



## TRAFFIC CRASH REPORT \*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

|                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                             |                                                                                                                                                 |                                                                                                                                                                                                                                                                           |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                |                                                                                                                   |                                                                                                                                                                 |                                                                                                                                                                                          |                                                |                                                                                                                                                |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH                                                                                                                                                                                                                                                                                                                                   |                                                             | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> PRIVATE PROPERTY                                    | <input type="checkbox"/> OH-3<br><input type="checkbox"/> OTHER                                                                                                                                                                                                           |                                                                                                                                                                             | LOCAL INFORMATION                                                                                                                                                                                                                                                                                              |                                                                                                                   | IR25-000315                                                                                                                                                     |                                                                                                                                                                                          |                                                |                                                                                                                                                |  |
| REPORTING AGENCY NAME*<br>Fairfield Police Department                                                                                                                                                                                                                                                                                                                                                               |                                                             |                                                                                                                                                 |                                                                                                                                                                                                                                                                           |                                                                                                                                                                             | NCIC*<br>00901                                                                                                                                                                                                                                                                                                 |                                                                                                                   | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED                                                                                                                          | NUMBER OF UNITS<br>2                                                                                                                                                                     | UNIT IN ERROR<br>1 98 - ANIMAL<br>99 - UNKNOWN |                                                                                                                                                |  |
| COUNTY*<br>09                                                                                                                                                                                                                                                                                                                                                                                                       | LOCALITY*<br>1 1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br>1 | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Fairfield                                                                                                 |                                                                                                                                                                                                                                                                           |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                | CRASH DATE/TIME*<br>01/19/2025 08:12                                                                              |                                                                                                                                                                 | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY<br>5                                        |                                                |                                                                                                                                                |  |
| ROUTE TYPE<br>US                                                                                                                                                                                                                                                                                                                                                                                                    | ROUTE NUMBER<br>127                                         | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                        | LOCATION ROAD NAME<br>Pleasant                                                                                                                                                                                                                                            |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                | ROAD TYPE<br>AV                                                                                                   | LATITUDE<br>39.320392                                                                                                                                           |                                                                                                                                                                                          | CRASH SEVERITY                                 |                                                                                                                                                |  |
| ROUTE TYPE                                                                                                                                                                                                                                                                                                                                                                                                          | ROUTE NUMBER                                                | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                        | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>5890                                                                                                                                                                                                                     |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                | ROAD TYPE                                                                                                         | LONGITUDE<br>-84.561420                                                                                                                                         |                                                                                                                                                                                          |                                                |                                                                                                                                                |  |
| REFERENCE POINT<br>3 1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #                                                                                                                                                                                                                                                                                                                                               |                                                             | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                      | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE                                                                                                                       |                                                                                                                                                                             | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<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 |                                                                                                                                                                                          |                                                |                                                                                                                                                |  |
