plates may be seized, and the vehicle may be towed and kept by the law enforcement agency. Any period of seizure will be at least until your initial appearance in court. At the initial appearance the court may order the vehicle returned to you or released to the vehicle owner. If you are convicted of driving under suspension, or of wrongful entrustment of a vehicle, the court may issue an order of immobilization of the vehicle and impoundment of its license plates. Upon a third conviction of wrongful entrustment of a vehicle (R.C. 4511.203), of driving under suspension (R.C. 4510.11), or a municipal ordinance similar to one of the above, the court, upon your conviction may order the forfeiture of the vehicle. If you are not the owner, you should immediately inform the owner that the vehicle and the license plates have been seized and that the owner may be able to obtain the return or release of the vehicle and plates at your initial appearance in court.

IF YOU HAVE A COMMERCIAL DRIVER LICENSE OR YOU WERE OPERATING A COMMERCIAL VEHICLE:

A. To appeal your disqualification, you must prepare a WRITTEN request for an Administrative Hearing and submit the request by REGISTERED or CERTIFIED MAIL within 30 days of your refusal or test date (see reverse side). Mail your request to:

Ohio Bureau of Motor Vehicles
Attn.: CDL / OSP
P.O. Box 16784
Columbus, Ohio 43216-6784

B. You may appeal this SUSPENSION in court at the time of your initial appearance. Even though you may appeal this suspension, your driving privileges will still be suspended.

NOTICE OF SUSPENSION (R.C. 4511.192)

Independent of any penalties or sanctions imposed upon you pursuant to any other section of the Revised Code or municipal ordinance, your driver license or commercial driver license, permit, or nonresident operating privilege is now suspended. The suspension takes effect immediately. The suspension will last at least until your initial appearance on the charge, which will be held within five days after the date of this arrest or the issuance of a citation to you. You may appeal the suspension at the initial appearance before the court that hears the charges against you that resulted from the arrest, or during the period of time ending 30 days after that initial appearance.

LENGTH OF SUSPENSION

FOR REFUSAL

(Based on prior refusals, convictions, and guilty pleas within 10 years)

| | |
|----------------------------|---------|
| No priors | 1 year |
| One prior | 2 years |
| Two priors | 3 years |
| Three or more priors | 5 years |

FOR PROHIBITED CONCENTRATION OF ALCOHOL

(Based on prior convictions and guilty pleas within 10 years)

| | |
|--------------------|---------|
| No priors | 90 days |
| One prior | 1 year |
| Two priors | 2 years |
| Three priors | 3 years |

SPRINGFIELD-CLARK COUNTY
LAW ENFORCEMENT ARREST REPORT

1 SPD OSP
 CCSC Other

| | | | | | | | | | |
|---|--|---|---|---|---|---|---|--|--|
| 2. CASE NUMBER 2020-00029557 | | 3. ARREST NUMBER | | 4. RESERVED FOR COURT USE | | | | | |
| 5. NAME LAST DILLAVOU, DANIELLE, R | | FIRST | | MIDDLE | | JR., SR., ETC. | | | |
| 6. ALIAS <input checked="" type="checkbox"/> NONE | | | | | | | | 7. PHONE (0)-937 <input type="checkbox"/> NONE | |
| 8. ADDRESS 1317 PERRY Street | | | | 9. APT | 10. CITY SPRINGFIELD | | 11. STATE OH | 12. ZIP 45504- | |
| 13. DATE OF BIRTH 07/06/1986 | | 14. AGE 34 | 15. PLACE OF BIRTH- CITY & STATE SPRINGFIELD OHIO | 16. RACE <input type="checkbox"/> WHITE <input checked="" type="checkbox"/> BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> OTHER | 17. HISPANIC <input type="checkbox"/> HISPANIC <input checked="" type="checkbox"/> BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> OTHER | | 18. SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE | | |
| 18. HAIR <input type="checkbox"/> BLK <input type="checkbox"/> BLN <input type="checkbox"/> GRY <input type="checkbox"/> HAD <input type="checkbox"/> BLD <input checked="" type="checkbox"/> BRO <input type="checkbox"/> RED <input type="checkbox"/> OTHER | | | | 19. EYES <input type="checkbox"/> BLU <input type="checkbox"/> GRN <input type="checkbox"/> GRY <input checked="" type="checkbox"/> BRO <input type="checkbox"/> HAZ <input type="checkbox"/> OTHER | 20. HEIGHT 502 | 21. WEIGHT 195 | 22. BUILD <input type="checkbox"/> SMALL <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> LARGE | | |
| 23. DRIVERS LICENSE SP327773 | | | | 24. STATE OH | 25. SOCIAL SECURITY NUMBER 123-45-6789 | | 26. STATE ID NUMBER (BCI) | | |
| 27. FBI NUMBER | | | | 28. PLACE OF EMPLOYMENT NONE | | | 29. BUSINESS PHONE <input type="checkbox"/> NONE | | |
| 30. EMPLOYMENT ADDRESS | | | | 31. APT | 32. CITY | | 33. STATE | 34. ZIP | |
| 35. VEH LIC # GTX5519 | 36. STATE OH | 37. VEH LIC TYPE PASSENGER CAR | | | 38. VEH YEAR 2008 | 39. VEH MAKE Dodge | 40. VEH MODEL CHA | 41. STYLE 4 Door | |
| 42. COLOR MAROON | 43. VIN 2B3KA43RX8H153551 | 44. IDENTIFIERS NONE <input type="checkbox"/> NONE | | | | | | | |
| 45. ARREST DATE 07/26/2020 | 46. ARREST TIME 05:48 | 47. BOOK DATE | 48. BOOK TIME | 49. BOOK OFFIC EMP# | 50. BOOK OFFICER NAME | | | | |
| 51. ARREST LOCATION 704 S CENTER Street SPFLD, OH 45505- | | | 52. APT | 53. TYPE <input checked="" type="checkbox"/> ON VIEW <input type="checkbox"/> WARRANT | 54. DISPOSITION <input type="checkbox"/> JAIL <input checked="" type="checkbox"/> ORDERED IN <input type="checkbox"/> POSTED BOND S | 55. COURT DATE 07/27/2020 | | | |
| 56. VIOLATION CODE/SECTION 1 <input type="checkbox"/> FEL <input checked="" type="checkbox"/> RC <input checked="" type="checkbox"/> MIS. <input type="checkbox"/> CR 4511.19(A)(1)(A) | 57. CHARGE DESCRIPTION UNDER INFLUENCE ALCOHOL/DRUGS REFUSAL/NO TEST | | | | | 58. CITE/CASE# 299234 | 59. BADGE # 60. ARR OFF. NAME-AFFIANT 8721 SCHMIDT, COREY, M, | | |
| 2 <input type="checkbox"/> FEL <input checked="" type="checkbox"/> RC <input checked="" type="checkbox"/> MIS. <input type="checkbox"/> CR 4510.12A1 | DRIVER'S LICENSE LAW NO O.L. | | | | | 299234 | 8721 SCHMIDT, COREY, M, | | |
| 3 <input type="checkbox"/> FEL <input type="checkbox"/> RC <input checked="" type="checkbox"/> MIS. <input checked="" type="checkbox"/> CR 331.34A | FTC--REASONABLE AND ORDINARY CONTROL | | | | | 299234 | 8721 SCHMIDT, COREY, M, | | |
| 4 <input type="checkbox"/> FEL <input type="checkbox"/> RC <input checked="" type="checkbox"/> MIS. <input checked="" type="checkbox"/> CR 335.12A | FAILURE TO STOP AFTER ACCIDENT | | | | | 299234 | 8721 SCHMIDT, COREY, M, | | |
| 5 <input type="checkbox"/> FEL <input type="checkbox"/> RC <input type="checkbox"/> MIS. <input type="checkbox"/> CR | | | | | | | 8721 SCHMIDT, COREY, M, | | |
| 63. TRANSPORTING OFFICER 8721 SCHMIDT, COREY, M, | 64. BADGE # 8721 SCHMIDT, COREY, M, | <input checked="" type="checkbox"/> SAME AS AFFIANT | | | 65. TRANSPORTING OFFICER 8721 SCHMIDT, COREY, M, | 66. BADGE # 8721 SCHMIDT, COREY, M, | 67. OHP# 211L | | |
| 68. ARRESTEE <input type="checkbox"/> SICK <input checked="" type="checkbox"/> N/A <input type="checkbox"/> INJURED | 69. TREATED BY | 70. TRANSF TO HOSPITAL BY | | 71. HOSPITAL | 72. DOCTOR | | | | |
| 73. DESCRIPTION OF SICKNESS/INJURY/CONDITION <input type="checkbox"/> INTOXICATED | | | | | | | | | |
| 74. ARRESTEE ON <input type="checkbox"/> PAROLE <input checked="" type="checkbox"/> PROBATION <input type="checkbox"/> NA | 75. OFFENSE | 76. PAROLE/PROBATION OFFICER | | | 77. PHONE <input type="checkbox"/> NONE | | | | |
| 78. ARRESTEE JUVENILE?- PARENT OF LEGAL GUARDIAN NAME & ADDRESS <input checked="" type="checkbox"/> NA | | | | | | | | | |
| 80. ARRESTED JUVENILE DISPOSITION <input type="checkbox"/> RELEASED TO PARENT <input type="checkbox"/> PLACED IN OH <input type="checkbox"/> TAKEN TO HQ <input type="checkbox"/> OTHER | | 81. PARENTS NOTIFIED BY <input type="checkbox"/> BY ARRESTING OFFICER <input type="checkbox"/> BY DISPATCHER <input type="checkbox"/> BY OH PERS. <input type="checkbox"/> BY TRANSFER OFFICER <input type="checkbox"/> OTHER | | 82. DATE NOTIFIED | | | | | |
| 83. CONTR-BAND/FORFEITURE <input type="checkbox"/> PROPERTY | | 84. COPY OF AFFIDAVIT <input checked="" type="checkbox"/> YES <input type="checkbox"/> GIVEN TO ARRESTEE? <input type="checkbox"/> NO | | | | | | | |
| TO THIS ARREST. SEE ATTACHED PROPERTY RECEIPT AND/OR TOW REPORT. | | | | | | | | | |

SPRINGFIELD-CLARK COUNTY LAW ENFORCEMENT ARREST REPORT

65. CASE NUMBER

2020-00029557

66. ARRESTEE NAME

DILLAVOU, DANIELLE, R

67. ADDITIONAL ARRESTEE NAME

 NONE

WITNESSES TO BE SUBPOENA'D AT TIME OF TRIAL. IF THERE IS NO HOME OR WORK PHONE, TRY TO OBTAIN A PHONE NUMBER FOR MESSAGES.

