



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

|  |   |                                |                             |           |                 |               |                 |
|--|---|--------------------------------|-----------------------------|-----------|-----------------|---------------|-----------------|
| <input checked="" type="checkbox"/> PHOTOS TAKEN | <input type="checkbox"/> OH-2             | <input type="checkbox"/> OH-3  | LOCAL INFORMATION           |           | 2 2 0 8 5 3 0 2 |               |                 |
| <input type="checkbox"/> SECONDARY CRASH         | <input checked="" type="checkbox"/> OH-1P | <input type="checkbox"/> OTHER | REPORTING AGENCY NAME*      |           | HIT/SKIP        |               | NUMBER OF UNITS |
| <input type="checkbox"/> PRIVATE PROPERTY        |   |                                | Fairfield Police Department |           | 1 - SOLVED      |               | 0 2             |
|  |   |                                |                             | NCIC*     |                 | UNIT IN ERROR |                 |
|  |   |                                |                             | 0 0 9 0 1 |                 | 98 - ANIMAL   |                 |
|  |   |                                |                             |           |                 | 0 1           |                 |
|  |   |                                |                             |           |                 | 99 - UNKNOWN  |                 |

|                |  |   |   |  |
|----------------|--|---|---|--|
| COUNTY*<br>0 9 | LOCALITY*<br>1 CITY<br>2 VILLAGE<br>3 TOWNSHIP | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>City of Fairfield | CRASH DATE / TIME*<br>11 22 20 22 11 13 | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY |
|----------------|--|---|---|--|

|            |              |        |  |  |                  |  |
|------------|--------------|--------|--|--|------------------|--|
| ROUTE TYPE | ROUTE NUMBER | PREFIX | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | LOCATION ROAD NAME<br>HICKS                              | ROAD TYPE<br>B L | LATITUDE DECIMAL DEGREES<br>3 9 . 3 4 4 9 1 4    |
| ROUTE TYPE | ROUTE NUMBER | PREFIX | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>HOLIDAY | ROAD TYPE<br>D R | LONGITUDE DECIMAL DEGREES<br>- 8 4 . 5 4 2 7 2 0 |

|   |  |   |   |  |   |  |                           |   |
|---|--|---|---|--|---|--|---------------------------|---|
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE # | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS | ROAD TYPE<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PL - PLACE | RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TR - TRAIL<br>WA - WAY | INTERSECTION RELATED<br><input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA | NUMBER OF APPROACHES<br>4 | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED |
|---|--|---|---|--|---|--|---------------------------|---|

|   |  |   |   |  |
|---|--|---|---|--|
| LOCATION OF FIRST HARMFUL EVENT<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP | 9 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12 - SHARED USE PATHS OR TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER / UNKNOWN | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (≥4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN |
|---|--|---|---|--|

|   |  |   |              |                 |              |
|---|--|---|--------------|-----------------|--------------|
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA | CONTOUR<br>1 | CONDITIONS<br>1 | SURFACE<br>2 |
|---|--|---|--------------|-----------------|--------------|

|  |   |   |     |   |   |  |
|--|---|---|-----|---|---|--|
| LIGHT CONDITION<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN | WEATHER<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN | 1 | 0 1 | 1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/UNKNOWN | 1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN | 1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/UNKNOWN |
|--|---|---|-----|---|---|--|

NARRATIVE

On 11/22/2022 at 11:13 a.m. Unit 1 was traveling eastbound on Hicks Boulevard. Unit 2 was traveling southbound on Holiday Drive. Unit 1 failed to stop at the posted stop, striking Unit 2 on the passenger side.

Indicate the north direction with an "N" on the compass diagram.

Not to Scale

|   |   |  |  |   |
|---|---|--|--|---|
| CRASH REPORTED DATE / TIME<br>11 22 20 22 11 13 | DISPATCH DATE / TIME<br>11 22 20 22 11 15 | ARRIVAL DATE / TIME<br>11 22 20 22 11 23 | SCENE CLEARED DATE / TIME<br>11 22 20 22 11 50 | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST |
| TOTAL TIME ROADWAY CLOSED<br>2 7                | OTHER INVESTIGATION TIME                  | TOTAL MINUTES<br>3 7                     | OFFICER'S NAME*<br>A. HATCHER                  | CHECKED BY OFFICER'S NAME*<br>Sgt. J. Sprague   |
|   |   |  | OFFICER'S BADGE NUMBER*<br>1 7 4               | CHECKED BY OFFICER'S BADGE NUMBER*<br>8 4   |