| DISTANCE FROM REFERENCE                                                                                                                                                                                                                                                                                                                                                                                             |                                                             | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS                                                                                  |                                                                                                                                                                                                                                                                           |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                |                                                                                                                   | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED                                                                                                             |                                                                                                                                                                                          |                                                |                                                                                                                                                |  |
| LOCATION OF FIRST HARMFUL EVENT<br>2 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>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>3 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER/UNKNOWN |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                             |                                                                                                                                                                 | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (>= 4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISE 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 SHFT/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>2 1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/ UNKNOWN |                                                                                                                                                                 | CONDITIONS<br>4 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                          |                                                | SURFACE<br>2 1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/ UNKNOWN |  |
| LIGHT CONDITION<br>1 1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER/UNKNOWN                                                                                                                                                                                                                                      |                                                             |                                                                                                                                                 | WEATHER<br>2 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                                     |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                |                                                                                                                   |                                                                                                                                                                 |                                                                                                                                                                                          |                                                |                                                                                                                                                |  |
| NARRATIVE<br>On 01/19/25 at about 8:12 A.M. Unit 1 was traveling south bound on SR 127 and when at 5890 Pleasant Ave. (SR 127) went off the right side of the roadway and collided with Unit 2. Unit 2 was parked off the right side of the south bound lane of SR 127 but was parked with the front end pointed in a north bound direction.<br><br>The driver of Unit 1 was cited for "No Driver License" 335.01a1 |                                                             |                                                                                                                                                 |                                                                                                                                                                                                                                                                           |                                                                                                                                                                             | DIAGRAM<br><br>Not To Scale                                                                                                                                                                                                                                                                                    |                                                                                                                   |                                                                                                                                                                 |                                                                                                                                                                                          |                                                |                                                                                                                                                |  |
| CRASH REPORTED DATE/TIME<br>01/19/2025 08:12                                                                                                                                                                                                                                                                                                                                                                        |                                                             | DISPATCH DATE/TIME<br>01/19/2025 08:12                                                                                                          |                                                                                                                                                                                                                                                                           | ARRIVAL DATE/TIME<br>01/19/2025 08:20                                                                                                                                       |                                                                                                                                                                                                                                                                                                                | SCENE CLEARED DATE/TIME<br>01/19/2025 09:15                                                                       |                                                                                                                                                                 | REPORT TAKEN BY<br><input type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST                                                                                           |                                                |                                                                                                                                                |  |
| TOTAL TIME ROADWAY CLOSED<br>0                                                                                                                                                                                                                                                                                                                                                                                      | OTHER INVESTIGATION TIME<br>0                               | TOTAL MINUTES<br>63                                                                                                                             | OFFICER'S NAME*<br>Lamb, Gregg                                                                                                                                                                                                                                            |                                                                                                                                                                             | CHECKED BY OFFICER'S NAME*<br>Wolfe, Bradley                                                                                                                                                                                                                                                                   |                                                                                                                   | SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)                                                                                       |                                                                                                                                                                                          |                                                |                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                             |                                                                                                                                                 | OFFICER'S BADGE NUMBER*<br>65                                                                                                                                                                                                                                             |                                                                                                                                                                             | CHECKED BY OFFICER'S BADGE NUMBER*<br>103                                                                                                                                                                                                                                                                      |                                                                                                                   |                                                                                                                                                                 |                                                                                                                                                                                          |                                                |                                                                                                                                                |  |

