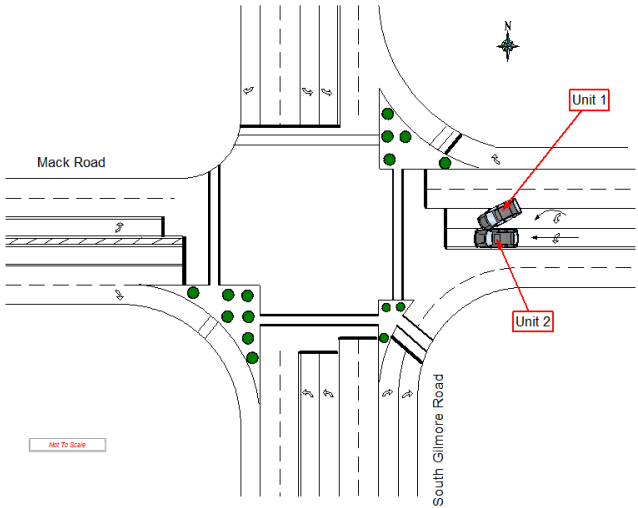


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                         |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <div> <div> <div> <div> <div>PHOTOS TAKEN</div> <div>SECONDARY CRASH</div> </div> <div> <div>OH-2</div> <div>OH-1P</div> <div>PRIVATE PROPERTY</div> </div> <div> <div>OH-3</div> <div>OTHER</div> </div> </div> <div> <div>LOCAL INFORMATION</div> <div> <div>REPORTING AGENCY NAME*</div> <div>Fairfield Police Department</div> </div> <div> <div>NCIC*</div> <div>00901</div> </div> </div> </div> <div> <div>LOCAL REPORT NUMBER*</div> <div>IR25-002441</div> </div> </div>                             |  |                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                         |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                   |  |
| <div>COUNTY*</div> <div>09</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <div>LOCALITY*</div> <div>1</div> <div>1 - CITY</div> <div>2 - VILLAGE</div> <div>3 - TOWNSHIP</div>                                                                                               |  | <div>LOCATION: CITY, VILLAGE, TOWNSHIP*</div> <div>Fairfield</div>                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <div>CRASH DATE/TIME*</div> <div>05/14/2025 14:05</div> |                                                                                                                                                                                                                                                       | <div>CRASH SEVERITY</div> <div> <div>1 - FATAL</div> <div>2 - SERIOUS INJURY SUSPECTED</div> <div>3 - MINOR INJURY SUSPECTED</div> <div>4 - INJURY POSSIBLE</div> <div>5 - PROPERTY DAMAGE ONLY</div> </div> <div>5</div> |                                                                                                                                                                                                                                                   |  |
| <div>ROUTE TYPE</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <div>ROUTE NUMBER</div>                                                                                                                                                                            |  | <div>PREFIX</div> <div>1 - NORTH</div> <div>2 - SOUTH</div> <div>3 - EAST</div> <div>4 - WEST</div>                                                                                                                                                                                                                                                                     |  | <div>LOCATION ROAD NAME</div> <div>Mack</div>                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                         | <div>ROAD TYPE</div> <div>RD</div>                                                                                                                                                                                                                    |                                                                                                                                                                                                                           | <div>LATITUDE</div> <div>39.309985</div>                                                                                                                                                                                                          |  |
| <div>ROUTE TYPE</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <div>ROUTE NUMBER</div>                                                                                                                                                                            |  | <div>PREFIX</div> <div>1 - NORTH</div> <div>2 - SOUTH</div> <div>3 - EAST</div> <div>4 - WEST</div>                                                                                                                                                                                                                                                                     |  | <div>REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)</div> <div>S Gilmore</div>                                                                                                                                                                                                                                                                                                                                                                                                             |                                                         | <div>ROAD TYPE</div> <div>RD</div>                                                                                                                                                                                                                    |                                                                                                                                                                                                                           | <div>LONGITUDE</div> <div>-84.523058</div>                                                                                                                                                                                                        |  |
