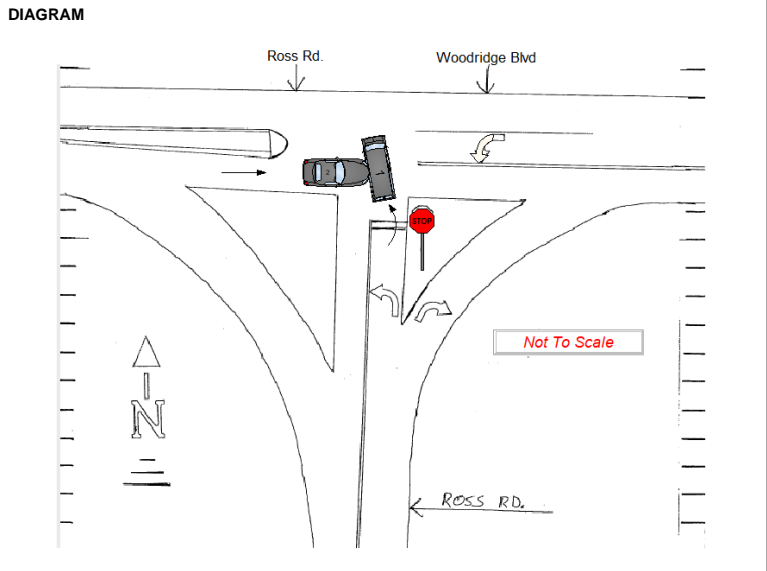


|  |  |   |  |   |  |  |  |   |  |  |  |   |  |   |  |  |  |
|--|--|---|--|---|--|--|--|---|--|--|--|---|--|---|--|--|--|
| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH  |  | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-3<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY   |  | <b>LOCAL INFORMATION</b><br><b>REPORTING AGENCY NAME*</b><br>Fairfield Police Department  |  | IR23-002086  |  | <b>HIT/SKIP</b><br><input type="checkbox"/> 1 - SOLVED<br><input type="checkbox"/> 2 - UNSOLVED   |  | <b>NUMBER OF UNITS</b><br>2  |  | <b>UNIT IN ERROR</b><br><input type="checkbox"/> 98 - ANIMAL<br><input type="checkbox"/> 99 - UNKNOWN |  |   |  |  |  |
| <b>COUNTY*</b><br>09   |  | <b>LOCALITY*</b><br><input checked="" type="checkbox"/> 1 - CITY<br><input type="checkbox"/> 2 - VILLAGE<br><input type="checkbox"/> 3 - TOWNSHIP   |  | <b>LOCATION: CITY, VILLAGE, TOWNSHIP*</b><br>Fairfield  |  | <b>CRASH DATE/TIME*</b><br>08/29/2023 15:54  |  | <b>CRASH SEVERITY</b><br><input checked="" type="checkbox"/> 3<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY                  |  |  |  |   |  |   |  |  |  |
| <b>ROUTE TYPE</b><br><input type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 4 - WEST  |  | <b>ROUTE NUMBER</b><br><input type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 4 - WEST   |  | <b>LOCATION ROAD NAME</b><br>Ross   |  | <b>ROAD TYPE</b><br>RD   |  | <b>LATITUDE</b><br>39.307519  |  | <b>REFERENCE</b><br><b>ROUTE TYPE</b><br><input type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 4 - WEST  |  | <b>REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)</b><br>Woodridge                                     |  | <b>ROAD TYPE</b><br>BL  |  | <b>LONGITUDE</b><br>-84.502546                                       |  |
| <b>REFERENCE POINT</b><br><input checked="" type="checkbox"/> 1 - INTERSECTION<br><input type="checkbox"/> 2 - MILE POST<br><input type="checkbox"/> 3 - HOUSE #   |  | <b>DIRECTION FROM REFERENCE</b><br><input type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 4 - WEST   |  | <b>ROUTE TYPE</b><br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE  |  | <b>ROAD TYPE</b><br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS   |  | HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE  |  |  |  |   |  | <b>INTERSECTION RELATED</b><br><input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA |  | <input checked="" type="checkbox"/> 3<br><b>NUMBER OF APPROACHES</b> |  |
| <b>DISTANCE FROM REFERENCE</b><br><input type="checkbox"/> 1 - MILES<br><input type="checkbox"/> 2 - FEET<br><input type="checkbox"/> 3 - YARDS  |  | <b>DISTANCE UNIT OF MEASURE</b><br><input type="checkbox"/> 1 - MILES<br><input type="checkbox"/> 2 - FEET<br><input type="checkbox"/> 3 - YARDS  |  | <b>LOCATION OF FIRST HARMFUL EVENT</b><br><input checked="" type="checkbox"/> 1 - ON ROADWAY<br><input type="checkbox"/> 2 - ON SHOULDER<br><input type="checkbox"/> 3 - IN MEDIAN<br><input