|                                                                                                                        |  |                                                                                                                                                   |  |                                                                                                                                                                           |  |
|------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| UNIT #<br>1                                                                                                            |  | OWNER NAME: LAST, FIRST, MIDDLE ( ) SAME AS DRIVER<br>AUGUSTIN JIMENEZ, KENDER N                                                                  |  | OWNER PHONE: INCLUDE AREA CODE ( ) SAME AS DRIVER                                                                                                                         |  |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( ) SAME AS DRIVER<br>2022 QUAIL CT #40, FOREST PARK, OH 45240                 |  |                                                                                                                                                   |  |                                                                                                                                                                           |  |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                    |  |                                                                                                                                                   |  | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                                                                                                               |  |
| LP STATE<br>OH                                                                                                         |  | LICENSE PLATE #<br>KLK4122                                                                                                                        |  | VEHICLE IDENTIFICATION #<br>1FMCU0D78CKC62958                                                                                                                             |  |
| VEHICLE YEAR<br>2012                                                                                                   |  | VEHICLE MAKE<br>Ford                                                                                                                              |  |                                                                                                                                                                           |  |
| <input type="checkbox"/> INSURANCE VERIFIED                                                                            |  | INSURANCE COMPANY                                                                                                                                 |  | INSURANCE POLICY #                                                                                                                                                        |  |
| COLOR<br>Blue                                                                                                          |  | VEHICLE MODEL<br>Escape                                                                                                                           |  |                                                                                                                                                                           |  |
| <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |  | TYPE OF USE                                                                                                                                       |  | US DOT #                                                                                                                                                                  |  |
| <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT                              |  | # OCCUPANTS<br>1                                                                                                                                  |  | VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.                                                                                   |  |
|                                                                                                                        |  |                                                                                                                                                   |  | TOWED BY: COMPANY NAME<br>FOX TOWING                                                                                                                                      |  |
|                                                                                                                        |  |                                                                                                                                                   |  | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID #                                                    |  |
| UNIT TYPE<br>3                                                                                                         |  | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN                                     |  | 7 - MOTORCYCLE<br>8 - MOTORCYCLE<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV)                                                |  |
| 0                                                                                                                      |  | # OF TRAILING UNITS                                                                                                                               |  | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME                                                 |  |
| 2                                                                                                                      |  | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN                                                 |  | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION                                                                                                      |  |
| 1                                                                                                                      |  | SPECIAL FUNCTION<br>1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT /COMMUTER                    |  | 3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION                                                                                                  |  |
| 1                                                                                                                      |  | CARGO BODY TYPE<br>1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS                                                                             |  | 6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE                                                                   |  |
| VEHICLE DEFECTS                                                                                                        |  | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS                                                                                              |  | 4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT                                                                                                                            |  |
| NON-MOTORIST LOCATION AT IMPACT                                                                                        |  | 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK                                                                      |  | 3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION                                                                           |  |
| 3                                                                                                                      |  | ACTION<br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER/UNKNOWN                   |  | 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                  |  |
| 11                                                                                                                     |  | CONTRIBUTING CIRCUMSTANCES<br>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 |  | 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                   |  |
| SEQUENCE OF EVENTS                                                                                                     |  |                                                                                                                                                   |  |                                                                                                                                                                           |  |
| EVENTS                                                                                                                 |  |                                                                                                                                                   |  |                                                                                                                                                                           |  |
| 1                                                                                                                      |  | 8                                                                                                                                                 |  | 1 - OVERTURN/ ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT LOSS OR SHIFT                                                       |  |
| 2                                                                                                                      |  | 20                                                                                                                                                |  | 6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN                                                  |  |
| 3                                                                                                                      |  |                                                                                                                                                   |  | 11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE                             |  |
| COLLISION WITH FIXED OBJECT - STRUCK                                                                                   |  |                                                                                                                                                   |  |                                                                                                                                                                           |  |
| 4                                                                                                                      |  |                                                                                                                                                   |  | 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 |  |
| 5                                                                                                                      |  |                                                                                                                                                   |  | 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    |  |
| 6                                                                                                                      |  |                                                                                                                                                   |  | 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               |  |
| 1                                                                                                                      |  | FIRST HARMFUL EVENT                                                                                                                               |  | 2                                                                                                                                                                         |  |
|                                                                                                                        |  |                                                                                                                                                   |  | MOST HARMFUL EVENT                                                                                                                                                        |  |

