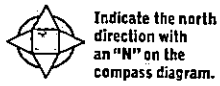


TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

|                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                        |  |                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH                                                                                                                                                                             |  | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-1P<br><input checked="" type="checkbox"/> PRIVATE PROPERTY                                                                                                   |  | LOCAL INFORMATION<br>REPORTING AGENCY NAME*<br>Fairfield Police Department                                                                                                                                                                                   |  | NCIC*<br>0, 0, 9, 0, 1                                                                                                                                                                                                                                                 |  | 2, 3, 0, 1, 1, 4, 9, 3                                                                                                                                                                                                 |  |                                                                                                                                    |
| COUNTY*<br>0, 9                                                                                                                                                                                                                                                          |  | LOCALITY*<br>1-CITY<br>2-VILLAGE<br>3-TOWNSHIP<br>1                                                                                                                                                                       |  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>City of Fairfield                                                                                                                                                                                                      |  | CRASH DATE / TIME*<br>02132023 0200                                                                                                                                                                                                                                    |  | NUMBER OF UNITS<br>0, 2                                                                                                                                                                                                |  |                                                                                                                                    |
| ROUTE TYPE<br>1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST                                                                                                                                                                                                                     |  | ROUTE NUMBER<br>PREFIX<br>1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST                                                                                                                                                          |  | LOCATION ROAD NAME<br>Wessel                                                                                                                                                                                                                                 |  | ROAD TYPE<br>D, R                                                                                                                                                                                                                                                      |  | LATITUDE DECIMAL DEGREES<br>39, 3, 3, 5, 8, 9, 0                                                                                                                                                                       |  | 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<br>1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST                                                                                                                                                                                                                     |  | ROUTE NUMBER<br>PREFIX<br>1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST                                                                                                                                                          |  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>700                                                                                                                                                                                                         |  | ROAD TYPE                                                                                                                                                                                                                                                              |  | LONGITUDE DECIMAL DEGREES<br>-84, 5, 5, 6, 3, 9, 0                                                                                                                                                                     |  |                                                                                                                                    |
| REFERENCE POINT<br>1-INTERSECTION<br>2-MILE POST<br>3-HOUSE #<br>3                                                                                                                                                                                                       |  | 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<br>HW-HIGHWAY<br>LA-LANE<br>MP-MILEPOST<br>OV-OVAL<br>PK-PARKWAY<br>PI-PIKE<br>PL-PLACE<br>RD-ROAD<br>SQ-SQUARE<br>ST-STREET<br>TE-TERRACE<br>TL-TRAIL<br>WA-WAY |  | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES<br>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<br>0, 6                                                                                                |  | 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<br>1 |  | 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<br>9                                                                                                  |  | 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<br>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<br>On 2-13-23 at about 2:00 a.m. Unit 2 was parked in the lot of 700 Wessel Dr. The owner of Unit 2 discovered the vehicle had been wrecked into at about 12:15 p.m.<br><br>Unit 1 left the scene without exchanging information or notifying law enforcement. |  |                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                        |  |                                                                                                                                    |
| CRASH REPORTED DATE / TIME<br>0, 2, 1, 3, 2, 0, 2, 3, 1, 2, 1, 4                                                                                                                                                                                                         |  | DISPATCH DATE / TIME<br>0, 2, 1, 3, 2, 0, 2, 3, 1, 2, 2, 5                                                                                                                                                                |  | ARRIVAL DATE / TIME<br>0, 2, 1, 3, 2, 0, 2, 3, 1, 2, 2, 7                                                                                                                                                                                                    |  | SCENE CLEARED DATE / TIME<br>0, 2, 1, 3, 2, 0, 2, 3, 1, 2, 3, 5                                                                                                                                                                                                        |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST                                                                                                              |  |                                                                                                                                    |
| TOTAL TIME ROADWAY CLOSED<br>2, 0                                                                                                                                                                                                                                        |  | OTHER INVESTIGATION TIME<br>3, 0                                                                                                                                                                                          |  | OFFICER'S NAME*<br>P.O. Hoelle                                                                                                                                                                                                                               |  | CHECKED BY OFFICER'S NAME*<br>St. J Sprague                                                                                                                                                                                                                            |  | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DSP)                                                                                                                         |  |                                                                                                                                    |
|                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                           |  | OFFICER'S BADGE NUMBER*<br>1, 4, 4                                                                                                                                                                                                                           |  | CHECKED BY OFFICER'S BADGE NUMBER*<br>8, 4                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                        |  |                                                                                                                                    |