type="checkbox"/> 4 - ON ROADSIDE<br><input type="checkbox"/> 5 - ON GORE<br><input type="checkbox"/> 6 - OUTSIDE TRAFFIC WAY<br><input type="checkbox"/> 7 - ON RAMP<br><input type="checkbox"/> 8 - OFF RAMP |  | <b>MANNER OF CRASH COLLISION/IMPACT</b><br><input checked="" type="checkbox"/> 6<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON |  | <b>DIRECTION OF TRAVEL</b><br><input type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 4 - WEST                              |  | <b>MEDIAN TYPE</b><br><input type="checkbox"/> 1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br><input type="checkbox"/> 2 - DIVIDED FLUSH MEDIAN (>= 4 FEET)<br><input type="checkbox"/> 3 - DIVIDED, DEPRESSED MEDIAN<br><input type="checkbox"/> 4 - DIVIDED, RAISE MEDIAN (ANY TYPE)<br><input type="checkbox"/> 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                                    |  | <b>WORK ZONE TYPE</b><br><input type="checkbox"/> 1 - LANE CLOSURE<br><input type="checkbox"/> 2 - LANE SHFT/CROSSOVER OR MEDIAN<br><input type="checkbox"/> 3 - WORK ON SHOULDER<br><input type="checkbox"/> 4 - INTERMITTENT OR MOVING WORK<br><input type="checkbox"/> 5 - OTHER |  | <b>LOCATION OF CRASH IN WORK ZONE</b><br><input type="checkbox"/> 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br><input type="checkbox"/> 2 - ADVANCE WARNING AREA<br><input type="checkbox"/> 3 - TRANSITION AREA<br><input type="checkbox"/> 4 - ACTIVITY AREA<br><input type="checkbox"/> 5 - TERMINATION AREA   |  | <b>CONTOUR</b><br><input checked="" type="checkbox"/> 1<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/ UNKNOWN              |  | <b>CONDITIONS</b><br><input checked="" type="checkbox"/> 1<br>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 |  | <b>SURFACE</b><br><input checked="" type="checkbox"/> 2<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/ UNKNOWN   |  |   |  |   |  |  |  |
| <b>LIGHT CONDITION</b><br><input checked="" type="checkbox"/> 1<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 |  | <b>WEATHER</b><br><input checked="" type="checkbox"/> 1<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL   |  | <input type="checkbox"/> 6<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  |  | <b>CRASH REPORTED DATE/TIME</b><br>08/29/2023 15:54  |  | <b>DISPATCH DATE/TIME</b><br>08/29/2023 15:56   |  | <b>ARRIVAL DATE/TIME</b><br>08/29/2023 16:03   |  | <b>SCENE CLEARED DATE/TIME</b><br>08/29/2023 16:33  |  | <b>REPORT TAKEN BY</b><br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST  |  |  |  |
| <b>TOTAL TIME ROADWAY CLOSED</b><br>0  |  | <b>OTHER INVESTIGATION TIME</b><br>30   |  | <b>TOTAL MINUTES</b><br>67  |  | <b>OFFICER'S NAME*</b><br>Spradling, Nicholas  |  | <b>CHECKED BY OFFICER'S NAME*</b><br>Meyer, Aaron   |  | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)  |  |   |  |   |  |  |  |
|  |  |   |  | <b>OFFICER'S BADGE NUMBER*</b><br>175   |  | <b>CHECKED BY OFFICER'S BADGE NUMBER*</b><br>132   |  |   |  |  |  |   |  |   |  |  |  |