|                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DAMAGE STATE</b><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>1 - NONE</p> <p>2 - MINOR DAMAGE</p> </div> <div style="width: 45%;"> <p>3 - FUNCTIONAL DAMAGE</p> <p>4 - DISABLING DAMAGE</p> </div> </div> <p style="text-align: center;">9 - UNKNOWN</p>                                                                                     |                                                                                                                                                                                                                                                                                                                                                                       |
| <b>DAMAGED AREA(S)</b><br>INDICATE ALL THAT APPLY                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                       |
| <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> <p>1 - NO DAMAGE [ 0 ]    1 - UNDERCARRIAGE [ 14 ]</p> </div> <div style="text-align: center;"> <p>1 - TOP [ 13 ]    1 - ALL AREAS [ 15 ]</p> </div> </div> <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ]       </div> |                                                                                                                                                                                                                                                                                                                                                                       |
| <b>INITIAL POINT OF CONTACT</b><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>0 - NO DAMAGE</p> <p>1-12 - REFER TO UNIT DIAGRAM</p> <p>13 - TOP</p> </div> <div style="width: 45%;"> <p>14 - UNDERCARRIAGE</p> <p>15 - VEHICLE NOT AT SCENE</p> <p>99 - UNKNOWN</p> </div> </div>                                                                 |                                                                                                                                                                                                                                                                                                                                                                       |
| <b>TRAFFIC</b>                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                       |
| <b>TRAFFICWAY FLOW</b><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>1 - ONE-WAY</p> <p>2 - TWO-WAY</p> </div> <div style="width: 45%;"> <p>3 - ROUNDABOUT</p> <p>4 - STOP SIGN</p> <p>5 - SIGNAL</p> <p>6 - YIELD SIGN</p> <p>7 - FLASHER</p> <p>8 - NO CONTROL</p> </div> </div>                                                                | <b>TRAFFIC CONTROL</b><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>1 - ONE-WAY</p> <p>2 - TWO-WAY</p> </div> <div style="width: 45%;"> <p>3 - ROUNDABOUT</p> <p>4 - STOP SIGN</p> <p>5 - SIGNAL</p> <p>6 - YIELD SIGN</p> <p>7 - FLASHER</p> <p>8 - NO CONTROL</p> </div> </div>                                     |
| <b># OF THROUGH LANES ON ROAD</b><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>1 - NOT INVOLVED</p> <p>2 - INVOLVED-ACTIVE CROSSING</p> <p>3 - INVOLVED-PASSIVE CROSSING</p> </div> <div style="width: 45%;"> <p>4 - NOT INVOLVED</p> <p>5 - INVOLVED-ACTIVE CROSSING</p> <p>6 - INVOLVED-PASSIVE CROSSING</p> </div> </div>                     | <b>RAIL GRADE CROSSING</b><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>1 - NOT INVOLVED</p> <p>2 - INVOLVED-ACTIVE CROSSING</p> <p>3 - INVOLVED-PASSIVE CROSSING</p> </div> <div style="width: 45%;"> <p>4 - NOT INVOLVED</p> <p>5 - INVOLVED-ACTIVE CROSSING</p> <p>6 - INVOLVED-PASSIVE CROSSING</p> </div> </div> |
| <b>UNIT / NON-MOTORIST DIRECTION</b><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>1 - NORTH</p> <p>2 - SOUTH</p> <p>3 - EAST</p> <p>4 - WEST</p> </div> <div style="width: 45%;"> <p>5 - NORTHEAST</p> <p>6 - NORTHWEST</p> <p>7 - SOUTHEAST</p> <p>8 - SOUTHWEST</p> <p>9 - OTHER/UNKNOWN</p> </div> </div>                                     |                                                                                                                                                                                                                                                                                                                                                                       |
| <b>UNIT SPEED</b><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>1 - STATED/ESTIMATED SPEED</p> <p>2 - CALCULATED/EDR</p> <p>3 - UNDETERMINED</p> </div> <div style="width: 45%;"> <p>4 - NOT INVOLVED</p> <p>5 - INVOLVED-ACTIVE CROSSING</p> <p>6 - INVOLVED-PASSIVE CROSSING</p> </div> </div>                                                  | <b>DETECTED SPEED</b><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>1 - STATED/ESTIMATED SPEED</p> <p>2 - CALCULATED/EDR</p> <p>3 - UNDETERMINED</p> </div> <div style="width: 45%;"> <p>4 - NOT INVOLVED</p> <p>5 - INVOLVED-ACTIVE CROSSING</p> <p>6 - INVOLVED-PASSIVE CROSSING</p> </div> </div>                   |
| <b>POSTED SPEED</b><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>1 - STATED/ESTIMATED SPEED</p> <p>2 - CALCULATED/EDR</p> <p>3 - UNDETERMINED</p> </div> <div style="width: 45%;"> <p>4 - NOT INVOLVED</p> <p>5 - INVOLVED-ACTIVE CROSSING</p> <p>6 - INVOLVED-PASSIVE CROSSING</p> </div> </div>                                                |                                                                                                                                                                                                                                                                                                                                                                       |