**OWNER**

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) \_\_\_\_\_ OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) \_\_\_\_\_

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) \_\_\_\_\_

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP \_\_\_\_\_ COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE \_\_\_\_\_

**DAMAGE**

DAMAGE SCALE

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

**VEHICLE**

LP STATE OH LICENSE PLATE # HOW8239 VEHICLE IDENTIFICATION # JTMJFRFV1JJ21534133 VEHICLE YEAR 2018 VEHICLE MAKE TOYOTA

INSURANCE VERIFIED INSURANCE COMPANY ERIE INSURANCE POLICY # Q116510338 COLOR GREY VEHICLE MODEL RAV4

**DAMAGED AREA(S)**  
INDICATE ALL THAT APPLY

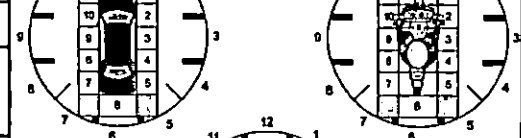
TYPE OF USE  
 COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

US DOT # \_\_\_\_\_

VEHICLE WEIGHT GVWR/GCWR  
1 - <10K LBS.  
2 - 10,001 - 26K LBS.  
3 - >26K LBS.

TOWED BY: COMPANY NAME \_\_\_\_\_

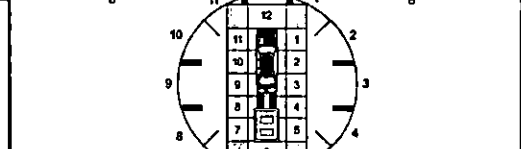
HAZARDOUS MATERIAL  
 MATERIAL RELEASED CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_  
 PLACARD \_\_\_\_\_



UNIT TYPE 03

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 (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST  
4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE  
5 - CARGO VAN 11 - ALL-TERRAIN VEHICLE (ATV/UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN  
6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP

# OF TRAILING UNITS 0

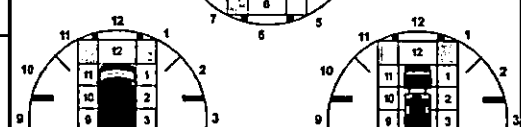


WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0

1 - YES 2 - NO 9 - OTHER / UNKNOWN

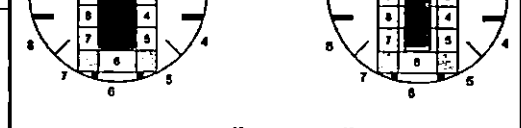
AUTONOMOUS MODE LEVEL

0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION  
2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION



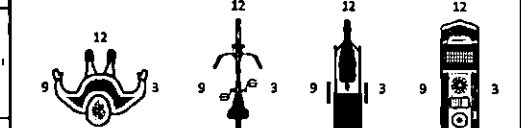
SPECIAL FUNCTION 01

1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN  
3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL  
4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING  
5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL



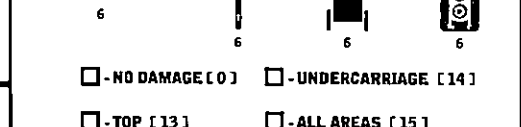
CARGO BODY TYPE 01

1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER  
2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTOTRANSPORTER  
7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE  
11 - DUMP 99 - OTHER / UNKNOWN



VEHICLE DEFECTS

1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN  
2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT  
3 - TAIL LAMPS 6 - TIRE BLOWOUT



NON-MOTORIST LOCATION AT IMPACT

1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE  
2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIOBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 15 - WALKING, RUNNING, JOGGING, PLAYING  
5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 16 - WORKING 17 - PUSHING VEHICLE  
99 - OTHER / UNKNOWN

INITIAL POINT OF CONTACT

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

ACTION 3

1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE  
2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING  
3 - STRIKING 01 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST  
4 - STRUCK PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE  
5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN  
6 - MAKING LEFT TURN 12 - DRIVERLESS