**NARRATIVE**  
 On August 29, 2023, at 3:54 p.m., unit #1 was stopped at the posted stop sign on Ross Road at Woodridge Boulevard. Unit #1 made a left turn without yielding to oncoming traffic and was struck by unit #2 traveling east on Ross Road. The result of the collision required unit #1 to be towed from the scene. The driver of unit #2 was also cited for driving without a license.



|   |   |  |   |                             |
|---|---|--|---|-----------------------------|
| <b>UNIT #</b><br>1  | <b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>H19 SUTTON LEASING LLC  |  | <b>OWNER PHONE:</b> INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER   |                             |
| <b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>11260 CORNELL PARK DR STE 709, BLUE ASH, OH 45242                       |   |  |   |                             |
| <b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP  |   |  | <b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE  |                             |
| <b>LP STATE</b><br>OH   | <b>LICENSE PLATE #</b><br>PMU4738   | <b>VEHICLE IDENTIFICATION #</b><br>NMOLS6E75J1363886 | <b>VEHICLE YEAR</b><br>2018   | <b>VEHICLE MAKE</b><br>Ford |
| <input type="checkbox"/> <b>INSURANCE VERIFIED</b>  | <b>INSURANCE COMPANY</b><br>PROGRESSIVE INSURANCE   | <b>INSURANCE POLICY #</b><br>95263928                | <b>COLOR</b><br>White   | <b>VEHICLE MODEL</b><br>Van |
| <input type="checkbox"/> <b>TYPE OF USE</b><br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |   | <b>US DOT #</b>                                      | <b>TOWED BY:</b> COMPANY NAME<br>FOX TOWING   |                             |
| <input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>   | <input type="checkbox"/> <b>HIT/SKIP UNIT</b>   | <b># OCCUPANTS</b><br>1                              | <b>HAZARDOUS MATERIAL</b><br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD <input type="checkbox"/>   |                             |
| <b>UNIT TYPE</b><br>2   | <b>VEHICLE WEIGHT GVWR/GCWR</b><br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.  |  | <b>CLASS #</b> <input type="checkbox"/> <b>PLACARD ID #</b> <input type="checkbox"/>  |                             |
| <b># OF TRAILING UNITS</b><br>0   | <b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b><br>1 - YES 2 - NO 9 - OTHER/UNKNOWN<br>0   |  | <b>AUTONOMOUS MODE LEVEL</b><br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN   |                             |
| <b>SPECIAL FUNCTION</b><br>1  | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT /COMMUTER  |  | 6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER/UNKNOWN |                             |
| <b>CARGO BODY TYPE</b><br>1   | 1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN   |  |   |                             |
| <b>VEHICLE DEFECTS</b><br>1   | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER/UNKNOWN  |  |   |                             |
| <b>NON-MOTORIST LOCATION AT IMPACT</b><br>1   | 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER/ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS OR TRAILS<br>11 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN  |  |   |                             |
| <b>ACTION</b><br>4  | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>6 - PRE-CRASH ACTIONS<br>7 - STRAIGHT AHEAD<br>8 - BACKING<br>9 - CHANGING LANES<br>4 - OVERTAKING/PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE<br>9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER/UNKNOWN |  |   |                             |
| <b>CONTRIBUTING CIRCUMSTANCES</b><br>4  | 1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE/ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION   |  |   |                             |
| <b>SEQUENCE OF EVENTS</b>   |   |  |   |                             |
| 1   | 20  |  |   |                             |
| 2   |   |  |   |                             |
| 3   |   |  |   |                             |
| 4   |   |  |   |                             |
| 5   |   |  |   |                             |
| 6   |   |  |   |                             |
| 1   | 1 FIRST HARMFUL EVENT   |  |   |                             |
| 1   | 1 MOST HARMFUL EVENT  |  |   |                             |