IR25-000315

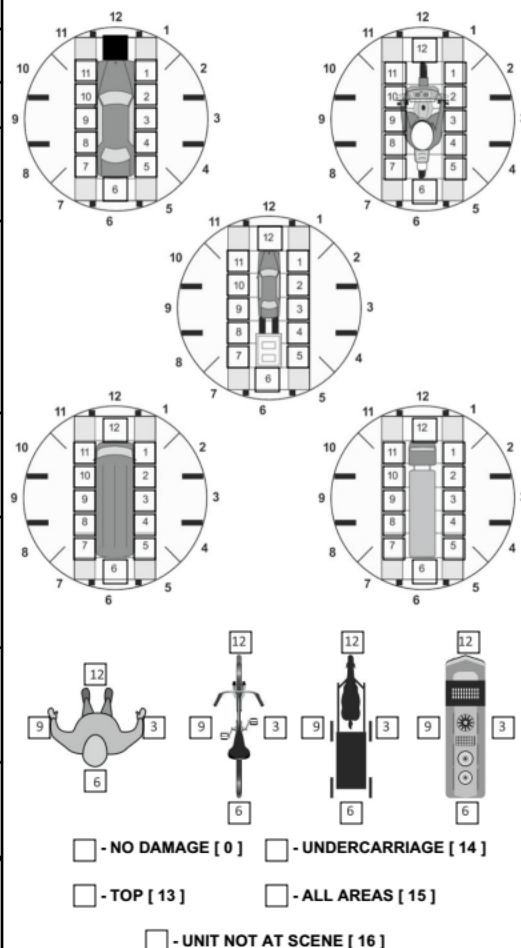
|                                                                                                                                       |                                                                                                      |                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| UNIT #<br>2                                                                                                                           | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>WOODS, DERRICK DWAYNE | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>33 STONEGATE CT, FAIRFIELD, OH 45014           |                                                                                                      |                                                                        |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                   |                                                                                                      | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                            |
| LP STATE<br>OH                                                                                                                        | LICENSE PLATE #<br>KDV6900                                                                           | VEHICLE IDENTIFICATION #<br>3C4PDDGG4KT720419                          |
| VEHICLE YEAR<br>2019                                                                                                                  |                                                                                                      | VEHICLE MAKE<br>Dodge                                                  |
| INSURANCE<br>VERIFIED                                                                                                                 | INSURANCE COMPANY<br>ALLSTATE INSURANCE                                                              | INSURANCE POLICY #<br>826803593                                        |
| COLOR<br>Black                                                                                                                        |                                                                                                      | VEHICLE MODEL<br>Journey                                               |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |                                                                                                      |                                                                        |
| US DOT #                                                                                                                              |                                                                                                      |                                                                        |
| HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID #                                 |                                                                                                      |                                                                        |
| TOWED BY: COMPANY NAME<br>SELF, TOW                                                                                                   |                                                                                                      |                                                                        |
| HAZARDOUS MATERIAL<br><input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD                                              |                                                                                                      |                                                                        |
| UNIT TYPE<br>3                                                                                                                        |                                                                                                      |                                                                        |
| # OF TRAILING UNITS<br>0                                                                                                              |                                                                                                      |                                                                        |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN                                     |                                                                                                      |                                                                        |
| AUTONOMOUS MODE LEVEL<br>0                                                                                                            |                                                                                                      |                                                                        |
| SPECIAL FUNCTION<br>1                                                                                                                 |                                                                                                      |                                                                        |
| CARGO BODY TYPE<br>1                                                                                                                  |                                                                                                      |                                                                        |
| VEHICLE DEFECTS<br>1                                                                                                                  |                                                                                                      |                                                                        |
| NON-MOTORIST LOCATION AT IMPACT<br>1                                                                                                  |                                                                                                      |                                                                        |
| ACTION<br>4                                                                                                                           |                                                                                                      |                                                                        |
| CONTRIBUTING CIRCUMSTANCES<br>16                                                                                                      |                                                                                                      |                                                                        |
| SEQUENCE OF EVENTS<br>1                                                                                                               |                                                                                                      |                                                                        |
| EVENTS<br>1                                                                                                                           |                                                                                                      |                                                                        |
| COLLISION WITH FIXED OBJECT - STRUCK<br>1                                                                                             |                                                                                                      |                                                                        |
| FIRST HARMFUL EVENT<br>1                                                                                                              |                                                                                                      |                                                                        |
| MOST HARMFUL EVENT<br>1                                                                                                               |                                                                                                      |                                                                        |