68. NAME

 NONE

69. ADDRESS

70. ZIP

71. HOME PHONE

72. WORK PHONE

| | | | | |
|------------------|--------------------|--------|---|-------------------------------|
| 1 OFF. SCHMIDT | 130 N. FOUNTAIN AV | 45502- | <input type="checkbox"/> NONE (937)324-7685 | <input type="checkbox"/> NONE |
| 2 OFF. HOLBROOK | 130 N. FOUNTAIN AV | 45502- | <input type="checkbox"/> NONE (937)324-7685 | <input type="checkbox"/> NONE |
| 3 OFF. KITCHEN | 130 N. FOUNTAIN AV | 45502- | <input type="checkbox"/> NONE (937)324-7685 | <input type="checkbox"/> NONE |
| 4 OFF. FLEMING | 130 N. FOUNTAIN AV | 45502- | <input type="checkbox"/> NONE (937)324-7685 | <input type="checkbox"/> NONE |
| 5 SGT. C. MCFALL | 130 N. FOUNTAIN AV | 45502- | <input type="checkbox"/> NONE (937)324-7685 | <input type="checkbox"/> NONE |

| | | | | | |
|--|--|---|---|--|---|
| 93. CRASH OCCUR? | 94. OH-1 COMPLETED? | 95. ARRESTEE HAVE INS? | 96. AFFIANT WITNESS DRIVING? | 97. IF NOT, WHO WITNESSED DRIVING? | 98. VEH. SEARCHED? |
| <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 99. VEH DISPOSITION? | 100. IF NO ONE WITNESSED DRIVING, HOW IS THE EXACT TIME OF VEHICLE OPERATION ESTABLISHED? CALLER HEARD CRASH OCCUR | | | 101. OWN/IMPAIRED DRIVER REPORT PREPARED? | 102. VEH. HELD FOR PRINTS? |
| <input checked="" type="checkbox"/> IMP <input type="checkbox"/> RTO | | | | <input type="checkbox"/> N/A <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 103. WHERE WAS THE VEHICLE TOWED TO? | | | | 104. WAS THE VICTIM ADVISED OF THEIR RIGHTS & GIVEN THE VICTIM RIGHTS FORM? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| <input type="checkbox"/> N/A 1717 E. PLEASANT ST | | | | 105. DID THE ARRESTEE MAKE AN ADMISSION OF GUILT? | 106. DID THE ARRESTEE MAKE A STATEMENT? |
| <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| 108. ARRESTEE IDENTIFIED BY WITNESS? | <input checked="" type="checkbox"/> AT SCENE <input type="checkbox"/> TAKEN BACK TO SCENE | 109. PHOTOS OF SCENE-VICTIM? | 110. SCENE PROCESS FOR PRINTS? | 111. PHYSICAL EVIDENCE AT SCENE? | |
| | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| 112. PROPERTY RECEIPT # | 113. COPY OF RECEIPT OR INVENTORY ATTACHED? | 114. WERE ANY PHYSICAL OR MENTAL EXAMINATIONS OR SCIENTIFIC TESTS CONDUCTED IN CONNECTION WITH THIS CASE? | 115. DOES THE ARRESTEE HAVE A PRIOR CONVICTION RECORD RELATED TO THIS ARREST? | 116. SYNOPSIS OF EVENT, BRIEF AND TO THE POINT. | 117. STATEMENT OF FACT IN CHRONOLOGICAL ORDER. WRITE WHAT HAPPENED. WHAT WAS THE REASON FOR THE INITIAL CONTACT WITH THE ARRESTEE? WHAT PROBABLE CAUSE JUSTIFIED THE ARREST? LIST THE ELEMENTS OF THE OFFENSE(S). WHAT CAN EACH WITNESS TESTIFY TO? |
| | <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO-IF NO, LIST PROPERTY: | <input type="checkbox"/> YES-SPECIFY | <input type="checkbox"/> YES-SPECIFY | <input type="checkbox"/> NO | <input type="checkbox"/> LAB REQUEST ATTACHED. |
| | | | | | |

The Def. was placed into custody for OVI after officers located her sitting in the driver seat of the suspect vehicle of a Hit/Skip motor vehicle crash.

On 7/26/2020 at 0503hrs, Off. Holbrook was dispatched to 704 S. Center St. in reference a hit/skip motor vehicle accident. Off. Holbrook advised that there was a fluid trail going north on S. Center St. that appeared to have been left by the suspect vehicle. Sgt. McFall stated that the suspect vehicle was possibly a maroon mustang and Off. Holbrook advised that it would be missing a headlight.

Off. Schmidt then advised that he would attempt to locate the suspect vehicle. Off. Schmidt was traveling west on W. Pleasant St. when he observed there to be a fluid trail and fresh gouge in the roadway that appeared to go north on Center St. and west on W. Pleasant St. Off. Schmidt followed the trail west then north on S. Western Av. The trail then went west on Broadway St. and north on N. Bechtle Av. The trail then led east on Perry St. to the 1300 Blk where Off. Schmidt located a Maroon Dodge Charger with heavy damage to the front passenger side of the vehicle. Sgt. McFall arrived on scene at this time. Off. Schmidt observed the vehicle to be missing the front passenger wheel and tire. Off. Schmidt also observed a female to be passed out at the wheel of the vehicle. When approaching the vehicle, Off. Schmidt observed the missing wheel and tire approx. 50 yards from where the vehicle was parked. The vehicle was parked approx. two feet from the curb and facing the wrong way.

Off. Schmidt made contact with the female, later identified as Danielle Dillavou. When Off.

118. OFFICER COMPLETING FORM:

8721 SCHMIDT, COREY, M.

DATE

07/26/2020

119. SUPERVISOR APPROVING FORM AND WITNESS LIST

8231 LARMEE, STACY, M.

(Narrative Continued)

Schmidt asked Ms. Dillavou what happened, she stated "I'm here". Off. Schmidt then asked, "Where is here?". In a slurred speech, Ms. Dillavou stated, "I'm at my krouse (house)". Off. Schmidt asked Ms. Dillavou if she had anything to drink tonight, to which she advised that she had one shot of Patron an hour and a half prior to making contact with her. Off. Schmidt then asked Ms. Dillavou where she was coming from. Ms. Dillavou stated that she was coming from the USA Inn (2 W. Leffle Ln.) with her boyfriend. Ms. Dillavou stated that her boyfriend threatened to beat her up if she did not leave. Officers Kitchen and Fleming then arrived on scene.

Off. Schmidt then asked Ms. Dillavou if she would be willing to do field sobriety tests. Ms. Dillavou stated that she was willing to do the tests. Off. Schmidt asked Ms. Dillavou if she took any prescription pills. Ms. Dillavou stated that she was prescribed pills but was not currently on them.

The first test Off. Schmidt attempted to administer was to track Ms. Dillavou's eyes for smooth pursuit. Ms. Dillavou was instructed to stand with her feet together and her hands down to her sides. Ms. Dillavou was also instructed to follow the tip of Off. Schmidt's pen with her eyes and eyes only without moving her head. Ms. Dillavou could not perform this task as she moved her head with the movement of Off. Schmidt's pen two times. On the third attempt, Ms. Dillavou stared past Off. Schmidt's left shoulder instead of following the pen. At that time Off. Schmidt terminated that test. Off. Schmidt then began the one leg stand. Off. Schmidt had Ms. Dillavou stand with her feet together and her hands at her side and was instructed not to begin the test until Off. Schmidt was done explaining and demonstrating the test. Ms. Dillavou started the test early two times. Once Ms. Dillavou began the test, she put her foot down four times and had to be told to keep looking at her foot and not at Off. Schmidt. At this time, Off. Schmidt moved on to the Walk and Turn test. Off. Schmidt advised Ms. Dillavou to put her left foot in front of her right foot with the heel of her left foot touching the toe of her right foot and her hands down to her sides. Ms. Dillavou was instructed to take nine heel to toe steps, pivot on the ninth step taking a series of small steps and walk nine heel to toe steps back. Ms. Dillavou was unsteady on her feet and could not stay in the starting position through the instructions of the test. Ms. Dillavou took approx. twenty incorrect steps (heel not touching her toe) without counting. Ms. Dillavou then stopped walking and did not pivot as instructed. Ms. Dillavou then took ten steps incorrectly (heel not touching her toe) and again did not count her steps.

At this time Off. Schmidt placed Ms. Dillavou into custody for OVI and read her the Miranda Warning. Off. Schmidt then read the back of the BMV2255 form to Ms. Dillavou with Off. K. Kitchen as witness. Ms. Dillavou stated that she understood the consequences that were read to her. Ms. Dillavou was offered to submit to a urine test to which she stated she would provide Off. Schmidt a sample. Ms. Dillavou asked Off. Schmidt and Sgt. McFall if she could put the small puppy that was in the vehicle in her home. Off. Schmidt and McFall allowed her to do so. When walking back to Off. Schmidt's cruiser, Ms. Dillavou stated that she only had her handcuffs behind her back "because I'm mixed". Off. Schmidt then transported Ms. Dillavou to police headquarters to finish appropriate paperwork.

While at police headquarters, Ms. Dillavou stated, "I don't even give a fuck. I'll just get a new car. Bands on bands". Ms. Dillavou asked to use the phone in the workroom to call her mother for a ride. Ms. Dillavou stated to her mother, "I'm downtown. I hit a parked car. I'm off a xanax". While Off. Schmidt was completing paperwork, Ms. Dillavou fell asleep on the bench that was provided. Off. Schmidt asked Ms. Dillavou if she was going to submit to a urine test and provide a sample. Ms. Dillavou gave off an inaudible groan. Off. Schmidt then told her that he was going to mark "refused" as she did not answer him. Ms. Dillavou

(Narrative Continued)

was asked to sign the BMV2255 to acknowledge that Off. Schmidt did read the form to her. Ms. Dillavou stood up and leaned on the table where the form was sitting. Off. Schmidt advised that the signature was not an admission of guilt. Ms. Dillavou kept repeating "Oh my god". Off. Schmidt then marked "refused" on the box provided by the signature.

Danielle Renee Dillavou was arrested for OVI, issued a citation for OVI, No OL, Failure to Control, and Failure to stop after an accident (Citation #299234). Ms. Dillavou was ordered into court on 7/26/2020 at 1330hrs.