|  |   |
|--|---|
| <b>DAMAGE</b>  |   |
| <b>DAMAGE SCALE</b>  |   |
| 4  | 1 - NONE<br>2 - MINOR DAMAGE<br>3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE<br>9 - UNKNOWN  |
| <b>DAMAGED AREA(S)</b><br>INDICATE ALL THAT APPLY  |   |
|  |   |
|  |   |
| <input type="checkbox"/> - NO DAMAGE [ 0 ] <input type="checkbox"/> - UNDERCARRIAGE [ 14 ]<br><input type="checkbox"/> - TOP [ 13 ] <input type="checkbox"/> - ALL AREAS [ 15 ]<br><input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ] |   |
| <b>INITIAL POINT OF CONTACT</b>  |   |
| 9  | 0 - NO DAMAGE<br>1-12 - REFER TO UNIT DIAGRAM<br>13 - TOP<br>14 - UNDERCARRIAGE<br>15 - VEHICLE NOT AT SCENE<br>99 - UNKNOWN            |
| <b>TRAFFIC</b>   |   |
| <b>TRAFFICWAY FLOW</b>   | <b>TRAFFIC CONTROL</b>  |
| 2  | 1 - ONE-WAY<br>2 - TWO-WAY<br>4   |
| <b># OF THROUGH LANES ON ROAD</b>  | <b>RAIL GRADE CROSSING</b>  |
| 1  | 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING   |
| <b>UNIT / NON-MOTORIST DIRECTION</b>   |   |
| FROM 2 TO 4  | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - OTHER/UNKNOWN |
| <b>UNIT SPEED</b>  | <b>DETECTED SPEED</b>   |
| 10   | 1 - STATED/ESTIMATED SPEED<br>2 - CALCULATED/EDR<br>3 - UNDETERMINED  |
| <b>POSTED SPEED</b>  |   |
| 25   |   |