LOCAL REPORT NUMBER  
2, 3, 0, 1, 1, 4, 9, 3

**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

**VEHICLE**

LP STATE \_\_\_\_\_ LICENSE PLATE # \_\_\_\_\_ VEHICLE IDENTIFICATION # \_\_\_\_\_ VEHICLE YEAR \_\_\_\_\_ VEHICLE MAKE \_\_\_\_\_

INSURANCE VERIFIED  INSURANCE COMPANY \_\_\_\_\_ INSURANCE POLICY # \_\_\_\_\_ COLOR \_\_\_\_\_ VEHICLE MODEL \_\_\_\_\_

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT  #OCCUPANTS \_\_\_\_\_

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

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

UNIT TYPE 99

|                             |                                      |                        |                                                |                            |
|-----------------------------|--------------------------------------|------------------------|------------------------------------------------|----------------------------|
| 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 (19-15 SEATS)       |                                      | 17 - MOTORHOME         |                                                | 99 - UNKNOWN OR HITS/SKIP  |

# OF TRAILING UNITS 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 9

1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL 9

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

SPECIAL FUNCTION 99

|                             |                        |                             |                            |                      |
|-----------------------------|------------------------|-----------------------------|----------------------------|----------------------|
| 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 99

|                                         |                                          |                                  |                |                       |
|-----------------------------------------|------------------------------------------|----------------------------------|----------------|-----------------------|
| 1 - NO CARGO BODY TYPE / NOT APPLICABLE | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE | 5 - INTERMODAL CONTAINER CHASSIS | 8 - POLE       | 12 - CONCRETE MIXER   |
| 2 - BUS                                 | 4 - LOGGING                              | 6 - CARGO VAN/ENCLOSED BOX       | 9 - CARGO TANK | 13 - AUTO TRANSPORTER |
|                                         |                                          | 7 - GRAIN/CHIPS/GRAVEL           | 10 - FLAT BED  | 14 - GARBAGE/REFUSE   |
|                                         |                                          |                                  | 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 - MIDDLEBLOCK - MARKED CROSSWALK | 7 - SHOULDER / ROADSIDE | 10 - DRIVEWAY ACCESS            | 99 - OTHER / UNKNOWN                   |
| 5 - TRAVEL LANE - OTHER LOCATION      | 8 - SIDEWALK                       |                         | 11 - SHARED USE PATHS OR TRAILS |                                        |

ACTION 3

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

CONTRIBUTING CIRCUMSTANCES 99

|                      |                                |                                            |                                      |                                |
|----------------------|--------------------------------|--------------------------------------------|--------------------------------------|--------------------------------|
| 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 - SWEAVING 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          |                                            |                                      |                                |

SEQUENCE OF EVENTS

|                     |                                     |                         |                                                      |                                 |                                                                                     |
|---------------------|-------------------------------------|-------------------------|------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------|
| 1 <u>2</u> <u>1</u> | 1 - OVERTURN/ROLLOVER               | 6 - EQUIPMENT FAILURE   | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL | 16 - RAILWAY VEHICLE            | 22 - WORK ZONE MAINTENANCE EQUIPMENT                                                |
| 2                   | 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                   | 3 - IMMERSION                       | 8 - RAN OFF ROAD RIGHT  | 13 - OTHER NON-COLLISION                             | 18 - ANIMAL - DEER              | 24 - OTHER MOVABLE OBJECT                                                           |
| 4                   | 4 - JACKKNIFE                       | 9 - RAN OFF ROAD LEFT   | 14 - PEDESTRIAN                                      | 19 - ANIMAL - OTHER             |                                                                                     |
| 5                   | 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 10 - CROSS MEDIAN       | 15 - PEDALCYCLE                                      | 20 - MOTOR VEHICLE IN TRANSPORT |                                                                                     |
| 6                   |                                     |                         |                                                      | 21 - PARKED MOTOR VEHICLE       |                                                                                     |

