



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

LOCAL REPORT NUMBER\*

|   |  |  |  |  |  |   |  |   |
|---|--|--|--|--|--|---|--|---|
| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH   |  | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-3<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY  | LOCAL INFORMATION  |  | IR25-002491  |   |  |   |
| REPORTING AGENCY NAME*<br>Fairfield Police Department   |  |  | NCIC*<br>00901   |  | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED   | NUMBER OF UNITS<br>2                        | UNIT IN ERROR<br>1<br>98 - ANIMAL<br>99 - UNKNOWN  |   |
| COUNTY*<br>09   | LOCALITY*<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br>1                  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Fairfield  |  |  | CRASH DATE/TIME*<br>05/17/2025 13:51   |   | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY<br>5  |   |
| ROUTE TYPE  | ROUTE NUMBER   | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   | LOCATION ROAD NAME<br>S. GILMORE   |  | ROAD TYPE<br>RD  | LATITUDE<br>39.304314                       |  |   |
| ROUTE TYPE  | ROUTE NUMBER   | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>6325  |  | ROAD TYPE  | LONGITUDE<br>-84.525771                     |  |   |
| REFERENCE POINT<br>3<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #  | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE  | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY |  | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES<br>ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED |   |  |   |
| LOCATION OF FIRST HARMFUL EVENT<br>6<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP<br>9 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12 - SHARED USE PATHS OR TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER/UNKNOWN  |  |  | MANNER OF CRASH COLLISION/IMPACT<br>1<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER/UNKNOWN                                   |  | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  |   | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (>= 4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISE MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN |   |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE   |  | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER  | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA  |  | CONTOUR<br>1   | CONDITIONS<br>1                             | SURFACE<br>2   |   |
| LIGHT CONDITION<br>1<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER/UNKNOWN   |  | WEATHER<br>1<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER/UNKNOWN |  | 1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/ UNKNOWN<br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/ UNKNOWN |  |   |  |   |
| NARRATIVE<br>On 5/17/25 around 1:51 P.M. Unit 1 driver was backing up to a Tesla charging station at 6325 S. Gilmore Rd. While backing up Unit 1 driver hit the charging station causing it to fall over into Unit 2, which was parked charging their Tesla vehicle.<br><br>Unit 1 driver was charged with OVI 333.01A1A.<br><br>The charging station is owned by Tesla Inc. 13101 Harold Green Rd. Austin, Texas 78725 |  |  |  | DIAGRAM  |  |   |  |   |
| CRASH REPORTED DATE/TIME<br>05/17/2025 13:51  |  | DISPATCH DATE/TIME<br>05/17/2025 14:05   |  | ARRIVAL DATE/TIME<br>05/17/2025 14:05  |  | SCENE CLEARED DATE/TIME<br>05/17/2025 15:35 |  | REPORT TAKEN BY<br><input type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) |
| TOTAL TIME ROADWAY CLOSED<br>0  | OTHER INVESTIGATION TIME<br>60   | TOTAL MINUTES<br>150   | OFFICER'S NAME*<br>Webb, Scott<br>OFFICER'S BADGE NUMBER*<br>142   |  | CHECKED BY OFFICER'S NAME*<br>Miller, Matthew<br>CHECKED BY OFFICER'S BADGE NUMBER*<br>141   |   |  |   |