IR23-002086

|  |  |  |   |                     |
|--|--|--|---|---------------------|
| <b>UNIT #</b>  | <b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) |  | <b>OWNER PHONE:</b> INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER   |                     |
| <b>2</b>   | RALIOS GUTIERREZ, ROSA   |  |   |                     |
| <b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )   |  |  |   |                     |
| 11531 Southland Road, CINCINNATI, OH 45240   |  |  |   |                     |
| <b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP   |  |  | <b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE  |                     |
|  |  |  |   |                     |
| <b>LP STATE</b>  | <b>LICENSE PLATE #</b>   | <b>VEHICLE IDENTIFICATION #</b>  | <b>VEHICLE YEAR</b>   | <b>VEHICLE MAKE</b> |
| OH   | KBC4898  | 1HGCM66575A055748  | 2005  | Honda               |
| <input type="checkbox"/> <b>INSURANCE VERIFIED</b>   | <b>INSURANCE COMPANY</b>   |  | <b>INSURANCE POLICY #</b>   | <b>COLOR</b>        |
|  |  |  |   | Green               |
| <b>TYPE OF USE</b>   |  | <b>US DOT #</b>  | <b>TOWED BY:</b> COMPANY NAME   |                     |
| <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE   |  |  |   |                     |
| <input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>  | <input type="checkbox"/> <b>HIT/SKIP UNIT</b>                                      | <b># OCCUPANTS</b>   | <b>HAZARDOUS MATERIAL</b>   |                     |
|  |  | 1  | <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> CLASS # <input type="checkbox"/> PLACARD # <input type="checkbox"/> PLACARD # |                     |
| <b>UNIT TYPE</b>   |  | <b>VEHICLE WEIGHT GVWR/GCWR</b>  |   |                     |
| 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>6 - BUS - CHARTER/TOUR<br>7 - MOTORCYCLE<br>8 - MOTORCYCLE<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV)  |  | 1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.  |   |                     |
| <b># OF TRAILING UNITS</b>   |  | <b>WAS TRAILING OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b>  |   |                     |
| 0  |  | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN  |   |                     |
| <b>SPECIAL FUNCTION</b>  |  | <b>VEHICLE DEFECTS</b>   |   |                     |
| 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT /COMMUTER<br>6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER/UNKNOWN  |  | 1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN  |   |                     |
| <b>CARGO BODY TYPE</b>   |  | <b>VEHICLE DEFECTS</b>   |   |                     |
| 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER/UNKNOWN   |  |  |   |                     |
| <b>NON-MOTORIST LOCATION AT IMPACT</b>   |  | <b>ACTION</b>  |   |                     |
| 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER/ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS OR TRAILS<br>11 - SHARED USE PATHS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN  |  | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>6 - STRUCK ACTIONS<br>9 - OTHER/UNKNOWN<br>1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/ PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE<br>9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER/UNKNOWN |   |                     |
| <b>CONTRIBUTING CIRCUMSTANCES</b>  |  | <b>TRAFFICWAY FLOW</b>   |   |                     |
| 1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE/ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/ FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION   |  | 1 - ONE-WAY<br>2 - TWO-WAY   |   |                     |
| <b>SEQUENCE OF EVENTS</b>  |  | <b># OF THROUGH LANES ON ROAD</b>  |   |                     |
| 1 - OVERTURN/ ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT  |  | 1  |   |                     |
| <b>COLLISION WITH FIXED OBJECT - STRUCK</b>  |  | <b>RAIL GRADE CROSSING</b>   |   |                     |
| 25 - IMPACT ATTENUATOR/ CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER/UNKNOWN |  | 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING  |   |                     |
| <b>FIRST HARMFUL EVENT</b>   |  | <b>UNIT / NON-MOTORIST DIRECTION</b>   |   |                     |
| 1  |  | FROM 4 TO 3<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - OTHER/UNKNOWN   |   |                     |
| <b>MOST HARMFUL EVENT</b>  |  | <b>UNIT SPEED</b>  |   |                     |
| 1  |  | 25   |   |                     |
|  |  | <b>POSTED SPEED</b>  |   |                     |
|  |  | 25   |   |                     |
|  |  | <b>DETECTED SPEED</b>  |   |                     |
|  |  | 1  |   |                     |
|  |  | 1 - STATED/ESTIMATED SPEED<br>2 - CALCULATED/EDR<br>3 - UNDETERMINED   |   |                     |

|  |  |
|--|--|
| <b>DAMAGE</b>  |  |
| <b>DAMAGE SCALE</b>  |  |
| 2  | 1 - NONE<br>2 - MINOR DAMAGE<br>3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE<br>9 - UNKNOWN                                 |
| <b>DAMAGED AREA(S)</b><br>INDICATE ALL THAT APPLY  |  |
|  |  |
|  |  |
| <input type="checkbox"/> - NO DAMAGE [ 0 ] <input type="checkbox"/> - UNDERCARRIAGE [ 14 ]<br><input type="checkbox"/> - TOP [ 13 ] <input type="checkbox"/> - ALL AREAS [ 15 ]<br><input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ] |  |
| <b>INITIAL POINT OF CONTACT</b>  |  |
| 12   | 0 - NO DAMAGE<br>1-12 - REFER TO UNIT DIAGRAM<br>13 - TOP<br>14 - UNDERCARRIAGE<br>15 - VEHICLE NOT AT SCENE<br>99 - UNKNOWN |
| <b>TRAFFIC</b>   |  |
| <b>TRAFFICWAY FLOW</b>   | <b>TRAFFIC CONTROL</b>   |
| 2  | 4  |
| <b># OF THROUGH LANES ON ROAD</b>  | <b>RAIL GRADE CROSSING</b>   |
| 1  | 1  |
| <b>UNIT / NON-MOTORIST DIRECTION</b>   |  |
| FROM 4 TO 3  |  |
| <b>UNIT SPEED</b>  | <b>DETECTED SPEED</b>  |
| 25   | 1  |
| <b>POSTED SPEED</b>  |  |
| 25   |  |