**COLLISION WITH FIXED OBJECT - STRUCK**

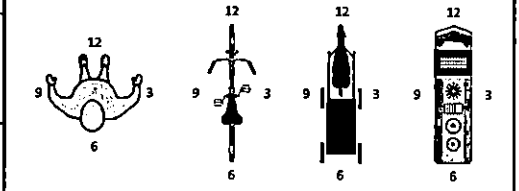
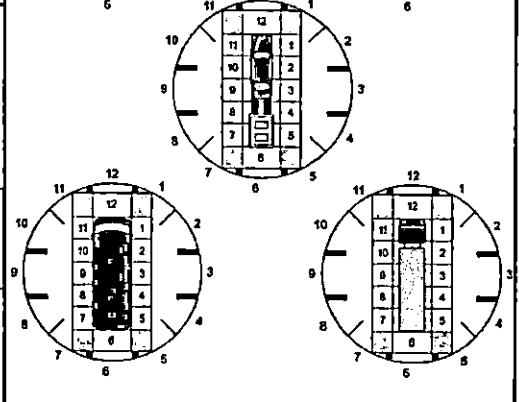
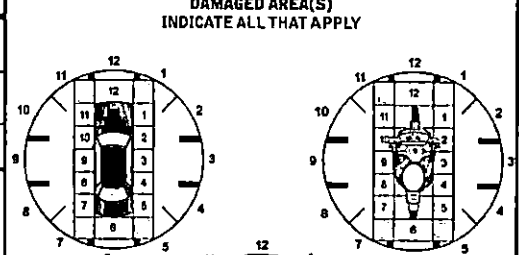
|                                        |                               |                                  |                   |                                      |
|----------------------------------------|-------------------------------|----------------------------------|-------------------|--------------------------------------|
| 25 - IMPACT ATTENUATOR / CRASH CUSHION | 31 - GUARDRAIL END            | 37 - TRAFFIC SIGN POST           | 43 - CURB         | 50 - WORK ZONE MAINTENANCE EQUIPMENT |
| 26 - BRIDGE OVERHEAD STRUCTURE         | 32 - PORTABLE BARRIER         | 38 - OVERHEAD SIGN POST          | 44 - DITCH        | 51 - WALL                            |
| 27 - BRIDGE PIER OR ABUTMENT           | 33 - 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

**DAMAGE**

DAMAGE SCALE 2

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



- NO DAMAGE [ 0 ]  - UNDERCARRIAGE [ 14 ]

- TOP [ 13 ]  - ALL AREAS [ 15 ]

- UNIT NOT AT SCENE [ 16 ]

**INITIAL POINT OF CONTACT**

99

0 - NO DAMAGE 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

1-12 - REFER TO UNIT DIAGRAM 13 - TOP

**TRAFFIC**

TRAFFICWAY FLOW 2

1 - ONE-WAY 2 - TWO-WAY

TRAFFIC CONTROL 6

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

# OF THROUGH LANES ON ROAD \_\_\_\_\_

RAIL GRADE CROSSING 1

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

**UNIT / NON-MOTORIST DIRECTION**

FROM 9 TO 9

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

UNIT SPEED 5

POSTED SPEED \_\_\_\_\_

DETECTED SPEED 1

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

LOCAL REPORT NUMBER  
 2, 3, 0, 1, 1, 4, 9, 3

**OWNER**

UNIT # 0, 2 OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER )  
 Marcum, Casey

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
 1825 Tuley Rd. Hamilton, OH 45015