IR25-002491

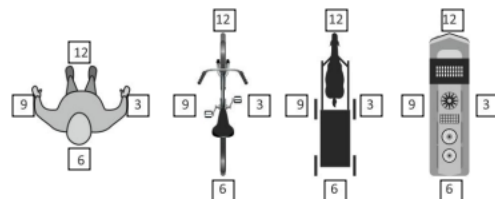
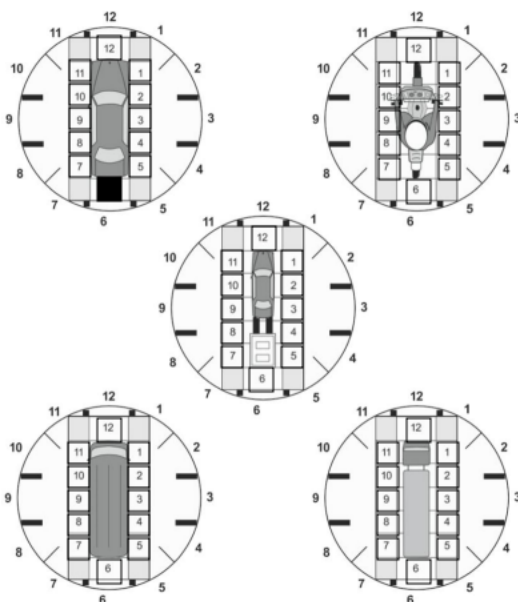
|  |   |  |
|--|---|--|
| UNIT #<br>1  | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>CORNETT, TONY MITCHELL | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>2497 CRANBROOK DR, CINCINNATI, OH 45231   |   |  |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  |   | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                            |
| LP STATE<br>OH   | LICENSE PLATE #<br>KPD9170  | VEHICLE IDENTIFICATION #<br>5YJ3E1EA7PF674597                          |
| VEHICLE YEAR<br>2023   |   | VEHICLE MAKE<br>Tesla  |
| INSURANCE VERIFIED   | INSURANCE COMPANY<br>TESLA INSURANCE  | INSURANCE POLICY #<br>TLA-OH-A-9993A4DA                                |
| COLOR<br>Grey  |   | VEHICLE MODEL<br>Model 3   |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE  |   |  |
| US DOT #   |   |  |
| VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.  |   |  |
| TOWED BY: COMPANY NAME   |   |  |
| HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID #  |   |  |
| UNIT TYPE<br>1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>6 - MOTORCYCLE<br>7 - 2-WHEELED<br>8 - 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV)<br>12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME<br>18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE<br>23 - PEDESTRIAN/ SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP   |   |  |
| # OF TRAILING UNITS<br>0   |   |  |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN<br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN   |   |  |
| SPECIAL FUNCTION<br>1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT /COMMUTER<br>6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER/UNKNOWN  |   |  |
| CARGO BODY TYPE<br>1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN   |   |  |
| VEHICLE DEFECTS<br>1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER/UNKNOWN  |   |  |
| NON-MOTORIST LOCATION AT IMPACT<br>1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER/ ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN  |   |  |
| ACTION<br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>6 - PRE-CRASH ACTIONS<br>7 - MAKING RIGHT TURN<br>8 - MAKING LEFT TURN<br>9 - MAKING U-TURN<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - ENTERING TRAFFIC LANE<br>14 - LEAVING TRAFFIC LANE<br>15 - PARKING<br>16 - SLOWING OR STOPPED IN TRAFFIC<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER/UNKNOWN  |   |  |
| CONTRIBUTING CIRCUMSTANCES<br>1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE/ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/ FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION   |   |  |
| SEQUENCE OF EVENTS<br>1 - OVERTURN/ ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM EQUIPMENT<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT   |   |  |
| COLLISION WITH FIXED OBJECT - STRUCK<br>25 - IMPACT ATTENUATOR/ CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER/UNKNOWN |   |  |
| FIRST HARMFUL EVENT<br>1   |   |  |
| MOST HARMFUL EVENT<br>1  |   |  |

## DAMAGE

## DAMAGE SCALE

2 1 - NONE 3 - FUNCTIONAL DAMAGE  
2 - MINOR 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

6 0 - NO DAMAGE 14 - UNDERCARRIAGE  
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
13 - TOP 99 - UNKNOWN