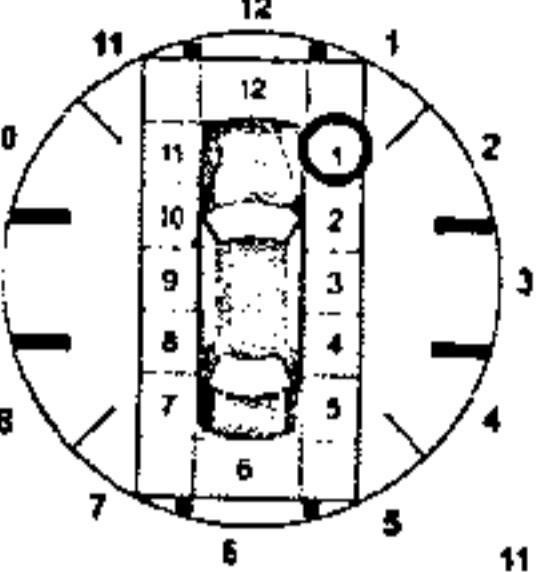
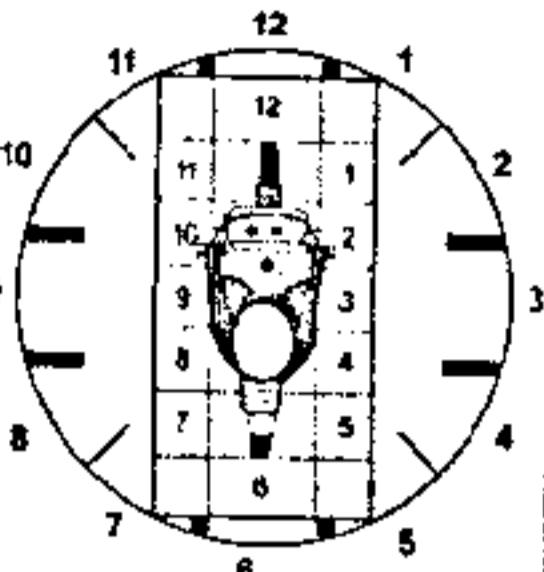
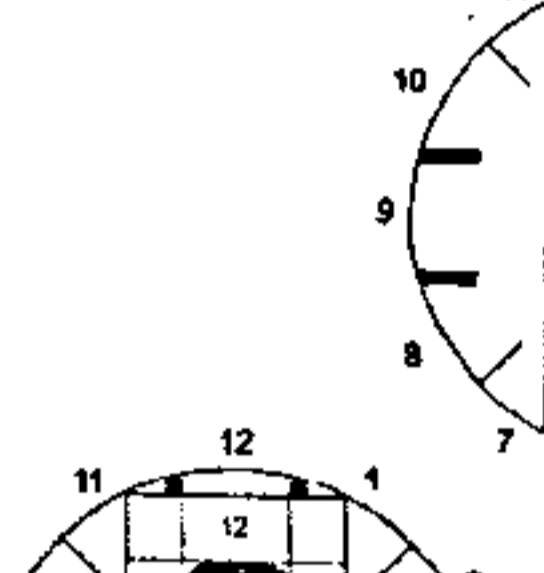
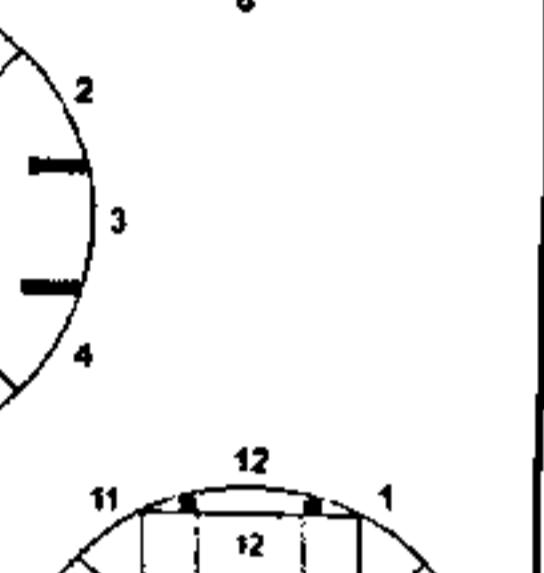
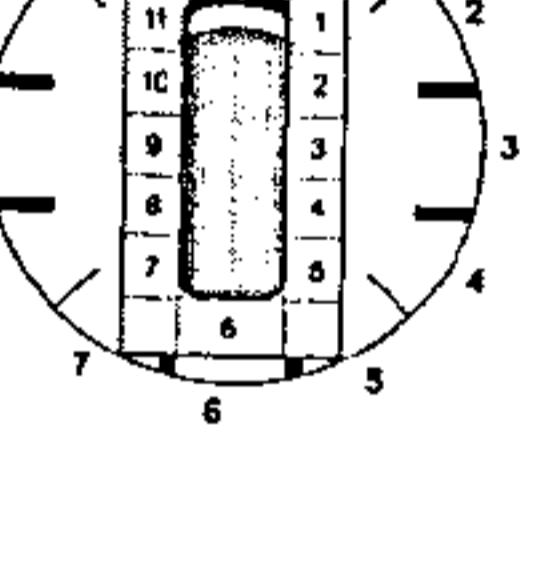
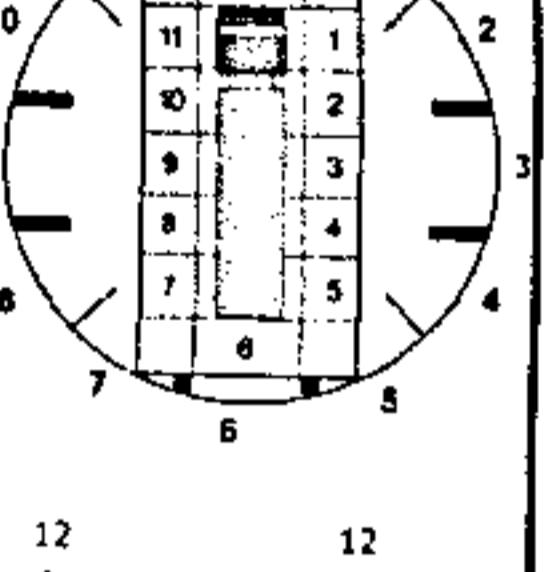
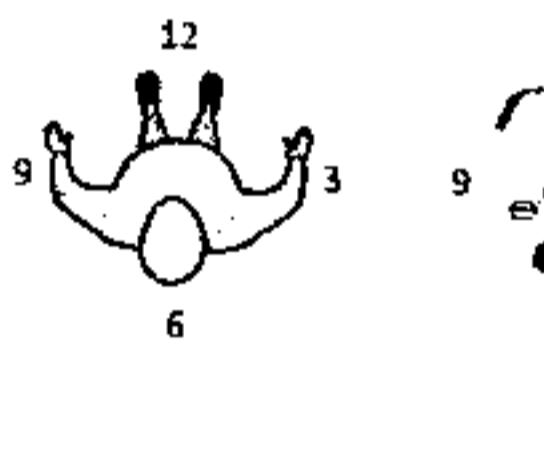
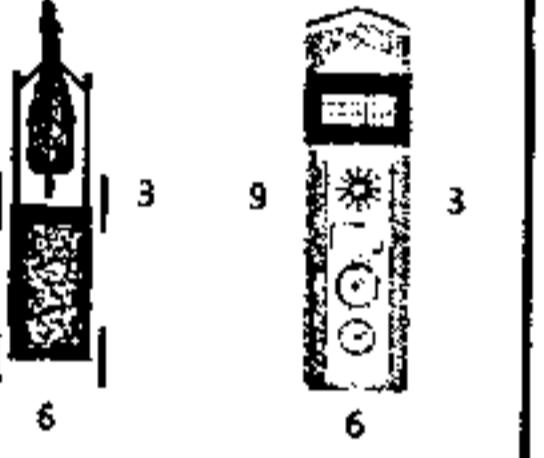
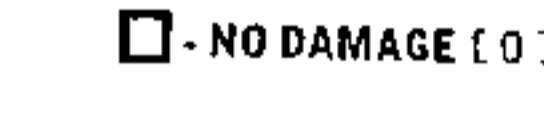
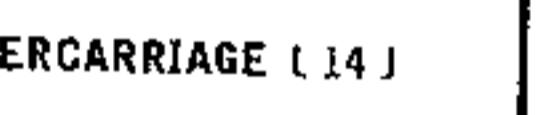