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

**DAMAGE**

**DAMAGE SCALE**

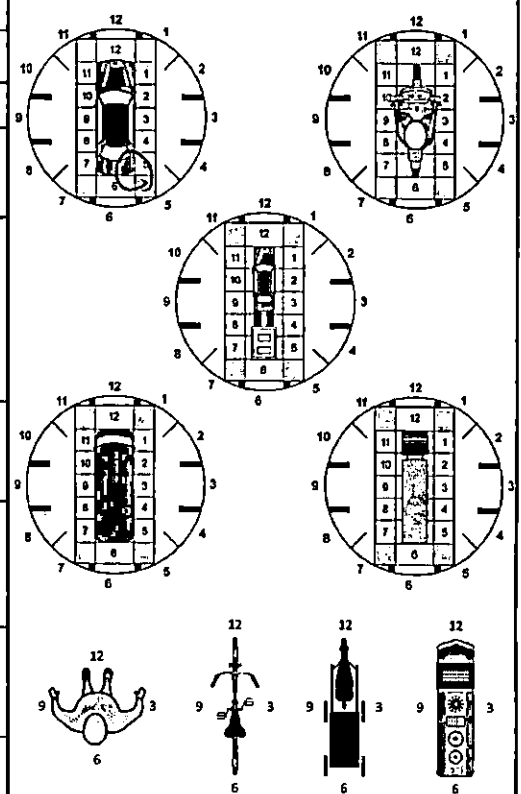
2 1 - NONE 3 - FUNCTIONAL DAMAGE  
 2 - MINOR DAMAGE 4 - DISABLING DAMAGE  
 9 - UNKNOWN

**VEHICLE**

LP STATE OH LICENSE PLATE # HMS2103 VEHICLE IDENTIFICATION # 5TDH1ZRH9M1S1133861 VEHICLE YEAR 2021 VEHICLE MAKE Toyota

INSURANCE VERIFIED INSURANCE COMPANY State Farm INSURANCE POLICY # D34 9959 D26 35 COLOR Gray VEHICLE MODEL Highland

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



TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT # OCCUPANTS 0 VEHICLE WEIGHT GVWR/GCWR: 1 - ≤10K LBS., 2 - 10,001 - 26K LBS., 3 - >26K LBS.

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

UNIT TYPE 0, 3

|                             |                                    |                        |                                                |                            |
|-----------------------------|------------------------------------|------------------------|------------------------------------------------|----------------------------|
| 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 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

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       | 9 - CARGO TANK | 13 - AUTO TRANSPORTER |
|                                         |                                          | 7 - GRAIN/CHIPS/GRAVEL           | 10 - FLAT BED  | 14 - GARBAGE/REFUSE   |
|                                         |                                          |                                  | 11 - DUMP      | 99 - OTHER / UNKNOWN  |

VEHICLE DEFECTS 1

|                  |                  |                                 |                                   |                      |
|------------------|------------------|---------------------------------|-----------------------------------|----------------------|
| 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

|                                       |                                  |                         |                                 |                                        |
|---------------------------------------|----------------------------------|-------------------------|---------------------------------|----------------------------------------|
| 1 - INTERSECTION - MARKED CROSSWALK   | 3 - INTERSECTION - OTHER         | 6 - BICYCLE LANE        | 9 - MEDIAN/CROSSING ISLAND      | 12 - FIRST RESPONDER AT INCIDENT SCENE |
| 2 - INTERSECTION - UNMARKED CROSSWALK | 4 - MIDBLOCK - MARKED CROSSWALK  | 7 - SHOULDER / ROADSIDE | 10 - DRIVEWAY ACCESS            | 99 - OTHER / UNKNOWN                   |
|                                       | 5 - TRAVEL LANE - OTHER LOCATION | 8 - SIDEWALK            | 11 - SHARED USE PATHS OR TRAILS |                                        |