| <div>REFERENCE POINT</div> <div>1</div> <div>1 - INTERSECTION</div> <div>2 - MILE POST</div> <div>3 - HOUSE #</div>                                                                                                                                                                                                                                                                                                                                                                                           |  | <div>DIRECTION FROM REFERENCE</div> <div>1 - NORTH</div> <div>2 - SOUTH</div> <div>3 - EAST</div> <div>4 - WEST</div>                                                                              |  | <div>ROUTE TYPE</div> <div>IR - INTERSTATE ROUTE (TP)</div> <div>US - FEDERAL US ROUTE</div> <div>SR - STATE ROUTE</div> <div>CR - NUMBERED COUNTY ROUTE</div> <div>TR - NUMBERED TOWNSHIP ROUTE</div>                                                                                                                                                                  |  | <div>ROAD TYPE</div> <div>AL - ALLEY</div> <div>AV - AVENUE</div> <div>BL - BOULEVARD</div> <div>CR - CIRCLE</div> <div>CT - COURT</div> <div>DR - DRIVE</div> <div>HE - HEIGHTS</div> <div>HW - HIGHWAY</div> <div>LA - LANE</div> <div>MP - MILEPOST</div> <div>OV - OVAL</div> <div>PK - PARKWAY</div> <div>PI - PIKE</div> <div>PL - PLACE</div> <div>RD - ROAD</div> <div>SQ - SQUARE</div> <div>ST - STREET</div> <div>TE - TERRACE</div> <div>TL - TRAIL</div> <div>WA - WAY</div> |                                                         | <div>INTERSECTION RELATED</div> <div> <div>WITHIN INTERSECTION OR ON APPROACH</div> <div>WITHIN INTERCHANGE AREA</div> </div> <div>4</div>                                                                                                            |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                   |  |
| <div>DISTANCE FROM REFERENCE</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <div>DISTANCE UNIT OF MEASURE</div> <div>1 - MILES</div> <div>2 - FEET</div> <div>3 - YARDS</div>                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                         | <div>ROADWAY</div> <div>ROADWAY DIVIDED</div>                                                                                                                                                                                                         |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                   |  |
| <div>LOCATION OF FIRST HARMFUL EVENT</div> <div>1</div> <div>1 - ON ROADWAY</div> <div>2 - ON SHOULDER</div> <div>3 - IN MEDIAN</div> <div>4 - ON ROADSIDE</div> <div>5 - ON GORE</div> <div>6 - OUTSIDE TRAFFIC WAY</div> <div>7 - ON RAMP</div> <div>8 - OFF RAMP</div> <div>9 - CROSSOVER</div> <div>10 - DRIVEWAY/ALLEY ACCESS</div> <div>11 - RAILWAY GRADE CROSSING</div> <div>12 - SHARED USE PATHS OR TRAILS</div> <div>13 - BIKE LANE</div> <div>14 - TOLL BOOTH</div> <div>99 - OTHER/UNKNOWN</div> |  |                                                                                                                                                                                                    |  | <div>MANNER OF CRASH COLLISION/IMPACT</div> <div>6</div> <div>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT</div> <div>2 - REAR-END</div> <div>3 - HEAD-ON</div> <div>4 - REAR-TO-REAR</div> <div>5 - BACKING</div> <div>6 - ANGLE</div> <div>7 - SIDESWIPE, SAME DIRECTION</div> <div>8 - SIDESWIPE, OPPOSITE DIRECTION</div> <div>9 - OTHER/UNKNOWN</div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                         | <div>DIRECTION OF TRAVEL</div> <div>1 - NORTH</div> <div>2 - SOUTH</div> <div>3 - EAST</div> <div>4 - WEST</div>                                                                                                                                      |                                                                                                                                                                                                                           | <div>MEDIAN TYPE</div> <div>1 - DIVIDED FLUSH MEDIAN (&lt; 4 FEET)</div> <div>2 - DIVIDED FLUSH MEDIAN (&gt;= 4 FEET)</div> <div>3 - DIVIDED, DEPRESSED MEDIAN</div> <div>4 - DIVIDED, RAISE MEDIAN (ANY TYPE)</div> <div>9 - OTHER/UNKNOWN</div> |  |
| <div>WORK ZONE RELATED</div> <div>WORKERS PRESENT</div> <div>LAW ENFORCEMENT PRESENT</div> <div>ACTIVE SCHOOL ZONE</div>                                                                                                                                                                                                                                                                                                                                                                                      |  | <div>WORK ZONE TYPE</div> <div>1 - LANE CLOSURE</div> <div>2 - LANE SHFT/CROSSOVER</div> <div>3 - WORK ON SHOULDER OR MEDIAN</div> <div>4 - INTERMITTENT OR MOVING WORK</div> <div>5 - OTHER</div> |  | <div>LOCATION OF CRASH IN WORK ZONE</div> <div>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN</div> <div>2 - ADVANCE WARNING AREA</div> <div>3 - TRANSITION AREA</div> <div>4 - ACTIVITY AREA</div> <div>5 - TERMINATION AREA</div>                                                                                                                                          |  | <div>CONTOUR</div> <div>1</div> <div>1 - STRAIGHT LEVEL</div> <div>2 - STRAIGHT GRADE</div> <div>3 - CURVE LEVEL</div> <div>4 - CURVE GRADE</div> <div>9 - OTHER/ UNKNOWN</div>                                                                                                                                                                                                                                                                                                           |                                                         | <div>CONDITIONS</div> <div>2</div> <div>1 - DRY</div> <div>2 - WET</div> <div>3 - SNOW</div> <div>4 - ICE</div> <div>5 - SAND, MUD, DIRT, OIL, GRAVEL</div> <div>6 - WATER (STANDING, MOVING)</div> <div>7 - SLUSH</div> <div>9 - OTHER/UNKNOWN</div> |                                                                                                                                                                                                                           | <div>SURFACE</div> <div>2</div> <div>1 - CONCRETE</div> <div>2 - BLACKTOP, BITUMINOUS, ASPHALT</div> <div>3 - BRICK/BLOCK</div> <div>4 - SLAG, GRAVEL, STONE</div> <div>5 - DIRT</div> <div>9 - OTHER/ UNKNOWN</div>                              |  |