TRAFFIC

TRAFFICWAY FLOW

2 1 - ONE-WAY  
2 - TWO-WAY

TRAFFIC CONTROL

4 1 - ROUNDABOUT 4 - STOP SIGN  
2 - SIGNAL 5 - YIELD SIGN  
3 - FLASHER 6 - NO CONTROL

CONTRIBUTING CIRCUMSTANCES 04

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

# OF THROUGH LANES ON ROAD 1

RAIL GRADE CROSSING

1 1 - NOT INVOLVED  
2 - INVOLVED-ACTIVE CROSSING  
3 - INVOLVED-PASSIVE CROSSING

SEQUENCE OF EVENTS

1 20

1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT  
4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT  
5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE

UNIT / NON-MOTORIST DIRECTION

FROM 4 TO 3

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

~~COLLISION WITH FIXED OBJECT, STRUCK BY~~

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

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

UNIT SPEED 25

DETECTED SPEED

1 1 - STATED / ESTIMATED SPEED  
2 - CALCULATED / EDR  
3 - UNDETERMINED

POSTED SPEED 25

**OWNER**

UNIT # 0, 2 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**DAMAGE**

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

**VEHICLE**

LP STATE OH LICENSE PLATE # AG82UB VEHICLE IDENTIFICATION # 1G6KE57Y92U1715378 VEHICLE YEAR 2002 VEHICLE MAKE CADILLAC  
 INSURANCE VERIFIED INSURANCE COMPANY STATE FARM INSURANCE POLICY # 2070114-SFP35 COLOR RED VEHICLE MODEL DEVILLE  
 COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME FOX  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT # OCCUPANTS 0, 1 VEHICLE WEIGHT GVWR/GCWR  
 1 - <10K LBS.  
 2 - 10,001 - 26K LBS.  
 3 - >26K LBS.  
 MATERIAL RELEASED HAZARDOUS MATERIAL CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_  
 PLACARD

**DAMAGED AREA(S)**  
 INDICATE ALL THAT APPLY

- NO DAMAGE [ 0 ]  - UNDERCARRIAGE [ 14 ]  
 - TOP [ 13 ]  - ALL AREAS [ 15 ]  
 - UNIT NOT AT SCENE [ 16 ]

UNIT TYPE 0, 1  
 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 (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST  
 4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE  
 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV/UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN  
 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP

# of TRAILING UNITS 0

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

SPECIAL FUNCTION 0, 1  
 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN  
 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL  
 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING  
 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

CARGO BODY TYPE 0, 1  
 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER  
 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 10 - FLAT BED 13 - AUTO TRANSPORTER  
 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

VEHICLE DEFECTS  
 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN  
 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT  
 3 - TAIL LAMPS 6 - TIRE BLOWOUT

NON-MOTORIST LOCATION AT IMPACT  
 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE  
 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDDLEBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 14 - ENTERING OR CROSSING SPECIFIED LOCATION  
 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 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 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION

ACTION 4  
 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE  
 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING  
 3 - STRIKING 1 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST  
 4 - STRUCK PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE  
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN  
 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN

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

SEQUENCE OF EVENTS  
1, 2, 0  
 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT  
 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL  
 6 - IMPROPER TURN 11 - DROVE OFF ROAD 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING  
 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 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN

**TRAFFIC**

TRAFFICWAY FLOW  
 1 - ONE-WAY  
 2 - TWO-WAY  
2

TRAFFIC CONTROL  
 1 - ROUNDABOUT 4 - STOP SIGN  
 2 - SIGNAL 5 - YIELD SIGN  
 3 - FLASHER 6 - NO CONTROL  
4

# of THROUGH LANES ON ROAD 1

RAIL GRADE CROSSING  
 1 - NOT INVOLVED  
 2 - INVOLVED-ACTIVE CROSSING  
 3 - INVOLVED-PASSIVE CROSSING  
1

UNIT / NON-MOTORIST DIRECTION  
 FROM 1 TO 2  
 1 - NORTH 5 - NORTHEAST  
 2 - SOUTH 6 - NORTHWEST  
 3 - EAST 7 - SOUTHEAST  
 4 - WEST 8 - SOUTHWEST  
 9 - OTHER / UNKNOWN