## DAMAGE

## DAMAGE SCALE

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY

## INITIAL POINT OF CONTACT

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

## TRAFFIC

|                                                                                                                                                                             |                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| TRAFFICWAY FLOW<br>2 1 - ONE-WAY<br>2 - TWO-WAY                                                                                                                             | TRAFFIC CONTROL<br>6 1 - ROUNDABOUT 4 - STOP SIGN<br>2 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD<br>2                                                                                                                                             | RAIL GRADE CROSSING<br>1 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING   |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 2 TO 1<br>1 - NORTH 5 - NORTHEAST<br>2 - SOUTH 6 - NORTHWEST<br>3 - EAST 7 - SOUTHEAST<br>4 - WEST 8 - SOUTHWEST<br>9 - OTHER/UNKNOWN |                                                                                                              |
| UNIT SPEED<br>0                                                                                                                                                             | DETECTED SPEED<br>1 1 - STATED/ESTIMATED SPEED<br>2 - CALCULATED/EDR<br>3 - UNDETERMINED                     |
| POSTED SPEED<br>35                                                                                                                                                          |                                                                                                              |



|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                     |  |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | LOCAL REPORT NUMBER*                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                              |  |                 |  |          |  |         |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------|--|----------|--|---------|--|
| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     |  | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                     |  |                                                                                                                    |  | DATE OF BIRTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | AGE                                                                                                                                                                                                                                                                                                                                                                                            |  | GENDER                                                                                                                                                       |  |                 |  |          |  |         |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                          |  | JIMENEZ JIMENEZ, KENDER NEHEMEAS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                     |  |                                                                                                                    |  | 01/03/2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 20                                                                                                                                                                                                                                                                                                                                                                                             |  | M                                                                                                                                                            |  |                 |  |          |  |         |  |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                     |  |                                                                                                                    |  | CONTACT PHONE - INCLUDE AREA CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |                 |  |          |  |         |  |
| 2022 QUAIL CT, FOREST PARK, OH 45240                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                     |  |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |                 |  |          |  |         |  |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                   |  | INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | EMS AGENCY (NAME)                                                                                                                                                                                                                                   |  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)                                                                    |  | SAFETY EQUIPMENT USED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | DOT-COMPLIANT MC HELMET                                                                                                                                                                                                                                                                                                                                                                        |  | SEATING POSITION                                                                                                                                             |  | AIR BAG USAGE   |  | EJECTION |  | TRAPPED |  |
| 5                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                     |  |                                                                                                                    |  | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                       |  | 1                                                                                                                                                            |  | 1               |  | 1        |  | 1       |  |
| OL STATE                                                                                                                                                                                                                                                                                                                                                                                   |  | OPERATOR LICENSE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                     |  | OFFENSE CHARGED                                                                                                    |  | LOCAL CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | OFFENSE DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                              |  | CITATION NUMBER |  |          |  |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                     |  |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |                 |  |          |  |         |  |
| OL CLASS                                                                                                                                                                                                                                                                                                                                                                                   |  | ENDORSEMENT SELECT UP TO 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | RESTRICTION SELECT UP TO 3                                                                                                                                                                                                                          |  | DRIVER DISTRACTED BY                                                                                               |  | ALCOHOL / DRUG SUSPECTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | CONDITION                                                                                                                                                                                                                                                                                                                                                                                      |  | ALCOHOL TEST                                                                                                                                                 |  | DRUG TEST(S)    |  |          |  |         |  |
| 6                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                     |  | 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                                                                               |  |                 |  |          |  |         |  |
| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     |  | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                     |  |                                                                                                                    |  | DATE OF BIRTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | AGE                                                                                                                                                                                                                                                                                                                                                                                            |  | GENDER                                                                                                                                                       |  |                 |  |          |  |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                     |  |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |                 |  |          |  |         |  |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                     |  |                                                                                                                    |  | CONTACT PHONE - INCLUDE AREA CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |                 |  |          |  |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                     |  |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |                 |  |          |  |         |  |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                   |  | INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | EMS AGENCY (NAME)                                                                                                                                                                                                                                   |  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)                                                                    |  | SAFETY EQUIPMENT USED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | DOT-COMPLIANT MC HELMET                                                                                                                                                                                                                                                                                                                                                                        |  | SEATING POSITION                                                                                                                                             |  | AIR BAG USAGE   |  | EJECTION |  | TRAPPED |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                     |  |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                              |  |                 |  |          |  |         |  |