**LOCAL REPORT NUMBER\***  
IR23-002086

|  |                                   |                                   |  |  |  |  |                              |  |                         |   |                        |   |  |
|--|-----------------------------------|-----------------------------------|--|--|--|--|------------------------------|--|-------------------------|---|------------------------|---|--|
| <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b>  |                                   |  |  |  | <b>DATE OF BIRTH</b>   |                              | <b>AGE</b>                                       | <b>GENDER</b>           |   |                        |   |  |
| 1  | NOLAN, NATHAN TYLER               |                                   |  |  |  | 10/21/1993   |                              | 29   | M                       |   |                        |   |  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                   |                                   |  |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b>               |  |                              |  |                         |   |                        |   |  |
| 29 VIEW DR, FAIRFIELD, OH 45014          |                                   |                                   |  |  |  |  |                              |  |                         |   |                        |   |  |
| <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>  |  |
| 3  | 1                                 |                                   |  |  |  |  | 4                            | <input type="checkbox"/>                         | 1                       | 3   | 1                      | 1   |  |
| <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> |   |  |
|  |                                   |                                   |  |  | 331.19a  |  |                              | Operation of Vehicle at Stop Signs               |                         |   | 2300062904             |   |  |
| <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>   |  |
| 4  |                                   |                                   |  |  | 1  | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                              | 1  |                         | STATUS: 1   TYPE: 1   VALUE: .<br>STATUS: 1   TYPE: 1   RESULT: |                        | SELECT UP TO 4<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  |

|  |                                   |                                   |  |  |  |  |                              |  |                         |   |                        |   |  |
|--|-----------------------------------|-----------------------------------|--|--|--|--|------------------------------|--|-------------------------|---|------------------------|---|--|
| <b>UNIT #</b>                              | <b>NAME: LAST, FIRST, MIDDLE</b>  |                                   |  |  |  | <b>DATE OF BIRTH</b>   |                              | <b>AGE</b>                                       | <b>GENDER</b>           |   |                        |   |  |
| 2  | RALIOS, CARLOS M                  |                                   |  |  |  | 03/22/2001   |                              | 22   | M                       |   |                        |   |  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b>   |                                   |                                   |  |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b>               |  |                              |  |                         |   |                        |   |  |
| 11531 SOUTHLAND ROAD, CINCINNATI, OH 45240 |                                   |                                   |  |  |  |  |                              |  |                         |   |                        |   |  |
| <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>  |  |
| 5  |                                   |                                   |  |  |  |  | 4                            | <input type="checkbox"/>                         | 1                       | 1   | 1                      | 1   |  |
| <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>   |  |
|  |                                   |                                   |  |  | 1  | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                              | 1  |                         | STATUS: 1   TYPE: 1   VALUE: .<br>STATUS: 1   TYPE: 1   RESULT: |                        | SELECT UP TO 4<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  |

|  |                                   |                                   |  |  |  |  |                              |  |                         |   |                        |   |  |
|--|-----------------------------------|-----------------------------------|--|--|--|--|------------------------------|--|-------------------------|---|------------------------|---|--|
| <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>  |  |
|  |                                   |                                   |  |  |  |  |                              | <input type="checkbox"/>                         |                         |   |                        |   |  |
| <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>   |  |
|  |                                   |                                   |  |  |  | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                              |  |                         | STATUS:   TYPE:   VALUE: .<br>STATUS:   TYPE:   RESULT: |                        | SELECT UP TO 4<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  |

|  |  |   |   |   |  |  |
|--|--|---|---|---|--|--|
| <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 MINOR 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<br>10 - SLEEPER SECTION OF TRUCK CAB<br>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 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 | 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   |  |