TRAFFIC CRASH REPORT

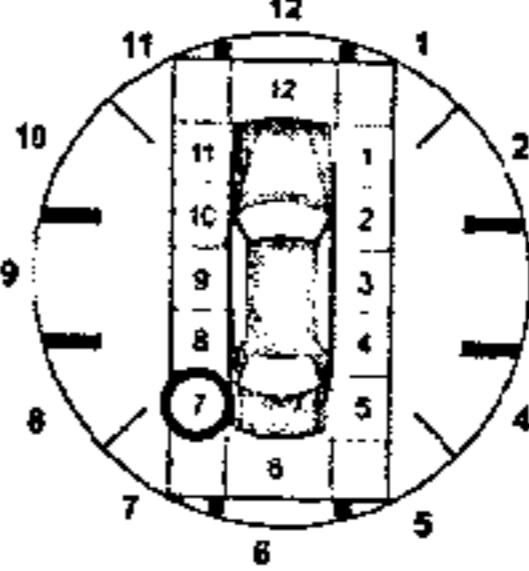
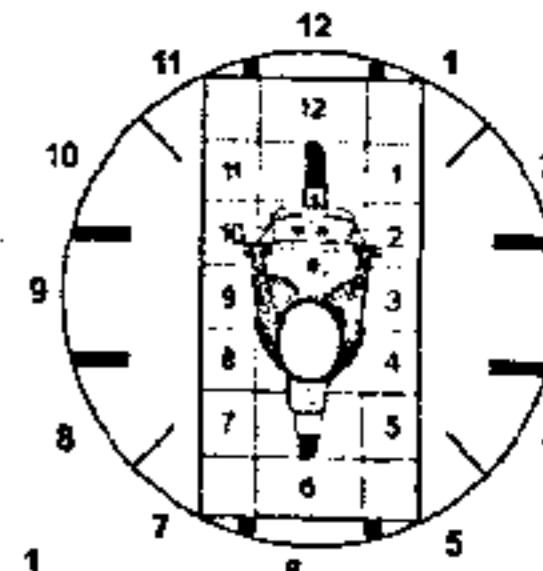
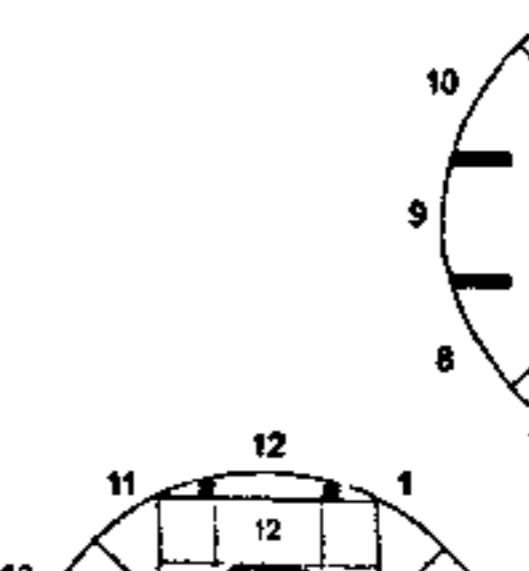
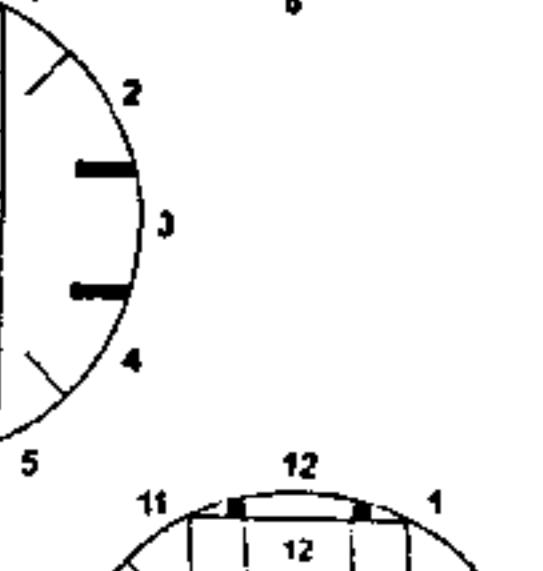
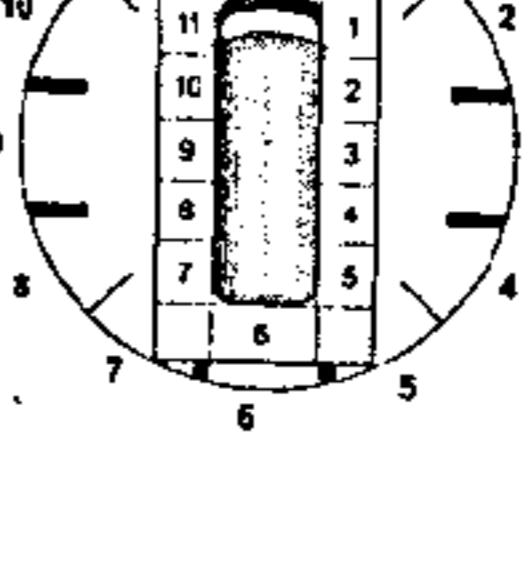
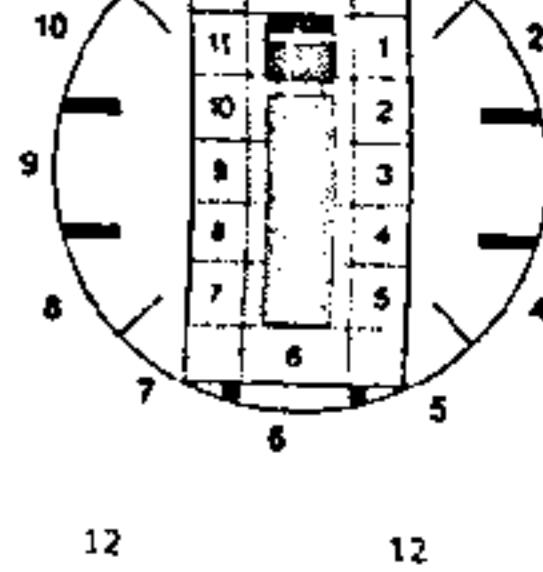
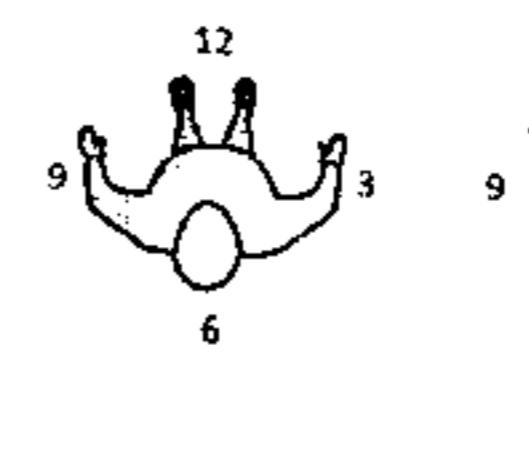
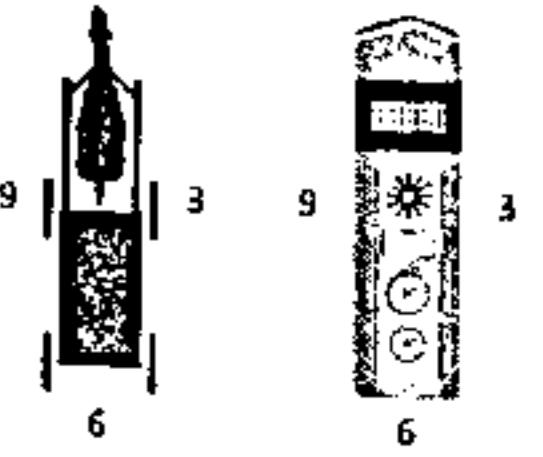
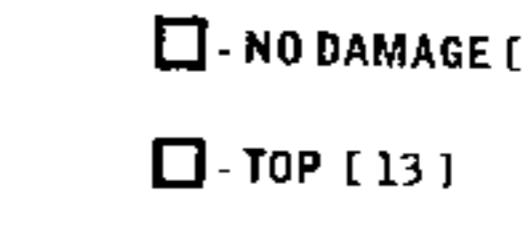
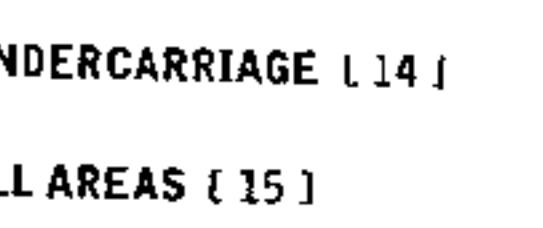
*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

| | | | | | | | | |
|---|--|--|---|--|---|---|--|---|
| <input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY | | | LOCAL INFORMATION | | | LOCAL REPORT NUMBER* | | |
| | | | REPORTING AGENCY NAME* SPRINGFIELD POLICE DIVISION 01202 | | | NCIC* 1 | | |
| ROUTE TYPE | ROUTE NUMBER | PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST | LOCATION ROAD NAME CENTER | ROAD TYPE S T | CRASH DATE/TIME* 07262020 0502 | | | CRASH SEVERITY 5 |
| ROUTE TYPE | ROUTE NUMBER | PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 704 | ROAD TYPE | LATITUDE DECIMAL DEGREES 39.916305 | | | 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY |
| REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE # | 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 | LONGITUDE DECIMAL DEGREES 83.813059 | | | INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA <input type="checkbox"/> NUMBER OF APPROACHES <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 | | | MANNER OF CRASH COLLISION/IMPACT 1-NOT COLLISION 2-BEFORE 3-BETWEEN 4-REAR-TO-REAR 5-BACKING 6-ANGLE 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 9-HEAD-ON 10-REAR-END 11-HEAD-ON 12-HEAD-ON 13-HEAD-ON 14-HEAD-ON 99-OTHER/ UNKNOWN | | | DIRECTION OF TRAVEL 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 | |
| <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 2-ADVANCE WARNING AREA 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA | | CONTOUR 1 | CONDITIONS 1 | SURFACE 2 |
| 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 | | | 1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-OTHER/UNKNOWN | 1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN | 1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/ BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN |
| NARRATIVE Unit 01 was traveling northbound on S. Center St. near 704. Unit 02 and Unit 03 were parked on the east side of the street facing northbound. Unit 01 failed to control the vehicle and struck Unit 02 in the left rear side. Unit 01 then continued on and struck Unit 03 on the left rear side. Unit 01 then fled the area heading northbound. Unit 01 was cited for Failure to control, DUS, OVI, Leaving the Scene After An Accident. | | | | | | | | |
| CRASH REPORTED DATE/TIME 07262020 0502 | | | DISPATCH DATE/TIME 07262020 0503 | | ARRIVAL DATE/TIME 07262020 0505 | | SCENE CLEARED DATE/TIME 07262020 0703 | |
| TOTAL TIME ROADWAY CLOSED | | OTHER INVESTIGATION TIME | TOTAL MINUTES 1 2 0 | OFFICER'S NAME* HOLBROOK TRENTON A | | CHECKED BY OFFICER'S NAME* LARMEE, STACY, M | | REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input checked="" type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOS) |
| OFFICER'S BADGE NUMBER* 8 3 0 | | | | | | CHECKED BY OFFICER'S BADGE NUMBER* 8 2 3 | | |

| | | | | | | | | | | |
|---|-----------------------------------|--|---|--|---------------------------------|--|--|---|---|---|
| UNIT # 0.1 | | OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> SAME AS DRIVER ROBERTS, JASON, A | | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER | | | | | | |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP <input type="checkbox"/> SAME AS DRIVER 3237 SIOUX DR PIQUA, OH 45356 | | COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | | | | | | | |
| LP STATE O-H | LICENSE PLATE # JAT6230 | VEHICLE IDENTIFICATION # 2B3KA43RX8H153551 | | VEHICLE YEAR 2008 | VEHICLE MAKE Dodge | | | | | |
| <input type="checkbox"/> INSURED VERIFIED | INSURANCE COMPANY | INSURANCE POLICY # | | COLOR RED | VEHICLE MODEL Charger | | | | | |
| TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | | US DOT # | TOWED BY: COMPANY NAME | | | | | | | |
| INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT | | #OCCUPANTS 0 1 | VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. | HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <input type="checkbox"/> PLACARD ID # <input type="checkbox"/> PLACARD | | | | | | |
| UNIT TYPE 0.1 | | 1 - PASSENGERCAR 2 - PASSENGERVAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGOVAN 6 - VAN (9-15 SEATS) | | | | 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALLTERRAIN 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? 2 | | | | 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION | 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION | 9 - UNKNOWN | | |
| SPECIAL FUNCTION 0.1 | | 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 - CTHR/ UNKNOWN | |
| CARGO BODY TYPE 0.1 | | 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS | | | | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING | 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL | 8 - POLE 9 - CARGOTANK 10 - FLAT BED 11 - DUMP | 12 - CONCRETE MIXER 13 - AUTOTRANSPORTER 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 - CTHR/ UNKNOWN | |
| ACTION | | 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER/ UNKNOWN | | | | 0.1 PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN | 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 - CTHR/ UNKNOWN |
| CONTRIBUTING CIRCUMSTANCES | | 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 - CTHR IMPROPER ACTION | |
| SEQUENCE OF EVENTS | | | | | | EVENTS | | | | |
| 1.2.1 | | 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION | | | | 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAV | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE | 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 MOTOR VEHICLE 24 - OTHER MOBILE OBJECT | |
| 2.1 | | 4 - JACKKNIFE 5 - CARGO/EQUIPMENT LOSS OR SHIFT | | | | 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 - ENBANKMENT 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 - CTHR/ UNKNOWN |
| 1 | | 1 - FIRST HARMFUL EVENT | | | | 1 - MOST HARMFUL EVENT | | | | |

| | | | |
|---|--|---|--|
| LOCAL REPORT NUMBER 200029557 | | DAMAGE | |
| DAMAGE SCALE 4 | | 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN | |
| DAMAGED AREA(S) INDICATE ALL THAT APPLY | | | |
|           | | | |
| <input type="checkbox"/> NO DAMAGE [0] <input type="checkbox"/> UNDERCARRIAGE [14] <input type="checkbox"/> TOP [13] <input type="checkbox"/> ALL AREAS [15] <input type="checkbox"/> UNIT NOT AT SCENE [16] | | | |
| INITIAL POINT OF CONTACT | | | |
| 0.1 0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE DIAGRAM 99 - UNKNOWN 13 - TOP | | | |
| TRAFFICWAY FLOW | | | |
| 2 | | TRAFFIC CONTROL | |
| 6 | | 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL | |
| # OF THROUGH LANES ON ROAD | | RAIL GRADE CROSSING | |
| 2 | | 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING | |
| UNIT / NON-MOTORIST DIRECTION | | | |
| 2 FROM 1 TO 1 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER/ UNKNOWN | | | |
| UNIT SPEED | | DETECTED SPEED | |
| 0.0 | | 1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED | |
| POSTED SPEED | | | |
| 3 5 | | | |