## TRAFFIC

## TRAFFICWAY FLOW

2 1 - ONE-WAY  
2 - TWO-WAY

## TRAFFIC CONTROL

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

## # OF THROUGH LANES ON ROAD

2

## RAIL GRADE CROSSING

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

## UNIT / NON-MOTORIST DIRECTION

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

## UNIT SPEED

15

## DETECTED SPEED

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

IR25-002491

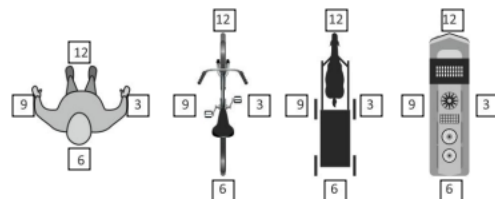
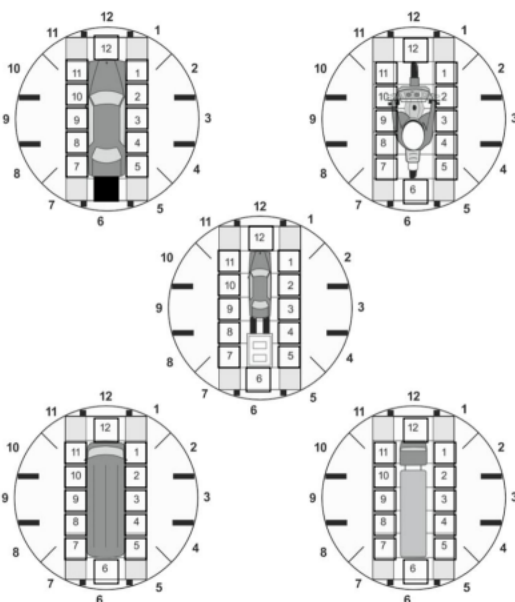
|  |  |  |
|--|--|--|
| UNIT #<br>2  | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER)<br>HANNAH, NATHANIEL WARREN | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER)<br>5909 EMERALD LAKE DR, FAIRFIELD, OH 45014  |  |  |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  |  | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                            |
| LP STATE<br>OH   | LICENSE PLATE #<br>KPY3775   | VEHICLE IDENTIFICATION #<br>5YJ3E1EA7JF061371                          |
| VEHICLE YEAR<br>2018   | VEHICLE MAKE<br>Tesla  |  |
| INSURANCE VERIFIED<br><input checked="" type="checkbox"/>  | INSURANCE COMPANY<br>TESLA INSURANCE   | INSURANCE POLICY #<br>TLA-OH-A-9993ABBB                                |
| COLOR<br>Silver  | VEHICLE MODEL<br>3   |  |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE  |  |  |
| US DOT #   |  |  |
| VEHICLE WEIGHT GVWR/GCWR<br><input type="checkbox"/> 1 - <= 10K LBS.<br><input type="checkbox"/> 2 - 10,001 - 26K LBS.<br><input type="checkbox"/> 3 - >= 26K LBS.   |  |  |
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| # OF TRAILING UNITS<br>0   |  |  |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN<br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN   |  |  |
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| VEHICLE DEFECTS<br>1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER/UNKNOWN  |  |  |
| NON-MOTORIST LOCATION AT IMPACT<br>1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER/ ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN  |  |  |
| ACTION<br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>10 - PRE-CRASHES & ACTIONS<br>9 - OTHER/UNKNOWN<br>1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/ PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE<br>9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER/UNKNOWN                                   |  |  |
| CONTRIBUTING CIRCUMSTANCES<br>1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE/ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/ FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION   |  |  |
| SEQUENCE OF EVENTS<br>1 - OVERTURN/ ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM EQUIPMENT<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT   |  |  |
| COLLISION WITH FIXED OBJECT - STRUCK<br>25 - IMPACT ATTENUATOR/ CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER/UNKNOWN |  |  |
| FIRST HARMFUL EVENT<br>1   |  |  |
| MOST HARMFUL EVENT<br>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

6 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

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

## # OF THROUGH LANES ON ROAD

2

## RAIL GRADE CROSSING

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

## UNIT / NON-MOTORIST DIRECTION

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

## UNIT SPEED

0

## DETECTED SPEED

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

## POSTED SPEED

15





LOCAL REPORT NUMBER\*

IR25-002491

HSY8306 OH1M 1/19 [760-1500]