| OL STATE                                                                                                                                                                                                                                                                                                                                                                                   |  | OPERATOR LICENSE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                     |  | OFFENSE CHARGED                                                                                                    |  | LOCAL CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | OFFENSE DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                              |  | CITATION NUMBER |  |          |  |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                     |  |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |                 |  |          |  |         |  |
| OL CLASS                                                                                                                                                                                                                                                                                                                                                                                   |  | ENDORSEMENT SELECT UP TO 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | RESTRICTION SELECT UP TO 3                                                                                                                                                                                                                          |  | DRIVER DISTRACTED BY                                                                                               |  | ALCOHOL / DRUG SUSPECTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | CONDITION                                                                                                                                                                                                                                                                                                                                                                                      |  | ALCOHOL TEST                                                                                                                                                 |  | DRUG TEST(S)    |  |          |  |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                     |  |                                                                                                                    |  | <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                                                                                       |  |                 |  |          |  |         |  |
| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     |  | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                     |  |                                                                                                                    |  | DATE OF BIRTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | AGE                                                                                                                                                                                                                                                                                                                                                                                            |  | GENDER                                                                                                                                                       |  |                 |  |          |  |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                     |  |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |                 |  |          |  |         |  |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                     |  |                                                                                                                    |  | CONTACT PHONE - INCLUDE AREA CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |                 |  |          |  |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                     |  |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |                 |  |          |  |         |  |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                   |  | INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | EMS AGENCY (NAME)                                                                                                                                                                                                                                   |  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)                                                                    |  | SAFETY EQUIPMENT USED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | DOT-COMPLIANT MC HELMET                                                                                                                                                                                                                                                                                                                                                                        |  | SEATING POSITION                                                                                                                                             |  | AIR BAG USAGE   |  | EJECTION |  | TRAPPED |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                     |  |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                              |  |                 |  |          |  |         |  |
| OL STATE                                                                                                                                                                                                                                                                                                                                                                                   |  | OPERATOR LICENSE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                     |  | OFFENSE CHARGED                                                                                                    |  | LOCAL CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | OFFENSE DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                              |  | CITATION NUMBER |  |          |  |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                     |  |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |                 |  |          |  |         |  |
| OL CLASS                                                                                                                                                                                                                                                                                                                                                                                   |  | ENDORSEMENT SELECT UP TO 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | RESTRICTION SELECT UP TO 3                                                                                                                                                                                                                          |  | DRIVER DISTRACTED BY                                                                                               |  | ALCOHOL / DRUG SUSPECTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | CONDITION                                                                                                                                                                                                                                                                                                                                                                                      |  | ALCOHOL TEST                                                                                                                                                 |  | DRUG TEST(S)    |  |          |  |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                     |  |                                                                                                                    |  | <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                                                                                       |  |                 |  |          |  |         |  |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                   |  | SEATING POSITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | AIR BAG                                                                                                                                                                                                                                             |  | OL CLASS                                                                                                           |  | OL RESTRICTION(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | DRIVER DISTRACTION                                                                                                                                                                                                                                                                                                                                                                             |  | TEST STATUS                                                                                                                                                  |  |                 |  |          |  |         |  |
| 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     |  |                 |  |          |  |         |  |
| INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                           |  | EJECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | OL ENDORSEMENT                                                                                                                                                                                                                                      |  | GENDER                                                                                                             |  | ALCOHOL TEST TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | DRUG TEST TYPE                                                                                                                                                                                                                                                                                                                                                                                 |  | DRUG TEST RESULT(S)                                                                                                                                          |  |                 |  |          |  |         |  |
| 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<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT                                                                        |  | F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN                                                                      |  | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER                                                                                                                                                                                                                                                                                                                                                |  | 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 |  |                 |  |          |  |         |  |
| SAFETY EQUIPMENT                                                                                                                                                                                                                                                                                                                                                                           |  | TRAPPED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | CONDITION                                                                                                                                                                                                                                           |  |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |                 |  |          |  |         |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 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 |  |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  |                 |  |          |  |         |  |