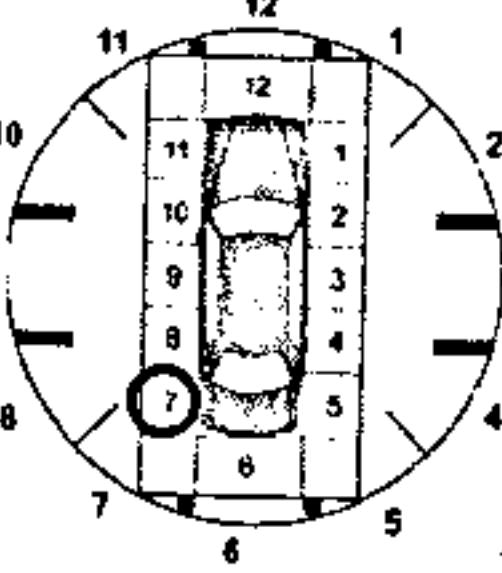
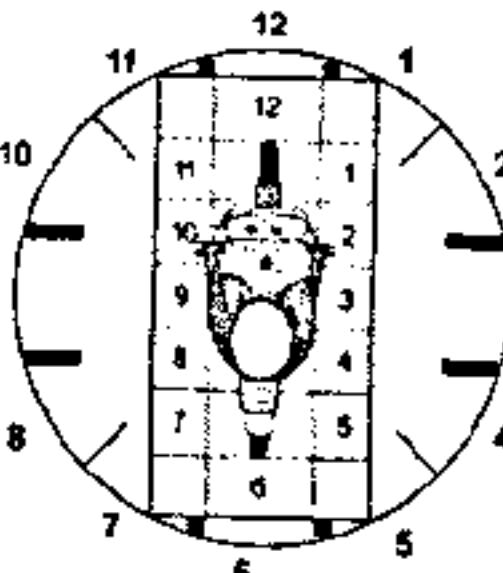
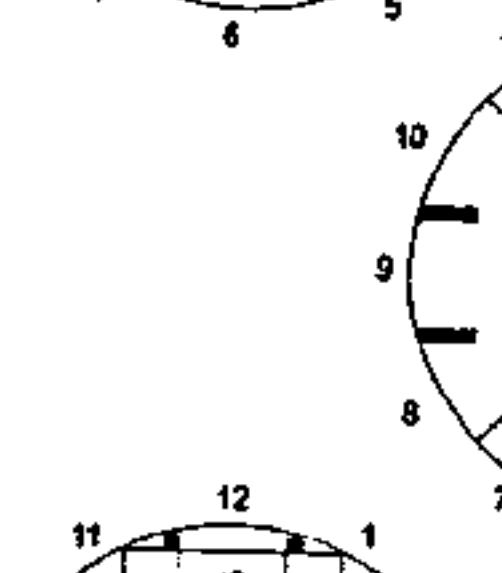
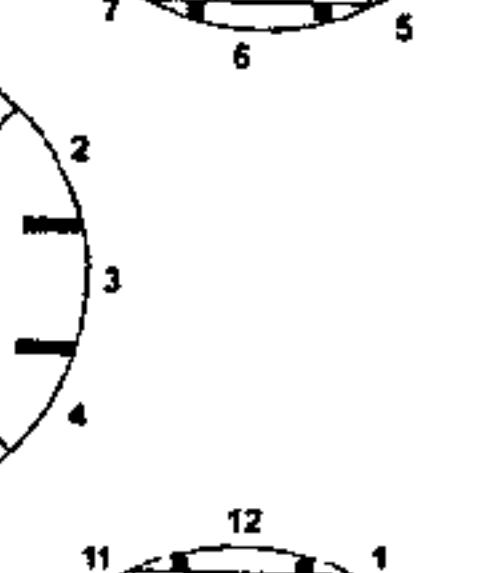
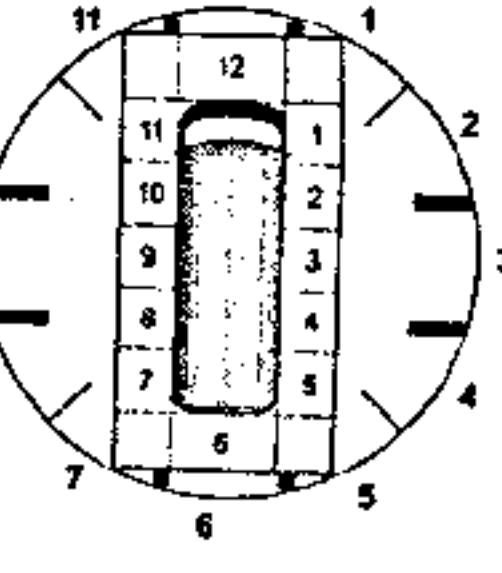
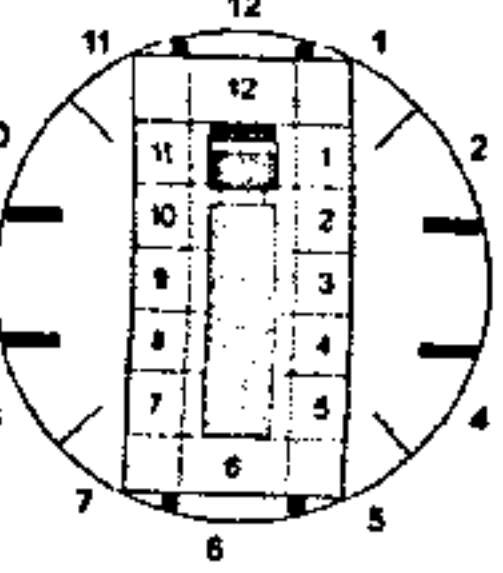
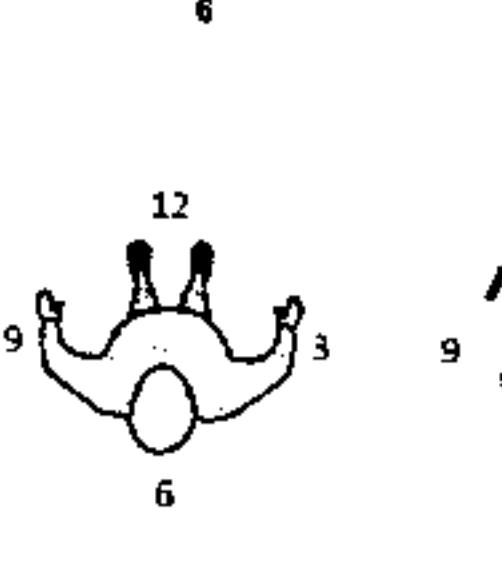
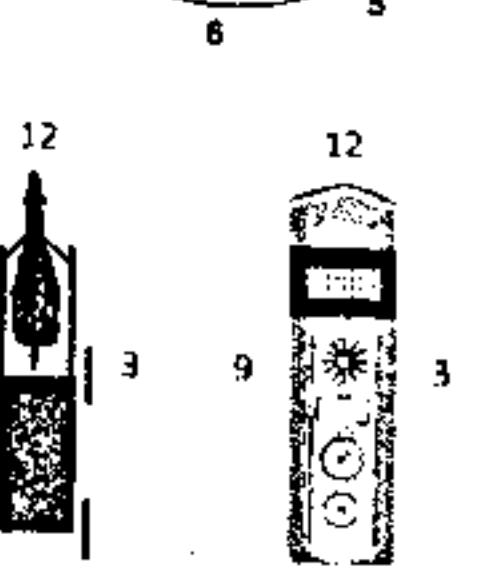
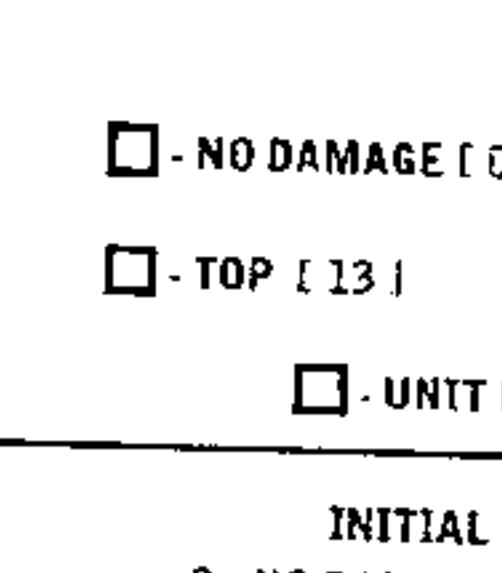
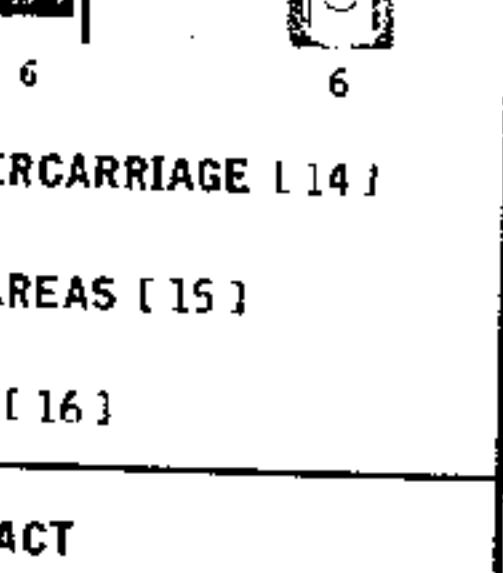
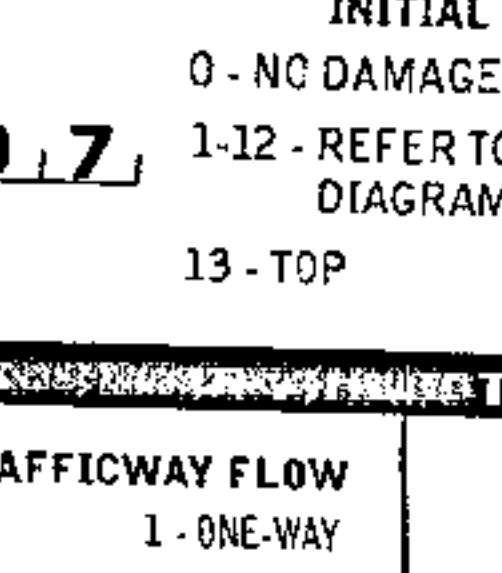
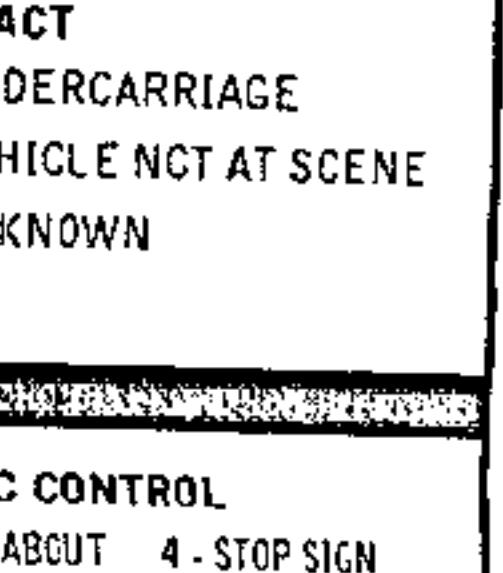
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|--|-------------------|--------------------------|----------------|----------------------------|------------------------|-----------------------------|--------------------------|-----------------|---------------------------|----------------------------|-----------------------------|-------------------|------------------------|--------------------|-------------------------|----------------------|---------------------------------|---------------------|----------------------|--------------|----------------------------|------------------------------------|-----------------------------|--|------------|----------------------|--|----------------|--|--------------------------|
| OWNER UNIT # | OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> SAME AS DRIVER | | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER | 9 3 7 5 3 6 1 8 3 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OWNER | OWNER ADDRESS: STREET, CITY, STATE, ZIP <input type="checkbox"/> SAME AS DRIVER | | 704 S CENTER ST SPRINGFIELD, OH 45506 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LP STATE | LICENSE PLATE # | VEHICLE IDENTIFICATION # | | VEHICLE YEAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| O H | HRW2913 | 1GNDT13S88216158 | | 2008 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> INSURED | INSURANCE COMPANY | INSURANCE POLICY # | COLOR | VEHICLE MAKE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | MAR | CHEVROLET | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> COMMERCIAL | <input type="checkbox"/> GOVERNMENT | <input type="checkbox"/> IN EMERGENCY RESPONSE | US DOT # | TOWED BY: COMPANY NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> INTERLOCK EQUIPPED | <input type="checkbox"/> HIT/SKIP UNIT | #OCCUPANTS | VEHICLE WEIGHT GVWR/GCWR | HAZARDOUS MATERIAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 0 0 | 1 - <10K LBS. 2 - 10,001 - 25K LBS. 3 - >26K LBS. | <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNIT TYPE | <table border="0"> <tr> <td>1 - PASSENGER CAR</td> <td>7 - MOTORCYCLE 2-WHEELED</td> <td>12 - GOLF CART</td> <td>18 - LIMO (LIVERY VEHICLE)</td> <td>23 - PEDESTRIAN/SKATER</td> </tr> <tr> <td>2 - PASSENGER VAN (MINIVAN)</td> <td>8 - MOTORCYCLE 3-WHEELED</td> <td>13 - SNOWMOBILE</td> <td>19 - BUS (15+ PASSENGERS)</td> <td>24 - WHEELCHAIR (ANY TYPE)</td> </tr> <tr> <td>3 - SPORT UTILITY VEHICLE</td> <td>9 - AUTOCYCLE</td> <td>14 - SINGLE UNIT TRUCK</td> <td>20 - OTHER VEHICLE</td> <td>25 - OTHER NON-MOTORIST</td> </tr> <tr> <td>4 - PICK UP</td> <td>10 - HOPED OR MOTORIZED BICYCLE</td> <td>15 - SEMI-TRACTOR</td> <td>21 - HEAVY EQUIPMENT</td> <td>26 - BICYCLE</td> </tr> <tr> <td>5 - CARGO VAN</td> <td>11 - ALL-TERRAIN VEHICLE (ATV/UTV)</td> <td>16 - FARM EQUIPMENT</td> <td>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE</td> <td>27 - TRAIN</td> </tr> <tr> <td>6 - VAN (9-15 SEATS)</td> <td></td> <td>17 - MOTORHOME</td> <td></td> <td>99 - UNKNOWN OR HIT/SKIP</td> </tr> </table> | | | | 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 (15+ 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 - HOPED 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 |
| 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 (15+ 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 - HOPED 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | # OF TRAILING UNITS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 1 - YES | 2 - NO | 3 - OTHER/UNKNOWN | 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 1 | AUTONOMOUS MODE LEVEL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SPECIAL FUNCTION | <table border="0"> <tr> <td>1 - NONE</td> <td>6 - BUS - CHARTER/TOUR</td> <td>11 - FIRE</td> <td>16 - FARM</td> <td>21 - MAIL CARRIER</td> </tr> <tr> <td>2 - TAXI</td> <td>7 - BUS - INTERCITY</td> <td>12 - MILITARY</td> <td>17 - MOWING</td> <td>99 - OTHER/UNKNOWN</td> </tr> <tr> <td>3 - ELECTRONIC RIDE SHARING</td> <td>8 - BUS - SHUTTLE</td> <td>13 - POLICE</td> <td>18 - SNOW REMOVAL</td> <td></td> </tr> <tr> <td>4 - SCHOOL TRANSPORT</td> <td>9 - BUS - OTHER</td> <td>14 - PUBLIC UTILITY</td> <td>19 - TOWING</td> <td></td> </tr> <tr> <td>5 - BUS - TRANSIT/COMMUTER</td> <td>10 - AMBULANCE</td> <td>15 - CONSTRUCTION EQUIPMENT</td> <td>20 - SAFETY SERVICE PATROL</td> <td></td> </tr> </table> | | | | 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 | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 1 | CARGO BODY TYPE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 - INTERSECTION - UNMARKED CROSSWALK | 4 - MIDBLOCK - MARKED CROSSWALK | 7 - SHOULDER/ROADSIDE | 10 - DRIVEWAY ACCESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 5 - TRAVEL LANE - Other Location | 8 - SIDEWALK | 11 - SHARED USE PATHS OR TRAILS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 12 - FIRST RESPONDER AT INCIDENT SCENE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ACTION | 1 - NON-CONTACT | 1 - STRAIGHT AHEAD | 7 - MAKING U-TURN | 13 - NEGOTIATING A CURVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 - NON-COLLISION | 2 - BACKING | 8 - ENTERING TRAFFIC LANE | 14 - ENTERING OR CROSSING SPECIFIED LOCATION | 18 - APPROACHING OR LEAVING VEHICLE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 - STRIKING | 3 - CHANGING LANES | 9 - LEAVING TRAFFIC LANE | 19 - STANDING | 19 - STANDING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 - STRUCK | PRE-CRASH 4 - OVERTAKING/PASSING | 10 - PARKED | 15 - WALKING, RUNNING, JOGGING, PLAYING | 20 - OTHER NON-MOTORIST | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 - BOTH STRIKING & STRUCK ACTIONS | 5 - MAKING RIGHT TURN | 11 - SLOWING OR STOPPED IN TRAFFIC | 16 - WORKING | 21 - STANDING OUTSIDE DISABLED VEHICLE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6 - MAKING LEFT TURN | 12 - DRIVERLESS | 17 - PUSHING VEHICLE | 99 - OTHER/UNKNOWN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONTRIBUTING CIRCUMSTANCES | 1 - NONE | 7 - LEFT OF CENTER | 13 - IMPROPER START FROM A PARKED POSITION | 21 - LYING IN ROADWAY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 - FAILURE TO YIELD | 8 - FOLLOWING TOO CLOSE/ACDA | 14 - STOPPED OR PARKED ILLEGALLY | 22 - NOT DISCERNIBLE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3 - RAN RED LIGHT | 9 - IMPROPER LANE CHANGE | 15 - SWERVING TO AVOID | 23 - OPENING DOOR INTO ROADWAY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4 - RAN STOP SIGN | 10 - IMPROPER PASSING | 16 - WRONG WAY | 99 - OTHER IMPROPER ACTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5 - UNSAFE SPEED | 11 - DROVE OFF ROAD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6 - IMPROPER TURN | 12 - IMPROPER BACKING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEQUENCE OF EVENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 0 | 1 - OVERTURN/ROLLOVER | 6 - EQUIPMENT FAILURE | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL | 16 - RAILWAY VEHICLE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 - FIRE/EXPLOSION | 7 - SEPARATION OF UNITS | 17 - ANIMAL - FARM | 22 - WORK ZONE MAINTENANCE EQUIPMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3 - INVERSION | 8 - RAN OFF ROAD RIGHT | 18 - ANIMAL - DEER | 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 1 | 4 - JACKKNIFE | 9 - RAN OFF ROAD LEFT | 19 - ANIMAL - OTHER | 24 - OTHER MOBILE OBJECT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5 - CARGO/EQUIPMENT LOSS OR SHIFT | 10 - CROSS MEDIAN | 20 - MOTOR VEHICLE IN TRANSPORT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 25 - IMPACT ATTENUATOR / CRASH CUSHION | 31 - GUARDRAIL END | 21 - PARKED MOTOR VEHICLE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 1 | 26 - BRIDGE OVERHEAD STRUCTURE | 32 - PORTABLE BARRIER | 37 - TRAFFIC SIGN POST | 50 - WORK ZONE MAINTENANCE EQUIPMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 27 - BRIDGE PIER OR ABUTMENT | 33 - MEDIAN CABLE BARRIER | 38 - OVERHEAD SIGN POST | 51 - WALL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 28 - BRIDGE PARAPET | 34 - MEDIAN GUARDRAIL BARRIER | 39 - LIGHT/LUMINARIES SUPPORT | 52 - FENCE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 1 | 29 - BRIDGE RAIL | 35 - MEDIAN CONCRETE BARRIER | 40 - UTILITY POLE | 53 - MAILBOX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 30 - GUARDRAIL FACE | 36 - MEDIAN OTHER BARRIER | 41 - OTHER POST, POLE OR SUPPORT | 54 - TREE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 42 - CULVERT | 55 - FIRE HYDRANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | FIRST HARMFUL EVENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | MOST HARMFUL EVENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | |
|---|---|--|--|
| LOCAL REPORT NUMBER | | 2 0 0 0 2 9 5 5 7 | |
| DAMAGE | | | |
| 4 | DAMAGE SCALE | 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN | |
| DAMAGED AREA(S) INDICATE ALL THAT APPLY | | | |
|           | | | |
| <input type="checkbox"/> NO DAMAGE [0] <input type="checkbox"/> UNDERCARRIAGE [14] <input type="checkbox"/> TOP [13] <input type="checkbox"/> ALL AREAS [15] <input type="checkbox"/> UNIT NOT AT SCENE [16] | | | |
| INITIAL POINT OF CONTACT | | | |
| 0 7 | 0 - NO DAMAGE | 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP | |
| TRAFFIC | | | |
| TRAFFIC FLOW | TRAFFIC CONTROL | | |
| 2 | 1 - ONE WAY 2 - TWO WAY | 6 | 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD | RAIL GRADE CROSSING | | |
| 2 | 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING | | |
| UNIT / NON-MOTORIST DIRECTION | | | |
| FROM 2 TO 1 | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER/UNKNOWN | | |
| UNIT SPEED | | | |
| 0 | 1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED | | |
| POSTED SPEED | | | |
| 3 | 5 | | |