# OCCUPANT / WITNESS ADDENDUM

**LOCAL REPORT NUMBER\***

IR25-002491

| <b>OCCUPANT</b>   | <b>UNIT #</b>   | <b>NAME: LAST, FIRST, MIDDLE</b>   |                                    |  |                              | <b>DATE OF BIRTH</b>                             |                         | <b>AGE</b>           | <b>GENDER</b>   |                |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
|---|---|--|------------------------------------|--|------------------------------|--|-------------------------|----------------------|-----------------|----------------|--------|-----------------------|------------------|---------------|-----------|----------------------------------|---|------------------|------------------------------|-----------------------------|--------------------|--------------------|----------------------------|------------------------|------------------------|-------------------|---------------------|------------------------------|---|--------------------------------|------------------------|---|---------------------|--------------------|-------------------------|--|-------------------------|------------------------|--|------------------|---|-----------------|---------|-----------------|--------------------|-----------------|------------|---|-------------------|-----------------------|---------------------|--------------------------|-----------------------------------|---------------------|---------------|---|--|--------------------|------------|----------------------|---|----------------|----------|--|--------------------|-----------------|---------------------|--|---|------------------------------------|--|--|-------------------|-----------------------------------|--|--|----------------------|--|
|   | 1   | DODGE, DALTON J  |                                    |  |                              | 07/27/1994                                       |                         | 30                   | M               |                |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
|   | <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>1619 ASPEN PINES DR, NEWPORT, KY 41071    |  |                                    |  |                              | <b>CONTACT PHONE - INCLUDE AREA CODE</b>         |                         |                      |                 |                |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
|   | <b>INJURIES</b>   | <b>INJURED TAKEN BY</b>  | <b>EMS AGENCY (NAME)</b>           | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b> | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
|   | 5   |  |                                    |  | 4                            |  | 3                       | 1                    | 1               | 1              |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
| <b>OCCUPANT</b>   | <b>UNIT #</b>   | <b>NAME: LAST, FIRST, MIDDLE</b>   |                                    |  |                              | <b>DATE OF BIRTH</b>                             |                         | <b>AGE</b>           | <b>GENDER</b>   |                |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
|   | 2   | HANNAH, NATHANIEL WARREN   |                                    |  |                              | 06/30/2003                                       |                         | 21                   | M               |                |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
|   | <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>5909 EMERALD LAKE DR, FAIRFIELD, OH 45014 |  |                                    |  |                              | <b>CONTACT PHONE - INCLUDE AREA CODE</b>         |                         |                      |                 |                |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
|   | <b>INJURIES</b>   | <b>INJURED TAKEN BY</b>  | <b>EMS AGENCY (NAME)</b>           | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b> | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
|   | 5   |  |                                    |  | 4                            |  | 1                       | 1                    | 1               | 1              |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
| <b>OCCUPANT</b>   | <b>UNIT #</b>   | <b>NAME: LAST, FIRST, MIDDLE</b>   |                                    |  |                              | <b>DATE OF BIRTH</b>                             |                         | <b>AGE</b>           | <b>GENDER</b>   |                |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
|   | 2   | HECKER, ANNE MARIE   |                                    |  |                              | 11/17/2005                                       |                         | 19                   | F               |                |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
|   | <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>4933 HOLIDAY DR, FAIRFIELD, OH 45014      |  |                                    |  |                              | <b>CONTACT PHONE - INCLUDE AREA CODE</b>         |                         |                      |                 |                |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
|   | <b>INJURIES</b>   | <b>INJURED TAKEN BY</b>  | <b>EMS AGENCY (NAME)</b>           | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b> | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
|   | 5   |  |                                    |  | 4                            |  | 3                       | 1                    | 1               | 1              |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
| <b>OCCUPANT</b>   | <b>UNIT #</b>   | <b>NAME: LAST, FIRST, MIDDLE</b>   |                                    |  |                              | <b>DATE OF BIRTH</b>                             |                         | <b>AGE</b>           | <b>GENDER</b>   |                |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