UNIT SPEED 1, 5

POSTED SPEED 2, 5

DETECTED SPEED  
 1 - STATED / ESTIMATED SPEED  
 2 - CALCULATED / EOR  
 3 - UNDETERMINED  
1

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 2 0 8 5 3 0 2

|   |   |                                   |  |   |  |                                |   |                      |   |  |
|---|---|-----------------------------------|--|---|--|--------------------------------|---|----------------------|---|--|
| <b>UNIT #</b><br>0 1  | <b>NAME: LAST, FIRST, MIDDLE</b><br>CRAMER, SUSAN |                                   | <b>DATE OF BIRTH</b><br>0 1 1 5 1 9 5 8                |   | <b>AGE</b><br>6 4                                | <b>GENDER</b><br>F             |   |                      |   |  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>3949 HASSFURT DRIVE, HAMILTON, OHIO 45011 |   |                                   |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b>  |  |                                |   |                      |   |  |
| <b>INJURIES</b><br>5  | <b>INJURED TAKEN BY</b>                           | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b><br>0 4   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b><br>0 1 | <b>AIR BAG USAGE</b><br>1                           | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1   |  |
| <b>OL STATE</b><br>OH   | <b>OPERATOR LICENSE NUMBER</b>                    |                                   | <b>OFFENSE CHARGED</b><br>331.19A                      | <b>LOCAL CODE</b><br><input checked="" type="checkbox"/>  | <b>OFFENSE DESCRIPTION</b><br>STOP SIGN          |                                | <b>CITATION NUMBER</b><br>252728                    |                      |   |  |
| <b>OL CLASS</b><br>04   | <b>ENDORSEMENT SELECT UP TO 2</b>                 | <b>RESTRICTION SELECT UP TO 3</b> | <b>DRIVER DISTRACTED BY</b><br>1                       | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b><br>1          | <b>ALCOHOL TEST</b><br>STATUS: 1, TYPE: 1, VALUE: . |                      | <b>DRUG TEST(S)</b><br>STATUS: 1, TYPE: 1, RESULT: SELECT UP TO 4 |  |

|  |   |                                   |  |   |  |                                |   |                      |   |  |
|--|---|-----------------------------------|--|---|--|--------------------------------|---|----------------------|---|--|
| <b>UNIT #</b><br>0 2   | <b>NAME: LAST, FIRST, MIDDLE</b><br>CROUCHER, JUANITA |                                   | <b>DATE OF BIRTH</b><br>0 8 1 2 1 9 3 5                |   | <b>AGE</b><br>8 7                                | <b>GENDER</b><br>F             |   |                      |   |  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>5583 CRYSTAL DRIVE, FAIRFIELD OHIO 45014 |   |                                   |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b>  |  |                                |   |                      |   |  |
| <b>INJURIES</b><br>5   | <b>INJURED TAKEN BY</b>                               | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b><br>0 4   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b><br>0 1 | <b>AIR BAG USAGE</b><br>1                           | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1   |  |
| <b>OL STATE</b><br>OH  | <b>OPERATOR LICENSE NUMBER</b>                        |                                   | <b>OFFENSE CHARGED</b>                                 | <b>LOCAL CODE</b><br><input type="checkbox"/>   | <b>OFFENSE DESCRIPTION</b>                       |                                | <b>CITATION NUMBER</b>                              |                      |   |  |
| <b>OL CLASS</b><br>4   | <b>ENDORSEMENT SELECT UP TO 2</b>                     | <b>RESTRICTION SELECT UP TO 3</b> | <b>DRIVER DISTRACTED BY</b><br>1                       | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b><br>1          | <b>ALCOHOL TEST</b><br>STATUS: 1, TYPE: 1, VALUE: . |                      | <b>DRUG TEST(S)</b><br>STATUS: 1, TYPE: 1, RESULT: SELECT UP TO 4 |  |

|  |                                   |                                   |  |  |  |                         |                        |                 |                     |  |
|--|-----------------------------------|-----------------------------------|--|--|--|-------------------------|------------------------|-----------------|---------------------|--|
| <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b>  |                                   | <b>DATE OF BIRTH</b>                                   |  | <b>AGE</b>                                       | <b>GENDER</b>           |                        |                 |                     |  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                   |                                   |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |  |                         |                        |                 |                     |  |
| <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>           | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b>             | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b>   | <b>EJECTION</b> | <b>TRAPPED</b>      |  |
| <b>OL STATE</b>                          | <b>OPERATOR LICENSE NUMBER</b>    |                                   | <b>OFFENSE CHARGED</b>                                 | <b>LOCAL CODE</b>                        | <b>OFFENSE DESCRIPTION</b>                       |                         | <b>CITATION NUMBER</b> |                 |                     |  |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT SELECT UP TO 2</b> | <b>RESTRICTION SELECT UP TO 3</b> | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b>          |  | <b>CONDITION</b>        | <b>ALCOHOL TEST</b>    |                 | <b>DRUG TEST(S)</b> |  |