UNIT

| | | | | | |
|--|--|---|---|--|----------------------------|
| UNIT # 03 | | OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) EANCHEFF, BRANDON, D | | OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER) 937-631-8676 | |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 642 S CENTER ST SPRINGFIELD, OH 45506 | | COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | | |
| LP STATE OH LICENSE PLATE # HUS2813 | | VEHICLE IDENTIFICATION # 4T4BE46K49R078055 | | VEHICLE YEAR 2009 | VEHICLE MAKE Toyota |
| INSURANCE VERIFIED <input checked="" type="checkbox"/> INSURANCE COMPANY GEICO | | INSURANCE POLICY # 6003905079 | | COLOR BLU | VEHICLE MODEL Camry |
| TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | | US DOT # | | TOWED BY: COMPANY NAME | |
| INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT | | #OCCUPANTS 0 0 | VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 25K LBS. 3 - >26K LBS. | HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> 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) | | | |
| # OF TRAILING UNITS 0 | | 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL-TERRAIN VEHICLE (ATV/UTV) | | | |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 | | 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 | | | |
| AUTONOMOUS MODE LEVEL 0 | | 9 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION | | | |
| SPECIAL FUNCTION 01 | | 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER | | | |
| CARGO BODY TYPE 01 | | 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE | | | |
| VEHICLE DEFECTS | | 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 | | | |
| NON-MOTORIST LOCATION AT IMPACT | | 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS | | | |
| ACTION | | 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT | | | |
| CONTRIBUTING CIRCUMSTANCES | | 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT | | | |
| SEQUENCE OF EVENTS | | 11 - INTERSECTION - MARKED CROSSWALK 12 - INTERSECTION - UNMARKED CROSSWALK 13 - TRAVEL LANE - OTHER LOCATION | | | |
| EVENTS | | 14 - BIKE LANE 15 - SHOULDER / ROADSIDE 16 - SIDEWALK 17 - MEDIAN/CROSSING ISLAND 18 - DRIVEWAY ACCESS 19 - SHARED USE PATHS OR TRAILS 20 - FIRST RESPONDER AT INCIDENT SCENE 21 - MAIL CARRIER 99 - OTHER / UNKNOWN | | | |
| COLLISION WITH FIXED OBJECT - STRUCK | | 22 - APPROACHING OR LEAVING VEHICLE 23 - STANDING 24 - OTHER NON-MOTORIST 25 - OTHER OUTSIDE DISABLED VEHICLE 26 - WORKING 27 - PUSHING VEHICLE 28 - OTHER / UNKNOWN | | | |
| 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER/UNKNOWN | | 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/FASSING 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 - SWERVING TO AVOID | | | |
| 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN | | 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 22 - WORKING 23 - PUSHING VEHICLE 24 - OTHER / UNKNOWN | | | |
| 1 - LEFT OF CENTER 8 - FOLLOWING TO 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 - WRCNG 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 | | | |
| 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO/EQUIPMENT LOSS OR SHIFT | | 24 - OTHER IMPROPER ACTION | | | |
| 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE | | 25 - WORK ZONE MAINTENANCE EQUIPMENT 26 - ANIMAL - FARM 27 - ANIMAL - DEER 28 - ANIMAL - OTHER 29 - MOTOR VEHICLE IN TRANSPORT 30 - PARKED MOTOR VEHICLE | | | |
| 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER | | 31 - CURB 32 - DITCH 33 - EMBANKMENT 34 - FENCE 35 - MAILBOX 36 - TREE 37 - TUNNEL 38 - FIRE HYDRANT 39 - OTHER POST, POLE OR SUPPORT 40 - CULVERT | | | |
| 1 FIRST HARMFUL EVENT | | 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT | | | |
| 1 MOST HARMFUL EVENT | | 43 - WORK ZONE MAINTENANCE EQUIPMENT 44 - WALL 45 - TUNNEL 46 - FIRE HYDRANT 47 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN | | | |

| | | | |
|---|--|--|---|
| LOCAL REPORT NUMBER 200029557 | | DAMAGE SCALE | |
| 4 | | 1 - NONE | 3 - FUNCTIONAL DAMAGE |
| | | 2 - MINOR DAMAGE | 4 - DISABLING DAMAGE |
| | | 9 - UNKNOWN | |
| DAMAGED AREA(S) INDICATE ALL THAT APPLY | | | |
|             | | | |
| <input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16] | | | |
| INITIAL POINT OF CONTACT | | | |
| 07 | | 0 - NO DAMAGE | 14 - UNDERCARRIAGE |
| | | 1-12 - REFER TO UNIT DIAGRAM | 15 - VEHICLE NOT AT SCENE |
| | | 99 - UNKNOWN | 13 - TOP |
| TRAFFICWAY FLOW | | | |
| 2 | | 1 - ONE-WAY | TRAFFIC CONTROL |
| 6 | | 2 - TWO-WAY | 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD | | | |
| 02 | | 1 | RAIL GRADE CROSSING |
| | | 2 | 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING |
| UNIT / NON-MOTORIST DIRECTION | | | |
| 2 | | 1 | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN |
| FROM [2] TO [1] | | | |
| UNIT SPEED | | DETECTED SPEED | |
| 0 | | 1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED | |
| POSTED SPEED | | 3 5 | |



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

200029557

| | | | | | | | | | | | | |
|---|--|--|--|--|--|--|------------------------------------|----------------------------------|---|------------------------------------|--|--|
| UNIT # | NAME: LAST, FIRST, MIDDLE DILLAVOU, DANIELLE R | | | | | DATE OF BIRTH | AGE | GENDER | | | | |
| 01 | ADDRESS: STREET,CITY,STATE,ZIP 1317 PERRY ST SPRINGFIELD, OH 45506 | | | | | CONTACT PHONE - INCLUDE AREA CODE 9372447182 | | | | | | |
| INJURIES 5 | | INJURED TAKEN BY 1 | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY) | SAFETY EQUIPMENT USED 99 | DOT-COMPLIANT MC HELMET | SEATING POSITION 01 | AIR BAG USAGE 9 | EJECTION 1 | TRAPPED 1 | | |
| OL STATE O.H. | | OPERATOR LICENSE NUMBER SP327773 | | OFFENSE CHARGED 331.34A | LOCAL CODE X | OFFENSE DESCRIPTION FTC--REASONABLE AND ORDINARY CONTROL | | CITATION NUMBER 299234 | | | | |
| OL CLASS 6 | | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY 9 | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | CONDITION 9 | ALCOHOL TEST STATUS 1 | TYPE 1 | VALUE . | DRUG TEST(S) STATUS 1 | TYPE 1 | RESULT SELECT UP TO 4 |
| UNIT # | NAME: LAST, FIRST, MIDDLE 02 | | | | | 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 | 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 <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | CONDITION | ALCOHOL TEST STATUS | TYPE | VALUE | DRUG TEST(S) STATUS | TYPE | RESULT SELECT UP TO 4 | |
| UNIT # | NAME: LAST, FIRST, MIDDLE 03 | | | | | 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 | 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 <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> 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 | 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-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-TEST GIVEN, RESULTS KNOWN | | | | | | | |
| 5-NO APPARENT INJURY | 5-SECOND-MIDDLE | 5-NOT APPLICABLE | 5-MC MOPED ONLY | 5-EXCEPT CLASS A BUS | | | | | | | | |
| | 6-SECOND-RIGHT SIDE | 9-DEPLOYMENT UNKNOWN | 6-NO VALID OL | 6-EXCEPT CLASS A & CLASS B BUS | | | | | | | | |
| | 7-THIRD-LEFT SIDE (MOTORCYCLE SIDE CAR) | | | 7-EXCEPT TRACTOR-TRAILER | | | | | | | | |
| 1-NOT TRANSPORTED /TREATED AT SCENE | 8-THIRD-MIDDLE | 1-NOT EJECTED | H-HAZMAT | 8-INTERMEDIATE LICENSE RESTRICTIONS | | | | | | | | |
| 2-EMS | 9-THIRD-RIGHT SIDE | 2-PARTIALLY EJECTED | M-MOTORCYCLE | 9-LEARNER'S PERMIT RESTRICTIONS | | | | | | | | |
| 3-POLICE | 10-SLEEPER SECTION OF TRUCK CAB | 3-TOTALLY EJECTED | P-PASSENGER | 10-LIMITED TO DAYLIGHT ONLY | | | | | | | | |
| 9-OTHER/ UNKNOWN | | 4-NOT APPLICABLE | N-TANKER | 11-LIMITED TO EMPLOYMENT | | | | | | | | |
| | 11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | | O-MOTOR SCOOTER | 12-LIMITED - OTHER | | | | | | | | |
| 1-NONE USED | 12-PASSENGER IN UNENCLOSED CARGO AREA | 1-NOT TRAPPED | R-THREE-WHEEL MOTORCYCLE | 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | | | | | | | | |
| 2-SHOULDER BELT ONLY USED | 13-TRAILING UNIT | 2-EXTRICATED BY MECHANICAL MEANS | S-SCHOOL BUS | 14-MILITARY VEHICLES ONLY | | | | | | | | |
| 3-LAP BELT ONLY USED | 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 3-FREED BY NON-MECHANICAL MEANS | T-DOUBLE & TRIPLE TRAILERS | 15-MOTOR VEHICLES WITHOUT AIR BRAKES | | | | | | | | |
| 4-SHOULDER & LAP BELT USED | 15-NON-MOTORIST | | X-TANKER / HAZMAT | 16-OUTSIDE MIRROR | | | | | | | | |
| 5-CHILD RESTRAINT SYSTEM - FORWARD FACING | 99-OTHER/ UNKNOWN | | | 17-PROSTHETIC AID | | | | | | | | |
| 6-CHILD RESTRAINT SYSTEM - REAR FACING | | | | 18-OTHER | | | | | | | | |
| 7-BOOSTER SEAT | | | | | | | | | | | | |
| 8-HELMET USED | | | | | | | | | | | | |
| 9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | | | | | | | | | | | |
| 10-REFLECTIVE CLOTHING | | | | | | | | | | | | |
| 11-LIGHTING - PEDESTRIAN / BICYCLE ONLY | | | | | | | | | | | | |
| 99-OTHER/ UNKNOWN | | | | | | | | | | | | |
| INJURED TAKEN BY | | EJECTION | OL ENDORSEMENT | TEST STATUS | | | | | | | | |
| 1-NOT TRANSPORTED /TREATED AT SCENE | | 1-NOT EJECTED | H-HAZMAT | 1-NONE GIVEN | | | | | | | | |
| 2-EMS | | 2-PARTIALLY EJECTED | M-MOTORCYCLE | 2-TEST REFUSED | | | | | | | | |
| 3-POLICE | | 3-TOTALLY EJECTED | P-PASSENGER | 3-TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE | | | | | | | | |
| 9-OTHER/ UNKNOWN | | 4-NOT APPLICABLE | N-TANKER | 4-TEST GIVEN, RESULTS KNOWN | | | | | | | | |
| INJURED TAKEN BY | | EJECTION | OL ENDORSEMENT | TEST STATUS | | | | | | | | |
| 1-NOT TRANSPORTED /TREATED AT SCENE | | 1-NOT EJECTED | H-HAZMAT | 1-NONE GIVEN | | | | | | | | |
| 2-EMS | | 2-PARTIALLY EJECTED | M-MOTORCYCLE | 2-TEST REFUSED | | | | | | | | |
| 3-POLICE | | 3-TOTALLY EJECTED | P-PASSENGER | 3-TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE | | | | | | | | |
| 9-OTHER/ UNKNOWN | | 4-NOT APPLICABLE | N-TANKER | 4-TEST GIVEN, RESULTS KNOWN | | | | | | | | |
| INJURED TAKEN BY | | EJECTION | OL ENDORSEMENT | TEST STATUS | | | | | | | | |
| 1-NOT TRANSPORTED /TREATED AT SCENE | | 1-NOT EJECTED | H-HAZMAT | 1-NONE GIVEN | | | | | | | | |
| 2-EMS | | 2-PARTIALLY EJECTED | M-MOTORCYCLE | 2-TEST REFUSED | | | | | | | | |
| 3-POLICE | | 3-TOTALLY EJECTED | P-PASSENGER | 3-TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE | | | | | | | | |
| 9-OTHER/ UNKNOWN | | 4-NOT APPLICABLE | N-TANKER | 4-TEST GIVEN, RESULTS KNOWN | | | | | | | | |
| INJURED TAKEN BY | | EJECTION | OL ENDORSEMENT | TEST STATUS | | | | | | | | |
| 1-NOT TRANSPORTED /TREATED AT SCENE | | 1-NOT EJECTED | H-HAZMAT | 1-NONE GIVEN | | | | | | | | |
| 2-EMS | | 2-PARTIALLY EJECTED | M-MOTORCYCLE | 2-TEST REFUSED | | | | | | | | |
| 3-POLICE | | 3-TOTALLY EJECTED | P-PASSENGER | 3-TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE | | | | | | | | |
| 9-OTHER/ UNKNOWN | | 4-NOT APPLICABLE | N-TANKER | 4-TEST GIVEN, RESULTS KNOWN | | | | | | | | |
| INJURED TAKEN BY | | EJECTION | OL ENDORSEMENT | TEST STATUS | | | | | | | | |
| 1-NOT TRANSPORTED /TREATED AT SCENE | | 1-NOT EJECTED | H-HAZMAT | 1-NONE GIVEN | | | | | | | | |
| 2-EMS | | 2-PARTIALLY EJECTED | M-MOTORCYCLE | 2-TEST REFUSED | | | | | | | | |
| 3-POLICE | | 3-TOTALLY EJECTED | P-PASSENGER | 3-TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE | | | | | | | | |
| 9-OTHER/ UNKNOWN | | 4-NOT APPLICABLE | N-TANKER | 4-TEST GIVEN, RESULTS KNOWN | | | | | | | | |
| INJURED TAKEN BY | | EJECTION | OL ENDORSEMENT | TEST STATUS | | | | | | | | |
| 1-NOT TRANSPORTED /TREATED AT SCENE | | 1-NOT EJECTED | H-HAZMAT | 1-NONE GIVEN | | | | | | | | |
| 2-EMS | | 2-PARTIALLY EJECTED | M-MOTORCYCLE | 2-TEST REFUSED | | | | | | | | |
| 3-POLICE | | 3-TOTALLY EJECTED | P-PASSENGER | 3-TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE | | | | | | | | |
| 9-OTHER/ UNKNOWN | | 4-NOT APPLICABLE | N-TANKER | 4-TEST GIVEN, RESULTS KNOWN | | | | | | | | |
| INJURED TAKEN BY | | EJECTION | OL ENDORSEMENT | TEST STATUS | | | | | | | | |
| 1-NOT TRANSPORTED /TREATED AT SCENE | | 1-NOT EJECTED | H-HAZMAT | 1-NONE GIVEN | | | | | | | | |
| 2-EMS | | 2-PARTIALLY EJECTED | M-MOTORCYCLE | 2-TEST REFUSED | | | | | | | | |
| 3-POLICE | | 3-TOTALLY EJECTED | P-PASSENGER | 3-TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE | | | | | | | | |
| 9-OTHER/ UNKNOWN | | 4-NOT APPLICABLE | N-TANKER | 4-TEST GIVEN, RESULTS KNOWN | | | | | | | | |
| INJURED TAKEN BY | | EJECTION | OL ENDORSEMENT | TEST STATUS | | | | | | | | |
| 1-NOT TRANSPORTED /TREATED AT SCENE | | 1-NOT EJECTED | H-HAZMAT | 1-NONE GIVEN | | | | | | | | |
| 2-EMS | | 2-PARTIALLY EJECTED | M-MOTORCYCLE | 2-TEST REFUSED | | | | | | | | |
| 3-POLICE | | 3-TOTALLY EJECTED | P-PASSENGER | 3-TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE | | | | | | | | |
| 9-OTHER/ UNKNOWN | | 4-NOT APPLICABLE | N-TANKER | 4-TEST GIVEN, RESULTS KNOWN | | | | | | | | |
| INJURED TAKEN BY | | EJECTION | OL ENDORSEMENT | TEST STATUS | | | | | | | | |
| 1-NOT TRANSPORTED /TREATED AT SCENE | | 1-NOT EJECTED | H-HAZMAT | 1-NONE GIVEN | | | | | | | | |
| 2-EMS | | 2-PARTIALLY EJECTED | M-MOTORCYCLE | 2-TEST REFUSED | | | | | | | | |
| 3-POLICE | | 3-TOTALLY EJECTED | P-PASSENGER | 3-TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE | | | | | | | | |
| 9-OTHER/ UNKNOWN | | 4-NOT APPLICABLE | N-TANKER | 4-TEST GIVEN, RESULTS KNOWN | | | | | | | | |
| INJURED TAKEN BY | | EJECTION | OL ENDORSEMENT | TEST STATUS | | | | | | | | |
| 1-NOT TRANSPORTED /TREATED AT SCENE | | 1-NOT EJECTED | H-HAZMAT | 1-NONE GIVEN | | | | | | | | |
| 2-EMS | | 2-PARTIALLY EJECTED | M-MOTORCYCLE | 2-TEST REFUSED | | | | | | | | |
| 3-POLICE | | 3-TOTALLY EJECTED | P-PASSENGER | 3-TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE | | | | | | | | |
| 9-OTHER/ UNKNOWN | | 4-NOT APPLICABLE | N-TANKER | 4-TEST GIVEN, RESULTS KNOWN | | | | | | | | |
| INJURED TAKEN BY | | EJECTION | OL ENDORSEMENT | TEST STATUS | | | | | | | | |
| 1-NOT TRANSPORTED /TREATED AT SCENE | | 1-NOT EJECTED | H-HAZMAT | 1-NONE GIVEN | | | | | | | | |
| 2-EMS | | 2-PARTIALLY EJECTED | M-MOTORCYCLE | 2-TEST REFUSED | | | | | | | | |
| 3-POLICE | | 3-TOTALLY EJECTED | P-PASSENGER | 3-TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE | | | | | | | | |
| 9-OTHER/ UNKNOWN | | 4-NOT APPLICABLE | N-TANKER | 4-TEST GIVEN, RESULTS KNOWN | | | | | | | | |
| INJURED TAKEN BY | | EJECTION | OL ENDORSEMENT | TEST STATUS | | | | | | | | |
| 1-NOT TRANSPORTED /TREATED AT SCENE | | 1-NOT EJECTED | H-HAZMAT | 1-NONE GIVEN | | | | | | | | |
| 2-EMS | | 2-PARTIALLY EJECTED | M-MOTORCYCLE | 2-TEST REFUSED | | | | | | | | |
| 3-POLICE | | 3-TOTALLY EJECTED | P-PASSENGER | 3-TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE | | | | | | | | |
| 9-OTHER/ UNKNOWN | | 4-NOT APPLICABLE | N-TANKER | 4-TEST GIVEN, RESULTS KNOWN | | | | | | | | |
| INJURED TAKEN BY | | EJECTION | OL ENDORSEMENT | TEST STATUS | | | | | | | | |
| 1-NOT TRANSPORTED /TREATED AT SCENE | | 1-NOT EJECTED | H-HAZMAT | 1-NONE GIVEN | | | | | | | | |
| 2-EMS | | 2-PARTIALLY EJECTED | M-MOTORCYCLE | 2-TEST REFUSED | | | | | | | | |
| 3-POLICE | | 3-TOTALLY EJECTED | P-PASSENGER | 3-TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE | | | | | | | | |
| 9-OTHER/ UNKNOWN | | 4-NOT APPLICABLE | N-TANKER | 4-TEST GIVEN, RESULTS KNOWN | | | | | | | | |
| INJURED TAKEN BY | | EJECTION | OL ENDORSEMENT | TEST STATUS | | | | | | | | |
| 1-NOT TRANSPORTED /TREATED AT SCENE | | 1-NOT EJECTED | H-HAZMAT | 1-NONE GIVEN | | | | | | | | |
| 2-EMS | | 2-PARTIALLY EJECTED | M-MOTORCYCLE | 2-TEST REFUSED | | | | | | | | |
| 3-POLICE | | 3-TOTALLY EJECTED | P-PASSENGER | 3-TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE | | | | | | | | |
| 9-OTHER/ UNKNOWN | | 4-NOT APPLICABLE | N-TANKER | 4-TEST GIVEN, RESULTS KNOWN | | | | | | | | |
| INJURED TAKEN BY | | EJECTION | OL ENDORSEMENT | TEST STATUS | | | | | | | | |
| 1-NOT TRANSPORTED /TREATED AT SCENE | | 1-NOT EJECTED | H-HAZMAT | 1-NONE GIVEN | | | | | | | | |
| 2-EMS | | 2-PARTIALLY EJECTED | M-MOTORCYCLE | 2-TEST REFUSED | | | | | | | | |
| 3-POLICE | | 3-TOTALLY EJECTED | P-PASSENGER | 3-TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE | | | | | | | | |
| 9-OTHER/ UNKNOWN | | 4-NOT APPLICABLE | N-TANKER | 4-TEST GIVEN, RESULTS KNOWN | | | | | | | | |
| INJURED TAKEN BY | | EJECTION | OL ENDORSEMENT | TEST STATUS | | | | | | | | |
| 1-NOT TRANSPORTED /TREATED AT SCENE | | 1-NOT EJECTED | H-HAZMAT | 1-NONE GIVEN | | | | | | | | |
| 2-EMS | | 2-PARTIALLY EJECTED | M-MOTORCYCLE | 2-TEST REFUSED | | | | | | | | |
| 3-POLICE | | 3-TOTALLY EJECTED | P-PASSENGER | 3-TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE | | | | | | | | |
| 9-OTHER/ UNKNOWN | | 4-NOT APPLICABLE | N-TANKER | 4-TEST GIVEN, RESULTS KNOWN | | | | | | | | |
| INJURED TAKEN BY | | EJECTION | OL ENDORSEMENT | TEST STATUS | | | | | | | | |
| 1-NOT TRANSPORTED /TREATED AT SCENE | | 1-NOT EJECTED | H-HAZMAT | 1-NONE GIVEN</ | | | | | | | | |