| <div>LIGHT CONDITION</div> <div>1</div> <div>1 - DAYLIGHT</div> <div>2 - DAWN/DUSK</div> <div>3 - DARK - LIGHTED ROADWAY</div> <div>4 - DARK - ROADWAY NOT LIGHTED</div> <div>5 - DARK - UNKNOWN ROADWAY LIGHTING</div> <div>9 - OTHER/UNKNOWN</div>                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                    |  | <div>WEATHER</div> <div>4</div> <div>1 - CLEAR</div> <div>2 - CLOUDY</div> <div>3 - FOG, SMOG, SMOKE</div> <div>4 - RAIN</div> <div>5 - SLEET, HAIL</div> <div>6 - SNOW</div> <div>7 - SEVERE CROSSWINDS</div> <div>8 - BLOWING SAND, SOIL, DIRT, SNOW</div> <div>9 - FREEZING RAIN OR FREEZING DRIZZLE</div> <div>99 - OTHER/UNKNOWN</div>                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                         |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                   |  |
| <div>NARRATIVE</div> <div>On 05/14/25 at around 2:05 P.M. Unit 1 was traveling west on Mack Rd. in the left turn lane. The driver of Unit 1 was in the right left turn lane, and made an improper lane change to the left left turn lane. In doing so, Unit 1 struck Unit 2 which was in left left turn lane.</div>                                                                                                                                                                                           |  |                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                         |  | <div>DIAGRAM</div>                                                                                                                                                                                                                                                                                                                                                                                    |                                                         |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                   |  |
| <div>CRASH REPORTED DATE/TIME</div> <div>05/14/2025 14:05</div>                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <div>DISPATCH DATE/TIME</div> <div>05/14/2025 14:15</div>                                                                                                                                          |  | <div>ARRIVAL DATE/TIME</div> <div>05/14/2025 14:27</div>                                                                                                                                                                                                                                                                                                                |  | <div>SCENE CLEARED DATE/TIME</div> <div>05/14/2025 15:06</div>                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         | <div>REPORT TAKEN BY</div> <div>POLICE AGENCY</div> <div>MOTORIST</div> <div>SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)</div>                                                                                             |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                   |  |
| <div>TOTAL TIME ROADWAY CLOSED</div> <div>0</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <div>OTHER INVESTIGATION TIME</div> <div>30</div>                                                                                                                                                  |  | <div>TOTAL MINUTES</div> <div>81</div>                                                                                                                                                                                                                                                                                                                                  |  | <div>OFFICER'S NAME*</div> <div>Harper, Daniel</div>                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                         | <div>CHECKED BY OFFICER'S NAME*</div> <div>Mack, Kevin</div>                                                                                                                                                                                          |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                    |  | <div>OFFICER'S BADGE NUMBER*</div> <div>181</div>                                                                                                                                                                                                                                                                                                                       |  | <div>CHECKED BY OFFICER'S BADGE NUMBER*</div> <div>120</div>                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                         |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                   |  |



IR25-002441

**UNIT #**  
2**OWNER NAME:** LAST, FIRST, MIDDLE ( ☐ SAME AS DRIVER)  
ZAYNITDINOV, RAMIL**OWNER PHONE:** INCLUDE AREA CODE ☐ SAME AS DRIVER**OWNER ADDRESS:** STREET, CITY, STATE, ZIP ( ☐ SAME AS DRIVER)  
4868 RIALTO RIDGE DR, WEST CHESTER, OH 45069**COMMERCIAL CARRIER:** NAME, ADDRESS, CITY, STATE, ZIP**COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE**LP STATE**  
OH**LICENSE PLATE #**  
GLM6190**VEHICLE IDENTIFICATION #**  
1FMSK8DH7LGB49918**VEHICLE YEAR**  
2020**VEHICLE MAKE**  
Ford**INSURANCE VERIFIED**  
ALLSTATE INSURANCE**INSURANCE POLICY #**  
965147060**COLOR**  
Black**VEHICLE MODEL**  
Explorer**TYPE OF USE**  
☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE**US DOT #****TOWED BY:** COMPANY NAME**INTERLOCK DEVICE EQUIPPED**  
☐ HIT/SKIP UNIT**# OCCUPANTS**  
1**VEHICLE WEIGHT GVWR/GCWR**  
☐ 1 - <= 10K LBS.  
☐ 2 - 10,001 - 26K LBS.  
☐ 3 - >= 26K LBS.**HAZARDOUS MATERIAL**  
☐ MATERIAL RELEASED ☐ CLASS # ☐ PLACARD ID #**UNIT TYPE**  
3  
1 - PASSENGER CAR  
2 - PASSENGER VAN (MINIVAN)  
3 - SPORT UTILITY VEHICLE  
4 - PICK UP  
5 - CARGO VAN  
7 - MOTORCYCLE  
8 - MOTORCYCLE  
9 - AUTOCYCLE  
10 - MOPED OR MOTORIZED BICYCLE  
11 - ALL TERRAIN VEHICLE (ATV/UTV)  
12 - GOLF CART  
13 - SNOWMOBILE  
14 - SINGLE UNIT TRUCK  
15 - SEMI-TRACTOR  
16 - FARM EQUIPMENT  
17 - MOTORHOME  
18 - LIMO (LIVERY VEHICLE)  
19 - BUS (16+ PASSENGERS)  
20 - OTHER VEHICLE  
21 - HEAVY EQUIPMENT  
22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE  
23 - PEDESTRIAN/ SKATER  
24 - WHEELCHAIR (ANY TYPE)  
25 - OTHER NON-MOTORIST  
26 - BICYCLE  
27 - TRAIN  
99 - UNKNOWN OR HIT/SKIP**# OF TRAILING UNITS**  
0**WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURED?**  
2  
1 - YES 2 - NO 9 - OTHER/UNKNOWN  
**AUTONOMOUS MODE LEVEL**  
0  
0 - NO AUTOMATION  
1 - DRIVER ASSISTANCE  
2 - PARTIAL AUTOMATION  
3 - CONDITIONAL AUTOMATION  
4 - HIGH AUTOMATION  
5 - FULL AUTOMATION  
9 - UNKNOWN**SPECIAL FUNCTION**  
1  
1 - NONE  
2 - TAXI  
3 - ELECTRONIC RIDE SHARING  
4 - SCHOOL TRANSPORT  
5 - BUS - TRANSIT /COMMUTER  
6 - BUS - CHARTER/TOUR  
7 - BUS - INTERCITY  
8 - BUS - SHUTTLE  
9 - BUS - OTHER  
10 - AMBULANCE  
11 - FIRE  
12 - MILITARY  
13 - POLICE  
14 - PUBLIC UTILITY  
15 - CONSTRUCTION EQUIPMENT  
16 - FARM  
17 - MOWING  
18 - SNOW REMOVAL  
19 - TOWING  
20 - SAFETY SERVICE PATROL  
21 - MAIL CARRIER  
99 - OTHER/UNKNOWN**CARGO BODY TYPE**  
1  
1 - NO CARGO BODY TYPE / NOT APPLICABLE  
2 - BUS  
3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE  
4 - LOGGING  
5 - INTERMODAL CONTAINER CHASSIS  
6 - CARGO VAN/ ENCLOSED BOX  
7 - GRAIN/CHIPS/GRAVEL  
8 - POLE  
9 - CARGO TANK  
10 - FLAT BED  
11 - DUMP  
12 - CONCRETE MIXER  
13 - AUTO TRANSPORTER  
14 - GARBAGE/REFUSE  
99 - OTHER/UNKNOWN**VEHICLE DEFECTS**  
☐  
1 - TURN SIGNALS  
2 - HEAD LAMPS  
3 - TAIL LAMPS  
4 - BRAKES  
5 - STEERING  
6 - TIRE BLOWOUT  
7 - WORN OR SLICK TIRES  
8 - TRAILER EQUIPMENT DEFECTIVE  
9 - MOTOR TROUBLE  
10 - DISABLED FROM PRIOR ACCIDENT  
99 - OTHER/UNKNOWN**NON-MOTORIST LOCATION AT IMPACT**  
☐  
1 - INTERSECTION - MARKED CROSSWALK  
2 - INTERSECTION - UNMARKED CROSSWALK  
3 - INTERSECTION - OTHER  
4 - MIDBLOCK - MARKED CROSSWALK  
5 - TRAVEL LANE - OTHER LOCATION  
6 - BICYCLE LANE  
7 - SHOULDER/ ROADSIDE  
8 - SIDEWALK  
9 - MEDIAN/CROSSING ISLAND  
10 - DRIVEWAY ACCESS  
11 - SHARED USE PATHS OR TRAILS  
12 - FIRST RESPONDER AT INCIDENT SCENE  
99 - OTHER/UNKNOWN**ACTION**  
4  
1 - NON-CONTACT  
2 - NON-COLLISION  
3 - STRIKING  
4 - STRUCK  
5 - BOTH  
6 - STRIKING PRE-CRASHES & STRUCK ACTIONS  
9 - OTHER/UNKNOWN  
1 - STRAIGHT AHEAD  
2 - BACKING  
3 - CHANGING LANES  
4 - OVERTAKING/ PASSING  
5 - MAKING RIGHT TURN  
6 - MAKING LEFT TURN  
7 - MAKING U-TURN  
8 - ENTERING TRAFFIC LANE  
9 - LEAVING TRAFFIC LANE  
10 - PARKED  
11 - SLOWING OR STOPPED IN TRAFFIC  
12 - DRIVERLESS  
13 - NEGOTIATING A CURVE  
14 - ENTERING OR CROSSING SPECIFIED LOCATION  
15 - WALKING, RUNNING, JOGGING, PLAYING  
16 - WORKING  
17 - PUSHING VEHICLE  
18 - APPROACHING OR LEAVING VEHICLE  
19 - STANDING  
20 - OTHER NON-MOTORIST  
21 - STOPPING OUTSIDE DISABLED VEHICLE  
99 - OTHER/UNKNOWN**CONTRIBUTING CIRCUMSTANCES**  
1  
1 - NONE  
2 - FAILURE TO YIELD  
3 - RAN RED LIGHT  
4 - RAN STOP SIGN  
5 - UNSAFE SPEED  
6 - IMPROPER TURN  
7 - LEFT OF CENTER  
8 - FOLLOWING TOO CLOSE/ACDA  
9 - IMPROPER LANE CHANGE  
10 - IMPROPER PASSING  
11 - DROVE OFF ROAD  
12 - IMPROPER BACKING  
13 - IMPROPER START FROM A PARKED POSITION  
14 - STOPPED OR PARKED ILLEGALLY  
15 - SWERVING TO AVOID  
16 - WRONG WAY  
17 - VISION OBSTRUCTION  
18 - OPERATING DEFECTIVE EQUIPMENT  
19 - LOAD SHIFTING/ FALLING/SPILLING  
20 - IMPROPER CROSSING  
21 - LYING IN ROADWAY  
22 - NOT DISCERNIBLE  
23 - OPENING DOOR INTO ROADWAY  
99 - OTHER IMPROPER ACTION