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



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
2 2 0 8 5 3 0 2

|                 |  |  |                                   |          |             |
|-----------------|--|--|-----------------------------------|----------|-------------|
| <b>OCCUPANT</b> | UNIT #<br>1  | NAME: LAST, FIRST, MIDDLE<br>MENOZZI, ROSALANA | DATE OF BIRTH<br>1 0 3 1 2 0 1 8  | AGE<br>4 | GENDER<br>F |
|                 | ADDRESS: STREET, CITY, STATE, ZIP<br>3949 HASSFURT DRIVE, HAMILTON, OHIO 45011 |  | CONTACT PHONE - INCLUDE AREA CODE |          |             |

|               |                  |                   |   |                              |  |                         |                      |               |              |
|---------------|------------------|-------------------|---|------------------------------|--|-------------------------|----------------------|---------------|--------------|
| INJURIES<br>5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0 7 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 6 | AIR BAG USAGE<br>0 1 | EJECTION<br>1 | TRAPPED<br>1 |
|---------------|------------------|-------------------|---|------------------------------|--|-------------------------|----------------------|---------------|--------------|

|                 |                                   |                           |                                   |          |        |
|-----------------|-----------------------------------|---------------------------|-----------------------------------|----------|--------|
| <b>OCCUPANT</b> | UNIT #                            | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH                     | AGE<br>0 | GENDER |
|                 | ADDRESS: STREET, CITY, STATE, ZIP |                           | CONTACT PHONE - INCLUDE AREA CODE |          |        |

|          |                  |                   |   |                       |  |                  |               |          |         |
|----------|------------------|-------------------|---|-----------------------|--|------------------|---------------|----------|---------|
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|----------|------------------|-------------------|---|-----------------------|--|------------------|---------------|----------|---------|

|                 |                                   |                           |                                   |          |        |
|-----------------|-----------------------------------|---------------------------|-----------------------------------|----------|--------|
| <b>OCCUPANT</b> | UNIT #                            | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH                     | AGE<br>0 | GENDER |
|                 | ADDRESS: STREET, CITY, STATE, ZIP |                           | CONTACT PHONE - INCLUDE AREA CODE |          |        |

|          |                  |                   |   |                       |  |                  |               |          |         |
|----------|------------------|-------------------|---|-----------------------|--|------------------|---------------|----------|---------|
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|----------|------------------|-------------------|---|-----------------------|--|------------------|---------------|----------|---------|

|                 |                                   |                           |                                   |          |        |
|-----------------|-----------------------------------|---------------------------|-----------------------------------|----------|--------|
| <b>OCCUPANT</b> | UNIT #                            | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH                     | AGE<br>0 | GENDER |
|                 | ADDRESS: STREET, CITY, STATE, ZIP |                           | CONTACT PHONE - INCLUDE AREA CODE |          |        |

|          |                  |                   |   |                       |  |                  |               |          |         |
|----------|------------------|-------------------|---|-----------------------|--|------------------|---------------|----------|---------|
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|----------|------------------|-------------------|---|-----------------------|--|------------------|---------------|----------|---------|

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

|                |                                   |                                   |          |        |
|----------------|-----------------------------------|-----------------------------------|----------|--------|
| <b>WITNESS</b> | NAME: LAST, FIRST, MIDDLE         | DATE OF BIRTH                     | AGE<br>0 | GENDER |
|                | ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |          |        |

|                |                                   |                                   |          |        |
|----------------|-----------------------------------|-----------------------------------|----------|--------|
| <b>WITNESS</b> | NAME: LAST, FIRST, MIDDLE         | DATE OF BIRTH                     | AGE<br>0 | GENDER |
|                | ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |          |        |

|                |                                   |                                   |          |        |
|----------------|-----------------------------------|-----------------------------------|----------|--------|
| <b>WITNESS</b> | NAME: LAST, FIRST, MIDDLE         | DATE OF BIRTH                     | AGE<br>0 | GENDER |
|                | ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |          |        |

|                |                                   |                                   |          |        |
|----------------|-----------------------------------|-----------------------------------|----------|--------|
| <b>WITNESS</b> | NAME: LAST, FIRST, MIDDLE         | DATE OF BIRTH                     | AGE<br>0 | GENDER |
|                | ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |          |        |