|   |   |  |                                    |  |                              |  |                         |                      |                 |                |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
|   | <b>ADDRESS: STREET, CITY, STATE, ZIP</b>  |  |                                    |  |                              | <b>CONTACT PHONE - INCLUDE AREA CODE</b>         |                         |                      |                 |                |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
|   | <b>INJURIES</b>   | <b>INJURED TAKEN BY</b>  | <b>EMS AGENCY (NAME)</b>           | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b> | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
|   |   |  |                                    |  |                              |  |                         |                      |                 |                |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
| <table border="1"> <thead> <tr> <th>INJURY</th> <th>SAFETY EQUIPMENT USED</th> <th>SEATING POSITION</th> <th>AIR BAG USAGE</th> </tr> </thead> <tbody> <tr> <td>1 - FATAL</td> <td>1 - NONE USED - VEHICLE OCCUPANT</td> <td>1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)</td> <td>1 - NOT DEPLOYED</td> </tr> <tr> <td>2 - SUSPECTED SERIOUS INJURY</td> <td>2 - SHOULDER BELT ONLY USED</td> <td>2 - FRONT - MIDDLE</td> <td>2 - DEPLOYED FRONT</td> </tr> <tr> <td>3 - SUSPECTED MINOR INJURY</td> <td>3 - LAP BELT ONLY USED</td> <td>3 - FRONT - RIGHT SIDE</td> <td>3 - DEPLOYED SIDE</td> </tr> <tr> <td>4 - POSSIBLE INJURY</td> <td>4 - SHOULDER &amp; LAP BELT USED</td> <td>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)</td> <td>4 - DEPLOYED BOTH FRONT / SIDE</td> </tr> <tr> <td>5 - NO APPARENT INJURY</td> <td>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING</td> <td>5 - SECOND - MIDDLE</td> <td>5 - NOT APPLICABLE</td> </tr> <tr> <td><b>INJURED TAKEN BY</b></td> <td>6 - CHILD RESTRAINT SYSTEM - REAR FACING</td> <td>6 - SECOND - RIGHT SIDE</td> <td>9 - DEPLOYMENT UNKNOWN</td> </tr> <tr> <td>1 - NOT TRANSPORTED / TREATED AT SCENE</td> <td>7 - BOOSTER SEAT</td> <td>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</td> <td><b>EJECTION</b></td> </tr> <tr> <td>2 - EMS</td> <td>8 - HELMET USED</td> <td>8 - THIRD - MIDDLE</td> <td>1 - NOT EJECTED</td> </tr> <tr> <td>3 - POLICE</td> <td>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)</td> <td>9 - THIRD - RIGHT</td> <td>2 - PARTIALLY EJECTED</td> </tr> <tr> <td>9 - OTHER / UNKNOWN</td> <td>10 - REFLECTIVE CLOTHING</td> <td>10 - SLEEPER SECTION OF TRUCK CAB</td> <td>3 - TOTALLY EJECTED</td> </tr> <tr> <td><b>GENDER</b></td> <td>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY</td> <td>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)</td> <td>4 - NOT APPLICABLE</td> </tr> <tr> <td>F - FEMALE</td> <td>99 - OTHER / UNKNOWN</td> <td>12 - PASSENGER IN UNENCLOSED CARGO AREA</td> <td><b>TRAPPED</b></td> </tr> <tr> <td>M - MALE</td> <td></td> <td>13 - TRAILING UNIT</td> <td>1 - NOT TRAPPED</td> </tr> <tr> <td>U - OTHER / UNKNOWN</td> <td></td> <td>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)</td> <td>2 - EXTRICATED BY MECHANICAL MEANS</td> </tr> <tr> <td></td> <td></td> <td>15 - NON-MOTORIST</td> <td>3 - FREED BY NON-MECHANICAL MEANS</td> </tr> <tr> <td></td> <td></td> <td>99 - OTHER / UNKNOWN</td> <td></td> </tr> </tbody> </table> |   |  |                                    |  |                              |  |                         |                      |                 |                | INJURY | SAFETY EQUIPMENT USED | SEATING POSITION | AIR BAG USAGE | 1 - FATAL | 1 - NONE USED - VEHICLE OCCUPANT | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | 1 - NOT DEPLOYED | 2 - SUSPECTED SERIOUS INJURY | 2 - SHOULDER BELT ONLY USED | 2 - FRONT - MIDDLE | 2 - DEPLOYED FRONT | 3 - SUSPECTED MINOR INJURY | 3 - LAP BELT ONLY USED | 3 - FRONT - RIGHT SIDE | 3 - DEPLOYED SIDE | 4 - POSSIBLE INJURY | 4 - SHOULDER & LAP BELT USED | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 4 - DEPLOYED BOTH FRONT / SIDE | 5 - NO APPARENT INJURY | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | 5 - SECOND - MIDDLE | 5 - NOT APPLICABLE | <b>INJURED TAKEN BY</b> | 6 - CHILD RESTRAINT SYSTEM - REAR FACING | 6 - SECOND - RIGHT SIDE | 9 - DEPLOYMENT UNKNOWN | 1 - NOT TRANSPORTED / TREATED AT SCENE | 7 - BOOSTER SEAT | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | <b>EJECTION</b> | 2 - EMS | 8 - HELMET USED | 8 - THIRD - MIDDLE | 1 - NOT EJECTED | 3 - POLICE | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT | 2 - PARTIALLY EJECTED | 9 - OTHER / UNKNOWN | 10 - REFLECTIVE CLOTHING | 10 - SLEEPER SECTION OF TRUCK CAB | 3 - TOTALLY EJECTED | <b>GENDER</b> | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE | F - FEMALE | 99 - OTHER / UNKNOWN | 12 - PASSENGER IN UNENCLOSED CARGO AREA | <b>TRAPPED</b> | M - MALE |  | 13 - TRAILING UNIT | 1 - NOT TRAPPED | U - OTHER / UNKNOWN |  | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 2 - EXTRICATED BY MECHANICAL MEANS |  |  | 15 - NON-MOTORIST | 3 - FREED BY NON-MECHANICAL MEANS |  |  | 99 - OTHER / UNKNOWN |  |
| INJURY  | SAFETY EQUIPMENT USED   | SEATING POSITION   | AIR BAG USAGE                      |  |                              |  |                         |                      |                 |                |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
| 1 - FATAL   | 1 - NONE USED - VEHICLE OCCUPANT  | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)  | 1 - NOT DEPLOYED                   |  |                              |  |                         |                      |                 |                |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
| 2 - SUSPECTED SERIOUS INJURY  | 2 - SHOULDER BELT ONLY USED   | 2 - FRONT - MIDDLE   | 2 - DEPLOYED FRONT                 |  |                              |  |                         |                      |                 |                |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