## SEQUENCE OF EVENTS

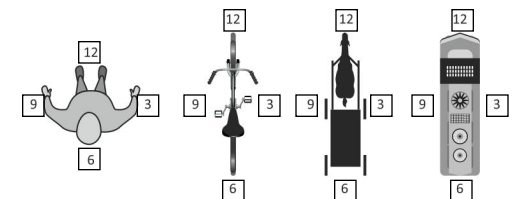
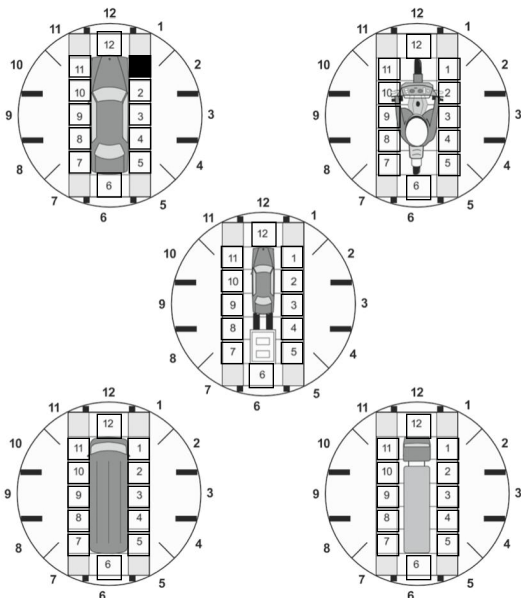
**EVENTS**  
1 20  
1 - OVERTURN/ ROLLOVER  
2 - FIRE/EXPLOSION  
3 - IMMERSION  
4 - JACKKNIFE  
5 - CARGO/EQUIPMENT LOSS OR SHIFT  
6 - EQUIPMENT FAILURE  
7 - SEPARATION OF UNITS  
8 - RAN OFF ROAD RIGHT  
9 - RAN OFF ROAD LEFT  
10 - CROSS MEDIAN  
11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL  
12 - DOWNHILL RUNAWAY  
13 - OTHER NON-COLLISION  
14 - PEDESTRIAN  
15 - PEDALCYCLE  
16 - RAILWAY VEHICLE  
17 - ANIMAL - FARM EQUIPMENT  
18 - ANIMAL - DEER  
19 - ANIMAL - OTHER  
20 - MOTOR VEHICLE IN TRANSPORT  
21 - PARKED MOTOR VEHICLE  
22 - WORK ZONE MAINTENANCE EQUIPMENT  
23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
24 - OTHER MOVABLE OBJECT**COLLISION WITH FIXED OBJECT - STRUCK**  
4  
25 - IMPACT ATTENUATOR/ CRASH CUSHION  
26 - BRIDGE OVERHEAD STRUCTURE  
27 - BRIDGE PIER OR ABUTMENT  
28 - BRIDGE PARAPET  
29 - BRIDGE RAIL  
30 - GUARDRAIL FACE  
31 - GUARDRAIL END  
32 - PORTABLE BARRIER  
33 - MEDIAN CABLE BARRIER  
34 - MEDIAN GUARDRAIL BARRIER  
35 - MEDIAN CONCRETE BARRIER  
36 - MEDIAN OTHER BARRIER  
37 - TRAFFIC SIGN POST  
38 - OVERHEAD SIGN  
39 - LIGHT/LUMINARIES  
40 - UTILITY POLE  
41 - OTHER POST, POLE OR SUPPORT  
42 - CULVERT  
43 - CURB  
44 - DITCH  
45 - EMBANKMENT  
46 - FENCE  
47 - MAILBOX  
48 - TREE  
49 - FIRE HYDRANT  
50 - WORK ZONE MAINTENANCE EQUIPMENT  
51 - WALL  
52 - BUILDING  
53 - TUNNEL  
54 - OTHER FIXED OBJECT  
99 - OTHER/UNKNOWN**FIRST HARMFUL EVENT** 1 **MOST HARMFUL EVENT** 1

## DAMAGE

## DAMAGE SCALE

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY☐ - NO DAMAGE [ 0 ] ☐ - UNDERCARRIAGE [ 14 ]☐ - TOP [ 13 ] ☐ - ALL AREAS [ 15 ]☐ - UNIT NOT AT SCENE [ 16 ]

## INITIAL POINT OF CONTACT

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

## TRAFFIC

**TRAFFICWAY FLOW**  
2  
1 - ONE-WAY  
2 - TWO-WAY  
**TRAFFIC CONTROL**  
2  
1 - ROUNDABOUT  
2 - SIGNAL  
3 - FLASHER  
4 - STOP SIGN  
5 - YIELD SIGN  
6 - NO CONTROL  
**# OF THROUGH LANES ON ROAD**  
4  
**RAIL GRADE CROSSING**  
1  
1 - NOT INVOLVED  
2 - INVOLVED-ACTIVE CROSSING  
3 - INVOLVED-PASSIVE CROSSING

## UNIT / NON-MOTORIST DIRECTION

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

## UNIT SPEED

15

## POSTED SPEED

35

## DETECTED SPEED

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

| LOCAL REPORT NUMBER*                                                                                                                                                                                                                                                                                                                                                                       |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |
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| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     |          | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |                                                                                                                                               |                                                                                                            | DATE OF BIRTH                                                                                                                                                                |                  | AGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GENDER   |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |
| 1                                                                                                                                                                                                                                                                                                                                                                                          |          | CERVANTES, HUMBERTO SALAMANCA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            |                                                                                                                                               |                                                                                                            | 12/17/1979                                                                                                                                                                   |                  | 45                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | M        |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            | CONTACT PHONE - INCLUDE AREA CODE                                                                                                                                            |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |
| 300 N CLAY ST, NEW CARLISLE, OH 45344                                                                                                                                                                                                                                                                                                                                                      |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |
| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                    | 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                                                                                                          |                                                                                                                                                                              | 1                | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1        | 1                                                                                                                                                                                                                                                                                                                                                                                              |        |                                                                                                                                                              |                       |
|                                                                                                                                                                                                                                                                                                                                                                                            | OL STATE | OPERATOR LICENSE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            | OFFENSE CHARGED                                                                                                                               | LOCAL CODE                                                                                                 | OFFENSE DESCRIPTION                                                                                                                                                          |                  | CITATION NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |
|                                                                                                                                                                                                                                                                                                                                                                                            | OH       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            | 333.08 a                                                                                                                                      |                                                                                                            | Operation Without Reasonable Co                                                                                                                                              |                  | 2500107301                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |
| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                    | OL CLASS | ENDORSEMENT SELECT UP TO 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY                                                                                                                          | ALCOHOL / DRUG SUSPECTED                                                                                   |                                                                                                                                                                              | CONDITION        | ALCOHOL TEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          | DRUG TEST(S)                                                                                                                                                                                                                                                                                                                                                                                   |        |                                                                                                                                                              |                       |
|                                                                                                                                                                                                                                                                                                                                                                                            | 4        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            | 1                                                                                                                                             | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                                                                                                                                                              | 1                | STATUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TYPE     | VALUE                                                                                                                                                                                                                                                                                                                                                                                          | STATUS | TYPE                                                                                                                                                         | RESULT SELECT UP TO 4 |
|                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1        | 1                                                                                                                                                                                                                                                                                                                                                                                              | .      | 1                                                                                                                                                            | 1                     |
| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     |          | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |                                                                                                                                               |                                                                                                            | DATE OF BIRTH                                                                                                                                                                |                  | AGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GENDER   |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |
| 2                                                                                                                                                                                                                                                                                                                                                                                          |          | ZAYNITDINOVA, ROZA FAZLITDINOVNA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            |                                                                                                                                               |                                                                                                            | 05/17/1986                                                                                                                                                                   |                  | 38                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | F        |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            | CONTACT PHONE - INCLUDE AREA CODE                                                                                                                                            |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |
| 4868 RIALTO RIDGE DR, WEST CHESTER, OH 45069                                                                                                                                                                                                                                                                                                                                               |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |
| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                    | 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                                                                                                          |                                                                                                                                                                              | 1                | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1        | 1                                                                                                                                                                                                                                                                                                                                                                                              |        |                                                                                                                                                              |                       |
|                                                                                                                                                                                                                                                                                                                                                                                            | OL STATE | OPERATOR LICENSE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            | OFFENSE CHARGED                                                                                                                               | LOCAL CODE                                                                                                 | OFFENSE DESCRIPTION                                                                                                                                                          |                  | CITATION NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |
|                                                                                                                                                                                                                                                                                                                                                                                            | OH       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |
| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                    | OL CLASS | ENDORSEMENT SELECT UP TO 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY                                                                                                                          | ALCOHOL / DRUG SUSPECTED                                                                                   |                                                                                                                                                                              | CONDITION        | ALCOHOL TEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          | DRUG TEST(S)                                                                                                                                                                                                                                                                                                                                                                                   |        |                                                                                                                                                              |                       |
|                                                                                                                                                                                                                                                                                                                                                                                            | 4        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            | 1                                                                                                                                             | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                                                                                                                                                              | 1                | STATUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TYPE     | VALUE                                                                                                                                                                                                                                                                                                                                                                                          | STATUS | TYPE                                                                                                                                                         | RESULT SELECT UP TO 4 |
|                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1        | 1                                                                                                                                                                                                                                                                                                                                                                                              | .      | 1                                                                                                                                                            | 1                     |
| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     |          | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |                                                                                                                                               |                                                                                                            | DATE OF BIRTH                                                                                                                                                                |                  | AGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GENDER   |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |
|                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            | CONTACT PHONE - INCLUDE AREA CODE                                                                                                                                            |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |
|                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |
| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                    | INJURIES | INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)                                                                                               | SAFETY EQUIPMENT USED                                                                                      | DOT-COMPLIANT MC HELMET                                                                                                                                                      | SEATING POSITION | AIR BAG USAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | EJECTION | TRAPPED                                                                                                                                                                                                                                                                                                                                                                                        |        |                                                                                                                                                              |                       |
|                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |
|                                                                                                                                                                                                                                                                                                                                                                                            | OL STATE | OPERATOR LICENSE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            | OFFENSE CHARGED                                                                                                                               | LOCAL CODE                                                                                                 | OFFENSE DESCRIPTION                                                                                                                                                          |                  | CITATION NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |
|                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |
| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                    | 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                                                                                                                                                                                                                                                                                                                                                                                          | 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                                                                                                                                                               |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        | ALCOHOL TEST TYPE                                                                                                                                            |                       |
| 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 |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER                                                                                                |                       |
| SAFETY EQUIPMENT                                                                                                                                                                                                                                                                                                                                                                           |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            | TRAPPED                                                                                                                                       |                                                                                                            | GENDER                                                                                                                                                                       |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          | CONDITION                                                                                                                                                                                                                                                                                                                                                                                      |        | DRUG TEST TYPE                                                                                                                                               |                       |
| 1 - NONE USED<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS                                                    |                                                                                                            | F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN                                                                                                                                |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          | 1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9 - OTHER / UNKNOWN                                                                                                                                            |        | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER                                                                                                              |                       |
|                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        | DRUG TEST RESULT(S)                                                                                                                                          |                       |
|                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        | 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 |                       |