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

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               | 3 - CHANGING LANES     | 9 - LEAVING TRAFFIC LANE           | 15 - WALKING, RUNNING, JOGGING, PLAYING      | 20 - OTHER NON-MOTORIST                |
| 4 - STRUCK                 | 4 - OVERTAKING/PASSING | 10 - PARKED                        | 16 - WORKING                                 | 21 - STANDING OUTSIDE DISABLED VEHICLE |
| 5 - BOTH STRIKING & STRUCK | 5 - MAKING RIGHT TURN  | 11 - SLOWING OR STOPPED IN TRAFFIC | 17 - PUSHING VEHICLE                         | 99 - OTHER / UNKNOWN                   |
| 9 - OTHER / UNKNOWN        | 6 - MAKING LEFT TURN   | 12 - DRIVERLESS                    |                                              |                                        |

INITIAL POINT OF CONTACT

0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 13 - TOP 99 - 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 / ACDA | 14 - STOPPED OR PARKED ILLEGALLY           | 18 - OPERATING DEFECTIVE EQUIPMENT  | 22 - NOT DISCRIMINABLE         |
| 3 - RAN RED LIGHT    | 9 - IMPROPER LANE CHANGE       | 15 - SWERVING TO AVOID                     | 19 - LOAD SHIFTING/FALLING/SPILLING | 23 - OPENING DOOR INTO ROADWAY |
| 4 - RAN STOP SIGN    | 10 - IMPROPER PASSING          | 16 - WRONG WAY                             | 20 - IMPROPER CROSSING              | 99 - OTHER IMPROPER ACTION     |
| 5 - UNSAFE SPEED     | 11 - DROVE OFF ROAD            |                                            |                                     |                                |
| 6 - IMPROPER TURN    | 12 - IMPROPER BACKING          |                                            |                                     |                                |

**TRAFFIC**

TRAFFICWAY FLOW 2

1 - ONE-WAY 2 - TWO-WAY

TRAFFIC CONTROL 6

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

SEQUENCE OF EVENTS

1 2 0

|                                   |                         |                                                      |                          |                                 |                                                                                     |
|-----------------------------------|-------------------------|------------------------------------------------------|--------------------------|---------------------------------|-------------------------------------------------------------------------------------|
| 1 - OVERTURN/ROLLOVER             | 6 - EQUIPMENT FAILURE   | <b>NON-COLLISION</b>                                 |                          | 16 - RAILWAY VEHICLE            | 22 - WORK ZONE MAINTENANCE EQUIPMENT                                                |
| 2 - FIRE/EXPLOSION                | 7 - SEPARATION OF UNITS | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL | 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  | 12 - DOWNHILL RUNAWAY                                | 13 - OTHER NON-COLLISION | 18 - ANIMAL - DEER              | 24 - OTHER MOVABLE OBJECT                                                           |
| 4 - JACKKNIFE                     | 9 - RAN OFF ROAD LEFT   | 13 - OTHER NON-COLLISION                             | 14 - PEDESTRIAN          | 19 - ANIMAL - OTHER             |                                                                                     |
| 5 - CARGO/EQUIPMENT LOSS OR SHIFT | 10 - CROSS MEDIAN       | 14 - PEDESTRIAN                                      | 15 - PEDALCYCLE          | 20 - MOTOR VEHICLE IN TRANSPORT |                                                                                     |
|                                   |                         | 15 - PEDALCYCLE                                      |                          | 21 - PARKED MOTOR VEHICLE       |                                                                                     |

# OF THROUGH LANES ON ROAD \_\_\_\_\_

RAIL GRADE CROSSING 1

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

**COLLISION WITH FIXED OBJECT STRUCK**

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

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

UNIT / NON-MOTORIST DIRECTION

FROM 4 TO 3

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

UNIT SPEED 0

POSTED SPEED \_\_\_\_\_

DETECTED SPEED 1

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



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

2 3 0 1 1 4 9 3

|                                          |                                   |                                   |                        |                                                        |                                                                                                                                               |                                          |                                                  |                                |                           |                      |                     |                  |                              |
|------------------------------------------|-----------------------------------|-----------------------------------|------------------------|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------|--------------------------------|---------------------------|----------------------|---------------------|------------------|------------------------------|
| <b>UNIT #</b><br>0 1                     |                                   | <b>NAME: LAST, FIRST, MIDDLE</b>  |                        |                                                        |                                                                                                                                               | <b>DATE OF BIRTH</b>                     |                                                  | <b>AGE</b><br>0                | <b>GENDER</b><br>U        |                      |                     |                  |                              |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                   |                                   |                        |                                                        |                                                                                                                                               | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |                                                  |                                |                           |                      |                     |                  |                              |
| <b>INJURIES TAKEN BY</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>9 9      | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b><br>0 1 | <b>AIR BAG USAGE</b><br>9 | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1 |                  |                              |
| <b>OL STATE</b>                          | <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>                          | <b>ENDORSEMENT SELECT UP TO 2</b> | <b>RESTRICTION SELECT UP TO 3</b> |                        | <b>DRIVER DISTRACTED BY</b><br>9                       | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                          | <b>CONDITION</b><br>9                            | <b>ALCOHOL TEST</b>            |                           | <b>DRUG TEST(S)</b>  |                     |                  |                              |
|                                          |                                   |                                   |                        |                                                        |                                                                                                                                               |                                          |                                                  | <b>STATUS</b><br>1             | <b>TYPE</b><br>1          | <b>VALUE</b>         | <b>STATUS</b><br>1  | <b>TYPE</b><br>1 | <b>RESULT SELECT UP TO 4</b> |

|                                          |                                   |                                   |                        |                                                        |                                                                                                                                               |                                          |                                                  |                         |                        |                     |                |             |                              |
|------------------------------------------|-----------------------------------|-----------------------------------|------------------------|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------|-------------------------|------------------------|---------------------|----------------|-------------|------------------------------|
| <b>UNIT #</b>                            |                                   | <b>NAME: LAST, FIRST, MIDDLE</b>  |                        |                                                        |                                                                                                                                               | <b>DATE OF BIRTH</b>                     |                                                  | <b>AGE</b><br>0         | <b>GENDER</b>          |                     |                |             |                              |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                   |                                   |                        |                                                        |                                                                                                                                               | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |                                                  |                         |                        |                     |                |             |                              |
| <b>INJURIES TAKEN BY</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><br><input type="checkbox"/>                                                                                                 | <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><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                          | <b>CONDITION</b>                                 | <b>ALCOHOL TEST</b>     |                        | <b>DRUG TEST(S)</b> |                |             |                              |
|                                          |                                   |                                   |                        |                                                        |                                                                                                                                               |                                          |                                                  | <b>STATUS</b>           | <b>TYPE</b>            | <b>VALUE</b>        | <b>STATUS</b>  | <b>TYPE</b> | <b>RESULT SELECT UP TO 4</b> |

|                                          |                                   |                                   |                        |                                                        |                                                                                                                                               |                                          |                                                  |                         |                        |                     |                |             |                              |
|------------------------------------------|-----------------------------------|-----------------------------------|------------------------|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------|-------------------------|------------------------|---------------------|----------------|-------------|------------------------------|
| <b>UNIT #</b>                            |                                   | <b>NAME: LAST, FIRST, MIDDLE</b>  |                        |                                                        |                                                                                                                                               | <b>DATE OF BIRTH</b>                     |                                                  | <b>AGE</b><br>0         | <b>GENDER</b>          |                     |                |             |                              |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                   |                                   |                        |                                                        |                                                                                                                                               | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |                                                  |                         |                        |                     |                |             |                              |
| <b>INJURIES TAKEN BY</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><br><input type="checkbox"/>                                                                                                 | <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><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                          | <b>CONDITION</b>                                 | <b>ALCOHOL TEST</b>     |                        | <b>DRUG TEST(S)</b> |                |             |                              |
|                                          |                                   |                                   |                        |                                                        |                                                                                                                                               |                                          |                                                  | <b>STATUS</b>           | <b>TYPE</b>            | <b>VALUE</b>        | <b>STATUS</b>  | <b>TYPE</b> | <b>RESULT SELECT UP TO 4</b> |

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