| 3 - SUSPECTED MINOR INJURY  | 3 - LAP BELT ONLY USED  | 3 - FRONT - RIGHT SIDE   | 3 - DEPLOYED SIDE                  |  |                              |  |                         |                      |                 |                |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
| 4 - POSSIBLE INJURY   | 4 - SHOULDER & LAP BELT USED  | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)  | 4 - DEPLOYED BOTH FRONT / SIDE     |  |                              |  |                         |                      |                 |                |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
| 5 - NO APPARENT INJURY  | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING   | 5 - SECOND - MIDDLE  | 5 - NOT APPLICABLE                 |  |                              |  |                         |                      |                 |                |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
| <b>INJURED TAKEN BY</b>   | 6 - CHILD RESTRAINT SYSTEM - REAR FACING  | 6 - SECOND - RIGHT SIDE  | 9 - DEPLOYMENT UNKNOWN             |  |                              |  |                         |                      |                 |                |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
| 1 - NOT TRANSPORTED / TREATED AT SCENE  | 7 - BOOSTER SEAT  | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  | <b>EJECTION</b>                    |  |                              |  |                         |                      |                 |                |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
| 2 - EMS   | 8 - HELMET USED   | 8 - THIRD - MIDDLE   | 1 - NOT EJECTED                    |  |                              |  |                         |                      |                 |                |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
| 3 - POLICE  | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)   | 9 - THIRD - RIGHT  | 2 - PARTIALLY EJECTED              |  |                              |  |                         |                      |                 |                |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
| 9 - OTHER / UNKNOWN   | 10 - REFLECTIVE CLOTHING  | 10 - SLEEPER SECTION OF TRUCK CAB  | 3 - TOTALLY EJECTED                |  |                              |  |                         |                      |                 |                |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
| <b>GENDER</b>   | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY   | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE                 |  |                              |  |                         |                      |                 |                |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
| F - FEMALE  | 99 - OTHER / UNKNOWN  | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | <b>TRAPPED</b>                     |  |                              |  |                         |                      |                 |                |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
| M - MALE  |   | 13 - TRAILING UNIT   | 1 - NOT TRAPPED                    |  |                              |  |                         |                      |                 |                |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
| U - OTHER / UNKNOWN   |   | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 2 - EXTRICATED BY MECHANICAL MEANS |  |                              |  |                         |                      |                 |                |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
|   |   | 15 - NON-MOTORIST  | 3 - FREED BY NON-MECHANICAL MEANS  |  |                              |  |                         |                      |                 |                |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
|   |   | 99 - OTHER / UNKNOWN   |                                    |  |                              |  |                         |                      |                 |                |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
| <b>WITNESS</b>  | <b>NAME: LAST, FIRST, MIDDLE</b>  |  |                                    |  |                              | <b>DATE OF BIRTH</b>                             |                         | <b>AGE</b>           | <b>GENDER</b>   |                |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
|   | <b>ADDRESS: STREET, CITY, STATE, ZIP</b>  |  |                                    |  |                              | <b>CONTACT PHONE - INCLUDE AREA CODE</b>         |                         |                      |                 |                |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
| <b>WITNESS</b>  | <b>NAME: LAST, FIRST, MIDDLE</b>  |  |                                    |  |                              | <b>DATE OF BIRTH</b>                             |                         | <b>AGE</b>           | <b>GENDER</b>   |                |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
|   | <b>ADDRESS: STREET, CITY, STATE, ZIP</b>  |  |                                    |  |                              | <b>CONTACT PHONE - INCLUDE AREA CODE</b>         |                         |                      |                 |                |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
| <b>WITNESS</b>  | <b>NAME: LAST, FIRST, MIDDLE</b>  |  |                                    |  |                              | <b>DATE OF BIRTH</b>                             |                         | <b>AGE</b>           | <b>GENDER</b>   |                |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
|   | <b>ADDRESS: STREET, CITY, STATE, ZIP</b>  |  |                                    |  |                              | <b>CONTACT PHONE - INCLUDE AREA CODE</b>         |                         |                      |                 |                |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |